

Satellite Intake: The First 500 Placements



November 2018

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Note: Cover photograph is the Satellite Intake Unit at GMDC on January 18, 2018. The Department of Correction closed the facility in June 2018.

BACKGROUND

In Spring 2016, NYC Board of Correction (“BOC” or “Board”) staff repeatedly discovered people in custody being held in housing units classified as “closed” by the NYC Department of Correction (“DOC” or “Department”). DOC staff referred to these closed housing areas as “Alternative Intakes,” “Mini-Intakes,” and “9-5 Houses,” yet the Department had no official designation or policy for these units. These documented reports from multiple jails concerned the Board for a variety of reasons, including:

- When a person in custody was moved to one of these units, few staff members were alerted to where he was and official records did not reflect these locations. He was effectively hidden, including from BOC staff and other oversight. Health staff were also not aware of the location of their patients in the closed units, creating dangerous barriers to medication and health and mental health care.
- The closed units were found to violate the Minimum Standards, as detainees were locked-in cells and not afforded showers, telephone, mattresses, pillows, visits, recreation, religious services, law library, and linen exchange, as required by the Standards.
- On multiple visits, Board staff found these units in poor condition, including trash and water on the floors. On more than one occasion, the Department had turned off the water so toilets and sinks in cells did not work.
- The ad-hoc actions lacked any basis in policy and thus lacked proper supervisory oversight, despite the fact that these closed areas appeared to be serving as part of the Department’s immediate response to violence.

At the July 12, 2016, BOC Public Meeting, former DOC Chief of Department Martin Murphy, responding to questioning from Board Member Dr. Robert Cohen, described “3 Upper A” at GMDC (then a closed housing area) as “not your traditional intake.” Dr. Cohen provided Chief Murphy with BOC’s findings that this closed housing area was observed operating without running water or mattresses and that incarcerated people were observed being placed in this unit for many hours and sometimes overnight. Chief Murphy did not agree with the Board’s findings and instead claimed that the unit was “emptied out every three hours” and that water access must be shut off periodically to prevent disruptive behavior.¹

BOC sent a memorandum in June 2017 to the Department’s First Deputy Commissioner, General Counsel, and the Chief of Department, citing DOC’s violations of the Board’s Standards in their practice of using closed units to house detainees. In a July 2017 responsive memorandum, then Acting Chief of Department Hazel Jennings stated that the Board was misinterpreting the facts—that the housing areas were not in fact closed, but rather alternative intakes or intelligence gathering areas. She noted they were operating under the same authority as any other housing area in DOC facilities, and she did not cite any additional policy that was guiding their operation. Chief Jennings noted that, nevertheless, she was ordering the practice of placing people in custody into closed housing areas cease immediately.

¹ July 2016 BOC Public Meeting Video, https://youtu.be/PKZsA8_mLwQ?t=5386

In June, July, and August 2017, Board staff continued to find people housed in closed housing areas and reported such findings to DOC.

On September 1, 2017, the Department issued an operations order which established procedures for the use of Satellite Intakes.² The order defines a satellite intake as, “an area designated by a facility to temporarily secure an inmate while awaiting further assessment for appropriate housing placement.” It further says these areas may be used, “to temporarily secure inmates in a manner that will reduce the burden on Main Intakes.”

At the October 10, 2017, BOC public meeting, BOC Executive Director Martha King asked the Department to comment on its decision to place detainees in closed housing areas for indeterminate periods of time. DOC Senior Deputy Commissioner Timothy Farrell replied that, while it was against the Department’s policy to place detainees in closed or offline housing units, in the future DOC would utilize specially categorized “Satellite Intakes” to temporarily hold detainees:

Satellite Intakes were formulated to find a location in each correctional facility that we can use to temporarily hold an inmate post-incident, post-housing unit transfer—assess an individual if there is some separation issue that they came across. Basically anything that would require a housing unit transfer. We did this because we wanted to avoid clogging up our Main Intake. Our main intakes are one of the busiest points within our facilities and we felt that we wanted to have a location—each facility have a location that we could manage those inmates rather than introduce them to the intake and thereby potentially create additional tension within an already busy environment. So, these satellite intakes are normally housing units that are closed housing units. They were once permanent housing units but for census reasons we can take them offline. They are taken offline, and they are used to just hold the inmate for up to 3 hours based on tour commander approval, up to—no more—a maximum of 6 hours with the warden’s approval.³

On October 13, 2017, the Department retracted the September 1 Operations Order and replaced it with Teletype Order HQ-02691-0, which contained provisions stating:

- Facilities must maintain a Satellite Intake Movement Logbook recording specific placement information for all detainees moved into Satellite Intakes.
- Satellite Intake placements are limited to a maximum of three hours and each placement must be approved by the Tour Commander.
- Placements in excess of three hours require approval of the Commanding Officer and shall not exceed six hours.

² NYC DOC Operations Order 13/17. Additionally, DOC issued Teletype HQ-02579-0 on October 4, 2017 which created an internal auditing system to ensure that closed housing units are not used to unofficially house people in custody.

³ October 2017 BOC Public Meeting Video, <https://youtu.be/GXUuyV5nexM?t=2924>

- The facility healthcare provider must be immediately notified of any Satellite Intake placement.⁴

Most recently, on July 18, 2018, the Department issued a new Operations Order⁵, which incorporated the policy requirements above and remains in effect as of the publication of this report. The Operations Order maintains the prohibition on placements longer than six hours, but it also contains conflicting language on procedures for approving placements longer than six hours.

Since October 2017, the NYC DOC has operated five Satellite Intakes in five different facilities—four on Rikers Island (AMKC, GMDC, GRVC⁶, and RNDC) and one at the Manhattan Detention Complex (MDC).⁷ Based on video surveillance review and in-person observations, people are locked in cells for the duration of their placement (i.e. they are not in a dayroom or any other common space outside of their cells).

Nunez Consent Decree and Current Policy

The Fourth Report of the Nunez Independent Monitor, filed on October 10, 2017, highlighted, “the high numbers of uses of force occurring in Intake areas” which led the Monitor to work, “with the Department to develop procedures for a Satellite Intake to reduce the Department’s reliance on the Main Intake for post-incident management to temporarily secure inmates pending further assessment and housing placement, as necessary.”⁸ The Nunez Independent Monitor also reported that beyond just reducing uses of force, Satellite Intakes would, “also help to expedite the delivery of medical care, given the narrower focus and less chaotic atmosphere of Satellite Intake.”

In the Fifth Report of the Nunez Independent Monitor, filed on April 18, 2018, the Monitor issued a brief analysis of the Department’s use of Satellite Intakes at RNDC and GMDC during the months of November and December 2017.⁹ For GMDC, the Monitor found “improperly recorded entry/exit times; multiple entries for youth whose stay straddled two tours; and vague reasons for

⁴ This information was not included in DOC’s monthly reports on the Satellite Intakes and therefore is not included in this analysis.

⁵ NYC DOC Operations Order 8/18.

⁶ On October 23, 2017, Deputy Warden in Command of GRVC, Michele Clifford, authorized the issuance of Command Level Order 31.17, which established the policies and procedures for a “Medical Triage Pilot” at GRVC. During the study period of this report (Oct. 17, 2017 – Jan. 16, 2018), GRVC explicitly reported on their utilization of a “Satellite Intake”—the extent to which GRVC made use of their Medical Triage Pilot (either within their designated Satellite Intake Unit or another area within the facility) during this period remains unclear.

⁷ BOC review of DOC Satellite Intake Movement Logbooks. The AMKC unit’s first logbook entry was November 2, 2017 and the first documented placement was that same date. The first logbook entry at GMDC was October 17, 2017 and the first documented placement was the same date. MDC’s first logbook entry was October 19, 2017 and the first placement was the same date. The first logbook entry at GRVC was October 27, 2017 and the first placement was documented as November 15, 2017.

⁸ Fourth Report of the Nunez Independent Monitor, p. 31, <https://assets.documentcloud.org/documents/4173501/Fourth-Monitor-Report-as-Filed-Nunez.pdf#page=31>

⁹ Fifth Report of the Nunez Independent Monitor, https://www1.nyc.gov/assets/doc/downloads/pdf/Fifth_Monitor_Report.pdf

placements.” Moreover, the Monitor noted that “many of the reports were not accurate or complete,” and that GMDC, “did not give a total count of inmates [placed in the Satellite Intake], did not give a complete breakdown on length of stay, and did not describe the circumstances resulting in longer lengths of stay.” This was cause for the Monitor to recommend that the Department, “enhance the quality of implementation at all Facilities.”

METHODOLOGY

BOC staff tracked placements into Satellite Intakes from October 17, 2017 through January 16, 2018. DOC placed 504 people in these units over this three-month period.¹⁰ To conduct this analysis, Board staff reviewed all available Satellite Intake Movement Logbooks at each facility with a Satellite Intake at any point during the study period. Additionally, Board Staff made six in-person observations of Satellite Intake Units and reviewed Genetec video of three placements at each facility, for a total of 15 video reviews.

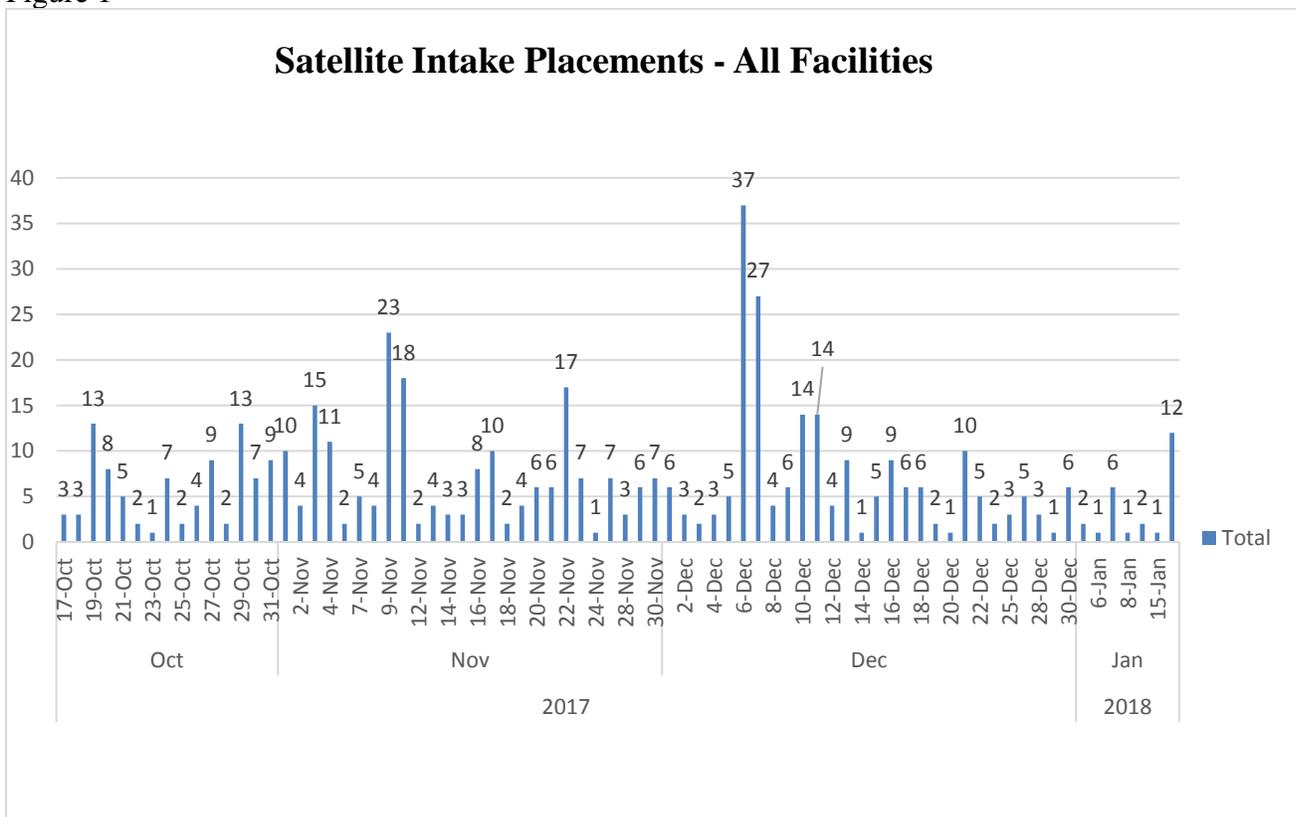
¹⁰ 500 placements were included in this analysis. The final four placements from MDC were excluded.

FINDINGS

Trends and Placements

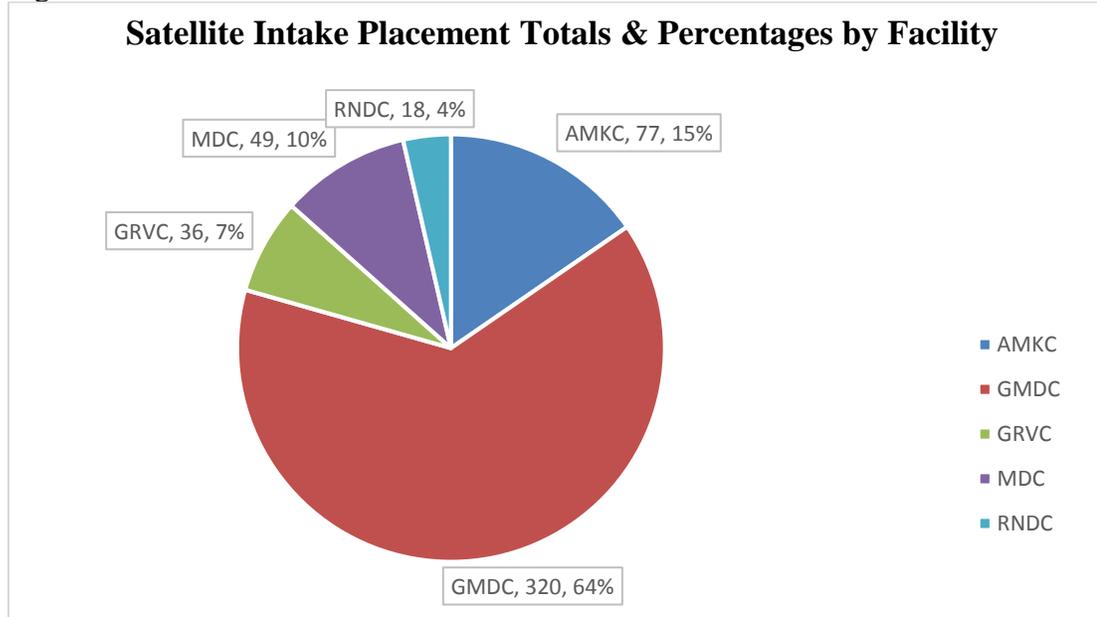
- Between October 17, 2017 and January 16, 2018 (92 days), the Department used a Satellite Intake on 77 days (84% of all days in the study period). On the days a Satellite Intake was used, there was an average of six people placed across facilities.
- December 6, 2017 was the busiest day of Satellite Intake use system-wide, with a total of 37 placements spread over three facilities (AMKC, GMDC, and GRVC).
- Nearly two-thirds (64%, n=320) of all Satellite Intake placements were at GMDC. During the study period, the facility was primarily dedicated to housing young adults ages 18 - 21.

Figure 1



Source: Board of Correction review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

Figure 2

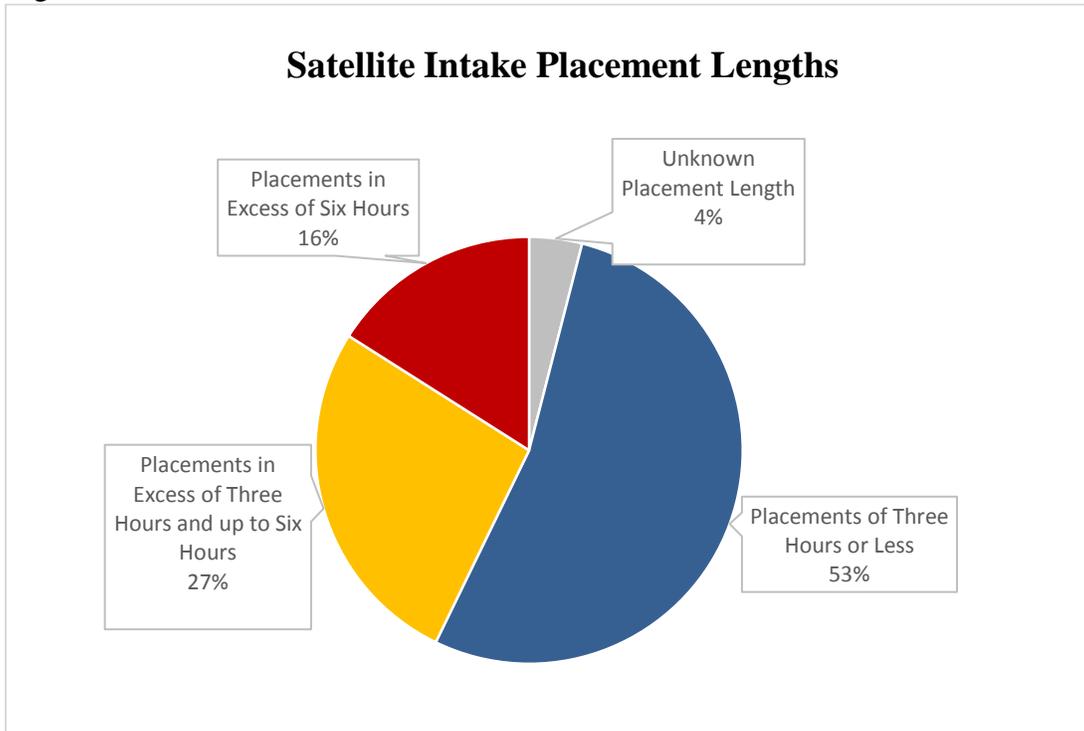


Source: Board of Correction review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

Length and Reasons for Placement

- The average length of Satellite Intake placements varied by facility: AMKC, GRVC, and RNDC each averaged around three hours per placement; GMDC averaged 3.5 hours per placement; and MDC averaged eight hours per placement.
- Despite the Department's prohibition, 16% of placements lasted longer than six hours (n=80).
- The longest placement occurred at MDC on November 1, 2017 and was 20 hours and 40 minutes. The shortest placement was at AMKC on December 6, 2017 and lasted less than one minute.

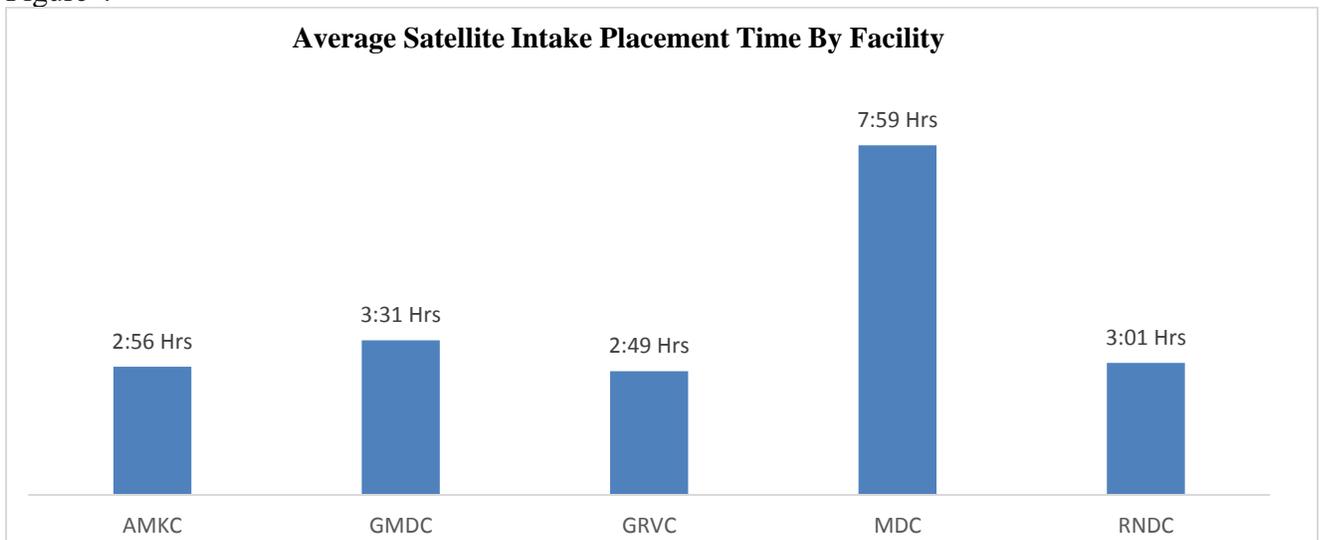
Figure 3



Source: Board of Correction Review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

- Due to illegible logbook entries, BOC was unable to reliably determine and track the “approving authority” for Satellite Intake placements.

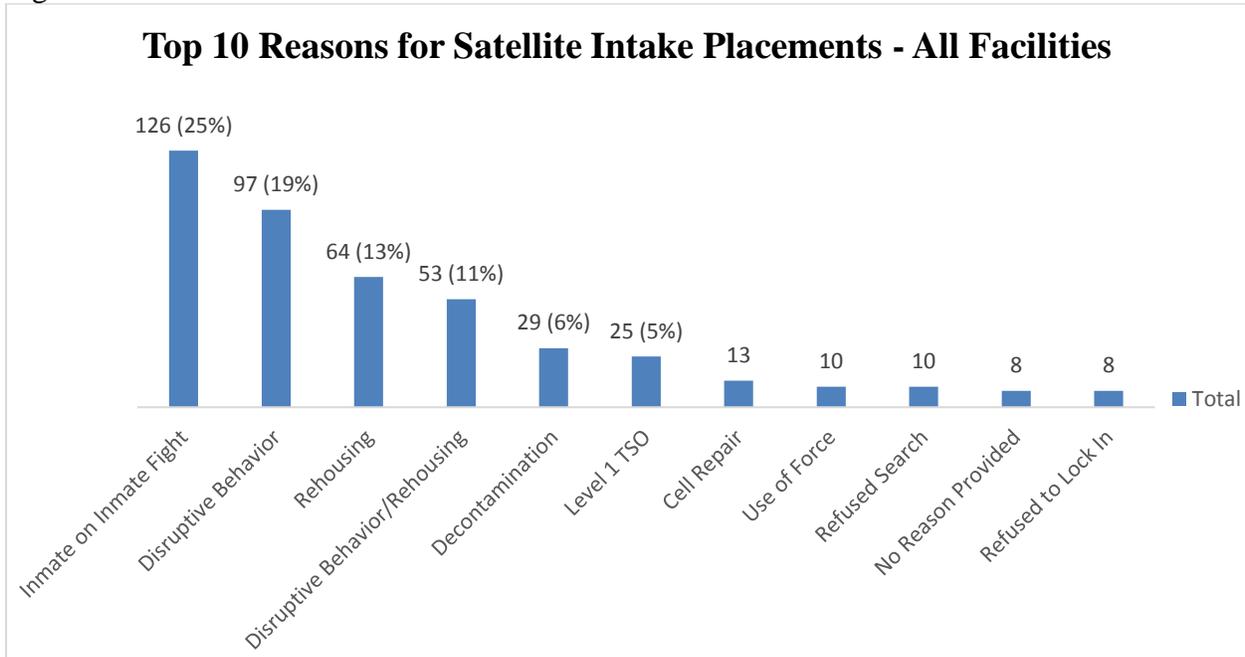
Figure 4



Source: Board of Correction Review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

- The top reasons provided for Satellite Intake placement include “Inmate on Inmate Fight” (n=126), “Disruptive Behavior” (n=97), “Rehousing” (n=64), and “Rehousing due to Disruptive Behavior” (N=53). These four reasons account for 68% of all placements (n=340).

Figure 5



Source: Board of Correction Review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

Pre- and Post-Placement Locations

- 93% of people placed in Satellite Intakes were brought directly from a housing area (n=467). 5% were brought from the Main Intake (n=24).
- Post-Satellite Intake Placement:
 - 38% (n=190) of people were returned to the same area (previous housing area, Main Intake, etc.) they were held in prior to their Satellite Intake placement. 46% (n=232) were taken to a new area. 16% (n=80) had unknown destinations, due to no entry or illegible entries in the logbook.
 - 54% (n=271) of people were returned to a housing area (either their prior housing area or a new one).

- 20% (n=102) were placed in the Main Intake after the Satellite Intake¹¹. DOC transferred seven people from the Main Intake to the Satellite Intake and then back to the Main Intake.¹²
- 8% (n=42) were taken to a clinic.
 - These 42 individuals were in Satellite Intake for an average of 2 hours and 40 minutes before being taken to the clinic. Two individuals had placements of 5+ hours. Three individuals had placements of 4+ hours.
- 1% (n=5) were transferred to a new facility.

Figure 6

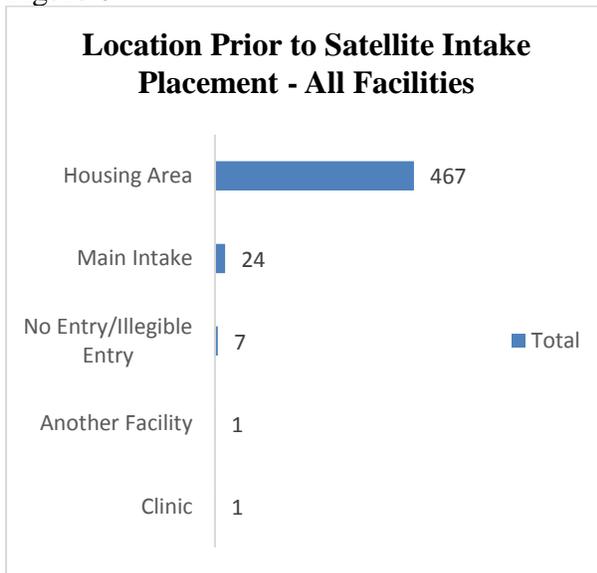
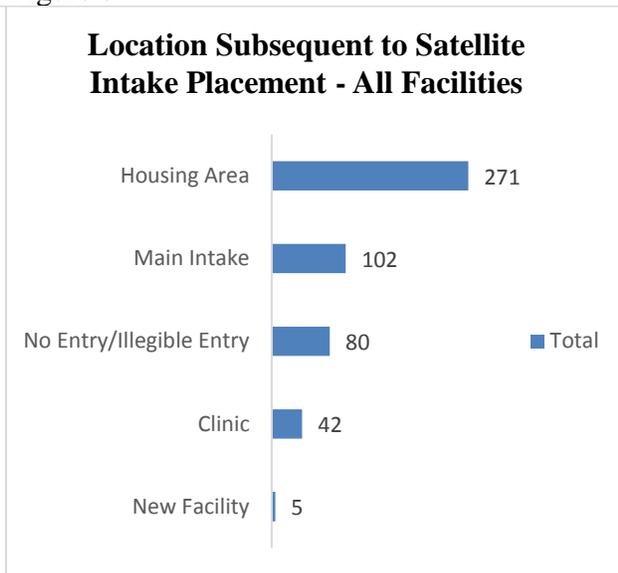


Figure 7

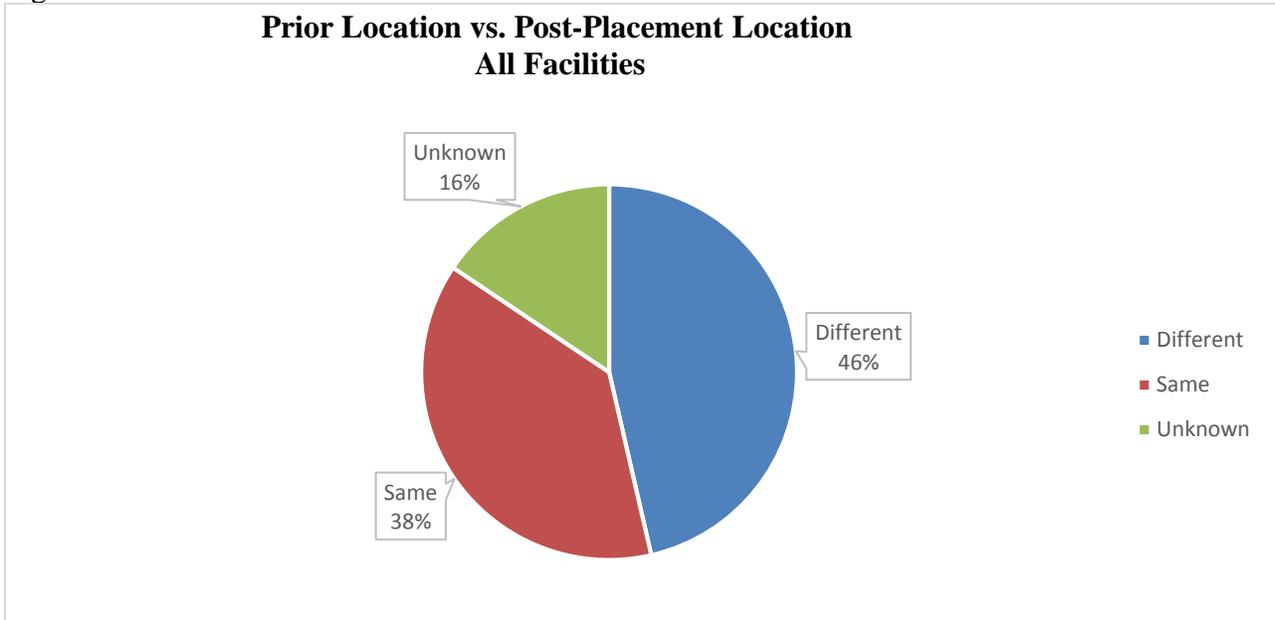


Source: Board of Correction Review of Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

¹¹ Some of these 102 people were transferred to new facilities following their movement from Satellite Intake to the Main Intake, but the percentage is unknown based on the records available in the Satellite Intake Movement Logbooks.

¹² BOC review of Satellite Intake Movement Logbooks

Figure 8

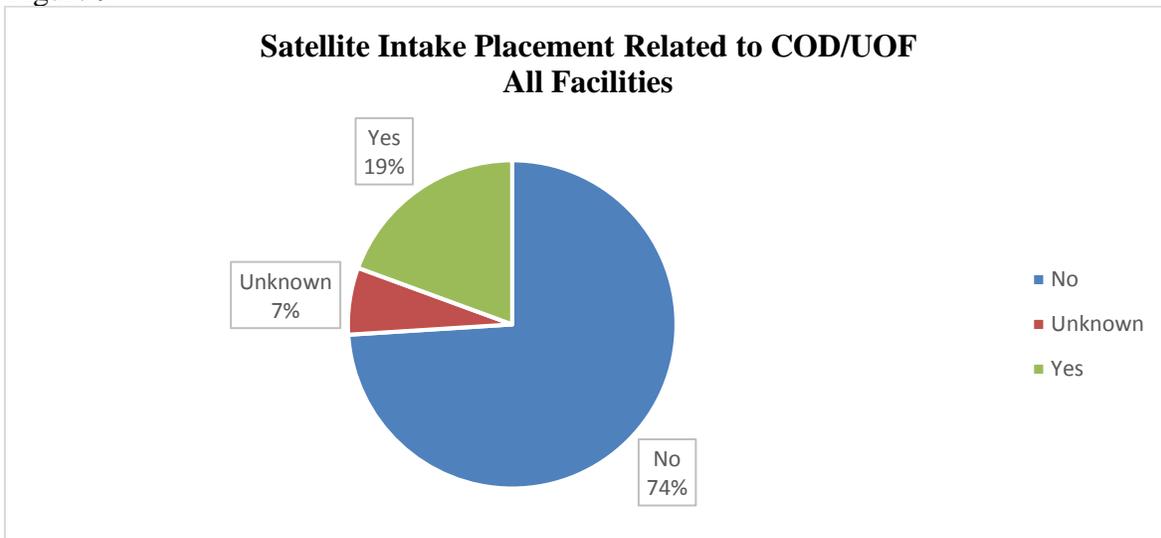


Source: Board of Correction Review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

Use of Force & COD Related Placements

- Approximately 19% of Satellite Intake placements were related to a use of force or other COD incidents (such as slashings or serious injuries) as reported through the DOC’s Central Operating Desk (COD) reporting system.

Figure 9

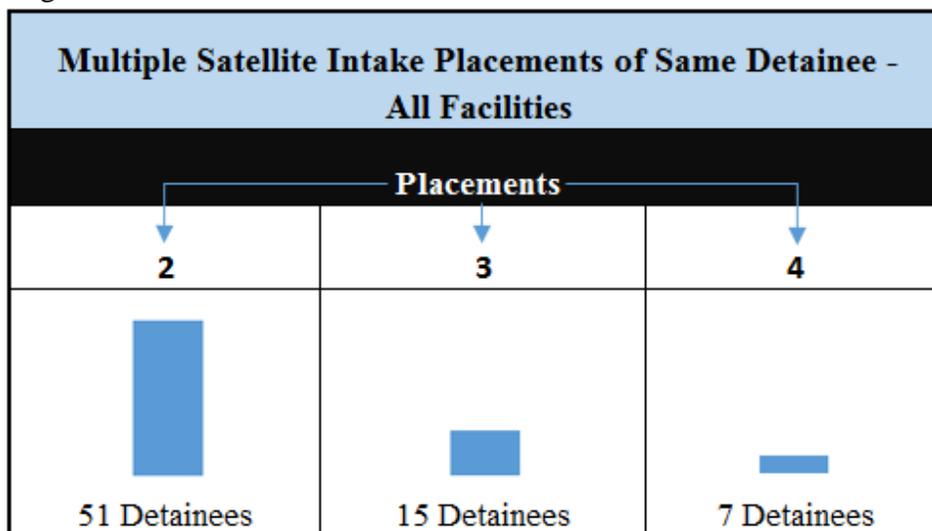


Source: Board of Correction Review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

Multiple Placements of the Same Person

- 73 people were subject to multiple Satellite Intake placements.
- 14 people were placed in the Satellite Intake multiple times within a 24-hour period.¹³

Figure 10



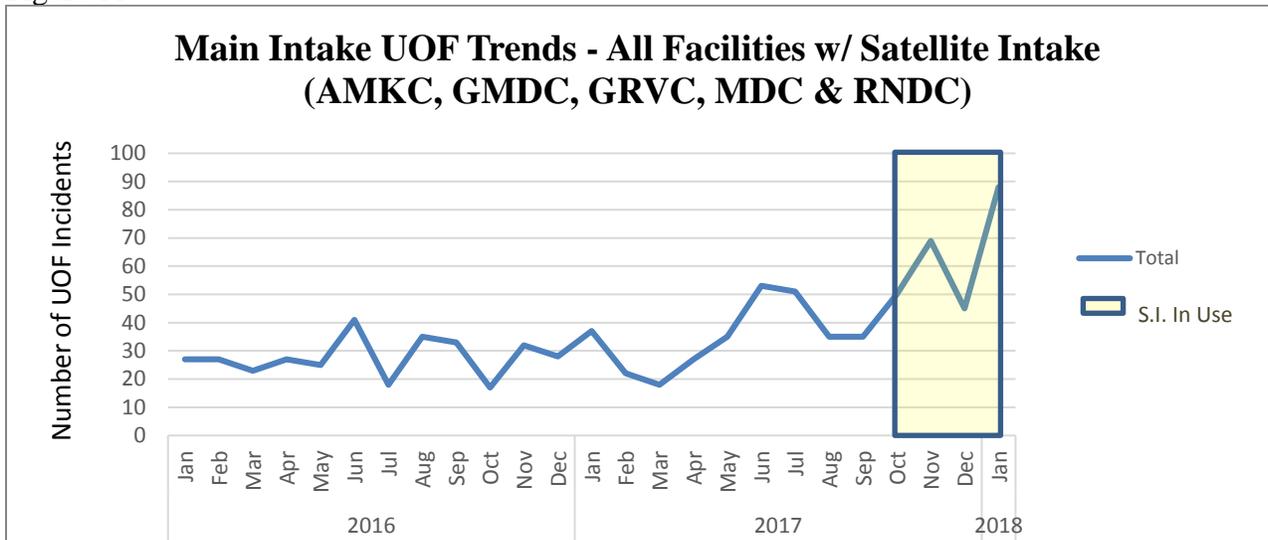
Source: Board of Correction Review of DOC Satellite Intake Movement Logbooks, October 17, 2017 – January 16, 2018

Use of Force in the Main Intake

- During the study months, uses of force in the Main Intakes of facilities with Satellite Intakes increased one month, then decreased, then increased again. Available data does not allow for this report to evaluate the direct impact of Satellite Intake implementation on UOF in main intakes.

¹³ BOC Review of Satellite Intake Movement Logbooks

Figure 11



Source: NYC DOC Monthly Security Report

Administrative and Accountability Issues

- There were nine illegible logbook entries and 11 missing logbook entries for “Time In” and “Time Out” of Satellite Intake. These issues meant it was impossible to know the Satellite Intake placement duration in 20 cases (4% of all placements).
- There were 72 missing logbook entries for “New Unit” (14%), making it impossible to determine from these records the post-Satellite Intake placement location for these 72 cases.
- At least seven Satellite Intake placements were approved by Captains at GMDC (1%), although the policy calls for approval by a Tour Commander.¹⁴
- There were 27 overnight Satellite Intake placements (“overnight” here defined as a 5+ hour placement between the hours of 22:00 – 7:00) (5%).
- The Department reported 43% of placements were for “Disruptive Behavior” (N=97), “Rehousing” (N=64), and “Rehousing due to Disruptive Behavior” (N=53), categories that are overlapping and broad.
- Illegible signatures were widespread, obscuring the identity of the approving authority.

¹⁴ GMDC Satellite Intake Utilization Report (November 14, 2017). Board staff identified seven instances in which a Captain approved placement however, due to missing and illegible signatures, it’s impossible to know whether this practice was more widespread.

RECOMMENDATIONS

- **Improving Accountability:**
 - The Department should hold accountable Tour Commanders who are unable to keep their Satellite Intake Units in compliance with policy, particularly recordkeeping practices and maximum allowable time in the Satellite Intake.
 - The Department should address MDC’s poor record of complying with the Satellite Intake policy, including understanding and addressing the cause of long stays and ensuring facility compliance with the Department’s policies.

 - The Department should reconcile the conflicting policy contained in Operations Order 8/18. The policy should maintain its prohibition on placements in Satellite Intake beyond six hours and eliminate conflicting provisions regarding extensions past six hours.

- **Upholding the Goals of the Satellite Intake**
 - The Department should limit or prohibit the movement of people from Satellite Intake to Main Intake, as this movement is counter to the goal of Satellite Intake and adds time to a person’s restricted access to Minimum Standards.

 - The Department should refine the reasons documented for placement in a Satellite Intake. This should include requiring more detailed and non-redundant reasons for placement in Satellite Intake, to replace the use of “Disruptive Behavior” and “Rehousing due to Disruptive Behavior.”

 - Because the leading cause of Satellite Intake placement is violence, specifically fighting¹⁵, the Department should introduce resources into these units that allow for trauma-informed responses to violence as well as calming environmental features. The areas are also an opportunity for violence interruption and reduction efforts. The Department should consult with local and/or national experts to develop these violence response and prevention resources.

- **Evaluating Implementation and Impact**
 - The Department should develop and use performance indicators to evaluate the impact of Satellite Intakes on issues such as use of force and assault on staff rates in the Main Intake, 24-hour violations for new admissions in the Main Intake, and violent incidents post-release from Satellite Intake. Findings should inform practice changes and decisions to open or close Satellite Intakes. The evaluation of Satellite Intakes should also account for meals and services delivered; notifications to health care staff; and visits from DOC and CHS staff.

 - The Department should monitor and report non-new admission placements and length of stay in Main Intakes as it does for Satellite Intakes. The Department

¹⁵ See Figure 4.

already tracks stays digitally for new admissions in the Main Intake. By monitoring Satellite and Main Intake (new admission and non-new admission) together, the Department would have needed information related to use of force in the intakes, rehousing needs, movement between intakes, and other issues.

- The Department should expedite a digital tracking system for all use of Satellite and Main Intakes, to replace its paper logbooks. These areas serve critical functions but are also prone to violence and misuse.
 - The Department reports that, since the study period, it has equipped all Satellite Intake and Main Intake areas with the scanning equipment needed to implement an electronic wristband tracking system. If used consistently, this could be an effective tool for tracking movement and time spent in each location – and, ultimately, developing and using performance indicators. Board staff confirmed that the three Satellite Intake Units operating in September 2018 (MDC, GRVC, and AMKC), as well as all Main Intakes, with the exception of those located within West Facility and EMTC, have wristband scanning stations installed. Board staff is seeking access to this tracking system and will monitor implementation.