



Testimony

of

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before the

New York City Council
Committee on Mental Health, Disabilities and Addiction
Committee on Criminal Justice
Committee on Hospitals
on

Correctional Health

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Good afternoon Chairpersons Ayala, Powers and Rivera, and members of the Committee on Mental Health, Disabilities and Addiction, Committee on Criminal Justice, and Committee on Hospitals. 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, CHS’ Chief Medical Officer, Mr. Patrick Alberts, our Assistant Vice President of Policy and Planning, Mr. Carlos Castellanos, CHS’ Chief Operations Officer and Ms. Veronica Lewin, our Director for Communications and Public Affairs. The Department of Correction is also here, represented by Assistant Commissioner Fazal Yussuff.

On behalf of NYC Health + Hospitals President and CEO Dr. Mitchell Katz, I want to express our appreciation for inviting us to talk about important issues in correctional health. I would also like to recognize Chairpersons Ayala, Powers, and Rivera for your commitment to the health of New Yorkers involved in the justice system.

Overview

NYC Health + Hospitals/Correctional Health Services (CHS) operates one of the largest correctional health care systems in the nation, with over 43,000 admissions per year and an average daily population of approximately 8,900 in 11 jails across the city. We provide services from pre-arraignment through discharge including medical and mental health care, substance use treatment, dental care, social work services, discharge planning and re-entry services.

CHS is an essential partner in New York City’s criminal justice reform efforts. We believe we have the unique opportunity to cushion the impact of incarceration and the responsibility to address the health needs of our patients to better prepare them to leave jail and not return. It is through this lens that that we pursue our work of increasing access to high quality medical services for people while they are in the City’s custody and as they rejoin their communities.

Restructuring under NYC Health + Hospitals

Since CHS moved to NYC Health + Hospitals in August 2015, we have built a framework for restructuring systems and changing the culture of service delivery. We have reduced our reliance on private contractors by 80 percent and replaced private contracts with CHS staff and service arrangements at Health + Hospital facilities. This has resulted in higher quality, and greater accountability and efficiency.

The move to NYC Health + Hospitals also boosted CHS’ ability to attract highly qualified staff who share our commitment to high-quality care as a human right. In becoming the direct provider of health care, we underwent a major reorganization to improve supervision and support of staff at all levels and capacities within our division. This restructuring has been implemented in every clinical and administrative department in CHS, whether it was the creation of the Office of Quality Management reporting directly to me or the consolidation of our substance use services under the leadership of Mental Health.

We have also implemented new ways of delivering care to make sure our patients get the health care they need when they need it. In collaboration with DOC, we have increased access to health care in the jails by cohorting patients with select medical diagnoses into discrete housing areas matched with a nearby satellite clinic. This model brings our services closer to where are patients are and has reduced the need for escorts to the main clinic.

Given the comprehensiveness of our intake assessments and the high quality of our clinical work, we know which patients need to be seen and when, and we work daily with DOC to ensure that our patients get the care and medications they need. At the same time, we continue to have a high volume of sick call encounters, in part due to the higher standard held by the NYC Board of Correction compared to other large city systems. CHS also follows through and investigates to conclusion, every patient complaint or concern it receives from patients or their representatives.

Program and Services

As part of NYC Health + Hospitals, we have successfully leveraged the resources of the nation's oldest and largest public hospital system to improve the health of patients under our care before, during, and after incarceration.

Since CHS became the sole and direct correctional health care provider in 2016, we embarked on a five-year, City-funded plan to establish new programs and expand key services. I'd like to share a snapshot of the milestones we have reached in less than three years:

- We more than quadrupled the number of patients initiating Hepatitis C treatment in jail, with 158 patients treated in Fiscal Year 2018, compared to 28 patients in Fiscal Year 2016.
- While we run the nation's oldest and largest jail-based opioid treatment program, we nearly tripled the number of patients in our program since just last year. Last month, we had over 1,000 patients being treated with methadone or buprenorphine on any given day.
- Since December 2016, we have conducted nearly 4,000 group sessions as part of the Creative Arts Therapy program, one of the largest programs of its kind in the nation, and just last month celebrated the opening of our fourth annual art show in Chelsea.
- We distributed over 10,695 naloxone kits to members of the public at the Rikers Island Visitor Center and borough jails since the launch of HealingNYC in March 2017.
- We expanded to a total of six specialized housing units for patients with serious mental illness. The Program for Accelerating Clinical Effectiveness (PACE) has demonstrated efficacy in increasing medication adherence, reducing incidents of injury and self-harm, and lowering uses of force.
- We were the first in Health + Hospitals to establish a telehealth program for patient/provider encounters, to enhance access to specialty services on- and off-island, which now includes multiple specialties such as urology, hematology and oncology at Bellevue and Elmhurst, assessment for post-acute placements at Coler, and consultations among the jail facilities.

- Following success in Manhattan, we extended our Enhanced Pre-Arrest Screening Unit (EPASU) into Brooklyn Central Booking. EPASU allows us to better identify and respond to acute medical and mental health issues, avoid preventable runs to hospital emergency rooms that also disrupt case processing, and with patient consent provide courts with information that can support alternatives to incarceration. Of the 82,000 screenings since the 24/7 operation commenced in Manhattan, emergency room runs were avoided by 27 percent and defense counsel was provided with 2,839 clinical summaries.
- In an effort to improve the quality and timeliness of court-ordered psychiatric competency evaluations, we consolidated within CHS the management of the city's four Forensic Psychiatric Evaluation Court Clinics citywide that had been operated by Bellevue and Kings County Hospitals.
- In partnership with the Mayor's Office of Criminal Justice, the courts, prosecution and defense, we launched a pilot program at the Queens Forensic Psychiatric Evaluation Court Clinic to reduce the time it takes to complete court-ordered forensic psychiatric evaluations for defendants in the Queens Criminal Court. The goal of the pilot is to reduce the time to complete the 730 evaluation process from an average of 43 days to within 7 and 14 business days for misdemeanors and felonies, respectively. In the approximately five months since the pilot went live, CHS has met or exceeded our goal in the majority of cases, with an average completion time for misdemeanor and felony reports of 9 and 11 business days, respectively.
- As part of NYC First Lady Chirlane McCray's Women in Rikers initiative, we established the Healthy Lifestyle Therapies program, a wellness initiative that promotes healthy coping skills for stress and trauma through multiple modalities including cognitive therapy, exercise, acupuncture, and guided meditation. We also launched the Intimate Partner Violence Counseling Program to provide counseling, safety planning and referrals to community resources upon discharge, for women who experienced domestic violence prior incarceration.
- To address the unique needs of young people, we began conducting high quality screenings of every young person entering jail, regardless of mental health history. This program allows us to provide connections with in-jail services and re-entry planning.
- We created the Geriatric and Complex Care Service, the first and only jail-based program of its type in the country. This service provides integrated clinical care, court advocacy and re-entry planning to the oldest and most vulnerable patients in the jail system.

Thanks to ThriveNYC, we have received successive funding to implement a series of initiatives to address mental health and substance use issues among youth incarcerated in jail. We have enhanced our mental health programming for youth by offering comprehensive services including psychiatric assessments, creative arts programming, harm reduction, substance use engagement and discharge planning. These enhancements allows us to better serve a population where intellectual disability, new onset mental illness, and substance use are overrepresented and exposure to trauma is nearly universal.

We currently screen all patients for neurodevelopmental impairments during intake. This year, we started asking every individual entering jail whether they have ever had involvement with the Office for Persons with Developmental Disabilities. With this new question our identification of patients with neurodevelopmental disorders has jumped from 0.67 percent of new admissions to almost 3 percent. All individuals identified with a neurodevelopmental disorder are referred to mental health services for evaluation and determination of appropriate housing and treatment and to facilitate connections to appropriate care and services. Additionally, we dedicated a PACE unit to individuals with suspected or confirmed neurodevelopmental disorders.

Re-entry Planning and Discharge Services

To prepare our patients to rejoin their communities and not return to jail, we have revamped our discharge planning services to maximize our reach and optimize the impact of each interaction with our patients while they are in DOC custody. We have defined a core set of services that are integral to all our discharge planning efforts and are more closely coordinating the work conducted by various disciplines and programs within CHS, that impact successful re-entry. To help ensure that our patients have health insurance upon release, we launched a Medicaid Application Assistance Pilot at the Anna M. Kross Center (AMKC) and the Rose M. Singer Center (RMSC) to reconnect our patients with benefits including activation or enrollment in Medicaid. Approximately 45 percent of our patients rely on us for Medicaid application assistance. As of the end of September 2018, a total of 603 patients received an application at intake (an average of almost 65 patients per month).

In addition to providing Medicaid application assistance to our patients, we have been growing the reach of our discharge planning services to more patients with medical needs. Whether a patient has HIV/AIDS, is an older person with complex care needs, or a patient needing to complete his treatment for Hepatitis C in the community, we work to link that patient to a care provider in the community, notably leveraging the service capacity of the NYC Health + Hospitals system.

CHS offers discharge plans to all patients in the mental health service. Every patient with a mental health diagnosis is counseled on what is included in their discharge plan. In partnership with Empower Assist Care, or EAC, we created the Community Re-Entry Assistance Network as a unified provider system that has increased efficiency, allows for increased oversight of service delivery, and allows us to be more responsive to patient needs both pre- and post-release.

In addition, as part of our programming under ThriveNYC, we offer discharge planning for young patients, which includes care coordination across City agencies, providing referrals to court advocacy and transitional planning for youth 18-21 years of age.

We also expanded comprehensive discharge planning services through the Substance Use Re-entry Enhancement (SURE) program to include individuals with substance use disorders who are not already receiving this service. SURE provides court services, harm reduction counseling, Medicaid screening and application, and reentry planning. As part of the SURE program, we began an e-

prescribing naloxone pilot project for discharged patients trained in overdose prevention. Participating patients can fill the naloxone prescription at a community pharmacy along with their other discharge medications. Additionally, patients trained in naloxone prevention who enter residential treatment on jail release receive naloxone delivered with their other medications. SURE serves between 800-900 patients monthly in all facilities within the New York City jail system.

Conclusion

As the City embarks on its ambitious plan to create a smaller, safer, and fairer correctional system over the next decade, CHS will continue to be a critical partner in planning that future system and how the delivery of quality health care can be improved. We are committed to uphold our ethical obligation to improve the health of our patients and prepare them to live a healthy life as they rejoin their communities. We are grateful for the unwavering support of Mayor Bill de Blasio, the NYC Health + Hospitals' Board, and NYC Health + Hospitals' President and CEO Dr. Mitchell Katz; and we again thank you for your support of and interest in our work and mission.