



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committees on Health and Fire and Criminal Justice  
Services**

regarding

**Physical Health Services in New York City's Correctional Facilities**

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City Hall  
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Good morning, Chairpersons Rivera and Martinez and members of the Health and Criminal and Fire Justice Committees. My name is Dr. Jason Hershberger and I am Assistant Commissioner for the Bureau of Correctional Health Services. With me is Louise Cohen, Deputy Commissioner of the Division of Health Care Access and Improvement. Thank you for this opportunity to update you on the health care system for people incarcerated in New York City jails.

### Correctional Health in New York City

Let me begin by providing an overview of how correctional health care is provided in New York City. Under the City Charter, the Department of Health and Mental Hygiene (DOHMH) is responsible for providing health care to the 14,000 New Yorkers detained in the custody of the Department of Correction (DOC) every day. After arrest and arraignment, approximately one hundred thousand people come into our jails every year, of whom approximately 60% are individuals not previously incarcerated that year and the remainder of whom are returning to jail for a second or third time. Ninety percent of inmates are male, most are African American or Latino, and many come from the poorest neighborhoods in the city. Education levels are low and unemployment is high.

The mission of correctional health services is to provide the best possible medical assessment and treatment during an inmate's detention and to provide appropriate discharge planning services to promote health once a detainee leaves jail. We strongly believe that high quality correctional health services are critical for patient safety and health while they are in jail, but to safeguard the health of the communities to which

discharged inmates return. To this end, DOHMH's Correctional Health Services Bureau directly employs physicians, nurses, pharmacists, psychiatrists, psychologists, social workers, health educators, discharge planners and contract managers.

CHS also oversees a large medical services contract with Prison Health Services (PHS), which has approximately 1,000 medical and allied health personnel working 24 hours a day, seven days a week in New York City jails. Following a competitive process, HHC – which supervised Correctional Health Services at that time -- signed a three year contract with PHS effective 2001, which was extended for a year. In 2003, the DOHMH reassumed direct supervision of Correctional Health Services. The Department issued an RFP; PHS was selected and they began a new three year contract in 2005. DOHMH exercised that contract's three-year option to renew, in 2008, which will expire in December 2010.

PHS provides over one million medical, dental and mental health encounters a year at 10 out of the 11 City Department of Correction facilities. One facility, the Vernon C. Bain Center barge in the Bronx, is staffed by the Health and Hospitals Corporation under the direct supervision of the DOHMH. CHS closely monitors the PHS contract by tracking progress against performance indicators and quality control measures, reviewing individual cases, directing quality improvement projects, assessing and credentialing professional staff, and ensuring compliance with CHS policy and procedures.

Let me now turn to the key health services provided in New York City's jails. These include: initial medical intake, chronic care management, sick call, urgent care, mental health services and discharge planning. Each month there are more than 8,000 intake visits; approximately 70,000 medical visits; 2,500 specialty clinic visits; and 18,000 mental health visits. While many of these patients are young and healthy, a significant proportion of our patients suffer from serious health problems including chronic diseases, substance abuse and mental illness.

An inmate's first encounter with health services in New York City's jails occurs on the first day of detention: All inmates receive a full medical intake examination within the first 24 hours of entering the custody of the Department of Correction. New York City is among national leaders in this regard, as it takes most jurisdictions between one and two weeks after detention to complete such exams.

Using this higher standard allows for three positive outcomes:

- 1) From the first day of custody jailed New Yorkers have access to a physician who can detect and treat health conditions ranging from acute issues requiring emergent care to chronic diseases;
- 2) The Department of Health and Mental Hygiene has an opportunity to screen and treat every jailed New Yorker for health conditions that present a risk to the public health of the City; and
- 3) We can begin to provide discharge planning, particularly important for patients with HIV and other chronic diseases, as soon as possible.

While an inmate is incarcerated, CHS provides medical care and treatment, including regular follow up for any chronic conditions such as diabetes, hypertension, asthma and HIV; sick call on a daily basis for anyone who requests it; urgent care provided by emergency physicians; and preventive medicine, including immunizations against flu, hepatitis and pneumonia. The Department also provides appropriate discharge planning for people leaving jail, focusing on those with chronic diseases, particularly for those with HIV, but also, for example, for women who had pap smears but left without receiving their results, or those with mental illness or substance abuse problems.

Over the last few years, we have had great success in redesigning our HIV discharge planning program so that it reaches more people more effectively. Of the people with HIV who are released to the community, approximately 70% are successfully connected to community medical and substance use providers.

#### Correctional Health and Public Health

The Department's correctional health and public health missions are closely aligned and CHS takes every opportunity to realize the Department's public health goals as part of its work at the City's jails. For example, a major Department public health goal is for every New Yorker to know his or her HIV status so that proper treatment can be obtained and further transmission can be curtailed. We know that the rate of HIV among New York City inmates is many times as high as the rate found in the rest of the city and inmates often suffer from compound risk factors for HIV illness, including high risk sexual

behavior and unsafe injection drug use. For these reasons, all inmates are offered voluntary rapid HIV testing upon admission to jail and at subsequent medical encounters. Under this voluntary testing program, correctional health provides over 25,000 HIV tests per year, an increase from approximately 6,000 tests in 2003

Similarly, in 2005, Correctional Health Services established a testing program for young men with asymptomatic Gonorrhea and Chlamydia infections; women were already universally screened. To date, over 155,000 individuals have been screened, and 14,500, or 9% have been found positive. Of these, 70% are treated before release with a single injection of an antibiotic. These inmates came into custody with an illness that they could easily spread to others and left non-infectious and with improved health.

The public health mission of correctional health can also be seen in additional initiatives, including universal mental health screening and mental health discharge planning, universal screening and control of tuberculosis, and the increasing numbers of inmates receiving flu, pneumonia and hepatitis B vaccinations.

While this hearing focuses on the provision of physical health services in New York City's jails, it is important to note that almost 15% of inmates who enter jail say that they have a history of treatment for mental illness, 40% of inmates tell us that they are active substance users, and 16% say that they regularly currently drink alcohol, although we believe the actual prevalence of both mental illness and substance abuse is significantly higher. The Department actively seeks to identify and assist individuals with histories of

mental health and substance abuse in order to provide them with appropriate care while detained and so that they may return to their communities linked with appropriate assistance.

CHS is a national and international leader in the treatment of substance abuse. Patients are assessed at intake for their need for detoxification or maintenance treatment and NYC jails are among the few in the country accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide methadone treatment. Since 1987, we have provided detoxification services and methadone maintenance services to patients addicted to opiates, and detoxify almost 20,000 people each year. Upon reentry, inmates are connected to community-based methadone programs to continue and support their recovery.

Correctional health care is delivered in a highly restrictive and secure environment, presenting significant challenges not seen in other health care settings. It is only through our collaborative relationship with our sister agencies and community partners that CHS is able to successfully provide care in this secure custody environment. The partnership between the DOC and the DOHMH, made possible by the strong commitment of Commissioner Horn and his senior staff to the health and well being of inmates, enables us to be successful in spite of the many hurdles to providing quality of health care in City jails. In medical emergencies, stabilization and emergency transportation is provided by the excellent work of the Fire Department of New York's Emergency Medical Services unit. The Health and Hospitals Corporation provides emergency care, hospitalization and

some specialty services in secure prison wards at Bellevue or Elmhurst Hospitals. The City's Human Resources Administration and Department of Homeless Services are helping CHS link patients to needed public benefits and shelter. And finally, the hundreds of community medical and mental health providers who care for inmates after they leave the system are among our most important partners.

Thank you again for this opportunity to testify. We are happy to answer any questions you may have.