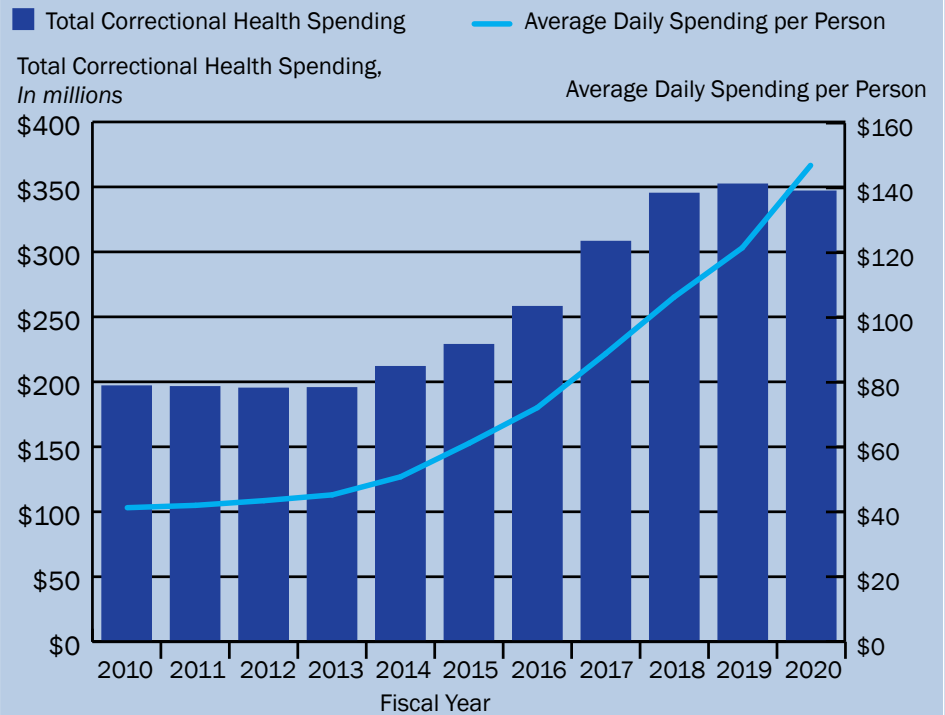


Why Has the Cost of Correctional Health Services Increased in the Last Decade?

In 2015, the de Blasio Administration did not renew a long-running contract with Corizon, Inc., a for-profit firm that had been providing health services for people held in the city's jails. The decision came in conjunction with a Department of Investigation report that was highly critical of the care provided by Corizon. At the same time, the de Blasio Administration also ended the contract with Damian Family Care Centers, a nonprofit providing dental and other health services in the jails. The Mayor shifted responsibility for providing health care in the jails to the city's public health system, NYC Health + Hospitals. The intent was to improve access and quality of health care provided in the jails. But costs have also grown. How much and why?

- Over the past decade, the cost of providing correctional health services grew from \$197 million in fiscal year 2010 to nearly \$347 million in 2020. As a share of spending on corrections, it grew from 17 percent to 22 percent over the same period—even as the jail population decreased.
- The combination of rising spending on correctional health and a declining jail population has led to an increase in health spending per capita. On a typical day in 2010, New York City spent an average of \$41 on health services for each of the roughly 13,000 individuals in the city's jails. By 2020, the average cost of health care for the roughly 76,500 individuals in city jails had risen to \$147 per day, an increase of 256 percent (or 175 percent after accounting for inflation).
- When the public hospital system took over providing care, it received additional funding from the city and made a number of changes in an effort to improve and expand access and continuity of care. About 57 percent of new funding added for correctional health services since 2016 was for expanded services and treatment for those inside jails, most notably treatment for hepatitis C and substance disorders, along with new treatment housing units for those with mental illness.¹

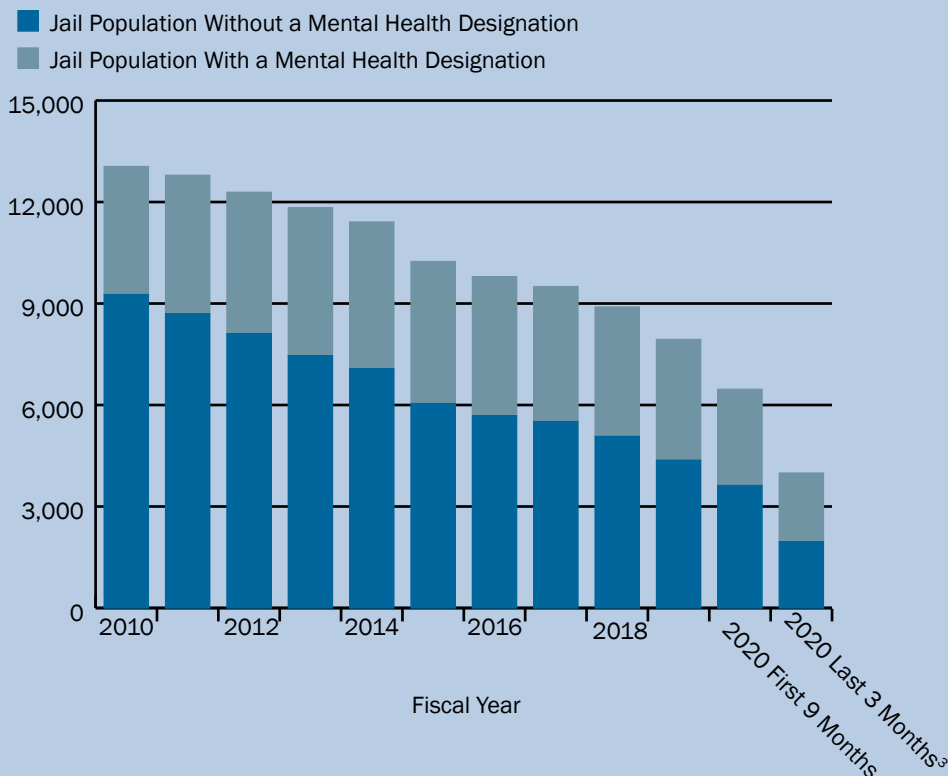
Correctional Health Spending per Person Continues to Increase



SOURCES: Department of Correction health spending, Financial Management System and Department of Health and Mental Hygiene (2010-2015), Financial Management System; for 2016-2020, budget provided by NYC Health + Hospitals
 NOTE: Excludes the cost of providing care to correctional health officers.

- People incarcerated tend to have higher rates of communicable disease and mental health problems than the general population.² As the average daily population decreased by 60 percent from 2010 through 2020, the share of the population with a mental health diagnosis increased from 29 percent to 48 percent, suggesting the population remaining in jails, although fewer in number, although fewer in number, may be costlier to treat.

As Fewer Individuals Are Incarcerated, the Average Share of the Jail Population With Mental Health Problems Has Increased



SOURCES: Mayor’s Management Reports, fiscal years 2010 through 2020; fiscal year 2020 first nine months: NYC DOC at a Glance Report, published May 22, 2020; fiscal year 2020 last three months: calculated using [Open Data DOC Daily Inmates in Custody](#), accessed daily April 1 to July 1, 2020.

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ENDNOTES

¹The health and programming area of the Department of Correction budget is defined broadly, including spending on discharge planning services, substance use disorder treatment, activities such as the bakery, laundry, and other activities aimed at reducing idleness and recidivism, and enforcing the Prison Rape Elimination Act. For the purposes of this report, spending on uniformed staff at hospital prison wards in Bellevue and Elmhurst has also been included in health-related correction department spending.

²Nijhawan AE. Infectious Diseases and the Criminal Justice System. Am J Med Sci. 2016;352(4):399-407. doi:10.1016/j.amjms.2016.05.020 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5119815/pdf/nihms791137.pdf> Accessed July 16, 2020. ; Macdonald, R., Kaba, F., et al. The Rikers Island Hot Spotters: Defining the Needs of the Most Frequently Incarcerated. Am J Public Health. 2015 November; 105(11): 2262–2268. doi: 10.2105/AJPH.2015.302785 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4605192/> Accessed Sept 19 2019.

³ The jail population fell sharply as individuals at high risk for Covid-19 were released and recent bail reforms continued to reduce new entrants.