

NEW YORK CITY  
BOARD OF CORRECTION

September 12, 2011

MEMBERS PRESENT

Hildy J. Simmons, Chair  
Catherine M. Abate, Esq.  
Robert L. Cohen, M.D.  
Stanley Kreitman  
Rosemarie Maldonado, Esq.

Excused absences were noted for Vice Chair Michael J. Regan and for Members Pamela S. Brier, Alexander Rovt, PhD, and Milton L. Williams, Jr., Esq.

DEPARTMENT OF CORRECTION

Dora B. Schriro, Commissioner  
Michael Hourihane, Chief of Department  
Lewis S. Finkelman, Esq., First Deputy Commissioner  
Sharman Stein, Deputy Commissioner, Public Information  
Martin Murphy, Deputy Chief of Staff  
Erik Berliner, Associate Commissioner  
Carleen McLaughlin, Legislative Affairs Associate  
Maggie Peck, Director, Constituent Services

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Homer Venters, M.D., Assistant Commissioner, Correctional Health Services  
George Axelrod, Director, Risk Management

OTHERS IN ATTENDANCE

Joseph Antonelli, Office of Management & Budget (OMB)  
Jay Cowan, M.D., Medical Director, Prison Health Services (PHS)  
Christina Fiorentini, Independent Budget Office (IBO)  
Susana Guerrero, State Commission of Correction  
William Hongach, NYC Council  
Neil Leibowitz, M.D., Director, Mental Health, PHS  
Danielle Louis, OMB  
John McCarthy, Bolton-St. Johns, LLC  
Margaret Pletnikoff, OMB  
Irene Salas-Menotti, Intern, Board of Correction  
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project

Chair Hildy Simmons opened the meeting at 9:10 a.m. She thanked DOC Commissioner Dora Schriro and DOHMH Commissioner Thomas Farley and their staffs for their efforts to address the Board's concerns about physical conditions at the Rikers Island Infirmary. She said much work remains to be done, but BOC staff has been working with staff from the agencies and progress has been made, including the delivery of 70 new hospital beds. She added that the Board will continue to monitor renovations at the Infirmary. Chair Simmons complimented DOC for its planning and management of the days immediately before and after the arrival of this summer's tropical storms, including its decision to cancel weekend visits. She said this is her penultimate BOC meeting, noting that her term ends at the end of the year, and she has informed the Mayor's Office that she does not wish to be reappointed.

A motion to approve minutes from the July 11, 2011 BOC meeting was approved without opposition.

Executive Director Richard Wolf reported that in August, the Infirmary renovations working group, which was established at the July BOC meeting, met and BOC staff was briefed on DOC's progress on the renovations at the North Infirmary Command Annex. He asked for a report, which was provided by DOC Commissioner Dora Schriro, as follows:

Nine issues had been identified by the Board during its tour. To address overcrowding, DOHMH developed the concept of "sheltered housing" for inmate-patients who required infirmary-level care but did not need to be housed in an infirmary bed. The original plan called for Dorm 4B to be used for this purpose, but instead 4B will be used as swing space during the renovations, which could take 18 months to complete.

Sanitation problems are a function of the physical plant, which makes it difficult to clean and for areas to look clean. Shower replacement, painting and plastering, fixing floors, and fire safety issues, will be addressed housing area by housing area. The real solution to the Infirmary's many physical-plant problems will be the design, construction and opening of the new facility in 2017. The new facility will provide a modern and expanded Infirmary as well as new admission housing.

A long-term strategy to provide adequate numbers of beds is a procurement strategy enabling DOC to have a "reservoir" of beds in good condition to replace hospital beds in disrepair, as needed. Sanitizers have been replaced; ten new ones have been installed and are in use. Clean linens are available on all tours, as needed. This was a one-time problem. Air-conditioning will be installed in Dorm 3 before next summer. Nutritional concerns were remediated. Nutritional Services now reports to Associate Commissioner Eric Berliner, and this will improve coordination.

DOHMH Assistant Commissioner Homer Venters, M.D., reported on the Dorm 3 issue, as follows:

Together with prison Health Services, DOHMH revamped all aspects of clinical care leadership in the NIC in May. ECW – electronic medical records – were fully integrated into operations. Dorm 4 houses a heterogeneous group of patients, including people with HIV, those with a low CD-4, and those who volunteer to be in a setting where they will be seen by HIV specialists. In the long term, the plan is to have an infirmary based on acuity levels. It is a higher priority to first complete the physical renovations and to solidify the clinical gains that have been made with PHS.

BOC Member Robert Cohen, M.D., said he understands Dr. Venters' comments and knows that Dorm 4 cannot be vacated overnight. He said that nationally, AIDS units have been closed down. He said the Board will continue to watch and question the process. He said the additional sanitizers is a positive step, and urged that more be installed, if needed. Dr. Cohen expressed concern about the continuing lack of air-conditioning in Dorm 3. Commissioner Schriro said the inmates were afforded extra showers, fans, and drinking water. Mr. Berliner said that during the period of extreme heat, Dorm 3 inmates were moved to Dorm 4B, which is air-conditioned. Board Member Catherine Abate said sanitizer dispensers should be in all areas where providers might attend to patients. Dr. Venters said the dispensers are checked daily, and said that the situation is much improved.

Board Member Rosemarie Maldonado reiterated concerns about pervasive dust and grime, and asked whether procedures have been put in place to address this on an ongoing basis. Commissioner Schriro said NIC is a very old building, with high ceilings and raised light fixtures. She said DOC is considering drop-ceilings and recessed lighting, but no final decisions have been made. Mr. Berliner said that institutional aides perform frequent sanitation, which now includes "high dusting" to prevent accumulation of dust on difficult-to-access surfaces. BOC Member Stanley Kreitman asked DOC to post signs for staff and inmates, in English and in Spanish, to urge everyone to wash hands frequently. Dr. Venters said signs already are posted, and providers have educated inmates in the importance of frequent hand-washing.

Commissioner Schriro introduced the new Chief of Department, Michael Hourihane, who has been with the Department for 30 years, most recently as Deputy Chief. She then presented a report on DOC's Strategic Plan, as follows:

There are four fundamental charges for DOC. The most important is "safety now". The major goals include ensuring that all staff members are well-acquainted with, and compliant with DOC's security practices, including "back to basics", sanitation, and emergency preparedness. DOC has adopted a peer review assessment process that goes beyond inspections undertaken by oversights, including BOC. Annual DOC audits are conducted by SMEs and the Office of Policy Compliance. Core competency assessment identifies lack of security

compliance, as a means to improve security. Another element of “safety now” is idleness abatement. This involves reviewing utilization of programs, increasing recreation opportunities, and assessing utilization of NA and AA-type programs.

Ms. Abate said she would like to know how DOC identifies core-competency deficiencies, including where the data comes from. Commissioner Schriro said much of the data comes through the TEAMS process. Chair Simmons asked that DOC make a presentation at the November BOC meeting. Commissioner Schriro said she would do so. Commissioner Schriro continued her report, as follows:

DOC established the Office of Constituent Services, headed up by Maggie Peck, to identify and fix systemic problems, such as why an inmate’s funds were not sent to him in State prison or why a prisoner’s property was lost.

Issue 2 is “safety later”. An RFP will be issued for the next generation of RIDE. DOC is making robust additions to planning, including improved classification, and also what inmates need regarding job training intervention, education, and substance abuse intervention. DOC will implement revised custody management practices to “incentivize” inmates to make good choices.

Issue 3 designed to find and train the best staff. A military support group has been established to assist uniformed staff returning from military service.

A final issue is to recognize that crime victims and survivors are a core constituency of DOC. An advisory group has been established with the assistance experts from the Justice Department’s Office of Victim Services. DOC is making Rikers Island more hospitable for crime victims who attend parole hearings on the Island.

Commissioner Schriro next reported on visits, as follows:

A “family advocate program” has been established in space at the Visitor Processing building on Rikers Island. A dedicated officer is available to respond to family members’ concerns and answer questions. In its first month of operation, the program has received 24 substantive inquiries.

Chair Simmons asked about plans to use the information developed from these interactions. Commissioner Schriro said the data is coupled with violence indicators, grievances and 311 data, and has highlighted the need to do additional work to improve in areas such as lost property and transfer of inmate funds. She said there were two concerns raised about bullying, and an anti-bullying initiative has begun at RNDC (The Commissioner displayed posters [attached] that have been displayed at RNDC and on buses bringing visitors to the jail.). She presented DOC’s finalized visitor comment cards to the members (attached). Commissioner Schriro reported that over the summer months, 6% of visitors were required to wear “cover-ups” because their clothing was deemed “objectionable” by DOC visit staff. She said Deputy Warden James Perreino is

assigned to oversee the visiting process, and he evaluates each jail's use of the green cover-up tee shirts. She said that use rates vary among the jails. She added that during July and August, no visitor refused to wear the tee shirt: in March, there were 11 refusals, 5 in April, 8 in May and 3 in June. Mr. Wolf asked for the most current data, through August, and Commissioner Schriro said she would provide it. She added that each visitor receives a freshly-laundered tee shirt.

Commissioner Schriro reported that renovations to the Visit Control building will be completed by the end of September. She said the interior will be painted and cleaned.

Regarding Visitor Express, Commissioner Schriro said that a programming issue had been resolved and staff training has been enhanced. First Deputy Commissioner Lewis Finkelman said that, as a result of a hardware upgrade, visitor processing now is being done "concurrently" rather than "sequentially". He said this will speed the process and reduce delays. Chair Simmons asked that this issue be tracked, and requested that DOC provide an updated report at the November Board meeting. Mr. Wolf reported that the BOC staff person who had been tracking visiting issues for the Board, Laura Limuli, sustained an on-the-job injury and is out indefinitely. He noted that Ms. Limuli's absence makes it more difficult for the Board to monitor visiting issues.

Commissioner Schriro reported on footwear issues, as follows:

DOC received a shipment of 58,000 pairs of sneakers that were manufactured to meet DOC's security concerns. 32,000 pairs remain in current inventory. DOC is working with DCAS to ensure adequate supplies on an ongoing basis. It monitors each jail to make sure no facility's inventory becomes depleted. DOHMH and DOC continue to monitor medical footwear and that process continues to work well, although there are occasional individual complaints.

Institutional footwear is provided only to particular groups: adolescents, City sentenced prisoners, and prisoners in mental observation, punitive segregation and administrative segregation housing units.

Chair Simmons asked if DOC was tracking violence as it related to footwear. Commissioner Schriro said the Department was doing so, and would report on its findings. Dr. Cohen reported that during his visit to the Manhattan Detention Complex (MDC) last week, the clinic captain said MDC's policy is that all inmates must wear institutional footwear. Deputy Chief of Staff Martin Murphy said after being told about the captain's comments by Ms. Potler, he spoke with the MDC warden to ensure that the policy outlined by the Commissioner was being followed at MDC. He added that the clinic captain is not involved in the intake process, so he would have little impact on footwear worn by inmates in general population.

Commissioner Schriro gave an update on classification, as follows:

The implementation process is approximately six weeks behind schedule, as adjustments have been made to implement user suggestions, such as automating input of some forms that DOC had planned for users to fill-out manually. Sixty staff members have been trained, and the conversion should occur in the next month or so. Newly-admitted prisoners will be the first to be classified using the new instrument, and will initially be classified under both the old and new systems. The entire population will be reclassified using the new classification instrument, and all prisoners will have a new score before the end of the calendar year. The result will be a narrower range of scores, and three custody levels: low, medium and high.

Mr. Wolf asked if DOC was finding that, as inmates are reclassified, they are moving from one level to another, for example from medium to high, or vice versa. Commissioner Schriro said that the percentage of prisoners in the maximum custody level will decrease. She said this was due in part to a computer glitch that caused points to be added to some inmates' scores. She said that DOC was still working with consultant James Austin on the allocation of inmates between low and medium levels.

Chair Simmons asked for a report from DOHMH. Dr. Venters reported as follows:

The Board had raised four items. The first is budget-related, the FY11 PEG cuts. DOHMH recently completed the roll-out of ECW, the electronic medical records system. This enabled DOHMH to eliminate 2/3 of the medical clerk positions. Some are needed to scan written records into the system. These cuts enabled DOHMH to reach its PEG targets without significantly impacting clinical services. Going forward however, cuts will affect clinical services and will be painful.

Regarding provider staffing, the opening of punitive segregation areas in several jails means that the amount of time it takes to do rounds at each area is quite small. DOHMH's issue was that it did not know they were being opened, so it had to scramble for two or three weeks to find resources to staff them. Bing rounds are a perfunctory process. To improve the encounter, providers now complete a form to document it. A pilot soon will begin in some infirmaries, where providers will use hand-held computers for documentation. The goal is to improve documentation for all cell-side encounters in all close custody areas.

PHS is recruiting provider staff for the reopening of borough facilities.

Bilingual provider staff continues to be a problem. There are fewer mental health staff than medical staff, and more mental health staff than medical staff work on a per diem basis. Some providers are moved among different facilities, working one shift at one jail and their next shift at another jail. The data provided to the Board is only a snapshot. Every clinic has access to telephonic interpreter services, and DOHMH spends only between \$30,000 and \$50,000 on interpreter

services. There is no reason why providers should not be able to communicate with Russian- and Mandarin-speaking patients. All Performance Indicator reviews, M and M reviews, and “close call” reviews include a determination of whether the patient and provider understood one another.

Motions to renew existing DOC variances and existing DOHMH variances were approved without opposition. The public meeting was adjourned at 10:10 a.m.

The Board met in executive session with Dr. Venters and Commissioner Schriro and her staff to discuss investigations of security issues. The executive session concluded at 10:35 a.m.