



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Concept Paper: Comprehensive Approach to Health and Mental Health Services for Patients in City Jails

Prior to the release of a Request for Proposals (RFP) for innovative approaches to comprehensive health and mental health services for those in the custody of the New York City Department of Correction (DOC), the Department of Health and Mental Hygiene (DOHMH or the Department or the Agency) has developed this concept paper to present the Agency's vision for a new approach to the provision of health and mental health services for our patients in City jails.

The Department's mission is to protect and promote the health of all New Yorkers. The New York City Charter requires the New York City Department of Health and Mental Hygiene (DOHMH) to promote and provide health services to those in the care and custody of the Department of Correction. The Agency's Division of Health Care Access and Improvement promotes the availability of quality health care services in New York City. DOHMH provides comprehensive medical and mental health care to persons incarcerated in the City's correctional facilities with a public health focus to improve the health of both incarcerated populations and the larger New York City community by providing discharge planning services to the mentally ill, health education during incarceration, and transitional healthcare connections for those leaving City jails as well as their families to improve community health in neighborhoods with the greatest health disparities.

The Agency's goals and objectives for the provision of comprehensive medical and mental health care are to provide quality health care utilizing a public health approach that will improve the health of incarcerated individuals and provide continuity of care for persons reentering the community from City jails. This is particularly critical from a public health perspective in that reentrants have a high prevalence of preventable and communicable diseases, including HIV infection, sexually transmitted diseases, asthma, diabetes, heart disease, hypertension, mental illness and drug use.

Purpose of Forthcoming Request for Proposals

DOHMH intends to issue an RFP to seek qualified provider(s) to develop, implement and administer a comprehensive program that meets the health and mental health needs of our patients in City jails. It is anticipated that proposals submitted in response to this RFP will offer comprehensive, creative approaches for providing quality health care services in a continuum of care, including while a patient is incarcerated, during the transition from jail to the community and post-discharge to the NYC community.

The New York City correctional system is a large, complex network currently comprised of eleven (11) jails. The average daily population for FY 2006 was over 13,400. During FY 2006 there were more than 104,000 admissions consisting of over 60,000 individuals. Correctional health services in the City of New York are currently provided by one vendor on Rikers Island

and at the Manhattan Detention Complex, with other off-island services provided by the City's Health and Hospitals Corporation and/or DOHMH direct service staff. The planned implementation of this new concept would lead to a system with more than one contracted provider and, potentially, more than one contracted provider on Rikers Island. In considering this systemic change, it is important to recognize that each jail facility has its own unique operational considerations in terms of population, structure and presenting health care needs. Given these conditions, it is likely that some facilities will be more conducive to this new approach than others. Therefore, while the concept outlined herein may be considered for any of the jail facilities (see table attached), the three facilities determined by the Agency as those most likely suited to implementing this concept at this time are Manhattan Detention Complex, Rose M. Singer Center, and Brooklyn Detention Complex. It is anticipated that any additional borough-based facilities opened by the Department of Correction will be appropriate for the new model. The Agency anticipates that respondents to the forth-coming RFP will bid on providing services to a specific facility, that each facility will be a separate competition, and that respondents may bid on more than one facility.

It is anticipated that the selected organizations will provide a full range of health services to inmates in the applicable facility, including medical, dental, mental health, as well as ancillary services including radiology, pharmacy and laboratory services. It is anticipated that discharge planning will be provided for both sentenced and detained inmates as part of the vendor's continuum of care.

The Department is open to a variety of creative service delivery models / systems, including sub-contractual agreements, collaborations and partnerships, or integrated models under a lead provider, that demonstrate a capacity to provide medical and mental health services as a seamless model of coordinated care. For example, a lead agency may provide the health services and sub contract to a separate mental health provider or dental health provider.

The proposed model should offer continuity of care for those entering and exiting City jails, potentially including both jail-based and community-based providers working together. In this way, the goals of providing optimal care and return to care (for those who have an episodic relationship to the health care system) can be achieved. Potential providers should consider recidivism rates and be prepared to address the operational issues involved in working with multiple jail-based and community-based providers of health care as it is the norm for patients to be frequently transferred among jails, between jails and prisons, from jail to court, and from jail to the community.

Patient Characteristics

Correctional populations have a higher prevalence of infectious diseases, chronic conditions, and mental illnesses than the general population. Rates of HIV infection, tuberculosis, sexually transmitted diseases, mental illness and substance abuse are high among this population. Correctional health patients may have multiple incarcerations and also struggle with limited access to health care, unemployment, substance abuse, domestic violence, or homelessness, thus hindering health promotion efforts.

Each month, between 7,000 and 8,000 new inmates are admitted to City jails. As an example, in August 2006, 7,305 new patients were admitted to City jails; of these 806 were women. Of the 7,305 admitted in August 2006, self-reported information indicates:

- 5,748 (79%) were previously incarcerated
- 2,803 (38%) have health insurance
- 2,035 (29%) wanted to know HIV status
- 21 (3% of women) were pregnant
- 184 (23% of women) had a mammogram in the previous 12 months
- Current self-reported conditions including drug use (39%), asthma (19%), mental illness (14%), hypertension (6%), STDs (5%), HIV (5%) and diabetes (4%).

Services to be provided under this RFP

The New York City correctional system is a large, complex network currently comprised of eleven (11) jails. It is anticipated that the selected organization will provide a full range of health services to those in the applicable facility, including medical, dental, mental health, as well as ancillary services including radiology, pharmacy and laboratory services. Discharge planning will be provided for both sentenced and detained inmates as part of the continuum of care. It is anticipated that the selected organization would provide health and mental health services 24 hours a day, seven days a week, 365 days each year. Core services include:

- Complete intake history and medical examination for each person newly admitted within a four hour time period, during the first 24 hours of entry into DOC custody. Over 90,000 such exams are provided system-wide each year. (See *Table 1, Facility Summary* for capacity, average daily census and monthly average medical visits by facility for Fiscal year 2006 (July 1, 2005 – June 30, 2006, attached.)
- Scheduled sick call available to all housed in selected City jail at minimum every business day (currently these services are not required on weekends and holidays). Approximately 165,000 such clinic visits are currently provided system-wide each year.
- Chronic care and medical follow-up services to treat communicable and chronic diseases, mental illness, and substance abuse provided consistent with community and correctional standards of care. Over 500,000 such clinic visits are currently provided system-wide each year.
- Specialty care services currently offered in City jails include cardiology, podiatry, and follow up to surgical care (e.g. removal of stitches, etc.). Other specialty services, such as dermatology and gastroenterology are currently provided by the Health and Hospitals Corporation in its own facilities. DOHMH may adjust the availability of jail-based specialty care services to best meet programmatic needs.
- Ancillary Services: Radiology equipment is available and radiology services may be provided in some jails. A digital radiology system is expected to be implemented prior to an award from the RFP. While pharmaceuticals are purchased by the DOHMH, pharmacy services (dispensing, appropriate storage of pharmaceuticals and ordering) are required in each jail. Laboratory services are required as part of treatment and care and are currently contracted out. Physical therapy is provided on an as-needed basis.
- Discharge planning and transitional services to ensure continuity of patient care from community to jail and on return to the community. This is central to the new concept.

Services that are not expected to be required include transporting patients (routinely done by the Department of Correction or in an emergency by EMS), and Urgi-care (urgent care provided by physicians and nurses trained in emergency medicine who are dispatched to provide care in an emergency until a patient is stabilized or moved by EMS). Urgi-care is provided under a separate agreement and will continue to be available for all patients in Rikers Island facilities. For those in the borough houses of detention, urgent care is provided by medical staff until EMS arrives.

An Electronic Health Record (EHR), provided by the Department, is anticipated to be in place at the time of award. The vendor will be required to use the DOHMH EHR system for electronically recording and managing direct patient care for all jail-based patients; selected vendors may also use this system at their community sites through a separate agreement with the DOHMH.

Successful respondents will be responsible to create, implement and improve quality of care measures and systems. Such performance indicators and measures are expected to create incentives for quality care consistent with quality standards and should address both process standards as well as health outcomes. Areas to be considered may include, but will not be limited to: timeliness of service delivery, service acceptance and compliance rates, provision of results from health screenings and laboratory testing, improved health status, and documented connection to health care services in the community.

All successful providers will be required to comply with mandated and appropriate standards including those established by the State Commission of Correction under New York State Correction Law. The New York City Board of Correction (BOC) issues two sets of mandated standards: New York City Correctional Health Care Minimum Standards and Mental Health Minimum Standards for New York City Correctional Facilities. In addition, providers should comply with the National Commission on Correctional Health Care's Standards for Health Services in Jails, of 2003, or its successor document. Further, successful proposers shall offer recommendations for levels of care and quality measures consistent with quality of care standards in the community.

Security and Custody Issues

While providing health services in a secure jail setting offers unique opportunities for public health, there are also operational challenges. Each day, thousands of persons are admitted, released, transported to courts and hospitals, and/or moved among facilities. This constant movement as well as DOC security concerns (i.e. preventing escapes, avoiding injury to staff and inmates, and intercepting contraband, including drugs and weapons) present significant challenges to health care providers who must ensure continuity of care for transferred patients. Inmate movement around and out of the system is rapid, unannounced, and may be driven by court appointments and security needs.

Respondents should be aware that all staff will be subject to DOC security requirements and that every member of the contractor/subcontractors staff will be subject to criminal background checks.

Evaluation and Payment Model

The Agency is particularly interested in partnering with health care organizations who provide services to NYC communities and who have been active participants in *Take Care New York* and related public health initiatives. Greater consideration will be given to Federally Qualified Health Centers (FQHC), Diagnostic and Treatment Centers (D&TC), those with the same or similar characteristics, organizations currently providing ambulatory care in the community and those with a history working with persons recently released from City jails. Proposal evaluation will be based on demonstrated experience, organizational capability and proposed approach.

DOHMH is open to creative payment models that ensure the best combination of quality care and cost. Payment in the current system is based on cost plus a flat fee with liquidated damages assessed based on contractually set performance indicators. Potential providers will be encouraged to consider and propose creative, flexible payment models that incentivize good outcomes.

Anticipated Procurement Timeline

It is anticipated that the RFP will be released in early 2007, and that the deadline for receipt of proposals will be approximately six weeks thereafter. It is anticipated that a contractor(s) will be selected and able to provide services beginning in January, 2008.

Anticipated Term and Contract Level

It is anticipated that the term of contracts awarded from this RFP will be for three years with an option to renew for up to an additional three-year term.

It is anticipated that the maximum available annual funding for the program will be from \$7,000,000 to \$100,000,000, depending on the number of facilities for which successful proposals have been selected. The source of funding is City Tax Levy with the associated New York State match.

Conclusion

Through the forthcoming RFP, DOHMH seeks to support a program of good quality, efficient, accessible and continuous care for our patients in DOC custody that can impact the health of the City of New York. The Department seeks a demonstrably qualified and experienced provider that recognizes the public health opportunity that such a continuum of care model provides.

Meetings to discuss ideas for inclusion in the forthcoming RFP will be held on Thursday, **December 21, 2006**, from 9:00am to 12:00pm, and Friday, **January 5, 2007**, from 9:00am to 12:00pm, at 161 William Street, New York, NY in the 6th floor training room. Your comments are welcomed in person at either of these events. Please let us know if you can join us by leaving a message at (212) 341-2286 or email: mhernan4@health.nyc.gov.

The Department will be accepting comments on this concept paper through January 16, 2007. Please direct any comments or questions in writing to:

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Table 1. Facility Summary

City Jail Facility	Location	Correctional Population	DOC Housing Capacity at Any Given Time	FY '06 Average Daily Census	DOHMH Correctional Health Services	Average #	Admission	Scheduled &	Follow-up
						Medical Visits / Month	Intake Exams /Month	Chronic Sick Call Visits /Month	Visits /Month
Anna M. Kross Center (AMKC / C-95)	Rikers Island	Newly admitted; Detained Adult Males	2,490	2,490	Health clinic, Mental health center, mini-clinic; detoxification unit	7,199	1,131	2,761	3,307
Bronx Detention Complex (BXDC)	653 River Ave, Bronx	Closed since 8/8/2000	469	0					
<i>Brooklyn Detention Complex (BKDC)*</i>	<i>275 Atlantic Ave, Brooklyn</i>	<i>Closed since 6/6/2003</i>	<i>815</i>	<i>0</i>					
Eric M. Taylor Center (EMTC)	Rikers Island	Newly admitted; Sentenced Adult / Adolescent Males	2,250	1,752	Health clinic, Mental Observation Unit	7,872	992	2,277	4,604
George Motchan Detention Center (GMDC / C-73)	Rikers Island	Detained & Sentenced Adult Males	2,587	1,930	Health clinic, Mental Observation Unit	4,640		1,508	3,132
George R. Vierno Center (GRVC)	Rikers Island	Detained & Sentenced Adult Males	1,330	1,188	Health clinic, Mental Observation Unit	3,937		978	2,958
James A. Thomas Center (JATC)	Rikers Island	Closed since 2/1/2000	1,194	0					
<i>Manhattan Detention Complex (MDC)</i>	<i>125 White St, NYC</i>	<i>Newly admitted; Detained Adult Males</i>	<i>881</i>	<i>792</i>	<i>Health Clinic</i>	<i>3,814</i>	<i>1,225</i>	<i>1,003</i>	<i>1,587</i>
North Infirmary Command (NIC)	Rikers Island	Detained & Sentenced Adult Males	499	294	Health clinic, two mini-clinics; Infirmary	10,670		566	10,104
Otis Bantum Correctional Center (OBCC)	Rikers Island	Newly admitted; Detained & Sentenced Adult Males; Central Punitive Segregation Unit	1,929	1,493	Health clinic, Infirmary; Mental Observation Unit	7,507	1,209	1,608	4,690
Queens Detention Complex (QDC)	126-02 82nd Ave. Kew Gardens, NY	Closed since 9/10/2002	502	0					
Robert N. Davoren Center (RNDC / ARDC / C-74)	Rikers Island	Newly admitted; Detained & Sentenced Adolescent males; Sentenced Adult Males pending transfer to State prisons	2,548	1488	Health clinic, Mental Observation Unit	4,389	696	1,091	2,603
<i>Rose M. Singer Center (RMSC)</i>	<i>Rikers Island</i>	<i>All Adult and Adolescent females: Newly admitted; Detained & Sentenced; Nursery for newborns; Central Punitive Segregation Unit</i>	<i>1,874</i>	<i>1,106</i>	<i>Health Clinic, Mental Observation Unit; Mini-clinic; Radiology</i>	<i>6,345</i>	<i>867</i>	<i>1,626</i>	<i>3,852</i>
Vernon C. Bain Center (VCBC)**	1 Halleck St, Bronx	Newly admitted; Detained Adult Males	800	820	Health Clinic	3,639	1,543	453	1,643
West Facility / Communicable Disease Unit (CDU)	Rikers Island	DOC Housing Closed	800	0	Urgi-care center; Radiology; Hemodialysis	9,010			9,010
		Persons Needing CDU Care	140	57	Communicable disease units				
Systemwide:			21,108	13,410		69,023	7,662	13,870	47,491

* Anticipated to be reopen soon.

** Not anticipated to be subject to forthcoming RFP.