

**NEW YORK CITY
BOARD OF CORRECTION**

November 14, 2002

MEMBERS PRESENT

Stanley Kreitman, Chair
John R. Horan, Vice Chair
Louis A. Cruz
Richard M. Nahman, O.S.A.
Fredrick J. Patrick
Michael J. Regan

Excused absences were noted for Members John H. Banks III and Jane Paley Price.

DEPARTMENT OF CORRECTION

William J. Fraser, Commissioner
Gary Lanigan, First Deputy Commissioner
Leroy Grant, Bureau Chief, Inspectional Services & Compliance Division (ISCD)
Thomas Antenen, Deputy Commissioner
Roger Parris, Deputy Commissioner
Elizabeth Loconsolo, General Counsel
Captain Darryl Harrison

HEALTH & HOSPITALS CORPORATION - CORRECTIONAL HEALTH SERVICES

Ernesto Marrero, Jr., Executive Director
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
Eric Zimiles, Chief Financial Officer

OTHERS IN ATTENDANCE

Amy Anderson, NYU
Trevor Parks, M.D., Medical Director, Prison Health Services
Sister Vivient Ciselli

Chair Stanley Kreitman called the meeting to order at 1:02 p.m. A motion to adopt minutes from the Board's October 10, 2002 meeting passed without opposition.

Chair Kreitman asked DOC Commissioner William Fraser to report on the inmate population, bed capacity, and construction issues. Commissioner Fraser said that the census currently is 15,318. He said that, noting an increase in the number of parole violators, DOC representatives met with State officials who agreed to remove 200 parole violators over the next month. Commissioner Fraser said there is no population problem at the present time, and that there is no substantial increase in the number of new arrests. He said that a seasonal increase was anticipated, but that the census increased because of the parole violators. Commissioner Fraser said that DOC has a problem with replacement of modular housing units, which are "in bad shape". He said that a Court Order requires DOC to renovate shower areas, and that of the 103 areas covered by the Order, six have been permanently closed. 85 of the remaining 97 have been renovated. Three are under renovation, and nine areas remain. He said that by the end of March, 2003, DOC should be in compliance with the Order. Commissioner Fraser noted that BOC staff had toured Sprung 3 at the Adolescent Reception and Detention Center (ARDC) and the showers are in very poor condition. He said that ARDC administrators are performing temporary "patch work" until DOC completes the other, Court-ordered renovations, after which DOC will perform comprehensive renovations in Sprung 3. The Commissioner noted that BOC staff observed debris falling from the ceiling in one area, and that painting was required in another area. He said that the census was lowered in a third area because there were insufficient working showers to meet the Minimum Standards ratio. He added that Chief Leroy Grant was touring all areas to be certain that fixture ratios were met in all housing areas. Chair Kreitman asked what would happen if there were a major storm in the City and a Sprung became unusable. Commissioner Fraser replied that housing areas 1A and 1B at the James A. Thomas Center (JATC) could be reopened if necessary, as could modular housing areas in the West Facility. He added that the Bronx and Queens Houses of Detention could be reopened in an emergency, although major renovation work is taking place in both facilities. Member Louis Cruz asked how much lead time DOC would require to reopen a facility that currently is closed. Commissioner Fraser said that, in an emergency, DOC could reopen JATC "on the next tour". BOC Executive Director Richard Wolf asked Correctional Health Services Executive (CHS) Director Ernesto Marrero whether CHS and its vendor Prison Health Services (PHS) have an emergency plan should DOC have to reopen a currently-closed facility. Mr. Marrero said that there is a plan to redirect health care staff to inmates in reopened facilities. Commissioner Fraser added that DOC's emergency plans include CHS and PHS. BOC Deputy Executive Director Cathy Potler asked where medical staff would come from if JATC reopened over the weekend. Mr. Marrero said that if the entire building opened, CHS would require notice of thirty days to put full staffing in place. Commissioner Fraser said that if 50 to 100 inmates were housed temporarily in JATC, medical staff would come from the North Infirmiry Command. He added that by the end of the month, the Criminal Justice Center in JATC will reopen.

Chair Kreitman noted that jail violence continues to decline, and asked what the Department is "doing right". Commissioner Fraser said that DOC continues to conduct many searches, and use gang intelligence and confidential informants. He said that staff working in the jails are doing a good job.

Mr. Cruz raised the issue of exterminating services. He said he toured the Anna M. Kross Center (AMKC) recently and was very impressed with the cleanliness in the clinic. He visited the mental health area and noticed how motivated the staff seemed to be. Mr. Cruz said he asked if there were any problems, and was told that physician attendance was a problem, and that sometimes doctors had to perform double tours. He said he saw a cockroach and asked how often exterminating occurs. Commissioner Fraser said that there is a licensed exterminator for each facility, and an exterminating schedule for each jail. He said that kitchens are "fogged" regularly, in addition to standard extermination practices. The Commissioner said he would examine the records and make sure the clinic areas receive extermination services. Mr. Cruz said that there was no entry by maintenance staff in the clinic log book. The Commissioner said that the record to check is in the maintenance area. He said he would review for Mr. Cruz all of the exterminating services records for AMKC.

Chair Kreitman asked for a report on hospital runs. Mr. Marrero said that hospital runs have increased from 2000 to 2001, and that based upon 10 months' data, there will be another increase in 2002. He said the exact number is difficult to ascertain because of different definitions. Mr. Marrero said that three months ago, DOC and CHS personnel began meeting each day to agree on the number of hospital runs "for CHS purposes". He distinguished this notion from DOC's calculations, which must account for all occasions when inmates are taken to hospitals. He gave as an example an inmate who decompensates in a Brooklyn court house before entering the jail system; DOC transports the inmate, but CHS does not count this event as a hospital run. Chair Kreitman asked about the extent to which the number of hospital runs is increasing. Mr. Marrero said that mental health runs increased from 2000 to 2001 by 50%, from 40 per month to 60 per month. Mr. Marrero said that 75% of mental health runs result in hospital admissions. He added that CHS reviews the charts of every inmate who is not admitted to determine the propriety of the hospital run. He said that the review disclosed that of 600 mental health hospital runs in the first six months of 2002, only four were found to be inappropriate runs. Mr. Marrero said that CHS initiated an ongoing practice of educating practitioners as to when to send inmates to the hospital. He said that issues are raised during Grand Rounds, including treatment of aggression and hostility, use of atypical antipsychotic medications for schizophrenia and psychotic disorders, and several other topics. Mr. Marrero said that training also occurs during mortality and morbidity reviews, and information from the reviews is disseminated to all practitioners. He added that training occurs during quality improvement projects, where topics such as "who belongs in a mental observation area" are discussed. CHS Mental Health Director Arthur Lynch added that CHS had established a "journal club", which distributes articles from the literature that address issues and practices identified by senior clinicians as areas in which practitioners could improve. He said that the unit chiefs meet once a month to discuss the articles, and then they return to their facilities and review them with practitioners in their clinic. Mr. Marrero said that Mr. Lynch chairs an Attempted Suicide Morbidity Review, where issues are discussed, clinicians are counseled, and information is passed along to all mental health practitioners.

Mr. Kreitman asked about medical hospital runs. Mr. Marrero said that medical runs had also increased substantially. He said that Dr. Patrick Brown heads a committee that reviews the cases. He said that earlier this year, CHS was reviewing every run that did not result in a

hospital admission. In February and March, the committee determined that 3% of the runs were inappropriate; in April 1 % was inappropriate. Mr. Marrero said that since April, the committee reviews a sample of the hospital runs and, although the number of inappropriate runs remains low, he may ask Dr. Brown to review all of the runs that do not result in the inmate being admitted. Mr. Marrero concluded by saying that all information indicates that the hospital runs are appropriate. Mr. Cruz said that the statistics cited by Mr. Marrero were better than those of private practitioners on Park Avenue. Mr. Wolf asked whether the reviews categorize hospital runs by the reason for the run. Mr. Marrero said that UrgiCare collects the data, and has done so since 2001. He said the categories are: cardio-pulmonary, HIV-related, OBGYN, medical non-specific, surgical non-specific, mental health, and trauma. He added that there is too little data to discern trends.

Mr. Cruz said that he recently visited the Elmhurst Hospital prison ward, and he was impressed with HHC's operations, with the cleanliness, and with DOC personnel, particularly Captain Weber. He asked about the confidentiality of medical records. Mr. Marrero said that the same protocols are followed as in all HHC hospitals. Mr. Cruz said that medical records are kept in DOC's front office. Mr. Marrero said that HHC follows confidentiality requirements of the Joint Commission on the Accreditation of Hospitals. Commissioner Fraser said the file cabinets with the medical records are kept in the doctors' offices, and DOC personnel do not have access to them. He said that there may be inmate files in the officers' station but not medical files. Mr. Cruz said that there are medical records in the metal cabinets immediately to the left when one enters the area. Commissioner Fraser said DOC staff do not have keys to the cabinets. Mr. Cruz said he was told by DOC personnel that they did have keys to the cabinets. Commissioner Fraser said he would check with his staff. Mr. Cruz said that he asked about the status of one or two inmates, and DOC personnel pulled the files, which seemed to contain medical records.

A request by DOC to renew existing variances was approved without opposition. Chair Kreitman asked if a Member would make a motion for the Board to go into executive session. Board Member Father Richard Nahman moved that the Board go into executive session to discuss security issues. The motion was adopted unanimously. The public meeting adjourned at 1:30 p.m.

The Board met in executive session with Commissioner Fraser and DOC General Counsel Elizabeth Loconsolo until 2:25 p.m. Thereafter the Board remained in executive session until 2:40 p.m.