



NEW YORK STATE ASSEMBLY

HEALTHCARE IN NEW YORK CORRECTIONAL FACILITIES

ASSEMBLY COMMITTEE ON HEALTH

ASSEMBLY COMMITTEE ON CORRECTION

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NYC HEALTH + HOSPITALS

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Good morning Chairpersons Gottfried and Weprin, and members of the Committee on Health and the Committee on Correction. I am Dr. Patsy Yang, Senior Vice President for Correctional Health Services, or “CHS”, at NYC Health + Hospitals. I am joined by Dr. Ross MacDonald, our Chief Medical Officer; and Mr. Levi Fishman, our Associate Director of Public Affairs. We greatly appreciate your invitation to describe our transition from being a contracted service, to become the direct provider of health care in the New York City jails.

Overview

Since August of 2015, CHS, one of the nation’s largest correctional health providers, has been a Division of NYC Health + Hospitals, the nation’s largest and oldest public health care delivery system. CHS provides medical and mental health care, substance use treatment, dental care, social work services, discharge planning and re-entry services 24-hours a day, 7-days a week. With over 55,000 admissions per year and an average daily population of 9,500 in twelve jails citywide – nine of which are located on Rikers Island - the NYC jail system is among the largest in the nation. Our facilities include at least one clinic in each jail in addition to two infirmaries, an urgicare clinic, a communicable disease unit, separate facilities for females and for youth, and a nursery.

We aspire to provide the very best care to the justice-involved population and have successfully pioneered a number of initiatives, including leveraging the resources of NYC Health + Hospitals to improve the quality of and access to care before, during and after incarceration. CHS is an essential partner in New York City’s criminal justice reform efforts as we help to create new avenues for diversion, reduce recidivism and decrease the overall jail population. We strive to be a smart, nimble multidisciplinary team of 1,500 professionals committed to human rights, social justice and accessible quality health services for people while they are in the City’s custody and as they return to their communities.

We believe jail is a critical point of intervention to improve community public health. CHS delivers health care to patients from pre-arraignment through discharge, and we believe we deliver the high quality level of care that you find in the community. We recognize both our opportunity and obligation to engage people who might not have strong connections to the health system. Through our work, we try to cushion the impact of incarceration while addressing health needs so that our patients have their best chance of doing well in the communities in which they live.

Transition

Prior to becoming a division of NYC Health + Hospitals, CHS was housed at the New York City Department of Health and Mental Hygiene (DOHMH) and services were provided through contract with Corizon, a for-profit health care contractor, and Damian Family Care Centers,

which provided health services at our Bronx facility. On June 10, 2015 Mayor Bill de Blasio announced that CHS would become part of Health + Hospitals and that the contracts with Corizon and Damian would not be renewed. Because the bulk of health care was provided by Corizon, whose contract expired on midnight of December 31, 2015, many moving parts had to be in place before January 1, 2016.

During this intense transition period, we worked closely with representatives from the Mayor's Office and six different City agencies to clarify governance structures; clarify legal liabilities and obligations, negotiate and ensure budget neutrality to Health + Hospitals; and transfer or terminate 45 contracts including Corizon and Damian. We also deliberated over whether to have a professional affiliation and, once that was decided in the affirmative, had to select our affiliate and structure that relationship.

Because we simultaneously wanted to ensure that only qualified staff committed to our new mission joined our team, while avoiding an exodus of staff vital to continuity of operations, we worked intensively with our four health unions - Doctors Council, NYS Nurses Association, 1199 and DC37. Together, we discussed matters ranging from pensions and health benefits to levels of remuneration and leave balances, for roughly 300 staff who would be transferred from DOHMH and the almost 1,300 employees of Corizon or Damian whom we might consider hiring. To make that hiring decision, we reviewed the personnel files, verified the credentials and licenses, conducted background checks and conducted in-person interviews for each Corizon and Damian employee who indicated an interest in joining the new CHS. In the end, we offered jobs to 85% and 78% of Corizon and Damian employees, respectively.

Because we did not want to simply import existing ways of doing things, we also began to build a new framework for restructuring the systems and culture of service delivery in the jails. This required developing new relationships with the New York City Department of Correction (DOC), the New York City Board of Correction, New York State Commission of Correction, the four health unions, and the Correction Officers Benevolent Association.

By October 2016, CHS successfully became the sole and direct provider of health care – a service with 1,500 employees and 24/7 operations caring for almost 10,000 people daily in twelve jails citywide – with no lapses in coverage and no disruptions in patient care.

Benefits of Being Part of NYC Health + Hospitals

Becoming part of the nation's largest public health care provider system has benefited CHS in almost every aspect of its operation. We have better access to and continuity of specialty, emergent, and inpatient care at Bellevue and Elmhurst hospitals for male and female patients, respectively; and we have created a stream for referral and placement in Health + Hospitals' post-acute facilities for our patients who need skilled nursing or palliative care. We created a

system for expedited appointments within Health + Hospitals' extensive ambulatory care network for our patients who need follow up for medical, mental health or substance use issues upon release. MetroPlus – the managed care plan affiliated with Health + Hospitals - now has a presence on Rikers Island.

In other aspects, leveraging our relationship with the larger system has resulted in the improved ability to recruit and retain talented professionals, enhanced information sharing, greater efficiencies and cost savings in the purchase of supplies and equipment. We undertook a concerted effort to reduce our reliance on private contractors. We have replaced specialty contracts, such as ob-gyn services, with staff specialists and or specialty services at Health + Hospitals facilities. Through these and other efficiencies CHS has reduced its reliance on private contracts by 80%, generating approximately 2 million in annual savings.

Staffing and Quality Control

We believed that a strong, unified leadership and new relational accountabilities were prerequisites to our being the sole provider of quality care in the complex correctional health setting. To accomplish this, we created new departments and management teams who are directly responsible for administration and operations in the jails, greatly improving oversight and quality control. We now have an Operations department that manages patient and staff scheduling, stocks and equips our clinics through consolidated warehouse and transportation services, and institutes safety improvements for CHS staff in the jails. The department of Policy and Planning coordinates the collection, analysis, and reporting of data and health information, and proactively manages incident investigations, risk management and compliance. We created an independent Office of Clinical Quality Management that singularly focuses on improving the quality of our entire service.

In the Department of Medicine, CHS has recruited more than a dozen physicians to enhance its clinical expertise ranging from the first-ever in-jail geriatrician, to a dedicated nursery coordinator who supports the placement of new mothers with their infants. We have a new approach to preparing medical professionals who are new to the jail system, ensuring that staff receive intensive, supervised training prior to independently taking on patients.

Under the Chief of Psychiatry, all mental health disciplines, including social work and substance use treatment, have been integrated into one coherent, professional team focused on quality care. We hired 15 psychiatrists/psychologists since January 1, 2016, and expanded training programs in correctional health.

Program Services Overview

In 2016, the City funded a five-year plan to improve and expand some of our key programs and services. These include operating an enhanced pre-arraignment screening unit (EPASU) to

better identify and respond to acute medical and mental health issues before people enter DOC custody, curing more patients with Hepatitis C, establishing a telehealth program to enhance access to specialty services off-island, and opening satellite clinics to bring our services closer to where our patients are housed.

Some successes include screening more than 39,000 people in the EPASU since we began 24/7 operations on November 1, 2016. This reduced by nearly a quarter the number of patient transports to hospitals that clogged up emergency rooms, required NYPD and EMS resources; and disrupted the judicial processing of our patients. Last year, as one of the few jails in the country that initiates treatment for Hepatitis C, we negotiated an unprecedented drug price discount which, in conjunction with funding from the City, enabled us to triple the number of Hepatitis C treatments we initiated over the prior year. We continue to renegotiate favorable pricing so that we can, based on clinical needs, extend the possibility of cure to more patients while they are in our care, and thus avoid the greater human and community cost of advanced disease. Our telehealth services which provide for both professional consultations and patient visits now extend to infectious disease, urology, rheumatology, pulmonary, and gastroenterology at Bellevue; and assessment for post-acute placements at Coler. We are actively engaged with Elmhurst Hospital to establish telehealth services with their specialty providers.

CHS has a longstanding history of providing treatment to opioid dependent individuals in jail and plays a pivotal role in the City's response to the opioid epidemic. We run the nation's oldest and largest jail-based Medication Assisted Treatment program for opioid dependent patients, and established a naloxone distribution program that offers training and naloxone kits to those visiting loved ones on Rikers Island. In a six-month follow-up of 300 people whom CHS had trained on Naloxone, participants had witnessed 70 overdose events and used naloxone from CHS in 50 of those cases to save someone's life. With funding from the City, CHS is on track to double the number of patients on methadone maintenance, triple the number of patients on buprenorphine, quadruple the number of naloxone kits we distribute, and expand discharge planning for opioid dependent patients by the end of this fiscal year.

Risk identification and reduction are also integral to our work. We offer universal HIV testing, counseling and treatment; and STD screening and treatment. Our opioid patients are counseled on the use of clean needles and encouraged to connect with a comprehensive harm reduction organization upon release. In jail we offer contraceptive options ranging from long acting reversible contraception (LARC) to condoms. Since 2015, CHS has provided over 100 women with LARC, helping provide autonomy in decision making around reproductive health. We also offer PrEP (pre-exposure prophylaxis) therapy, in which people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected, to patients who were initiated in the community.

Our patients have access to a wide variety of mental health services, including individual and group therapy and one of the nation's largest jail-based creative arts therapy programs. Our specialized housing units for patients with serious mental illness, called Program for Accelerating Clinical Effectiveness (PACE), provide a higher level of mental health care in the jail system. The use of force rates in PACE and in our other specialized housing unit, Clinical Alternative to Punitive Segregation (CAPS) are lower: use of force rates are 67% lower for individuals in CAPS and 74% lower for individuals in PACE, compared to projected use of force rates had these same individuals been housed with the general jail population. Additionally, there has been a 40% increase in medication adherence in PACE units. As of March 2017, CHS has five PACE units in operation, including one in the women's jail. CHS is in the process of developing new PACE units for young adults and sentenced adult patients, and plans are underway for a unit for patients with developmental disabilities. The number of PACE units will grow to a total of 12 by 2020.

To prepare our patients to return to their communities and help avoid recidivism, we are re-envisioning our discharge planning services to maximize our reach and optimize each touch while they are in jail. Although we are currently focusing on the most vulnerable such as persons with substance use disorders, mental illness, or HIV, our hope is to continue to extend our reach to other populations in need. To help our patients after they are released, we recently redesigned our post-discharge transitional case management and discharge planning services so that individuals with a serious mental illness now have a single point of entry to an array of community services. In June of 2016, CHS opened its Assistance Center in Queens across the bridge to Rikers Island as a one-stop location to help people leaving jail and their families connect to services in the community, including health care, health insurance enrollment, care management, and health home services, a free program for eligible Medicaid patients who are dealing with several chronic health issues.

For the approximately 55% of our patients who either had active Medicaid coverage or had a Medicaid application submitted prior to incarceration, we work closely with the New York City Human Resources Administration (HRA) to activate their coverage as soon as possible after discharge. According to HRA, about 95% are active within 2 business days of release. At the same time, we are now turning our attention to the 45% who come to us with no insurance: we are planning a pilot to try and universally offer Medicaid application assistance within the first 24 hours of jail admission. We will pilot this program in AMKC, the largest of the new intake facilities on Rikers. We also strongly support efforts to secure Federal participation in authorizing Medicaid matching funds to reduce gaps in coverage for incarcerated patients.

Conclusion

As the City, the State, and our nation struggle with the complex issues surrounding incarceration, CHS will continue to do its part to create and support new avenues for diversion, reduce recidivism and decrease the overall jail population. We in CHS believe that every health care encounter in jail is an opportunity to better prepare our patients to leave jail and not return, and that we are morally and ethically obligated to take as full advantage of that moment as we can. It is the right thing to do, and we are so grateful for the unwavering support of Mayor Bill de Blasio, the New York City Council, NYC Health + Hospitals' Board, and Health + Hospitals' interim President and CEO Stanley Brezenoff in this mission.

Thank you for your interest and attention, and we're happy to answer any questions you may have.