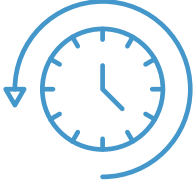


## CHS' SENIOR VICE PRESIDENT REFLECTS ON THE ORGANIZATION'S FIRST 10 YEARS



In 2014, when Dr. Patsy Yang proposed to the de Blasio Administration the idea of transferring the management of health care in New York City jails from a contracted, for-profit company to the City's public healthcare system, the need for change was clear.

State investigators had faulted Corizon, the Tennessee-based company providing health care for individuals detained at Rikers for the previous 15 years, for negligence and substandard care. Corizon's contract arrangement with the NYC Department of Health and Mental Hygiene (DOHMH) had presented challenges, and the City had repeatedly tried to find a non-profit replacement.

A new division of NYC Health + Hospitals responsible for providing the medical and mental health services at Rikers could, Dr. Yang posited, leverage the resources of the nation's largest municipal healthcare system to improve the quality and continuity of care delivered in City jails and post-release. The new Correctional Health Services (CHS) would, Dr. Yang envisioned, would be funded directly by the NYC Office of Management and Budget, making it budget-neutral to the Health + Hospitals system.

Still, the transition would entail a heavy logistical and operational lift. Dr. Yang, then director of health policy in the NYC Mayor's office, assured former NYC Health + Hospital President and CEO Dr. Ram Raju that she would help execute her plan

from City Hall, drawing on her public health and healthcare administration experience in Westchester County and New York City, and at Bellevue and Metropolitan hospitals. Dr. Raju had other ideas.

When he tried to recruit her to lead the new CHS, friends and colleagues wondered why she would consider trading her distinguished policy position for a 24/7 operations role. "But any time I would talk about the job, people would ask me, 'Why are you smiling?' And I kept smiling," Dr. Yang recalled.

She began her new job as Senior Vice President of NYC Health + Hospitals for CHS on June 29, 2015, and "I haven't regretted it since," she said.



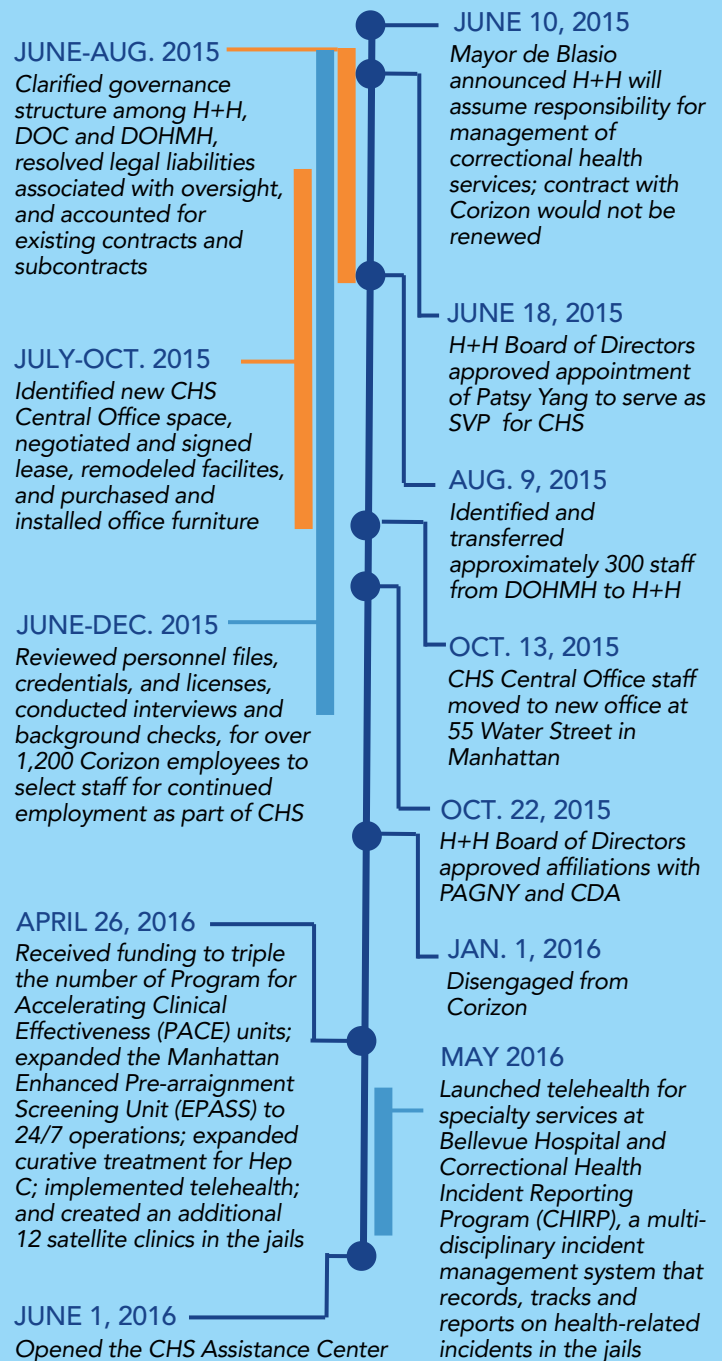
*Former Mayor Bill de Blasio announces that the City will transfer management of health care in NYC jails from Corizon to NYC Health + Hospitals at a press conference at Rikers Island in June 2015.*

By the time the transition from Corizon and DOHMH was complete six months later, the new CHS had accomplished a significant amount—without lapses in coverage or disruptions in patient care. The new leadership had:

- + Restructured the organization to create a central operations team and bring all supervisory staff into one management structure;
- + Conducted more than 1,200 in-person interviews and credentialing and background checks of former Corizon employees selected to become part of the new CHS team;
- + Recruited new correctional health physicians, nurses, mental health providers, and social workers;
- + Formed agreements with the Physician Affiliate Group of New York (PAGNY), the largest physician practice in New York State, and Correctional Dental Associates to help provide patient care services and dental services, respectively;
- + Collaborated with the NYC Department of Correction and labor partners to address staff and patient safety;
- + Created a discharge planning service to better coordinate with outpatient, Hepatitis C, and substance use services in the community;
- + Established the first telehealth program in the H+H system;
- + Implemented a new employee credentialing, licensing, and security clearance system; and
- + Established new headquarters, designed by Perkins Eastman, at 55 Water Street.

“We took on the critical task of managing the city’s correctional health services with a clear resolve to bring equity and improve quality of care to the approximately 55,000 men and women who move through the system every year,” Dr. Raju reflecting on the transition, said in May 2016. “We have now built one unified correctional health team of experts who are uniquely focused on transforming the delivery of health care in our city’s jails and have adopted

## ONE YEAR OF CHS MILESTONES



changes to better integrate medical and mental health care, better coordinate care between the hospitals and jail-based health services, and help

the formerly incarcerated and their families to access health insurance and a doctor in their community.”

In all its choices, the new CHS emphasized “direct service, direct accountability, and transparency, rather than covering up,” Dr. Yang said, and “the biggest change has been the culture.”

In this new culture of accountability and integrity, innovation in carceral care also thrived. In its early years, CHS partnered with Merck & Co. to obtain its hepatitis C drug at an unprecedented discounted price, allowing CHS to cure more individuals of hepatitis C than most states in the nation. CHS also launched its significant and still-ongoing push to grow the number and type of jail-based therapeutic housing units, took over scheduling of specialty care in sister hospitals for its patients to reduce appointment waiting time, and established a partnership with FDNY to base 911 ambulances on Rikers to improve response times. In 2020, CHS created the Heath Triage Line, giving patients for the first time on Rikers a way to connect directly to CHS nurses to address their health care concerns.

CHS also extended its focus to ways to reduce unnecessary days in jail and to help its patients successfully return to their communities. Beginning in the spring of 2016, CHS began to assume responsibility for pre-arraignment screening citywide to minimize disruptions in case processing as a result of otherwise avoidable hospital runs and to obtain information that might help courts identify alternatives to incarceration. In 2018, CHS created a consolidated service from four previously independent forensic psychiatric examination clinics that evaluate patient competency to proceed with judicial case proceedings and dispositions. In 2019, CHS established the Point of Reentry & Transition

(PORT) program consisting of primary care continuity clinics at NYC Health + Hospitals/Kings and Bellevue and the PORTLine staffed by peers, for individuals released from the New York City jail system.

The new culture also enabled the organization to take informed risks that might improve care and gave it the flexibility to change course when an idea wasn’t working: consider the experiment of the CHS Assistance Center, located on Hazen Street, just off the Rikers bridge. Dr. Yang had envisioned the Center as a one-stop resource hub, located next to Rikers Island, to connect recently released individuals and their families to community-based services.

“I had this great idea, a reentry center at CHS Queens, literally across the street from the bridge –but nobody wants to get off the bus,” she said, chuckling at the prospect of passengers disembarking from the Q100 having boarded one stop prior on Rikers Island.

CHS repurposed the under-utilized Assistance Center for support services, but the team didn’t abandon Dr. Yang’s idea. In 2023, CHS opened the CHS Reentry Center in a new trailer on Rikers Island, along the pathway that people who have been released from jail take to board the Q100. In Fiscal Year 2025, the Reentry Center served 4,400 former CHS patients, providing connections to community-based health and social services, information, supplies, and, sometimes, just a cup of coffee.

“It wasn’t exactly what I had first conceived,” Dr. Yang noted, “but—like CHS itself—it’s even better than what I could have ever imagined.” +

