Testimony to the New York City Council Committees on Hospitals and Criminal Justice

September 21, 2020 Oversight: The Department of Correction and Correctional Health Services Management of COVID-19 in Jails

Good morning Chairpersons Powers and Rivera and members of the Criminal Justice and Hospitals Committees. I am Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services, also known as "CHS". I am joined by Ross MacDonald, our Chief Medical Officer, and Carlos Castellanos, our Chief Operations Officer. We appreciate the opportunity to update you, since I last testified in May, on our considerable efforts to manage COVID-19 in New York City's jails.

I would first like to acknowledge that our last confirmed case of in-jail transmission of COVID-19 was May 19th. Although we did have fifteen positive cases since then, all were individuals newly admitted from the community, and we were able to prevent spread of the disease to other patients. Most fortunately, we have had no COVID-related patient deaths since April. While other correctional facilities across the country continue to contend with the rapid spread of COVID-19, we have effectively bent down the curve in New York City jails.

Our ability to manage such a highly contagious virus in such a uniquely challenging setting speaks to the efficacy of our COVID-19 response strategy. When I last testified in May, I outlined the three cornerstones of our approach to reducing transmission in the jails are decarceration, containment, and maintenance. We continue to adhere to the principles of this approach, while modifying our practices to meet the current needs of our patient population and stay aligned with evolving public health guidance. While our jail system, and New York City more broadly, have achieved remarkable progress in combatting COVID-19, we know that the SARS-CoV-2 virus is still here, and the magnitude of any resurgence will depend, in large part, on vigilance and rapid response. In partnership with the Department of Correction, the clinical, operations, and administrative professionals at CHS have continued to plan and prepare for reemergence of the virus in the jails, using our initial COVID-19 response as a blueprint for keeping patients and staff healthy and safe.

To return to our three-pronged approach, our decarceration efforts centered on identifying patients who would prove most vulnerable to a severe course of COVID-19, should they contract the virus. Our compassionate release efforts, which preceded but were expanded as a result of COVID-19, continued to this day. We continue to work with defense, prosecution, courts, and City and State partners to help arrange for patients' safe release. We know the virus is most effectively transmitted between persons in close, prolonged contact while in enclosed, densely populated spaces where practicing physical distancing and good hygiene can be difficult - the precise definition of a jail. Reducing the number of individuals in the jails through targeted decarceration efforts, therefore, proves vital to limiting transmission in the jails – and to protecting the health of the individuals who continue to live and work on Rikers Island. We also help protect the health of people in the community by screening every patient whom DOC brings prior to discharge, so that we can educate people who need to self-isolate and assist those who need accommodations in which to do so.

To effectuate the second component of our approach - containment - we implemented a robust testing strategy and an integrated housing plan. During the height of the pandemic, we tested at a rate higher than that in the larger community. As of September 16th, 2020, we have tested approximately 5,000 patients for COVID-19. Cumulatively, 570 patients have tested positive for the virus; it is important to remember, however, that not all of these patients remain in the system and none of our current patients are actively infectious. During the last wave of the pandemic, we offered testing to symptomatic patients and patients who were asymptomatic but highly vulnerable. As of September 16th, approximately 51 percent of the individuals currently in custody have been tested for COVID-19, and our incidence rate stands at zero percent, compared to a rate of approximately one percent in New York City.

As you may be aware, CHS has not been immune to the delays the City and, in fact, the country, has experienced in testing turn-around-times. While testing is just one component of our COVID-19 response strategy, the data helps to inform decisions about housing placements and clinical care, and it is critical that we receive timely results. As of today, September 21, CHS has moved to the Pandemic Response Lab, a new City laboratory that will help the City process test results within 24-48 hours. We're confident that this new testing infrastructure will significantly improve turn-around-times in our system and help to streamline processes overall.

With no current transmission within the jails, we are now focused on universally testing all individuals entering the system, regardless of symptoms. All newly admitted patients are quarantined until they test negative and/or show no symptoms over the course of 14 days. Like our testing strategy, our housing model remains nimble enough to respond to the dynamic nature of the virus. At the beginning of the pandemic, we worked with DOC to adapt and expand our concept of therapeutic housing units - creating a new designation of therapeutic housing for patients on the COVID spectrum, based on clinical need and status. Our housing plan, which included the use of the 98-bed Communicable Disease Unit (CDU), separately housed patients who were highly vulnerable to severe course of disease, should they contract COVID-19; patients known to have been exposed (asymptomatic); patients exhibiting COVID-like symptoms; and confirmed COVID-19 cases. Given the current state in the jails, most of these special housing designations have been suspended – but they are ready to be reactivated when and if the need arises, as we did during the height of the crisis.

Since SARS-CoV-2 was identified in the jails, we have continued to modify our two-pronged containment strategy of testing and housing to best meet the needs of our patients and our evolving understanding of this disease. Additionally, we continue to monitor patients and staff for signs of the disease, including COVID-specific patient screening at every contact point within the criminal justice process: at pre-arraignment, admission, clinical encounters, and discharge.

Through the third component of our approach – maintenance - we have continued to provide access to health care services while adhering to physical distancing protocols in our clinics and waiting rooms. We have maintained access to medical, nursing, and mental health services, in addition to ongoing substance-use treatment. Maintaining the health of our patients is critical to helping patients best fend off the disease and to fight its worst effects, should they contract the virus. We have also maintained access to our

discharge services and, in several respects, expanded the provision of these services. As previously mentioned, CHS screens patients whom DOC presents prior to discharge from the jails for symptoms of COVID-19 and provides information about COVID and community testing sites. If someone reports symptoms or is confirmed positive for COVID at the time of discharge and does not have a place to safely self-isolate, arrangements are offered for an isolation hotel.

CHS is also working with DOHMH and with the NYC Health + Hospitals' Test & Trace Corps, also known as "T2," so that positive or symptomatic patients discharged to the community can be monitored and provided necessary COVID-specific support and follow-up care.

As part of its comprehensive discharge services, CHS also provides general information to patients about its established community services that can help support successful reentry. These include the Point of Reentry and Transition (PORT) program, which includes telephonic assistance and in-person navigation and patient care by CHS providers in community Health + Hospitals facilities; and Community Reentry Assistance Network (CRAN), which offers telephonic and in-person referrals and assistance for health and human services. We also encourage all patients to call the PORT phone line after their release in order to speak with a peer about accessing community-based services.

Finally, I would like to note that we have worked to make our COVID-19 data more publicly available. We now provide COVID-19 metrics, including the current incidence and prevalence rates, on the CHS website, in addition to the data we report through Local Law 59. We appreciate that the sharing of accurate and timely information is paramount during a public health crisis, and we remain committed to transparency and accessibility.

On a daily basis, I read reports criticizing the management of COVID-19 in prisons and jails across the country. Here in the New York City jails, once the epicenter of the epicenter, I am both proud and humbled by what CHS and DOC together have accomplished throughout this pandemic. We made decisions together based on an unprecedented pooling of the wealth of our respective clinical and security experience and expertise, and were always informed by the evolving science about this shape-shifting virus. We were powered by frontline, essential professionals who made personal sacrifices and exhibited unwavering professionalism. I'm honored to work with such dedicated individuals during one of the most trying times in our City's history, and I know we stand ready to face what challenges may lie ahead.