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June 30, 2020

Margaret Egan, Esq.
Executive Director
NYC Board of Correction
1 Centre Street, Room 2213
New York, NY 10007

Dear Ms. Egan:

In accordance with the Board of Correction's Mental Health Minimum Standards for New York City Correctional Facilities, Section 2-09 (Variances), the Correctional Health Services division of the NYC Health + Hospitals requests a 6-month renewal of a continuing variance from Section 2-05 (b)(2)(i-ii) concerning psychotropic medication. The variance, first granted by the Board on November 10, 2005, authorizes psychiatrists to see and evaluate stable adult patients on psychotropic medication in general population at least every 28 days, rather than every 14 days. As the Board has acknowledged, this variance helps to improve patient care and make the psychotropic medication prescription practices consistent with the current community standard.

Attached is a summary of utilization data in support of the variance.

The consideration of the Board members and staff is greatly appreciated in this matter.

Respectfully,

A handwritten signature in blue ink, appearing to read "Ross MacDonald".

Ross MacDonald, MD
Correctional Health Services

cc: Patsy Yang, DrPH



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Dear Ms. Egan:

In accordance with the Board of Correction's New York City Correctional Health Care Minimum Standards, Section 3-13, "Variances," the Correctional Health Services (CHS) division of the NYC Health + Hospitals requests renewal, for a 6-month period, of a continuing variance from Section 3-04(b)(2)(v)(a) of the Minimum Standards, which requires that a tuberculin skin test (TST) be administered during the intake screening process for inmates who do not have a prior history of a positive reaction to the test. The variance, first granted by the Board in July 2013, and applicable to inmates throughout the NYC correctional system, authorizes CHS to use either interferon gamma release assays (IGRA) or TST for tuberculosis screening, and to exempt from repeat screening those prisoners who have a documented negative test in the six months prior to their admission.

The new tuberculosis screening program began at the RMSC in 2011 and then at facilities housing male inmates in 2012. Since implementation of the program, we have observed that the use of IGRAs at intake is feasible and adds negligible additional time to the intake process, while saving significant time subsequently by obviating the need for post-intake follow-up of TST results and associated documentation. CHS has now had many years of experience with IGRA, which has proven to be a valuable and effective tool in controlling tuberculosis in the jail system.

Accompanying this letter is our report on the IGRA initiative as required by the terms of the variance.

The consideration of the Board members and staff is greatly appreciated in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to be 'RM', is positioned below the word 'Sincerely,'.

Ross MacDonald, MD
Correctional Health Services

cc: Patsy Yang, DrPH