

**NEW YORK CITY  
BOARD OF CORRECTION**

**February 10, 1999**

MEMBERS PRESENT

John R. Horan, Acting Chair  
Louis A. Cruz  
Stanley Kreitman  
David Lenefsky  
Richard M. Nahman, O.S.A.  
David A. Schulte

Excused absences were noted for Members Canute C. Bernard, M.D. and Barbara Margolis.

DEPARTMENT OF CORRECTION

Bernard B. Kerik, Commissioner  
Gary Lanigan, First Deputy Commissioner  
Tom Antenen, Deputy Commissioner  
Antonio Figueroa, Deputy Commissioner  
Roger Jefferies, Deputy Commissioner  
Robert Wangenstein, Deputy Chief  
Christy Sanchez, Assistant Chief  
Joseph Guarino, Esq., Counsel's Office  
Ron Greenberg, Inspection and Compliance Division  
Captain J. Piccione

HEALTH AND HOSPITALS CORPORATION - CORRECTIONAL HEALTH SERVICES

Arthur Lynch, Acting Director of Mental Health Services  
Michael Tannenbaum, Assoc. Exec. Dir. for Administration

OTHERS IN ATTENDANCE

James Charles, Public  
Maddy deLone, Prisoners' Rights Project, Legal Aid Society  
Tracie Lucas, State Commission of Correction  
Ashley Normand, Researcher  
Lisa Rein, *Daily News*

Acting Chair John R. Horan called the meeting to order at 12:33 p.m. The draft minutes from the January 13, 1999 meeting were approved unanimously.

Acting Chair Horan reported that on Monday, February 8, 1999 he toured the scene of the homicide at the Adolescent Reception and Detention Center (ARDC). Noting that the case in being investigated by the Bronx District Attorney, he asked DOC Commissioner Kerik for comment. The Commissioner responded that DOC had identified a suspect almost immediately, and that the DA's investigation was continuing. Board Member Stanley Kreitman asked if a motive had been identified. Commissioner Kerik said he could not comment. However, he noted that Channel 4 reported that the officers were not properly discharging their responsibilities. The Commissioner added that there was no evidence of which he was aware to support this contention, despite the reporter's contention that there was a DOC memorandum asserting that staff were watching a football game.

Acting Chair Horan noted that the A and E Network had broadcast a story on January 25<sup>th</sup> that reported favorably on DOC's efforts to reduce violence and combat gangs. Commissioner Kerik said the report was very positive, as it highlighted the Department's violence reduction statistics. Board Member David Lenefsky said the program contrasted two systems - New York City's system, which was shown to have reduced violence through effective management, and other jurisdictions' systems, each of which was shown to be very violent. Executive Director Richard Wolf added that the program effectively evoked the dangers faced by correction officers each day, and was a tribute to those officers who work diligently in the face of such dangers. Acting Chair Horan also mentioned an article about DOC's farming and composting programs. Commissioner Kerik said the program was developed with the Department of Sanitation. Captain Piccione said that fifteen work-cadre inmates participate.

Board Member David Schulte reported on his tour of Mod 6 in ARDC. He said that under former Mayor Koch, the City had to release inmates because of a court order limiting overcrowding, and that modular housing was erected thereafter as an emergency response. Mr. Schulte said that the modulars were to be temporary housing, but have become permanent. He noted that Mod 6 had deteriorated substantially, and that it and others will need to be replaced. Mr. Schulte said that shower heads were installed improperly, and sprayed water out of the stalls and onto the floor. This caused floor tiles to deteriorate and exposing the plywood, which then disintegrated. Mr. Schulte added that recently an inmate was injured when he fell through the plywood floor. Mr. Schulte said that the floor in the living area is in similarly poor condition, and that an officer said the tiles are sharpened by inmates who use them as weapons. Commissioner Kerik said the modular units must be replaced, and that Deputy Commissioner Antonio Figueroa developed a replacement program, as part of DOC's 10-year capital plan, to replace 5,300 beds at a cost of \$898 million. The 4-year capital plan calls for the replacement of 2,150 beds at a cost of \$271 million.

Referring to the recent homicide at ARDC, Mr. Schulte asked why a judge wanted the homicide victim in protective custody. He suggested that perhaps there should be another form

of protective custody for inmates of marginal intelligence who are slight of build. Commissioner Kerik said that at the conclusion of the investigation, DOC investigative staff will brief Mr. Schulte.

Mr. Schulte referred to the recent suicide in a Contagious Disease Unit (CDU) cell, and asked what mental health staff's role should be when an inmate demands medication. Mr. Wolf asked Arthur Lynch, CHS's Director of Mental Health Services, what services are available to inmates in the CDUs. Dr. Lynch said the CDUs follow the policies and procedures of the mental health service. If a CDU inmate is known to have a mental health problem, a psychiatric evaluation is performed and medications are provided, as necessary. CDU inmates are seen by mental health staff at least once per week, consistent with the Board's Minimum Standards. Dr. Lynch noted that suicide watches do occur, when indicated, in CDUs. He said CHS is reviewing whether the CDU should have specific protocols. Mr. Schulte said that if an inmate acts up by saying he needs medication, and then floods his cell, this is a signal that should be transmitted to mental health staff. He concluded by asking for the response of mental health staff who were assigned to the unit. Mr. Tannenbaum said there is a "working draft" of CDU protocols that is being developed by HHC, St. Barnabas and DOC.

Commenting on Mr. Lenefsky's remarks that the A & E program portrayed two systems - New York City and everywhere else - Mr. Schulte asked how many of the other systems had Boards of Correction. He said that BOC contributed significantly to the successes of the City's DOC.

Board Member Stanley Kreitman asked how old are the modular dormitories. Deputy Commissioner Antonio Figueroa said the oldest were erected in the mid-1980s. Mr. Schulte added that they were supposed to last for seven years.

Mr. Wolf asked DOC about its plans to ban smoking in the jails. Commissioner Kerik responded that he had spoken with the Commissioner of the Office of Labor Relations to move the matter along.

Mr. Wolf noted that the DOC preliminary budget includes funding for the Gang Intelligence unit and for upgraded security detection equipment. He invited comment from the Department. First Deputy Commissioner Gary Lanigan reported as follows: DOC's operating budget increased from \$831 to \$839 for fiscal year 1999, and to \$869 million for FY2000. 11,437 uniformed staff and 1,659 civilian staff are projected by the end of FY99 (June 30, 1999). Next fiscal year's projections are 11,311 uniformed staff and 1,641 civilian staff. Other highlights include:

- Additional, currently-closed capacity will be leased to the State. 300 beds will be leased this year, and 200 beds next year.
- The State budget contemplates the elimination of reimbursement to local jurisdictions for housing State prisoners (D and E felons). Mr. Lanigan said this issue was separate from the State's required reimbursement to local jurisdictions

for housing "overdue" State prisoners. This would mean a loss of between \$8.5 million and \$10 million. DOC is discussing the potential impact with the Office of Management and Budget.

- Additional funding would be allocated for 20 positions for the Gang Intelligence Unit.
- Additional security equipment will include 23 x-ray machines next year and 19 in FY 2001, and 50 additional BOSS (Body Orifice Security Scanner) chairs.
- \$100,000 was added for a WomenCare contract at the Rose M. Singer Center, which will provide discharge planning for female inmates.
- This week, a new officer recruit class (125 recruits) will be hired to help reduce overtime. Another class of 271 recruits is scheduled to begin in April.

Mr. Schulte asked about plans to raise commissary prices. Mr. Lanigan said that DOC's proposal would not go into effect until January, 2000. He said that commissary revenues might be enhanced in two ways: (1) if the inmate census increases, there would be increased sales, and (2) price mark-up would increase from 30% to 40%. Decisions to increase prices would be made item-by-item, following an analysis to determine whether the increase would result in a commissary price that is higher than the cost of the item in the community. Mr. Wolf asked whether there are Federal Court restrictions on price increases. Mr. Lanigan responded that DOC is not allowed to make a profit. Mr. Wolf asked that the Board be kept informed about DOC's plans regarding commissary pricing.

Upon the request of Assistant Chief Christy Sanchez, the Board unanimously agreed to renew all existing variances.

Commissioner Kerik discussed DOC's TEAMS (Total Efficiency and Accountability Management System) program. He said DOC collects data about various indicators, analyzes it, and then pro-actively addresses identified problems. He said that in FY95, there were 1,093 slashings. To date, there have been 54. The Commissioner described this as perhaps the most substantial reduction in the country. He said searches have increased by 74%. In addition, Commissioner Kerik noted that, based upon a TEAMS review, visitor arrests for promoting contraband will be handled by Gang Intelligence Unit (GIU) officers, who are trained to thoroughly investigate and gather intelligence on outside sources of contraband weapons and drugs. He said that by handling all arrests, GIU officers learn about crimes occurring within the institutions. The Commissioner reported that another TEAMS review resulted in an increase in substance abuse program beds, to 1,548. He said that TEAMS reviews have reduced overtime by 46%, and that absences have been reduced from 20-21 days per year per officer, to 13.6 days. The Commissioner noted that each one-day reduction saves the City \$1.6 million. He said that on-time production of inmates to court has improved by 27%. Commissioner Kerik noted that all of the improvements occurred even as new admissions have increased from 106,000 in 1994 to 130,000 last year.

Commissioner Kerik said he called Mr. Wolf two months ago to discuss an initiative, in

response to BOC concerns about inmates getting to clinics on time and getting seen at the clinics. DOC and HHC, with input from Mr. Wolf, developed some indicators for what data is now gathered. The Commissioner said that as a result of the scrutiny and holding managers accountable, there no longer are 3, 4 and 5 hour waits at the clinics. He said the average wait time is 45 to 50 minutes. Commissioner Kerik said that this result shows that constant oversight works, and that in this area of BOC concern, there has been great success.

In response to an inquiry from Acting Chair Horan, Commissioner Kerik said that the TEAMS approach involves looking at details that comprise the DOC performance indicators in the Mayor's Management Report (MMR). He said that the MMR reports that DOC has increased searches. TEAMS looks at the frequency of various types of searches (divisional, Tactical Search Operations, and random individual inmate searches), and the effectiveness in terms of weapons and other contraband recovered. Board Member David Lenefsky said that he has strongly criticized Correctional Health Services during the past year, and that he wished now to praise Commissioner Kerik. He said the Commissioner was very effective, and has demonstrated innovation and a sense of openness that Mr. Lenefsky wishes DOC's "sister agency" would emulate.

Mr. Schulte asked the Commissioner what he does when he learns that a problem is not with a DOC manager, but with health personnel. Commissioner Kerik said DOC's liaison with HHC and St. Barnabas expresses DOC's concerns. He added that they respond to DOC's concerns.

(Commissioner Kerik left the meeting at this point, as did Mr. Kreitman.)

Acting Chair Horan announced that the Board would turn to correctional health issues. He reported that together with Deputy Executive Director Cathy Potler, he visited the specialty clinics. Ms. Potler said that she and Mr. Horan spoke with an orthopedic specialist about a problem the Board had identified, that the orthopedist had not been receiving inmate x-rays, which are taken at the Anna M. Kross Center, in time for the inmate-patients' clinic appointments. She said that St. Barnabas' specialty clinic administrative staff were trying their best to resolve the problem, but had been unsuccessful. Inmates with suspected fractures would arrive at the orthopedic clinic, would be recorded as "seen", but the orthopedist could not make a diagnosis and properly set a fracture. Ms. Potler added that Deputy Warden Lamont has been very involved in solving various problems, including the x-ray issue. Acting Chair Horan said that the orthopedist reported that the problem was now solved. Mr. Horan noted that the optometry/ophthalmology clinic and podiatry clinics were operating as well. He said the clinic was in good order.

Michael Tannenbaum, CHS's Associate Executive Director for Administration, said that Ms. Potler had sent a letter that initiated CHS's review. He said there was a problem, but it has been corrected. He said St. Barnabas implemented an eleven-step procedure, noting that personnel now understand the time of day by which x-rays must be delivered. He added that St.

Barnabas hired a specialty clinic coordinator, who began work on December 23<sup>rd</sup>, to address service-delivery problems. Finally, he said St. Barnabas is using \$1.5 million in surplus funds to pay for a state-of-the-art tele-radiology system. He said the system will provide access to x-rays via computer, and will enable a review of a patient's x-rays that have been taken in the past. Mr. Tannenbaum said that few hospitals have as extensive a system as St. Barnabas will establish. He said the system will begin operating sometime in 1999.

Mr. Schulte said that the fact that Mr. Horan and Ms. Potler inspected the specialty clinics, and identified, pursued and helped solve the x-ray problem, indicates that the Board of Correction is doing work that CHS should be doing. He asked how many monitors CHS employs, and if there are none, when it will hire some. Mr. Lenefsky asked if the vacant CHS positions, discussed at the Board's January meeting, had been filled. Mr. Tannenbaum said that a director of clinical field monitoring has been selected. He said the position will be responsible for both quality assurance and field monitoring, visiting all facilities to oversee the gathering of information. Mr. Tannenbaum said the director will determine what needs to be monitored, how monitoring will occur, and how often. The position also will be responsible for addressing in the field issues raised by the Board, and others. Mr. Tannenbaum reported that a senior analyst who will work with the director of clinical field monitoring has been hired and is on staff. He, along with other monitoring staff, will work four days each week from the West Facility office on Rikers Island. Mr. Lenefsky asked if the position of Medical Director had been filled. Mr. Tannenbaum said that an identified candidate withdrew, and the search continues. In the interim, it is anticipated that the director of clinical field monitoring, who is a physician, will assume many of the Medical Director's functions. Arthur Lynch, CHS's Acting Director of Mental Health Services, said that the HIV Services Director position has not been filled. Interviews were conducted last week, and more are scheduled for HIV Director, as well as Med-Span Director, Mental Health Director, LINK program Director (discharge planning), and an additional analyst position. An analyst to work in the office of the CHS Executive Director has not been hired, although interviews have occurred.

Mr. Schulte asked how the information from CHS's planned inspection system get to the Board. Mr. Tannenbaum said that CHS has been sending information to the Board. Mr. Wolf said that the material Mr. Schulte referred to is the result of CHS field inspections, as opposed to the St. Barnabas documents CHS has been providing to the Board. Mr. Lenefsky said that it is clear to him that CHS has failed to monitor the contract, and that he expects that situation to change in May when CHS actually monitors in the field by making first-hand observations, rather than auditing documents. He said that in January, 1999, CHS staff made only two inspections of AMKC, GMDC, and only one inspection of NIC and of the Rose M. Singer Center. He added that there were no CHS visits to ARDC, the specialty clinics area, OBCC, and CIFM. Mr. Lenefsky said that he has received no information on St. Barnabas staffing levels, locations, and credentials, and reiterated his observation that St. Barnabas has reduced physicians by 25-33% and correspondingly increased physicians' assistants. He added that he looked forward to CHS's May plans to conduct on-sight monitoring. Mr. Tannenbaum said that HHC's correctional health funding contract with the Health Department calls for a detailed monitoring

plan with specifically enumerated tasks to be accomplished. He added that HHC's analysis of service delivery during the third and fourth quarters of 1998 will be provided to the Board when they are completed. Mr. Wolf reiterated the Board's concern that its small staff were identifying only a small percentage of problems, and that it was CHS's function to identify and solve problems in the field. Mr. Tannenbaum agreed that being in the field where services are being delivered is the most critical element. He said this was why Mr. Erazo sought to move CHS's offices to Rikers Island.

Mr. Schulte asked how many monitors CHS currently has in the jails, looking for the problems. Mr. Lenefsky said this was a very fair question. He said CHS has not been conducting field monitoring, but this will change in May. Dr. Lynch said that a mental health unit is selected each month for audit. A CHS team - typically consisting of the Director of Mental Health, the LINK Director, and one or two staff analysts - goes to the mental health clinic and reviews a case, based on a tool that has been developed to determine whether the appropriate standard of care is being provided. While in the facility, the team talks to staff and inmate-patients, and often visits the mental observation units. Mr. Lenefsky said that this did not happen in January. Dr. Lynch disagreed. Mr. Lenefsky said that if the team were present, its members did not sign into the facility. Dr. Lynch said he would tell the Board where the team performed its January audit.

Dr. Lynch said that because he and other CHS staff have institutional passes, they need not sign in. They exchange the CHS pass for an institutional pass. Mr. Wolf asked DOC if its procedures allow for CHS personnel to enter a facility without signing in. Assistant Chief Sanchez said that everyone is supposed to sign into a facility.

Mr. Lenefsky said that as of last Tuesday, two of the four clinics mentioned in CHS's November 5<sup>th</sup> Interim Report, were not yet operating - plastic surgery and ENT.

Mr. Schulte said Dr. Lynch has described one team. He asked whether CHS has an individual who walks around a jail, identifies a problem and reports it. Mr. Lenefsky suggested that CHS use the BOC model - designated staff assigned to particular facilities. Dr. Lynch said CHS is moving towards that model. He added that CHS also has a medical team and a nursing team, which have also participated in monitoring, although not on-site monitoring.

Mr. Tannenbaum said that CHS had identified a candidate for Deputy Director of Mental Health. He said that CHS reviews a statistically-reliable number of charts, off-site, and that this is a form of monitoring. Mr. Lenefsky said this is indeed part of the process. Mr. Tannenbaum said that another team checks environmental conditions and supplies to see that clinics have appropriate supplies; this team visits two facilities per week. Mr. Lenefsky asked that the documents be shared with the Board.

Board Member Louis Cruz said that quality control aspects are critical issues, and Members of the Board apparently believe these were better under the prior contract. He asked

whether there was greater monitoring and quality assurance, such as checking to see that providers were present, under Montefiore than under St. Barnabas. Mr. Cruz asked, if so, what had changed? Mr. Tannenbaum said that under Montefiore, there was far less clinical and operational monitoring than there is today. Mr. Cruz asked for a comparison of the intensity and manpower allotments given to monitoring Montefiore's contract versus St. Barnabas. Mr. Lenefsky said that the reason why monitoring is so important now is because the number and quality of complaints the Board is receiving about medical services are so much greater. Mr. Lenefsky said that if the Board had received these kinds and numbers of complaints under Montefiore, he believes the Board would have raised the monitoring issue then. He said the reason why the Board now is asking for good monitoring and for CHS to discharge its contractual obligations is because of the seriousness and number of complaints the Board has been receiving from inmates, from corrections officers, and from St. Barnabas employees. Mr. Horan said the Board looks forward to CHS's improved methods.

The meeting was adjourned at 1:45 p.m..