

**NEW YORK CITY
BOARD OF CORRECTION**

December 14, 2006

MEMBERS PRESENT

Hildy J. Simmons, Chair
Rosemarie Maldonado, Esq.
Richard Nahman, O.S.A.
Alexander Rovt
Paul A. Vallone, Esq.
Milton L. Williams, Jr., Esq.

Excused absences were noted for Vice Chair Michael J. Regan and Members Stanley Kreitman and Gwen Zornberg, M.D.

DEPARTMENT OF CORRECTION

Carolyn Thomas, Chief of Department
Roger Parris, Deputy Commissioner
Mark Cranston, Commanding Officer, Office of Policy and Compliance (OPC)
Harry Ahl, Deputy Warden, OPC
Ronald Greenberg, Director, OPC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Louise Cohen, Deputy Commissioner
Jason Hershberger, M.D., Assistant Commissioner, Correctional Health Services (CHS)
Robert Berding, Director, Clinical Services, CHS
Maria Gbur, M.D., Medical Director, CHS
Alison O. Jordan, Executive Director, Transitional Health Care
George Axelrod, Director of Risk Management, CHS

OTHERS IN ATTENDANCE

Paul Annetts, Investigator, State Commission of Correction (SCOC)
Harold Appel, M.D., Contract Administrator, Doctors Council
Rebecca Brown, Policy Analyst, Innocence Project
Donald Doherty, Division Vice President, Prison Health Services (PHS)
Michael F. Donegan, Counsel, SCOC
Selena Ducet, HIV Counselor, PHS
William Horgash, Legislative Policy Analyst, City Council
Tanya Krupat, Project Director, Osborne Association
Peg Loffredo, Field Supervisor, SCOC
Trevor Parks, M.D., Medical Director, PHS Medical, P.C.
Lisa M. Poppa, Coalition for Women Prisoners
Marita Quinones, HIV Counselor, PHS
Mindy Venetek, HIV Counselor, PHS
Eisha Williams, Legislative Financial Analyst, City Council
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project (PRP)

Chair Hildy Simmons called the meeting to order at 9:40 a.m. A motion to approve minutes of the November 9, 2006 Board of Correction meeting was approved without opposition.

Chair Simmons reported that the Board has not yet received a final sign-off from the Law Department authorizing publication of the proposed amendments to the Minimum Standards. She noted that the Board is mindful of letters it has received regarding the comment period, and said that the time period for comments will not begin until after the New Year. Chair Simmons said she hopes that by the January meeting, the Board will be ready to publish and the Board will establish time periods for the public hearing and written comments. She said that the public hearing will not be scheduled until well into the comment period, and expects that the process will move ahead during the first quarter of the New Year, when the maximum number of Board members will be available.

Chair Simmons invited representatives from the Department of Health and Mental Hygiene (DOHMH) to present a report. Deputy Commissioner Louise Cohen presented a report, as follows:

Prison Health Services has contracted to provide services through December, 2007, with a three-year option to renew. DOHMH intends to enter into negotiations with PHS for an extension for most of Rikers Island. There is a national movement to build on the strengths of local health care systems, and this involves using federally-qualified health centers to provide health services in prisons and jails. This is happening in Springfield, Massachusetts and Washington, D.C., and some northern New York jails.

Since inmates return to needy City communities, DOHMH is thinking about how to maximize relationships with local providers. The last RFP yielded no responses from locally-based health care providers because providing services to all of Rikers Island on a 24/7 basis requires 1000 employees and is an “extraordinary lift” for a local health care provider. DOHMH will enter into negotiations with PHS to continue providing services to most of Rikers, but DOHMH seeks to identify other potential providers on a building-by-building basis, and has prepared a concept paper to explain the idea. DOHMH has identified the borough jails and possibly the Rose M. Singer Center as buildings that could be served local providers. The concept paper is preliminary to DOHMH issuing an RFP, and DOHMH is seeking input at two open meetings from the health care and advocacy communities to strengthen the RFP. One meeting will be in December; a second will be in early January. Electronic health records will promote the success of a multiple-provider system. The model DOHMH is considering is not entirely new, as there have been multiple providers in the past.

Regarding ongoing concerns about HIV counselors, DOHMH representatives have had a series of discussions with members of the BOC Health Committee and staff, and further discussions will take place after the Board meeting today. All

HIV counselors have been offered positions. DOHMH remains very dedicated to HIV care for incarcerated persons, and needs to improve providing care to everyone, including identification, treatment and care of those who are positive and appropriate discharge planning. All providers need to be able to talk to inmates about HIV.

[Ms. Cohen distributed revised HIV testing recommendations from the Centers for Disease Control (CDC), dated September 2006]. DOHMH is following CDC guidelines and will “get to a place” where it is providing effective HIV identification, care, and treatment.

Ms. Cohen requested a brief executive session at the conclusion of the Board meeting. Chair Simmons said the Board will consider the request at the conclusion of the public meeting.

DOHMH Assistant Commissioner Jason Hershberger, M.D., reported that on December 12th, the National Commission of Correctional Health Care concluded an accreditation survey of the Manhattan Detention Center. He said that a report will be available in six to eight weeks. He noted that at the exit conference, the surveyors complimented DOC and DOHMH for sick call procedures, reported that the overall level of care far exceeded standards, and described the relationship between DOC and DOHMH as cordial and professional. Dr. Hershberger said that on December 19th, DOHMH, with the cooperation of DOC, will conduct a “flu pod” at the Eric M. Taylor Center (EMTC) on Rikers Island. Beginning at 3 p.m., providers hope to inoculate 1600 inmates over eight hours. Chair Simmons asked how inmates will be selected. DOHMH Medical Director Maria Gbur, M.D. said the vaccine will be offered to all inmates at EMTC. She noted that vaccination is voluntary, and there is no shortage of vaccine. She said that Transitional Health Care workers will be distributing flyers throughout the facility on Friday and Monday. Ms. Cohen said this effort is part of DOHMH’s City-wide strategy to inoculate as many people as possible, and if the effort is successful at EMTC, it will be replicated in other jails in January.

Board Member Paul Vallone said that the issue of the HIV counselors was addressed for the first time at the November Board meeting. He said that all are in favor of progress, but the speed at which the change occurred caused him to request that termination of the HIV counselors be delayed until an alternative plan was presented for providing services. Mr. Vallone said that when he heard the plan was going forward, he went to Rikers Island with BOC staff and said that, in contrast to what DOHMH had presented, medical staff said it had not been informed about the plan. He said that if doctors and nurses will be providing additional counseling, and if there are so few doctors on the Island, he was concerned. He said providers told him they were not trained to do counseling, they do not have the time, and they do not want the HIV counselors to go. Mr. Vallone said he sent a letter asking that the changes not be made until there was a plan with everyone “on board”. He added that to eliminate positions without a plan to go forward is troubling. He asked who will help inmates who are told they have a potentially fatal illness, given that the medical staff already is overburdened and is unable to provide recall clinic appointments for inmates with chronic diseases. He

said DOHMH and DOC staffs need to coordinate who is in the clinic waiting room, and coordination is a larger issue than the HIV counselors. Mr. Vallone said he seeks clarification as to next steps. Dr. Gbur presented the following:

There may be some misunderstandings. Even before the counselors were let go, physicians, physicians' assistants, and nurses were seeing patients who were HIV positive. There are two results that a patient who is positive receives. The first is a rapid test result from the finger-stick blood test which is offered at admission. The previous model used a conventional test, by which blood was taken from a vein, sent to a health laboratory, and a result was not received for a week. DOHMH moved to the rapid-test model due to the rapid turnover in the inmate/patient population. 30 to 35% of new-admission inmates agree to a rapid test, and their tests will be performed by a PCA. If the test result is positive, the MD or PA who is doing the new admission history and physical will give the result to the inmate. The patient is then immediately referred to a mental health provider. A confirmatory test is then done. In the old model, a patient would be scheduled for confirmatory test result counseling with an HIV counselor. The patient already had had a visit with an MD or PA, who had given the preliminary results. The doctors and PAs have been doing counseling. This is not something additional for them. Also, in the old model, after post-test counseling, the HIV counselor would walk the patient back to the MD or PA for orders for t-cell and viral load tests.

One of the Performance Indicators measures the number of new HIV-positive results, so nurses see every newly-diagnosed HIV patient. They review the chart to be certain that confirmatory post-test counseling has been provided. The counselors had provided a crucial function by counseling, and making referrals to MedSpan, Bridge, and other discharge planners. In the new model, after the preliminary positive results are given, all new positives will be seen by MedSpan personnel within two business days, even before the confirmatory test results are available.

Mr. Vallone asked about the MedSpan counselors. Ms. Cohen responded that they have similar backgrounds and receive very similar training to the HIV counselors. She said that everyone who is newly positive will be case-managed from the time they learn their status until the time they leave jail. She added that there are eight MedSpan staff to do case management, and this is an adequate number because the system identifies approximately eight new positives each month. Mr. Vallone asked how many inmates choose to be tested at intake as compared to those who agree to be tested during a follow-up clinic visit sometime thereafter. Ms. Cohen said DOHMH had information, but she did not have it with her. She said she would provide it to Mr. Vallone. She added that DOHMH had a CDC "prevention grant", and DOHMH staff go to housing areas to do HIV prevention activities – including groups and peer education and prevention counseling – during which time they ask inmates if they would like to be tested. Mr. Vallone asked for an update at the next Board meeting, and Ms. Cohen said she would provide one. Chair Simmons reiterated the point that although the Board is concerned about care and treatment, personnel decision made by DOHMH are not within the

jurisdiction of the Board. Mr. Vallone asked for a time frame for an RFP for an additional correctional health vendor. Ms. Cohen said that the concept paper will help DOHMH gather information to include in the RFP, which she hopes will be issued by the end of February. Chair Simmons said that the idea of looking for local providers, where possible, seems to be movement in the right direction.

Board Member Richard Nahman, O.S.A., raised the issue of Performance Indicators. Chair Simmons said that they will be discussed at the January meeting, when Health Committee Chair Gwen Zornberg is in attendance. Father Nahman said he only wished to discuss Indicators pertaining to AIDS. He asked what the PCP and MAC prophylaxes are. Ms. Cohen said that the problem with these Indicators is that they measure timeliness rather than completeness. She said the electronic health record will make a difference because we will have information about prior incarcerations, and know whether a patient had an HIV test three months ago. She noted that MAC and PCP prophylaxes generally fails because of timeliness. Ms. Cohen said the PI standard is different from the community standard, and noted that another two days is not going to make a difference. She added that DOHMH is reviewing all PIs to make them better and more effective. Chair Simmons said she has asked Ms. Cohen to put the Performance Indicators in context when they are discussed at the next Board meeting, including DOHMH's review to be certain that it is counting and measuring things that make a difference.

Chair Simmons called for a report from the Department of Correction. DOC Chief of Department Carolyn Thomas said that since the Board's last meeting, the jails have been very quiet. Chair Simmons asked for today's census. Chief Thomas said it was 14,009.

A motion to renew existing variances was made, seconded, and approved without opposition. Chair Simmons wished for everyone present that 2007 proves to be a better year than 2006, and wished everyone happy holidays.

A motion to convene an executive session to discuss a personnel matter with representatives from DOHMH was made, seconded, and approved without opposition. The public meeting was adjourned at 10:12 a.m. The Board met in executive session until 10:25 a.m.