

The Enhanced Pre-Arrest Screening Unit

September 2017

Fact Sheet

Background

New York City established Pre-Arrest Medical Screening Units (PASUs) in all New York City central booking facilities except Richmond County (Staten Island) as a result of a 1993 settlement in *Grubbs v Brown* mandating the city to create a process for detecting the health needs of people entering the justice system and directing those requiring emergency care to city hospitals.

In 2014, supported by the Jacob and Valeria Langeloth Foundation, the Vera Institute of Justice (Vera) and the New York City Division of Correctional Health Services (CHS) developed a pilot program to enhance PASUs' operations. The goals were to provide better care to people in the arrest-to-arrest process; improve coordination and triage with health services in jail and community settings; and bolster efforts to divert people with behavioral health needs from unnecessary pre-trial detention and toward community-based services. The city launched the enhanced PASU (EPASU) pilot in May 2015, in one of Manhattan Criminal Court's arraignment shifts. In November 2016, the EPASU extended its services around the clock.

Process evaluation

Vera and CHS conducted a process evaluation of the EPASU from May 2015 through November 2016 to assess its implementation and understand whether the pilot achieved its principal aims. The researchers used a mixed-methods approach that combined quantitative and qualitative strategies, drawing on analyses of administrative data, in-depth interviews, surveys, and focus groups with key stakeholders.

Findings



People screened by the EPASU reported high levels of medical, substance use, and mental health needs.

The most commonly reported physical illnesses and symptoms among the 10,796 patients seen during the pilot's first 18 months included breathing problems, mostly related to asthma (772, or 7 percent of all patients screened); heart problems (422, 4 percent); diabetes (260, 2 percent); and seizure disorders (147, 1 percent).

EPASU patients reported significant behavioral health symptoms, including high frequencies of alcohol use, use of benzodiazepines, use of prescribed psychiatric medication, enrollment in substance use treatment, and enrollment in mental health treatment.



Access to electronic health record databases enabled EPASU clinicians to verify self-reported symptoms or preexisting diagnoses and identify potentially undisclosed health needs.

About 31 percent of patients in the EPASU had an existing record in CHS's electronic health record system, e-clinical works (ECW). Among those with records in ECW, 23 percent (n=771) had previously received mental health services while in New York City jails. About 12 percent of patients with an ECW record had a prior diagnosis of a serious mental illness, such as schizophrenia, bipolar disorder, and major depression (n=393 patients). Two-thirds of patients with an ECW record had a prior substance use disorder diagnosis (66 percent, n=2,210).

A sizeable percentage of EPASU patients received triage flags to alert physicians conducting medical intake in jail.

Nurses entered a triage flag into CHS's database for 15 percent (n=1,577) of all EPASU patients. Over two-fifths of these triage flags (43 percent, n=236) indicated a need for a mental health status assessment, and another 37 percent (n=200) indicated needs related to alcohol withdrawal. The third most common reason for applying a triage flag was for diabetes (13 percent, n=72), flagging the need for an immediate finger stick test upon arrival at jail.



The EPASU's increased capacity to deliver medical care prevented an estimated 601 trips from central booking to a hospital emergency room from May 2015 to October 2016.

Increased capacity to treat patients for common ailments onsite, during the lowest volume, eight-hour tour, Monday through Friday, allowed the EPASU to avoid 601 unnecessary hospital visits in its first 18 months of operation—an average of 6.5 hospital runs averted each week.



Police officers expressed mostly favorable views of the EPASU.

During the early stages of implementation, Vera administered a semistructured survey to 45 NYPD officers to assess their perspective on the advantages and disadvantages of the EPASU pilot compared to the PASU model. About 61 percent of police officers reported being “very satisfied” with the pilot. The most common reason for this response (cited by 59 percent of respondents) was the EPASU's ability to avert police-escorted trips to hospital emergency rooms for minor medical ailments.



Having access to electronic databases in the EPASU provided social workers with valuable information on patients' behavioral health histories and social service needs used to facilitate diversion.

During the pilot's first 18 months, diversion liaisons searched ECW 9,625 times (or for 90 percent of all EPASU patient encounters) to identify people with behavioral health needs who might benefit from diversion and to supplement health screening information with historical information on diagnoses and service use.

During the pilot, liaisons approached 2,113 patients to interview as potential diversion candidates (n=2,113). About 44 percent (n=924) of these patients were interviewed and agreed to share summaries of their clinical information with defense attorneys prior to arraignment. Social workers shared an average of 19 clinical summaries with public defenders each week.



Public defenders found EPASU clinical summaries to be useful for helping their client at arraignment and later stages of adjudication.

More than half of public defenders (53 percent) reported that the clinical summaries were useful in post-arraignment stages, while more than a quarter (28 percent) found them useful at arraignments. Fifteen percent found them useful at both stages.

Defense attorneys provided examples where having timely, validated information on a client's recent or current participation in a mental health or drug treatment program was pivotal in successfully advocating for bail, diversion, or dismissal to help clients avoid going to jail, while helping ensure that they are connected to appropriate supports.

For more information

The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely upon for safety and justice, and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America's increasingly

diverse communities. For more information, visit www.vera.org, or contact Ram Subramanian, editorial director, at rsubramanian@vera.org.

To read this report, visit <http://www.vera.org/Manhattan-EPASU-pilot-evaluation>.

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Jacob and Valeria Langeloth Foundation (Project #2693). The foundation's grant-making program is centered on the concepts of health and well-being. The foundation's purpose is to promote and support effective and creative programs, practices and policies related to healing from illness, accident, physical, social, or emotional trauma, and to extend the availability of programs that promote healing to underserved populations.