

Practicing Public Health in Jails

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The criminal justice system has become a catch-all for people whom society has failed and the general public tries to marginalize and disenfranchise. In reality, correctional facilities are not the appropriate place for many of the inmates they house. National data show that jail populations have disproportionately higher rates of mental illnesses, infectious diseases, and substance abuse than the general public. These people are in jail because they are awaiting charges or sentencing for an alleged crime. Their alleged crimes, however, may have been avoidable if treatment options were available for their underlying problems. Research has shown that interventions that address inmates' mental health and substance abuse and screen for infectious diseases can reduce recidivism, while improving the health of inmates and the community as a whole.

Many barriers, however, impede the provision of optimal public health services to inmates. A fundamental challenge is the conflict between the therapeutic nature of public health and the punitive nature of the criminal justice system. This innate conflict is compounded by the public's lack of support for providing health services to inmates, incomplete or unavailable inmate medical histories, the transient nature of the population (making continuity of care and follow-up difficult), and limitations on scheduling and treatment options due to the processes of the correctional system.

Jail Health Services (JHS) at the King County Correctional Facilities (KCCF), a two-facility jail system in Seattle and Kent, Washington, has implemented several successful programs that provide public health services to the jail population.

Identifying infectious disease carriers

Correctional facilities are high-risk settings for the spread of infectious diseases. They are often overcrowded, with close living quarters and recirculated air. When infectious diseases are not identified early on in the inmate's incarceration, they can spread to others in the jail (both staff and inmates) and then to the wider community when the infected inmates are released.

The first step to preventing the spread of a disease is identification of infected inmates. In a

correctional facility, public health agencies have a captive audience to screen. As a result, public health programs can treat those with infectious diseases who would otherwise remain unaware of their status and go untreated.

One of the JHS programs that provides a model for intercepting infectious diseases is its Tuberculosis (TB) Control program. Inmates are at higher risk for TB, in part because of personal and social risk factors such as HIV infection, low socioeconomic status, lack of access to health care, and substance abuse. In addition, TB is an airborne infection and may spread more easily in correctional settings. Successful TB control programs in correctional facilities are crucial for effectively preventing and controlling TB in the larger community.

Between 2001 and 2004, Seattle had two TB outbreaks—one in the homeless population and one in the East African immigrant population. In early 2004, JHS hired an infection control practitioner to assess TB control within JHS. The review revealed two themes: first, the need for increased communication and coordination with Public Health - Seattle & King County's TB Clinic, and second, the need to clarify and increase compliance with JHS protocols for ruling out TB. As a result, JHS formed a collaborative partnership with the TB Clinic and revised the existing protocols for TB identification and screening.

The new protocols require the epidemiologist and case managers at the TB Clinic to provide the infection control practitioner at JHS with a list of people with active TB whose whereabouts are unknown or who are known to cycle in and out of jail. This list is given to intake sergeants, intake nurses, and clerical staff at KCCF—who ensure that none of the people on the list have entered the general inmate population. As an additional precaution, the infection control practitioner enters the names into the electronic database, and an alert comes up if any of the persons are booked into the facility. The new protocols have had initial success; in 2005, after the implementation of these new practices, two people were successfully identified and put into airborne isolation, and no active cases of TB entered the jail's general population.

JHS uses a similar approach, through a partnership with Public Health - Seattle & King County, to provide STD testing and treatment. Dr. Benjamin Sanders, JHS medical director, said, "These programs show how it is possible to leverage the 'captive audience' of the jail to make a real difference in disease detection and treatment in perhaps the most vulnerable segment of the community."

Managing mental illnesses

Many people with mental illnesses cycle in and out of the criminal justice system. The prevalence of severe mental illness is two to four times greater in prisons than in the general population. An estimated one in six prisoners in the United States has a mental illness. Despite such high rates of mental illness, many correctional facilities use officers with no training or education in pharmacology or psychology to monitor medications and to supervise those inmates with mental illness. Inmates often do not have access to mental health services outside of jail. A study conducted at KCCF indicated that of 100 inmates residing in psychiatric housing, only about half were receiving psychiatric medications

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outside of jail, half did not have connections to an outpatient community service agency, three-quarters did not have a case manager, two-fifths reported being homeless, and more than four-fifths reported a history of psychiatric hospitalization.

JHS has successfully developed community partnerships with mental health providers and advocates in order to link their patients with outpatient mental health services on their release from jail. JHS connects inmates to resources by using criminal justice (CJ) liaisons, who are Seattle Mental Health employees working full-time in the jail facilities. The CJ liaisons take referrals from JHS psychiatric staff for patients who are in need of funds, mental health treatment, and housing resources. The CJ liaisons are able to connect patients with the appropriate resources, help patients apply for Medicaid (which will pay for mental health treatment in the community), and make appointments for initial psychological evaluation.

While patients are in jail, the mental health services staff at JHS provide treatment for symptoms of mental illnesses. Dr. David Kersey, medical director of Psychiatric Services, noted, "Despite difficult circumstances, we have worked hard to create a real system of care that does a better job of ensuring that people who need it receive care in a timely manner." JHS can prescribe medications while patients are in jail and order seven further days of medication, which is placed in the person's property for use after release. They also write longer-term prescriptions when these can be coordinated through an external case manager. JHS also facilitates the timely activation of Medicaid benefits by providing the required psychological evaluation in-house. Providing this primary evaluation removes the need for patients to wait to see an external case manager before activating their benefits.

Reducing substance abuse

The Bureau of Justice Statistics (BJS) reported that almost 25 percent of state prisoners to be released by year-end 1999 were alcohol-dependent. BJS data also indicate that 83 percent of state prison inmates reported using drugs prior to arrest, and 33 percent reported being on drugs while committing their offense. The use of drugs and alcohol is often correlated with recidivism, in particular because people are more likely to engage in illegal activity to support their addiction (e.g., prostitution, drug sales, theft). Substance abuse also is associated with homelessness, unemployment, and social isolation, all of which increase the likelihood of recidivism.

JHS is in the midst of implementing an opioid-substitution (methadone) treatment program, called the Jail-based Opioid Dependency Engagement and Treatment (JODET), for opioid-dependent inmates while in custody. The program is in response to recommendations made by the Seattle/King County Heroin Task Force in 2001. The strategy is to interrupt the cycle of opioid dependency and recidivism for opioid-dependent inmates cycling through King County's

correctional system. JODET aims to reduce costs associated with repeated incarcerations by reducing consequences of forced withdrawal—that is, increased risk of overdose after release from custody and increased risk of disease transmission (e.g., HIV, Hepatitis C) as a result of injection drug use. The goal is to have the treatment program fully implemented in summer 2006, at which time the facility will become the second jail in the United States—after Rikers Island Jail in New York—to have an in-house methadone treatment program. Research conducted at Rikers Island Jail has shown that methadone treatment programs in jails decrease not only adverse health outcomes but also crime rates and recidivism.

Addressing the health needs of inmates is a complex health challenge complicated by societal attitudes toward providing health services to inmates. These examples of programs offered by JHS illustrate how by offering services in-house and partnering with community agencies, jail health services can take advantage of the opportunities to serve this hard-to-reach community and improve the health not only of individual inmates but of the community as a whole. ■

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Resources

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