NEW YORK CITY
BOARD OF CORRECTION

January 14, 2014

MEMBERS PRESENT
Gordon Campbell, Esq., Chair
Alexander Rovt, PhD, Vice-Chair
Greg Berman
Robert L. Cohen, M.D.
Bryanne Hamill
Michael J. Regan
Pamela Silverblatt

Excused absence was noted for Catherine Abate, Esq.

DEPARTMENT OF CORRECTION
Dora B. Schriro, Commissioner
Evelyn A. Mirabal, Chief of Department
Mark Cranston, First Deputy Commissioner
Ari Wax, Sr. Deputy Commissioner
Thomas Bergdall, Esq., Deputy Commissioner and General Counsel
Erik Berliner, Deputy Commissioner
Florence Finkle, Esq., Deputy Commissioner
Sara Taylor, Chief of Staff
Martin Murphy, Deputy Chief of Staff
Eldin L. Villafone, Press Secretary
Carleen McLaughlin, Legislative Affairs Associate
Ana Billingsely, Urban Fellow

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Amanda Parsons, M.D., Deputy Commissioner
Homer Venters, M.D., Assistant Commissioner, Correctional Health Services
Ross MacDonald, M.D., Medical Director
Zachery Rosner, M.D., Deputy Medical Director
Daniel Selling, Psy. D., Executive Director of Mental Health/Substance Abuse Treatment
George Axelrod, Chief Risk Officer
Sarah Glowa- Kollisch, Director of Policy and Evaluation
Jasmine Graves, Research Coordinator to the Medical Director

OTHERS IN ATTENDANCE
Ariel Adams, Jails Action Coalition (JAC)
Katrina Blackman, BOC
Dahianna Castillo, Office of Management and Budget (OMB)
Jay Cowan, Corizon,
Emily Daughtry, Department of Justice/USAO
Allan Feinblum, JAC

Hadley Fitzgerald, JAC
Lisa Gray, Radical Media
Susana Guerrero, State Commission of Correction
Phyllis Harrison-Ross, State Commission of Correction
Deborah Hertz, Urban Justice Center
William Hongach, City Council
Myra Hutchinson, Mental Health Alternatives to Solitary Confinement
Sarah Kerr, Legal Aid Society
Lucas Koehler, OMB
Neil Leibowitz, M.D., Director, Mental Health, Corizon
Nicolas Malinowski, Brooklyn Defender Services
M. Parish-Miller, JAC
Jennifer Parish, Urban Justice Center/JAC
Jake Pearson, Associated Press
Teodora Popescu, Doctors Council CMW
Frank Prosia, Doctors Council SEIU
Daisy Rodriquez, JAC
Regina Poreda Ryan, City Council
Nathan Shearer
Molly Snyder, Radical Media
Aviva Stahl, Solitary Watch
Marc Steier, Correction Officers Benevolent Association (COBA)
Gale Weiner, JAC
Daniel Wilson, Radical Media
Eisha Wright, Finance Division, City Council
Michael Zuckerman, MD, Vice President of Operations, Corizon

Chair Gordon Campbell called the meeting to order at 9:06 a.m. A motion to adopt the minutes from the Board's November 18, 2014 meeting was approved without objection. The Chair acknowledged the work and contributions of the outgoing Department of Correction (DOC) Commissioner Dora Schriro. Chair Campbell thanked the Commissioner for listening to the Board and our partners and stakeholders in "turning the corner on punitive segregation." On behalf of the Board, the Chair wished her well in her new position in Connecticut. Chair Campbell also thanked Board Member Dr. Robert Cohen for securing a $35,000 grant from the Open Society Foundation to assist the Board with its rulemaking efforts.

The Chair discussed a meeting convened in December by the Board to examine recent in-custody deaths from both an individual and systems perspective, and to review several troubling use of force incidents. It was attended by Dr. Cohen, Board Member Bryanne Hamill, the Chair, senior Board staff, Commissioner Schriro and her staff, Drs. Parsons and Venters and staff from the Department of Health and Mental Hygiene (DOHMH) and representatives from Corizon. The Chair stated that it was a very open and candid exchange identifying what worked, what did not work, and what could be done better. The Chair reported that these meetings will be held on a regular basis going forward.

Chair Campbell requested that Executive Director Cathy Potler give her report. Ms. Potler introduced Board field representative Katrina Blackman, and commended Ms. Blackman for the excellent job she was doing at the Anna M. Kross Center (AMKC). Ms. Potler also mentioned that Director of Research & Analysis Chai Park designed a study involving a survey to assess access to and utilization of recreation in the Central Punitive Segregation Unit (CPSU). Along with Ms. Park, field staff and Director of Field Operations Felix Martinez conducted the survey.

Ms. Potler reported on the following items:

- The Mental Health Assessment Unit for Infracted Inmates (MHAUII) closed on December 31, 2013. Yesterday Dr. Cohen and Board staff visited both CAPS units at AMKC. All four patients in the dormitory unit were actively engaged in art therapy, and in the cell housing unit, all 15 patients were participating in a group session. A robust mental health staff was present.

- During the month of December, new Restrictive Housing Units (RHUs) were quickly assembled and opened. GMDC's RHU opened on December 2nd and the remainder of the RHUs opened around the holidays between December 18th and December 26th. Board field staff has been closely monitoring the roll out of new units and their operation. On January 6th Dr. Cohen and Board staff visited the new RHUs. This is what we learned from our staff and from the tour:

    - The two new RHUs at OBCC and AMKC have very minimal clinical programs. At OBCC's RHU, until yesterday only one group meeting had occurred since the unit opened. The reason given was that there had been no

coordination between the mental health providers and DOC in the design of the group meeting area, which did not allow easy exit for mental health staff should a potentially dangerous situation arise. After we raised this issue with the Warden, the area was reconfigured and group sessions were held yesterday.

- The new AMKC RHU, which opened about two and a half weeks ago, had not had any group or one-to-one sessions. Yesterday Dr. Cohen and Board staff discussed with Corizon mental health staff and with the Warden our concerns about the failure to provide a clinical program. Each one had different reasons for why it had not started, but the good news is that yesterday afternoon two group sessions were finally held for the first time.

Ms. Potler discussed several other RHU issues that need to be addressed as follows:

- There is no uniform RHU operating manual describing the program and operation. For instance, the intake process is not consistent: at GMDC an inmate cannot begin the program for a week, at OBCC the intake assessment is every Tuesday, and according to DOC Central Office, it is as soon as the inmate is ready to begin the clinical program as determined by the mental health staff.

- Steady and trained correctional and mental health staff is critical to the success of the program. There are only a few steady officers and captains assigned to each of the RHUs. Most have not been trained. Because it is so difficult to attract steady officers to work in the RHUs, often new recruits are assigned to work in these units who are scared and feel ill-equipped to work with this population. Yesterday at AMKC, we observed two excellent steady officers, one working in the RHU and the other in CAPS, who contributed greatly to the smooth operation of the unit and de-escalating potential problems.

After numerous discussions with Board members and staff, Chair Campbell reported that the rulemaking construct presented at the last Board meeting has been changed: one committee will focus on adolescents, headed by Ms. Hamill, and the other on adults, led by Dr. Cohen. Both committees will focus on prisoners with and without mental illness. Prior to the public hearing process, the Board will engage in a fact-finding phase - meeting with stakeholders, many of whom are sitting in this room. At the same time, Chair Campbell added that the Board will learn about the best practices nationally and internationally in reducing the use of solitary confinement to help inform our thinking. The Chair stated that draft rules should be completed toward the end of 2014 and the Citywide Administrative Procedure Act (CAPA) proceedings should begin immediately thereafter. Chair Campbell underscored the importance of the CAPA process with its requirements for written comments and hearings as a very deliberative and inclusive process.

Ms. Hamill explained the focus of the juvenile committee as follows:

> [We will focus on] the juveniles between the ages of 16 to 19, both with and without mental illness, and male and female, in relationship to solitary confinement. In terms of the scope, what we are looking at are: what are the optimal ways to prevent misconduct of juveniles? And when rule violations do occur, what are the appropriate ways to address and prevent misconduct in the future? We will be looking at, without jeopardizing jail safety and security, should this population, the juvenile population, or some subset of them, be excluded completely from solitary confinement? How can the Department of Correction improve their interactions with inmates with mental illness to reduce reliance on punitive measures? The process that we envision…is an open-minded process, a transparent process, an inclusion of all interested parties who wish to be heard and speaking to all the stakeholders. Meetings that will be set up . . . with the various stakeholders . . . we will [examine] the policy and procedures that are currently in place and how they are working; touring the various facilities where our juveniles are currently being housed; and speaking to the youth. We will have a research component as well where we will be identifying and reviewing the national best practices . . . in youth correctional facilities. . . . We'll be looking at alternative disciplinary approaches to solitary confinement, training for security and the mental health staff, mental health services, programs and rehabilitative interventions . . . the physical plant, that being the housing areas themselves, and the staffing. We will be speaking to experts in the field of adolescent mental health and adolescent correction. . . . We intend to have public forums, panel presentations, and then ultimately follow the CAPA process. We will be determining what compliance with our current standards we do have, reviewing the standards that are in place and the City's compliance with those and which of those should be amended or adopted. We will be taking a look at the Department of Correction initiatives as it relate to CAPS and RHUs and their sentencing reforms in reducing the use of the formal disciplinary system and improving behavior. . . . I look forward to working with my colleagues, the Board staff, and all of you in working as best as we can to improve the conditions of confinement, which will include the clinical treatment of our juveniles while maintaining safety and security. . . .

Dr. Cohen stated that the same process described by Ms. Hamill would be followed by his committee focusing on adults, with and without mental illness. He added the following:

- By setting up the CAPS units, both DOC and DOHMH are in agreement that adults with serious mental illness should not be in punitive segregation. The committee will look at making rules associated with this program.

- The committee will look at ways to prevent adults from engaging in misconduct and being placed in punitive segregation.

- The committee will explore programs that will limit the amount of hours and days people spend in solitary confinement.

- The committee will be looking at ways to ensure that programming in solitary confinement for all people is maximally designed to avoid violence, long sentences, and re-infractions.

- The committee will focus on staffing, training, and physical plant issues.

Dr. Cohen concluded by saying that his committee looks forward to hearing from the people in this room, from prisoners who have served time in these units, and from those who are currently serving time.

Chair Campbell asked Ms. Hamill to report on Dr. Cohen's and her December 5, 2013 visit to Rose M. Singer Center (RMSC). She described it as follows:

> I was very impressed with the CAPS unit. . . . The clinical staff . . . was having a meeting and when the meeting ended the inmates were allowed out of their cells and there were conversations between the clinical staff, the correction staff, and the inmates. I had an opportunity to speak to some of the inmates [who] . . . told me . . . that they really liked that unit, that they felt they were getting a lot of help, that they were treated more like patients and they were meeting with people who could really help them with the problems that they were facing. One, in particular, asked me if I could try to make the arrangements that for all of her time at Rikers she could stay at CAPS because she felt that that is where she had done the absolute best in her behavior and her thoughts or feelings had really improved.

Ms. Hamill described their tour of RMSC's MHAUII unit as follows:

> All the inmates were locked in their cells. There was no group or clinical services provided. She noticed that several of the windows were completely covered, and one was completely covered with feces. Board staff could not get any response from the inmate when they knocked on her cell door. Ms. Hamill stated that they called for the correction staff to open the door, because they were concerned about the inmate's safety and well-being. The door was not opened. The officers called for a supervisor. Three captains arrived. The door was not opened. Board staff contacted the Commissioner's office and was told that the Warden would be sent over from a meeting outside the facility. Eventually the captains called for a medical emergency [response] and four women arrived with a gurney. The door was opened. When the door was opened, the inmate was found on the floor under the bed wrapped in a blanket. The medical team pulled her out, and she was found completely naked, face down, with

> a ligature around her neck. They put her on the gurney and the medical team took her away. It was about an hour from the time we arrived at the cell to the time that the door was actually opened and the inmate was seen.

Ms. Hamill concluded by stating that the incident was indicative of systemic failure by the various departments.

Dr. Cohen added that medical staff – after they arrived – promptly attended to the patient and tried to lift her with difficulty because she was very large. Even though they requested help from DOC staff, Dr. Cohen reported that initially the staff did not assist them.

Vice-Chair Alexander Rovt asked whether the medical team "acted professionally," and Dr. Cohen and Ms. Hamill responded affirmatively.

Chair Campbell asked Ms. Hamill to share her experiences on a recent visit to the San Francisco jails. Ms. Hamill described her visit as follows: I visited the San Francisco jails located in downtown San Francisco and in San Bruno. I met with the jail psychiatric services personnel who conduct mental status exams, provide individual therapy and group therapy, collateral contacts, speak to family and friends outside of the jail, do active discharge planning, including setting up community based after care case management, provide crisis intervention and suicide prevention, make a lot of referrals out, offer substance abuse treatment, and coordinate training for the correctional and the medical staff with respect to working with the inmates who have mental health issues. I observed a very close collaboration between the mental health services, the medical services, and the correctional services, and I observed the correctional staff speaking to the inmates in a "therapeutic way". The staff seemed very well trained. They provide a lot of programming because they want the inmates to be productive, learn socialization skills and not be idle. They have an extensive school program in the San Bruno complex providing such courses as English as a second language, art, music, parenting programs, games, choir, computers, fitness, history, bike repair, social skills, how to improve personal relationships, yoga and meditation. Clinical programs were provided in the housing areas.

By completely revamping their correctional system, they have been able to dramatically reduce the use of force, inmate-to-inmate violence and solitary confinement, and utilize more humane administrative segregation. They don't use solitary confinement, but rather Lock Up, where inmates are locked in for longer periods of time in their housing areas than the other inmates.

Generally they don't have inmates housed alone, except in safety cells, which is an empty cell with a little grading in the ground. It is used only for very high-risk suicide patients who are kept there for up to 24 hours before being transferred to a psychiatric hospital. I observed clinical staff speaking with a patient in a safety cell about every 10 or 15 minutes and did see his behavior improve over time.

Ms. Hamill concluded her report as follows: "It seemed to be a very clean collegial place. It was very collaborative, very humane. It seemed very safe. There was a really good morale among security as well as inmates. They seemed to appreciate recognized values such as social interaction and programing . . . . It is truly a model for us to look to."

Chair Campbell asked Dr. Cohen to report on his recent visits to the OBCC and GMDC RHUs. Dr. Cohen described his visits as follows:

> At GMDC, inmates were coming in at zero level with 23 hours of lock in time and remaining at that level. They were denied access to reading materials that were brought in by their families. The unit was being locked down early. Mental health staff did not have the ability to provide care after 9:00 p.m. And there were problems with people being locked in showers. . . . [P]rograms were poorly functioning. At OBCC, this program opened on December 19 and when I spoke with the Warden in charge of OBCC on January 3rd . . . she was not aware that this unit at OBCC – which is on the fifth floor in the Central Punitive Segregation Area – that it was an RHU. The Warden thought it was another CPSU unit, which is exactly the way it was functioning. . . . When I visited the AMKC unit . . . yesterday afternoon when we left at around noon or 1:00, there had been no programs. No one had gotten out of their cell for any activities. There was no day room activity. There were no clinical activities. No one had advanced in their levels because there was no program being provided there. There was one steady officer, but in general in all of these programs, there are almost no steady officers . . . [and] captains.
>
> I am very concerned that the Department has no plan . . . to identify, train and provide steady officer and captain staff for any of these units . . . in fact, this has been going on for years. These units . . . by our standards require . . . steady staff. . . . It is something that I believe we are going to have to retrace through the rulemaking, but it is a very serious problem.

Dr. Cohen added that both correctional and mental health staff told him yesterday at AMKC and last week at GMDC that the reason clinical programs were not being provided was that there were no handcuffs available. Dr. Cohen said that it made no sense to him that the facilities were not properly stocked with handcuffs. Dr. Cohen said that he was very impressed by the CAPS units. He suggested that given that there were only 22 patients in both CAPS unit, even though it was projected to house 50, and many more in the RHUs, he would temporarily assign more mental health staff to the RHUs.

Chair suggested forming a working committee on the staffing issues comprised of representatives from DOC, DOHMH, Board staff and two or three Board members to look at what is happening and what needs to happen to going forth. This would be

created even while the Board is engaged in rule-making.

Dr. Venters gave the following update on CAPS, RHU and GRVC's 12 Main:

- CAPS is going quite well, especially the cell housing area. The main concern is how to expand it.

- The RHUs are a mixed bag. The challenge is to make sure that we haven't closed MHAUII and replaced it with RHUs that function similarly. There are two RHUs where programming is now just beginning. Two other RHUs have moderate levels of programming.

- There is a need for a consistent set of rules for the RHUs. Problematic behaviors are exacerbated by anxiety created when rules are inconsistent.

- The RHUs need to have steady and trained mental health and correctional staff.

- The units should be the least restrictive as is necessary. We cannot assume that RHU inmates are all bad apples because if we expect them to behave badly that's what we will get.

- RHU inmates need more time out of cell and engaged in programming. This would lead to better behavior outcomes.

- GRVC'S 12 Main is a unit where people are too aggressive and engaged in too many behavioral problems to be housed in an RHU. There are several women in 12 Lower at RMSC who also fit that profile. The challenge for the mental health staff is to bring clinical services to these patients and to constantly re-evaluate them to see if they are ready to move into a less restrictive environment.

Chair Campbell mentioned that Ms. Potler would be preparing five or six metrics, such as clinical interventions and out-of-cell time that the Board can monitor on a bi-weekly basis in these housing areas.

The Chair asked Commissioner Schriro to provide her report. She stated that DOC had tried to make MHAUII perform "at a better level." After deciding it could not be fixed, the decision was made to close MHAUII. She thanked everyone for their swift work closing it. Commissioner Schriro discussed setbacks in the new RHUs, but emphasized if the RHUs are not working. She stated, "We all together have to figure out how to make it work. It is the most important work that I have ever taken in my career. I really regret that I am not going to be here to see that part through." She commended everyone for their hard work. She added:

> There is virtually no treatment for people who are diagnosed with mental illness who are in the general population . . . there is no routine access to group or individual work. And that has to change. We need to use every

> minute of every day to acquire the skills and practice the skills inside that you're going to need to succeed both inside and outside . . . the MO [Mental Observation] housing units, which are in the GP [general population] . . . is the place to really focus our efforts and our attention and to elicit the resources to . . . acquire the skills and practice the skills - so that we are not talking about how much time is enough time in punitive seg or, what alternatives to punitive seg for the mentally ill and seriously mentally ill should there be. So I leave you with that fervent wish and urgent recommendation.

The Chair discussed a recent letter that the Board received from Doctors Council about security concerns for doctors and health care minimum standard violations. Doctors Council requested that several Board members join them on a tour of some of the problematic clinics on Rikers Island. Chair Campbell invited DOC, DOHMH and Corizon staff to be part of that tour and conversation.

Chair Campbell asked Dr. Venters to provide a short presentation on splashing of health staff. Dr. Venters presented slides (see attached document) that showed an increase in inmates splashing health care staff with bodily fluids or water. He stated that the salient point is that the assaults show us problems in the system. Almost every inmate who is accused of splashing has a mental health diagnosis. Additionally, almost all these splashings occur in solitary confinement settings. Dr. Venters explained that the people who are accused of splashing are generally angry about not being able to get access to services. They want out of solitary confinement. Dr. Venters underscored the importance of understanding the environmental risks and personal characteristics in these solitary confinement settings that contribute to bad outcomes, including splashing and increased violence. He concluded by stating that in order to fix these problems we must address the interaction between an individual's personal characteristics and the environmental variables. As health providers, we must think about the environment in which we place our patients as much as the care provided to any individual patient.

The Chair asked Commissioner Schriro to report on the December 3, 2013 death of a 31-year old inmate found in his cell at CPSU. Commissioner Schriro stated that Mr. Offley had been in DOC custody since July 2012. He was found in his cell hanging from a bed sheet tied to an air vent that was supposed to be suicide proof. The Commissioner reported that he was transported to the hospital, but died several days later on December 3rd. The matter is under investigation, and the Department will continue to provide additional information to the Board as it becomes available.

Before voting on variances, Dr. Cohen asked why the Department has not used Temporary Cell Restriction (TCR) since October, especially since it is a way to reduce the use of punitive segregation for the adolescents at RNDC. First Deputy Commissioner Mark Cranston explained that the paperwork is too cumbersome and the process takes too long. DOC is working on removing these barriers. Dr. Cohen pointed out that Board data shows that number of use of force incidents has decreased when TCR was used. Chair Campbell stated that he wanted Board staff to work with the Department to come up with

a solution to this problem.

First Deputy Commissioner Mark Cranston requested the renewal of the following variances for six months: (1) authorize the commingling of adolescent and adult as well as detainee and sentenced pregnant inmates at RMSC to enable better medical monitoring and to avoid exposure to influenzas and other contagious infections, and (2) the renewal of all existing variances. The Department requested a two month variance to temporarily restrict for up to two hours in their cells adolescent prisoners assigned to cell housing units at RNDC who continue to engage in minor misconduct after being ordered to stop. The Board unanimously approved renewals of the variances.

Dr. Venters requested that the Board renew the following variances for six months: (1) the use of interferon gamma release assays (IGRA) for tuberculosis screening of new admission male and female inmates with the understanding that DOHMH would continue to provide a report with data for men and women, and (2) to authorize psychiatrists to see and evaluate stable adult patients on psychotropic medications in general population at least every 28 days, instead of 14. The Board unanimously approved the renewal of both variances.

Chair Campbell invited the first speaker to the lectern for the public forum part of the meeting.

Dr. Frank Proscia, President of Doctors Council SEIU, thanked the Board for providing the public the opportunity to comment. Dr. Proscia stated that the Doctors Council SEIU is the nation's oldest and largest union of attending physicians and dentists, and that it represents thousands of doctors, including those at Rikers Island, Manhattan Detention Center, Brooklyn Detention Center, HAC, and DOHMH.

Dr. Proscia expressed his concern that doctors, nurses, and prisoners at Rikers Island face serious safety issues. In the past eight months alone at least six doctors have been assaulted while providing services, and two of those assaults occurred in the past two weeks. Dr. Proscia went on to say that the doctors in the union understand that they are working in a "challenging environment," and for that reason they have repeatedly brought their concerns and suggestions for safety improvements to Corizon. Even so, according to Dr. Proscia, they have received no "significant response or changes" from Corizon. He added that the cooperation of the multiple agencies involved in operations at Rikers Island is necessary to develop a plan to keep health care providers and their patients safe.

He went on to say that the Doctors Council seeks to establish a working group on safety with representatives from the BOC, DOC, DOHMH, Corizon, Doctors Council, NYSNA, 1199, and COBA. Dr. Proscia thanked the Board for the Board's responsiveness with respect to their safety concerns and for creating a venue for these groups to come together. In concluding, Dr. Proscia said that the Doctors Council looks forward to working with others to make Rikers safer for staff and a place where prisoners will continue to receive "compassionate, quality health care."

Mr. Allan Feinblum introduced himself as a 74-year-old student majoring in criminal justice at Kingsboro Community College. He thanked Commissioner Schriro for meeting with them early to discuss their concerns. Mr. Feinblum also expressed his appreciation for Board Member Dr. Robert Cohen's efforts to advocate for prisoners and their families. Mr. Feinblum added that the Board needs members who are dedicated and willing to take their job seriously, and that the new Board members appear to be doing that. He further remarked that some Board members are not present because they are in Europe, and that Board Member Alexander Rovt misses one-third of the Board meetings.

Mr. Feinblum said that he has been attending Board meetings for three years, and that COBA needs to be involved in these discussions. Mr. Feinblum remarked that the only thing separating them from their goal is the president of COBA. He added that COBA "run[s] the place" and that the culture of the organization must change.

Ms. Daisy Rodriguez stated that she is member of the Jails Action Coalition (JAC) and the mother of a person in solitary confinement. She said that solitary confinement is "unbearable" and that it amounts to "mental cruelty." She further remarked that solitary confinement is mental, emotional, and physical neglect.

Ms. Rodriguez stated that the system does not address the families' needs or help prisoners become productive members of society. Rather, she alleged, the correctional system mistreats families and that families are at "the mercy of individuals [who] do not care [for] or respect others" and who "abuse [their] authority." Ms. Rodriguez added that correction officers should receive training on how to manage prisoners with mental illness or other special needs. She explained that prisoners should be treated with dignity and be offered services rather than being "treated like animals." She went on to implore Board members to do more to meet the families' needs.

Ms. Rodriguez commented that there is a lack of diversity among Board members. In concluding, she thanked the Board, asked the Board to work with them, and to ensure that their family members in jail be treated with compassion and dignity.

Ms. Hadley Fitzgerald thanked the Board for the opportunity to address the Board. Ms. Fitzgerald is a member of the Jails Action Coalition (JAC), and she went on to say that she looks forward to meeting with the Chair and other members of the Board soon, during rulemaking. She further stated that JAC believes that their advocacy, along with that of other community groups and leaders, led to the Board's "hugely consequential undertaking."

Ms. Fitzgerald acknowledged that DOC had recently shut down MHAUII, with great fanfare in the media, but added that "very little detailed information about the units that have replaced MHAUII" has been made public. Ms. Fitzgerald remarked that in spite of the report by the Board's consultants Drs. Gilligan and Lee, which was highly critical of the RHUs, DOC went forward with its plan to establish more RHUs. Ms. Fitzgerald expressed hope that the new DOC Commissioner will welcome community participation during discussions concerning policy changes prior to their implementation.

She asked the Board to demand accountability from DOC, and require it to provide the Board information that would help the Board decide whether the new units replacing MHAUII represent meaningful change or whether they are "the same old system with a different name."

Ms. Fitzgerald also asked the Board for transparency so that the public may have a better understanding of what is happening in the jails. Ms. Fitzgerald asked the Board for a more inclusive rulemaking process involving all stakeholders, including prisoners, formerly incarcerated people, as well as their family members. She explained that greater inclusiveness is especially important because no Board member has any personal experience with incarceration, whether it was their own experience or that of a family member. Moreover, she noted, "people of color are overrepresented in the jails, [and] yet all of the Board members here are white." She also noted that the "Board does not represent the socioeconomic groups that are most represented" in the jails. In concluding, she implored the Board to "act swifty" to end the "human rights abuses that are occurring in the jails."

The Board Chair stated that he "would like to thank the Jails Action Coalition for their petition for rule-making which headed us down this path."

In her introduction, Ms. Myra Hutchinson said that her 41-year-old godson, whom she described as being "seriously mentally ill," with "a long history of mental illness and acting out," is currently incarcerated at Rikers Island. Ms. Hutchinson stated that while on a visit with her godson she saw that he was "decompensating," which prompted her to contact mental health staff at Rikers Island and ask that he be seen by a doctor. She stated that her godson was subsequently sent to Bellevue, where he remained for almost a month. Ms. Hutchinson stated that her godson was discharged from Bellevue to general population housing at a Rikers Island jail, and that when he returned to Rikers he learned that his property that he had left behind while he was at Bellevue was lost or stolen. His eyeglasses, clothes, soap, and other items were lost or stolen. Ms. Hutchinson said that her godson told her that DOC staff laughed at him when he enquired about his missing property. She said that she subsequently purchased clothing so that he would have something to wear. Ms. Hutchinson concluded by asking whether their actions constitute "gross incompetence" or "deliberate cruelty or indifference." In concluding, she stated, "Rikers needs to be closed, not fixed." She added, "Shut it down."

Ms. Jennifer Parish stated that she is the Director of Criminal Justice Advocacy at the Urban Justice Center's Mental Health Project and a member of the Jails Action Coalition (JAC). Ms. Parish thanked Board Member Bryanne Hamill for her "graphic description" of her visit to MHAUII at Rose M. Singer Center, which she noted is now referred to as an RHU. Ms. Parish explained that it is not often that the public gets to hear about what happens there. She went on to say that people "should be shocked" that even while a Board member is present, a female prisoner in that condition would be left alone in her cell for one hour, without any immediate response.

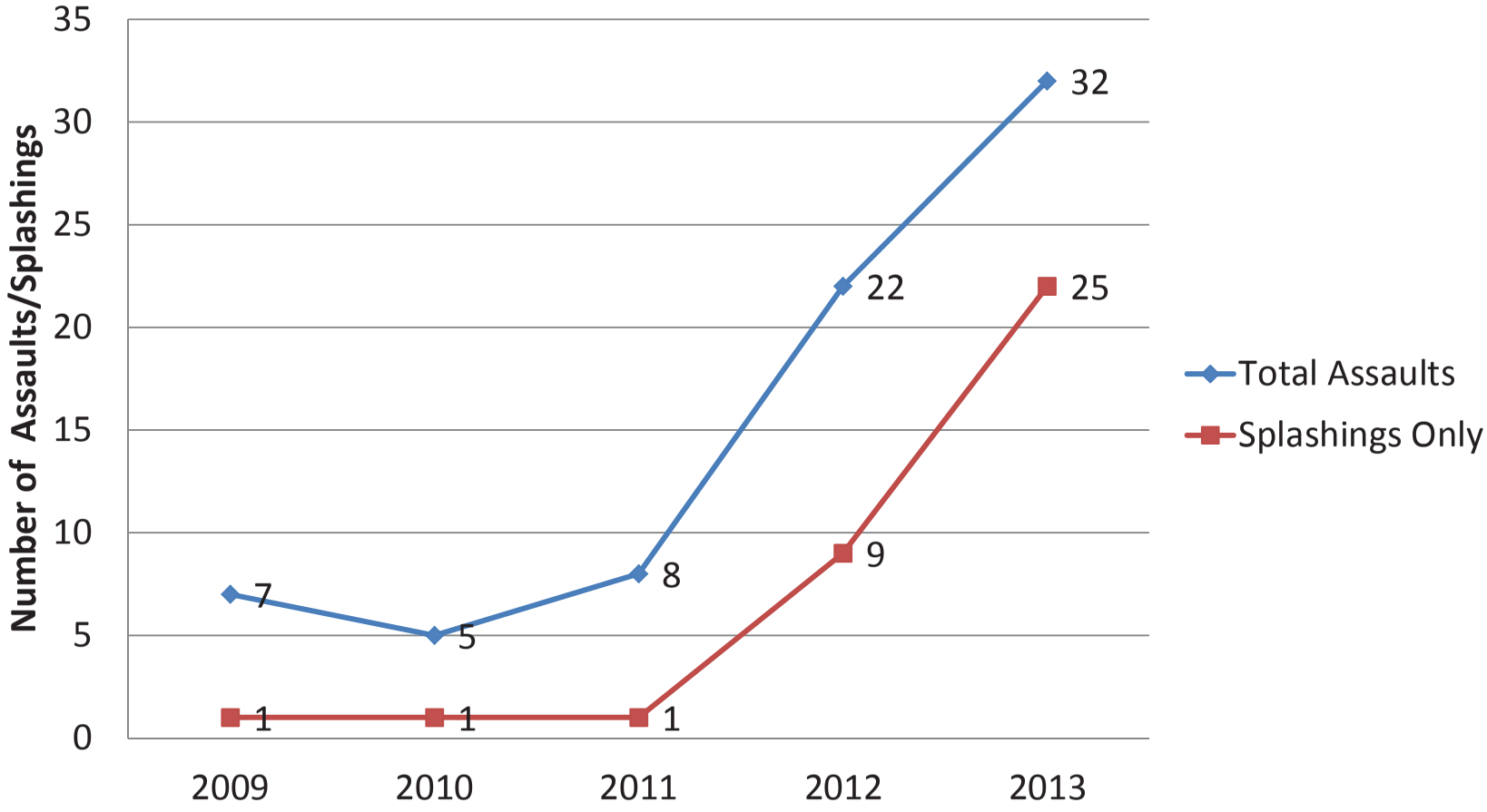
Ms. Parish added that she went to MHAUII after Board Member Hamill's visit, and that she spoke with a woman who had been in solitary confinement in that unit since April 2012. Ms. Parish said that though she was there to speak with that woman about her own situation, the woman told her that the Board had been there and that she had told the visiting Board members that this woman had been suicidal or expressing suicidal ideation. The woman she spoke with went on to tell her "she was concerned about retaliation because after they left . . . the [correction officers] told her, 'Well, there won't be any food for you.'" Concerned for the prisoner's safety, Ms. Parish said that she reported it to Board staff and that Board staff are going to look into the matter.

Ms. Parish stated that this incident shows how such a closed system functions and the retaliation that can occur, even when the Board is involved, as it was in that case. Ms. Parish closed by thanking the Board for their work in the jails and "the work that's necessary to really change the systems significantly."

A motion to adjourn the meeting was unanimously approved.

The public board meeting concluded at 10:43 a.m.

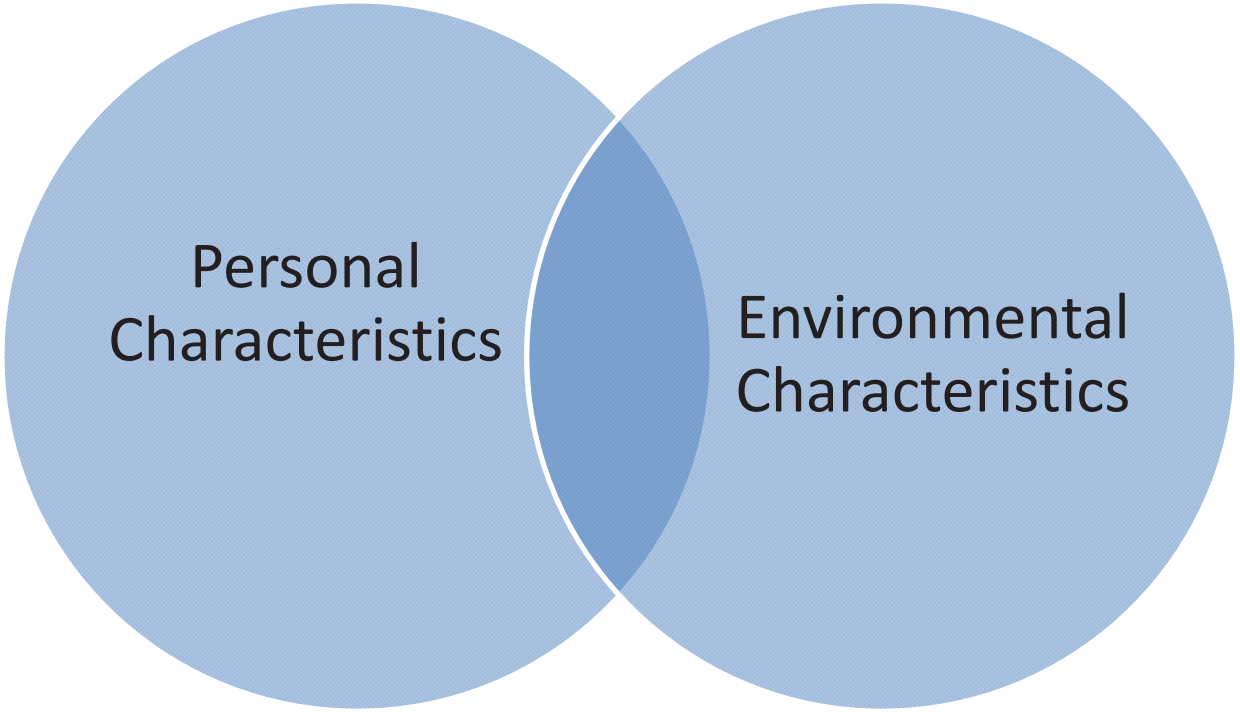
Splashing of Health Staff



Common Variables Associated with Splashing of Health Staff (n=37)

- Patients accused of splashing who have a mental health diagnosis: 33 (89%)
- Incidents occurring in solitary confinement settings: 31 (92%)
- Common reports by patients who are accused of splashing:
  - Angry over lack of services (shower, rec, phone, ect.)
  - Angry over problem with medical/mental health services
  - Seeking transfer out of solitary confinement

Assessing Behavioral Problems* in Jail



* Splashing of staff, starting fires in cells, physical violence