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Chief Medical Officer
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September 3, 2015

Stanley Brezenoff, Chair
NYC Board of Correction
51 Chambers Street, Room 923
New York, NY 10007

Re: Variance Request to BOC Minimum Standards Regarding Implementation of the Young Adult Plan and the Separation of Inmates Ages 18 through 21 from Inmates Ages 22 and Over: Section 1-02

Dear Mr. Brezenoff:

Pursuant to §1-15(b)(2)(i) of the New York City Board of Correction's ("Board") Minimum Standards, the New York City Health and Hospitals Corporation ("HHC") requests a continuing variance from the BOC Minimum Standards §1-02(2)(c), which requires that "no later than October 15, 2015...inmates ages 18 through 21 be housed separately and apart from inmates over the age of 21," in relation to the housing of inmates in specialized mental health units, including but not limited to the Program for Accelerating Clinical Effectiveness (PACE) and Clinical Alternative to Punitive Segregation (CAPS) units and for the provision of services through the KEEP program at Anna M. Kross Center (AMKC).

PACE and CAPS units provide therapeutic interventions to patients at risk of decompensation, self-harm, and hospitalization, thereby reducing negative health outcomes, with the distinction that the CAPS unit was designed specifically as an alternative to punitive segregation. These units have higher staffing levels and programming specifically tailored to meet the needs of patients and is geared to encourage group and one-on-one engagement among patients and mental health staff and treatment aides. The care provided within PACE and CAPS cannot be replicated in any other housing unit.

The KEEP program, one of the nation's oldest jail-based Opioid Treatment Programs, currently operates out of three (3) facilities: AMKC, Rose M. Singer Center (RMSC), and Eric M. Taylor Center (EMTC). The program is highly regulated in the manner in which methadone is procured, secured, and dispensed. AMKC is the main facility in which the program is afforded. Establishing the program in a separate facility exclusively for young adults would result in a substantial fiscal impact and additional staffing needs, especially in light of the small number of young adults in need of methadone treatment.

Currently, there are approximately 1200 young adults (18-21 years old) in DOC custody, an estimated two (2) of whom are in need of the care that can only be delivered in PACE or CAPS. This number is not anticipated to significantly increase in the foreseeable future. Similarly, an analysis of 2014 18-21 year old admissions revealed that only 2.3% of intakes (140 of a total of 6217) in this age group show evidence of opioid withdrawal and required methadone detoxification at intake. Based on the data, it is anticipated that between 5 to 10 young adults will require methadone treatment on a given day. To establish a PACE unit or a KEEP program solely designated to this age group would serve to divert these essential services from adult inmates, identified as the population most in need.

We appreciate the Board's immediate consideration of this matter.

Sincerely,



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Chief Medical Officer
Assistant Vice President
Correctional Health Services

c: Patricia Yang, DrPH, Senior Vice President, HHC