



NEW YORK CITY  
BOARD OF CORRECTION

June 9, 2015

**MEMBERS PRESENT**

Stanley Brezenoff, Chair  
Derrick D. Cephas, Esq., Vice Chair  
Jennifer Jones Austin, Esq.  
Robert L. Cohen, M.D.  
Honorable Bryanne Hamill  
Stanley Richards  
Steven M. Safyer, M.D.

An excused absence was noted for Michael Regan.

**DEPARTMENT OF CORRECTION**

Joseph Ponte, Commissioner  
Martin Murphy, Chief of Department  
Michael Blake, Deputy Commissioner  
Timothy Farrell, Deputy Commissioner  
Peter Thorne, Deputy Commissioner  
James Dzurenda, First Deputy Commissioner  
Winette Saunders-Halyard, Acting Deputy Commissioner for Youthful and Adult Offender Programs and Assistant Commissioner for Community Partnerships and Program Development  
James Walsh, Deputy Commissioner of Adult Programming  
Shirvahna Gobin, Assistant Commissioner for Strategic Planning  
Heidi Grossman, Esq., Deputy Commissioner of Legal Matters/General Counsel  
Brenda Cooke, Executive Agency Counsel  
Danielle Leidner, Director for Intergovernmental Affairs  
Jeff Thamkittikasem, Chief of Staff  
Errol Toulson, Jr., Deputy Commissioner of Operations  
Sean Jones, Deputy Chief of Staff  
Marisa Alberti, Policy Analyst  
America Canas, Senior Policy Advisor  
James Perrino, Acting Assistant Chief  
Carleen McLaughlin, Director of Legislative Affairs and Special Projects  
Eve Kessler, Director of Public Affairs  
Robert Kelly, Deputy Warden  
Ana Billingsely, Urban Fellow

## **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Homer Venters, M.D., Assistant Commissioner, Bureau of Correctional Health Services  
Ross MacDonald, M.D., Medical Director  
George Axelrod, Chief Risk Officer  
Lucia Caltagirone, Agency Attorney Intern  
Nathaniel Dickey, Special Assistant  
Semmie Kim, EPI Scholar  
Anneke Lucas, Volunteer

## **OTHERS IN ATTENDANCE**

Skylar Albertson, Bronx Defender Services (BDS)  
Anna Anandel, Columbia University Mailman School of Public Health  
Rekha Arulanantham, Legal Aid Society (LAS)  
Tarisha Augustin, Osborne Association  
Sarah Ball, New York Public Library  
Ian Bassin, Mayor's Office Deputy Counsel  
Mark Benjamin, Brick City TV  
John Boston, LAS  
Nick Bourland, NYC Public Advocate  
Jessica Casanova, Public  
Susie Choi, LAS  
Deanna Clugston, LAS  
Nina Coepfert, New York Civil Liberties Union (NYCLU)  
Kevin Collins, Doctor's Council, SEIU  
David Condliffe, NYC Bar Association  
Jenny Crawford, Columbia University  
Brian Crow, New York City Council  
Dakem, Jails Action Coalition (JAC)  
Michael D'Ambrosio, LAS  
Sean Dalpiaz, SCO Family of Services  
Clineesa Dargan, LAS  
Laurie Davidson, Doctor's Council, SEIU  
Julia Davis, Children's Rights  
Kelsey Deavila, Brooklyn Defender Services  
Sara Doody, LAS  
Riley Doyle Evans, Brooklyn Defenders Services & JAC  
Anat Gerstein, Anat Gerstein, Inc.  
Allegra Glashauser, City Bar Association  
Cassandra Golden, Office of Management and Budget (OMB)  
Cynthia Golembeski, Fortune Society  
Susan Goodwillie, JAC  
Candace Graff, LAS  
Hallie Grossman, Solitary Watch  
Colby Hamilton, Reporter, Capital New York  
Michael Hayes, Buzzfeed  
Lindsey Hennawi, STEPS

Charles Horton, Brick City TV  
Terry Hubbard, JAC  
Jacob Hutt, Southern District of NY  
Elissa Hyne, Children's Rights  
Karen Imas, Weintaub, Connelly, McLaughlin & Woloz  
Nyesha Jackson, New York Public Library  
Christine Japely, 15<sup>th</sup> Street Quakers  
Sarah Kerr, LAS/PRP  
Deandra Khan, NYCLU  
Lutful Khan, Osborne Association  
Tyrone Knowles, JAC  
Tanya Krupat, Osborne Association  
Victoria Law, Independent  
Neil Leibowitz, M.D., Director, Mental Health, Corizon  
Marc Levin, Brick City TV  
Jennifer Levy, NYC Public Advocate  
Dori Lewis, LAS  
Grace Li, Executive Director, Petey Greene Program  
Alexandra Lisonek, Cleary, Gottlieb, Steen & Hamilton, LLP  
Evelyn Litwok, JAC  
Kyla Magun, LAS  
Katrina Maier, Anat Gerstein, Inc.  
Jeff Mailman, City Council  
Amanda Masters, NYC Public Advocate – Hon. Letitia James  
Elizabeth Mayers, JAC  
Christie Mole, Children's Rights  
Alexis Moore, JAC  
Andre Moss, The Moss Group  
Jennifer Parish, Urban Justice Center & JAC  
Gloria Pazmino, Capital NY  
Jake Pearson, Reporter, Associated Press  
Bichha Pham, Anat Gerstein, Inc.  
Victoria Phillips, JAC  
Charlotte Pope, Public  
Beth Powers, JAC  
Raven Rakia, Freelance Journalist  
Margaret Ravenhorst, Hour Children  
Steve Riester, NYC Council, Finance Division  
Lillian Rivera, Community Disability Activist  
Katie Rosoff, NYC Public Advocate's Office  
Hannah Sachs, LAS  
Michael Sapiro, LAS  
Anoyhi Shah, JAC  
Elias Shebar, LAS  
Deirdre Shore, JAC  
Jane Stanicki, JAC/Hour Children  
Eric Stone, Weiss, Rifkind, Wharton & Garrison LLP  
Sara Sullivan, Vera Institute of Justice  
Jamon Sutton, JAC

Nicolo Taormina, LAS  
Aldolfo Vega, Public  
Jessica Warner, LAS  
Gale Weiner, JAC  
Michael Winerip, NY Times  
Patsy Yang, City Hall  
Milton Zelermyer, LAS

Chair Brezenoff opened the meeting by stating that the Board will discuss DOC's petition but would not be voting on the petition today. The board members introduced themselves. There was no motion to adopt the minutes because they were not available. Chair Brezenoff then announced the new Executive Director, Martha King, will start on June 15, 2015. She has a background in criminal justice and public policy and government. He thanked the staff for operating without an Executive Director and Richard Wolf for his contribution during this time.

Chair Brezenoff then discussed the petition by the Public Advocate on the Prison Rape Elimination Act (PREA) that is subject to Board action. There were some legal/technical issues that had to be analyzed and the process has been started. Chair Brezenoff thanked the Public Advocate for bringing forth this important document.

Dr. Cohen then opened the committee reports recognizing the suicide of Kalief Browder. He then turned to his presentation which covered lockdowns which he believes DOC is using to address violence, unsuccessfully. He started the presentation with the lawsuit Legal Aid Society brought regarding rapes that have occurred in the Rose M. Singer Center (RMSC). Dr. Cohen went to the facility the day after the newspaper story and he noted the warden was on vacation, there was no discussion at role call by DOC to review the litigation, Corizon staff did not have any discussions with their staff, and the Deputy Warden of the facility stated there was no Correctional Integrity Officer (a representative of the Investigative Division) in the facility for some period of time. Prior to that, the position was split between GRVC and RMSC. Felix Martinez, BOC's Director of Field Operations, spoke with corrections shortly after and was informed someone would be assigned to RMSC. DOC ensured no newspapers that described the litigation were available in the facility. The census at RMSC is 600 people. Dr. Cohen looked at the use of force (UOF) rates within RMSC. He stated he does not know the extent of the gang problem in RMSC, but he believes it is different. The UOF rate in RMSC has risen dramatically over the past 10 months. Dr. Cohen would like an explanation from DOC why UOF, specifically UOF-C, or spray, has increased so dramatically. The next topic was lockdowns. The total number of hours locked down last September was 8,100; in October, it was 10,000 hours. In April 2015, it went up to 18,000 hours and last month, it increased more than 10% to 20,679 hours. The use of lockdowns continues to increase dramatically. The number of lockdowns increased from 64 to 72 in September and October; they then jumped from 110 in April to 131 in May. Dr. Cohen then noted and commended DOC on reducing the number of men in solitary in OBCC from 400-500 to 136. BOC has not yet received information on the number of people on the waitlist for solitary confinement and Dr. Cohen said he is concerned about this and would like to see this number. He then noted that the census at Enhanced Supervision Housing Unit (ESHU) is 51 even though the approved number of cells is 250. In closing, Dr. Cohen stated we need to find out more about why UOF is increasing at RMSC and whether it is effective at controlling violence. Also, the use of lockdowns as a management tool is contrary to the Board's standards that inmates should be given the opportunity to lock out of their cells as much as possible; lockdowns make that impossible.

Judge Hamill spoke next. She welcomed the newest member of the board, Stanley Richards, to her adolescent committee. She provided an update on the adolescents including: Steady trained officers with a staff to inmate ratio of 15:1, growth in enhanced recreation where the inmates are outside for hours, solitary confinement has ended, kids are attending school, and the families are engaged. However, she also noted the continuing challenges including developing an alternative disciplinary system. The Board recently discovered adolescents were still being sentenced punitive segregation days held in abeyance until the adolescent turns 18. The Board contacted

senior management at DOC about this and they worked together to stop this immediately. RNDC is not amenable to house adolescents. Recently on a tour at RNDC she saw large shards of tile that could be used as weapons in a housing area designated for suicide watch. After alerting DOC about this, they closed the unit and moved the adolescents while they repaired the housing area. Also, RNDC houses 800 adults, which makes it an adult jail that houses adolescents. There are many areas where the adults and adolescents come into contact. Judge Hamill believes the best way to succeed at reform is to move the adolescents off the island, per the Department of Justice's (DOJ) recommendation. The young adult regulations include age appropriate programming and a housing plan because in October 2015, there will be comingling among the 18-21 year olds. Judge Hamill believes DOC is complying with these regulations. DOC has been given over \$20 million to end solitary confinement for youth. The City is designing an implementation plan to include hiring 20 full-time program counselors. The Transitional Restorative Unit (TRU) proposal is still being finalized. Finally, monitoring compliance with our minimum standards has been a challenge. All of the documents have not caught up with the regulations and we need to have a better idea of how well DOC is complying. We need an electronic tracking system to ensure compliance. Judge Hamill believes this relates to violence; when she speaks with the inmates she learns that minimum standard rule violations lead to anger and violence.

DOC then provided an update. Commissioner Ponte stated that they have been working for several months to implement the 14-point violence reduction plan. He then gave an update on ESH. There are two units open and they will house approximately 70 inmates by July 1st. The third unit will open on June 29<sup>th</sup> at OBCC. Deputy Warden (DW) Kelly then provided more ESH updates. He stated the census at 1 West (ESH) is 27 inmates and 3 West (ESH) is 23 and an additional 2 inmates are being transferred in today. Ten more inmates were approved for ESH and will be transferred in shortly. Since implementation, there have been a total of two fights between the two housing units and 21 UOF. Thirty-six 45-day reviews have been conducted; nine inmates volunteered to stay in ESH and two inmates were transferred to GP. During the adjudication process, two inmates were removed and were not placed in ESH. DOC has weekly staff meetings to make sure the 3<sup>rd</sup> unit will open properly. There have been a total of 62 discharges from ESH including to state prison, general population, and punitive segregation (PS). Dr. Cohen interjected and asked why the ESH inmates cannot get more out-of-cell time since the census in each unit is so low. DW Kelly stated that it is a security issue and programming numbers drop when there are more inmates. Dr. Cohen asked if the units will function with 50 inmates or if they have revised their plan for the maximum census. DW Kelly stated since it is a work in progress, they are slowly increasing the census and balancing the Security Risk Group (SRG) population. Judge Hamill asked how many inmates that came into ESH came from PS. DW Kelly did not know. She then asked how many ESH inmates went back to PS and DW Kelly replied about 10%. She also inquired about the number of inmates that have been sent to ESH during the seven day respite from PS. DW Kelly replied 4-5 inmates. Judge Hamill asked about the inmates that have left ESH and why they were transferred out. DW Kelly said 36 inmates were transferred out. Nine ESH inmates volunteered to stay via a written statement or by notifying the officers.

Judge Hamill posed the question to the Commissioner – DOC's petition includes a request to modify the ESH process and allow for inmates to be brought back into ESH without due process. Why does DOC want to change the process if the current process is working? Commissioner Ponte responded that they would bring some inmates back under enhanced supervision without a due process hearing. He stated it is the quickest way to move them back to ESH. Mr. Richards

then asked what criteria DOC uses to transfer people out of ESH and why so few people have been transferred out. DW Kelly said he gives the inmates an overview of ESH and initially the inmates are resistant. He speaks to uniformed and non-uniformed staff about how the inmates are treating them, if the inmates are covering their cell windows, participation in programming, their infractions since being in ESH, and his day-to-day interactions with the inmates. He said the first two weeks is usually an adjustment period. Mr. Richards clarified that the criteria is subjective. DW Kelly confirmed that it is and it is determined by uniformed and non-uniformed staff. Mr. Richards asked DW Kelly since there was a high number of inmates up for review, but only a few transferred out of ESH, should DOC have clear-cut standards for what it would take for people to get transferred out of ESH. DW Kelly stated the number of inmates transferring out is low because of the inmates that volunteered to stay. He further stated that the inmates that volunteered are the ones that he would have transferred out of ESH.

Jennifer Jones Austin then stated that she was confused and concerned about people volunteering to stay in a restrictive setting that compromises freedoms. She inquired what this will become over time. She was unsure if we should be happy or concerned that people are volunteering to stay in ESH. DW Kelly stated he looks at it as a positive thing; these inmates can be a positive influence on other inmates. Dr. Steven Safyer then suggested comparing and contrasting the group of inmates that were eligible for ESH but did not transfer to ESH because of bed space with the group of inmates that were transferred to ESH. How do the two groups compare in terms of infractions and violence? Commissioner Ponte stated he did not know but there are other types of secure housing areas that these inmates could have been sent. Dr. Safyer thinks this is important to examine and determine if DOC's predictive analysis was accurate.

Judge Hamill added that DOC should be looking at a disciplinary system that includes adding programming and incentives. She asked if some of the ESH inmates volunteered to stay because they are getting programming that they would not get elsewhere. Commissioner Ponte stated he knows programming is the answer. Ms. Austin reiterated that ESH should be managed and controlled. ESH was not created as a place for people to volunteer to stay. DOC should look at the lessons being learned that can then be used to benefit the population at large. Judge Hamill asked about electronic tracking with respect to ESH and minimum standards. Commissioner Ponte stated they are developing this, but the current state is pretty limited. He said once the full system is up and running it will be comprehensive. Dr. Safyer stated there are two fundamental questions on the table: 1. Why are people staying in ESH? 2. For the group of pre-approved ESH inmates that stayed in general population and the group of ESH inmates, how do the two groups compare? Is the system in ESH working? Dr. Cohen added that this is one of the most useful discussions they have had. When you treat people decently and there is a better staff-to-inmate ratio, you can begin to address problems.

Commissioner Ponte commented on the progress of the 14-point plan. In GMDC, 700 adult inmates are being reclassified and rehoused and they are adding programming. This will be in place by end of June or early July and then rolled out to GRVC in August. Chief Murphy spoke about the 60 day overrides to punitive segregation. He personally reviews each request and then approves or does not approve the request. Currently, there are five requests and four were approved. Dr. Cohen asked about the first override request, an inmate who has a long history of violence, and why increasing the amount of punishment is the answer. Punishment has not worked in the past for this inmate. Chief Murphy stated this inmate set a fire while housed in a unit outside of punitive segregation. Chair Brezenoff clarified that Dr. Cohen was asking DOC to think about other options outside of punitive segregation. Chief Murphy stated they work with

DOHMH when placing an inmate and if the inmate does not meet criteria for PACE or CAPS, then when an inmate acts out, he will return to punitive segregation.

Judge Hamill asked if DOC could provide a list of all the segregated units currently operating and their policies so we can understand all the options available outside of punitive segregation. Mr. Richards asked what criteria Chief Murphy uses for the overrides. Chief Murphy said if the inmate is involved in a violent incident, a serious assault on staff, or a serious assault on another inmate. All four approved cases fell into one of these categories. Commissioner Ponte stated they do try many other alternatives before using the overrides. Judge Hamill asked about expunging records and how this was being done so that people are not accidentally being placed in punitive segregation for time owed. Commissioner Ponte stated that is a legal question; he is unsure if they can legally erase records. However, the rule is in place that this time cannot be imposed. Chief Murphy stated they have a separate unit that reviews this daily and reports to him each morning. Owed time has not been taken out of the Inmate Information System (IIS), but it will not be served. The days appear on the records, but they will not be serving this time.

Jeff Thamkittikasem, the Chief of Staff, stated they have asked for funds to make improvements to the facilities and are working with Jails Action Coalition and other stakeholders to put together a working group to look at the visitation experience. They would like to prioritize the suggestions and recommendations and they will report to the Board on the progress on this. Judge Hamill asked if anyone from BOC will be invited to sit on this working group and Mr. Thamkittikasem replied no, currently there is a core group of approximately eight people. Judge Hamill suggested they consider including BOC.

Commissioner Ponte then moved on to PREA. Andie Moss of the Moss Group then stated they completed their draft report and distributed it to DOC. They provided recommendations that should then be prioritized. An example would be identifying gender-specific tools for segregation. Ms. Moss stated the next step is strategic planning to move into PREA compliance. They recommend a small group to focus on specific standards and using selected facilities as pilot sites. They are also working on training. She emphasized urgency when considering sexual safety and changing the culture. The executive briefing will be their next step. Commissioner Ponte added that he welcomes a member of the Board to this executive session.

Commissioner Ponte then went on to discuss the Safe Alternatives to Segregation project in collaboration with Vera Institute of Justice. Sarah Sullivan from Vera discussed their work on reducing the use of segregation. Earlier this year, they put out a proposal to work with five sites; the project is being funded by the Department of Justice and the goal is to partner with jurisdictions that have already made a commitment to reduce segregation and to work with them to conduct an assessment to examine the best way to do this. The project just started in late April. Over the next 1.5-2 years they will assess DOC's use of segregation and they will provide a report with findings and recommendations. They will spend time in the facilities, meet with staff, examine policies and practices, and look at how people successfully reintegrate back into general population. They will also do a policy review and look at the minimum standards and all of DOC's policies. They will finally do an analysis of all the administrative data on segregation.

By June 2016 they expect the first report and then they will move into implementation. Vera will assist DOC with implementing the recommendations. Vera is also creating a national advisory council and DOC will participate. This will allow DOC to learn from national experts in the area. Chair Brezenoff inquired about sites that are further along and whether there are



reports on how this process has been implemented. Ms. Sullivan stated they are starting to report and highlight implementation progress from other sites. Ms. Austin asked if Vera will be reporting to DOC in real-time or if they will wait until the end of the assessment to present their findings. Ms. Sullivan stated they wait until the assessment is complete so they capture the full scope. They will provide interim reports or findings to DOC throughout the process. Judge Hamill asked if Vera will be involved with the way in which DOC collects and tracks data. Ms. Sullivan replied they have a lead researcher that will be working closely with DOC on this. They also met with DOHMH to collaborate. Mr. Richards asked if they will be directly observing during the project. Vera staff will go to facilities, look at the intake process, and also attend disciplinary hearings.

Dr. Cohen stated we need time to reflect on the reforms and how they are working and we should be wary of quickly implementing new rules. He suggested variance requests in which DOC could do experiments instead of changing rules before we know what is truly happening. Judge Hamill asked if Vera will be looking at alternative means to address the violence. Ms. Sullivan responded yes, they will focus on safe alternatives to address inmate behavior.

Commissioner Ponte wrapped up by saying they will make themselves available to anyone that wants to discuss their petition in advance of the next meeting. Judge Hamill expected a full discussion on the petition but Chair Brezenoff stated he hoped there will be work done during this period and the petition will be refined. Commissioner Ponte stated they will be submitting an emergency variance to allow for override requests to the seven day break from punitive segregation. Dr. Cohen stated the variance request should include a set amount of time and other measures DOC utilized before asking for this request and why these other measures aren't working. Additionally, it should include what danger has occurred prior to that. Judge Hamill asked how many inmates they would have liked to use the override option on, to which Commissioner Ponte replied he does not know, but there were two that just happened in which they would have liked to use the override on. She also asked if they are using ESH as an alternative to punitive segregation and Commissioner Ponte said yes, but they still have violent acts. He said the override requests would be used on serious assaults. Mr. Richards asked if the assaults resulted in arrest and Commissioner Ponte said yes, every one of them.

The next part of the meeting focused on the Department of Health and Mental Hygiene (DOHMH). Dr. Homer Venters provided an update on CAPS. He stated the program has been a great collaboration between the health and security staff. One hundred eighty five people have been through the CAPS program. Self-harm rates in CAPS are 1/10 of the rates in RHU. The patient profiles in these two units are different, but when they looked at individuals that have been in both units, they found that while in CAPS, the rate of self-harm is 1/4 of what it was while they were in RHU. The rate of self-harm in CAPS is 1/3 that of the Mental Health Assessment Unit for Infracted Inmates (MHAUII). Dr. Venters stated they are opening a 3<sup>rd</sup> PACE unit this week where they use the CAPS model on people who have not yet had a problem, but are in mental observation units. There is also an assessment unit for patients in which they need to learn more about their mental and behavioral concerns. As for the Restrictive Housing Units (RHU), both DOC and DOHMH have an agreement that there is a need for a less restrictive housing area for these people to allow for more treatment. They were focusing their attention on the possible closing of GRVC and keeping it safe over the summer, but that is no longer happening, so they will return their attention to RHU. They will focus on how to give them more out of cell time.

Dr. Venters then discussed a pilot program that is happening at GMDC. He described the collaboration at EMTC to ensure patients are seen by medical staff on time and their approach of applying those lessons to GMDC. They asked the health staff to provide one list a day of patients to see, instead of multiple, and to provide a daily report for transparency to see how many patients were scheduled for the day and how many were seen. As they implemented this, the percentage of patients being seen increased. It has been a tremendous success and patients are less frustrated. They will roll this to AMKC shortly. The final topic was pre-arraignment screening. For one tour a day, they are doing a screening with a nurse practitioner and a PCA. In the first 2.5 weeks they screened almost 200 people. During the initial brief screen, about 109 people were identified as needing a more thorough screening with the nurse practitioner. She then examined electronic medical records and conducted a longer screener which resulted in five individuals being transferred to the hospital. They are finding people who need to go to the emergency room or who are good candidates for diversion programs. They have reached out to ACT teams, or teams responsible for people in the community with behavioral problems, so they can divert appropriate individuals.

Dr. Cohen stated he and Mr. Richards were at the CAPS and PACE units at AMKC and he commended the efforts of the program. Dr. Cohen stated when he worked on Rikers Island, inmates escorted themselves to the clinic, and he wondered why DOC requires escorts. He believes there is not a need for this. He also believes we cannot solve the problem of not being able to see the vast amount of inmates in the clinic without decreasing the population on Rikers Island. Dr. Safyer asked Dr. Venters if they were ever asked to evaluate the perpetually disruptive inmate with the initials J.D. who Dr. Cohen referred to earlier and DOC submitted the first punitive segregation override request. Dr. Venters replied that generally, many of these patients are people who senior staff has seen multiple times. Chief Murphy meets weekly with Dr. Ford and they discuss all the troublesome inmates. Mental health staff is involved in determining the most appropriate place to house these inmates. Dr. Venters described how CAPS and PACE units are much easier to operate with inmates who have psychotic problems and can be managed with medication. Inmates with Axis II, or behavioral, problems are much more difficult to manage (e.g. most of those in RHU). Smaller, more flexible units are needed for this group of patients. Judge Hamill applauded the DOHMH and DOC collaboration. She asked how Dr. Venters believed ESH was working and any challenges health/mental health staff are seeing as a result of it.

Dr. Venters responded that they raced to secure funds to provide services to ESH and they have been clear with DOC on patients they do not think would be safe in ESH. There were a number of instances where they tried to run programs but patients were not interested that day in participating. He still believes they are not providing groups as much as should be. Dr. Venters said the flood of resources to units like ESH should be a lesson that we apply to the general population.

Chair Brezenoff then moved on to the petition on PREA from the Public Advocate which would initiate rulemaking. Chair Brezenoff asked for a motion to approve the initiation of the rulemaking process. Judge Hamill stated she moves to commence initiation on the Public Advocate's petition to bring DOC into compliance on PREA. Dr. Cohen seconded the motion. The board voted unanimously to engage in rulemaking on PREA. Mr. Richards stated the importance of keeping all the inmates safe in jails.

Chair Brezenoff then reiterated that everyone should take advantage of the additional time until DOC's petition is voted on to meet with DOC and learn more about their request. Dr. Cohen agreed but recalled his extensive deliberations regarding not limiting visits to those in solitary confinement and allowing packages. Dr. Cohen said they will work on this project, but he would like to hear from DOC what has changed and why it is now necessary to change rules that were just changed. Judge Hamill encouraged the Commissioner to consider all of the advocate's concerns in the letters they wrote which requested any amendments be based on evidence. She also added that we need to improve general population and perhaps it should be done through regulations as well.

The public comment period was next. After the conclusion of the public comments, the meeting was adjourned.