



Legislation Text

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Int. No. 120

By Council Members Ayala, Restler, Won, Bottcher, Hudson and Brannan

A Local Law to amend the administrative code of the city of New York, in relation to enhancing the pre-arraignment physical and behavioral health screenings of arrestees held at the central booking facility of a criminal court in the city of New York

Be it enacted by the Council as follows:

Section 1. Subdivision a of section 14-163 of the administrative code of the city of New York, as added by local law number 124 for the year 2016, is amended to read as follows:

§ 14-163 Arrestee health information.

a. Definitions. [When used in] For the purposes of this section, the following terms [shall] have the following meanings:

Arrestee. The term “arrestee” means any person under custodial arrest by the department other than a person whose arrest results in the issuance of a summons or desk appearance ticket.

Electronic health screening tool. The term “electronic health screening tool” means a web-based tool used by a health care provider to identify the physical and behavioral health needs of arrestees at a central booking facility.

Health care provider. The term “health care provider” means any person licensed or certified under federal or New York state law to provide medical services, including [but not limited to] doctors, nurses, nurse practitioners and patient care associates [and emergency personnel].

Nurse practitioner. The term “nurse practitioner” means an individual, certified under section 6910 of article 139 of the education law, who is licensed to diagnose and treat common medical conditions; trained to

make informed judgments about whether to transfer arrestees to a hospital for further evaluation or medical care prior to arraignment; and able to prescribe medications for medical conditions common among those arrestees in central booking.

Patient care associate. The term “patient care associate” means an individual who works under the direct supervision of a nurse practitioner and is trained and certified to assess vital signs, collect health history information and assist in delivering medical care to arrestees.

b. [Medical treatment report] Arrestee electronic health screening tool. Whenever an arrestee is [treated by a health care provider while] in the custody of the department, [the department] a health care provider shall [create a report] use an electronic health screening tool to assess the physical and behavioral health of such arrestee. [Such report shall include a brief description of the arrestee’s medical condition, to the extent known by the department, the arrestee’s name and other identifying information regarding that arrestee, including but not limited to the arrestee’s New York state identification number and date of birth, when available, and identity of the health care provider. Such report shall be transmitted to the department of health and mental hygiene or its designee whenever an arrestee is taken into the custody of the department of correction.] Any physical and behavioral health information regarding such arrestee obtained with such screening tool may, with such arrestee’s consent, be electronically shared with such arrestee’s defense counsel or the department of correction, in the event such arrestee is taken into the department’s custody.

§ 2. Sections 17-1801 to 17-1804 of the administrative code of the city of New York, as amended by local law number 190 for the year 2019, are amended to read as follows:

17-1801 Definitions. For the purposes of this chapter, the following terms have the following meanings:

Arrestee. The term “arrestee” has the same meaning as set forth in subdivision a of section 14-163 of the code.

Correctional health services. The term “correctional health services” means any health care entity designated by the city of New York as the agency or agencies responsible for health services for incarcerated

individuals in the care and custody of the New York city department of correction. When the responsibility is contractually shared with an outside provider, this term shall also apply.

Diversion. The term “diversion” means treatment resources and services in the community, which include, but are not limited to (i) court-based alternatives to jail and detention, including the citywide supervised release program; (ii) alternatives to incarceration, including mental health and drug treatment courts; (iii) counseling; (iv) psychiatric services; and (v) substance use disorder treatment.

Diversion liaison. The term “diversion liaison” means a licensed social worker whose duties include, but are not limited to (i) identifying arrestees with behavioral health needs and, with such arrestee’s consent, sharing such health information with such arrestee’s defense counsel; and (ii) contacting community health and social service providers, with such arrestee’s consent, to inform them of such arrestee’s arrest and the need for post-release referrals.

E-Clinical Works. The term “e-Clinical Works” means the city jail electronic health record system, which includes information on prior diagnoses, prescriptions, radiology images and allergies for arrestees who have been through the city jail system in the past five years.

Electronic health screening tool. The term “electronic health screening tool” has the same meaning as set forth in subdivision a of section 14-163.

Health care provider. The term “health care provider” [means any person licensed or certified under federal or New York state law to provide medical services, including but not limited to doctors, nurses and emergency personnel] has the same meaning as set forth in subdivision a of section 14-163.

Health evaluation. The term “health evaluation” means any evaluation of an inmate’s [health and mental] physical and behavioral health upon their admission to the custody of the department of correction pursuant to minimum standards of inmate care established by the board of correction.

Incarcerated individual. The term “incarcerated individual” means any person in the custody of the New York city department of correction.

Nurse practitioner. The term “nurse practitioner” has the same meaning as set forth in subdivision a of section 14-163.

Patient care associate. The term “patient care associate” has the same meaning as set forth in subdivision a of section 14-163.

Psychiatric Services and Clinical Knowledge Enhancement System. The term “Psychiatric Services and Clinical Knowledge Enhancement System” means the New York state office of mental health database, which provides historical and current information on diagnoses and service use among Medicaid beneficiaries.

Screened. The term “screened” means evaluated by a health care provider.

§ 17-1802 Arrestee enhanced health screening. a. Every arrestee held at the central booking area of a local criminal court prior to their arraignment at such court, with such arrestee’s consent, shall be screened by a health care provider with an electronic health screening tool for [medical or mental health] physical or behavioral health conditions that may require immediate attention. [The department or its designee shall oversee such screening.]

b. The department shall implement enhanced health screenings at central booking facilities citywide, at a rate of one central booking facility per borough per year, until each facility utilizes such screenings. Such screenings shall occur 24 hours a day, seven days a week and include, but not be limited to, the following:

1. Staffing, which shall consist of at least one nurse practitioner, one patient care associate and one diversion liaison to perform duties including, but not limited to, (i) with the arrestee consent, screening such arrestee for acute and chronic physical and behavioral health conditions; (ii) treating minor injuries by, including but not limited to, providing basic medications for common medical conditions, including pain relievers, insulin, blood pressure medication and other commonly prescribed medications; (ii) diagnosing and treating such conditions on-site, if possible, or referring such arrestees to a hospital for further evaluation or care prior to arraignment; (iii) preparing a clinical summary of screened arrestees who are identified as having behavioral health needs and consent to meet with a diversion liaison; (iv) triaging such arrestees’ medical

services, with such arrestee consent, with community and correctional providers; (v) identifying arrestees who may be candidates for diversion; and (vi) liaising with such arrestee respective defense counsel, with such arrestee consent, to facilitate pre- and post-arraignment diversion;

2. Two levels of screening for physical or behavioral health conditions in arrestees consisting of the following:

(i) A level-one screening consisting of a preliminary health screening conducted by a patient care associate to ascertain the acute physical and behavioral health needs of such arrestee and identify arrestees requiring a level-two screening; and

(ii) A level-two screening conducted by a nurse practitioner to more thoroughly assess the physical or behavioral health conditions of such arrestee identified in the level-one screening;

3. A diversion liaison who performs such duties, including but not limited to, interviewing a consenting arrestee whose record indicates a behavioral health issue, summarizing such interviews and liaising with such arrestee's defense counsel regarding such arrestee to facilitate pre- and post- arraignment diversion;

4. Health care providers and diversion liaisons who have access to the arrestee's electronic health records in e-Clinical Works and, with such arrestee's consent, the Psychiatric Services and Clinical Knowledge Enhancement System, to help such health care providers and diversion liaisons make informed treatment choices, triage medical services with community and correctional providers and liaise with such arrestee's defense counsel; and

5. A health care provider entering a triage flag in e-Clinical Works to expedite medical intake for any jail-bound arrestee who requires follow-up physical or behavioral health assessments after (i) disclosing an underlying chronic illness or adverse health event to a health care provider or (ii) exhibiting symptoms of an underlying chronic illness or warning signs of an adverse health event, as detected by a health care provider.

§ 17-1803 Health information from screening for incarcerated individuals. The department or its designee shall establish procedures and promulgate rules as may be necessary to [make available reports

received from] ensure the physical and behavioral health information of an inmate in the custody of the New York city police department is, pursuant to section 14-163, shared with [to] any health care provider in a department of correction facility conducting a health evaluation, [at such time as] before a health evaluation is conducted.

§ 17-1804 Health information exchange for incarcerated individuals. The department or its designee shall establish procedures and may promulgate rules as may be necessary to share [obtain] the physical and behavioral health information of such inmate, [pre-arraignment screening record created] pursuant to section 17-1802, and any electronic or paper medical records created and maintained by any hospital in connection with treatment provided to an arrestee who subsequently enters the custody of the department of correction, at the request of any health care provider conducting a health evaluation of such inmate.

§ 3. This local law takes effect 180 days after it becomes law.

Session 13
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HKA
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