



## DEPARTMENT OF JUVENILE JUSTICE

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### **Health and Mental Health Care Services for Youth in Detention- Concept Paper**

**July 2006**

Prior to the release of a Request for Proposals (RFP) for a comprehensive health and mental health program for youth in the custody of the New York City Department of Juvenile Justice (DJJ or the Department), the Department has developed this concept paper to present the Agency's approach to the provision of health and mental health care services for youth in its custody.

The Department was established in 1979 to administer the juvenile detention system in New York City. The Department's mission is to provide detention in secure and non-secure facilities to youth who are alleged juvenile delinquents or juvenile offenders with cases pending disposition and youth with adjudicated cases awaiting transfer to State facilities, and to provide services that may prevent youth from returning to the juvenile justice system. One of the Department's key objectives is to provide comprehensive health and mental health services for youth in its care and to maximize the opportunity to positively impact their health and well-being. DJJ provides a continuum of care to its youth through educational programs, recreation, case management and health and mental health services.

#### **Purpose of Forthcoming Request for Proposals**

Over the past decade, there has been growing awareness of the health and mental health needs of juveniles in detention. According to the American Academy of Pediatrics, youth in detention have numerous health problems. Adolescents entering detention present higher rates than their unincarcerated peers for mental health disorders, substance use, child abuse, sexually transmitted diseases (STDs), and pregnancy and parenting.<sup>i</sup> Research indicates that youth in detention have a greater need for health and mental health services and that providing detained youth with mental health services may reduce recidivism.<sup>ii</sup> Thus, the care received in detention can be a turning point with implications that reach far beyond detention to improve the health and well being of these high-risk youth and to acquaint them with both the knowledge and resources needed to lead healthier and more successful lives.

The Department intends to issue an RFP to seek qualified provider(s) to develop, implement and administer a program that meets the health and mental health care needs of residents, including clinical care, preventive services and health education. The Department is open to a variety of creative service delivery models, including subcontractual agreements for medical and mental health such as collaborations and partnerships or integrated models under a sole provider, that demonstrate a capacity to provide medical and mental health services as a seamless model of coordinated care. The Department is interested in

providers who understand juvenile detention as an opportunity to positively intervene in the lives of young people in a way that extends beyond detention into their lives once they return to the community. Adolescent-focused health care presents an opportunity for youth to interact with health care professionals and learn about how to take greater responsibility for their care. The Department is seeking a comprehensive program that includes early detection, treatment, continuity of care, prevention and health education to increase positive effects for youth both while detained and when they return to the community.

Current practices in the provision of health and mental health services for high-risk youth and youth in detention throughout the nation are varied both in structure and scope of services. The variety of models includes:

- partnerships between public and private entities
- partnerships with teaching hospitals and affiliates
- direct provision of services by the governmental jurisdiction operating the detention facility

The span of models includes those where health and mental health are provided by a single entity, and those where these services are separately provided. In addition, the specific staffing used to provide these services ranges; some are heavily physician-based while others are primarily staffed by Physician Assistants, Nurse Practitioners and/or Registered Nurses.

In an attempt to elicit a wide variety of proposals, this concept paper will provide an overview of the youth served by the Department, a basic program description, and a description of the expectations of care for youth in custody to demonstrate the breadth of opportunities for the development of a program. Currently, the Department has a system with separately contracted health and mental health providers, who work collaboratively. However, in seeking an approach that considers the overall well-being of youth in its custody, and a model that can effectively and efficiently manage care, the Department is considering alternate service models including a variety that offer integrated health and mental health services.

### **Characteristics of Youth in DJJ Care**

During City Fiscal Year 2005 (July 2004 to June 2005), 5,252 juveniles were admitted into the Department's custody. Approximately 80% of the population was male and approximately 65% was between the ages of 14 and 15. Approximately 55% of the population self-identified as Black, 22% Hispanic, 11% White or White Hispanic, 1% Asian and 11% other/unknown. The average number of youth in the Department's care for all Department facilities was 423 and the average length of stay for a resident in custody was 29 days. Approximately half of all young people leave custody within the first 10 days of detention, while youth with multiple or complex cases have higher than average lengths of stay in Department custody.

For Fiscal Year 2005, 15% of youth were on psychotropic medication at the time of admission, 66% of youth were referred for a mental health evaluation, 7% tested positive for sexually transmitted diseases (STDs) and 7% of the females entered custody pregnant. Emergency care cases are predominantly related to orthopedic injuries or expedited chest x-rays for positive PPD tests. Asthma and diabetes are also prevalent among youth in detention, posing both individual care and public health challenges.

### **Health and Mental Health Care Program Elements**

The Department operates three secure facilities (one intake and two longer term) in the Bronx and in Brooklyn and 18 non-secure group homes throughout the City. The health and mental health care

facilities include three health service units located in the secure facilities, which are similar in physical scale to larger school-based clinics.

The health and mental health program must meet New York State Office of Children and Family Services (OCFS) regulations (NYS OCFS Juvenile Detention Facilities Regulations § 180.9) that mandate a standard of care that is of good quality, efficient, accessible and continuous. The health and mental health program must also meet City and Departmental rules concerning Continuity of Care as well as contemporary standards of health care, including standards set forth by the National Commission on Correctional Health Care (NCCHC). The services to be provided include:

- Orientation for residents on medical and mental health services available
- On site provision of medical services 24-hours, 7-days a week
- Initial medical, dental and mental health evaluations
- Laboratory screening
- Comprehensive health assessments and physical examinations
- In-depth mental health assessments
- Follow-up care and treatment of acute and chronic health and mental health conditions
- Monitoring of youth with chronic medical or mental health conditions
- Consultations with youth requesting medical or mental health attention
- Prescription, purchasing, dispensation and monitoring of medication
- Crisis care
- Arrangement and coordination of specialty care, as well as emergency and in-patient hospitalizations
- Preparation of discharge summaries
- Maintenance and coordination of medical records
- Tracking and regular reporting of health and mental health care and management data
- Health education and preventive services
- Response to court orders related to medical or mental health evaluation and treatment
- On-going collaboration with DJJ staff
- Administration of annual PPD testing for child care staff

The Department seeks a provider(s) with experience working with high-risk adolescents with co-morbidity that has established and demonstrated ties to community-based care. The provider(s) is expected to collaborate on care with resident's prior care providers and with the Department's discharge planning process. Based on medical and mental health needs, youth released into the custody of a parent, guardian or the State are provided with a discharge plan that outlines needs and refers youth to community based programs.

In addition to the health and mental health services provided to youth in detention, the New York City Department of Education conducts on-site school programs, and community based organizations provide workshops on issues such as gang prevention, anger management, conflict mediation, parenting responsibilities and life-skill development. The health and mental health program is a key component in the continuum of care provided to youth in custody.

### **Program Outcomes and Evaluation**

The Department seeks an outcome-driven and responsive provider(s) that can demonstrate compliance with required measures of delivery of care, such as timely health screenings and comprehensive health assessments. The provider(s) will be evaluated on the delivery of adequate and

appropriate care to youth in DJJ custody through outcome and process measures, utilizing both internal and external programmatic and fiscal reviews and audits. Additionally, the provider(s) is required to create and conduct ongoing Quality Assurance. The Department expects the program provider(s) to support its use of health and mental health data for management and planning.

### **Anticipated Procurement Timeline and Contract Terms**

It is anticipated that the RFP will be released by the end of September 2006, and that the deadline for receipt of proposals will be approximately six weeks later. It is anticipated that a contractor(s) will be selected and in-place to provide services by April 1, 2007.

The Department will evaluate and rate all responsive proposals pursuant to criteria set forth in the RFP, with the objective of selecting a provider that can meet, if not exceed, all the required standards. The Department seeks a provider(s) with a demonstrated track record of quantity and quality of successful relevant experience, an innovative approach to the health and mental health program and a demonstrated level of organizational capability to carry out the scope of services required.

It is anticipated that the term of the contract awarded will be for an initial period of up to three years and with an option to renew the contract for up to an additional three years.

The annual funding for the Department's mental health program is approximately \$1.4 million and \$4.7 million for the health services program. It is anticipated that the available annual funding for the contract(s) awarded will be comparable to current funding.

### **Conclusion**

Through the forthcoming RFP, DJJ seeks to support a program of good quality, efficient, accessible and continuous care for youth in custody that can have an impact on the lives of these youth outside detention. The Department seeks a demonstrably qualified and experienced provider who recognizes the opportunity to enrich the lives of youth in detention through targeted, and outcome-driven services.

The Department will be accepting comments on this concept paper through August 30, 2006. In addition, in an effort to foster discussion of issues related to healthcare for juveniles in the correctional setting and broaden the potential pool of applicants for the upcoming RFP, the Department will be holding a forum on the health and mental health needs of youth in detention on July 18<sup>th</sup>, 2006.

Please direct any comments or questions in writing to:

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<sup>i</sup> David W. Kaplan; Ronald A. Feinstein; Martin M. Fisher; Jonathan D. Klein; et al.; "Health Care for Children and Adolescents in the Juvenile Correctional Care System," *Pediatrics*, April 2001; Vol. 107, 4.

<sup>ii</sup> Linda A Teplin; Karen M. Abram; Gary McClelland; Amy A Mercile; Mina K. Duncan; and Jason Washburn; "Psychiatric Disorders of Youth in Detention"; Office of Juvenile Justice and Delinquency Prevention; Juvenile Justice Bulletin, April 2006.