

**NEW YORK CITY  
BOARD OF CORRECTION**

**December 6, 2001**

MEMBERS PRESENT

John R. Horan, Acting Chair  
Canute C. Bernard, M.D.  
David Lenefsky  
Louis A. Cruz  
Father Richard Nahman, O.S.A.  
David A. Schulte

Excused absences were noted for Board Members Stanley Kreitman and Barbara Margolis.

DEPARTMENT OF CORRECTION

William Fraser, Commissioner  
Gary Lanigan, First Deputy Commissioner  
Sandra Lewis Smith, Deputy Commissioner  
Elizabeth Loconsolo, General Counsel  
Jorge Ocasio, Chief of Inspectional Services and Compliance Division (ISCD)  
Elizabeth Myers, ISCD  
Captain Darryl Harrison

HEALTH & HOSPITALS CORPORATION - CORRECTIONAL HEALTH SERVICES

Michael Tannenbaum, Chief Operating Officer  
George Axelrod, Chief Risk/Quality Officer  
Patrick Brown, M.D., Medical Director  
Arthur Lynch, Mental Health Director  
Robert Berger, Director, Service Delivery Assessment Unit

OTHERS IN ATTENDANCE

Trevor Parks, M.D., Medical Director, Prison Health Services  
Becky Pinney, Project Manager, Prison Health Services  
Andy Grossman, Finance Division, City Council  
Andrew Krause, Mayor's Office

Acting Chair John Horan opened the meeting at 1 p.m. Minutes from the October 4, 2001 meeting were approved unanimously.

Acting Chair Horan told Corrections Commissioner William Fraser that Board Members and staff would like to attend the ceremony at which the Manhattan Detention Complex will be renamed for former Commissioner Bernard Kerik. Commissioner Fraser said that the Board will be invited, and that the ceremony will take place before the end of the year. Mr. Horan reported that he sent a letter to Commissioner Fraser, dated November 26, 2001, expressing the view of the Board that DOC's plans for a new Central Punitive Segregation Unit (CPSU) facility do not comply with minimum standards requirements for outdoor recreation.

Mr. Horan called for reports from the Members. Board Member David Schulte reported on his recent visit to a RISAS (Rikers Island Substance Abuse Services) program housing area on Rikers Island. He described the program as a "feel good" program with which he was impressed. Commissioner Fraser explained that the RISAS program contains the same elements as the SAID (Substance Abuse Intervention Division) program, but that RISAS is operated by Prison Health Services, Inc., and SAID is operated by the Department. Mr. Schulte said that he received two complaints. The first is that "overloads" are housed in empty beds in the RISAS dormitory. Mr. Schulte explained that "overloads" are inmates who are not participants in the program, and that their presence creates friction with program participants. Commissioner Fraser thanked Mr. Schulte for bringing the issue to DOC's attention. He said that last night all overloaded inmates were transferred out of RISAS dormitories. He added that the problem had occurred once before, and that it never should have recurred. Commissioner Fraser said that with the overall inmate population down, overloads are used as a "recruitment source" for the program. He said that overloads are interviewed when they arrive at the dormitory, but do not participate in the program. Those who do not wish to participate in the program must be transferred out within 72 hours. Mr. Schulte said that the second complaint came from a civilian employee of the program who reported that inmates who are discharged from the RISAS program leave Rikers Island at 5 a.m. Commissioner Fraser said that the early morning discharge time enabled discharged inmates to arrive early at offices where they must apply for social services benefits. He said that DOC does not have available processing space to release the inmates later in the day, but noted that inmates discharged from mental health housing are released between 10 a.m. and 1 p.m. Board Member David Lenefsky asked if female inmates continue to be discharged later than the men, and Commissioner Fraser confirmed that this was true.

Commissioner Fraser introduced the new liaison to the Board, Jorge Ocasio, Bureau Chief for the Inspectional Services and Compliance Division.

Mr. Lenefsky said that in his oversight role in the "post September 11<sup>th</sup> environment", he would recommend that the new CPSU be "put on hold", pending review by the new administration. He added that the Commissioner, in advocating for a new CPSU, was properly advocating for the Department. Board Member Dr. Canute C. Bernard said that he agreed with Mr. Lenefsky. Commissioner Fraser responded that he respected the opinion. He noted that DOC was participating in programs to eliminate the budget gap, including a program described by the Mayor a few days ago which will balance the budget for the remainder of the current

fiscal year. The Commissioner said that in light of September 11<sup>th</sup>, DOC is constantly reexamining its activities and has offered three times the cuts called for by the Mayor. He said that DOC takes its budget responsibilities very seriously, and that it was for DOC to determine how to meet its responsibilities. Mr. Lenefsky responded that his comments were directed at the capital budget, and that the Commissioner was referring to the expense budget. He said that under the *Charter*, the Board has the authority to comment on capital construction plans. The Commissioner said that DOC had also met its capital budget requirements. Mr. Lenefsky noted that site preparation work was continuing, and asked whether there is a contract for construction of the entire project. Commissioner Fraser said that there never is a complete contract; everything is "done in phases". He said that the overall budget has been approved. Mr. Lenefsky asked whether there is a general contractor. The Commissioner said that there is a general contractor, but that he did not know the name. Mr. Lenefsky asked for information about subcontracts. The Commissioner said that the Board had requested the information, and that DOC would forward it in a couple of weeks. Mr. Schulte suggested that the Board should send Mr. Lenefsky's comments to the Mayor-elect.

BOC Deputy Executive Director Cathy Potler reported on two suicides that occurred since the last Board meeting. She noted that there were five suicides in 2001. Ms. Potler said that at 2:40 a.m. on October 16<sup>th</sup>, a 31 year-old male detainee who had been admitted to the system on August 25<sup>th</sup>, was found hanging from a sheet affixed to a bar on the door of his cell in the RISAS program at the Anna M. Kross Center (AMKC). She said that there was only one officer on duty in the housing area, and the inmate suicide prevention aide was locked in his cell. Mr. Lenefsky asked whether it was DOC policy to have two officers and, if so, what happened to the second officer. Commissioner Fraser said that this was the first he was hearing about the issue, and that he would check on both staffing and on the inmate observation aide and respond to the Board in writing. Mr. Schulte asked whether it was BOC policy to advise the Commissioner of investigative findings in advance of the public meeting, so that he could be prepared to respond. BOC Executive Director Richard Wolf said that Board staff who investigate suicides discuss findings with the Warden and senior facility staff before departing from the facility, and that Mr. Wolf participated in such a discussion in this case. Commissioner Fraser said that on the midnight tour, most areas have one officer and a "floating 'B'" officer. Mr. Lenefsky said that if there is only one officer, there is no one to supervise the inmate observation aide. Mr. Schulte said that in a typical "V-shaped" housing area, there is an "A" officer in the officers' station and a "B" or floor officer. He asked for a description of the inmates housed in the area. The Commissioner said the inmates were participants in the RISAS drug program, and he added that they were "general population, low classification". Mr. Schulte asked whether the officer in the "glass cage" is supposed to leave the officers' station in the event of an emergency. The Commissioner replied that the officer is supposed to remain in the officers' station and call for assistance.

Ms. Potler reported that the second suicide was discovered at approximately 10:40 p.m. on October 26<sup>th</sup>. She said that a 38 year-old male detainee was found hanging from a piece of sheet that had been affixed to the light fixture in his cell at the George Motchan Detention Center (GMDC), where he had been housed in the SAID drug program since April. Ms. Potler said that at intake the inmate reported to medical staff that he had attempted suicide in 1998, so the inmate was referred to mental health services. She said he was seen by mental health until August,

when mental health services ceased, without explanation in the chart. Michael Tannenbaum, Chief Operating Officer of the Health & Hospital Corporation's Office of Correctional Health Services (CHS) said that the number of suicides in 2001 mirrors the numbers in recent years, with the exception of 2000. He said that CHS reviewed more than 500 suicide attempts and suicidal gestures in 2001. He said that CHS had conducted a thorough review of all suicides that occurred in the past few years, looking for trends, characteristics, and stressors. Mr. Tannenbaum said that CHS was examining suicides by inmates for whom there was no indication that the inmate was at risk for self harm. Mr. Wolf asked whether CHS had determined why mental health care ceased in this case, and whether the termination was appropriate at the time. Mr. Tannenbaum replied that he was not present at CHS's Mortality and Morbidity Review, but that he would find out and inform the Board.

Mr. Horan asked Mr. Tannenbaum to discuss CHS's report regarding PHS's ability to meet contract performance indicators for the third quarter of 2001. Mr. Lenefsky said that the report incorrectly reflects that liquidated damages for the third quarter were the lowest ever assessed. Robert Berger, CHS's Director of Service Delivery Assessment, said that CHS had made an arithmetic error and that \$67,000 had been assessed for the second quarter, and \$65,000 for the third quarter. Mr. Tannenbaum said that CHS was not surprised, noting that PHS's performance is improving each week. Mr. Lenefsky asked if it were still the case that the vendor is cooperative and shares information as requested. Mr. Tannenbaum said that this was so. In response to a question from Mr. Lenefsky, Mr. Tannenbaum said that indicator #5, "HIV positive women" is being subsumed into indicator #2. Mr. Lenefsky asked for the difference between indicator #29, "medical records availability" and # 29, "medical records requests". Mr. Berger said that #29 pertained to outside requests for medical records, from organizations such as Legal Aid. He noted that #28 assessed chart availability to providers on-site. CHS's Chief Risk/Quality Officer George Axelrod said that PHS's performance regarding indicator #29 worsened in the third quarter because of a dramatic increase in the number of litigation-related requests for charts.

Mr. Lenefsky said that several indicators were not met in either the second or the third quarter. He began with #9, "diabetes", and asked for an explanation. Mr. Tannenbaum said that tests are now being scheduled at intake, rather than 14 days after admission, so he expects performance to show marked improvement in the next quarter. Mr. Lenefsky asked about indicators #18 and 19, "mental health documentation" and "mental observation units". Arthur Lynch, CHS's Director of Mental Health, said that there had been a drop-off in the thoroughness of mental health documentation that was being completed by practitioners, although not enough to compromise patient care. He said the documentation that is required is under review. As to #19, Mr. Lynch said that this is based upon the Board's Mental Health Minimum Standards, which require that inmate/patients housed in mental observation must be evaluated every seven days. He said that the evaluation was occurring and was documented, but that the specifically-required documentation was sometimes lacking.

In response to a question from Mr. Lenefsky, Mr. Berger said that the contract provided for escalating liquidated damages if the vendor fails a performance indicator in two consecutive quarters, and if performance worsens from the first to the second failure. He said this had not occurred, so the increased-penalty clause was not invoked.

Mr. Tannenbaum reiterated his belief that the contract is "going well". He said that PHS has met or substantially met more than 99% of all indicators, but CHS defines compliance as 100%. He added that the trend is that PHS is failing fewer indicators, and performing better with respect to those indicators for which it continues to fail. Mr. Tannenbaum said that practitioners are expected to leave an "out" card when they remove a patient's chart. He said that when Mr. Berger's unit reviews charts on-site, they meet with the senior physician and explain their findings before they leave for the day. Mr. Berger said that a corrective action plan must be submitted within two days. Mr. Lenefsky said that he is "delighted" with the provider and with the progress that has been made. He said that he saw a "sea change" from previous providers.

Mr. Tannenbaum then addressed several additional issues: (1) Regarding specialty clinics, he said that scheduling problems are complicated, but must be reduced. He said that distinctions must be drawn between patients who "outright refuse" a specialty clinic appointment and those who have been transferred. He said that changes have been made in scheduling practices that should improve appearance rates. Mr. Tannenbaum said that the previous vendor's data was not reliable. For example, he said that many patients whose appointments were assigned "priority one" did not require such a prompt appointment. He noted that a senior director who reports directly to Mr. Tannenbaum has been appointed to supervise utilization management. (2) Mr. Tannenbaum reported that he is focusing special attention on the Rose M. Singer Center, where many services must be provided on-site to the women. (3) He said that Bellevue Hospital has improved its scheduling practices, and added that all off-Island specialty clinics will be provided at Bellevue. (4) Mr. Tannenbaum said that procedural changes introduced into laboratory services are ensuring that abnormal lab results get entered into charts without delay. Mr. Berger said that this indicator is examined monthly, and is improving rapidly.

Mr. Tannenbaum acknowledged Ms. Potler's presentation to PHS staff during Grand Rounds on Rikers Island. He added that he will invite Ms. Potler to return to make a presentation to CHS staff in the near future.

Chief Ocasio requested that the Board renew all existing variances, to which the Members agreed, without opposition.

Board Member Louis Cruz said that under no circumstances will he support any request for variances for the new CPSU.

Acting Chair Horan adjourned the meeting at 1:52 p.m.