

**NYC Health + Hospitals/Correctional Health Services' Response to the "Utilization of Sick Call in NYC Jails" Report (received August 14, 2024)**

NYC Health + Hospitals/Correctional Health Services (CHS) appreciates the Board sharing its "Utilization of Sick Call in New York City Jails" report. Unfortunately, the report fails to recognize that CHS' Health Triage Line is separate and distinct from DOC's sick call process, which the report purports to analyze. This fundamental misunderstanding informs the report's flawed methodology and conclusion.

CHS developed the Health Triage Line in 2019, at its own initiative. Implemented in early 2020, the Health Triage Line enables patients to contact CHS directly about their non-emergency health concerns. The Health Triage Line has allowed CHS to resolve certain patient concerns over-the-phone, obviating the need for DOC escorts and clinic production for issues that can be addressed remotely or administratively.

For issues that cannot be addressed during the call, the Health Triage Line nurse may refer the issue for further clinical review or they may schedule the patient for a clinic appointment. As with all other appointments initiated by CHS that require DOC production, the names of patients whom CHS wishes to see are provided to DOC to be escorted to clinic.

The CHS Health Triage Line has proven invaluable to patients and staff, and, given its availability and visibility, it is not surprising that patients sampled for interview by the Board indicate that they regard the Health Triage Line as their avenue for reaching the health care service.

However, the CHS Health Triage Line is intended only to supplement – not supplant – the sick call process required of DOC by the Board in its minimum standards. The Board report does not analyze sick call in the jails, as it purports to do, but instead misconstrues certain CHS Health Triage Line data as DOC sick call data.

As we previously conveyed to the Board, the CHS Health Triage Line data analyzed in the report is not interchangeable with LL132 data, which represent referred visits made by a number of sources, nor does it represent DOC sick call.

We regret that the Board has proceeded to issue this report despite CHS' voiced concerns and offers of assistance in interpreting our data. We believe its issuance will perpetuate misunderstanding about the processes by which people in custody may voice non-emergency health concerns.