Testimony to the New York City Council Committees on Justice System and Criminal Justice
May 19, 2020 Oversight: COVID-19 in City Jails and Juvenile Detention Centers.

Good Afternoon Chairpersons Powers and Lancman and the members of the Criminal Justice and Justice System 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. We appreciate the opportunity to update you on the actions we've taken thusfar in the face of this devastating global pandemic, and would like to brief you on three cornerstones of our approach – decarceration, containment, and maintenance.

When the novel coronavirus was first confirmed to be in NYC on March 1st, CHS was well positioned to confront head-on this fast-moving, shape-shifting, lethal virus. Much of the foundation for our response had already been built in the four years since we became the direct provider of health care in the jails. To minimize the likelihood of transmission of the SARS-CoV-2 virus, we have taken aggressive and strategic steps that are aligned with the best available public health advice, tailored to the unique environment of the NYC jails. Tragically, three people in custody succumbed to this plague. Yet, because CHS and DOC strove to lock arms and stay in lockstep in an effort to shield people entrusted to our joint care and custody, I am certain that, together, we saved many lives.

Decarceration was one of our key strategies from the outset. CHS focused on identifying and helping arrange for release from custody our patients who were most vulnerable to a severe course of disease should they contract the virus. This effort was built upon CHS' longstanding advocacy work for the compassionate release of patients with serious clinical conditions. The global pandemic gave strengthened purpose and opportunity for CHS to accelerate this work alongside partners at DOC, MOCJ, defense attorneys, district attorneys, courts, OMH, and DOCCS – work that relied on relationships built over months and years. Between March and May, more than 2000 individuals were released, including roughly one-half of our patients aged fifty years and older.

To support the safe release of our patients into the community, CHS' already robust discharge services were enhanced to respond to the emergency. While our protocols for discharging patients with mental health concerns and/or medication needs remained unchanged, CHS now additionally screens for COVID-like symptoms every patient whom DOC escorts prior to release, and assists patients in securing accommodations within which to self-isolate as appropriate. We also provide information on community testing sites and on supportive services. As before, individuals who need assistance after release can contact CHS' established community services, our Point of Reeentry and Transition program and our Community Reentry Assistance Network.

Containment was a foundational strategy to protect people still in custody. Although we are unique among jails to have an 88-bedded Communicable Disease Unit, we quickly realized that this capacity was insufficient. Together with DOC, we adapted and expanded our concept of therapeutic housing units to create an entirely new designation of housing for patients on the COVID spectrum, based on clinical need and status. We separately housed our most vulnerable, asymptomatic patients; patients with confirmed disease; patients with symptoms of the disease; and patients who were asymptomatic but with known exposure to a confirmed positive individual. Because this expansion of "clinical housing" allowed us to physically separate and shield patients in the face of a viral tsunami, we also planned for surge capacities for each category of housing. Whether it was reopening an entire facility or repurposing different types of housing, CHS and DOC daily balanced the urgent and growing need to

protectively house patients, against the shrinking availability of both our staffs who were themselves getting sick. The housing plan that CHS and DOC implemented involved almost 200 housing units and thousands of beds; during this current outbreak, a maximum of 278 isolation and 2,889 quarantine beds were occupied.

Another key element of our containment strategy was testing. We instituted an early and aggressive COVID-19 antigen testing strategy that exceeds the standards being employed in the larger community. We test at a rate 4.3 times higher than New York City. Our approach to testing was more aggressive for a number of reasons, ranging from the cognizance of the likely higher toll on our patients who already bear a heavier burden of underlying conditions that predispose them to more severe outcomes; to the realities that, while congregate settings make physical distancing difficult, a person's COVID status helped inform housing decisions that are protective. We test symptomatic patients; patients who are asymptomatic but highly vulnerable; and universally all individuals newly entering the system regardless of symptoms. As of May 15th, the number of antigen tests among patients total 1,270 of which 537 were positive. We expect to begin conducting antibody testing among our patients this week. As our understanding of the disease has evolved, so have our testing strategies. We continue to proactively pursue all available laboratory resources to take advantage of rapidly developing technology because these will continue to be key as we prepare for the resurgence of this still-present virus.

The third key strategy for protecting our patients from SARS-CoV-2 was maintenance of access to health care services despite mandates to minimize person-to-person contact between patients and between patients and staff in waiting rooms, clinics, and in transit to and from housing areas. In accordance with the emergency declarations, many health care systems reduced or closed nonessential services, which resulted in the curtailment of certain elective specialty appointments during the height of this last wave of the epidemic. However, while elective and non-urgent visits were adjusted, access to medical, nursing, and mental health services; ongoing substance use treatment; and medications remained unchanged. We continued to be present in therapeutic housing units, and access to programming remained largely unchanged. Emergency response, urgent care, and nurse and physician availability continued around the clock. As before, we review missed scheduled visits to prioritize escort to clinic accordingly. As always, any patient in mental health crisis or in need of urgent medical attention alerted DOC who contacted us.

While maintaining these core services, we built new workflows and systems given the realities of this pandemic. This required maintaining adequate PPE according to the latest guidelines, responsiveness to the latest clinical guidance, and constant communication with our staff. We safely managed the majority of COVID patients who developed disease without burdening our hospital partners, and aggressively monitored for signs of more severe disease so that we could escalate care at the earliest signs of trouble. We incorporated COVID-specific screening at every contact point within the criminal justice process – at prearraignment, admission, every clinical encounter, and discharge. We worked with our partner, ACS, to transfer into our care at the Horizon facility any youth who was suspected or confirmed to have COVID-19.

We balanced the public health imperative to minimize person-to-person contact with our unflagging commitment to health care access by expanding our already pioneering use of technology. Our years of experience and our infrastructure allowed us to use telehealth video connections to minimize interruptions in care during this crisis. Working with DOC, we were able to establish new secure telephonic connections for patients in any housing area to contact CHS directly, whether it was to report health concerns including COVID-like symptoms or to talk through anxieties about the disease. These

new pathways were important supplements to the provider-patient communication channels that existed before the pandemic.

Every evening at precisely seven o'clock, neighborhoods throughout this city erupt as people stop in the streets, throw open their windows, go out onto their roofs. They whistle, applaud, shout, bang pots and pans, sound car horns. They do this in gratitude for the health care workers who put the very lives of their patients ahead of that of their own and that of their families. During every one of these daily tributes, I feel particularly privileged and honored to work alongside the staff who, even among essential workers, face challenges that are unique to the jail environment and have done so with unflinching professionalism and dedication.