

# Correctional Health Services

**Testimony to the New York City Council Committees on Criminal Justice and Hospitals  
by Patsy Yang, DrPH, Senior Vice President, NYC Health + Hospitals/Correctional Health  
Services**

**October 18, 2023, Oversight – Outposted Therapeutic Housing Units**

Good morning Chair Rivera and Chair Narcisse and members of the Committees on Criminal Justice and Hospitals. I am Patsy Yang, Senior Vice President for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I’m joined by Manny Saez, Vice President of Facilities Management at NYC Health + Hospitals and Jeanette Merrill, Assistant Vice President of Communications and External Affairs at CHS. I’m also joined by representatives of the NYC Department of Correction (DOC), our partners in the City’s Outposted Therapeutic Housing Unit initiative. I appreciate your continued interest in this pioneering project.

## **Jail-Based Therapeutic Housing and Care**

As you know, our therapeutic housing model on Rikers served as the impetus for our Outposted initiative. The jail-based therapeutic housing units are designed for our patients with serious medical, mental health, and/or substance use needs. Clinical teams are dedicated to the units, enabling us to provide more effective treatment, enhanced patient interactions and monitoring, and strengthened care coordination for our highest-need patients.

Patients with serious mental illness, intellectual disability, or other mental health needs may be housed in Mental Observation units or Program for Accelerating Clinical Effectiveness (PACE) units, both of which are part of the spectrum of mental health care that we offer. Current mainstays of our medical therapeutic units are the infirmaries, located in the North Infirmery Command (NIC) and the Rose M. Singer Center. We also medically cohort patients with certain clinical conditions, such as diabetes, in housing areas in NIC.

More than 58 percent of our medically complex patients are aged 55 and older and about 75 percent have at least one significant health diagnosis, including recent or active cancer, current or prior pulmonary conditions, cardiac-related disease, diabetes, and/or conditions indicating currently or potentially compromised immune systems. Many of these individuals are infirmery patients, who represent approximately 2 percent of the jail population but account for about 25 percent of all off-Island specialty service visits at NYC Health + Hospitals/Bellevue. Female patients receive off-Island specialty care at NYC Health + Hospitals/Elmhurst.

While these jail-based units offer a critical therapeutic option for many of our patients, CHS recognized early on that there might be a way for us to better care for those of our patients who needed specialty or subspecialty care only available in hospital settings. For many of our male or female patients, the journey to Bellevue or Elmhurst hospitals was so taxing as to serve as a

deterrent to receiving critical, sometimes life-saving treatment. Yet, these patients were not so clinically acute as to warrant inpatient hospitalization.

## **Outposted Therapeutic Housing Units**

We conceived of the Outposted therapeutic housing units as the bridge between the level of care we can provide on Rikers and on an acute inpatient basis. These secure, clinical units will replicate the jail-based therapeutic housing model on Rikers in that we will clinically cohort some of our highest-need patients and embed clinical staff on the unit. However, their siting within the walls of an acute care facility means that our patients will be, at most, an elevator-ride away from the specialty services that they need. The units will also create a more therapeutic milieu within a health care facility that is located within key communities in Manhattan, Brooklyn, and the Bronx.

The Outposted model conceptualized by CHS is unique. The units will house patients who are selected, in consultation with DOC, because of their clinical needs to be treated by both CHS and hospital clinicians but not as hospital inpatients. The units will be located within the four walls of a hospital but will meet the minimum standards and other regulations that apply to jails. CHS and DOC have been working together closely throughout the design and build process to ensure the new units offer modern, state-of-the-art jail features and high-quality clinical care. When the units are operational, DOC will provide security, custody management, and other operational support; CHS will continue to be the primary provider of care but in closer coordination with hospital specialists. Our patients will have better access to the full range of Health + Hospitals clinical resources, while continuing to benefit from the security and program resources of DOC.

We anticipate that construction at Bellevue, the first of three Outposted unit locations, will be completed in 2024. The Administration is committed to properly operationalizing Bellevue as soon as possible, after the construction is complete. Construction for the unit, which occupies the entire second floor of the hospital building, is well underway and includes a new outdoor recreation space above the hospital's emergency department. Security-related design changes had required us to pause construction to ensure the completed site will meet the requirements for a jail. DOC and Health + Hospitals – CHS, the Central Office for Facilities Management, and Bellevue Hospital – worked closely together in an effort to submit to and secure full and final approval from SCOC of a modified design of the Bellevue unit, which we received earlier this week.

NYC Health + Hospitals/Woodhull will serve as the location for the second Outposted unit – specifically the ninth and tenth floors. While the construction specifically of the Outposted unit has not yet begun, the prerequisite renovation and relocation of existing patient care and administrative spaces is almost complete. This necessary work in anticipation of the Outposted unit includes an upgraded inpatient pediatric unit, an updated outpatient substance use unit, and an upgraded hemodialysis unit. Woodhull Hospital also renovated its physician on-call area, occupational health services unit, and medical student locker room. The upgrades will enhance the experiences of both Woodhull Hospital patients and staff; it constitutes a major accomplishment for the Health + Hospitals system and a significant milestone in the Outposted initiative.

NYC Health + Hospitals/North Central Bronx will serve as the location for the third Outposted unit and was paused after the pre-design phase. SCOC-approved changes to the design plans for Bellevue Hospital will inform the design plans of the units of both North Central Bronx Hospital and Woodhull Hospital. Based on current design plans, which remain subject to change, the

Outposted initiative will include 363 beds across the three sites: 104 beds at Bellevue Hospital; 156 beds at Woodhull Hospital; and 103 beds at North Central Bronx Hospital. Current funding for the project totals \$718m, with each site totaling approximately \$239m.

We are so excited and proud that New York City will be once again be making a “first” in innovative carceral health care. The Outposted Therapeutic Housing Unit initiative is a truly pioneering endeavor. Because these units are the first of their kind, the design and approval process may have required extensive time and attention, but the initiative remains a priority for the Administration and arguably more important than ever for the health of our most clinically vulnerable patients. We know the NYC Council shares the Administration’s commitment to ensuring New Yorkers in our city jail system – particularly those with medical, mental health, and substance use needs – receive the care they need, and the Outposted initiative is a groundbreaking step toward that goal.