NEW YORK CITY
BOARD OF CORRECTION

Statement before the New York City Council

Committee on Hospitals
Carlina Rivera, Chair
Committee on Mental Health, Disabilities and Addiction
Diana Ayala, Chair
Committee on Criminal Justice
Keith Powers, Chair

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New York City Board of Correction

Good afternoon, Chairs Rivera, Ayala, and Powers and Members of the Committees on Hospitals, Mental Health, Disabilities, and Addiction and Criminal Justice. My name is Martha King, and I am the Executive Director of the New York City Board of Correction. Today I am joined by Emily Turner, Deputy Executive Director of Research, and Dr. Robert Cohen, a Board Member who was appointed by the City Council and is a correctional health expert and former Director of the Rikers Island Correctional Health Service.

The Board of Correction is the City's independent oversight agency for the jail system. We do not manage the operations and services within the jails. Rather, we regulate and monitor them on behalf of New Yorkers. The Board writes local regulations called Minimum Standards, which include chapters dedicated to health and mental health care. These Standards, covering everything from detection to treatment and patient protections, seek to ensure that services are maintained at a professional and quality level consistent with community standards.

In many ways, this City has been a leader in correctional health for decades. For one, New York City is exceptional because it has an independent health care provider in the jails. Most jails have one leadership that runs both the security and health operations, leading to challenging and inherent conflicts that do not always serve the patient well. Other examples of exceptional work have been Correctional Health Services' successful collaboration with the Department of Correction on intensive therapeutic mental health units, as well as CHS' long standing and effective opioid treatment program.

The Board monitors correctional health in multiple ways: observations in the jails by our staff who are on-the-ground daily; tours by Board Members; interventions in individual complaints

raised by people inside or their advocates and families; and investigations into deaths in custody. In 2016, we significantly improved our ability to monitor care by working with CHS to create a monthly access report which tracks compliance with the Board's Standards on access and the 55,000 scheduled health and mental health appointments each month. The CHS monthly access reports represents the most comprehensive reporting on health and mental health care access in jails nationally.

During the last six months of 2017, 79% of health and mental health care services scheduled in New York City jails were "completed." This means more specifically that 72% of appointments included a patient seeing a clinician and 7% included a patient refusing the service. Our analysis of this data has led us to focus on four priorities: 1) barriers to production; 2) extending best practices; 3) access to specialty clinic and mental health appointments; and 4) new protocols to monitor sick call and other key areas of the Minimum Standards.

Barriers to Production

Just over a fifth of all scheduled services were not completed in our study period. The proportions of missed appointments vary by service category and facility. However, the main reason that patients missed appointments for all months studied and across all services was because the patient was "Not Produced by DOC." Almost seventy percent of all missed appointments were due to DOC not producing the person to the clinician. CHS does not currently report reasons for non-production, and these reasons are not always known to clinical staff.

We all should better understand if failure to produce a patient is because of a lockdown, staff shortage, scheduling conflict, search, or some other reason. We need DOC and CHS to track and report on the reasons for non-production in a coordinated way. They need to develop a plan to track and address barriers to production, the main cause of missed appointments.

Extending Best Practices

Appointment completion rates varied by facility during the last six months of 2017, ranging from a 67% overall completion rate at VCBC to a 92% completion rate at NIC. Completion rates for medical and dental services, in particular, varied widely across facilities. Medical services ranged from a low 54% completion rate at AMKC to a 98% completion rate at MDC. Dental completion rates ranged from 48% at VCBC to 84% at RNDC.

There are jail services that have had consistently higher rates of production and access. DOC and CHS should review the reasons for this and the best practices from jails with high rates of completed appointments, including NIC, West Facility, and Rose M. Singer Center. This information should be used to generate benchmarks and plans for improvement in other service areas and facilities where current rates are unacceptable.

Access to Specialty Clinic and Mental Health Appointments

During the last six months of 2017, about 30% of mental health appointments were missed. In this critical service area, 64% of all missed services were due to DOC non-production, and 19% were due to CHS rescheduling the appointment, the highest rate of rescheduling across all services. Over 39,500 mental health appointments were missed in this period. This is over five times as many missed appointments than any other area. Considering that 45% of people

detained in the City's jails have mental health needs and that these patients are some of the most vulnerable, reviewing and minimizing barriers to access for them should be a priority.

The next category of service most likely to be missed was on island-specialty clinics -27% of these appointments were missed. In addition, too many appointments of this type are refused by patients. BKDC had a refusal rate of 55% for on-island specialty clinic appointments. Specialty clinics are reserved for some of the most medically vulnerable patients who are awaiting advanced surgeries, procedures, and appointments that cannot be carried out in facility clinics.

Almost half of completed off-island specialty clinic appointments, and 31% of completed on island specialty clinic appointments involved a patient refusing services. Seven jails had refusal rates of 50% or higher for off-island appointments. People in custody and jail staff report that high rates of patient refusals for these appointments are due to lengthy wait times, overbooking, waiting area conditions, including a lack of space, and transportation challenges.

DOC and CHS should conduct an in-depth review of access in these areas to identify and address factors thought to be related to patient refusals. BOC will also release an in-depth look at specialty clinic access in 2019.

New Protocols to Monitor Sick Call and Other Key Areas of the Minimum Standards
After intake, sick call is the primary way people in custody access care. The proposed Council bill will greatly enhance the accurate tracking of sick call. Our monitoring suggests people requesting sick call regularly do not receive it. We have called on DOC and CHS to implement new tracking protocols to assess compliance with the Minimum Standards on: sick call; the intake process; timeliness of services; and substance use treatment services.

Access to health and mental health care in NYC jails has been discussed at twelve public Board meetings since January 2016. During these public discussions, Board members have frequently cited their concerns related to access to care including lockdowns, production, escorting, transportation to Bellevue and Elmhurst hospitals, sick call, and specialty clinic policies. Discussions on these issues have repeatedly confronted the need for improved tracking and outcomes related to the Minimum Standards on Health and Mental Health Care. This information is necessary to minimize barriers and improve access to and ultimately improve the quality of care via measurable reforms.

In closing, access is a fundamental policy and principle of the Board's Minimums Standards and of all nationally recognized jail standards. It is supported by longstanding legal opinions that require the state to provide quality health care to people while in its custody, and it is central to safe and more humane jails. We look forward to working with DOC, CHS and the Council on efforts to improve it. Thank you for the opportunity to testify, and we are happy to take any questions.