

Correctional Health Services

**Testimony to the New York City Council Committees on Criminal Justice and Hospitals
by Patsy Yang, DrPH, Senior Vice President, NYC Health + Hospitals/Correctional Health
Services**

October 18, 2023, Oversight – Outposted Therapeutic Housing Units

Good morning Chair Rivera and Chair Narcisse and members of the Committees on Criminal Justice and Hospitals. I am Patsy Yang, Senior Vice President for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I’m joined by Manny Saez, Vice President of Facilities Management at NYC Health + Hospitals and Jeanette Merrill, Assistant Vice President of Communications and External Affairs at CHS. I’m also joined by representatives of the NYC Department of Correction (DOC), our partners in the City’s Outposted Therapeutic Housing Unit initiative. I appreciate your continued interest in this pioneering project.

Jail-Based Therapeutic Housing and Care

As you know, our therapeutic housing model on Rikers served as the impetus for our Outposted initiative. The jail-based therapeutic housing units are designed for our patients with serious medical, mental health, and/or substance use needs. Clinical teams are dedicated to the units, enabling us to provide more effective treatment, enhanced patient interactions and monitoring, and strengthened care coordination for our highest-need patients.

Patients with serious mental illness, intellectual disability, or other mental health needs may be housed in Mental Observation units or Program for Accelerating Clinical Effectiveness (PACE) units, both of which are part of the spectrum of mental health care that we offer. Current mainstays of our medical therapeutic units are the infirmaries, located in the North Infirmiry Command (NIC) and the Rose M. Singer Center. We also medically cohort patients with certain clinical conditions, such as diabetes, in housing areas in NIC.

More than 58 percent of our medically complex patients are aged 55 and older and about 75 percent have at least one significant health diagnosis, including recent or active cancer, current or prior pulmonary conditions, cardiac-related disease, diabetes, and/or conditions indicating currently or potentially compromised immune systems. Many of these individuals are infirmiry patients, who represent approximately 2 percent of the jail population but account for about 25 percent of all off-Island specialty service visits at NYC Health + Hospitals/Bellevue. Female patients receive off-Island specialty care at NYC Health + Hospitals/Elmhurst.

While these jail-based units offer a critical therapeutic option for many of our patients, CHS recognized early on that there might be a way for us to better care for those of our patients who needed specialty or subspecialty care only available in hospital settings. For many of our male or female patients, the journey to Bellevue or Elmhurst hospitals was so taxing as to serve as a

deterrent to receiving critical, sometimes life-saving treatment. Yet, these patients were not so clinically acute as to warrant inpatient hospitalization.

Outposted Therapeutic Housing Units

We conceived of the Outposted therapeutic housing units as the bridge between the level of care we can provide on Rikers and on an acute inpatient basis. These secure, clinical units will replicate the jail-based therapeutic housing model on Rikers in that we will clinically cohort some of our highest-need patients and embed clinical staff on the unit. However, their siting within the walls of an acute care facility means that our patients will be, at most, an elevator-ride away from the specialty services that they need. The units will also create a more therapeutic milieu within a health care facility that is located within key communities in Manhattan, Brooklyn, and the Bronx.

The Outposted model conceptualized by CHS is unique. The units will house patients who are selected, in consultation with DOC, because of their clinical needs to be treated by both CHS and hospital clinicians but not as hospital inpatients. The units will be located within the four walls of a hospital but will meet the minimum standards and other regulations that apply to jails. CHS and DOC have been working together closely throughout the design and build process to ensure the new units offer modern, state-of-the-art jail features and high-quality clinical care. When the units are operational, DOC will provide security, custody management, and other operational support; CHS will continue to be the primary provider of care but in closer coordination with hospital specialists. Our patients will have better access to the full range of Health + Hospitals clinical resources, while continuing to benefit from the security and program resources of DOC.

We anticipate that construction at Bellevue, the first of three Outposted unit locations, will be completed in 2024. The Administration is committed to properly operationalizing Bellevue as soon as possible, after the construction is complete. Construction for the unit, which occupies the entire second floor of the hospital building, is well underway and includes a new outdoor recreation space above the hospital's emergency department. Security-related design changes had required us to pause construction to ensure the completed site will meet the requirements for a jail. DOC and Health + Hospitals – CHS, the Central Office for Facilities Management, and Bellevue Hospital – worked closely together in an effort to submit to and secure full and final approval from SCOC of a modified design of the Bellevue unit, which we received earlier this week.

NYC Health + Hospitals/Woodhull will serve as the location for the second Outposted unit – specifically the ninth and tenth floors. While the construction specifically of the Outposted unit has not yet begun, the prerequisite renovation and relocation of existing patient care and administrative spaces is almost complete. This necessary work in anticipation of the Outposted unit includes an upgraded inpatient pediatric unit, an updated outpatient substance use unit, and an upgraded hemodialysis unit. Woodhull Hospital also renovated its physician on-call area, occupational health services unit, and medical student locker room. The upgrades will enhance the experiences of both Woodhull Hospital patients and staff; it constitutes a major accomplishment for the Health + Hospitals system and a significant milestone in the Outposted initiative.

NYC Health + Hospitals/North Central Bronx will serve as the location for the third Outposted unit and was paused after the pre-design phase. SCOC-approved changes to the design plans for Bellevue Hospital will inform the design plans of the units of both North Central Bronx Hospital and Woodhull Hospital. Based on current design plans, which remain subject to change, the

Outposted initiative will include 363 beds across the three sites: 104 beds at Bellevue Hospital; 156 beds at Woodhull Hospital; and 103 beds at North Central Bronx Hospital. Current funding for the project totals \$718m, with each site totaling approximately \$239m.

We are so excited and proud that New York City will be once again be making a “first” in innovative carceral health care. The Outposted Therapeutic Housing Unit initiative is a truly pioneering endeavor. Because these units are the first of their kind, the design and approval process may have required extensive time and attention, but the initiative remains a priority for the Administration and arguably more important than ever for the health of our most clinically vulnerable patients. We know the NYC Council shares the Administration’s commitment to ensuring New Yorkers in our city jail system – particularly those with medical, mental health, and substance use needs – receive the care they need, and the Outposted initiative is a groundbreaking step toward that goal.



**TESTIMONY OF
THE FORTUNE SOCIETY**

**THE NEW YORK CITY COUNCIL
COMMITTEES ON CRIMINAL JUSTICE
AND HOSPITALS**

City Hall,
New York, NY

Wednesday, September 29, 2023

SUBJECT: Oversight – Outposted Therapeutic Housing Units

PURPOSE: To ensure that the City adheres to the mandated timeline to close Rikers including bringing outposted therapeutic housing units online without delay

Presented by

Andre Ward

Associate Vice President,
David Rothenberg Center for Public Policy

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Thank you Chairs Rivera and Narcisse and members of the Committees on Criminal Justice and Hospitals for the opportunity to provide testimony. My name is Andre Ward and I am the Associate Vice President of The Fortune Society's David Rothenberg Center for Public Policy.

The Fortune Society is a 55-year-old organization that supports successful reentry from incarceration and promotes alternatives to incarceration, thus strengthening the fabric of our communities. We do this by believing in the power of people to change; building lives through service programs shaped by the experiences of our participants; and changing minds through education and advocacy to promote the creation of a fair, humane, and truly rehabilitative justice system. Unfortunately, in New York City, we are currently light years away from demonstrating fairness and humanity, and respect for basic human dignity, in how we treat people with serious medical needs who are involved in the criminal legal system.

In New York City, there are tremendous rates of inequity across the intersection of health, race, poverty, and incarceration. These inequities create what is called concentrated disadvantage in some of our most historically underserved neighborhoods – creating intergenerational cycles of poverty, poor health outcomes, and incarceration – all of which is compounded by the trauma of contact with the criminal legal system.¹ And this trauma, in turn, is correlated with greater risk of many potentially life-threatening physical health conditions including cancer and cardiovascular disease, as well as mental health issues and the reliance on substances for coping and self-medication.² Because these communities of concentrated disadvantage are home to high numbers of people impacted by the criminal legal system, it is sadly not surprising that people in our jails suffer from disproportionate rates of chronic and acute diseases.³ Therefore, given the demographics of our communities of concentrated disadvantage, and the demographics of the people in our city jails, we must look at this issue of

¹ Naidoo M, et al. (2018). *NYC Community Health Profiles 2018 Map Atlas*; The New York City Department of Health and Mental Hygiene. <https://www.nyc.gov/assets/doh/downloads/pdf/data/2018-chp-atlas.pdf>.

² Chaudri, S. et al. (2019, March 25). Rauma-informed Care: A Strategy to Improve Primary Healthcare Engagement for Persons with Criminal Justice System Involvement.” *Journal of General Internal Medicine*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6544694/>

³ Commission on Community Reinvestment. (2021). *Commission on Community Reinvestment and the Closure of Rikers Island Report*. <https://www.nyc.gov/assets/hra/downloads/pdf/hra-docs/Commission-Community-Reinvestment-Report.pdf>.

outposted therapeutic housing units through the lens of inequity and the systemic, historical neglect of our Black and brown communities.

We must also view this issue in the context of the continued crisis of mismanagement and dysfunction that pervades the operation of our city jails which has manifested in yet another death, the ninth so far this year that we know of. On October 5, 27-year-old Manesh Kunwar, who struggled with substance use disorder and mental health issues – recently spending five months in a psychiatric facility - died after only one week on Rikers Island.⁴ Notably, Department of Correction staff have reportedly already been suspended, which suggests that once again staff either failed to perform their duties or left posts unstaffed.⁵ Mr. Kunwar thus appears to be one of countless people who might still be alive were he in a different setting and provided the care he needed and, as a human being, deserved.

Last year, a judge ordered the City pay \$200,000 in fines to incarcerated people who have been denied access to medical treatment.⁶ In June of 2023, just a single month, people held in our jails missed over 11,000 medical appointments.⁷ That is an increase of 21% from the previous year.⁸ These 11,000 appointments were missed in the context of a situation where nearly 50% of the people in our city jails have been identified as struggling with mental illness⁹ and 20% of people in our city jails have been diagnosed with a serious mental illness.¹⁰

Furthermore, instead of spending over 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 the community. The City must invest more in current JISH providers – Fortune, Urban Pathways and CAMBA – and must create more JISH units to enhance our ability to provide the kind of robust services a great number of people need when they leave our jails, and that can break the cycle of hospitalization, homelessness, and arrest.

⁴ Rayman, Graham. (2023, Oct. 9). “Nepali man’s Mysterious Death in NYC Jail Leaves Friends and Family Questioning Conditions There.” *Daily News*. <https://www.nydailynews.com/2023/10/09/nepali-mans-mysterious-death-in-nyc-jail-leaves-friends-and-family-questioning-conditions-there/>.

⁵ *Id.*

⁶ Blau, Reuven. (2022, Dec. 19). “Lawsuit Asserts if Rikers Can’t Provide Medical Care, It Should Cap the Population.” *The City*. <https://www.thecity.nyc/2022/12/19/23517890/lawsuit-rikers-cap-population-cant-provide-medical-care>

⁷ <https://comptroller.nyc.gov/services/for-the-public/department-of-correction-doc/dashboard/>

⁸ <https://comptroller.nyc.gov/reports/the-state-of-new-york-city-jails/#detailed-indicators-jail-conditions>.

⁹ Fiscal 2023 Mayor’s Management Report, <https://www.nyc.gov/assets/operations/downloads/pdf/mmr2023/doc.pdf>.

¹⁰ <https://comptroller.nyc.gov/services/for-the-public/department-of-correction-doc/dashboard/>.

Just last week, the federal judge overseeing the *Nunez* matter ordered DOC to provide her with a plan “that can be implemented immediately to ameliorate the unacceptable levels of harm”¹¹ to people in our jails. We cannot continue to delay the move towards closure of Rikers Island in the face of “unacceptable levels of harm” to our fellow New Yorkers. The urgent need for outposted therapeutic housing units is clear. We are nearly one year behind on opening 104 units in Bellevue Hospital.¹² Our primary concern must be this: lives are at stake, and endangered, every day that we delay in moving with full speed ahead towards the lawfully mandated closure of Rikers Island.

¹¹ Kaye, J. (2023, Oct. 12). “Federal judges scolds DOC boss for ‘disturbing’ attempt to influence Rikers monitor.” *Queens Daily Eagle*. <https://queenseagle.com/all/2023/10/12/federal-judge-scolds-doc-boss-for-disturbing-attempt-to-influence-rikers-monitor>.

¹² Rayman, G. (2023, March 22). “City Council members ask Mayor Adams to explain delays in building of jail hospital beds in NYC hospitals.” *Daily News*. <https://www.nydailynews.com/2023/03/22/city-council-members-ask-mayor-adams-to-explain-delays-in-building-of-jail-hospital-beds-in-nyc-hospitals/>.



ICNY
Interfaith Center of New York

**New York City Council Committee on Criminal Justice Meeting October 18, 2023
Oversight - Outposted Therapeutic Housing Units**

TO: Carlina Rivera and Mercedes Narcisse

FROM: The Rev. Chloe Breyer and Scott Blumenthal, The Interfaith Center of New York,
October 19, 2023

Dear Councilmembers Rivera and Narcisse,

We are grateful for this opportunity to provide you with written testimony on behalf of The Interfaith Center of New York, a non-profit organization which, over the course of 25 years, has built the most religiously-diverse and civically-engaged network of grassroots and immigrant religious leaders across the five boroughs of Manhattan, Queens, Brooklyn, Staten Island and The Bronx.

We are deeply concerned by delays to the completion of outposted therapeutic housing units at Bellevue, Woodhull, and North Central Bronx hospitals. These units are urgently needed to serve the needs of people with serious physical, mental, and substance abuse issues currently in Department of Corrections custody. Thank you, Councilmember Rivera, for insisting that the Department of Corrections provide the City Council and the people of New York with concrete staffing and administrative plans for the new facilities right away, and commit to deadlines by which they will move people with the most acute needs into them and off of Rikers Island.

But more must be done. Mayor Adams, the District Attorneys, and the City Council cannot allow the population of Rikers Island to keep increasing. The city is legally and morally obligated to reduce the overall jail population, complete the already delayed borough based jails, and close the Rikers jail facilities by August 31, 2027. The closure plan has been thoroughly commissioned, exhaustively researched, debated, voted on, and written about extensively. It has survived two administrations, a land-use process, and a pandemic. We must not allow it to falter now.

Until then, the Department of Corrections must provide sufficient staff and programming, increase transparency into its operations, and improve conditions for everyone detained at Rikers. The City Council can do its part by passing Introduction 549 to end solitary

confinement, Introduction 1204 to mandate notifications and investigations of deaths in DOC custody, and Introduction 1114 to mandate attorney and next of kin notification of serious injuries in jail. We also urge you to introduce and pass legislation to mandate access to programs delivered by external, community-based providers, and to explore legislative means to improve the independence of the Board of Corrections.

Today, CHS tried to reassure the committee that it was meeting community standards and providing adequate treatment to people in DOC custody while quietly acknowledging the shortcomings of the “environment” in which this care is being provided. The committee must not overlook the awful toll Rikers Island takes on people detained there. As Darren Mack of Freedom Agenda testified, the North Infirmity Command (NIC) is decrepit. Pastoral care providers in our coalition, who minister to people detained on Rikers Island, can testify to the dilapidation and overcrowding in its units. 496 people are housed in mental observation units which CHS touted as innovative; in reality, they are squalid, chaotic and as chronically understaffed as the rest of Rikers’ housing units. CHS claims to “run robust programs” for people in custody with substance abuse problems, including the “oldest jail opioid treatment program in the country,” yet open drug use is rampant throughout Rikers’ facilities. Survivors, family members, medical experts and others point out that this environment does not foster rehabilitation or transformation. It is a recipe for recidivism, trauma and sometimes death.

The committee members, the panel, and those who testified at today’s hearing were unanimous in their support for the creation OTHUs, and confident that they will vastly improve the quality of care the DOC and CHS provides to people in custody. However, poor planning and outright obstruction by the DOC continues to stand in the way of their completion. In the meantime, people are suffering and dying on Rikers Island. Others are returning to their communities with more acute physical, mental health, and substance abuse issues than when they were detained.

Seeing the Rikers closure plan through to completion will take moral courage and continued political leadership. We are grateful to the Committee on Criminal Justice and the Committee on Hospitals for your attention to the completion of the OTHUs and your concern for the well-being, dignity, and humanity of people in New York City’s custody.

Sincerely,

The Rev. Chloe Breyer, Executive Director
Scott Blumenthal, Program Associate
The Interfaith Center of New York



Mental Health Project

New York City Council
Committee on Criminal Justice
Committee on Hospitals

Oversight Hearing – Outposted Therapeutic Housing Units

Wednesday, October 18, 2023
Committee Room, City Hall, New York, NY

Testimony of
Jennifer J. Parish
Director of Criminal Justice Advocacy
Urban Justice Center Mental Health Project
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Good afternoon. Thank you for holding this hearing on outposted therapeutic housing units and for the opportunity to testify today.

My name is Jennifer Parish, and I am the director of criminal justice advocacy at the Urban Justice Center Mental Health Project, and a member of the Jails Action Coalition, #HALTsolitary Campaign, and Treatment Not Jail Coalition. The Mental Health Project advocates for people with mental health concerns involved in the criminal legal system. We represent the *Brad H. Class*, all incarcerated individuals who receive mental health treatment while in NYC jails, which is currently more than half of the city jail population.

To address the needs of people with significant mental health challenges in NYC jails, the City's focus should not be on developing another form of incarceration, which is what outposted therapeutic housing units are. Instead, the emphasis should be on developing and funding mental health care and services *in the community*, such as Intensive Mobile Treatment teams, clubhouses, and supportive housing and providing alternatives to detention for people with mental health concerns awaiting trial and alternatives to incarceration to divert people from the criminal legal system.

Developing outposted therapeutic housing units is actually about harm reduction – and that *is* very important given the horrific conditions in the NYC jails. I appreciate that Correctional Health Services (CHS) developed this plan to improve the care that they can provide to their patients in

the jails. Outposted therapeutic housing units should be a priority for *both* CHS and the Department of Correction (DOC). It would be better for both agencies if people with significant healthcare needs were receiving treatment in a different setting, off Rikers Island. In fact, Commissioner Molina has repeatedly stated that the city jails are not the place for people with mental health concerns. So, it is appalling that instead of expediting the opening of these units, his agency is dramatically slowing progress on this effort.

We urge the Administration and the Department to open the planned units as soon as possible. We also want to make sure that Health + Hospitals, CHS, and DOC include beds in the planned units for people with significant mental health treatment needs and that everyone who requires to be held on a specialized mental health unit can be placed in a unit *outside* of Rikers Island.

When the plan for the outposted therapeutic hospital units was announced, these units were to serve people with serious health conditions and specifically included people with significant mental health treatment needs. This population should still be included in the planned units.

Currently, in assessing an incarcerated person's mental health treatment needs, CHS makes the determination of whether someone can be served in general population by receiving mental health treatment on the equivalent of an outpatient basis or whether they need to be treated in a specialized mental health unit. The people who are designated as needing to be held in a specialized mental health unit – PACE or the mental observation units – are people who CHS has determined need a higher level of care. This decision does not fall to DOC or the incarcerated person. People who need this higher level of care, meaning that they do not need to be hospitalized in the inpatient unit at Bellevue but would benefit significantly from regular monitoring – the very population that the outposted therapeutic housing units are designed to support. They should be included among the people treated in the outposted units.

On April 29, 2022, at a Council hearing, CHS testified as follows:

The jail environment is associated with psychological instability, self-harm, and suicide for several reasons. Individuals enter jail with high levels of stress due to their recent detention, separation from family, disruptions in care, and loss of autonomy and access to usual outlets for coping. Uncertainty about the outcome of legal cases and the unpredictability of the jail environment can cause additional tension and anxiety. All these factors can exacerbate symptoms of an existing mental illness, as well as induce psychological distress and new self-injury in individuals without a history of mental health problems. The above conditions also contribute to suicide being the leading cause of death in jails across the United States, with a rate of about 49 deaths per 100,000 individuals in 2019.

Clearly jails confer psychological harm on individuals in custody, and people with serious mental health challenges are at especially high risk.

When CHS took over the provision of healthcare in the jails from the for-profit company Corizon, which was responsible for the horrific deaths of Bradley Ballard and Jerome Murdough in the mental observation units, CHS developed some important interventions for incarcerated people with mental health concerns, including the PACE units. Before the pandemic, PACE units had some success in providing a higher level of care than the mental observation units.

But since the pandemic, the quality of care throughout the jails has grossly deteriorated. We see evidence of that in the tragic deaths of Micheal Nieves, Robert Pondexter, Erick Tavera, Rubu Zhao, Joshua Valles, Donny Ubiera, and others who have died in PACE and mental observation units, and it is also evident in the increase in self-harm. For instance, in December 2022, 65% of all self-harm incidents occurred in mental health units on Rikers, where people are supposed to be receiving a higher level of care.

Treating people with serious mental health challenges at Rikers Island is untenable. The Department's dysfunction is widely recognized. CHS lacks the staff needed to operate PACE units as designed. The planned expansion of PACE units has been stalled, and mental observation units have never been an adequate place to treat people who need a specialized level of care. Moreover, there are not even enough beds in the PACE and mental observation units to treat the approximately 1200 people whom CHS has diagnosed as having a "serious mental illness."

The outposted therapeutic hospital units have the potential to offer such better care for incarcerated people with significant mental health treatment needs. In addition to providing mental health treatment in a more therapeutic environment, these units can facilitate people receiving improved discharge planning. Their location in the community will make it easier for service providers to engage with people before release and for supportive housing providers to interview applicants for their housing programs.

All incarcerated people with mental health challenges who need a higher level of care should be able to receive it in a unit that is designed first and foremost to provide healthcare in a therapeutic environment (to the extent that is possible in a custodial setting).

We urge the Council to hold the Administration accountable for the opening of these units through your continued oversight and your role in the budget process.

We also implore the Council to take immediate action to end the torturous practice of solitary confinement in the jails by passing Intro 549-2022. This bill will abolish a practice which disproportionately impacts people with mental health concerns and causes harm to the mental health of everyone who is subjected to it. More than a year has passed since the hearing on Intro

549-2022, and it has the support of a supermajority of Council Members. The Council should pass this legislation right away.

Finally, I will end my testimony where I started: The Council should increase investments in crucial services which will divert people from incarceration, such as Justice-Involved Supportive Housing, forensic Assertive Community Treatment teams, and Intensive Mobile Treatment teams, and services which can prevent incarceration, such as crisis respite centers and clubhouses. We need to end the criminalization of mental health concerns, and we can only do so by building a community mental health system that cares for all New Yorkers.

Testimony to the City Council Committees on Criminal Justice and Hospitals

Submitted by Darren Mack, Co-Director, Freedom Agenda

October 18, 2023

Chair Rivera, Chair Lee, and Committee Members,

Thank you for this opportunity to testify. I am the Co-Director of Freedom Agenda, a member-led project dedicated to organizing people and communities directly impacted by incarceration to achieve decarceration and system transformation. We also coordinate the [Campaign to Close Rikers](#).

Closing Rikers by 2027 is both a legal obligation and moral one, but Mayor Adams and Commissioner Molina seem intent on doing everything in their power to delay and obstruct the implementation of the plan that the City Council passed in 2019.

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 off-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 is unacceptable that the 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 infirmary, NIC, 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 NYC 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%, 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 *must* close, in support of both safety and justice for our City. We need the Council to continue to use the fullest extent of your power to make sure our City is moving forward, not backward. In support of those goals, we ask the Council to:

- Insist that the administration follow through on the Points of Agreement on closing Rikers, including allocating sufficient funding to open 380 more Justice Involved 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 DOC overtime. This must be included in the next budget.
- The Council should also allocate \$2.5M for at least five of the new state-funded Assertive Community Treatment (ACT) teams to operate as Forensic ACT teams

- We also urge the Council to pass Intro 632 to end housing discrimination based on conviction records, and prevent people from cycling between jail and shelters.
- We urge the Council to pass Intro 549 to end solitary confinement.
- The Council should push the administration to fully fund and implement Local Law 118-2023 & Local Law 119-2023, to establish additional Crisis Respite Centers and clubhouses.
- The Council should also pass Intro 1204 to mandate notifications and investigations of deaths in DOC custody, and pass Intro 1114 to mandate attorney and next of kin notification of serious injuries in jail
- The Council should introduce and pass legislation to mandate access to programs delivered by external, community-based providers, and should explore legislative means to improve the independence of the BOC

We thank you again for your partnership.

Sincerely,

Darren Mack

Co-Director, Freedom Agenda

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Recently, a friend of mine who lived in the city returned for a visit from Germany with her husband and new son. As they visited tourist attractions throughout the city, they noticed one notable change; public use of marijuana and its pungent smell. I informed her that the recent legalization of marijuana has led to this change, one that I believe has negatively impacted the quality of life of our city.

I understand that the primary reasons for the legalization of marijuana within New York State was to decriminalize its possession, to expunge criminal records for those with prior convictions, and to take advantage of its economic impact. But what I can't understand is the lack of regulation for its public use within our city.

NYC has rules about marijuana use in public, but I strongly believe that the city must impose fines and enforce those rules for those who violate them. According to the NYC health website,

“Smoking or vaping cannabis is not permitted in these locations:

Public areas of buildings

Parks

Beaches and boardwalks

Public golf courses

Inside and on the grounds of sports stadiums

Pedestrian plazas

Public gardens

Restaurants

Bars

Cars and other motor vehicles (even while parked)

Schools”

Based on my experiences and observations and conversations with other people, I have noticed that marijuana is used in all of these places. I know that these examples are only restricted to me, but these are recent and actual and real experiences. Here are some examples;

- **Public areas of buildings**

- I cannot quantify the many times I have observed use in these areas. One noticeable example is outside of the Jamaica Center Subway Station. There is always a group of people smoking and peddling marijuana, even in the presence of police officers. This area, located near the intersection of Jamaica Avenue and Parsons Boulevard, is located close to where I teach 7th Grade Social Studies. It's a major transportation hub for students who transfer from trains to buses and vice versa. As I walk from the subway to my school and vice versa, I constantly see young people using marijuana. I have even noticed a couple of my students, current and former, doing so. I was able to intervene in those matters considering my relationship with their

families, however it is obvious that the unregulated use of marijuana is impacting our young people, especially young people of color. As a teacher of students of color, it breaks my heart to see how many of them live in this unhealthy environment where they are exposed to secondhand marijuana smoke in public spaces.

As a Social Studies teacher, I teach my students about Environmental Justice and how in communities of color and high poverty areas of the city there is a disproportionately high number of children with asthma. This includes their neighborhood, which includes the “11432 and 11433” zip codes. I looked at many websites that collect recent data on asthma amongst children ages 0-17. These include the New York State Asthma Control Program Data Dashboard and various reports from the NYC Health department. From looking at the data, children in these two zip codes have one of the highest numbers of asthma in the city. According to the [America's NonSmoking Rights Foundation](#), *“Secondhand smoke from combusted marijuana contains fine particulate matter that can be breathed deeply into the lungs, which can cause lung irritation, asthma attacks, and makes respiratory infections more likely. Exposure to fine particulate matter can exacerbate health problems especially for people with respiratory conditions like asthma, bronchitis, or COPD.”*

The point I am trying to make is that the unrestricted use of marijuana might be detrimental to our young people of color health. What bothers me is that some politicians at the state and local level decry the lack of effort to address issues regarding our children's health and the environment in communities of color and high poverty areas. But they fail to realize that there is a correlation between their policies and lack of governing that might be causing these problems.

- **Parks/Beaches and boardwalks/Public gardens**
 - Nearly every park I have been to within the city; Battery Park, Central Park, Astoria Park, Flushing Meadows, etc, I have observed the use of marijuana smoke in these places. Especially at a popular park where my students frequently visit, Rufus King Park. This summer is my first time going back to Rockway and Riis Beaches since 2018. I remember before the pandemic, I could go to these places and never notice the smell of marijuana. This is not to say that it was never used, but now, there is widespread use of it. Once again, in the presence of our children.

- **Inside and on the grounds of sports stadiums**
 - I recently went to a Mets game at City Field and observed the use of marijuana inside and outside the stadium.
- **Pedestrian plazas**
 - Walking through Times Square, you can easily get a contact high. I have even noticed construction workers, people who should not be high, consuming marijuana near construction sites, presumably on their breaks.
- **Restaurants/Bars**
 - With the increase of outdoor dining, I have observed many people taking advantage of vaping in these areas.
- **Cars and other motor vehicles (even while parked)**
 - Driving down streets or even highways, cars that speed by or that I am driving behind have occupants who are smoking marijuana. No doubt, driving impaired is against the law, just as drinking and driving is. I don't think that someone driving high is safer.
- **Schools**
 - Words and data cannot express the concern I have for our young people. As stated above, I have noticed an increased use of marijuana with our young people. Students in this city are exposed to so many social ills in this city. I read the 2018 study, "Assessment of the Potential Impact of Regulated Marijuana in New York State". In this assessment, the following was stated, *"...other studies have shown little or no change in adolescent marijuana use following legalization. Data from multiple sources indicate that legalization in Colorado had no substantive impact on youth marijuana use. Marijuana use rates, both lifetime use and current use, among high school students in Colorado did not change significantly following legalization. Similarly, past 30-day use among persons 12-17 years old in Colorado did not change significantly following legalization. A 2017 study of adolescent marijuana use before and after regulated marijuana implementation in Colorado found there was little change in adolescent marijuana use but a significant increase in perception of ease of access. Moreover, post legalization rates in Colorado were not significantly different from usage rates nationally."*

The point I want to make is that kids in Colorado cannot be compared to kids in New York City. Colorado and New York City are two different places and we all should understand that our children are more receptive to the issues of living in a densely populated city. I strongly believe that the unregulated use of marijuana will have a disastrous impact on our children and schools. I have heard from other teachers from other schools that those students who come to school high are

usually disruptive and have an overall apathetic view of their education. If this persists, on top of the disastrous impact Covid had on our schools, I don't believe that the quality of our schools will improve; academically, emotionally, and socially.

I will admit, I am no expert in any of these areas, I can only go off empirical observations, research, and common sense. I am continuing educating myself so that I am well informed and somewhat qualified to take action and advocate for myself and others.

I am not a political person, but recent decisions made by politicians at the local and state level could lead to the further deterioration of the quality of life in our city. I employ you all to take this into consideration and to take action in passing legislation that would impose fines on those who violate the Clean Air Act. We must understand that smoking cigarettes and marijuana in public are two different things; the smell of marijuana is often associated with illegal drug use and has a negative connotation.

Please take into consideration all I have presented. I believe that there should be more notices specifically addressing the use of marijuana in public spaces. Actual signs, announcements, billboards, commercials, SOMETHING! People think just because marijuana is legal, it's okay to use it without regard to those who are negatively impacted by second hand marijuana smoke.

Please acknowledge that you received my letter and if possible, any concerns you might have about what I have addressed.

Thank You,
Devin Barbee
Astoria, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Joanne Delapaz

Address: East 122nd St

I represent: NY NY 10035

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Mauricia Harky

Address: E 72 St

I represent: Freedom Agenda

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Darren Mack

Address: 40 Recter St

I represent: Freedom Agenda

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Jennifer Parish

Address: 40 Rector St, NY, NY

I represent: Urban Justice Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Andre WARD

Address: 29-76 northern Blvd L.I.C. Queens 11101

I represent: THE Fortune Society

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Darren Mack

Address: 40 Rector Street

I represent: Freedom Agenda, Co-Director

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Victor Herrera

Address: Queens NY

I represent: members of Freedom Agenda

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: ZACHARY KATZNELSOHN

Address: PROSPECT PL 11238

I represent: LIPPMAN COMMISSION

Address: 121 6TH AVE NY, NY 10013

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/2023

(PLEASE PRINT)

Name: Veronica Vela

Address: 59 Thomas Street, 10th flr, NY NY

I represent: The Legal Aid Society - Prisoners' Rights

Address: 59 Thomas Street Project
NY NY 10013

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Dr. Patsy Yang

Address: Water St. New York, NY 10004

I represent: NYC Health + Hospital/ Correctional

Address: Health Services

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Patrick Benn, Deputy

Address: Commissioner of Facilities &

I represent: DOC Fleet Admin

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Jame Saunders, Deputy

Address: Commissioner of Health Affairs

I represent: DOC

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Kat Thomson, Chief of Staff

Address: _____

I represent: DOC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Jeanette Morrell

Address: 55 Water St, New York, NY 10007

I represent: NYC Health + Hospitals / Correctional

Address: Health Services

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/18/23

(PLEASE PRINT)

Name: Manny Saez

Address: 50 Water St, New York, NY 10007

I represent: NYC Health + Hospitals

Address: _____

Please complete this card and return to the Sergeant-at-Arms