

**NYC Health + Hospitals/Correctional Health Services Response to the NYC Board of Correction's
"Injury Response in NYC Jails" February 2026 Report**

NYC Health + Hospitals/Correctional Health Services (CHS), like the NYC Board of Correction (BOC), considers critically important the evaluation and documentation of injuries that occur in the jails, and the necessity of reporting injury data in an accurate and transparent manner. It is for this reason that CHS provides the following clarifications and corrections to the BOC's February 2026 report on "Injury Response in the NYC Jails."

General understanding

The Board's statement that it "*receives injury-level data files only from DOC, not CHS*" wholly misrepresents the actual workflows and ignores the provision of information by both agencies. The Department of Correction (DOC) Injury-to-Inmate form ("*Injury Form*") is DOC's primary tool for documenting and investigating both serious and non-serious injuries in the jails. The DOC Injury Form includes a section asking CHS to enter the nature of the injury after CHS has conducted a medical evaluation of the injured person. Once CHS has evaluated the injured person, it enters this information on the DOC Injury Form and transmits the Form back to DOC for the Department to investigate the circumstances of the injury and report its findings on the Form.

CHS documents all injuries in its own electronic health record system and shares the line-level data with DOC; this data informs DOC's injury investigations and the joint DOC-CHS injury report that BOC reviews. This process adheres to the Minimum Standards the Board passed in July 2019 regarding the collection and reporting of injury data, while also protecting unrelated sensitive protected health information within the medical record.

Recommendations

§3-16(a) Policy

3. *CHS policies should explicitly clarify expected timelines for injury response, documentation (e.g. Injury-to-Inmate forms), and reporting (e.g. Joint Monthly Injury Report and Monthly Public Self-Harm Report).*

CHS policies affirm that timely injury evaluation and treatment is paramount, as is the documentation and reporting of such injuries. CHS addresses injuries as expeditiously as possible, according to the needs of the individual patient. The BOC recommendation that CHS set "expected timelines" is both misdirected and inappropriate since CHS can only evaluate and treat an injury once DOC presents the patient to clinic. Timely presentation of the injured patient by DOC to CHS includes not only production for the initial clinic assessment but also for any subsequent work-ups, such as for X-rays, for evaluative and treatment purposes.

§3-16(c) Coordination

- 7. To enhance transparency and support effective oversight, DOC and CHS should voluntarily provide BOC with detailed minutes or summaries of quarterly meetings conducted under §3-16(c)(1), documenting the review of injury data, identification of trends, and quality assurance activities.*

It is unclear why BOC would require minutes or summaries from meetings between CHS and DOC to conduct effective oversight over injury response in the jails. BOC receives the data and reports required by the Minimum Standards, which reflect the ongoing communication and collaboration between CHS and DOC.

§3-16(d) Reporting and Review

- 9. DOC and CHS should implement internal controls and monitoring to ensure timely submission of Injury-to-Inmate forms and Joint Monthly Injury Reports to BOC, addressing chronic delays that undermine effective oversight (§3-16(d)(1)-(3)).*

CHS submits individual injury forms to DOC at the time of clinical evaluation, in real time, and the Joint Monthly Injury Reports to BOC as soon as it receives and compiles data from DOC.

- 10. DOC and CHS should reconcile their differing injury and self-injurious behavior counts into a single unified Joint Monthly Injury Report, that includes all required disaggregation, to comply fully with §3-16(d)(1)-(3).*

A single injury report is provided to BOC in compliance with minimum standards. As has previously been explained over the years, CHS' role in responding to reports of injury is fundamentally different from that of DOC's. Accordingly, the data captured by each agency appropriately reflects its own responsibility, providing complementary, not conflicting, perspectives on the response to and follow-up on injuries.

- 12. To comply fully with §3-16(d)(5), CHS should ensure that its monthly public reports on self-harm incidents consistently disaggregate data by seriousness (serious vs. non-serious injuries) as required by the Minimum Standards.*

As has been previously explained over the years, self-harm should not be confused with self-injury. All reports of possible self-harm, often conveyed during clinical encounters between CHS and its patients, are followed up and managed by CHS. If an incident of self-harm results in an injury, it is referred for medical care and documented and reported as a self-injury. CHS shares both self-harm and self-injury data with BOC but only transmits injury visit data, which requires investigation, to DOC. CHS' current practice protects the confidentiality and trust essential to the therapeutic relationship between CHS and its patients.