

**NEW YORK CITY
BOARD OF CORRECTION**

May 11, 2006

MEMBERS PRESENT

Hildy J. Simmons, Chair
Michael J. Regan, Vice Chair
Stanley Kreitman
Richard Nahman, O.S.A.,
Paul A. Vallone, Esq.
Gwen Zornberg, M.D.

Excused absences were noted for Member Rosemarie Maldonado, Esq.
Alexander Rovt, and Milton L. Williams, Jr., Esq.

DEPARTMENT OF CORRECTION

Martin Horn, Commissioner
Carolyn Thomas, Chief of Department
Roger Parris, Deputy Commissioner for Health, Mental Health and Forensic Services
Mark Cranston, Commanding Officer, Office of Policy and Compliance (OPC)
Florence Hutner, General Counsel
Ronald Greenberg, Director, OPC
Michael Saucier, Acting Deputy Commissioner for Public Information

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Louise Cohen, Acting Deputy Commissioner
Jason Hershberger, M.D., Director, Mental Health, CHS
Farah Parvaez, M.D., Medical Director, Correctional Public Health Services
Robert Berding, Director, Clinical Services, CHS
George Axelrod, Director of Risk Management, CHS

OTHERS IN ATTENDANCE

Paul Annetts, State Commission of Correction
Don Doherty, Division Vice President, Prison Health Services, Inc. (PHS)
Richard Hallworth, President and CEO, PHS
Becky Penney, Group Vice President, PHS

Chair Hildy J. Simmons called the meeting to order at 9:36 a.m. A motion to approve the minutes from the April 13, 2006 meeting was approved without opposition.

Chair Simmons reported on developments regarding the Board's technology infrastructure, as follows:

Approximately one year ago, the Board received a capital grant from OMB for a new computer system, including a new server, network, desktop and laptop computers, and new printers. BOC staff worked with staff from the Department of Information Technology and Telecommunications (DOITT) on hardware selection and technical specifications. The cabling has been completed, the server has been connected to DOITT's control center, and in a week the computers will be connected to the system. The Board will be added to the NYC domain, and new email addresses will be @boc.nyc.gov. Hopefully, a Board web site will be up and running in the fall. A consultant has been hired to update existing data bases and create new ones. These will be tested, and are expected to be working by the fall.

Chair Simmons thanked BOC staff for keeping the project moving.

Member Stanley Kreitman, chair of BOC's Minimum Standards Review Committee, presented a report, as follows:

The Committee has reviewed all of the existing standards. The next step is that staff will prepare a report describing all of the proposed revisions and explaining why each revision is recommended and why the committee did not endorse other proposed changes. There will be briefings for Board members who were not on the Review Committee. Hopefully, within 60 days there will be a finished document that will be debated publicly and then voted upon at a Board meeting, after which the "bureaucratic process" will begin. Other constituencies, the Commissioner and City Hall will be invited to comment. There will be a public hearing. Mark Cranston did a good job representing the Department's positions.

Chair Simmons thanked the Committee members. She said the other members will be briefed, and noted that no Committee recommendation becomes final until it is approved by the entire Board. Mr. Kreitman added that four complete redrafts of the standards were prepared during the review process, and the Committee spent almost twenty hours reviewing them. Chair Simmons noted that the Committee invested considerable time in the process, as did Executive Director Richard Wolf and Deputy Executive Director Cathy Potler, and that the Board is developing standards about which it may be proud. She expressed the hope that the revisions will be discussed at the Board's July meeting, or at the September meeting at the latest. Member Richard Nahman asked if the process included all three sets of standards. Chair Simmons replied that this process reviewed only the conditions of confinement standards. She added that the health Standards will be the next round of activity.

DOC Commissioner Martin Horn introduced the new Chief of Department, Carolyn Thomas, a 24-year veteran of DOC. Chief Thomas was promoted from Bureau Chief for Environmental Health and Safety. Commissioner Horn thanked Stanley Kreitman and the other members of the Board's Minimum Standards Review Committee for their efforts and the seriousness with which BOC approached the project. Commissioner Horn presented a report, as follows:

The Department's capacity replacement program involves renovating the Brooklyn House of Detention. DOC representatives met with the community and proposed a redesign that would provide ground floor retail space to improve the pedestrian corridor along Atlantic Avenue, while more than doubling the present capacity by adding as many as 960 beds. Most of the additional capacity would serve female inmates and the nursery. The City is pursuing acquisition of a Bronx site at Oak Point, at 149th Street between the Chesapeake Railroad yards and a bus garage and a sludge processing plant. A new 2000-bed jail, with security ventilation and a state-of-the-art design, is planned to replace the Bronx House of Detention. The City relinquished the Bronx House as part of the Bronx Terminal Market redevelopment plan. It is City policy that each of the large boroughs should have a jail, both to reduce over-reliance on Rikers Island and provide families and attorneys with better access to inmates. The plan will relieve the burden on Queens County of having almost all jails located in that borough, although 60% of the jails will remain in Queens.

(Commissioner Horn distributed a statement presented to the City Council by Senior Deputy Commissioner John Antonelli, an article from the *Chief Leader*, and a chart, "More Manageable Capacities".) There is broad support for the plan, including an endorsement from the Prisoners' Rights Project. The chart shows jail-by-jail current and proposed capacities. The percentage distribution of cells versus dorms improves under the plan, as does the balance between Rikers Island and the boroughs. Currently, less than 17% of capacity is off-Island. Under the plan, 31% would be off-Island. Today, 48% of beds are cells; under the plan, this would improve to 50%. All female inmates would be removed from Rikers Island. Half would be housed in Brooklyn and half in the Bronx. This will facilitate access to medical care and discharge planning, and free up the Rose M. Singer Center, which originally was built to be a high-security men's facility. The secure cells in RMSC will house high-security male prisoners.

The City has asked the Brooklyn borough president and community leaders to consider a complete redesign of the Brooklyn House. The plan calls for a donut-shaped, three-story addition to the existing Brooklyn House. The front of the building would be re-oriented to Smith Street, facing the Criminal Court building, which is physically connected by a tunnel. The community has asked the City to consider a complete demolition of the existing building. The City's position is that if it can obtain the 1800 beds that it wants in the configuration that it needs, it would be amenable to an alternate plan, if it could be accomplished within the time-frame and at no greater cost to the City. DOC is working with the Economic

Development Corporation, and hopes to issue a Request for Expressions of Interest (RFEI) in June. Architects who are writing the RFEI will meet with community representatives to incorporate community needs into the RFEI. However, the City needs no approvals from community boards or elected officials to develop the Brooklyn site.

The Bronx will be a “heavier lift”. The proposed site is a 10-minute ride to the court house. It is in an area that currently is zoned for heavy manufacturing, and a jail or prison is an allowable use. The site was considered back in 1991. DOC has spoken with the local Council Member, and will be meeting with local community boards, the Borough President, and Congressman Serrano. The City will be required to go through the ULURP process to acquire the site. City Council approval is required. Some community groups are opposed to erecting a jail at the site; others are in favor.

The plan calls for the Queens House of Detention to be closed permanently.

Father Nahman asked why Staten Island is not included in the plan.

Commissioner Horn said the City never has had a jail on Staten Island. He said that the number of inmates who come from Staten Island do not make it cost-effective to operate a jail there. Commissioner Horn noted that all the planned changes will yield a net reduction of 1800 beds. He said that at one point the City confined almost 23,000 inmates; currently there are 13,700. He added that in the 1980s, the City added 5,700 temporary beds. Commissioner Horn said all of the wooden modulars will be closed and demolished; the Sprungs will be taken down. He said that some of the steel modulars will be retained. He noted that the net capacity reduction will relieve pressure on existing water capacity and sewage system. BOC Member Richard Nahman, O.S.A. asked about alternatives to custody. Commissioner Horn mentioned its “day custody” program, noting that the Board’s interpretation of the applicability of its Standards aided DOC in establishing day custody. He said the City has one of the most progressive alternatives to incarceration programs in the country. He added that the number of parole violators in custody has decreased, as has their length of stay. The Commissioner said DOC continuously monitors performance of the courts, which drive the population numbers. BOC Member Stanley Kreitman asked about the anticipated duration of the plan. Commissioner Horn said the lack of discernible progress on the GRVC addition on Rikers Island demonstrates that the City’s construction processes “operate in mysterious ways”. He said he does not expect either facility to open during the remaining 3 ½ years of his tenure. Father Nahman asked if there are plans for alternative access to Rikers Island. Commissioner Horn said the City is considering ferry service and that, in the event of a catastrophic hurricane, it would strategically evacuate inmates in advance. He said that to that end, DOC has identified “Category One” inmates who include inmates in Contagious Disease Units, inmates on dialysis, disabled inmates, and blind inmates who would be evacuated first. Commissioner Horn said DOC has a deal with New York Waterways, and has a ferry slip on the Island. He said DOC maintains extra food, additional generator capacity, and other supplies for emergencies. BOC Member Michael Regan commended the Department for promptly meeting with community

groups on the plan, and asked when the barge will close. Commissioner Horn said the barge must come out of the water in 2007 for dry-docking procedures that will last from 12 to 18 months, after which it will be returned to service. He added that during this time, barge inmates will be confined in the existing Brooklyn House. Chair Simmons asked if the community is aware of this. Commissioner Horn said yes. Mr. Regan asked if jails in other jurisdictions have annexed residential housing. Commissioner Horn said he was unaware of any, although there are many examples of excellent downtown jails, including Pittsburgh.

Chair Simmons reported that federal judges are inspecting the Los Angeles County jail because cells designed for three inmates are holding six, so New York City “has a lot to be thankful for.”

Dr. Zornberg presented the Health Committee report, as follows:

The Committee has made excellent progress with the Department of Health and Mental Hygiene, making AIDS, TB and chronic illnesses top priorities. We have discussed Performance Indicators, which identify areas that can be improved. (Dr. Zornberg distributed the Performance Indicators report for the 4th Quarter, 2005 and a year-end summary). The Committee’s biggest concern has been the coordination of information, including the availability of intake information for optimal medical care. DOHMH has provided updates on implementation of electronic medical intake records, which are up and running. The Committee will continue to monitor medical intake, pharmacy and laboratory coordination, and special housing log-in procedures by providers. Acting Deputy Commissioner Louise Cohen and staff met with members of the Health Committee to discuss plans to improve care of AIDS and HIV-related conditions. At a meeting on May 8th, the Health Committee discussed the systemic failures that were apparent for those dispensing and monitoring medication. DOHMH will discuss how it is remediating these failures.

Ms. Cohen presented a report, as follows:

DOHMH has signed contracts with two institutions, Albert Einstein and St. Vincent’s, for forensic psychiatry fellows, who will begin providing care on July 1st at the Anna M. Kross Center (AMKC) and RMSC. Bringing the “best and brightest” to serve the inmate population is very important, and will help develop a cadre of professionals who want to work with incarcerated populations. DOHMH hopes to create similar programs on the medical side. DOHMH also has a relationship with Cornell’s HIV/AIDS residency program, which provides updated information and training. Several medical staff will participate, and will provide HIV chronic care at AMKC and RMSC. DOHMH believes that raising the standard of training will help raise the standard of care.

The Department has hired a new pharmacy director, who will provide new medication expertise and improve oversight and procedures regarding medication.

Regarding the TB variance, it is important for DOHMH to continue to improve ways of best screening people for TB. DOHMH continues to do 100% testing on everyone at intake. When new procedures are implemented, approximately 70-80% of new admissions will continue to receive PPDs. The electronic intake system should enable providers to identify people with previous admissions who need not be retested. Furthermore, DOHMH expects to have selected a vendor and signed a contract for a full electronic medical records system by the fall. In the meantime, cross-matching with DOHMH's TB Bureau continues, and DOHMH is working closely with DOC on development of a new digital radiography system, which will provide faster and better x-rays and generate an electronic record. This will help to avoid duplicating tests. Based on its experience to date, DOHMH is considering some changes to the variance having to do with time frames. It will return to the Board with a revised request next month or shortly thereafter.

Regarding the medication administration issues raised by Dr. Zornberg, DOHMH takes all deaths very seriously, both in terms of what one learns about the care of the individual inmate, and systemic issues. Policies are being reviewed with the vendor and with DOC, including how to deal with psychotropic medications, "carry meds", and directly observed therapy. Directly observed therapy is important both for therapeutic reasons and also to ensure that inmates are not hoarding medications. A pharmacy committee is looking at providing medications in liquid or crushable forms. DOHMH looked at all overdoses over the last two years and concluded that seroquil is implicated in many. Seroquil is now available to inmates only in crushed form. This eliminates hoarding. No psychotropic medications are carry meds. DOHMH is working with DOC on revising its policies regarding directly observed therapy. There are no carry meds in mental health units, except for medical medications that must be taken at least twice a day. Once a day medications must be taken at the pharmacy window. The two agencies are also working to determine when possession of a medication is contraband. One way is to put expiration dates on medication bags. DOHMH will see all confiscated medications, so the charge nurse will know whose medications were confiscated, and be able to determine whether the inmate needs to see a doctor. A chart review will take place the day of the confiscation.

DOHMH Mental Health Director Jason Hershberger, M.D. explained the "downside" of crushing medications includes determining exactly how much of the pill or capsule's therapeutic contents are ingested. He reiterated that DOHMH is attempting to target medications that have been used for self-injury, while balancing the need for efficacy. Dr. Zornberg said that the side-effect profile of seroquil is relatively benign compared to many other anti-psychotic medications. She said that mouth checks are critical to prevent hoarding. Commissioner Horn said some inmates are able to conceal medications despite thorough mouth checks. Dr. Zornberg said that BOC Member Alex Rovt reported that in Hungary, officials use a very big spoon to check the prisoner's mouth and throat.

Regarding Performance Indicators, Ms. Cohen said she believes that the information DOHMH reports to the Board should be more clinically relevant, and measure outcomes, not just processes. She said that DOHMH “does better by our patients” than some Indicators suggest. She agreed that there needs to be a clearer distinction between Indicators that are clinical in nature and those that are administrative. Ms. Cohen said that measuring items in a 90-95% range is “extraordinary in health care systems.” She said DOHMH needs to focus on items in the 20-25% range, which require significant improvement. She added that contract performance issues need to be distinguished from clinical issues. Ms. Cohen said that each day providers should see every patient who is locked in a cell 23-hours per day. Mr. Regan said it makes sense to change the Performance Indicators to focus on clinical issues, including continuity of care with mental health providers. Ms. Cohen said that if a provider gets the assessment “right” and figure out what the right questions are, there will be better care. She said if continuity of care is the issue, we all need to focus on it. Mr. Regan asked about dental services. Ms. Cohen said DOHMH thought it could reduce dental services to reduce budgeted costs without negative impact, but this was wrong. Mr. Regan noted that the PI report showed a drop from 86% compliance in the first quarter to 34% in the second, and back to 99% in the third and fourth quarters of 2005. He said this demonstrated the value of the PI report. Father Nahman asked if there were industry standards against which performance might be measured. Ms. Cohen said there are national standards set by the health system, including groups that measure hospital performance and accrediting bodies that look at clinical and non-clinical issues. She said there are corrections standards, such as the National Commission on Correctional Health Care and the BOC. She said all DOHMH policies reflect these standards. She added that one must determine what is a “best practice” for New York City – a large system in which it is important to see patients promptly and get the correct assessment – and include best practices in policies and procedures. Commissioner Horn said NYC standards exceed national and state requirements, and cited the example of intake exams, which the state requires must be completed within 14 days of admission. He said the Nashville jail only takes a history, and performs no intake medical exam. Dr. Zornberg suggested that providing only four hours for intake exams might be too rigid, and perhaps 6 or 8 hours makes more sense. Commissioner Horn said DOC must house inmates within 24 hours, and expanding the time for intake exams might extend the time inmates wait for beds.

Chair Simmons thanked Ms. Cohen for her report, noting that when the Board completes its Minimum Standards review process, it will look to DOHMH for its thoughts on revising Performance Indicators as the Board begins to revisit the Health and Mental Health Minimum Standards.

BOC Member Paul Vallone asked when the St. Vincent’s contract will begin. Dr. Hershberger said both St. Vincent’s and Albert Einstein fellows will be supervised by Dr. Hershberger and his staff, and the contracts begin on July 1st. Chair Simmons thanked Dr. Zornberg for helping to make this happen. Chair Simmons invited Ms. Cohen and her staff to join the Board for its inspection of Rikers Island on June 8th. She added that

BOC Executive Director Richard Wolf is compiling a list of Rikers Island locations that the Members wish to see and will develop an itinerary with Mark Cranston.

A motion to renew existing variances was approved without opposition. Following approval of a motion for executive session to discuss a personnel matter, the public meeting ended at 11:41 a.m. The Board convened in executive session until 12 p.m.