

**Concept Paper: Comprehensive Approach to Health and Mental Hygiene Services for Patients in City Jails
PIN #11PR000900R0X00**

Prior to the release of a Request for Proposals (RFP) for innovative approaches to comprehensive health and mental hygiene 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) 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, §556(d) (8), requires the New York City Department of Health and Mental Hygiene (DOHMH) to promote and provide medical and health services to those in the care and custody of DOC. Through its Bureau of Correctional Health Services, the Agency provides comprehensive medical and mental health care to persons incarcerated in the City's correctional facilities.

The Department's goals and objectives for the upcoming RFP are to provide high quality health care that will improve the health of incarcerated individuals and provide continuity of care for persons reentering the community from City jails. DOHMH hopes to improve health outcomes in the communities from which patients come, and to which they return, by diagnosing and treating patients in jail with communicable illness, chronic disease, mental illness and substance abuse and transitioning these individuals to care in their communities upon release from DOC custody.

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 patients in City jails, and to promote public health in New York City. . DOHMH has also reorganized the facility options. Currently, there is only one contractor providing services. The Department anticipates four facility options in the RFP: all male facilities on Rikers Island, the women's facility on Rikers Island, Manhattan House of Detention, and Brooklyn House of Detention.

With this model, DOHMH is looking to increase the emphasis on chronic disease treatment during incarceration and in the community, The current model does not focus on continuity of care to the community

The correctional health provider(s) would:

- Provide all medical, dental, nursing and mental health care within each facility.
- Implement a continuous quality improvement program.
- Establish and drill an emergency response plan.
- Resolve patient complaints and provide second opinions.
- Institute an infection control and patient safety program.
- Ensure that each professional rendering services is duly licensed, certified, or registered and maintains said credentials.
- Perform annual performance evaluations, peer reviews and competency assessments.
- Provide employee health clearance for employment.
- Maintain medical records.

The Department will look for medical leadership and management within each jail facility that will support quality patient care and improved health outcomes of all those housed within the facility. The model will stress accountability for patient outcomes and transparency in the process. Value will be placed on teamwork, interdisciplinary cooperation, community collaboration, and continuity of care within a facility and between facilities. The model should include a strategy to manage panels of patients with chronic diseases as well as to provide acute medical care and appropriate mental health care to individuals and groups

The Department is open to innovative service delivery models 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. It is anticipated that the selected organization(s) will provide a full range of health services to those in the applicable facility, including medical, nursing, dental, mental health, as well as ancillary services such as radiology, pharmacy and laboratory services.

The Department anticipates the following four facility options (which may result in separate awards or one consolidated contract): all male facilities on Rikers Island, the women's facility on Rikers Island, Manhattan House of Detention, and Brooklyn House of Detention. Proposers may propose to provide services to more than one facility option however, a separate and complete proposal must be submitted for each facility option.

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, and/or homelessness, thus hindering health promotion efforts.

Each month, 7,000 to 8,000 persons are admitted to City jails. Data from the new admission history is collected in an electronic intake system. For the fiscal year 2008, the following self-reported information indicates that:

- 64 % smoke
- 38% use drugs
- 16% use alcohol
- 20% have asthma
- 15% have mental illness
- 5% are HIV positive
- 6% have Hepatitis C
- 6% have hypertension
- 4% have diabetes

Services to be provided under the upcoming RFP

The New York City correctional system is a large, complex network currently composed of eleven (11) jails. The average daily population for FY 2009 was 13,400 with over 100,000 annual admissions of 60,000 unique individuals. Each jail facility has its own unique operational considerations in terms of population, physical plant and presenting health care needs. The selected organization(s) will be required to 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 during the first 24 hours of entry into DOC custody. Approximately 90,000 intake history and medical examinations are provided system-wide each year.
- Sick call to all inmates daily on weekdays, excluding holidays. Emergency and urgent care around the clock every day. Approximately 165,000 such clinic visits are currently provided system-wide each year.
- Chronic care and medical and nursing follow-up services to treat communicable and chronic diseases, mental illness, and chemical dependence consistent with community and correctional standards of care. Over 500,000 such clinic visits are currently provided system-wide each year.
- Dental exams, restorative procedures and oral surgery.
- Specialty care services in City jails including obstetrics and gynecology, cardiology, dermatology, nephrology, infectious disease, optometry, ENT, orthopedics, surgery, podiatry, and physical therapy. Other specialty services are currently provided by the Health and Hospitals Corporation in its own facilities. DOHMH may adjust the availability of jail-based specialty care services in the best interest of the City and patient care.
- Ancillary Services. A digital radiology system is operational in the female facility, RMSC, and centrally in the West Facility on Rikers Island, for the male patients. Interpretation of all radiology studies may be provided directly or through subcontract(s).
- Pharmacy services (dispensing, appropriate storage of pharmaceuticals and ordering). Note: Pharmaceuticals are purchased by the DOHMH,
- Laboratory services, which may be provided directly or through subcontract(s).
- Urgent care by physicians and nurses trained in emergency medicine, who are dispatched to provide care in an emergency until a patient on Rikers Island is stabilized or moved by EMS. 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 in place at the facility for women and anticipated to be in place in all jails 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; potential vendors may also use this system at their community sites through a separate agreement with the DOHMH.

Successful respondents will be responsible to implement a quality improvement program, which will include improvements to both the process of care and health outcomes. Areas to be considered may include improved health status, screening and laboratory values, timeliness of service delivery, service acceptance and compliance rates, 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 and New York City Board of Correction's (BOC) 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 2008, or its successor document. The Department seeks to provide 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 Department is particularly interested in partnering with health care organizations that 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 organizations currently providing ambulatory care in the community and those with a history working with persons recently released from jails. Proposal evaluation will be based on demonstrated experience, organizational capability and proposed approach.

DOHMH is open to innovative payment models that ensure the best combination of quality care and cost. Potential providers will be encouraged to consider and propose innovative, flexible payment models that incentivize good outcomes.

Anticipated Procurement Timeline

DOHMH anticipates that the RFP will be released in late 2009, and that the deadline for receipt of proposals will be approximately eight weeks thereafter. DOHMH anticipates that the selected contractor(s) will begin to provide services as of January 1, 2011.

Anticipated Term and Contract Level

DOHMH anticipates that the term of contract(s) awarded from the upcoming RFP will be for three years with an option to renew an additional three-year term.

DOHMH anticipates that the maximum available annual funding for the program will be from \$7,000,000 to \$120,000,000, depending on the facility options of buildings for which successful proposals have been selected.

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.

The Department will be accepting comments on this concept paper in writing through October 16, 2009. Please direct any inquires to:

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