



**Testimony**

of

**Deputy Commissioner Sonia Angell, MD, MPH  
New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Health**

jointly with the

**Committee on Fire and Criminal Justice Services**

regarding

**Health Care Delivery in New York City Jails:  
Examining Quality of Care and Access to Care**

and

**Intro. 440: Reporting on the Health of Inmates in City Correctional Facilities**

March 3, 2015

250 Broadway  
New York City

Good afternoon Chairs Johnson and Crowley, and members of the committees. I am Dr. Sonia Angell, Deputy Commissioner for the Division of Prevention and Primary Care at the New York City Department of Health and Mental Hygiene. I am joined by Dr. Homer Venters, the Department's Assistant Commissioner for Correctional Health Services, and Erik Berliner, the Deputy Commissioner for Strategic Planning and Programs at the Department of Correction. On behalf of Commissioner Bassett and Commissioner Ponte, thank you for the opportunity to testify today on the topic of health care delivery in New York City jails and Intro. 440. Ensuring delivery of quality health and mental health services in our jails is a critically important and very complicated issue, and I thank the Council for your continued attention to it.

### **Background and Provision of Services in NYC Jails**

As you know, Commissioner Bassett testified before these Committees in June 2014 about the provision of correctional health and mental health services in the City's jails, and on the issue of violence against healthcare workers. In the interest of time, I will refrain from going into detail on the topics we discussed then, although I do think it's worth mentioning some of the basic facts and figures.

The Health Department is responsible, under the City Charter, with providing health and mental health services in the City's correctional facilities. Our mission is to provide the best possible medical assessment and treatment during an inmate's detention, as well as appropriate health and mental health-related discharge planning services. Our health system is a national leader in providing health care that not only addresses urgent needs for patients while in jail, but also provides preventive and chronic care interventions like testing for HIV, Hepatitis, and Sexually Transmitted Infections, as well as vaccines that can prevent illness later in life. We pursue these goals by focusing on patient safety, population health, and human rights as essential elements of our health system. High quality correctional health services are critical for patients' safety and health while they are in jail, but they are also important in safeguarding the health of communities to which individuals discharged from jail return.

All inmates receive a full medical intake examination within their first 24 hours of entering custody. New York City is a national leader in this regard, as it takes most jurisdictions between one and two weeks to complete such exams. This intake exam allows us to screen patients and guides referral to a range of services they may need, and includes a comprehensive health assessment, sexually transmitted disease screening, and initial mental health assessment. These inmates enter the jail system with a high burden of disease; rates of HIV, hepatitis C, asthma, hypertension, and substance use are all significantly higher than they are among the general population. The intake screenings help to guide further treatment, discharge planning, and entitlement applications.

Approximately 11,000 inmates are housed within the City's 12 jail facilities, and approximately 70,000 admissions occur annually in the jail system. Each month, the Department provides over 65,000 health care visits in jail facilities, most of which occur at Rikers Island. We also provide discharge planning to eligible inmates with mental illness. These services, which are provided to approximately 20,000 individuals annually, include arranging for post-release medical and mental health care, applying for or reactivating Medicaid, applying for public assistance, providing a supply of and prescription for

medications, arranging for transportation, and organizing post-release follow up. The Department is also a national leader in the adoption and use of prevention-oriented electronic health records in our jail facilities, allowing our health care workers to better coordinate care for their patients.

### **Oversight of Services**

Although oversight of health services and discharge planning in City jails is the Department's responsibility, direct medical, mental health, and dental care services are performed by contracted personnel from the health services providers Corizon and Damian Family Care Centers ("Damian"). Hospital inpatient services are provided by the New York City Health and Hospitals Corporation (HHC). Corizon, the largest private for-profit correctional health services provider in the United States, manages the day-to-day medical and mental health operation at Rikers and two other jail facilities, employing approximately 1,100 staff to deliver this care. Damian, which employs approximately 90 staff, provides services at the Vernon C. Baines Correctional Center, a jail facility in the Bronx which houses approximately 600 inmates. Damian is a New York State-licensed Article 28 Diagnostic and Treatment Center and a non-profit Federally Qualified Health Center with a long history of providing high quality healthcare to the City's underserved.

### **Correctional Health Services Contracts**

Both Corizon and Damian were selected as vendors via a competitive proposal process. Solicitations for correctional health services were issued by the City in 2000, 2004, 2007, 2010, and 2012. During these solicitations, hospitals, Federally Qualified Health Centers, and health care networks in the City were contacted, along with national correctional health providers. Since January 2001, Corizon has received the contract to provide correctional health services for all of the City's jail facilities, with the exception of the Vernon C. Baines Correctional Center. The Corizon contract is approximately \$140 million per year and expires on December 31, 2015. The contract with Damian is approximately \$7.4 million per year and expires in November 2016.

Prior to 2007, solicitations were offered for the entire jail system. Beginning in 2007, solicitations were offered for individual or groups of jails, rather than a single contract for all jail facilities, with the goal of increasing the pool of potential vendor applicants, particularly community-based providers. Given that most of the patients inside City jails return to their community within days or weeks of arrest, community-based providers may be able to offer greater continuity of care. Since 2007, Damian has been the only non-profit vendor to submit a viable comprehensive proposal. In 2013, Damian won the bid to provide care at the Vernon C. Baines Correctional Center; the contract began in November 2013.

### **Vendor Monitoring**

In addition to oversight of clinic operations, discharge planning, and all other aspects of health services, the Department is responsible for establishing and determining the medical and mental health policies that vendors are required to adhere to. We base all of our medical, nursing, mental health, and

substance use policies and procedures on evidence-based best practices. Although Corizon and Damian are included in policymaking discussions, ultimately health and mental healthcare policies are designed, implemented, and measured wholly by the Department.

The Department closely monitors our vendors through multiple lines of supervision. From a financial standpoint, our contracts are structured so that there is no incentive to limit care, medication or treatment. From a clinical perspective, we oversee the credentialing of physicians and physician assistants, and monitor compliance with all policies through a rigorous quality assurance process. Corizon and Damian undergo routine, quarterly comprehensive evaluations and are responsible for meeting 40 performance measures, in areas including Medical Care, Dental Care, Mental Health Care, Women's Health, Chronic Disease, Infectious Disease, Substance Use, Medical Records Management, and Preventable Hospitalizations. The Department meets weekly with our vendors to proactively identify issues and address them immediately. We also utilize rigorous morbidity and mortality reviews to assess potential errors in health care activities. If our vendors fail to meet the established standards, or if morbidity and mortality reviews reveal shortcomings in service, the Department employs a structured process to swiftly remediate issues. This process includes development of corrective action plans to ensure problems are addressed.

In addition to measuring compliance with existing standards, the Department is committed to improving the quality of care. To that end, we have created a Quality Improvement Executive Committee, which is chaired by Commissioner Bassett and includes senior Health Department leadership. This Committee is based on the approach to quality that is found in hospitals and other community health systems and meets on a quarterly basis to review data including quality assurance efforts, quality improvement projects, and performance indicators. As part of this effort we are focused on empowering health staff to deliver patient-centered, high-quality care, and fostering a sense of teamwork in each facility, especially among health and DOC staff in important processes, such as inter-facility patient transfers.

Finally, we must keep our health workers safe. Staff cannot be expected to meaningfully engage with patients when they are worried about their safety, and jail violence impacts workers as much as it does patients. Many assaults against staff occur in high-security housing areas, where health staff must provide care because of limitations on patient movement. The Administration is committed to protecting the health and safety of our healthcare workers and the Health Department has been working closely with the unions, Corizon management, and DOC to improve training and increase the availability of safety equipment such as cameras and alarms. These are difficult issues to address, but we are making progress: instituting routine safety communication between security and health staff; retrofitting clinics and other settings to improve staff safety; and closing units that are unsafe for staff and patients.

#### **Intro. 440**

With respect to Intro. 440, the Administration supports improving transparency throughout the jail system, including in the provision of health care services. We share a commitment to this approach, but as the providers of health care, we also have a legal and ethical responsibility to protect the

confidentiality of our patients' health information. Although the legislation as currently written would not require the reporting of patient identifying information, the information required by this law, combined with other publicly available data may cause the patient to become identified.

In some instances this unintended effect could violate our legal responsibility to protect the confidentiality of our medical records. This is of particular concern in the jail setting because inmates are identified on the DOC website; in certain circumstances it is statistically possible to re-identify individuals using separate sources of demographic information. The Department believes we can meet the goals of the legislation while still protecting patient confidentiality, and we would be glad to discuss this feedback in more detail after the hearing.

Lastly, I would like to reiterate that the quality of health care in the City's jails requires collaboration between the Health Department, the Department of Correction, and the vendors with whom we work. We are proud of the progress we have made to date – our Clinical Alternatives to Punitive Segregation (CAPS) program is one example of how, working together, we can improve health outcomes for individuals at Rikers. Furthermore, the Program for Accelerating Clinical Effectiveness (PACE) units function well because the health and security staff train and work on the units together, as a team. Likewise, the improvements that we have made in staff safety reflect routine, joint meetings that occur in every jail, which include line staff and managers from both health and security teams. In addition, our two agencies are working closely together to successfully implement initiatives developed through the Mayor's Task Force on Criminal Justice and Behavioral Health, which aim to enhance the jail system's capacity to provide therapeutic responses to inmates with acute mental health crises and connect individuals to care and services in the community at discharge.

However, despite the success of these new programs and innovations, we recognize our work is far from done. The Administration is committed to further bettering the services available to patients, and is evaluating the best approach and model for medical and mental health care delivery in the jails beyond 2015. An interagency team, including members from the Health Department, DOC, HHC, the Law Department, and OMB, is examining potential new strategies for health care delivery in our jails. We are using four guiding principles as we consider future directions: maximizing existing links to the extraordinary health care resources of the City, such as our local hospitals and medical schools; ensuring continuity of care between jail and the community; continuing to improve cohesion and partnership between DOC, DOHMH, and HHC; and applying national best practices for innovative, quality care. Our review will be complete this summer and we look forward to sharing the results of the analysis with the Council then.

Thank you again for the opportunity to testify. My colleagues and I are happy to answer any questions.