

Statement from the NYC Board of Correction Regarding Correctional Health Services' Response on August 14, 2024 to the "Utilization of Sick Call in NYC Jails" Report

The NYC Board of Correction (Board) appreciates NYC Health + Hospitals/Correctional Health Services (CHS) for their review of our “Utilization of Sick Call in NYC Jails” report and their dedication to ensuring medical care for people in custody. While we value the feedback provided by CHS, we must address the concerns raised in their response and reaffirm the accuracy and methodology of our report.

CHS states that the Board’s report fails to recognize the distinction between the CHS Health Triage Line (HTL) and the Department of Correction’s (DOC) sick call process. However, the Board’s report explicitly addresses this distinction. As stated in the report’s definition section, the function of the CHS HTL—addressing concerns administratively over the phone or by scheduling appointments with healthcare personnel at CHS-operated clinics—aligns with the Board’s definition of sick call in its Minimum Standards. Sick call is defined as an encounter between a person in custody and healthcare personnel for the purpose of assessing and/or treating a medical complaint. For this reason, the Board refers to calls to the CHS HTL as sick call requests, as they serve the same purpose of seeking medical care for non-emergency health concerns.

The Board’s report examines how sick call requests, whether initiated through the DOC process or through the CHS HTL, are processed and whether individuals receive timely care in response to their requests. The analysis remains consistent with this definition and focuses on access to care across both modes of access.

CHS also raises concerns regarding the Board’s analysis of HTL call data and its relation to encounter documentation in the LL132 data. In its report, the Board fully acknowledges that data on calls to the CHS HTL is distinct from LL132 encounter outcomes and that they exist separately. However, our report reflects that both data sets represent crucial components of the system by which people in custody request and receive sick call services. The report does not conflate these datasets but rather examines them together to provide a comprehensive evaluation of the overall accessibility of sick call in NYC jails.

Our analysis takes into account that sick call requests may be handled administratively via the HTL or through in-person clinic encounters, and we have ensured that our findings reflect the diversity of how care is accessed. Therefore, our conclusions are grounded in an accurate assessment of sick call, broadly understood to be accessible through DOC and the CHS HTL.

The Board appreciates CHS’ development of the HTL, which provides an important supplemental avenue for patients to address their medical concerns. However, our findings indicate that, even when care is initiated through the HTL, delays in producing patients for necessary follow-up

appointments remain a significant issue. The Board's report highlights the need for improved coordination between CHS and DOC to ensure that people in custody who require in-person care are seen in a timely manner, consistent with the Minimum Standards.

We regret that CHS feels the report may perpetuate misunderstandings about the processes by which people in custody can voice their non-emergency health concerns. Our intent is to provide a clear and accurate evaluation of access to sick call, including the successes of the HTL and the areas in need of improvement. The Board remains committed to fostering greater transparency and accountability in the delivery of healthcare within the jails.

The Board values our ongoing partnership with CHS and DOC and looks forward to working together to address the challenges identified in our report. It is essential that people in custody have reliable access to sick call and we believe that the recommendations outlined in our report will help improve health outcomes for this population.

Statement from the NYC Board of Correction Regarding the Department of Correction's August 23, 2024 Response to the "Utilization of Sick Call in NYC Jails" Report

The NYC Board of Correction (Board) appreciates the Department of Correction (DOC) for their careful review of our "Utilization of Sick Call in NYC Jails" report and their expressed commitment to ensuring access to healthcare for people in custody. We welcome DOC's recognition of the importance of medical care and their ongoing collaboration with Correctional Health Services (CHS) to provide this care. However, we respectfully disagree with several of the concerns raised in their response and stand by the findings and methodology of our report.

DOC suggests that the conclusions drawn from our analysis are based on assumptions due to mismatched records between two disparate data sources. We acknowledge the challenges posed by reconciling different data systems, but this is a fundamental part of oversight in complex environments such as correctional healthcare. Our methodology did not rely on assumptions alone but on a rigorous and transparent process, utilizing the best available data from DOC.

It is important to note that the Board's report consistently distinguishes between assumptions and verified data. Where assumptions were made, they were based on observable patterns and grounded in established operational knowledge. The conclusions were drawn not from isolated data points, but from the aggregate findings that reveal significant trends in delays and barriers to care that merit attention and action.

DOC also claims that our analysis does not account for the broader context of healthcare delivery, such as other scheduled and unscheduled encounters with medical personnel. The report specifically focuses on sick call as a process for accessing care following an individual's request for medical attention. While we acknowledge that additional encounters may occur, this does not negate the need for timely and effective response to sick call requests. The Minimum Standards are clear in requiring that individuals who request care through sick call must be seen promptly.

We fully recognize that people in custody may choose to decline scheduled appointments. However, the data does not indicate patient refusal as a reason for non-production. We continue to emphasize that systemic issues in scheduling, production, and coordination between DOC and CHS play a critical role in determining whether individuals receive the care they need in a timely manner.

DOC highlights the CHS Health Triage Line (HTL) as an invaluable resource for people in custody, and we agree that it serves an important function. However, our report raises concerns about the operational effectiveness of this resource in ensuring that individuals who seek medical care through HTL are seen within the required timeframe. The Board's findings show that in many instances, there are delays or failures in ensuring timely appointments following contact with the HTL. The existence of the HTL does not diminish the need for accurate data reporting and accountability when individuals are not produced for their medical appointments as required.

We regret that DOC feels that the publication of our report may lead to misunderstandings about the provision of healthcare in the jails. The Board's intent is not to misrepresent the efforts of DOC or CHS but to highlight areas where improvements are needed to comply with Minimum Standards and to ensure that all people in custody have timely access to healthcare. Our report presents an evidence-based examination of the current challenges in the sick call process and offers recommendations aimed at improving care delivery, enhancing data accuracy, and fostering greater accountability.

We look forward to continued collaboration with DOC and CHS to address these issues and improve healthcare access within New York City jails. We remain committed to ensuring that the health needs of people in custody are met in accordance with the law and best practices, and we believe that by working together, we can make meaningful progress in achieving this goal.