

Testimony for the record: New York City Council Committee on Hospitals

March 22, 2021: Fiscal Year 2022 Preliminary Budget Hearing

Good morning Chair Rivera and members of the Committee on Hospitals. I am Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services, also known as “CHS.” I appreciate the opportunity to submit testimony on CHS’ Preliminary Budget for fiscal year 2022, as well as its work over the last year to expand and enhance health care services for people incarcerated in New York City. My testimony will also address CHS’ work to combat SARS-CoV-2, including our work as the first correctional facility in New York State to offer vaccine to persons in custody.

CHS’ operating budget totals \$285M for fiscal year 2022, with a total headcount of 1,736 full-time staff. While this year’s budget does not include any new-needs funding, investments in prior budgets have enabled CHS to expand its mental health, substance use treatment, and reentry support services and to achieve several important milestones in patient care over the last year – despite contending with the immense challenges of COVID-19. I will highlight just a few of these 2020 accomplishments before addressing our pandemic-specific work.

DRIVING IMPROVEMENTS – THE CHS 2020 PLAN

The last year was exceptional not only because of the pandemic but because it marked the fifth year of our five-year “CHS 2020” plan. In 2016, we developed this set of ambitious goals in order to challenge ourselves to implement a myriad of initiatives designed to improve the quality of and access to care. We are proud to announce that we not only met but exceeded our goals. Achieving these CHS 2020 goals, only some of which are summarized below, drove improvements in patient care while bolstering the City’s commitment to creating a better criminal justice system.

Mental Health Services: In 2020, CHS expanded its innovative mental health program, Program to Accelerate Clinical Effectiveness (PACE).

PACE units, part of CHS’ mental health therapeutic housing continuum, serve patients with serious mental illness who present a high risk of clinical decompensation in the jail. Each unit maintains a full complement of health staff, allowing for near-constant access to care and therapeutic interventions. In 2020, CHS opened four new PACE units, and with the opening of an additional unit in January of this year, ten units are now operational. CHS is on track to open the final two PACE units this spring – quadrupling the number of units since the program’s launch. Patients in PACE demonstrate improved medication adherence and health outcomes and reduced violence and rehospitalization.

Enhanced Pre-Arrest Screening Service (EPASS): Through EPASS, CHS screens individuals in Central Booking for medical and behavioral health issues in order to identify patients with priority health issues; to avoid emergency department runs that disrupt court proceedings; and to support diversion and alternatives to incarceration. Launched in Manhattan in 2016, EPASS expanded to Brooklyn in 2018 and to Queens and the Bronx in 2019. In 2020, CHS established EPASS in Staten Island – making the service available in every borough and quintupling the number of sites since the program’s launch. CHS has conducted more than 36,000 EPASS screenings since 2016 and prevented more than an estimated 12,000 emergency room runs.

Reentry Support Services: In 2020, CHS established Community Connections Services (CCS) in order to provide reentry support to all patients during their incarceration, starting at intake. In addition to conducting harm-reduction screening, substance-use counseling, and Naloxone training, CCS supports patients' successful transition into the community by helping complete Medicaid applications and providing information about post-release services. By initiating reentry work during incarceration, CCS serves as a bridge to CHS' own reentry programs - the Community Reentry Assistance Network (CRAN) and the Point of Reentry & Transition (PORT) program. CCS also maintains a dedicated phone line within the jails to enable patients to connect directly with the CCS team to discuss reentry needs.

To support patients' continuity of care and access to high-quality medical services in the community, CHS connects patients to the PORT Practices clinics at NYC Health + Hospitals/ Bellevue Hospital and Kings County Hospital. The PORT clinics, which celebrated their one-year anniversaries in 2020, are staffed by CHS primary care providers along with hospital-based clinicians so that patients can receive care from the same providers they saw while detained, after release. Additionally, Community Health Workers with lived experience serve as peer navigators, assisting patients with registration, scheduling and pharmacy needs. In 2020, the Bellevue PORT location expanded its scope of services to include psychiatric care, and both locations expanded their services to include telehealth visits, in response to COVID.

Substance Use Services: Supporting patients with substance use disorders is a key part of CHS' larger mission. Through its Key Extended Entry Program (KEEP), the nation's oldest jail-based opioid treatment program, CHS provides methadone and buprenorphine maintenance to patients while they are in jail and provides linkages to community-based treatment and harm-reduction services to patients reentering their communities. CHS' work in this space has been prolific – exceeding all of the 2020 goals established five years ago.

This includes doubling the number of patients on Medication-Assisted Treatment (MAT), including methadone and buprenorphine maintenance. Notably, in 2020, 86 percent of CHS patients with an opioid use disorder (OUD) diagnosis received MAT, and 93 percent of CHS patients with an OUD left jail in 2020 with an individualized discharge plan. CHS' targeted reentry services for this population include connections to harm reduction services, syringe exchange programs, and naloxone distribution sites in the community. CHS will also provide referrals to community sites to initiate MAT or inpatient drug treatment. In addition, since 2016, CHS has distributed more than 42,000 naloxone kits to patients, staff, and the community.

Hepatitis C: In addition to initiating or maintaining treatment for substance use disorders, CHS initiates or continues treatment for hepatitis C – a disease that can cause permanent liver damage but can be cured if appropriately diagnosed and treated. CHS also provides referrals to community-based treatment for patients discharged prior to completing their treatment regimen. In 2016, NYC Health + Hospitals partnered with Merck & Co. to obtain its hepatitis C drug at an unprecedented discounted price, enabling CHS to substantially increase the number of patients who start hepatitis C treatment while incarcerated. In fact, since 2016, CHS has quadrupled the number of patients treated for hepatitis C while in custody – far exceeding its original goal of a 50 percent increase. From 2016 to 2019, the number of patients initiating treatment in jail increased from 52 patients to 222 patients.

Telehealth: CHS' telehealth services served an important role in 2020, providing connections among the jails and with hospital clinics and emergency departments to allow for urgent, specialty, and routine consultations without needing to transport patients between facilities. CHS was the first division within

NYC Health + Hospitals to improve access to care through telehealth, beginning in May 2016 at NYC Health + Hospitals/Bellevue. Recent telehealth expansions have enabled CHS to conduct more medical and mental health encounters from multiple housing areas, including the infirmary and substance-use units. To better facilitate access to care and leverage new technologies, CHS also established five new satellite clinics across three jail facilities. In addition to provider-to-patient encounters, telehealth enables provider-to-provider consultations, both of which proved vital throughout the pandemic.

RESPONDING TO COVID-19

This expansion of mental health, substance use, and reentry support services better positioned CHS to care for its patients throughout the pandemic, as maintaining access to care, in conjunction with decarceration and containment, constituted a key aspect of its COVID-19 strategy. In addition to working to keep patients as healthy as possible, CHS worked to remove the most vulnerable patients from jail, while affording the relief of reduced density to those who remained in custody. These efforts built on CHS' robust program of compassionate release, established in 2016, shortly after CHS' transition to NYC Health + Hospitals.

CHS greatly intensified its health advocacy work in the spring of 2020, expanding its focus to include persons whose clinical conditions made them more susceptible to a severe course of disease should they contract SARS-CoV-2. Since March 2020, CHS has advocated for the release of thousands of its patients. Approximately 56 percent of patients for whom CHS advocated release are no longer in custody. CHS' efforts to secure safe alternatives to incarceration continue to this day, involving work with district attorneys, defense attorneys, and courts.

While transmission of SARS-CoV-2 has increased since the summer, the seven-day average positivity rate in the jails has consistently remained lower than the City's rate. The current rate in the jails is 4.10 percent – less than the citywide average of 6.60 percent. CHS' containment efforts, which include cohorted housing along the COVID-19 spectrum, testing, and most recently, vaccination, have informed this decrease. On January 6, 2021, CHS became the first correctional facility in New York State to offer vaccine to persons in custody, after CHS was able to secure State approval to vaccinate high-risk patients following its strategic and targeted advocacy efforts.

CHS was able to successfully argue that its most vulnerable patients are clinically analogous to residents of community facilities operated or overseen by State agencies (DOH, OMH, OASAS, OPWDD) whom the State had approved as part of priority group "1a". When the State expanded eligibility to 75+ and 65+ on February 11th and 12th and to persons with certain comorbidities the week of February 15th, CHS similarly extended the offer of vaccine to its patients who met these criteria. As of March 17, 2021, CHS had vaccinated more than 850 patients, and education and counseling efforts are ongoing. CHS continues to advocate that vaccine should be offered to all its patients, not based on health or age but due to the very nature of the congregate carceral setting, and remains hopeful that it will soon receive approval.

Regarding staff vaccinations, CHS began offering vaccine to its own staff on December 28, 2020 and has since vaccinated more than 650 staff. On January 12, 2021, one day after the State announced the eligibility of priority group "1b," CHS – recognizing the moral and ethical imperative to help protect its colleagues in the Department of Correction (DOC) – voluntarily stepped forward to vaccinate the DOC workforce. With the support of DOC, CHS volunteered to take on this extracurricular work, despite its own staffing and operational pressures, in its mutual acknowledgement that the health of its staffs and the

persons in its care and custody, is inextricably connected. CHS continued to vaccinate DOC for two weeks until the City was able to secure a private vendor to take over this responsibility.

CONCLUSION

Although CHS staff faced extraordinary challenges in the last year, they also demonstrated an unwavering commitment to their patients' care and wellbeing. In addition to the expansion and enhancement of clinical services, 2020 brought increased civic engagement to the jails. CHS leveraged its relationship with its patients to help patients complete the census; register to vote; request absentee ballots; and vote in the 2020 elections. Through its partnership with DOC, CHS helped more than 700 patients register to vote and/or request ballots. CHS also partnered with DOC to help patients apply for the Coronavirus Relief and Economic Security (CARES) Act payments. In 2020, CHS also held its first-ever book drive to collect book donations for the New York Public Library's Correctional Services program. In partnership with DOC, CHS collected more than 2,000 books from DOC and CHS staff, non-profit organizations, and local elected officials to provide to readers at DOC facilities and New York City reentry hotels.

At CHS, we are committed to providing the highest quality care for our patients – many of whom present complex needs and require intensive services. This would not be possible without the strategic investments made by the City over the last five years. Our CHS 2020 achievements are a testament to this commitment to patient care. As the City continues to advance criminal justice reforms, we know a profound need for innovative health care services in the jails will remain. I'm so honored to be able to be part of this important work and thank each and every person in the CHS community for their dedication and sacrifice in 2020 and look forward to achieving new milestones in 2021.