

THE ENHANCED PRE-ARRAIGNMENT SCREENING UNIT

Improving health services, medical triage, and diversion opportunities in
Manhattan central booking

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Who we are



Overview

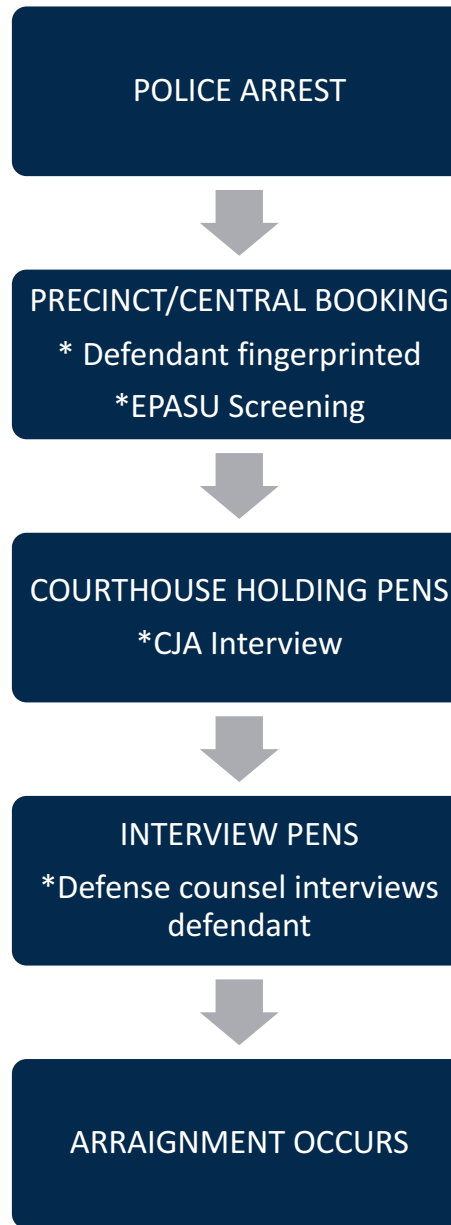
- Participant Survey
- Enhanced Pre-Arraignment Screening Unit
- Findings from Vera's Process Evaluation
- Participant Survey
- Small Group Breakouts
- Reconvening & Sharing

PARTICIPANT SURVEY

<p>1. What stakeholder group best represents you?</p> <ul style="list-style-type: none"> a. Police Department or Sheriff's Office b. Pretrial Services or Court c. Public Defenders or Prosecutors d. Department of Correction e. Department of Health f. Other 	<p>4. What happens to health information collected prior to arraignment?</p> <ul style="list-style-type: none"> a. Used by pretrial services to inform release decisions b. Shared directly with defense attorney and/or prosecutor c. Transmitted to jail if individual is remanded d. All of the above e. None of the above
<p>2. Does your jurisdiction currently collect health information through screening prior to arraignment?</p> <ul style="list-style-type: none"> a. Yes b. No 	<p>5. How likely are defenders to use information about behavioral health <i>at arraignment</i>?</p> <ul style="list-style-type: none"> a. Very likely b. Somewhat likely c. Not likely
<p>3. Does your jurisdiction currently use electronic health records in your jail?</p> <ul style="list-style-type: none"> a. Yes b. No 	<p>6. Does your jurisdiction have an interagency task force to work on criminal justice ?</p> <ul style="list-style-type: none"> a. Yes b. No

Survey Results

ARREST → ARRAIGNMENT IN NYC

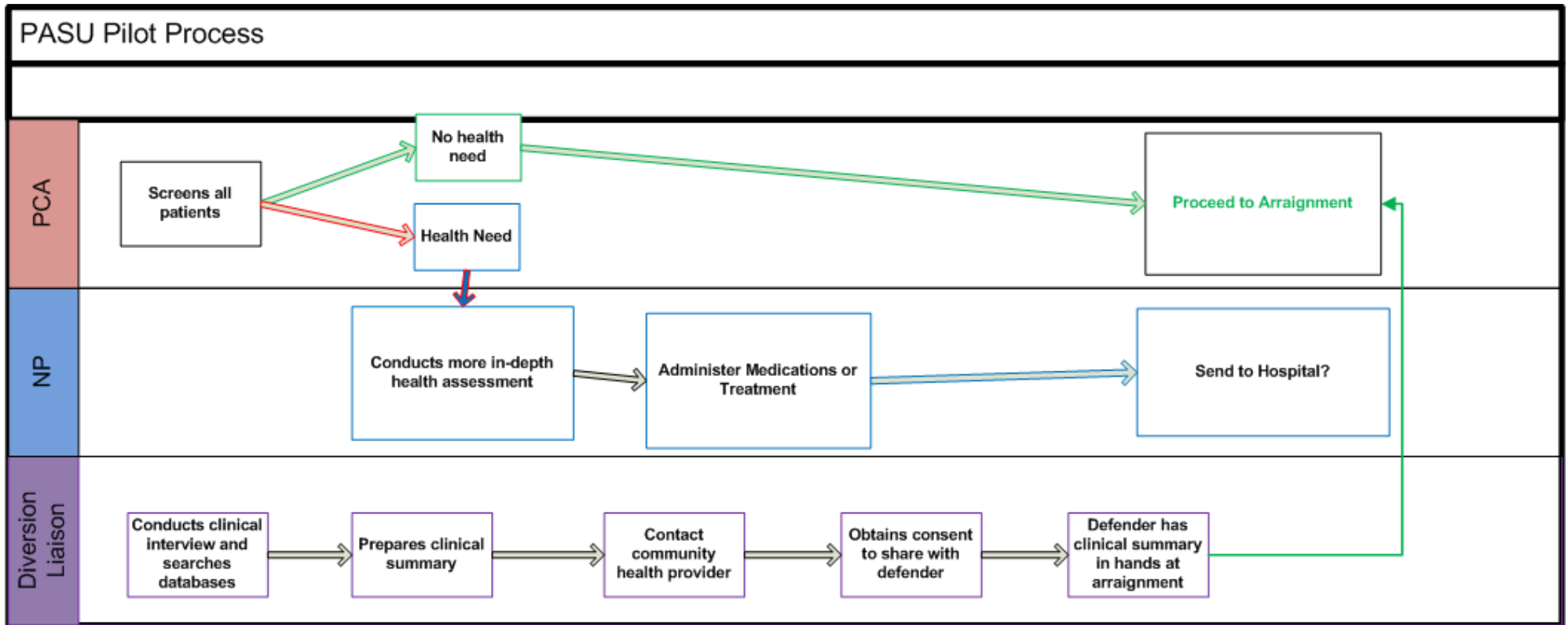


ENHANCED PRE-ARRAIGNMENT SCREENING UNIT

PASU v. EPASU

PASU	EPASU
EMTs	Patient Care Associate & Nurse Practitioner
Paper-based screening	Electronic Screening Tool
Relies solely on self-report	Access to health histories (ECW, PSYCKES)
Relies on hospital emergency rooms (i.e., transporting people back and forth)	Avoids unnecessary hospital runs by prescribing commonly needed medications
No process for jail diversion	Employs a diversion liaison
No process for care coordination	Uses electronic system for triage notification at jail admission

How the EPASU Works



Clinical Summary



Pre-arraignment Screening Unit (PASU)
Manhattan Central Booking
Correctional Health Services
212-225-1575

X, X, 2018

Re: MXXXXXXXXXX

Mr. R was screened by Correctional Health Services (CHS)'s Pre-Arraignment Screening Unit (PASU), which operates in Manhattan Central Booking 24/7. Below is behavioral health information obtained by Mr. R's self-report and available records, as well as the undersigned's observations and treatment recommendations based on available information. Information provided herein is done so with Mr. Bentley's consent to share this information with defense counsel and with the goal of assisting in advocacy.

Self-Report: Mr. R reported that he does not currently have any mental health or substance abuse issues. However, he acknowledged that he has been diagnosed with mental illness in the past and also has a substance abuse history. Mr. R also reported a significant history of homelessness. He explained that upon his release from incarceration a few days ago he had been referred to B Shelter, located at X, as well as to outpatient mental health treatment and case management services. Mr. R explained that he did not make it to the shelter because he lost the paper that he had been given by discharge planning which had all of the referrals on it. He expressed a desire to follow through with the referrals he had been provided in order to move on with his life and avoid further incarceration.

Records: Per Correctional Health records, Mr. R has been given the following diagnoses: Schizoaffective disorder; Schizophrenia; Post traumatic stress disorder; Unspecified psychosis; Unspecified personality disorder; Polysubstance dependence; Cocaine abuse and Cannabis abuse. Also per Correctional Health records, Mr. R was prescribed Risperdal (anti-psychotic). Additionally, records note that Mr. R has a long history of psychiatric hospitalizations, incarceration and homelessness. As documented in his most recent discharge plan, which was completed on X/X/16, Mr. R was referred to Xth Street Men's shelter, located at Xth Street. He was also referred to E, located at X, phone: XXX-XXX-XXXX ext. XXX, for mental health treatment, where he is scheduled for an intake appointment on X/X/16 at 9am. Lastly, Mr. R was referred to case management services.

Notes: Mr. R was calm, pleasant and cooperative while in the PASU. He seems to have limited insight into his mental health needs and to have struggled with following through with community based mental health treatment and support services in the past. Mr. R would benefit from engaging in the services put in place in his discharge plan. This would ensure that he is connected to the appropriate services in the community and follows through with engaging in community treatment. Based on his arrest charge, should the court find him eligible Mr. R may be a candidate for an alternative to detention program through _____. If this appears to be an option, the contact person for that program is _____.

Should you need additional information, please feel free to contact me by phone at 212-225-1575, or email at _____@nychc.org.

Sincerely,

Diversion Liaison

PROCESS EVALUATION RESULTS

EPASU Health Screens



Summary of EPASU self-report data (May 18, 2015 – October 31, 2016)

	N	Percent
Total number of Level 1 screens	10,695	99%
Total number of Level 2 screens	3,053	29%
Current Medical Problems		
- Breathing problems	772	7%
- Heart problems	422	4%
Level 1 Behavioral Health Questions		
- Drink alcohol every day/most days	418	8.9%
- Currently in drug or alcohol program	352	4.0%
- Currently in mental health program	164	2.0%
- Currently living in supportive housing or residential program	687	9.0%
Level 2 Behavioral Health Questions		
- Currently taking psychiatric medications	760	7.1% (24.9%)
- Currently in treatment	601	5.6% (19.7%)

Medical Triage & Care Coordination



- 31% of all patients screened had an existing electronic jail health record
- 24% of people sent to jail post-arraignment received a triage flag in their electronic health record
- Diversion liaison could query other electronic systems to gather timely information on patients' diagnoses, medications, and service use for facilitating diversion decisions or connections to care

Facilitating Diversion



- EPASU patients with behavioral health needs:
 - Arrested primarily for misdemeanors (55%)
 - More prior contacts with criminal justice system (25% incarcerated in past 12 months versus 7%)
 - More frequently sent to jail at arraignment (35% v. 18%)
- Fewer than half of potential diversion candidates consented to sharing their clinical summaries with a defender prior to arraignment
- Defenders use of clinical summaries depends on a variety of factors

NEXT STEPS IN NEW YORK CITY

EPASU NEXT STEPS

- Piloting court-based liaison
- Expanding citywide
- Further research and evaluation

QUESTIONS? COMMENTS?

Thank You!



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