

**NEW YORK CITY  
BOARD OF CORRECTION**

**February 14, 2008**

MEMBERS PRESENT

Hildy J. Simmons, Chair  
Stanley Kreitman  
Richard Nahman, O.S.A.,  
Alexander Rovt  
Paul A. Vallone, Esq.  
Milton L. Williams, Jr., Esq.  
Gwen Zornberg, M.D.

Excused absences were noted for Vice Chair Michael J. Regan and Member Rosemarie Maldonado, Esq.

DEPARTMENT OF CORRECTION

Martin Horn, Commissioner  
Carolyn Thomas, Chief of Department  
Mark Cranston, Commanding Officer, Office of Policy and Compliance (OPC)  
Florence Hutner, Esq., General Counsel  
Ronald Greenberg, Director, OPC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Louise Cohen, Deputy Commissioner  
Jason Hershberger, M.D., Assistant Commissioner, Correctional Health Services (CHS)  
Charles Luther, M.D., Executive Director for Mental Health, CHS  
Robert Berding, Exec. Director, Bureau of Regulatory Compliance and Outcome, CHS  
Vivian Toan, Counsel, CHS  
George Axelrod, Director of Risk Management, CHS

OTHERS IN ATTENDANCE

Harold Appel, M.D., Contract Administrator, Doctors' Council  
William Hongash, Legislative Policy Analyst, City Council  
Caroline Hsu, Fordham Law School  
Tim Rudd, Analyst, Office of Management and Budget  
Eisha Williams, Legislative Financial Analyst, City Council  
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project

Chair Hildy Simmons called the meeting to order at 9:35 a.m. A motion to approve minutes of the January 10, 2008 Board of Correction meeting was approved without opposition.

Chair Simmons reported that the NYC Law Department's formal review of amendments to the Minimum Standards voted by the Board may be completed by the end of next week. She reminded Members that the Law Department must certify that the amendments passed by the Board are within the Board's jurisdiction. Afterwards, the Board will publish the revised Standards in the City Record with a notice that the Standards will go into effect 30 days thereafter. Chair Simmons noted that some implementation issues must be sorted out, and some amendments cannot be implemented immediately because they involve conditions such as procedural descriptions and plans. She explained that, when the 30-day period starts, the Board will begin conversations with the Department of Correction (DOC) and others regarding implementation, conditions, and timetables. Chair Simmons said that during this period BOC and DOC staff will educate inmates and their families about changes in the Standards. Chair Simmons announced that Health Commissioner Thomas Frieden will attend the Board's March meeting.

Department of Health and Mental Hygiene (DOHMH) Deputy Commissioner Cohen presented a report, as follows. DOHMH completed negotiations to renew the Prison Health Services (PHS) contract for three years. No material changes were made to the scope of services, but a number of important "clean-ups" were accomplished. The contract looks slightly different from the previous contract. The most significant change is that the new contract is a four-way contract, which includes DOHMH, PHS, Inc., PHS Medical PC, and PHS Dental PC. This structure was adopted in response to concerns raised by the NY State Education Department. Member Stanley Kreitman asked about the cost of the new contract. Ms. Cohen replied that the new contract is for \$366 million over a three year period. She acknowledged that, with expected inflation, more money may be required. She noted that the City is required to provide many more types of services than in the past. Mr. Kreitman asked for a dollar comparison with the cost of the last contract with Montefiore Hospital, and with the contract from five years ago. Deputy Commissioner Cohen replied that she will obtain answers. Deputy Commissioner Cohen then distributed a document, which contained preliminary data on correctional health services provided in 2007. She said that she hopes to have a full report by the March Board meeting. She pointed out that during 2007 DOHMH provided more than one million medical and mental health encounters, provided detoxification services to 1500 persons each month, a wide array of mental health services, discharge planning services, and operated an accredited methadone maintenance program where people who were in a community-based methadone program prior to arrest could continue treatment while in custody. Board Member Paul Vallone asked how the overall numbers of services compared to last year, and to the last contract. He also asked whether, when negotiating the new contract, there specific areas that needed to be improved upon, such as with additional staff. Ms. Cohen responded that she did not know, but believed there was an increase in most categories since last year. She explained that because this contract was a renewal of an already existing contract, DOHMH was unable to make substantive

changes. However, she added that the Department in the coming year will begin preparing a new Request for Proposal (RFP) that can incorporate changes into a new contract, such as new staffing configurations and requirements.

Ms. Cohen introduced the new Executive Director for Mental Health, Dr. Charles Luther, a psychiatrist formerly at Bellevue Hospital. Dr. Luther discussed the mental health groups that are being run in mental observation units. He explained that there are about 400 groups per month, which include activities therapy and discharge planning. Deputy Commissioner Cohen elaborated, referring to a discharge planning project called “A Road Not Taken”. She described it as a collaboration with DOC to address inmate readiness for addiction treatment. Dr. Luther explained that it consists of two 47-bed dormitories in the Anna M. Kross Center (AMKC), where one-on-one and group therapy are provided. He added that a third dormitory will open soon. Dr. Luther reported that specialized staff is being hired. He explained that the goal of the program is to have inmates in treatment for as long as possible – from two weeks to 60 days. He said one-third of the inmates will come from the Central Punitive Segregation Unit (CPSU), who are serving their first punitive segregation sentence for having had a positive urine or are serving time for minor infractions, another one-third of the residents are referred by mental health staff, and the remaining inmates are referred from AMKC’s detoxification unit or the Drug Courts. Mr. Vallone asked about the criteria for determining which treatment dormitory will house a particular inmate. DOC Commissioner Horn responded that decisions are based on an inmate’s security classification. Chair Simmons asked whether inmates communicate their interest in participating in the program. Commissioner Horn responded that they “raise their hand to volunteer when they have a positive urine test.” Board Member Richard Nahman asked about plans to follow-up with treatment in the community. Dr. Luther acknowledged that some program participants, particularly those with serious pending felonies and court involvement, may not be released to the community but will be sent to state prison. He said that the residential pool has been expanded to get referrals from Drug Treatment and Mental Health Courts where inmates who receive jail-based treatment may be able to go into an alternative to incarceration program, such as Treatment Alternatives to Street Crime (TASC). Deputy Executive Director Cathy Potler asked if there are plans to expand this addiction treatment program to female inmates. Dr. Luther responded that because the AMKC program is in its infancy, the Department first will evaluate it after it has been in operation for a reasonable time period before a decision can be made whether it is suitable for replication in a female jail. Chair Simmons asked Dr. Luther how long the program should be in operation before it can be evaluated. She noted that the Board’s mandate is to evaluate performance on an ongoing basis rather than at the end of a process and that, therefore, the Board should expect to receive some analyses of the program’s progress, for example within a six month period. She acknowledged the obvious difficulty of setting a time frame for treatment itself given that this is a detainee population where providers cannot control the timing of an inmate’s departure from custody. Dr. Luther reported that there are no time periods set in stone for any aspect of treatment or evaluation. He explained that DOHMH believes that two weeks’ treatment can be of some benefit, but added that two weeks may serve no positive purpose, and then revise the admission-screening process accordingly.

Deputy Commissioner Cohen noted some successes, reporting that five residents of community-based programs obtained appointments while in DOC custody. She emphasized that the definition of success is tricky when it comes to addiction treatment and that the first measure of success is having the ex-inmate actually keep an appointment at a community-based treatment program. Commissioner Horn noted that in measuring the success of addiction recovery, one must consider the expectation for relapse, the frequency of relapse, and should use as one measure of success the increase in the time between relapses.

Board Member Dr. Gwen Zornberg asked about staffing coverage for HIV-related services and all other services. Deputy Commissioner Cohen responded that there is a staffing matrix and, effectively, there is *no* post that is understaffed. She said that vacant LPN posts, for example, are covered by RNs, overtime steady RNs, and temporary-agency assignment of RNs. She said that DOHMH prefers steadily-employed staff. Ms. Potler asked if staff from temporary agencies remained consistent so that they were familiar with the correctional system. Deputy Commissioner Cohen responded that assignments are fairly consistent. She said that DOHMH does not want to exclude such people from the hiring process if they are appropriately skilled. Mr. Vallone commented that the assignment process appears to be a temporary solution. Ms. Cohen responded that although this has been an historic solution over many years, a long-term solution is needed.

Ms. Potler noted that at the January Board meeting, several Members expressed concern about continuity of care. Deputy Commissioner Cohen responded that during intake screening and some other processes, DOHMH seeks “continuity of record” rather than continuity of care because it may not be possible to get the same doctor to the same inmate every time. She said that availability of comprehensive medical-record information to the assigned clinician and nurse is more important than having the same provider read the record each time. She added that this why the Department has been focused on developing a good electronic medical record system. Ms. Cohen said that the primary focus in achieving continuity of care should be on treating inmates with chronic and mental illnesses. She added that inmates who receive mental health care tend to remain in the same jails, where at least the same team of providers can see them. Ms. Cohen noted that chronic care patients, such as those with infectious diseases, are treated by specialized medical teams. She said that for sick call and follow-up appointments, DOHMH is aiming for a system similar to a hospital where an attending doctor is responsible for a group of residents. She said the attending has oversight status, and ultimately is accountable for the actions of each resident.

Father Nahman asked if correction officers receive specialized training beyond that required by the Board’s Mental Health Standards to work in the new treatment units. Dr. Luther responded that in the new Intensive Treatment Units (ITUs) at the George R. Vierno Center (GRVC), he prefers that the steady officers receive the special week long training in behavioral therapy. Commissioner Horn reported that most officers assigned to mental health units are steady, and that DOC audits the percentage of officers who have received the mental health training mandated by the Standards. Deputy

Commissioner Cohen added that, during her visits to the ITUs, she always is impressed with the knowledge and dedication of the officers, who clearly want to work there and know how to de-escalate situations.

Mr. Vallone asked about the number in the DOHMH hand-out and initial discussion of 1500 inmates per month being detoxified. He said that he was surprised to learn that the number is so high, and inquired about this number in relation to the small number of new substance abuse treatment beds opened and planned, 141. He asked how the remaining detoxified inmates are treated each month after they finish detoxification in the special detox housing units. Commissioner Horn said that the number 1500 is inaccurate, noting that heroin use City-wide is down. Deputy Commissioner Cohen speculated that some of the 1500 might be alcohol-addicted, but that she would have to verify this. Commissioner Horn said that there are not 1500 new opiate-addicted inmates in DOC custody each month. Deputy Commissioner Cohen said that there are 1500 inmates receiving detoxification treatment at any given time, and that it often lasts 21 days: she said she will examine the figures to assess the source of addiction. She added that the 1500 definitely does not include inmates in the methadone maintenance program. Mr. Vallone explained that he was not concerned then about the nature of the addiction, but rather about the staggering number of inmates who must be treated. He asked where they are housed and treated. Dr. Luther responded that most detoxification takes place in AMKC. He explained that, upon admission to DOC custody, a longitudinal evaluation is performed wherein the inmate's withdrawal symptoms are assessed, and the probable length of detoxification treatment determined, from 14 to 21 days depending on the intensity and length of addiction. He added that if an inmate had been in a verified community-based methadone maintenance program prior to arrest, but is remanded with high felony charges that make it likely he will be convicted and transferred upstate, where methadone maintenance is not provided, staff will detoxify him rather than assign him to the methadone maintenance program.

Deputy Commissioner Cohen next distributed statistics regarding discharge planning. She reported that staff are trained to address many critical matters such as heat sensitivity, blood pressure, asthma, and nicotine addiction – for which nicotine replacement treatment is provided. She said that DOC staff also must be aware of health-related matters that can affect an inmate's medical and behavioral status while in a housing area. Ms. Cohen added that DOHMH and DOC staff perform complementary discharge planning activities. Dr. Zornberg asked about the relationship between the discharge planning efforts described earlier for addicted inmates and addicted mental health inmates, and DOHMH discharge planning efforts for HIV-positive inmates. Deputy Commissioner Cohen responded that work always is being done to improve that service, with a new aspect being the assignment of HIV mentors to help each inmate adjust to the new knowledge that he/she is HIV-positive. She said that HIV-positive inmates participate in readiness-for-engagement sessions, which include discharge planning forms and Health and Wellness Forms. Ms. Cohen noted that among 726 such inmates who received discharge planning services, 679 attended their first community-based medical appointment. She said this success has been accomplished through collaboration with a large number of community-based programs, adding that the Fortune

Society provides much of the transportation to these appointments. Deputy Commissioner Cohen said she is very proud of the way that her staff and DOC staff work with community-based partners, with whom they have a memorandum of agreement. She noted that DOHMH and DOC provide a conduit between the provider-organizations and inmates, who are taught how to access community-based resources by writing letters and phoning. She said inmates learn about available benefits and how to access them. Ms. Cohen said that monthly “resource fairs”, with various community-based organizations, promote “readiness for engagement”: program representatives meet with inmates in a jail gym and provide literature regarding options upon release. Chair Simmons suggested that DOC inform the Board about discharge planning “fairs” scheduled for Year-2008 so that individual Board Members can arrange to attend.

Commissioner Horn stressed that in-depth treatment cannot be expected to occur in the jails due to the constant turnover of inmate-patients: 25% leave custody within 3 days, 50% within 10 days, 65% within 30 days. Deputy Commissioner Cohen said that the electronic medical record is invaluable in maintaining consistency of treatment and information about each inmate, and in promptly assessing their medical needs when they return to DOC custody.

Commissioner Horn and Deputy Commissioner Cohen described a program provided by DOHMH for DOC staff whereby medical information and service is provided or arranged in the community. Ms. Cohen said that when officers start thinking about their own health and are tested on-site, it becomes natural for them to consider inmates’ health, and to recognize symptoms and respond, hopefully before crises arise. She added that officers should come to see this as part of their basic role.

Noting that the statistics and narrative presented were very encouraging, Mr. Paul Vallone asked about the status of computer cables and networks and the ability to keep up with recording, analyzing, and projecting activities and needs. Deputy Commissioner Cohen said that both DOHMH and DOC have been working hard to improve the infrastructure. Mr. Vallone asserted that these improvements should improve intake recordkeeping and processing. Ms. Cohen stated that this information would assist with follow-ups and future incarcerations of repeat offenders.

Father Nahman reported that he received a phone call from a journalist asking his opinion of the current quality of health care services, and the Board’s relationship with the health care system. He said his response was that services are much improved, as is the relationship between the Board and the Department, which no longer is confrontational or uncooperative. Chair Simmons noted that the article was published with no mention of Father Nahman’s positive comments. She asked Ms. Potler to send the article to the Board Members.

Commissioner Horn stated how much he appreciates the leadership of Commissioner Frieden on many issues that are affecting DOC and the Probation Department. Referring to the discussion about discharge planning, he noted that drug-free jails are critical to sobriety when inmates return to the community, so DOC performs

a lot of drug tests and penalizes users, and works in conjunction with treatment providers in the jails and in the communities. He explained that, when jails are safe from violence, staff and inmates can feel free to engage in treatment and in discharge planning. He expressed appreciation for the DOHMH work that is keeping more inmates sober and thereby making the jails safer. He noted that the number of mental observation inmates, and the City's responsibility to them, was much greater than three years ago. He said additional resources have been made available by the Office of Management and Budget for special programs such as the substance abuse dormitories, the Intensive Treatment Units, and mental health groups.

Commissioner Horn reported that the Mayor issued the January Budget Plan and asked every agency to take budget cuts to help close the budget gap. The Commissioner said that the Department was asked to take a \$13 million cut in its FY 09 budget, which will be accomplished by reducing staff at headquarters, civilianizing functions that are currently being performed by officers, and re-organizing Unit Management and the Chief of Department's office. He stressed that all of the planned savings are in headquarters and in staff positions; there will be no cuts in staff assigned to the jails.

Chair Simmons asked if the Mayor has made a final decision regarding the Brooklyn Detention Center (BDC). Commissioner Horn explained that he and other City officials worked for three years with community stakeholders and elected officials to make the situation more palatable. He announced that DOC is going ahead with the original plan to reopen, and to expand BDC. He reported that the Department issued a Request for Expressions of Interest for projects in the street-level portions of BDC, but received little response. Commissioner Horn said that the entire ground floor of the jail will be converted to retail space, along Adams Street and Boerum Place and most of Smith Street, and the jail entrance will be re-oriented from Atlantic Avenue to Smith Street. He reported that as originally-planned, DOC will build dormitories atop the existing jail building, to increase the capacity by 720 beds, and will reopen the original 800 cells, for a total of 1520 beds.

Commissioner Horn reported that, in the Bronx, the Department's plan to build the Oak Point site was stymied by an injunction issued in a Federal bankruptcy matter involving the landowner and, as a result, DOC is enjoined from taking any further action. He said that DOC has some other plans, and is close to being able to talk about them. He said that in 1999, the City operated two jails in Brooklyn with a combined capacity of 2089 beds: Brooklyn Correctional Facility had a 1330 beds and BDC contained 759 beds. The Commissioner stated that when the new Brooklyn project is completed, there will be 569 fewer jail beds in Brooklyn than in the past. He said that at one time, the Bronx contained two jails holding 1267 beds whereas today the Bronx only has the 800-bed barge jail, the Vernon C. Bain (VCBC), which never was intended as a permanent facility. He stressed that a permanent solution is essential in the Bronx.

A motion to renew all existing variances was approved without opposition.

The meeting was adjourned at 10:30 a.m.