NYC HEALTH+ HOSPITALS | Correctional Health Services

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Jennifer Jones Austin, Esq.
Chair
NYC Board of Correction
1 Centre Street, Room 2213
New York, NY 10007

Dear Ms. Jones Austin:

In accordance with the respective variance provisions in the NYC Board of Correction minimum standards cited below, the NYC Health+ Hospitals/Correctional Health Services (CHS) requests limited variances, effective immediately, from the below standards. We ask that these variances be granted for a six-month period.

Health Care Minimum Standards

Section 3-04(b)(2)(v)(D), which requires *inter alia*, during intake screening, gonorrhea and chlamydia screening for all women.

CHS requests the flexibility to limit such testing to female patients who exhibit symptoms that make testing clinically appropriate. This variance will enable CHS to test based on clinical presentation and need, as is permitted by the standards for male patients.

Mental Health Minimum Standards

Section 2-04(c)(3), which requires, among other things, that an individualized written treatment plan based upon the evaluation of a treatment team be developed for each inmate placed in special housing for mental observation and for all inmates to whom medication for mental or emotional disorders is prescribed, and that a review of the plan be documented in the patient's chart every two weeks.
CHS requests the flexibility to focus primarily on patient acuity and complete limited, initial treatment plans and to have patient encounters documented in progress notes of the electronic health record, reducing the amount of time clinicians spend on paperwork and instead permitting clinicians to focus on providing patient care. This variance request is for relief from documentation requirements.

Sections 2-05(b)(2)(i-ii), which require, *inter alia*, that (i) no prescription for psychotropic medication shall be valid for longer than two weeks; and (ii) every inmate receiving psychotropic medication shall be seen and evaluated by the prescribing

psychiatrist, or, in cases of emergency when a physician other than a psychiatrist prescribes medication under 40 RCNY § 2-05(b)(1)(i) by the reviewing psychiatrist, at least once a week until stabilized and thereafter at least every two weeks by medical personnel. An existing continuing variance from these sections, in effect since November 2005, allows psychiatrists to see and evaluate stable adults on psychotropic medication in general population at least every 28 days rather than every 14 days.

CHS is now requesting the flexibility to see non-Seriously Mentally Ill adults in general population during a period of up to every eight weeks and to see patients in mental observation units within two weeks after medication change. The frequency and timing of encounters within each eight-week period is determined jointly by the provider and his/her non-Seriously Mentally Ill patient. Taking into consideration the patient's clinical needs and wishes, the clinical recommendations of the provider are made in a way that safely support and encourage patient engagement. Clear guidance is also given as to how to seek care if the patient's situation changes.

Sexual Abuse and Sexual Harassment Standards

Section 5-10(d), which requires rape crisis intervention and counseling services to be offered and delivered to inmates in the facility in which they are housed by qualified victim advocates.

CHS will continue to take reports from patients and communicate such information to the Department of Correction's Investigation Division, but in an effort to minimize staff-patient contact, as discussed below, we request the flexibility to limit encounters with victim advocates. Victims of sexual assault will continue to have in-person access to medical and/mental health staff with regard to these issues.

Reason for the Variance Requests

As is undoubtedly obvious to the Board, New York City is in the midst of a public health crisis of unprecedented proportions. In addition to closely following the best public health recommendations and guidance, CHS has taken aggressive steps that reflect the uniqueness of the correctional environment in order to reduce the likelihood of transmission of and exposure to the coronavirus. We separately house and monitor patients who are most vulnerable to serious complications should they contract the virus; patients who have tested positive for COVID-19; patients who have COVID-19 like symptoms; and patients who are asymptomatic but have a known exposure. So that we can help keep ourselves and our patients healthy, we and DOC have established screening of staffs of both agencies prior to beginning tours of work; and both CHS and DOC staffs are expected to self-screen and exercise proper preventive and protective measures while at work. The pandemic has also presented us an opportunity to identify and help release from detention, our patients whose health conditions place them at high risk of a severe course of disease should they contract the virus. The release of people from detention may also offer some protection to those of our patients who remain in custody, by permitting some

opportunity for physical distancing, a key to slowing viral transmission. At the same time, DOC is bringing people prior to discharge so we can screen for individuals who may or do have COVID-19, including those who may need accommodations in which they can self-isolate.

Included in our efforts to decrease transmission of COVID-19 during the pandemic is the minimization of staff-staff and staff-patient encounters to the extent possible. The desire to do so forms the basis for our variance requests. While there are numerous essential health care services that must continue to be provided during these perilous times, just like in the community where non-essential health care is being postponed, CHS, too, seeks to reduce services where it can without harm to our patients. In addition, it should be noted that these requests reflect the reality that, during this crisis, fewer staff are available to perform certain tasks, whether because of their own health conditions or their being redeployed to either ensure continuity of prioritized work or perform new work designed to slow viral transmission or care for patients with the disease. The variance requests allow more flexibility for staff to focus on clinical acuity while also safely reducing the burden of less critical work such as documentation.

The immediate and favorable consideration of the Board is greatly appreciated.

Sincerely,

Patricia Yang, DrPH

cc: Ross MacDonald, MD, Chief Medical Officer, CHS