CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE
JOINTLY WITH THE COMMITTEE ON
HOSPITALS
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OCTOBER 18, 2023
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HELD AT: COMMITTEE ROOM – CITY HALL

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Chairperson for the Committee on
Criminal Justice

Mercedes Narcisse,
Chairperson for the Committee on
Hospitals

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SERGEANT AT ARMS: This is a test for the Committee on Criminal Justice jointly with the Committee on Hospitals. Today's date is October 18, 2023, recorded by my man Walter Lewis in the house.

SERGEANT AT ARMS: Good evening and welcome to the New York City hybrid hearing on the Committee on Criminal Justice jointly with the Committee on Hospitals. Please silence all electronic devices. At no time, please do not approach the dais. If you have any questions, please raise your hand and one of us the Sergeant at Arms will kindly assist you. Thank you for your kind cooperation. Chair, we are ready to begin.

CHAIRPERSON RIVERA: [GAVEL] Good morning. I am Council Member Carlina Rivera, Chair of the Councils Committee on Criminal Justice. I'd like to welcome everyone and thank Chair Narcisse for partnering with me to convene today's Oversight Hearing on Outposted Therapeutic Housing Units. I'd also like to recognize Council Member Abreu.

Almost four years ago, Mayor de Blasio announced the initiative to establish new outposted therapeutic housing units at Bellevue and Woodhull Hospitals. At the time of the announcement, these units were touted

as a way to improve access to care for people in custody with complex medical, mental health and substance abuse needs.

The Bellevue facility was scheduled to be completed in December 2022 with Woodhull to follow in 2023. Obviously a lot has occurred in the intervening years but what hasn't changed is the urgent need to move as many people as possible, especially those with serious physical or mental health conditions off of Rikers Island.

Right now, Rikers isn't a safe place for anyone and the report recently issued by the Federal Monitor, one week in September was used to illustrate the unsafe and dangerous conditions that perpetually exist at Rikers. During that week, the Monitor cited 145 uses of force, 12 stabbings/slashings, 74 fights among incarcerated individuals, 48 individuals engaged in self-injurious behavior, 3 medical emergencies, 5 individuals that receive Narcan, 15 fires, 34 assaults on staff, and 19 serious injuries were reported. All of which occurred between September 11 and September 17th.

Last week, the same day this report was issued, Manish Kunwar became the 9th New Yorker to die in DOC

custody in 2023. According to reports, Mr. Kunwar had previously struggled with mental health problems and died seven days after entering the jail system. Mr. Kunwar's case, like all avoidable deaths in custody, is tragic but it also demonstrates the predictable outcome when we choose incarceration instead of treatment and why the plan to open secure therapeutic housing units must not be delayed any further.

Thousands of people with serious mental illness or addiction issues are arrested each year. Some are offered pre-trial diversion programs but many enter Rikers Island. Once inside, adequate treatment is only available to a select few. According to recent testimony, there are only 250 beds available in specialized PACE units operated by medical professional social workers and specially trained correctional staff and designed to encourage adherence to treatment with structured daily programming.

There are hundreds of others with a serious mental illness diagnosis in general population or other housing units where they are vulnerable to abuse.

Individuals with serious physical mental diagnosis also suffer under the status quo. A lack of DOC escorts prevents patients from getting to their scheduled medical appointments which worsen existing medical conditions and creates new complications. CHS's Chief Medical Officer determined that delays in providing patients with transportation to medical care contributed to the 16 deaths in New York City jails in 2021.

Outposted Therapeutic Housing Units provide another alternative. One that will keep people safe and leave them in a better position than when they came in.

In addition to the two facilities previously announced in 2021, plans were set in motion to open a third secure therapeutic unit in North Central Bronx Hospital with an anticipated completion date of 2025. As of now, none of these facilities are open and each is in a different stage of the design and construction process.

Today, we hope to learn more about the progress at these sites and get updated dates for when the Administration anticipates each will be operational. Along with timetables, we hope to hear more about the

criteria for admission to these new units and what metrics will be tracked to determine their success.

Finally, we will ask questions to gauge the Administration's commitment to decarceration in order to meet their legal obligation to close Rikers Island. The 2019 Borough based jail plan points of agreement included investments of $391 million for 250 outposted therapeutic housing units. That bed count was subsequently increased to 380 but still falls short of the existing need.

In a white paper released by the Lippman Commission this morning, they make a compelling case to find additional space in city or state hospitals to have at least 1,500 secure therapeutic beds available within three years.

Following through on the advice of this esteemed Commission would ensure people, additional people receive the treatment they need and move us closer to the population targets necessary to open their borough-based jails and we need to know if the Administration shares this goal.

With that, I want to thank you all for being here. I also want to recognize Council Members

Stevens and Carr, and I now yield to Chair Narcisse for her opening statement. Thank you.

CHAIRPERSON NARCISSE: Good afternoon and thank you for being here today as we convene this critical hearing on the status of the Outposted Therapeutic Housing Units or OTHU. I am Council Member Mercedes Narcisse, Chair of the Committee on Hospitals and alongside Council Member Carlina Rivera, Chair of the Committee on Criminal Justice. We are committed to the wellbeing and the healthcare of those in our city custody.

The OTHU's are an essential part of our healthcare infrastructure that has been designed to address the complex medical mental health and substance use needs of those in our correctional system. These secure units situated within our hospital, intended to provide continuous access to specialty care for incarcerated individuals, whose conditions do not warrant in-patient admission but require regular monitoring.

The implementation of OTHU's represent a significant step towards improved healthcare delivery from some of the most vulnerable individuals in our society. These units hold the promise of a better

continuity of care, reduce barriers to visitation for families and friends and most significantly, the elimination of the need for difficult and often delayed transportation of individuals in custody to medical appointments. I think appointments, we've been having that issue for many years now.

This hearing provides a vital platform for us to examine the current status of the OTHUs and the initiated undertaking by the Department of Correction, DOC. Health + Hospital Corporation H+H and Correctional Health Services CHS. It also allows us to assess the extent to which the plan OTHUs align with the projected needs of those in custody with complex medical and mental health diagnosis.

We are also eager to explore the challenges faced in the development of OTHUs including design changes that have resulted in delays and bed reduction in some facilities. We aim to ensure that the OTHUs not only meet the regularity of the requirement but also fulfill their healthcare needs of the individuals they are designed to serve.

Today, we have the privilege of hearing from representatives of the DOC, H+H, CHS, advocates and other concerned parties. Their insight and

testimonies will help guide us in evaluating the progress and the challenges surrounding the OTHUs. Our ultimate goal is to ensure that the OTHUs deliver on their promise of the improved medical and mental healthcare that those in our custody.

In line with our commitment to promoting a more human highly quality healthcare system for incarcerated individuals, which they deserve because they are in our care. They don't have no option to go out there to look for their own medical care. We are responsible.

I look forward to a productive discussion and to finding solution that better serves our community. Before I conclude, I want to thank Committee Counsel Rie, Policy Analyst Mahnoor Butt, Finance Analyst Alicia Miranda and my staff for their work, and I'm counting on you to do the best you can to make sure you address the inequities in healthcare when it comes to folks in our custody.

I will now turn it over back to my colleague Rivera.

CHAIRPERSON RIVERA: Thank you Chair Narcisse and with that, I will turn it over to Committee Counsel to swear in the panel.

COMMITTEE COUNSEL: Thank you Madam Chair. I will now swear in our Administration witnesses. With us today from the Department of Correction we have Kat Thomson, Patrick Benn and James Saunders. From Health + Hospitals at CHS we have Manny Saez, Jeanette Merrill, and Patricia Yang.

If you could all please raise your right hands. Do you affirm to tell the truth, the whole truth and nothing but the truth before this Committee and respond honestly to Council Member questions?

PANEL: I do.

COMMITTEE COUNSEL: Noting for the record that all witnesses answered affirmatively. You may begin your testimony.

PATSY YANG: Let's see, am I close enough? Yes. Hi, thank you. Good afternoon Chair Rivera and Chair Narcisse and members of the Committee on Criminal Justice and Hospitals. My name is Patsy Yang, I'm the Senior Vice President of Health + Hospitals for Correctional Health Services, otherwise known as CHS. I'm joined here by Manny Saez who is our Vice President for Facilities Management at Health + Hospitals and Jeanette Merrill, Assistant Vice President for Communications and External Affairs at

CHS. Also joined here at the table by representatives as you just introduced of the New York City Department of Correction or DOC, they are our partners in the City's Outposted Therapeutic Housing Unit initiative. I deeply appreciate your continued interest in this project.

Just as you know to start, the Outposted Therapeutic models are based on our successful in jail therapeutic housing models. The jail based therapeutic housing models were designed for patients with serious medical and mental health and substance use needs. These allow us to assign and embed clinical teams who are dedicated to the units, which enables us to provide more effective treatment, enhance patient interactions and monitoring, and strengthen care coordination for our highest clinical need patients.

Patients with serious mental illness, intellectual disability or other mental health needs may be housed currently in the Mental Observation Units or the Program for Accelerating Clinical Effectiveness or PACE units. These are both part of the spectrum of mental healthcare that CHS offers. Current mainstays of our medical therapeutic units

are the infirmaries. The largest of which is located in the North Infirmary Command for men and the Rose M. Singer Center. We also medically cohort patients with certain clinical conditions, such as diabetes, elsewhere in housing areas inside the NIC, the North Infirmary Command main building.

More than 58 percent of our medically complex patients are 55 years of age or older. About 75 percent of them have at least one significant health diagnosis and these can include active or recent cancer, current or primary pulmonary conditions, cardiac related disease, diabetes and other conditions that may imply or effect their immune systems.

While the infirmary patients represent only two percent of the jail population, they account for 25 percent, one quarter of all off island specialty visits, either at the New York City Health + Hospitals Bellevue for males and Elmhurst for females.

While our jail-based therapeutic units offer a really good option for many of our patients, CHS recognized fairly early on that there might be a better way for us to better care for those patients

who need that specialty or subspecialty care that's only available in a hospital.

For many of our male and female patients, the journey to Bellevue or Elmhurst Hospital can be so taxing that they deter and defer what is sometimes life saving treatment. Yet, and these patients are not sufficiently acute clinically to warrant in hospital admission.

So, we came to this idea of an outposted therapeutic housing unit to bridge the level of care that we can provide on Rikers and what would require in-patient admission in a hospital. These secure, clinical units will plicate the jail-based therapeutic model that's on Rikers where we clinically cohort some of our highest needs patients and embed our clinical staff on the unit. What's interesting is that when we were citing these units inside the four walls of an acute care facility, the hospital services and specialty services will only be an elevator ride away for our patients.

The units will also be more therapeutic in terms of milieu because it will be based inside healthcare facilities that are in key communities in Manhattan, in the Bronx and Brooklyn.

Our Outposted model that we conceived of is unique. The units will house patients who are selected for their clinical needs to be treated by CHS and Health + Hospitals clinicians but they will not be treated as hospital inpatients. The units will be located within the four walls of the hospital but they will meet the minimum standards and regulations that apply to jails.

CHS and DOC have been working closely together throughout the design and build process at Bellevue and the other facilities to ensure that the units will offer modern, state of art, jail features and high-quality clinical care settings. When the units are operational, DOC will provide security, custody management and other support. CHS will continue to be the primary providers of care in the units but in closer coordination with the hospital specialists. We believe that in these units, our patients will have better access to the full range of Health + Hospitals clinical services while continuing to benefit from the department security and program resources. It’s really a unique combination of the two.

We anticipate that the construction at Bellevue, which is the first of the three outposted unit locations, will be completed in 2024. The Administration is committed to properly operationalizing Bellevue as soon as the construction is completed.

Construction of the unit, which occupies the entire second floor of the hospital building, is well under way nearing completion and includes a new outdoor recreation space above the hospital's emergency department. You can actually still, you can already see the structure on the outside when you pass by.

Security related design changes have required us to pause construction to ensure that the completed site meets the requirements for jail. DOC and Health + Hospitals at CHS, Central Office Facilities Management, and Bellevue Hospital, have worked closely together in an effort to submit to and secure full and final approval from SCOC of a modified design. And I believe we just got approval from the state this week for Bellevue.

New York City Health + Hospitals Woodhull will service the location for the second Outposted unit,

which is specifically on the nineth and tenth floors of that facility. While the construction specifically of the Outposted unit at Woodhull has been paused, the prerequisite renovation and relocation of existing patient care and administrative services and spaces is almost complete.

That necessary prerequisite work included upgrading an in-patient pediatric unit, an outpatient substance use unit at the hemodialysis unit at Woodhull. In addition, that hospital renovated the doctors on call areas, the medical students locker rooms and their occupational health services area.

These upgrades, which are prerequisite to the Outposted units will enhance the experiences of both Woodhull Hospital patients and its staff and it represents really a major accomplishment for Health and Hospital system and a significant milestone in the Outposted Therapeutic Unit project.

North Central Bronx will serve as the third Outposted unit location and it was paused after the pre-design phase. The SCOC approved changed that have informed the Bellevue project will also inform the design plans for NCB for the North Central Bronx

and Woodhull. Based on current design plans, which are subject to change, the Outposted initiative will in total will include 363 beds across all three sites. That's 104 at Bellevue and a projected 156 at Woodhull and 103 at North Central Bronx. Current capital funding for the project totals $718 million with each site totaling approximately $239 million.

We are really so excited and very, very proud that New York City will once again be making a first in innovation in carceral healthcare. The Outposted Therapeutic Housing initiative is really a pioneering endeavor. Because these units are the first of their kind, the design and the approval process may have required a bit more time and attention but the initiative remains a priority for the Administration and arguably from our perspective, it is more important than ever for the health of our most clinically vulnerable patients.

We know that the Council, the New York City Council shares the Administration's commitment to ensuring that New Yorkers in our jail system, particularly those with medical, mental health and substance use needs receive the care that they need and deserve and we believe that the Outposted

initiative here is really a groundbreaking step toward that goal. So, thanks for hearing us and we'll take your questions.

CHAIRPERSON RIVERA: Thank you for your testimony. I want to make sure we get clarity on the timelines and the bed counts at each hospital that is scheduled to add an Outposted Therapeutic Housing Unit to its facility.

You spoke a little bit about like what's going on at Bellevue but said you just received some approvals this week, which is great. So, just if we could drill down on that. When will the Bellevue units be ready to accept patients? And how many beds will be available?

PATSY YANG: The bed count at the Bellevue units will be 104. Construction is scheduled to be completed by the end of 2024, at which point and time the state will need to commission the units and then the Department and CHS will staff them up and begin the process of moving patients.

CHAIRPERSON RIVERA: So, do you know when Bellevue will actually be ready to accept patients? I know you also at some point, had said that you'll need a certain number of Correction Officers to also

staff those units. So, when will you actually be ready to take patients and serve them?

KAT THOMSON: Good afternoon. Kat Thomson, Chief of Staff. Yeah, so what's happening now is obviously a lot of planning is going on around the operational setting itself, given the design change finalization and that's an ongoing discussion between our agency and OMB obviously. And so, we are still establishing exactly where our staffing levels and requirements are to meet the needs of the opening. Obviously when construction is up and running and ready to go, we're hoping to land close to that time period to therefore open the unit. We don't have an exact timeframe for operational opening but it should coincide with that. We're actively planning for that now.

CHAIRPERSON RIVERA: So, not until 2025 at least?

KAT THOMSON: 2024 Spring is that anticipated end of construction, so the operational opening can happen after that. You want to add to that?

CHAIRPERSON RIVERA: Sure, it's end of 2024 construction will be completed? Just because this is urgent. I'm sorry to be so nitpicky. Actually, I'm not going to apologize. This is so urgent, we're just trying to figure this out because the beds are

already delayed, so when can you take patients? You're not sure?

MANNY SAEZ: The construction will be completed by the end of 2024.

CHAIRPERSON RIVERA: When are Woodhull and North Central Bronx scheduled to open their therapeutic housing units? You said it was someone contingent on Bellevue right, design?

PATSY YANG: Yeah, both those projects are currently on pause. The focus has been on finishing Bellevue and getting that construction done and getting it open.

CHAIRPERSON RIVERA: Because initially Woodhull was supposed to be end of 2024 and NCB by end of 2025. So, those are basically scrapped.

PATSY YANG: Those are a push back, yes.

CHAIRPERSON RIVERA: So, the Outposted Therapeutic Housing Unit at Bellevue Hospital had been scheduled to open earlier this year and if that had come to pass, over 100, 104 people with serious medical needs would already be off Rikers Island and in more appropriate settings to receive treatment. So, I just want to hear from Health + Hospitals first about what occurred. So, before construction began,

did DOC have an opportunity to review the design plans? If yes, did they sign off on those plans before construction began? When did you first send design and construction plans to the State Commission on Corrections for approval?

PATSY YANG: Yes, thank you. Uhm, we, the Correction Health Services, I mean, we identified the need early on several years ago as you noted and proposed it to the then Administration, which approved the project. And the design that CHS worked with the Department of Correction at that point and time was submitted to the state in December of 2021 and the state did approve that design in March of 2022.

And subsequently with fresh eyes and new requirements and understanding of what was required for security operations, there were other changes and I can turn to my colleagues here for that.

KAT THOMSON: Yeah, that is correct. So, obviously we had an Administration change that was around that time, obviously taking office between you know January of 2022. What we immediately did take action on was making sure we had the right team of

project managers involved in this particular project. And as well, obviously the borough-based jails.

So, we've since stacked up a pretty impressive team of project managers to participate and then therefore, as we've also continued to rebuild the department, which is an ongoing effort. We've had a lot of new leadership come and a lot of new executive staff. So, the right people had to be brought throughout the design phase to take a look at where the project was at and then respond accordingly, right. So, some of the security issues that were flagged at that time during that process, 2022 had to be rethought and addressed and they've since been addressed and I think we're on track to therefore complete construction and focus on opening.

CHAIRPERSON RIVERA: So, there could be a new a new Administration in 2026 or in 2030, right? That's definitely about to happen. So, how can you assure that these source of issues that led to delays won't occur for the future facilities in Queens and the Bronx. Are you doing anything differently so that way DOC and CHS and the state are both on the same page regarding design issues?

PATRICK BENN: Sorry, Patrick Benn, Deputy Commissioner of Facilities and Construction. So, all of — since Bellevue is just their Outposted Therapeutic Housing is such a unique endeavor, after everything has been now approved by SCOC, those plans and those design changes are going to be implemented into the Woodhull and North Central Bronx projects as well, so that we have a deficit from the — a direct Blueprint and a direct map from the controlling state that lets us know which direction of travel and the way the security needs to be addressed.

CHAIRPERSON RIVERA: Okay, uhm, I just really hope that this can all continue on a timeline that is you know deserving. People are waiting for these beds. They need them desperately, I'm sure you know that. Even with these beds, even if these beds came on line tomorrow, there are still hundreds of people that will not get the services that they need. And so, every single bed is critical. I know that you know that.

Let me just ask you, I know we have — actually I want to recognize Council Members Selvena Brooks-Powers and Council Member Restler and Council Member Moya, who is on Zoom.

So, let me ask you about this report that came out. The Lippman Commission uh issued a report this morning that makes the case for expanding access to secure therapeutic housing units. Instead of the 380 beds currently planned for, they call for 1,500 beds to become available within the next three years.

And on CBS News this weekend, Commissioner Molina called for secure treatment beds for people with serious mental illness. Therefore, it sounds the Department agrees with the Lippman Commission that we should expand the Outposted Therapeutic bed model to house and treat people who have a serious mental illness as their primary diagnosis. Is that correct? And from the perspective of you all, would you welcome this expansion to serve more people in different facilities across the city?

PATSY YANG: So look, for Correctional Health Services, I think that we would totally support an environment that is more therapeutic for people who are in custody for as long as they are in custody. Uhm, we would want to minimize any disruptions in levels of clinical care that they need and were receiving in the community or will receive in the community once released from custody.

KAT THOMSON: And we had — I can't comment on the report itself; I have not seen it obviously as of this morning but I will say that we recognize — the Department of Correction recognizes we're part of this landscape right, in terms of servicing the City of New York and the people inside here. So, you know I think this is a great opportunity to learn. We're going to be looking at this Outpost as it goes and evaluating. I know you raised the metrics right? That's important. We're also looking at our entire configuration, quite concertedly, both internally and then with our partners at City Hall, etc., right?

So, what's needed by the city and as that evolves, is our number one question. So, we're certainly interested in continuing the dialogue and continuing to figure out what is the right fit, both within the carceral setting, as well as in the health setting, right? And what types of policies and solutions can we bring to the table that obviously move us forward as a city?

So, we're certainly onboard for this conversation.

CHAIRPERSON RIVERA: So, it sounds like I guess you agree more therapeutic beds are a good thing. It sound like you said that.

KAT THOMSON: I'm just cautious about the term and what people mean by therapeutic beds.

CHAIRPERSON RIVERA: Okay, what term are you comfortable using?

KAT THOMSON: You know we deal with our patients on an individual patient level and as any of us know, our healthcare needs and conditions generally change over time and we need that flexibility. I would be concerned that people with a clinical diagnosis be labeled and treated differently because of a particular clinical diagnosis, which they would not otherwise be if they were in the community just because of their being in custody for some temporary period of time.

CHAIRPERSON RIVERA: Okay, well in your testimony you did say that the new units are — you're replicating what currently exists right? You are essentially taking the model and you're bringing it to these facilities. So, you could at least, you have at least said in a couple different ways that you think that at least that model is working. And

you've also said that NCB and Woodhull in the Bronx and Brooklyn respectively are on pause. What are you looking for to resume these plans to take them off pause?

PATSY YANG: I'm going to defer that to the Department.

PATRICK BENN: So, they are actually not on pause. The designs that are being worked on effectively as we're getting feedback from SCOC as related to the Bellevue designs and the changes that are needed for security reasons. So, actually the ninth and tenth floor at Woodhull are currently being evaded and the items are being removed out of that location to get ready for construction to start once the designs are completed. And then NCB is in a design phase and it's currently being again, addressed with all the concerns and changes that we had to make at Bellevue because of the SCOC's regulations and compliance issues. We have broadcasted to the members of the teams for NCB and Woodhull so that those designs could be updated and expedited rather quickly so that we don't run into the same issues that we did at Bellevue.

CHAIRPERSON RIVERA: Well, we like to hear expedited. That's good. Right now, you have an existing unit at Bellevue, a locked hospital ward. How many beds are in that existing unit and are you — how many officers and supervisors are currently assigned to it?

KAT THOMSON: Just give us a second here.

PATSY YANG: I know that these are hospital beds for acute in-patient admission. I believe it's about 50 beds that are operational for psychiatric at Bellevue uhm that are staffed and operational. Uhm and there are a smaller number of medical, probably about 25, 30. I have to get the exact number. This is my sister facility. So, I won't speak for them precisely.

These units are very different. Not everybody — because you have a condition, obviously we all know that don't need to have hospital in-patient admission unless there is a level of acuity that needs a short term or a treatment. And these are not the units that we're talking about. The hospital units are quite different. If patients of ours need in-patient admission, we certainly refer people over and work closely with our sister facilities, the acute

facilities for treatment at that level. This is to bridge what we can do at Rikers on an outpatient basis and still on outpatient but closer to the specialty services. You can be an outpatient and receive you know chemotherapy for example and dialysis. You don't need to be admitted as an in-patient to receive those and you ought not in fact.

CHAIRPERSON RIVERA: I understand. I'm only asking because I'd like to know what role do you expect DOC uniformed and civilian staff to play in these facilities coming online just to see the difference here. I know that Chair Narcisse is going to ask about you know who qualifies, whose admitted and what's the process?

So, what role do you expect DOC uniformed and civilian staff to play in these facilities? What specialized training do you envision DOC staff in the units having?

KAT THOMSON: So, because we're operating this new facility as a jail, we're going to be managing it as such. We're going to be focused on obviously the programming aspects and the staffing aspects and the custody management aspects of it. So, that's what we're planning for and managing for currently. And

as we've been participating in the design phase and the discussions that have been going on for quite some time, since probably February 2021. Our side, DOC, are focused on making sure that once it's operational, we are able to provide everything we're mandated to provide.

Our current needs in terms of programming are underway in terms of discussion and that's going to be part of our discussion in terms of uniform staffing needs. Those are going to be again; we're working with OMB to figure it out and that's going to be forthcoming in the next few months here as we plan for that operational rollout.

CHAIRPERSON RIVERA: Do you expect the same staffing ratios as PACE units?

KAT THOMSON: Yeah, I don't have an answer to that question on hand currently but certainly we will get back to you with that one.

CHAIRPERSON RIVERA: That's an important one, I feel. Okay, I know that Chair Narcisse has questions and I will turn it over to her and thank you for your answers.

CHAIRPERSON NARCISSE: Thank you Chair. Does DOC or CHS currently plan to expand therapeutic housing

units to other hospitals? I heard some of the hospitals. As a matter of fact, by the way, I used to be an ER nurse at Elmhurst Hospital.

Are you — I mean expand the unit to other hospitals in New York City. I heard this vaguely. When the units open up, what metrics will you be looking at to determine if they are successful?

PATSY YANG: Thank you Chair Narcisse. As a clinician, you know our treatment of individual patients will be on the success of those treatments and how well our patients are doing. You know things that we have looked at for example in our PACE units have been you would understand and agree with, medication adherence and cooperation with treatment plans, levels of self-injury, uh, engagement if it's a mental health unit. It's different for medical, on medical it is adherence to their therapy and their treatment rather than declining a session. Not taking their meds. It's the same as I think we all have with our doctors as to whether we're complying with the recommendations and the treatment.

CHAIRPERSON NARCISSE: Uhm, I'm kind of lost in the metrics. Can you be louder, specifically how you are measuring the success of it? That the cure

because I'm kind of with the mask, I don't know, I have difficulty getting it, so. Can you put it closer? Put the mic closer?

PATSY YANG: I'm interpreting your question as —

CHAIRPERSON NARCISSE: Yeah, it's muffled sometimes some words. Put the mic a little closer so I can hear.

CHAIRPERSON RIVERA: Yes, of course but we would never want to ask —

CHAIRPERSON NARCISSE: I don't want you to take the mask off but if you can put it closer to your mouth if you feel more comfortable in your mask.

PATSY YANG: Thanks. Uhm, is that better. Okay, we're going to try this. The clinical efficacy will be on a patient basis. Whether it's adherence to medication, compliance with the treatment regimen.

CHAIRPERSON NARCISSE: Okay.

PATSY YANG: Keeping their appointments. Doing the therapy that we prescribed. Completing their radiation. Completing their chemo. It will be on an individual patient basis depending on what their diagnosis is and what their treatment plan is.

CHAIRPERSON NARCISSE: On that note, I will say being a nurse, like the support will be there because

when mentally you're not able to make decisions at times, do you have a support creating around that? For folks, they can start a treatment and out of the blue, they can tell you, I don't want it anymore. Do we have a support system within that structure to make sure that people have that support so they can help them through?

PATSY YANG: Thank you. Yes, I'm sorry, I missed that question before. Uhm, yes and in fact that's part of the effectiveness of the therapeutic units even in the jail where our clinical staff have relationships. It's a stable relationship with each patient for better engagement, cooperation, encouragement to participate in groups and individual therapy. You know we have better medication adherence because our staff are there and if a patient refuses or declines to take meds at that point and time, they can take it later, we'll be there and working with them and encouraging them, and teaching folks why it's important to stay with recommendations.

CHAIRPERSON NARCISSE: And that, do you happen to use like support within the structure? Like support directly from folks that have experiencing let's say

we're doing chemotherapy, someone with cancer. Do you have a partnership outside the structure to help — to kind of help them navigate it? Because I'm not saying you're not doing well or whatever the plan that you have but having like uhm, Sloan Kettering support system. Some others that are going — American Cancer Society, are you in the conversation? Because when we're talking about that because those folks, some of them probably end up to be out, so they can still have the support system that they need in order to move forward.

PATSY YANG: Yes, both while they're under our direct care and as we ready patients for leaving custody.

CHAIRPERSON NARCISSE: Because I'm trying to look beyond this phase where they're at. If they have a change to go back. So, are we going to have — because I don't want to be the City of New York being penny wise dollar foolish, if you know what I mean. You're not doing that. People don't get the support. They end up back in the hospital and then we spend more money, while in the meanwhile if the person continues the treatment, it will be better for both

of us. For the City of New York Finance and as well as the person, as a human being.

PATSY YANG: Yeah, we begin our connections with outside, with community providers from the beginning.

CHAIRPERSON NARCISSE: Thank you. When the Bellevue Therapeutic Housing open — I mean unit opens, how will the terminations be made for who gets transferred to that unit from Rikers Island? How long do you expect it will take before the Bellevue beds will be at capacity?

PATSY YANG: Just as it is on Rikers now for the therapy units, patients will be identified by Correctional Health Services based on their clinical needs. Of course the Department will be involved in that process and have the decision as to if there are other mitigating factors that need to be considered but the initiation will be a clinical need that we identify. And we have patients now I think as I think Chair Rivera was citing.

CHAIRPERSON NARCISSE: And thank you for the tour because I had a chance to be with you I think last time we were at Rikers. How often is DOC currently transporting people in custody to medical appointments off site?

KAT THOMSON: Unfortunately I don't have that statistic in front of me here today but we will definitely get that for you. Uhm, sorry about that.

CHAIRPERSON NARCISSE: Can you follow up? Thank you. Reports suggest that on staffing issues at the DOC have led to delays in transporting patients to their scheduled appointments. Can you speak to whether there have been delays in transporting patients to medical appointments and if so, do you know the number of instances in which this has happened?

KAT THOMSON: Thank you for your question. So, obviously DOC is very much responsible for ensuring that our people in custody are making it to every appointment that they've got scheduled. Whether it be on Island within the unit itself or off island.

So, what we have is our Deputy Commissioner for Health Affairs is with me here today. I am going to turn to him for more information on this but we're tracking by facility every appointment and its outcome. Whether or not that was the person was produced. If they weren't produced, why and the reason for why they weren't produced as well as when they refuse to go, what's the reason why they're

saying they don't want to go. Sometimes people in custody don't want to go. I'm asking for explanations. So, these things are numbers that we're accountable for and we're working on day to day and James if you want to add anything to that, to give more information on that.

CHAIRPERSON NARCISSE: So, the statistic is not there that how many that you have?

JAMES SAUNDERS: So, we're actively tracking clinic production on and off island. Unfortunately, I don't have those exact specs but I do know that we have seen a pretty dramatic decrease in missed appointments and as Chief of Staff indicated, the reasons for those missed appointments could vary. You have people who have to go to court. You have people who may want to go to other programming. You have people who may want to go get a haircut. So, there's other services and other intervening reasons and also, sometimes they just refuse. They just don't feel like going.

CHAIRPERSON NARCISSE: So, can you break down the statistic?

JAMES SAUNDERS: We are tracking some of that data. I don't have the specs in front of me but I know that the Chief of Staff has more information.

KAT THOMSON: Yeah, sorry, we do have it with us. Chelsey did a great job of preparing us here, so 2021 approximately 20,000 missed medical appointments due to a lack of escort. 2022, that number did drop. That's under our Administration to 6,000 instances of missed medical appointments due to no escort, which is obviously our biggest concern. The number is projected to drop even further with 1,900 instances of missed medical appointments due to no escort in the first half of calendar '23. The number of average scheduled appointments has increased from the beginning of 2023 to present. Our daily, average daily population is edged up a little as well.

In the first half of calendar 2023, there's an average of 51,193 scheduled appointments per month and the average daily population is approximately 6,000.

CHAIRPERSON NARCISSE: That's a lot. You going to follow up with that?

KAT THOMSON: Today's population is 6,183 and just for your information, there with the Bellevue

Prison Ward, there's 53. That's our census in that unit today.

CHAIRPERSON NARCISSE: Hmm, and then you're creating a structure around it to see why they refuse. What can we do and especially people that's very sick, chronic diseases to make sure, I think if we invest in making sure people get their appointment, like I said again, we cannot be pennywise dollar foolish. You have to invest in people.

KAT THOMSON: We agree completely and so, with our side right is health affairs is important because — and as you hear my colleagues right? There's people in custody we are also referring to them as patients. And so, that means people need timely and appropriate care and you know part of our strategy is to have a number of options in terms of housing people during their time in custody with us.

So, as your journey is with us, we're looking at your mental and physical health needs, which CHS is really driving that assessment and DOC is there to support to make sure that we're putting people in the right place at the right time while they're with us. Missed medical appointments are something we're

always actively managing and tracking every day. Every day I am getting emails on every facilities production numbers, so we're looking at that. And then James is really here to really hone in on that and make sure that our correction staff are being present to get those appointments met.

We also know that we want to work on scheduling efficiencies to get the best bang for our buck out there because we're really an organized system of people and appointments and we want to make sure we're matching the two of them. So, that's one of our longer-term strategies is to really get efficient in that manner as well.

CHAIRPERSON NARCISSE: Thank you. How are medical appointments made or rescheduled for patient in custody?

PATSY YANG: So, at intake we conduct a thorough assessment.

CHAIRPERSON NARCISSE: Say it again.

PATSY YANG: At intake—

CHAIRPERSON NARCISSE: Uh, huh the intake.

PATSY YANG: And we conduct a thorough assessment and evaluation of patients medical and mental health and substance use needs and make referrals. We

identify people who need to be seen again by us for care and that's one way that people can get on an appointment list. The other is as a result of those follow-up appointments or any other encounters that occurred during the time of incarceration. Whether that's because they ask to see us or because they come to us as a result of an injury or a medical emergency. Those may result in additional follow-up appointments that we request. So, it's both provider initiated and patient initiated.

CHAIRPERSON NARCISSE: Okay, as of August, eight people had died in custody on Rikers Island in 2023 alone. Although their causes of death were unconfirmed, multiple deaths reportedly had a potential link to opioid use or overdose. Are there currently substance use treatment programs available at Rikers? Is DOC under capacity or facing other barriers to offer healthcare to patients suffering from addiction? If so, what services could ODH use offer that would help fill that gap and improve the physical and mental healthcare options for patients in custody?

PATSY YANG: The outposted units uhm, will accommodate patients who have substance use needs.

That is one of the clinical criteria that we will examine. Just as the jail-based programs do now, I think you well know that we run the largest and oldest jail based opioid treatment program in the country. Patients will continue to be assessed and enrolled and approached and even if patients decline participation in the program itself, we offer a spectrum of harm reduction interventions and education and which we will continue to do. This is not the same as what you may be observing in terms of overdose with use of drugs that are not obtained through our treatment programs.

CHAIRPERSON NARCISSE: So you have enough staff you need to address those needs?

PATSY YANG: Correctional Health Services has sufficient staff and we operate robust programs for people who have substance use needs.

CHAIRPERSON NARCISSE: Uh, CHS, a website indicates that the jail health services division offer a significant amount of care to people in DOC custody, including mental healthcare and substance use treatment. Do you anticipate the mental health and the substance use treatment programs at OTHU's to defer from the programs currently offered by jail

health services? If so, what will be the key differences and similarities between the programs?

PATSY YANG: Thanks. Uhm, there will be some elements that are the same. Both our staffing and basic you know standards of care, which we're very proud of and maintain in terms of quality. The difference again of the outposted units is that there's a gap. Particularly for people who have complex medical needs. They may have comorbidities, so they may have substance use needs, mental health conditions and/or physical health needs. And the services that they may need that are only available in the hospital will be closer to them. Again an elevator ride away, not hours or a journey away in the outposted units.

So, the quality and the spectrum of clinical care will be at minimum the same, enhanced by the availability and closer proximity of hospitals, specialty services. Further enhanced I think by the fact that these are newly designed and constructed units, which have the design is night and day from the Rikers facilities.

CHAIRPERSON NARCISSE: In a previous hearing, Commissioner Molina made a point of saying that

therapeutic hosting units are not for the mentally ill and are only meant to house those with other medical conditions. However, in 2019, when the plan was initially launched to build this unit, it was built as a way to improve access to care for incarcerated individuals with complaints, medical, mental health, and substance use needs.

So, is the current plan only to utilize Outposted Therapeutic Housing Units for those with serious physical health conditions? Is there a reason therapeutic housing unit cannot also be used for treatment of mental health or substance abuse disorder?

PATSY YANG: There therapeutic, the Outposted Therapeutic Units at CHS conceived will be available for patients with physical, medical and mental health, medical and substance use needs, singularly or together.

CHAIRPERSON NARCISSE: Because right now, the reason I'm asking the question, right now a person in Rikers, what's the percentage again, I want to be exact of people with mental health? Almost half but I would say more because from being there by

communicating but I will be fair on accepting the almost half of it.

So, I think it is imperative for us to address physical and mental health together. We have to see it as one unit, not only for Rikers, everywhere now. Mental Health is real.

PATSY YANG: We agree totally.

CHAIRPERSON NARCISSE: So, I think we have to prioritize that.

PATSY YANG: We agree totally, we don't dissect our patients in terms of discipline, thanks.

CHAIRPERSON NARCISSE: How many people currently incarcerated at Rikers Island, have been diagnosed with a serious mental health illness? According to recent reports we believe the number is over 1,200.

Of this number, how many people are currently housed in PACE units? Those that are specifically designed to care for those with chronic mental health conditions. We believe the number is around 250. Are you with us with those numbers?

KAT THOMSON: So, our current PACE bed capacity is 334. Our current mental observation unit capacity is at 496. Those numbers have just slightly increased with recent reconfiguration on Rikers

Island with different changes we're making in our facilities and uhm consolidations that are going on. That's the two numbers there. Now, you also asked if sorry, back up. What was the other number you're looking for? The mental health. Serious mental illness I believe is around 18, 20 percent.

CHAIRPERSON NARCISSE: Oh, so you have more?

KAT THOMSON: Do you have a more accurate number?

PATSY YANG: It's about 20 percent, just short.

KAT THOMSON: Yeah.

CHAIRPERSON NARCISSE: Okay.

KAT THOMSON: And our mental health population is around 50 percent and I'm just going to see if I can dig up today's rough numbers as well for you as we're talking.

CHAIRPERSON NARCISSE: Yeah. So, this leaves roughly how many people you would say currently at Rikers who could benefit from an additional level of care that are instead in units that have significantly less treatment? Can you describe the risks associated with people with a serious mental health condition being housed in general population?

PATSY YANG: Some of our patients with serious mental illness do fine in general population. It

depends on who they are, where they are in their treatment, their medication, their diagnosis, their ability and comfort in engaging with others. Other benefit in a more stepped up, more intensive clinical environment. That could be a mental observation unit. Others would benefit in our PACE units which are —

CHAIRPERSON NARCISSE: I'm missing the number. Get the number.

PATSY YANG: We'll have to get back to you if it's the number of patients with serious mental illness who are not in a PACE unit. Is that the question?

CHAIRPERSON NARCISSE: Hmm, hmm.

PATSY YANG: We'll get that for you. We'll have to get that to you again, but it's a number that will change. Again, a patient can do well in general population and their needs may change and we will move them and have them — we will ask the Department to move them to a mental observation unit or to a PACE unit. And even within our PACE units, there are differences in the levels of care and who those patients are but we'll get that number to you.

CHAIRPERSON NARCISSE: Justice involved individuals exhibit higher risk factors for cancer, arthritis, communicable diseases, high blood pressure and other serious health problems. What type of equipment is necessary to offer specialized care to people with serious chronic conditions, particularly those that are most common among perspective OTHU patients? How many units of such equipment do you intend to procure in anticipation of these OTHU facilities opening?

Two, additional hospital personnel required to operate equipment or otherwise offer special care, specialized care, sorry?

Do you want me to repeat it or you got it?

PATSY YANG: Let me try. Uhm, the services that a patient needs, depends on their diagnosis. I do mean that. I don't mean to just keep saying that. So, if you're depending on what type of cancer you have, you may get chemotherapy. You might get immunotherapy. You might get radiation therapy. Those are the services that are available both in terms of equipment and the specialists and subspecialists in the hospitals. Our first outposted unit, which will be very heavily for people with at

least medical conditions and are men are going to be — they're going to be Bellevue, which Bellevue currently is the place where people go now for that care.

CHAIRPERSON NARCISSE: Hmm, hmm.

PATSY YANG: We worked closely with the hospital and continue to work at the hospital and central office at Health + Hospitals to make sure that hospitals have the adequate capacity to accommodate our patients when they are on the second floor as opposed to being transported there but they're already providing that care and we would like increase the patients ability to access that.

CHAIRPERSON NARCISSE: My last question because I have to pass it on to my colleagues. How many nurses, doctors, specialty care providers and other healthcare administrators will be employed for each OTHU facility? Do you have that?

PATSY YANG: Well, I can tell you for Bellevue, which is the closest that we have planned.

CHAIRPERSON NARCISSE: For Bellevue?

PATSY YANG: For Bellevue, we are modeling for —

CHAIRPERSON NARCISSE: How many nurses?

PATSY YANG: How many nurses, we're talking about 58 nurses.

CHAIRPERSON NARCISSE: 58?

PATSY YANG: 58, 5-8.

CHAIRPERSON NARCISSE: Okay. How many doctors?

PATSY YANG: Medical.

CHAIRPERSON NARCISSE: Medical doctors.

PATSY YANG: Medical, about 15. Physicians and physicians assistance.

CHAIRPERSON NARCISSE: Oh, in the 15, you have both PA and Physician?

PATSY YANG: Yes, combination.

CHAIRPERSON NARCISSE: In the 15. So how that goes? How many PA's and how many uhm —

PATSY YANG: I don't have that for you Council Member but I will get that for you.

CHAIRPERSON NARCISSE: Thank you. And about Administrators, how many you have to operate the facility?

PATSY YANG: We're going to have two operations people there and we'll have discharge planners, pharmacists and obviously mental health people as well.

CHAIRPERSON NARCISSE: Thank you Ms. Yang. Always a pleasure. Now, I'm going to pass it on —

CHAIRPERSON RIVERA: I just want to recognize Council Member Gutiérrez. And I just want to tell the Administration, you know the end of 2024 for construction and not even to accept patients is really, really concerning and I just ask if Woodhall and NCB are not on pause, is DOC committed to moving forward with opening these facilities on the timelines that were previously set forth and if not, would you provide a revised timeline as soon as possible?

PATRICK BENN: Thank you for your question. That's a good concern. We're going to get back to you with that information when it's provided.

CHAIRPERSON RIVERA: Okay, let me go to Council Member Restler who has a question. Sorry.

COUNCIL MEMBER RESTLER: Thank you very much. No, I appreciate Chair Rivera and Chair Narcisse. Your tremendous leadership and the focus on this issue. I am incredibly disappointed in the Department of Correction. It's an evergreen statement but your failure to follow through on therapeutic beds is incredibly harmful to the people

who should be off of Rikers Island. The previous administration fully funded three sites, identified the space, completed visibility studies, made it perfectly possible for us to move forward on implementation. Bellevue was supposed to be done and housing people a year ago. Woodhull was supposed to be done and completed at the end of this year. You have no timelines for Woodhull or NCB and no real timeline on Bellevue other than you're expecting work to be completed next year. You're not committing today to when clients, when detainees will be relocated there. It is wildly disrespectful for you to show up at the City Council Hearing with no information or consequence whatsoever. You are absolutely demonstrating to all of us and to the people of the City of New York that you do not care about therapeutic units and I just want you to hear it as plainly as possible, I am disgusted. Disgusted in the Department of Correction.

I'd like to ask Dr. Yang about another issue that's a real concern to me. As the Brooklyn Detention Center is located in the 33rd Council District. The decision was made by this Administration, inexplicable decision was made by

this administration to reduce the number of therapeutic beds from about 40 percent of beds at the Brooklyn Detention Center to about 20 percent of beds at the Brooklyn Detention Center.

In the points of agreement plan that we all agreed to as a City Council with the previous administration, the target was for 40 percent of the total beds in the new Borough based jail plan to be therapeutic beds. It's obvious that this Administration has no such intention or commitment to pursue therapeutic beds. You testified earlier today that you believe that we should be creating as many therapeutic settings as possible. Were you consulted on the decision to slash therapeutic beds in Brooklyn and reduce the number by half?

PATSY YANG: CHS has been part of the planning sessions around the —

COUNCIL MEMBER RESTLER: Do you support that decision? It's inconsistent with your earlier testimony, so I'm just trying to understand if you supported that decision.

PATSY YANG: We understand how difficult and challenging that those decisions are. We stated the reasons why a therapeutic environment is the best and

I think people understand that and agreed but are faced with realities that I would not be having to make those decisions and I wasn't in a position to make those decisions. We will serve our patients the best we can, however we can wherever they are.

COUNCIL MEMBER RESTLER: I believe according to the data yesterday that 54 percent of DOC detainees had a Brad H designation. Is that right?

PATSY YANG: That's about right, yes.

COUNCIL MEMBER RESTLER: That's right, 54 percent. A majority of the people in DOC's ever-growing number of people in custody as this mayor seems to be intent on locking up the City of New York. A majority of people had a Brad H. designation and yet, we are slashing the number of beds that are planned, therapeutic beds that are planned in the borough-based jail plan. How do you defend such a position for this Administration, when you've said more people should be in a therapeutic setting?

PATSY YANG: I think we have to deal with the realities of the entire system. How many people are put in custody. How long they stay in custody. How long they stay in custody. I think the entire spectrum of the criminal legal system, which

contributes to how many people at any point and time are in custody needs to be looked at. We work our best to take care of people where they are and how ever many there are.

COUNCIL MEMBER RESTLER: While it's clear to me that DOCs obstruction and obstinance and all together lack of cooperation is singularly responsible for the unacceptable delays in therapeutic units. And their lack of consultation with the experts at the Correctional Health Services who actually know what they're doing and actually want to focus on meeting the needs of our clients and detainees. You all have decided to flash the number of therapeutic beds anyway. And I'm just wondering, have you consulted with the Federal Monitor about your decision to slash the number of therapeutic beds across the system? Yes or no?

KAT THOMSON: So, the discussion around the number of therapeutic beds —

COUNCIL MEMBER RESTLER: Yes or no if you don't mind.

KAT THOMSON: Okay, yes or no. The answer is no.

COUNCIL MEMBER RESTLER: No, you haven't consulted with the Federal Monitor.

KAT THOMSON: On the number of therapeutic beds in the borough-based jails, no.

COUNCIL MEMBER RESTLER: No, and the Federal Monitor should be consulted on the decision to slash the number of therapeutic beds in the borough-based jail plan. And the Federal Monitor should be weighing in on your obstruction in failing to move forward on the therapeutic beds that have already been funded at Woodhull and Bellevue and NCB.

I am — we have had 28 people die on Rikers Island during this Administration. You are failing to keep people alive in your custody. These folks who have the highest needs could have been off the Island already if you would simply move forward on the plans that were already approved and funded but the obstruction of the Department of Correction has inexplicably slowed us down and put people unnecessarily in harms way. It's time for DOC to gets its act together.

KAT THOMSON: Can I just follow up on a previous question around scheduled appointments and missed appointments? We just got some more information on that, the question previously asked.

CHAIRPERSON RIVERA: Sure.

KAT THOMSON: Alright, so Department wide January 1 to August 31, three percent of all scheduled off island specialty appointments were missed due to a lack of escort. And then in the same time period and I see our North Infirmary Command missed 19 of 1,032 because of no escort, which is less than two percent.

In general, we're looking and partnered with CHS on our clinical and our custody management needs of our population and we're engaged in planning constantly. So, we're happy to talk about this further with you. You're welcome to come out, take a look and meet with us. We've dedicated a team of project managers to this effort both borough-based jails and outpost because it's critically important to us that we have the right facilities, the right beds, to meet the needs of our population.

CHAIRPERSON RIVERA: I want to recognize Council Members Joseph and Hanif. I know Council Member Restler, you had a follow up question.

COUNCIL MEMBER RESTLER: One question. If you all were serious about moving forward on therapeutic beds, you would have come to us today with timelines and plans for how this is happening. You've chosen not to do so. This is not a priority for you all.

In fact, it's not clear to me you're moving forward on it at all but I did want to clarify because I thought I heard inconsistencies between Dr. Yang and the Department of Correction.

Who will be responsible for making the determination of who is sent to therapeutic, outpatient therapeutic units? Is that a CHS decision or a DOC decision? Ultimately, who bottom lines that decision?

PATSY YANG: The Department will make the final decision based on recommendations and referrals and requests for transfers by Correctional Health Services.

COUNCIL MEMBER RESTLER: Okay, I'm really disappointed to hear that and I hope that that will be reconsidered. We need to empower Correctional Health Services to actually meet the needs of detainees who have serious physical and mental illness. DOC making these decisions, I have zero confidence in.

CHAIRPERSON RIVERA: Thank you. Council Member Gutiérrez.

COUNCIL MEMBER GUTIÈRREZ: Thank you Chair and I was next door at a hearing, so I apologize if this

was already asked but I'm curious from the Department of Corrections. What can you point to are the reasons for why someone missed an appointment?

KAT THOMSON: So, we're tracking every appointment and its disposition. James Saunders is Deputy Commissioner for Health Affairs. James, I'd like you to answer the question.

JAMES SAUNDERS: So, as you heard earlier, there is a number of reasons why people miss appointments. One reason could be that there's a lack of escort, which you just heard some data that at NIC, you've got a pretty low threshold there. Other reasons why people miss appointments is because they prefer to go to other programming. So, perhaps they want to go to the law library and maybe they want to go out to the rec yard and get recreation. Perhaps they want to go and meet with — they could have visitation. They could also go to you know, there's any number of reasons. And also, another critical reason is that they just choose not to. They elect not to and we've made every effort to capture all of the varying reasons why patients and persons in custody refuse to attend.

COUNCIL MEMBER GUTIÈRREZ: But if — okay, what are some of those reasons that someone has the option and can so exercise that option to not seek a medical appointment if it's not for under staffing. What is the reason?

JASON SAUNDERS: So, I just — I thought that I just answered why a person —

COUNCIL MEMBER GUTIÈRREZ: No, you're telling me that they just don't want to go.

JASON SAUNDERS: Well, there are times when a patient just refuses to go to see the clinicians. That does happen. There's also times when people would prefer to go to recreation. Other times, they may want to go to the law library.

So, there's a number of reasons why patients, you know a person in custody may refuse to —

COUNCIL MEMBER GUTIÈRREZ: And how often does that happen?

JASON SAUNDERS: I don't have the stats right here in front of me but I can tell you that we are tracking it. I think it's actually published on our website as well.

COUNCIL MEMBER GUTIÈRREZ: Okay.

JASON SAUNDERS: The number of missed appointments.

COUNCIL MEMBER GUTIÈRREZ: Okay and I'm just going to ask another question. I apologize if this was asked before but just kind of based on the exchange here between the Chair and my colleague. My understanding is that we see that the therapeutic bed construction projects are delayed. What can you tell us on record for any particular timeline. Whether or not the department is walking back any commitments. What all is the North Brooklyn area hospital that we all lean on, depend on, the community was very excited about this designation, so what can you tell me about that timeline?

MANNY SAEZ: Thank you. This is Manny Saez from Health + Hospitals. With the approach that we've taken in an unprecedented project for our system has been very fervent and judicious. With no interruptions being able to move forward, we look to complete design, procure the work and be able to deliver the work within the next 24 to 26 months avoiding any interruptions.

So, right now, we need to incorporate all the new designs that have been incorporated into Bellevue,

into Woodhull and NCB. Those designs will take the next three or four months. We'll need to procure, which will be another nine or ten months and then construction can begin, which will take us out to 18 or 24 months of pure construction.

COUNCIL MEMBER GUTIÈRREZ: So, 2025-2026.

MANY SAEZ: 2026, that's correct. The end of 2026, that is what we anticipate.

COUNCIL MEMBER GUTIÈRREZ: And of the population, of the DOC population now, how many — can you put a number to how many folks you think can benefit from being in a therapeutic bed in one of these hospitals. Like, where — I think to echo so much of what Council Member Restler said and I'm sure both Chairs have already emphasized is, how deeply disappointed we are in this lagging. We all believe and are you know fervently fighting back on this Administration on the delay to even close Rikers but a lot of that perspective comes from what we think is very obvious, which is providing people who need mental health services with those mental health services by people that are certified and equipped to provide those services.

So, what are we putting at risk now? How many people are we putting at risk right now that could benefit from access to these beds?

PATSY YANG: So, I want to clarify a couple things. One is, in terms of putting people at risk, we are taking care of people who are in the city's custody now. We have been doing that I believe firmly. That CHS provides a quality of care that meets community standards that is the highest it's been. We are a leader in carceral healthcare. So, we're not putting people at risk.

COUNCIL MEMBER GUTIÈRREZ: I disagree but you can finish.

PATSY YANG: I'm talking about the quality of healthcare that we provide. The jail environment is a difficult one for everyone.

COUNCIL MEMBER GUTIÈRREZ: So, do you believe right now that in your population, no one even needs these therapeutic beds because you're providing such a high level of care?

PATSY YANG: Absolutely not. Absolutely not.

COUNCIL MEMBER GUTIÈRREZ: Okay, so how many people could benefit from this is my question?

PATSY YANG: If we had the 363 beds open now, we would have 363 patients moved from Rikers facility into these outposted units and they would benefit from that. They would benefit greatly. They would get better access to care, in a better environment than they have right now in Rikers.

COUNCIL MEMBER GUTIÈRREZ: Agree.

PATSY YANG: I just would clarify something that Mr. Saez said, which is — and really hats off to him and his team for managing this incredibly large and complex project. That those timelines are contingent upon approval to proceed with those two sites.

I think there's some question about semantics of Mr. Benn saying and Mr. Saez, but those projects, the outposted units themselves, have not moved forward, are not moving forward at this point and time in terms of the design and construction. They are just on hold. All the prerequisite work has been going on. The stuff that Mr. Benn mentioned about Woodhull on the 9th and 10th floor, that is all the prerequisite work that benefit Woodhull.

COUNCIL MEMBER GUTIÈRREZ: I'm so sorry. Can you repeat that last part, it's really hard to hear in

here. That last part about the approval I missed. You said that it's not, it's not approved?

PATSY YANG: Those two projects are funded and they are on pause in terms of the outposted units themselves because all of our attention is focused right on getting Bellevue finished and opened.

COUNCIL MEMBER GUTIÈRREZ: Okay, thank you. Thank you Chairs.

KAT THOMSON: And do we need to again state; we did state it earlier on here today that the timelines that we're anticipating for Bellevue, right? Is that clear for Bellevue?

COUNCIL MEMBER GUTIÈRREZ: Can you say that again?

KAT THOMSON: Sure, so I want to make sure that your — were you also asking about the Bellevue timelines because perhaps before you came in — sure, so Bellevue right, we talked about the construction being anticipated done in 2024 and DOC is coming behind that construction, actually we're obviously actively working on it but our job right, is to ensure that we have the operational plan and staffing to accompany the opening. So, anytime the construction is done, we're going to be hitting very

close after that is our goal is to open that unit. It's the best — it's going to be the best facility we've got. It's in our best interest to open it.

So, I think 2024 is really — and as we continue to plan our staffing for that in our operational plan comes to fruition, we're going to be providing that for you as well. So, you should expect it in 2024 effectively.

CHAIRPERSON RIVERA: What should the Council woman expect in 2024?

KAT THOMSON: The construction completion right for Bellevue and then DOCs part of the bargain here, is we're going to be working on the staffing of that unit and making sure that we have it and we're ready to go. So, that's what we're working on now. We're in conversation with OMB on the staffing. It's an ongoing process for us.

CHAIRPERSON RIVERA: Thank you Council Member. Council Member Joseph, did you have a question?

COUNCIL MEMBER JOSEPH: Thank you Chairs. Uhm, as much as I like data, I'm not hearing no data to drive our policy forward. I have a quick question. What specific design changes were made to these units under the new Administration?

PATRICK BENN: All the design changes that were made were subject to COC approvals and security features, so anything that had to meet the state regulatory committees, after the initial walkthroughs and inspections, anything that had to be adjusted for security purposed.

COUNCIL MEMBER JOSEPH: Can you list what they were for me?

PATRICK BENN: Unfortunately, its controlled by a state security. I cannot list that.

COUNCIL MEMBER JOSEPH: And the designs were made you said. And the design changes made, they were necessary to comply with that, right to meet the needs?

PATRICK BENN: Correct.

COUNCIL MEMBER JOSEPH: Okay. So, why uhm, you said 2024 for us to wait on data and meanwhile what should we do as a Council, as a legislative body?

KAT THOMSON: So, I'm not clear what your question is. I apologize.

COUNCIL MEMBER JOSEPH: For the hospital. What my Council Member Jenn had asked for the data. There's no numbers especially for any hospital. What's the numbers?

KAT THOMSON: Which numbers, sorry?

COUNCIL MEMBER JOSEPH: Yeah, how many people would benefit from the hospital versus them going to jail, what would be the benefit? No one knows? Okay. You want me to frame it differently? From your experience in working with your patients, what community-based resources would be helpful to divert people with serious mental health needs from jail and court systems?

PATSY YANG: Uh, thank you. The resources, the community, community-based resources for mental health services, I think whether it's outpatient, private offices all the way up to residential to treatment to inpatient is a focus of the entire system. I think the state, the governors office is involved. There has been a push to reopen to hospital system, to reopen some psychiatric beds that have been shuttered for years. There's a movement in terms of reimbursement rates from the state, which has a federal share specifically from Medicaid to ensure that the mental health parity that is a decades old concept and law, actually comes to fruition and is held and updated and current in the State of New York.

I think, I think it is really a question of the robustness of community resources for people who have healthcare needs and those include mental health needs, so that they can stay and stay and live well in community settings and not get involved with the legal system.

We also work very hard from the day one of admission to the Correctional Health Services to begin that discharge and reentry support, which connects people to those community providers. We have a good solid network of providers and healthcare systems. One of the biggest moves there was when we came over to Health + Hospitals, which is the nations largest public healthcare system to make those connections with community providers, the hospital, our sister providers. It includes our port practices, which Correctional Health Services opened up at Bellevue and at Kings County where Correctional Health Services doctors rotate also and see the same patients. You can see the same doctor when you're in as outs for continuity of care.

So, there's a number of systems issues that are and reimbursement factors to be considered to make that community capacity that are to prevent

incarceration in the beginning and to avoid reincarceration.

CHAIRPERSON JOSEPH: So, what needs to be in place in order to ensure these individuals are getting access to routine and holistic treatments?

PATSY YANG: We, you know from day one, we do assessments as to what patients need. For many of our patients, their encounter sadly with Correctional Health Services is their first encounter with an organized healthcare system short of an emergency room visit. We take that opportunity. It's an opportunity, it's an obligation that we have as healthcare professionals to assess people's needs. Very often we're the ones, the first ones to diagnose a chronic or acute condition. We treat as many people as we can while they are in our care and we set up relationships with for them with referrals and appointments and follow up with them, so that they continue that care that we initiated once they are released.

COUNCIL MEMBER JOSEPH: And what treatment is available for people with cooccurring disorders?

PATSY YANG: The same. We work with medical, mental health, and substance use providers in the community.

COUNCIL MEMBER JOSEPH: Thank you Chairs.

CHAIRPERSON RIVERA: Thank you Council Member. I just want to follow up on Council woman Gutiérrez's question. So, have you requested SCOC State Commission approval for Woodhull and NCB? Are there other approvals that are needed?

PATRICK BENN: So, SCOC is the only jurisdictional body that oversees jail construction and the design. So, they're currently actively participating in all phases of design review from Bellevue so that we could process Bellevue and get it done as fast as possible.

All the changes are going to be made to the other plans to reiterate those security changes that were made and then they'll begin the process as many stated during the construction period and the design and process they were on when the contractor is selected and everything, they'll start reviewing all those drawings and data's and it's an ongoing process.

CHAIRPERSON RIVERA: So, have you requested approval? I'm sorry, I just didn't get that. I get that you are looking at Bellevue and you've been through that process and you're on your way, but have you requested that Commissions approval for Woodhull and NCB? It seems pretty instrumental in moving the timeline along, which is why I'm asking.

PATRICK BENN: So, again once Bellevue is completed and finished, the SCOC will begin to review the plans for Woodhull and all central —

CHAIRPERSON RIVERA: Ah okay. So, once Bellevue's completed, that's the end of 2024. So, at the —

PATRICK BENN: Again, once Bellevue's design and changes that were made by SCOC and the requirements are finished, which we just had approval on Monday morning of the final changes to Bellevue, now SCOC will begin to work with the designers and architects for Woodhull and North Central Bronx to review and update the changes.

CHAIRPERSON RIVERA: Okay, alright. So, earlier, I said they're not on pause. Are you committed to moving forward with opening these facilities on the timelines that were previously set forth? You did

not commit to that. You are committing to providing a revised timeline to us, correct? On all three facilities, correct?

PATRICK BENN: Yes.

CHAIRPERSON RIVERA: Okay, by when?

PATRICK BENN: Uh, it's a good question, I can't answer that right now. I will get back to you with it.

CHAIRPERSON RIVERA: Alright, I want to recognize Council Member Brewer who has joined us. So, let me also clarify something else. In June 2022, there was a presentation that CHS made I believe to the Board of Corrections, and in that PowerPoint presentation, it said that CHS will determine the eligibility for admission to and discharge from the units in these facilities according to patient needs. But I thought I heard someone say that DOC is going to make that decision. Can you clarify that please?

PATSY YANG: Sure, that would be me. We, CHS, will identify patients whose clinical needs warrant placement in a more therapeutic environment. We make those requests for a transfer to the department which operates the jails and they make the final decision as to whether there are other factors that need to be

considered that might effect our request to place our patients in a particular setting.

CHAIRPERSON RIVERA: So, you're going to make recommendations. You will not be determining the eligibility, is that correct for admission too and discharge?

PATSY YANG: It is a joint — it is a consultative process that occurs currently in Rikers now for our PACE units, our therapeutic units, our infirmary. I think that they take very seriously our recommendations for medical care and treatment and placement and you can take it from there.

KAT THOMSON: Right, so the clinical assessment is done and those recommendations are coming and there's constant assessments for every single person in custody that are going on right. And the custody management side, on the DOC side is referred to from the classification perspective. The security issues and concerns that may be associated with a given person in custody and then that ultimately puts that person in a housing area. But for the most part, these recommendations coming through from CHS determine the ultimate location in housing where that person is housed.

And throughout someone's time in custody, they may be you know a couple of different settings that are dependent on their clinical needs and then their behavior and their custodial needs as they go with us.

CHAIRPERSON RIVERA: You know I ask because the number of people with serious mental illness diagnosis has also, according to advocates, gone up 38 percent since the Mayor took office. So, you know we're getting to who is going to approve and determine eligibility, which is incredibly important for these facilities. However, they technically do not exist at the moment. So, if we can talk about the current people that are incarcerated, that are awaiting trial, with all of these delays that are happening, what other steps are DOC, CHS, and everyone else taking to ensure that individuals with serious mental illness diagnoses are being connected to appropriate treatments?

And you know, we'd like to know whether those with physical health needs or these serious mental health needs are actually, will get priority for these units in the future. Love to know that as well.

Where do you see gaps in care? What are you doing to address that? Uhm, can you talk a little bit about that? So, currently what you're doing with the increase of people with serious mental health needs. And then, how are you going to actually admit patients and whether or not those with physical health needs or serious mental health needs will get priority for those units in the future.

PATSY YANG: Yeah, we have continued to provide the appropriate levels of care for our patients. You know they are in bulk in numbers but for each one of us, each patient is unique and we have been treating them in the environment in Rikers now. We are continuing to work with the Department to open and titrate the therapeutic units that we have. The mental observation units, the PACE units, the infirmary. As I noted in my testimony, it's not just in the infirmary, but we are expanding our therapeutic units for people with comorbidities who have substance use needs and mental health needs, physical needs and mental health needs. Our staff go wherever they are.

We have patients who are cohorted by age. We have patients who are cohorted by clinical conditions

like diabetes. Where the quality of care can be maintained no matter what their setting is.

The outposted units will have priority for those patients that we identify and we know will do better. Its less the quality of care than the access to it. The hospital specialists again will be able to come to the unit on the second floor or will be an elevator right away. It will not be several hours or a day long journey.

KAT THOMSON: And I'll just add to that, so and I just previously stated but I'll state it again, so after the closure of AMKC, and that was just in September, we gained another 103 MO beds, so we went from 393 beds up to 496 here in the fall. Now, the total number of beds for PACE has gone up to 334 as well, so that's immediate capacity improvements due to the consolidation of facilities and the closure of AMKC. The reopening of our OBCC facility. And so, there's a total of 830 MO beds, which includes PACE and CAPS. So, that's immediate right change but there's an ongoing dialogue between CHS and DOC that is looking at all the beds and the needs, those clinical needs. So, there's always discussion going

on about what we need. We need to think about opening up unit. Okay, let's take steps to do that.

So, in addition on our side, DOC, we've staffed up a whole new division for facilities of fleet with DC Benn. He's manning that and yeah, his mandate is to systematically go through all of our facilities and do facility upgrades as we go. So, the condition of our housing units is a huge priority for us and then to again more efficiently figure out what the patient population is and the PIC population needs that the custody management needs are to then create the right types of beds, the right number and the right types of beds.

So, this is constantly being evaluated and then we're constantly making adjustments to make sure we got the right match.

CHAIRPERSON RIVERA: Well, thank you for that. I don't know if there are any other members who have questions? You do, okay, I would like to go to Council Member Brewer please.

COUNCIL MEMBER BREWER: I was next door, so I don't have the full benefit of the past but I guess my question is since the number one issue is what are we doing with individuals who have mental health

issues. Number one, all across the city, on the street. Today somebody who works for the Mayor of the City of New York asked me that question. So uhm because his wife was assaulted by somebody mentally ill.

So, my question is, every single aspect between Health + Hospitals, the state facility at Wards Island, Creedmoor, etc. are all of these enterprises, institutions, ideas, beds, Allen at Columbia Presbyterian. They've all been looked at. That's my question, is every single stone being turned over to try to find beds? I might be wrong but it seems to me those facilities as good as your trying at Rikers and I've only been here three or four times recently, but you're there every day, the Chair is there often. When I see people there, I think oh my God, they'd be better off at Bellevue.

So, my question is, is everything being turned over for beds that would be appropriate for these folks? I mean, the Mayor's Office is asking me.

PATSY YANG: Thank you. Hi, good afternoon. Uhm, we — for the outposted beds, we, when we came — when Correctional Health Servies came over to Health + Hospitals, one of the first things that I

personally started doing was to go to all the health and hospitals facilities to understand where there was space and facilities within our new parent organization, where space might be under utilized or unutilized, that they could be converted and these outposted units reflect some of that effort. Where we identified places where we could build units that are state of the art, that would move our patients who really need regular and frequent access to hospital care but don't need to be in a hospital. Where they could just be an elevator — again, an elevator right away or right there in the same building. That is the outposted proposal that has been made to the city and is funded for construction.

We work on a regular on a daily basis with our partners at the state at OMH and at the Office of Mental Health and at the State Health Department and at the State Office of Addiction and Substance Use Services to examine where facilities and beds are and for both our patients who may need that level of care to what is going on in terms of community-based services to which we could connect our patients when they leave.

That's separate from the conversations that we have at a policy level that I think we talked about a little bit earlier in terms of Medicaid reimbursement systems like that for increased community capacity for the range of services, whether it's outpatient or inpatient.

COUNCIL MEMBER BREWER: Just at Wards Island, I know that facility well. Foster care, they go there, they go up state, they go to jail, they go to prison, they come back, they go to Wards Island. There's lots of vacant rooms at Wards Island. Is that something that's available to you or not?

PATSY YANG: Not — we have not looked at it for this outposted therapeutic unit. It may be under consideration for alternative community resources or locations for people.

COUNCIL MEMBER BREWER: At the hospital there?

PATSY YANG: There's a state facility.

COUNCIL MEMBER BREWER: It's a very large state facility. So, you don't know if you're able to get beds there is what you're saying?

PATSY YANG: That was not part for these patients. We do work with the state Office of Mental Health around Kirby Ward Manhattan Psych for

expanding or fortifying the continuum of care. They are patients maybe while their with us.

COUNCIL MEMBER BREWER: Okay, alright. Thank you Madam Chair.

CHAIRPERSON RIVERA: Thank you Council Member. I mean I think she's you know, Council Member Brewer brought up what is the number one inquiry at our offices and we know there are other issues. The reduction, the elimination of in-patient psychiatric beds across hospitals across the city. I think I heard a disturbing number of like 60 long term psychiatric beds like respite beds, 60. 30 of them are at Bellevue.

So, I know that there's a Rikers Taskforce. I know there are a ton of agencies and resources across the hall. I just hope you know we can't expect you to rehabilitate every single person that has mental health issues in the city of New York. But what is happening is that instead of getting the help that they need; they are getting arrested. They're not making bail. They're being incarcerated. Many of them coming out worse than when they entered. Substance abuse, mental health, it's really tragic and I know that uhm, you've come here and you've

said, well, these are the facts and the data that we have but we ask that there is a renewed commitment made considering all of these delays and the urgency that our city is facing. So, I know you owe us a few things. We have a breakdown; I'd like a breakdown of each post that you intend for DOC staff to fill in these units. The timelines for all the facilities, production numbers, missed medical appointments. I know you have to get back but we can get the most up dated numbers as soon as possible, in addition to other things the Chair and I and my colleagues have mentioned. So, please make sure we get those numbers. We received a few today, not many but I do thank you for your testimony. I do thank you for your service to the city and with that, I'm going to dismiss the panel. We have people waiting to testify. Thank you very much.

PANEL: Thank you.

COMMITTEE COUNSEL: Okay, while the Administration gathers their things and leaves, I'll make just a quick announcement for public testimony. For in person panelists, please come up to the dais once your name has been called. For virtual panelists, we will be calling individuals on a one-

by-one bases to testify. We will be limiting testimony today to three minutes each. Please begin once the Sergeant has started the timer.

For virtual panelists, once your name is called, a member of our staff will unmute you and the Sergeant at Arms will set a timer and give you the go ahead to begin. Please wait for the Sergeant to announce that you may begin before delivering your testimony. And for our first panel, we'll call up to the dais, Zachary Katznelson, Darren Mack, Andre Ward, Veronica Vela and Jennifer Parish.

ZACHARY KATZNELSON: Good afternoon. I'm Zachary Katznelson, I'm the Executive Director of the Lippman Commission. Thank you so much Chairs for holding this hearing. Council Member Brewer and other Council Members who are here, you know as you mentioned today, the Lippman Commission is proposing that we have not the 300 some odd beds that the city is planning right now but we really need 1,500, at least 1,500 of the secure treatment beds to really meet the needs of the people who are in Rikers, the people who are incarcerated. Over 1,200 people with serious mental illness, 40 percent of the people coming in the front door have serious alcohol and

drug abuse issues. Hundreds of people with serious physical ailments as their primary diagnosis. You have dozens, actually really an unknown number of people with serious developmental and intellectual disabilities. DOC actually doesn't track those folks. They are often in PACE units. They're actually taking those beds as well. And we really need to look at every possible location. As Council Member Brewer as you said, this is really an opportunity for the city and the state to work together to identify locations that can be brought online as soon as absolutely possible.

The absolutely mandatory thing, try as CHS might to provide care on Rikers, the realities intervene all the time. Whether it's the violence or the inability to move people. I was at Rikers just a couple weeks ago and went to one of the PACE units. There was only one officer on duty, just one, right? That meant that only two people were actually out of their cells at the time. Everyone else was locked in and those two people actually had nothing to do. They weren't getting treatment. They weren't getting counseling. There was no programming. One of them

was just literally standing there starring into space.

So, the realities of Rikers are not equal to being able to provide treatment. We need something different and this is really an opportunity to get it done and I just want to flag one thing because obviously money is critical here, right. And so, we tried to cost out as best we can. The realities are when city will build these beds, they'll build it with capital dollars. With bonds that they repay over 30 years and we estimate it will cost to have 1,500, would cost about $220 million a year in actual cost year to year for the city.

Right, and we spend $2.7 billion right now on the Department of Correction, right? And the return on the investment probably couldn't be worse. But we also have to think about how are we going to pay for the operation of the beds and one thing that's critical and I come to alert the Council to is the issue of Medicaid waiver that's being considered at the state level right now. Can we qualify for Medicaid dollars that right now, repayment, reimbursement for people caring for people who are incarcerated, the state is considering asking the

federal government to provide coverage for up to 90 days on the backend as people are coming out of Rikers. So, the last 90 days of incarceration but also could be asking for the first 90 days, up to 180 days that could be reimbursed by the federal government. That would be a massive change, a huge opportunity to get money into the city budget. And the state is still considering what they are going to ask for and this is an opportunity to really try and dialogue with them as much as possible that we have the maximum possible ask that's reasonable, so that we can ensure that the city budget is you know, as whole as possible but also that we provide the care that people really and truly need.

And so, thank you for everything today, for have the rapport, discussing, and asking the questions and for all your work, it's really appreciated.

ANDRE WARD: Thank you and I think we're in afternoon now right Chair Rivera? Chair Rivera and Chair Narcisse, thank you so much for holding this hearing and certainly Council Member Brewer, always good to see you and thank you for your commitment as well as Council Member Restler and the other Council Members.

My name is Andre Ward. I'm the Associate Vice President of Policy at the Fortune Society. We've been around for 55 years doing this work and as my colleague Zachary pointed out, the incredible importance of this work and we are grateful that you, Council Member Rivera and others have taken up the cause to ensure that people on Rikers Island are getting the things that they need, right? And so, in New York City you know there's tremendous rates of inequity across the intersection of health, race, poverty and incarceration and these inequities create what is called concentrated disadvantage in some of our most historically underserved neighborhoods.

And so, creating intergeneration cycles of poverty, poor health outcomes, incarceration, all of which it's compounded by the trauma of contact with the criminal legal system. And this trauma in turn compounded by the trauma of contact with the criminal legal system, really makes people like behave a certain way, it passed on to their family members, an impact to communities and because these communities are concentrated and disadvantaged, the home of people and where they live and high numbers of people impacted by the criminal legal system is striking.

And it's sad that this is not being reported as much as it could and therefore gives the demographics of our communities of concentrated disadvantage and the demographics of the people in city jails not the kind of attention that they need.

So, last year a judge ordered the city to pay $200,000 in fines to incarcerated people who have been denied access to medical treatment and in June of 2023, just a single month, people held in our jails missed over 11,000 medical appointments. That is an increase of 21 percent from the previous year. Now these 11,000 appointments were missed in the context of a situation where nearly 50 percent of the people in our city jails have been identified as struggling with mental illness. It has been mentioned.

Furthermore, instead of spending over a half a million dollars annually into holding a single person on Rikers, we should be investing in the kinds of supports and services that keep people safely in our communities. The city must invest more in current JISH providers, Fortune, Urban Pathways, CAMBA must create more JISH units to enhance our ability to

provide the kind of robust services a greater number of our people need when they are released.

Just last week, a federal judge overseen the Nunez Monitor ordered doc to provide her with a plan that could be implemented immediately to ameliorate the unacceptable levels of harm to people in jails. Our primary concern here is we must do this and we must be involved in making sure that the lives that are at stake are being endangered and being empowered and things are done differently. Thank you for your time.

VERONICA VELA: Good morning. I'm Veronica Vela with the Legal Aid Society's Preserves Rights Project. Thank you for having this hearing and for recognizing the urgent need for these outposted therapeutic units to open as soon as possible.

As long as prosecutors continue to seek and judges continue to impose incarceration for people with serious mental illness, the need for mental healthcare in the jails is going to remain catastrophic. At a time when we should be reducing the population, so that we can meet the 2027 deadline to close Rikers, the number of people detained is

going up. And as you recognize the number of people with serious mental illness has increased too.

One in five people right now have serious mental illness in detention. Half have some mental health diagnosis. Little has been done to meet this increasing need and instead, the violence and the neglect endemic to our jails is exacerbating the mental illness, mental health problems and sometimes it's creating new ones.

We encourage the Council to investigate the role that DOC's inability to deploy and manage its staff has played in delaying the OTHU's and how DOC dysfunction is going to effect the operation of DOTHU's going forward. DOC has staffing and a budget to offer robust programming, specialized housing and access to mental healthcare. The ratio of staff to people remains around four times the national average but the potential benefits of this staff is outweighed by DOC's culture of incompetence and indifference.

My office hears every day from people who are unable to get to their appointments, to their medication, to the clinic, because of DOC failures and these failures are not limited to not providing

an escort. Over 10,000 people are not produced every month for their appointments and in August, which just came out this morning, there were over 16,000 missed appointments. More than double the number two years ago when my office filed litigation to get DOC to enforce — to produce access to this care.

They also claim a lot of people are refusing to go to their appointments and that's why the number is so high. Well, explain to me why two years ago, the total number of missed appointments was in the 7,000 range and now the number of refusals is over 8,000. Why is that many people refusing more? I don't think that's true.

Reports from the Nunez Monitor and the Board of Correction describe how DOC's inability to get its staff to stay on their post is a factor in the outrageously high death rates in our jails, including many preventable deaths by suicide.

For Erick Tavira to die by suicide in a mental observation area where the floor officer was off post must of the evening or for Mr. Zhao to die by suicide in the PACE unit, which is supposed to be the most intensively staffed mental health unit in the jails,

demonstrates the colossal failure of the current model.

And for at least — oh, okay well just to point out. For at least a year, DOC's inability to manage its staff has led to unavailability of the psychiatric wards at Elmhurst Hospital for women who need in-patient psychiatric care. DOC claims it does not have sufficient staff to assign to these facilities but this is appalling and this issue requires investigation, not only for its own right but because of the potential it has for recurring in the outposted units once they are opened. Thank you.

DARREN MARK: Good afternoon. Thank you Chair Rivera, Narcisse and Committee Members. Thank you for this opportunity to testify. My name is Darren Mack, I am a Co-Director at Freedom Agenda, which is a member-led organization dedicated to organizing people and communities directly impacted by incarceration to achieve decarceration and system transformation. And we also coordinate the Campaign to Close Rikers.

So, Rikers has always been a threat to the health and safety of people kept there. It was true when I was detained there as a teenager and it's even more

true now. Getting the best care for people with the most serious medical needs should be a priority for everyone. In fact, in 2021, when Mayor Adams was Brooklyn Borough President, he visited Rikers and then submitted testimony to City Council suggesting that there should be an emergency build out of all site security facilities for people with mental health and substance use challenges. But as Mayor, he's shown no urgency or commitment to doing this. It's unacceptable that outposted therapeutic housing units at Bellevue are delayed by over a year. People who should be in those units now are instead suffering at Rikers. Not only is the Rikers an infirmary and I see completely decrepit but it's on Rikers isolated from the rest of the city and from the specialty medical care people need.

One of our members is the mother of a man with leukemia who spent four years at Rikers, making the long and uncomfortable journey to Bellevue monthly for treatments. When the Board of Correction issued recommendations in 2021 about how to prevent more tragic death in the city jails, Correctional Health Services responded by saying "a large number of persons admitted to New York City jails have serious

medical problems and not all those with chronic conditions can be housed in therapeutic settings with the current footprint."

So, what is Mayor Adams waiting for? Is there any number of deaths that will make him take action? Not only has the administration delayed the units at Bellevue, it's also not clear that they are committed to opening the units at Woodhull by 2024 or at North Central Bronx by 2025 either. What they have seemed committed to is sending a growing number of vulnerable people to suffer and possibly die at Rikers.

Since Mayor Adams took office, the number of people in Rikers with a diagnosed serious mental illness has increased 41 percent, to now more than 1,200 people. It's no secret that Mayor Adams is resistant to closing Rikers, and we thank that Council for continually reminding him that Rikers is a legal and moral obligation. We need the Council to continue to use the fullest extent of your power to make sure our city is moving forward, not backward.

One of the most important steps our city can take to get people with mental health needs out of jail is to allocate sufficient funding to open 380 justice

supportive housing units and sustain the 120 units we have now.

The $13 million funding increase needed is nothing compared to more than $20 million each month in Department of Corrections overtime. This must be included in the next budget and we thank you again for your partnership.

JENNIFER PARISH: Good afternoon. Thank you so much for holding this hearing and really trying to hold Department of Correction accountable about this and Correctional Health Services. I appreciate the opportunity to testify. My name is Jennifer Parish, and I am the Director of Criminal Justice Advocacy at the Urban Justice Center Mental Health Project.

The Mental Health Project represents all of the people who are currently incarcerated in the jails who have mental health treatment needs as part of the Brad H. Class Action litigation, so we're very concerned about this issue.

But really today, it's unfortunate that this is what we're focused on because we should really be focused on, how do we get people with mental health needs out of jail all together. That's not where they should be. We should be talking about investing

in community resources to keep this from happening and alternatives to detention. But we're not and this is an important issue but it's really about harm reduction, so if we're going to continue with the system, how do we try to make it better for people with mental health needs and other health needs? And I really appreciate that Correctional Health Services developed this model and I think they are trying to serve their patients with it.

Unfortunately the Department of Correction has not prioritized it and it seems like they would because Commissioner Molina has said repeatedly that people with serious mental health needs should not be in jail. So, why isn't he supporting it and why isn't he trying to move it forward as fast as possible. Uhm, not only just to echo what the Lippman Commission has said, this doesn't need to be simply for people with medical needs, obviously they need it but it needs to be for everyone who has a mental health need that they have identified needs to be in a specialized unit. So, you've heard that they don't even have room right now in the PACE units and the mental observation units, which are — the mental observations units really are terrible and don't have

much therapeutic value at all but then there's a vast group of people with serious mental illness who don't fit in either one of those, so all of those people should really be given this higher level of care. And it would not only allow them to improve the quality of care, it would help people with better discharge planning because they're really not succeeding on that measure either. That's what Brad H. is about is making sure they have discharge planning for people and they can't do things like connect people with supportive housing and part of that is because the housing providers don't want to interview people at Rikers Island. I think if they were in the jails, I mean in the hospitals in the community, who would have a better chance to improve that as well.

So, people could get better care there and we encourage you to continue this level of oversight to use all the power that you have within the budget process to continue to push this but then I'm also going to go back to where I started in terms of what the Council can do.

You need to pass Intro. 549 right away, that will help people inside. That's about ending solitary

confinement, which obviously damages everyone's mental health. It's been a year since we had that hearing. We've got a super majority of sponsors. And so, we should pass that right away but in addition, you have your mental health roadmap and we appreciate that and support it and hope that you will try to get the budget for justice involved supportive housing to be increased and that also that the Council should allocate additional money so that the assertive community treatment teams could be made in forensic assertive community treatment teams, which would serve many of the people at Rikers much better in the community. And that you make sure that it's fully funded to create the respite centers that you passed legislation to. Thank you.

CHAIRPERSON NARCISSE: I have a question. I don't know who can answer that for me. Uhm, is Rikers using Tilia Medicine? Tilia medicine? Nobody knows? They do. To what extent? Because I'm thinking right now as I'm sitting there if people are not maintaining their appointment, maybe there is a way that officially some of the mental health that's not really acute that in a time that uhm, if it's in chronic process, they can use — they can benefit.

So, I want to know what extent they are using it. So, maybe I guess, somebody is — you're going to come testify? So, probably you can answer that for me then. Thank you. I thought you probably knew about it. Thanks.

CHAIRPERSON RIVERA: Yeah please. Council Member Brewer.

COUNCIL MEMBER BREWER: I have a quick question. The Medicaid issue. The 90-days up front. I don't understand why. I was on the Board of a Very Tasked Treatment for 25 years and everybody who comes to Very Tasked or Exodus or anywhere else gets Medicaid and it pays for the services in terms of those who have drug treatment substance abuse issues. So, why can't that be for these beds? I don't understand.

ZACHARY KATZNELSON: So, the challenge on that front is that federal law bars any Medicaid dollars from being spent for treatment while people are incarcerated.

COUNCIL MEMBER BREWER: Okay.

ZACHARY KATZNELSON: And so, there is an ability to ask for a waiver. New York State, the state has to ask for a waiver. California was recently approved for a waiver to cover the last 90 days of

somebody's incarceration for cost and yet the idea is exactly to prepare them for release to kind of have this smooth transition, hopefully a transition into groups like Exodus and others in the community that can provide continued support and care.

But the idea is to try; how do we actually get the dollars into the jail system as well and hopefully into these beds in the hospitals but they will secure beds, so someone will be legally in custody which means that Medicaid right now can't pay for the car.

COUNCIL MEMBER BREWER: California was able to it for the end of the term but not the beginning, is that what you're saying?

ZACHARY KATZNELSON: Exactly.

COUNCIL MEMBER BREWER: So we need to get it for the beginning.

ZACHARY KATZNELSON: We should get it for both. Right now, we have it for nothing.

COUNCIL MEMBER BREWER: Oh, right because we got nothing now.

ZACHARY KATZNELSON: Right.

COUNCIL MEMBER BREWER: Second question for Fortune, congratulations on getting District Attorney

Manhattan to be at arraignment. I'm glad you have that contract. I've very excited that you got it. So, when you're — I assume they do some kind of analysis of people who are leaving at you know 3:00 in the morning or 2:00 in the morning whatever, to see who needs mental health support. Well, is that something that will be part of your contract?

ANDRE WARD: Well, I don't know all of the nuances of the contract Council Member. I mean we can get that information to you but a part of our work is obviously assessing people and what their mental health needs are and making sure to engage with the kind of interventions to support them.

COUNCIL MEMBER BREWER: Okay, and then finally, we're always trying to find these beds. You all have any ideas for beds other than the measly 300 or whatever? I mean, do you have some suggestions as to other places like you said that we could look for beds that are not at Rikers?

ZACHARY KATZNELSON: I would say for starting with other H+H facilities would be a good place to start, our full assessment of that. One was done under the prior administration, it would be good to update that and then look at the state facilities

that exist, whether it's Creedmoor or Kerby or others in New York City that can look at. We should also engage with the federal government to try and see what's available and just try and really identify whatever sites are possible that we can move forward with. I mean if we can find those sites now, even the construction cost alone, it costs 25 percent less to convert one of these existing facilities into an outposted bed like this than it does to build a jail cell, right? So we really have a lot of opportunity here but we need to explore.

COUNCIL MEMBER BREWER: Okay. Thank you.

VERONICA VELA: I will say that even if you identify the beds, if you are going to DOC staff to be overseeing those locations in any way, you know that their staffing management is going to have to be examined and reassessed.

COUNCIL MEMBER BREWER: Okay, that's a good point. That's where you need the Medicaid money too. Thank you.

CHAIRPERSON RIVERA: No, thank you. Thank you bringing that up and also, the fact of no data being tracked on intellectual or other developmental disabilities. I know we're fighting for more JISH

funding. Thank you for bringing it up. We bring it up every single year. I don't understand, even if you had not a single compassionate bone in your body, why would you look at the economic angle of how much better this is for our city but also just looking at the care that this person can receive to feel like a human being.

But anyway, I just want to thank you all. I truly believe we do have to get people off the island that don't belong there and start with a population with serious needs. So, thank you all for your testimony and I look forward to continuing to work with you all. Thank you.

PANEL: Thank you.

COMMITTEE COUNSEL: Next Victor Herrara, Mauria Harry, and Joanne Delapaz. And if anybody else wishes to testify, please see the Sergeant at Arms in the back to fill out a witness slip.

VICTOR HERRERA: Good afternoon Council Members. My name is Victor Herrera. I'm a member leader of Freedom Agenda Treatment at Jails and Fair Chance Housing, amongst others.

I currently have a family member who is currently incarcerated on Rikers Island, detained and he

suffered some severe emotional concerns okay with a lack of learned coping skills. All of his life he's never had a chance. He's never had treatment and basically the things that are exacerbated as a result of pre-trial detention is a serious concern.

Why? Because those that are supposedly trained to detain; I don't like that word, okay or have custodial care over these individuals, are the same ones that are adding to the concerns of the human beings that are returned into our communities every day. Okay, they are exacerbating my brothers concerns, okay. The treatment, dehumanizing, okay. My hearing from many that raises are being recycled. You know what that does to an individual, a normal person psychologically? It's got to stop. Okay, these — if we are to have these borough-based jails, like seriously, are we going to bring the same type of harm into these borough-based jails to corrupt them and treat our human beings like that in these new jails? This is what we're talking about.

So, we got to make sure that once Rikers is closed, that that's not brought into these borough-based jails with the mentality of those who are supposed to be responsible, care, custody and

control. Isn't it supposed to mean something in regards to morales and ethics, not death sentences? Thank you.

JOANNE DELAPAZ: Good afternoon. Good afternoon everyone. My name is Joanne Delapaz. I'm a single mother from Harlem. I have two sons currently in Rikers Island. Both of my sons are there because of a judge set a bail amount that I couldn't afford. The back and forth from court days along has taken a toll on me financially. There is no way I can pay the ransom they determined for my kids freedom.

Since my children have been on Rikers Island, they have experienced nothing but pain and suffering which is starting to impact their mental health. One of my sons which is starting to impact him. One of my sons was stabbed 12 to 14 times. This is something that had not happened once but twice. To make things worse, he was released from the hospital quickly and he desperately plead to follow up for medical attention. He never got it. Instead, the CEOs would tell him, "keep complaining, we'll send you back to the cell you came from."

I couldn't — I'm sorry. I couldn't even imagine being in the pain of having open wounds living in the

most horrific conditions. Being ignored by the people who are supposed to provide care for them. People who have complained and control over them. No one deserves to be treated this way, not my children or any other person. Enough is enough.

Mayor Adams, you have a morale obligation. We cannot keep this torture chamber open. Take the steps and make the commitments you promised us when you were trying to get elected. If you want to get stuff done, get it closed down. Thank you.

CHAIRPERSON RIVERA: Thank you and I know you're here because you love your sons very much, so I know Mayor Adams will hear you and thank you for your testimony.

JOANNE DELAPAZ: Thank you.

CHAIRPERSON RIVERA: Alright, I just want to just say once more, if there's anyone that we missed that would like to testify, please let us know.

Madam Chair, would you like to say anything in closing?

CHAIRPERSON NARCISSE: I want to say thank you Chair for this deep diving into the problems that we have here on hand at Rikers and as a nurse for over three decades, it's a pleasure for me to sit with you

to making sure that we address the inequities in healthcare and most importantly for those individuals that cannot have an option to go somewhere else but be responsible there in the custody of our care, which is New York City.

So, I'm pleased to be with the advocates, different folks that are contributing to make sure we address the needs, not yesterday but today and mental health is a big problem. Mental health is a problem and we need to address it throughout our city. So, thank you Chair. Thank you. Thank you everyone.

CHAIRPERSON RIVERA: Well said Madam Chair and with that, we will close the meeting and adjourn. Thank you. [GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date November 8, 2023