

**NEW YORK CITY
BOARD OF CORRECTION**

April 13, 2006

MEMBERS PRESENT

Hildy J. Simmons, Chair
Michael J. Regan, Vice Chair
Stanley Kreitman
Rosemarie Maldonado, Esq.
Milton L. Williams, Jr., Esq.
Gwen Zornberg, M.D.

Excused absences were noted for Member Richard Nahman, O.S.A.,
Alexander Rovt, and Paul A. Vallone, Esq.

DEPARTMENT OF CORRECTION

John Antonelli, Senior Deputy Commissioner
Roger Parris, Deputy Commissioner for Health, Mental Health and Forensic Services
Mark Cranston, Commanding Officer, Office of Policy and Compliance (OPC)
Angel Villanova, Special Assistant to the Senior Deputy Commissioner

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas Frieden, M.D., Commissioner
Louise Cohen, Acting Deputy Commissioner
Maria Gbur, M.D., Medical Director, Correctional Health Services (CHS)
Jason Hirshberger, M.D., Director, Mental Health, CHS
Farah Parvaez, M.D., Medical Director, Correctional Public Health Services
Robert Berding, Director, Clinical Services, CHS
George Axelrod, Director of Risk Management, CHS
Sandra Mullin, Director of Communications

OTHERS IN ATTENDANCE

Kristy Cusick, Legislative Policy Analyst, Office of Management & Budget (OMB)
Don Doherty, Division Vice President, Prison Health Services (PHS)
Tatiana Ortiz, Office of Management and Budget
Trevor Parks, M.D., PHS Medical, P.C.
Russell Unger, Legislative Counsel, City Council
Jennifer Ventura, Legislative Policy Analyst, OMB
Eisha Williams, Legislative Financial Analyst, Finance Division, City Council
Milton Zelmeyer, Legal Aid Society, Prisoners' Rights Project (PRP)
Paul von Zielbauer, *New York Times*

Chair Hildy J. Simmons called the meeting to order at 9:30 a.m. A motion to approve the minutes from the March 9, 2006 meeting was approved without opposition.

Member Gwen Zornberg, Chair of the Health Committee, presented a report, as follows:

Members of the Health Committee met with DOHMH Acting Deputy Commissioner Louise Cohen who presented information on future improvements in HIV care at Rikers Island. The Committee will meet before the next BOC meeting to discuss Performance Indicators. The Committee is pleased that things are going well with the psychotropic drugs prescription variance, and is looking forward to hearing from DOHMH regarding progress made toward implementing the tuberculosis screening variance. DOHMH Commissioner Thomas Frieden, M.D., was praised on television for his “world-class TB prevention and treatment program” in New York City.

Commissioner Frieden presented his report, as follows:

DOHMH is working on building community linkages with service providers, through the Health and Hospitals Corporation and community health clinics. The single most important thing DOHMH can do for patients on Rikers is to ensure that they receive continuing care when they return to the community.

HIV continues to be a key issue. DOHMH has increased HIV testing. Every person entering the jails is offered a voluntary, confidential test. The number will increase from 5,000 (a couple of years ago) to over 30,000. There are new tests that give results in 20 minutes. 60,000 people pass through the jail system each year, so DOHMH is looking to test 50%. The concern always is whether we are reaching the right people. Approximately 1,500 people on Rikers tell us they are HIV positive and were previously diagnosed and are under treatment for HIV. They do not need to be retested. The concern is for people who may be avoiding HIV testing. The last time an anonymous sero-survey was done, in 1999, approximately 16% of women and 9% of men were positive. The State Department of Correctional Services continues to do sero-surveys. Bloods are drawn at intake exams, so a sero-survey does not require an additional needle stick. DOHMH will begin a sero-survey in the next month or two. It will take approximately six months to complete. The results will help DOHMH to understand whether it is reaching the right people. The test will not identify patients specifically, but will yield data on age, race, sex and certain other characteristics. This information will enable DOHMH to better target patients for HIV testing. DOHMH also is examining the continuum of care. It is less important that patients begin treatment immediately, and far more important that they are linked to care on the outside. Patients run the gamut from those who only take anti-retroviral medication while on Rikers, to those with private health insurance, so it is important to identify those most at-risk.

The City reported fewer than 1,000 cases of TB, and the number is down for the first time in history. The immigrant population accounts for 70% of reported cases. DOHMH has been improving assessments at intake. It is important to differentiate between active TB and latent TB infection. To identify active TB, cross-matching with the City's TB registry has begun, which a study revealed was the single most useful way of finding TB cases. The TB variance has not yet been implemented. DOHMH is working to identify those at highest risk for progression to active TB and develop a realistic plan for them to complete treatment of latent TB infection. The treatment is a nine-month course, and it is extremely difficult to get people to complete treatment.

DOHMH's new four-year plan is to continue to improve clinical care, focusing on several different areas. When people enter the system, assessment will identify those who require acute management. Chronic care will be improved for those who will remain in the system for a long time. Discharge planning and what happens upon release is most important; care provided on Rikers has relatively little impact. Finally, DOHMH will continue to focus on specific public health interventions, such as chlamydia and gonorrhea testing. Begun over a year ago, the program has treated more than 3,000 people with chlamydia and gonorrhea who would not otherwise have received treatment. This data-based approach goes beyond national screening recommendations. The Mayor included \$4 million in new funding for these initiatives, and together with labor settlement funding, DOHMH received \$9 million in additional funding for the new fiscal year.

Electronic initiatives are very important. All Rikers Island intakes now are recorded electronically. This allows us to standardize information collection, and to use logical prompts. For the first time, it gives us data on who is coming into the system. It facilitates transfer of medical information from one jail to another when patients are transferred among facilities. The electronic health record initiative has a long time frame. The electronic health record for Rikers is being bundled with DOHMH's initiative for electronic health records for community health clinics. The goal is to make the records portable to promote continuity of care when a patient leaves Rikers and returns to the community, or vice versa. DOHMH also was concerned that it would receive unenthusiastic responses from electronic records companies if an RFP was for correctional health records only. This has been the experience of other jurisdictions. In fact, DOHMH received a "stupendous" response to the RFP, both in terms of quantity of responses and quality. The responses are being reviewed and a selection is expected by the summer.

Ms. Cohen continued the DOHMH report, as follows:

Regarding preparation for implementation of the TB variance, the cross-matching has yielded approximately 20-30 matches, but none about which DOHMH was not already aware. DOHMH has sufficient x-ray staff and capacity, with introduction of a digital radiography system. Remaining issues have to do with

coordinating with DOC to assure timely access. Responses to additional TB questions at intake are being captured on the electronic intake system. On March 15th, staff education was enhanced through a Grand Rounds given by Dr. Farah Parvaez . Providers are continuing to administer tuberculin skin tests (TSTs) on everyone until DOHMH is satisfied that all elements are in place to change procedures and implement the variance.

Regarding the psychotropic medication variance, there have been no issues that have arisen since implementation in December.

Regarding continuum of care, the program includes a thorough intake assessment, including testing, and providing the best possible medical care and best possible discharge planning. At the Otis Bantum Correctional Center, DOHMH has been pilot-testing using a patient care coordinator to establish a proper discharge plan. The pilot has been very successful, providing a safety net to ensure that all patients have appropriate discharge plans. Of the five people referred thus far, four have connected with community care. One is in a residential treatment program, thanks to a collaboration between DOC and Parole.

The Performance Indicators will be discussed at the Board's next meeting.

Board Member Michael Regan asked that DOHMH update the Board in six months on the HIV sero-survey results. Commissioner Frieden said the results will indicate what portion of the HIV-positive individuals did not have a previous positive diagnosis, and what percentage of those who did have a previous HIV diagnosis told that to providers. Chair Simmons noted the importance of DOHMH receiving such positive responses to the electronic records RFP.

Board Member Stanley Kreitman, Chair of the Minimum Standards Review Committee, reported that the Committee has almost completed its review of the Minimum Standards. He said the Committee will meet with DOC representatives at the beginning of May, and that thereafter, he hopes to have a document to present to all of the Board Members sometime in June. Mr. Kreitman said the document will summarize the Committee's recommendations, and explain the reason for each recommendation. Chair Simmons said that briefings will be arranged for the Board Members who are not Committee members. She said that thereafter, the full Board will discuss the recommendations. Mr. Kreitman said that a legislative process will follow, during which other constituencies will have an opportunity to comment on the proposals. Chair Simmons asked the Board Members to provide Executive Director Richard Wolf with dates in early June when they will be available for briefings.

DOC Senior Deputy Commissioner John Antonelli reported that DOC received the Medical Examiner's report on the death of inmate Miguel Carresquillo, which concluded that the death was a suicide by drug ingestion. He said the State Commission of Correction will conduct a review. Mr. Regan asked Mr. Antonelli to review the circumstances. Mr. Antonelli said the inmate was housed in Building 5A at the George

R. Vierno Center. He said that at 0600 on December 9, 2005, an officer, observing that the inmate was not moving, opened the cell, saw no signs of life, and a notification was made via radio for medical assistance. Mr. Antonelli reported that a medical team responded within five minutes, and Urgi Care and EMS were requested. He said that a crime scene was established five minutes later, and at 0633 hours the inmate was pronounced dead. Dr. Zornberg said she spoke with DOHMH Director of Mental Health Dr. Jason Hirshberger to obtain some preliminary data for the Health Committee to review at its next meeting. Dr. Hirshberger said several corrective actions have already been taken, including examining how psychotropic medications are administered. He said DOHMH met with DOC to discuss concerns about how the inmate was able to stockpile a supply of the psychotropic medication he ingested. Dr. Hirshberger said that clinicians will carefully review each case before prescribing psychotropics, and that the formulary will provide the medication in crushed form only.

A motion to renew all existing variances was approved without opposition. Chair Simmons said she would entertain a motion for the Board to go into executive session to discuss some personnel and security matters. A motion was made, seconded, and approved without opposition. The public meeting was adjourned at 9:57 a.m. and the Board convened in executive session until 10:35 p.m.