Testimony of

Commissioner Cynthia Brann
and Deputy Commissioner Nichole Adams
New York City Department of Correction

before the

New York State Assembly Committees on
Health and Correction

regarding

Health Care in Correctional Facilities

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Good Morning, Chair Weprin, Chair Gottfried, and members of the Committee on Health and the Committee on Correction. I am Dr. Nichole Adams, the Deputy Commissioner for Health Affairs at the New York City Department of Correction. Next to me is Commissioner Cynthia Brann. We are happy to be here to discuss the important topic of health care services in correctional settings.

DOC's Role in Healthcare

The Department of Correction is responsible for the care, custody, and control of inmates and detainees in New York City, but, per the City Charter, we do not provide healthcare to the incarcerated population. That responsibility falls to the NYC Health Department and, as Dr. Yang just described, these services are now provided through NYC Health + Hospitals (H+H). DOC is responsible for ensuring that all of those entrusted to our care have access to the

medical and mental health services that they need. Having H+H take over Correctional Health Services (CHS) has helped us do that. H+H and DOC have developed an incredibly strong working relationship. Working as partners ensures the best outcomes for the people in our care.

Access to healthcare begins immediately upon entering DOC custody. As Dr. Yang mentioned, there is a clinic in each of our twelve jails. During the new admission process, each newly admitted inmate is seen by health staff in the clinic. In some of the jails, we have been able to establish nurses' stations in the intake areas, to better triage new arrivals.

Once housed, inmates have daily access to healthcare. In most housing units, they are able to sign up for sick call on a daily basis. In others, medical staff make daily rounds. Sick call is held daily from 7:00am through 11:00pm. DOC and CHS have been working in partnership to incorporate a triage system into the sick call process. In addition to sick call, CHS may schedule patients for medical or mental health follow-up appointments in the facility clinic, in a centralized clinic outside of the facility, or in a hospital setting. DOC's role is to ensure that inmates are brought to these appointments on time.

DOC and CHS are currently rolling out a number of projects to maximize access to care, focusing on scheduling of services, transportation to services, inmate availability, communication, and staffing,. These projects include:

- Coordinated Patient Scheduling: Coordinated, cross-disciplinary scheduling avoids conflicting appointments and allows the patient to have multiple services in one visit, to reduce the number of trips to the clinic.
- Cohort Housing: Housing patients with select medical diagnoses together centralizes the provision of medical services.
- Sick Call Tracking Measures: Improved tracking of who signs up for sick call and who is produced ensures that services are afforded to everyone every day.

We are focusing on a number of ongoing initiatives, to ensure that there are no barriers to healthcare access. We have opened several mini-clinics near particularly vulnerable populations' housing areas, so that these patients do not

have to travel through the facility for treatment and are not interrupted by stopped movement.

DOC also been working to improve healthcare access by reducing the frequency with which incident responses interfere with clinic production. Historically, any alarm in a jail would stop all facility movement. Now, we are moving away from that model to an Incident Command System that has tiered incident responses. This new system does not disrupt facility movement as regularly, so that clinic production can continue.

Partnership with H+H

Dr. Yang spoke to the many healthcare benefits of affiliating CHS with H+H. I would like to emphasize the corrections benefits of this transition. Our stronger partnership with CHS has improved officers' ability to provide care for those in our custody.

In areas where our two staffs work hand-in-hand, such as the clinic and the mental health units, health and corrections staff open shifts with group staff meetings, to review the needs of the day. In the housing units, staff come together to review patient behavior and advise each other. All DOC uniformed staff receive mental health first aid training, but staff in these units are specially selected and trained to work with this population, and these units are staffed at higher levels than most units. DOC and H+H have opened five PACE units (plus a Clinical Alternative to Punitive Segregation unit, which has a similar model) and are committed to opening several more. These units are safe, clinical environments. They have been remarkably successful at improving patients' outcomes.

Because they work as partners in the facilities, DOC and CHS staffs attend training together. We have been establishing Crisis Intervention Teams (CIT) in the facilities with a significant number of seriously mentally ill patients. Officers and clinical staff attend CIT training together, so that they practice crisis de-escalation with each other. When a patient in jail is in crisis, uniformed and clinical staff respond to the incident as partners to take care of the patient. CIT have been very successful in our jails to reduce uses of force and provide better

care. CIT are used by many police departments to respond to community incidents, but usually officers respond without clinical assistance. We have the added benefit of our partnership with H+H.

Incident Responses

In correctional settings, medical services are often required because of an emergency situation. All of the facility clinics are staffed 24/7, so that there are always medical staff on hand to respond when needed. Should a higher level of care be required, EMS is called and the inmate is taken to the nearest emergency room, like any other patient.

Unfortunately, too many of the emergencies in our facilities are stabbing or slashing incidents. I will now turn over the floor to Commissioner Brann, who will speak about the importance of Assembly bill 6838, which would allow DOC to operate full body scanners to detect dangerous contraband.

Need for Body Scanners

Good Morning, everyone. I am Cynthia Brann, the Commissioner at the New York City Department of Correction. I want to take this opportunity to thank Chairs Weprin and Gottfried for sponsoring this critical legislation, and thank the health committee members for voting on the bill earlier this year.

Bill 6838 would allow local correction departments to use full body scanners to detect contraband, including the weapons that are often used in stabbing and slashing incidents. As you know, these full body scanners use a low dose of ionizing radiation to take x-ray images, which can detect small scalpels blades, other weapons, and other contraband. Unlike the technology we currently use, full body scanners can detect non-metal items and can detect items hidden inside of a person. In the last few years, we have averaged a stabbing or slashing once every few days and we rarely recover the weapon that was used. This means that the weapon remains in the facility and is able to be used to hurt someone else.

DOC is seeking the use of these scanners because we want to keep our inmates and staff safe. To that end, we have already taken several steps to ensure that the scanners would be operated in compliance with all health and safety standards, should the legislation pass.

We have hired a medical physicist as a consultant on body scanner use. The consultant will create our safety manual, provide safety training to our staff, and regularly test all of the scanners to ensure that they are operating properly.

All scans will be reliably tracked, to ensure that no one exceeds the annual maximum dose. The scanners track the number of times an individual is scanned by NYSID, the unique identifying number that is attached to a person. By using the NYSID, will be able to keep a consistent record of scans for each inmate even if he is transferred to another facility or is released and then returns to custody. The NYSID stays the same, so the records will be kept. There will be several redundancies in place to ensure that no one exceeds the scan limit. First, the tracking will be consistent across facility and incarceration. Second, NYSID will be entered by scanning the inmate's RFID wristband, not by

manually entering the number, to eliminate data entry errors. Third, cameras will be installed in all of the areas where there are body scanners. If a scanner detects that someone has reached the annual exposure limit, the scanner will not scan that individual. The officer operating the scanner cannot override this and the officer operating the scanner cannot adjust the radiation levels. The levels are set by the manufacturer.

We will purchase brand new scanners and are ready to initiate the procurement process, upon a change to state law.

As prescribed by the legislation, the NYC Department of Health and Mental Hygiene would establish regulatory standards to oversee the use of body scanners, as they do for all radiation equipment in the city. DOHMH's regulations would codify staff training requirements, annual exposure limits, and other safety measures. DOC would work to be in compliance with the regulations that DOMHMH would promulgate. DOHMH will conduct scheduled and unscheduled inspections. As with any piece of radiation equipment, they have the authority to immediately stop the operation of the scanners if they find any issues with compliance or with the scanners themselves.

We ask for your continued support for this legislation in the coming legislative session.

We are happy to answer any questions that you have.