

**NEW YORK CITY
BOARD OF CORRECTION**

October 14, 2005

MEMBERS PRESENT

Hildy J. Simmons, Chair
John R. Horan, Vice Chair
Stanley Kreitman
Richard Nahman, O.S.A.
Alexander Rovt
Paul A. Vallone
Gwen Zornberg, M.D.

An excused absence was noted for Member Michael Regan.

DEPARTMENT OF CORRECTION

Martin Horn, Commissioner
Tom Antenen, Deputy Commissioner for Public Information
Roger Parris, Deputy Commissioner for Programs
Judith LaPook, Chief of Staff
Florence Hutner, General Counsel
Mark Cranston, Deputy Warden in Command, Office of Policy and Compliance (OPC)
Elizabeth Myers, Director, OPC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas Frieden, M.D., Commissioner
Arthur Gualtieri, M.D., Deputy Commissioner
Bruce David, M.D., Assistant Commissioner, Correctional Health Services
George Axelrod, Director of Risk Management, Correctional Health Services (CHS)
Robert Berding, Director, Clinical Services, CHS
Ben Okonta, M.D., Acting Director, Medical Services, CHS
Laura Szapiro, Senior Advisor to Deputy Commissioner

OTHERS IN ATTENDANCE

Don Doherty, Division Vice President, Prison Health Services (PHS)
Sara Goonan, Budget Analyst, Office of Management and Budget (OMB)
Andrew Grossman, Deputy Director, Finance Division, City Council
Carl Keldie, M.D., Corporate Medical Director, PHS
Peter Lento, Director of Information Technology, PHS
Tatiana Ortiz, Budget Analyst, OMB
Jeff Krupski, Mayor's Office of Operations
Trevor Parks, M.D., Medical Director, PHS
Becky Penney, Group Vice President, PHS
Colleen Roche, Consultant, PHS
Carl Thelemaque, Legislative Financial Analyst, City Council
Paul von Zielbauer, *New York Times*

Chair Hildy J. Simmons called the meeting to order at 9:30 a.m. A motion to approve minutes from the September 15, 2005 meeting was approved without opposition.

Member Stanley Kreitman presented the Standards Review Committee's report. He said that the Committee anticipates receiving in a week or so the Department of Correction's responses to questions regarding DOC's proposals for revisions to the Standards. He added that the review process is ongoing.

Corrections Commissioner Martin Horn presented his report, as follows:

DOC's discharge planning has "gone live" on the City's 311 system. Posters have been put up in the jails. Inmates, former inmates, and family members can call to get information on housing, employment, drug treatment, and will be referred to community-based providers.

The City has reached a tentative contract agreement with the Correction Officers Benevolent Association (COBA), although the agreement has been challenged. The agreement provides for a 5% salary increase retroactive to February 1, 2003, another 5% salary increase compounded and retroactive to February 1, 2004. The increases will be funded by a new, lower starting salary of \$25,100, which will be in effect for the first six months of employment, after which the salary increases back to the current starting salary of approximately \$32,000. Also, COBA agreed to productivity give-backs, including elimination of one personal leave day, a two-day reduction in vacation days for new hires during their first five years of service, and changes in military leave provisions. The contract has a slightly longer term. It provides for unit management, whereby large commands will be divided in smaller units, each headed by an assistant deputy warden. The Anna M. Kross Center will be divided into three 800-inmate units, each of which will be larger than most county jails. The Department's experiment with unit management at the George Motchan Detention Center (GMDC) has been remarkably good. Unit management can lead to reductions in sick leave and improvements in vacation scheduling, which can reduce overtime.

An article in yesterday's *Daily News* reported a serious injury to officer Alan Gold who was slashed by an inmate using the sharpened face of a watch. The incident caused DOC and the Health Department to examine admissions into mental health dormitories to ensure that dangerous inmates were not being mixed with inmates with mental health needs.

On October 7th, there was an accident at the warehouse on Rikers island in which an inmate died after being pinned beneath a fork lift. Ongoing investigations are being conducted by the Police Department and the Medical Examiner.

Chair Simmons welcomed Thomas Frieden, M.D., Commissioner of the Department of Health and Mental Hygiene (DOHMH). Member Gwen Zornberg, M.D., presented the Health Committee report, as follows:

The Committee met for the first time on September 20th, at Rikers Island. The Committee spoke with members of the provider staff . The Committee is dealing with three DOHMH requests for variances. These relate to tuberculosis screening, psychotropic medication prescriptions, and staffing. The Committee met again on October 11th. DOHMH Deputy Commissioner Arthur Gualtieri, M.D., Assistant Commissioner Bruce David, M.D., and Director of Clinical Operations Robert Berding attended the meeting and answered questions about the variance requests. The Committee is recommending that the Board move ahead with the process to approve the variance requests regarding tuberculosis screening and psychotropic medication prescriptions. The request regarding staffing has been withdrawn.

DOHMH suggests that the reason for its tuberculosis screening variance request is to improve screening methods, and to enable the Department to reallocate resources to chronic care programs. There is latent TB infection, where the patient is not infectious and will not transmit the disease, and active TB. The plan is to focus medical resources more effectively on high-risk patients, and follow the Center for Disease Control recommendations to provide chest x-rays for high risk patients. This will be bolstered by cross-matching with the City's TB registry.

Commissioner Frieden agreed with Dr. Zornberg, and reported as follows:

The goal is to improve the effectiveness of TB screening activities. One must think separately about patients who need preventive treatment and finding those with active disease. Because TB is mandatorily reportable, virtually every case is known to the Department. High-risk patients with cough should have an x-ray and a registry cross-match must be done. An abnormal x-ray will result in immediate isolation pending the results of sputum tests. These procedures are a much more effective way of identifying patients with active TB and reducing the potential spread of TB. After a few months, DOHMH will share with the Board the results of cross-matching. Prevention involves different initiatives. The goal is to identify people who will be able to receive a full nine months of preventive treatment. This is difficult because people are typically asymptomatic. The goal is to case manage, both inside jail and outside, people who test positive for exposure. The new procedures would allow us to identify infectious cases more effectively and allow us to prevent more cases through case management.

Dr. Zornberg said the Health Committee understands that health on Rikers Island is reflective of, and affects the health of, New York City. She said the Committee is concerned that high-risk people receive tests, including chest x-rays rapidly, so that those with active disease are identified promptly. Dr. David said that DOHMH will revise its variance request to include that inmates who are HIV positive will receive an x-ray on the next business day. Chair Simmons said that when the Board receives a revised request, it will circulate it to the full Board, and the staff will initiate the other steps to obtain comments. She said the goal will be to vote at the next meeting. Mr. Vallone asked about the timetable to administer a TB skin

test to at-risk inmates. Dr. David said that at the meeting the DOHMH representatives had proposed seven days after hearing that the Board Members were not satisfied with the initial proposal to wait fourteen days. He said fourteen days had been proposed because so many inmates are discharged within seven days and therefore are unlikely to participate in a full course of preventive treatment. Dr. Frieden said that inmates who are identified as high risk will receive x-rays immediately. Mr. Vallone said he was asking about latent infection. Dr. Gualtieri said the procedures just discussed were for those who were high-risk. Dr. Zornberg said the Committee was concerned that there be follow-up for inmates with latent TB so they could receive preventive treatment. Father Nahman said that health personnel on Rikers Island expressed a great deal of apprehension about the original proposal. He said that after receiving the revised variance request, he will want to discuss it with the health personnel on Rikers to hear their views. Dr. Frieden said it is important to recognize that there are misconceptions about TB skin test, which does not screen for active tuberculosis. He said the test is both inaccurate in that it will miss up to half the people who have active TB, and more than 99 percent of positive results will not be for people with active TB. Dr. Frieden said that tuberculin testing did not identify a single case of infectious TB in a year, nor could DOHMH verify that testing had resulted in a single case of TB being prevented. Father Nahman asked whether the revised procedures had a “track record in prisons”. Dr. Frieden said yes, adding that the procedures for identification of active disease had been validated in a variety of institutional settings. He added that the challenge to prevention nationally is the nine-month course of treatment, which is difficult to do when the patient “feels fine”. Commissioner Frieden noted that ironically it is easier to administer a nine-month course of treatment to a prisoner than to a person in the community. Father Nahman said that the average length of stay on Rikers Island is much less. Dr. Frieden said DOHMH had offered monetary vouchers to induce former inmates to come to community clinics for treatment, without success. Dr. Zornberg said she reviewed the Health and Human Services recommendations, which state that chest radiography is the preferred screening method in prisons where prompt identification of active disease is particularly important to prevent the spread of active disease. She said this is consistent with DOHMH’s proposal.

Mr. Vallone said the Committee was prepared to address approval of the psychotropic medication prescriptions variance. Dr. Zornberg said that DOHMH has requested that for stable patients, psychotropic medication prescribing be increased from two weeks to four weeks. She said the Committee agreed that mental health resources are better spent allowing providers to spend more time with the inmates rather than writing prescriptions. Dr. Zornberg said that the Committee recommends that the Board consider approving the variance request. Chair Simmons asked staff to distribute the request for comments, and thanked the Health Committee for its work to date. Dr. Zornberg said that the Committee will review the Performance Indicators at its next meeting.

Commissioner Frieden reported as follows:

Correctional health is very important to public health generally. Correctional health is very challenging due to the short stays of large numbers of inmates and high turnover, which make it difficult to arrange for follow-up care and sometimes to complete an assessment. Inmates have very high rates of HIV, mental illness, chemical dependency, and many physical problems. For many

people, prisons have become a point of entry for care for people who thirty years ago would have been hospitalized long term in psychiatric institutions.

In July 2003, DOHMH took back from the Health and Hospitals Corporation direct oversight of correctional health services. This allows for better accountability and monitoring. DOHMH determined that three areas of correctional health services needed improvement: HIV/AIDS screening and treatment, mental health, and chemical dependency. A significant proportion of people who are not in reliable care will be found on Rikers Island. This provides an important opportunity to intervene with respect to these conditions.

DOHMH has created a transitional health coordination team and improved forensic behavioral health services. The transitional health coordination team coordinates from inside to outside because, as important as inside services are, they are not nearly as important as insuring that people get into good care when they get out. A special unit has been created for transition of people with serious and persistent illness. DOHMH also rebid the correctional health services contract and selected Prison Health Services (PHS), which was both the most qualified and the most cost-effective of the four bidders. Dr. Frieden personally asked some of the voluntary hospitals to bid on the contract, but they declined to do so. The four bidders were all for-profits. The PHS contract is different from other jurisdictions: there are no incentives for any reduction in care. All medications are paid for directly by DOHMH, so there is no incentive to reduce medications. Similarly, hospital runs and hospitalizations are paid for separately. The contract reimburses costs. Medical oversight is accomplished by a large services deliver assessment unit within Correctional Health Services. New medical and psychiatry directors are being hired to provide oversight.

Another initiative is STD screening. DOHMH continues to examine suicide prevention efforts. A new pilot program addressing opiate addiction has begun. At Commissioner Horn's suggestion, services are now being offered to visitors to Rikers Island, and the vaccination program has been expanded. For years, women have been tested for STDs upon admission. A new urine-based test for chlamydia and gonorrhea is available. For several weeks, all newly-admitted men were tested, and the results demonstrated that men under 35 years old had high positivity rates (approaching 10%), and would benefit from screening. Test results are returned within 48 hours, and treatment consists of a single dose. A couple of thousand patients have been treated since January, 2005. This has the potential of significantly reducing the incidence of sexually-transmitted diseases, which in turn will reduce infertility, pelvic inflammatory disease and HIV transmission.

Perhaps the most important initiatives have to do with electronic information systems. Rikers Island needs an electronic medical records system. An electronic intake system has been developed. It will get the providers accustomed to working with computers and will allow for documenting indicators on a universal basis. A case management system is in final negotiations. This system will allow providers to track care of mentally ill

patients and others with chronic illness both on the Island and upon release. Finally, the City has provided money for developing a complete electronic medical records system for Rikers Island. The system will take at least eighteen months to develop. In addition to the intake form and case management system, DOHMH is developing an electronic system for medications. The four electronic initiatives are perhaps the most important initiatives to improve quality of care.

Chair Simmons said the Board looks forward to Commissioner Frieden's complete overview presentation in December.

Peter Lento, PHs' Director of Information Technology, and PHS Medical Director Trevor Parks, M.D., presented a slide demonstration of the new electronic intake system. Mr. Lento said that PHS developed the system to be tailored to the City's jail system, and is extremely "user friendly". He said that one important feature is that the system tracks inmate/patients by NSYID number, so it is possible to view a medical history that includes prior incarcerations. Mr. Lento said that if an entry is "out of range", a problem list entry and a follow-up clinic appointment are automatically generated. He noted that the electronic record is available on the computers of all facility clinics, so the medical record "travels" with the inmate when he/she is transferred to another City jail. Mr. Lento said that the program is designed so that a practitioner must make an entry in all required fields before moving on to the next input screen. He said that after a physician's assistant (PA) completes a medical examination, the program requires that a doctor must go back and review and approve the PA's entries. Mr. Lento said the electronic system will track all follow-up and specialty clinic appointments generated by providers for inmate/patients and allow for scheduling adjustments. Dr. Parks explained that a screen allows nursing staff to prepare information regarding vital signs, multiple lab tests, and triage information that alerts physicians to the need to move a patient "to the top of the list". He said that most of the fields mirror information that is currently entered into paper records. He said that by facilitating a provider's access to test results from prior incarcerations, the program should result in fewer unnecessary tests being performed. Mr. Lento said that the system allows one to identify provider who made each entry. Executive Director Richard Wolf asked when the system will be fully operational. Mr. Lento said the system has been introduced at three intake jails on Rikers Island: the Adolescent Reception and Detention Center, the Rose M. Singer Center, the Eric M. Taylor Center. He added that it will become operational at the Bernard B. Kerik Center next week, and thereafter at the George Motchan Detention Center and the Otis Bantum Correctional Center. Mr. Lento said that the last facility will be the Anna M. Kross Center, where the system should be operating the week after Thanksgiving. Dr. Frieden said the goal is to implement a completely electronic medical records system, not just for intake. He said that challenges include security, creating a complete backup system, and determining how to limit accessibility of mental health notes. He added that the goal is to completely eliminate paper records.

A motion to renew existing variances was approved without opposition.

Mr. Vallone asked whether City correction officers were continuing to serve in New Orleans. Commissioner Horn said that they will serve in Louisiana through October 22nd, although Louisiana may seek a further extension from FEMA.

A motion for the Board to convene in executive session to discuss pending security matters was approved without opposition. The public meeting was adjourned at 10:28 a.m. The executive session concluded at 10:45 a.m.