

**NEW YORK CITY
BOARD OF CORRECTION**

February 11, 1998

MEMBERS PRESENT

John R. Horan, Acting Chair
Canute C. Bernard, M.D.
Louis A. Cruz
Stanley Kreitman
Barbara Margolis
David A. Schulte

Excused absences were noted for Members Peter J. Johnson, Jr. and David Lenefsky.

DEPARTMENT OF CORRECTION

Bernard Kerik, Commissioner
Gary Lanigan, First Deputy Commissioner
Tom Antenen, Deputy Commissioner
Antonio Figueroa, Deputy Commissioner
Elizabeth Loconsolo, Esq., General Counsel
Roger Jefferies, Assistant Commissioner
Roger Parris, Assistant Commissioner
Ronald Galletta, Bureau Chief
Robert Wangenstein, Bureau Chief
Robert Ortiz, Assistant Chief

HEALTH AND HOSPITALS CORPORATION - CORRECTIONAL HEALTH SERVICES

Gregory Kaladjian, Executive Director
Art Lynch, Director, Mental Health

ST. BARNABAS HOSPITAL

Ronald Gade, M.D., President, St. Barnabas Hospital
Jon Bigel, Vice President, St. Barnabas Hospital
Ronald Daines, M.D., Medical Director

OTHERS IN ATTENDANCE

Milton Zelenmeyer, Legal Aid Society, Prisoners' Rights Project

Acting Chair John Horan called the meeting to order at 1:07 p.m. Deputy Executive Director Cathy Potler introduced new BOC Corrections Standards Review Specialist George Prendes, who was welcomed by Acting Chair Horan. The minutes from the Board's January 14, 1998 meeting were approved unanimously.

Board Member David Schulte reported that he visited the Substance Abuse Intervention Division (SAID) program at the Rose M. Singer Center (RMSC) with Executive Director Richard Wolf and Director of Field Operations Carl Niles. Mr. Schulte said he was impressed with the program, but did not sit in on a group because he was told the inmates were disgruntled. Mr. Schulte noted that the Sprung dormitories were clean; he described them as improvements over the modulars. Mr. Wolf added that the BOC visitors had been told that the reason the inmates were disgruntled was that they had just begun participating in the program, and were unaccustomed to the regimentation. Mr. Schulte said that double-bunking could work in the Sprungs because they were so spacious.

Mr. Wolf asked the DOC representatives to comment on yesterday's shooting incident in the Correctional Institution for Men (CIFM). Corrections Commissioner Bernard Kerik responded that the incident was under investigation, but offered the following information: two rounds were fired in a dormitory, with one striking an inmate, resulting in a wound to the rear right thigh; that the reason for the shooting, and the means by which the gun entered the institution were not yet known; that a .25 caliber automatic handgun was recovered; and that the investigation was being conducted by the NYPD, the Office of the Inspector General, and DOC. Mr. Schulte asked whether the inmate would be released from custody in a few days, as scheduled. Commissioner Kerik declined to comment.

Acting Chair Horan asked for information about DOC's Preliminary Budget, particularly about plans for "self-funding" of new correction officer positions. First Deputy Commissioner Gary Lanigan said that when new officers are hired at \$29,000 per year, they fill positions that had been staffed through overtime, at \$60,000/year. Board Member Stanley Kreitman asked when a new recruit class would begin. Mr. Lanigan said there will be two classes: the first will begin on July 1, 1998, and the second next Spring. Acting Chair Horan asked about post reductions listed in the Preliminary Budget. Mr. Lanigan said DOC is determining which posts will be cut. He said there are more than 11,000 officers, and "only" 55 officer positions will be cut. He noted that since a 24 hour/day/7 day post requires five officers, the net effect of the reductions will be approximately one post per Rikers Island jail. Mr. Wolf said that the net effect, with the new officer hires, will be an increase in the uniformed staff. Mr. Lanigan agreed, and said that the number of uniformed officers would increase from 11,037 to 11,408. Mr. Schulte asked why more officers were being hired when the inmate population was declining. Mr. Lanigan replied that no officers were hired for almost five years, that DOC still spends approximately \$50 million per year on overtime, and that the new officers will generate savings..

Mr. Kreitman asked about violence statistics. Commissioner Kerik said that for the past several months violence has been very low. Last month there were 21 slashings. He said that violence reduction initiatives implemented over the last three years would be augmented by new items in the budget, including permanently staffing the Gang Intelligence Task Force. Mr. Wolf suggested that further discussion of security issues be deferred to later in the meeting, as he had asked Commissioner Kerik to address recent increases in Tactical Searches, Divisional Searches, and cell extractions.

Acting Chair Horan asked about the Preliminary Budget description of plans for a mental health punitive segregation unit. ^{Start} CHS Executive Director Gregory Kaladjian said that HHC had sought additional funds to provide staff for the unit who will evaluate inmates who exhibit violent tendencies. If funded, a new 16-bed unit is planned for Fiscal Year 1999. Commissioner Kerik added that DOC was already moving forward to purchase necessary equipment. Ms. Potler asked about mental health and correctional staffing for the unit. Mr. Kaladjian said that \$600,000 for mental health staffing would be required, and Commissioner Kerik said that the Office of Management and Budget (OMB) already had approved the additional expenditure. Mr. Wolf asked about staff coverage. Dr. Lynch said the unit would have 24 hour/day mental health staff coverage, seven days/week, but that it would not be on-site coverage during the midnight tour. Requests have been submitted for three telemedicine units that would connect OBCC, GRVC and AMKC. He added that when necessary, the physician on-call during the midnight tour could come to any facility on Rikers Island. Ms. Potler asked whether correction officers assigned to the unit will receive special training. Commissioner Kerik assured her that they would. He further noted that DOC was looking into training for all officers in all special housing areas with the objective of ensuring that all officers in such areas are properly trained.

Dr. Lynch said that the unit is being designed to work with inmates who are housed in the existing CPSU who are presenting signs and symptoms of mental illness. He said past practice required that these inmates would be removed from CPSU and placed in mental observation housing, where they often created problems for the other mentally ill patients. The new unit will be in GRVC. Mental health evaluations will be possible at all hours, as the psychiatrist on-duty overnight at AMKC could be dispatched to GRVC if needed.

Mr. Schulte asked if the new 16-bed unit would be for diagnostic purposes only, or if mentally-ill inmates would be housed in it. Dr. Lynch answered that it would depend on the treatment plan yielded by the diagnosis: if an inmate had acute symptoms and was suicidal, it might be necessary to move him to an area where he could be observed more closely, perhaps to a hospital. If an inmate had "moderate" symptoms, he would remain in the unit where he would receive treatment, which can include medications and counseling. Finally, if an inmate's symptoms make him unable to tolerate isolation, he would be moved to the mental health center at AMKC.

Board Member Dr. Canute C. Bernard asked how the new unit would fit into existing approaches utilized to address mental illness among the inmate population. Dr. Lynch said that mental observation units (MOUs) would continue to provide more than 500 beds for general mental health care in special housing units, and that mental health services will remain available for general population inmates. He said the new unit is for inmates without prior history of mental illness who present with mental health signs and symptoms while housed in CPSU. Dr. Bernard asked if these inmates will receive more on-site observation and treatment. Dr. Lynch said it was an important purpose of the unit to reduce the need to send inmates to the Bellevue Hospital prison ward.

Ms. Potler asked what will happen when an inmate who has been housed in the new mental health punitive segregation unit finishes serving his "bing time". Commissioner Kerik said the inmate would be removed from the unit and housed in an appropriate area where mental health services could continue.

Board Member Louis Cruz asked whether the unit would generate cost savings. Mr.

Kaladjian said savings were not anticipated, and that the unit was being established to address a gap in service, and that it should provide some protection to non-violent inmates housed in mental observation areas. Dr. Lynch added that inmate observation aides will be assigned to the unit to assist in suicide prevention efforts.

Board Member Barbara Margolis asked what percentage of the inmate population would be considered mentally ill. Dr. Lynch said that of the 140,000 inmates admitted annually, approximately 20,000 have persistent symptoms of mental illness.

Ms. Potler asked if protocols and eligibility criteria had been developed for the new unit. Dr. Lynch said protocols are being developed and that eligibility will be "clinically driven". He said if unit physicians decide an inmate does not present with signs and symptoms of mental illness, the inmate will be returned to CPSU. Ms. Potler asked that the Board be provided with copies of protocols when they are developed.

Mr. Kreitman asked if budget plans to lease space to the State meant that the jails would become 100% occupied. Mr. Lanigan responded that the Department anticipated no shortage of beds. He said that DOC will operate with increased efficiency by utilizing 96% of open and available beds, and that by increasing from 95% to 96%, DOC would have 200 additional beds available. Increasing efficiency allows DOC to keep facilities such as the Brooklyn Correctional Facility closed longer, thereby saving money. Mr. Lanigan said that new legislation allows local jurisdictions to receive up to \$100/inmate/day to house non-violent State prisoners. DOC will select the State prisoners whom it will house, and the length of time - up to six months. If DOC experiences disciplinary problems with a State contract prisoner, the State will be obliged to assume custody of the prisoner. Commissioner Kerik estimated that by the second week in

March the Department will be housing approximately 200 State contract prisoners.

Mr. Schulte asked how much it costs the City to house a State prisoner per day. Mr. Lanigan said that, including debt service, the per-day inmate cost is approximately \$180. Without debt service and other unspecified costs that exist whether or not DOC leases beds to the State, the per day cost is approximately \$130. Commissioner Kerik said that the City nonetheless benefits from the State lease arrangement because it will receive \$100/inmate/day instead of the \$34/inmate/day it had received as reimbursement for "overdue State-ready" prisoners. He added that the City may terminate the contract if the State contract prisoners create security or management difficulties. Finally, he noted that no new institutions would be opened to accommodate State contract prisoners.

Mr. Wolf said that the Preliminary Budget includes DOC plans to generate additional revenue by raising the cost of a pack of cigarettes by nine cents. He asked if this meant that DOC had abandoned its plans to eliminate smoking in the City's jails. Commissioner Kerik said that a smoking ban will be phased-in in eight or nine months, and that a task force to address implementation issues has been reconvened. Mr. Lanigan noted that OMB does not anticipate realizing the additional revenue. In fact, he noted that OMB will remove from revenue projections all monies anticipated from cigarette sales.

Mr. Kaladjian introduced several officials from St. Barnabas: Dr. Ronald Gade, President, Dr. Ronald Daines, Medical Director, and Jon Bigel, Vice-President for Operations. Mr. Kaladjian noted that the transition to St. Barnabas already had yielded savings by reducing hospital runs. Dr. Gade reported to the Board as follows: St. Barnabas has brought onto Rikers Island many of the specialists to whom inmates previously had been transported, including

several highly-trained emergency medicine physicians. These doctors are trained to make decisions about whether inmates require hospitalization and are able to address many issues that in the past had required a trip to a hospital emergency room. The nursing staff has been upgraded to include a new level for follow-up of inmate/patients who in the past would have been sent to hospitals for treatment. St. Barnabas is aware that questions have been raised about the reduction in hospital runs. He said St. Barnabas had found that in the past many inmates had been hospitalized unnecessarily, and added that hospitals are "very dangerous places". There is a modern Management Information System (MIS) to allow for early identification of trends. The MIS system is now operating at most facilities on Rikers Island. The cooperation from both DOC and HHC has been very good, making St. Barnabas' transition less difficult. Ultra-sound equipment has been installed on Rikers Island, and rehabilitation medicine is being begun on Rikers Island.

Dr. Gade said that OMB will not fund a mental health center in the Rose M. Singer Center. He announced that St. Barnabas will use contract savings to itself fund a mental health center for female inmates at RMSC.

Mr. Cruz asked about liability issues. Dr. Gade said the contract calls for the City to indemnify St. Barnabas. Mr. Cruz asked if St. Barnabas had hired any staff from Montefiore. Dr. Gade said that most of St. Barnabas' staff had come from Montefiore. He said it would take six months to a year to imbue former Montefiore staff with St. Barnabas' "philosophy of medicine". Mr. Cruz asked about the ratio of doctors to physicians' assistants (PAs) and registered nurses (RNs). Dr. Daines said the ratio will never be more than two PAs to one doctor, and that the current ratio is approximately 1.6 to 1. He added that each prospective St.

Barnabas/Rikers Island medical staff member had been the subject of a national data bank inquiry. Results caused St. Barnabas to decline to offer employment to some former Montefiore staff; a few other candidates were rejected when HHC reviewed the credentials of applicants. In addition, some "weeding out" of Montefiore staff occurred.

Dr. Bernard asked if the urgi-center was operating. Dr. Daines said that the urgi-center function was operating, and staffed 24 hours per day, seven days per week. These staff take emergency calls, and are available to "make house calls" as needed. Dr. Daines added that an urgi-center site is under construction at the West Facility, and is approximately two weeks from completion..

Mr. Wolf noted that the impetus for establishing a mental health center for female inmates had been publicly advocated by Board Member David Lenefsky and Ms. Potler, whose focus on correctional health issues who, with only limited staff support, had identified the gap in mental health services for female inmates.

Mr. Cruz asked how services will be provided until the new center opens in July. Dr. Lynch said that RMSC's clinic provides basic mental health services, and that the facility has 68 beds for mental observation. He noted that Elmhurst Hospital provides hospital-level care as needed. Dr. Daines said the new clinic will provide a level of service for women equivalent to C-71 in AMKC for men. Acting Chair Horan thanked the representatives from St. Barnabas for their presentations.

Members present unanimously approved a motion to renew existing variances.

At 1:51 p.m., Acting Chair Horan adjourned the public meeting and announced that the Board would go into Executive Session, which concluded at 2:05 p.m.