CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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HELD AT: Council Chambers - City Hall

B E F O R E: Carlina Rivera
Chairperson

COUNCIL MEMBERS:
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David M. Carr
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Mercedes Narcisse
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A P P E A R A N C E S (CONTINUED)

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A P P E A R A N C E S (CONTINUED)

Sarita Daftary
Freedom Agenda

Stephanie Krent
Knight First Amendment Institute

Toni Smith Thompson
New York State Director for Drug Policy Alliance

SERGEANT AT ARMS: Good afternoon everybody. At this time, can the host please start the webinar? Good afternoon and welcome to today's New York City Council hearing of the Committee on Criminal Justice. At this time, can everyone please silence your cell phones? If you have written testimony, you may send it to testimony@council.nyc.gov. Again, that's testimony@council.nyc.gov. If you would like to testify today, please come up to the Sergeant's desk and fill out a testimony slip. Thank you for your cooperation. Chair, we are ready to begin.

CHAIRPERSON RIVERA: [gavel] Good afternoon. I'm Council Member Carlina Rivera, Chair of the Council's Committee on Criminal Justice. I'd like to welcome everyone who is here today and those joining us remotely to discuss this important topic. I also want to recognize my colleagues who are here, Council Members Abreu and Council Member Schulman. Before I discuss today's hearing, I want to extend my condolences to the family and friends of Erick Tavira who died on Rikers in a mental health observation unit over the weekend. This tragedy is further affirmation that we must do everything in our power

to end the inhumane conditions in our jails and continue to work toward closing Rikers Island permanently. Today, the Committee is conducting an oversight hearing about the many drug-related issues on Rikers Island and in our City jails. We want to have a better understanding of the root causes behind a significant increase in drug-related deaths of people in City custody, particularly over the past two years. According to news reports, between 2017 and 2020 there was only one overdose death in City jails, but since the beginning of 2021 nine lives have been lost due to either a confirmed or suspected drug overdose. We need to know what the Department of Correction and Correctional Health Services have been doing and plan to do differently to keep our friends, loved ones and fellow New Yorkers safe from harm while they are in custody and at work. We must know more about how drugs are entering jails. Over the course of the last decade, the New York City Department of Investigations issued two major reports detailing serious flaws in the security operations and screening protocols of the Department of Correction. In a 2018 report, an undercover DOI investigator was able to successfully enter the

Manhattan and Brooklyn detention complexes carrying weapons and drugs. In every instance the undercover investigator was not manually searched, even after setting of metal detectors on their way into the facility. Both DOI reports include very clear recommendations for improvement, and it's imperative that we understand why they have not been implemented by the DOC. We've also heard reports that the rate of drugs found within our jails has increased during a time when in-person visits were suspended due to the pandemic, and according to data obtained by the City, mail recoveries could not account for a majority of the search. This raises serious concerns that security has in fact deteriorated following these scathing DOI investigations and signals that the Department still has ways to go to adequately enforce directives meant to stop contraband from entering jails. We must know whether people living with addiction are getting the medication, treatment and care they need while in city custody. According to Correctional Health Services, approximately half of all people who enter the New York City jail system have clinical evidence of a substance abuse disorder. Thankfully, therapeutic programming and medically-

assisted treatment are available to incarcerated individuals who need it. However, these interventions can be rendered meaningless if DOC lacks the staffing to provide escorts or facility lock-ins resulting in an endless string of missed appointments. And while staff absenteeism within the Department has improved, it remains above pre-pandemic levels. There is evidence that non-production for medical appointments remains a serious issue that can lead to devastating health repercussions. Finally, we must know whether the Department of Correction is properly training and equipping its staff with Narcan so that they can save lives in the event of a suspected overdose. Narcan is a powerful tool. In a person whose breathing has slowed or even stopped as a result of an opioid overdose, Narcan can restore normal breathing within two to three minutes. Since 2014, CHS has been operating a Narcan distribution program for jail's visitors who have loved ones with a high risk of overdose upon their release from custody. CHS also established a training program for people in custody to learn how to administer Narcan and has ensured that kits are available in all housing facilities.

CHS and DOC apparently do not actively track non-fatal overdoses, but it is clear that they could be tracked and should be as documented in the Board of Corrections report on drug-related deaths in DOC custody released last month. CHS documents every clinical encounter in electronic medical records. The Department similarly identifies each of these incidents and contacts CHS for help. A departmental directive became effective on June 30th, 2022 for Correction Officers to use naloxone when an overdose is suspected. However, questions remain as to whether Department staff have been fully trained on how and when to administer Narcan. We hope to get additional clarity on this issue today. Addiction does not abate simply because someone is removed from their community. In fact, in certain circumstances such as when someone is taken off opioids and subjected to forced withdrawal, incarceration can increase the risk of fatal overdose upon release. While our first priority should remain reducing the overall jail population, especially amongst low-risk, medically vulnerable, and older individuals, we should also demand that City jails are safer and contain more therapeutic places for those who

struggle with substance abuse. I sincerely hope this hearing brings us to build towards that collective goal. With that, I look forward to hearing from representatives of the Department of Correction and Correctional Health Services as well as members of the public. Thank you.

COMMITTEE COUNSEL: I'd now like to give the affirmation to our witnesses. With us form the Administration we have Commissioner Louis Molina, Doctor Bipin Subedi, and Jeanette Merrell [sp?]. Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and respond honestly to Council Member's questions?

DOCTOR SUBEDI: I do.

JEANETTE MERRELL: I do.

COMMISSIONER MOLINA: I do.

COMMITTEE COUNSEL: You can proceed with your testimony.

COMMISSIONER MOLINA: Good afternoon. Madam Chair, just a technical request. We did bring some PowerPoint slides that I think would be informative to the public and those watching online. Would we be allowed to use the PowerPoint system?

CHAIRPERSON RIVERA: Unfortunately, I think right now our tech is being used for Zoom for participants, and so to avoid disruption, if we could just continue with the testimony as-is, and then going forward, we'll be sure to have technical assistance for you for future PowerPoints. Thank you.

COMMISSIONER MOLINA: Thank you for that. Good afternoon Chair Rivera and members of the Committee on Criminal Justice. As you know, I'm Louis Molina, the Commissioner of the Department of Correction. I'm joined today by the Department's General Counsel Paul Shechtman. I'm testifying today on the topic that has impacted jails and prisons across the nation. The opioid epidemic continues to ravage this country. Nationally, the number of drug overdose deaths has quintupled since 1999, and nearly 75 percent of those deaths involved an opioid. In recent years, there have been significant changes in opioid-related deaths. Fentanyl and other synthetic opioids are now the most common drugs involved in such deaths. Fentanyl is up to 50 times stronger than heroin, and 100 times stronger than morphine. It can be found mixed in nasal sprays and eye drops,

and soaked onto paper and small candies. It is often physically indistinguishable from other drugs so that it is nearly impossible to tell if drugs or other items have been laced with fentanyl, unless they have been tested by fentanyl strips. It cannot be identified by sight or smell, and unlike many other drugs, traditional law enforcement canine dogs cannot be safely used to detect its presence. Many users believe they are consuming heroin and do not realize that is laced or replaced with fentanyl until it is too late, which often results in overdose deaths. New York City jails like jails everywhere are a reflection of the larger community. National trends in substance use, crime and mental health will inherently and likely disproportionately be reflected in our jails. Every day individuals are admitted into our custody with pre-existing conditions, including substance use issues. These issues do not simply resolve upon intake. In fact, substance use issues often become exacerbated as individuals experience symptoms of withdrawal during arrest and arraignment, issues which may not be addressed until and individual has completed the intake process and which can be exacerbated by unduly long pre-trial

detention. Even if individuals do choose to seek treatment while in custody, drug seeking behaviors may continue. Similar to communities outside the jails, there are individuals who exploit substance abuse and addiction for profit by introducing and distributing drugs, including fentanyl within our facilities. So far this year, we have three confirmed fentanyl-related deaths. This is not a problem unique to New York City. Between 2001 and 2018, overdoses from deaths rose by more than 200 percent in county jails and over 600 percent in state prisons country-wide. How does fentanyl get into our jails? The short answer is that most of it enters in letters and packages laced with fentanyl. Literally soak the drug and mail to people in custody. A sheriff in Georgia County described it well. They soak the paper in fentanyl, he reports, and goes on to state that they take it out and dry it and then they write a letter on it and send it into the jail and then the inmates take and sell it, and people who get it, get high on it. They smoke it or chew it or snort it off the paper. I provided four photographs of fentanyl that's discovered in letters and packages from our mail room for your review, and I think my

team has passed this out to the committee members if you want to follow along with me. The first image is of a children's drawing that was soaked in fentanyl, sent to someone that was in custody. The second image in your packet is a love letter that was completely soaked in fentanyl. The third image is of a prayer schedule that was mailed to someone in our facilities, and it was soaked in fentanyl. And the fourth item for you to review is a t-shirt which was completely soaked in fentanyl and sent into the facilities, which we interdicted. As is often the case, the mail room was tipped off to the presence of fentanyl because the envelopes or the packaging were wet. According to the Center for Disease Control, also known as the CDC, and the Drug Enforcement Administration, also known as the DEA, fentanyl comes in both liquid and powder forms and it is often found on blotted paper that is placed under the tongue or ingested. Drugs and other contraband are also brought in by visitors. This year there have been 66 discoveries of drugs from searches of visitors. Each discovery can account for larger quantities for various drugs. I provided some photographs of contraband that we discovered on visitors for you to

review. The first is a number of small squares of fentanyl that was soaked in paper, that was caught in through a visit search. The second image in your packet is soaked fentanyl sticky notes along with marijuana and tobacco. Following these discoveries, these visitors were arrested. Suffice it to say, we are exploring all available measures to keep fentanyl and other drugs out of our facilities. In July of this year we issued a Narcan policy to allow uniformed staff to administer Narcan in the case of a suspected overdose. Narcan, otherwise known as naloxone, is a life-saving medication that can reverse the effects of an overdose on opioids. We have recently conducted a facility-wide audit to ensure that Narcan is available in every housing area, and we prepared a training video so that staff know how to identify symptoms of an opioid overdose and administer Narcan. In addition, we have posted information about the dangers of using illegal substances, including fentanyl, in all housing areas, corridors, and support areas. We have also reinstituted tactical search operations to recover contraband that has already made its way to people in custody. In your packet you will see an image of a

contraband that was found from one these searches in our living quarters. It was a book that was found in a housing area, and it was fully soaked in fentanyl. But Narcan and search operations are after-the-fact measures. What we must do is stop drugs before they enter our jails. These are some of the measures we are undertaking or considering: First, we will be making substantial changes to the way incoming correspondence is processed and delivered to people in our custody. Our intention is to move towards a practice currently employed by the New York State Department of Correction and Community Supervision in some 140 jails across the country from counties in Massachusetts to Oregon. Incoming, non-privileged correspondence will be mailed to an off-site facility and scanned by a vendor and then made accessible to the incarcerated recipient digitally via tablets. We are also exploring restrictions on incoming packages, such as requiring packages to come from approved vendors. That too is done at New York State Department of Corrections and Community Supervision and throughout the country. Books are for reading, not for lacing with fentanyl. These changes should help prevent drugs and other contraband from entering

our facility and should save lives. Second, we have also taken steps to ensure that those who work in our jails do not aid and abet the introduction of drugs in our facilities. We have zero tolerance for anyone who brings contraband into our jails, whether staff, a contractor who provides programming and post-release employment opportunities for people in custody or volunteer. We have cooperated and will continue to cooperate with the Department of Investigations as well as our local law enforcement agencies, the US Attorney's Office and the Bronx and Queens District Attorney's Offices in the investigation and prosecution of such individuals. Such selfish and shameful behavior is utterly unacceptable. Earlier this month, I wrote to the judge presiding over the cases of Crystal Borel [sp?] and Katrina Patterson [sp?], two former New York City Department of Correction staff members who have plead guilty to accepting bribes and exchanging smuggling drugs, and I wrote to this to the judge: "As Commissioner of the New York City Department of Correction, I write to ask that the court impose a sentence that reflects the seriousness of these staff members' conduct. Our facilities can be dangerous

places. Thirty-five percent of detainees are there on homicide charges and many are members of violent gangs. Drugs fuel violence in our facilities and can result in tragic deaths. That these staff members chose to enrich themselves and endanger their co-workers and those in their custody deserve the strongest condemnation. Just as importantly, the actions of these staff members tarnished the reputation of the Department and its employees. A corrupt staff member brings all of us down in the eyes of the public. They're all corrupt is the ready cry, when the truth is that these were rogue staff members who put their self-interest ahead of everything else." I also would encourage members of this committee to write similar letters to the court. Drugs have no place in our jails. They fuel violence, extortion and exploitation. Fentanyl kills. Keeping drugs out, especially fentanyl is essential to the safety of everyone who lives and works in our facilities. I thank you for the opportunity to meet with you today to discuss this important topic.

CHIEF MEDICAL OFFICER SUBEDI: Good afternoon, Chair Rivera and members of the Committee

on Criminal Justice. I am Doctor Bipin Subedi, Chief Medical Officer for New York City Health + Hospitals Correctional Health Services, also known as CHS. I'm joined by my colleague Jeanette Merrill, CHS' Director of Communications and Intergovernmental Affairs. We appreciate the opportunity to testify today on the topic of drugs in New York City jails. My testimony will focus on CHS' opioid treatment services and harm-reduction efforts, including our training and distribution of naloxone, also known as Narcan, a life-saving medication that can reverse the effects of an opioid overdose. I'll start by providing greater context around substance use and drug overdoses in communities more broadly and correctional settings specifically, including in New York City. We have seen an increase in fatal drug overdoses in communities across the country, with the Centers for Disease Control reporting a 21 percent increase in such deaths in 2021 compared to the year prior. Nationally, we have also seen the rate of deaths in local jails due to drug or alcohol intoxication more than tripled between 2010 and 2019. In 2020, New York City reported the highest number of overdose deaths since 2000, and the Health Department

expects 2021 numbers to exceed the 2020 total. On Rikers, in 2021, there were 321 suspected and confirmed overdoses among people in custody, our patients, and from January through September of this year, there were 163 suspected and confirmed overdoses. Since 2020, there have been seven confirmed and two suspected deaths from drug overdoses in the New York City jail system. The recent increases in overdose deaths, nationally and locally, in jails and in communities, has been driven largely by fentanyl, a synthetic opioid that can be anywhere from 15 to 10,000 times more potent than morphine. Illicitly manufactured fentanyl is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous, especially in a jail setting. To help mitigate these harms and to address substance use issues among our patients, CHS has developed a robust treatment program centered around early identification of substance use disorders and interventions to mitigate the morbidity and mortality associated with drug use. This includes a comprehensive screening by both nursing and medical staff for every individual who enters the jail, as

well as protocols to address withdrawal. This work is in addition to individual mental health treatment CHS provides to patients with both mental health and substance use needs, which can include medications, individual therapy, and group interventions. As you may know, CHS also operates the nation's oldest and largest jail-based opioid treatment program, called the Key Extended Entry Program, or KEEP. Through KEEP, CHS provides methadone and buprenorphine maintenance to patients while they are in jail and provides linkages to community-based treatment and harm-reduction services to patients reentering their communities. In 2016, before CHS became the direct, independent provider of health care in the City's jails as a new division of NYC Health + Hospitals, about 11 percent of patients who were eligible for medication treatment through KEEP were enrolled in the program. In 2017, CHS expanded eligibility criteria for KEEP enrollment, and today, KEEP engages with about 94 percent of eligible patients, and about 88 percent of these individuals choose to enroll in the program. In addition to treating patients who have opioid use disorders, KEEP clinicians identify and counsel patients for whom an apparent overdose

was reversed. It is important to remember, however, that drug overdoses are not exclusively, or even predominantly, among people who have clear opioid or other drug use disorders. Environmental stressors associated with jail incarceration and contaminated drug supplies can increase the risk of overdose in those without a history of drug dependence, particularly among people who are not physiologically tolerant and especially when people are knowingly or unknowingly using fentanyl. Accordingly, CHS has been enhancing its already robust treatment program with broader harm-reduction efforts. In December 2021, CHS launched an initiative to distribute naloxone to all housing units and to train patients in the use of this life-saving medication, making the New York City jails one of the first correctional systems in the country to provide incarcerated individuals with direct access to this antidote. CHS initially trained individuals in every housing area in every jail and has continued to train patients as they enter and leave custody, reaching more than 1,400 patients to date. CHS now educates every individual at intake about the availability of naloxone in the housing areas and on how to be

trained in naloxone use. In addition, KEEP has made naloxone training and distribution a core part of its work, especially in housing areas associated with fatal and non-fatal overdoses. In addition, CHS has worked with the Department of Correction to disseminate educational information to patients on the risks associated with illicit drugs, such as synthetic cannabinoids and fentanyl. While CHS staff can administer naloxone, and CHS emergency teams carry naloxone, every second counts when responding to an overdose. More than a dozen people in custody who have received naloxone training from CHS have retrieved naloxone kits from their housing bubble and administered it to individuals who appeared to be overdosing. CHS also continues to provide naloxone kits and training to patients' family and friends at the Rikers Island visitor center, distributing more than 46,000 naloxone kits since 2016. Before closing, I will share an update to our jail-based therapeutic housing model. To better meet the needs of patients who have substance use needs and mental health needs, CHS, in partnership with the Department, opened a new therapeutic housing unit in AMKC last month in order to expand substance

treatment services to our patients. This unit, named the Groups for Addictions Treatment Enhancement, or GATE, targets individuals who have both substance and mental health needs who would otherwise be in general population housing. Through GATE, we have created a stable therapeutic milieu for individuals who are at risk of negative clinical outcomes, leveraging the therapeutic community model and fostering peer-support opportunities. Through GATE, CHS and DOC staff have developed a robust group-based relapse prevention program, in addition to the psychiatric provider and mental health clinician visits that the patients receive in accordance to their clinical needs. In addition, a psychology-level supervisor oversees the unit, meets with patients regularly, and ensures care coordination between the multidisciplinary staff, including KEEP; and medications are dispensed onsite. I would like to thank the CHS staff for the innovation and compassion they bring to this work. As CHS has stated in the past, since and in part due to the pandemic, there has been a significant increase in environmental and systemic stressors throughout the entire criminal-legal system that have negatively affected the people

we treat. Healthcare staff will continue to utilize all the tools we have to mitigate these risks; to explore ways to empower our patients; and to expand and enhance our substance use services and harm reduction work. Thank you.

CHAIRPERSON RIVERA: Thank you. I just want to acknowledge we've been joined by Council Members Restler, Narcisse, Hanif, and Carr, and I believe we want to swear in one more person just for question and answering purposes. Counsel?

COMMITTEE COUNSEL: Mr. Shechtman is here? Mr. Shechtman, do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and to respond honesty to Council Members' questions? Thank you.

CHAIRPERSON RIVERA: Thank you all for being here. Thank you for your testimony. Can you take us step-by-step through the search process for someone coming to visit a person in custody at Rikers Island, and can you tell us how the search process for visitors differs from the one required of DOC and other personnel entering jail facilities?

COMMISSIONER MOLINA: Sure. Thank you. So, visitors are searched prior to each visit and are

subject to a search at any time in the facility. K9 searches are also conducted on every visitor when they arrive at central visits. Visitors will also pass through a metal detector. If a visitor has passed through a metal detector and staff reasonably believes further inspection is necessary to prevent the introduction of contraband, metal detectors may be triggered or could be a bulge could be present. We may have confidential information that a visitor may be bringing in contraband or there could be a documented history of that visitor bringing in contraband, a pat frisk may be conducted prior to that contact visit, unless the visitor to forego the visit. We also use a non-ionizing body scanner. Visitors are body scanned in a non-ionizing body scanner which does not allowed department to see inside the visitor's body cavity, but does allow the department to detect bulges and other atypical situations.

CHAIRPERSON RIVERA: So would you say that a person who's coming to visit would go through two screenings, three, four? Does it depend on some of the factors you mentioned like history?

COMMISSIONER MOLINA: It could be-- depend on other factors, but there is an access control point that visitors go through to be searched.

CHAIRPERSON RIVERA: And compared to DOC or maybe other personnel from certain organizations providing programs or services, is the screening the same? Is it different?

COMMISSIONER MOLINA: The screening is slightly different. So we have access control points at all of the facilities which staff members, contract providers, visitors go through. It is somewhat similar in that the items that are brought in by the staff members, many of them are bringing in their lunch because there's not a lot of time to leave the facility to go have lunch, so those bags are scanned. If there's something of concerning within that bag, it would be searched. Staff members, contract providers, and visitors also go through a metal detector. If that goes off, then the person could have that area, so it's then transfixed with a transfixer [sic] to check what was the metal that went off in the individual.

CHAIRPERSON RIVERA: Do you keep statistics on how frequently contraband, particularly drugs, are found on visitors?

COMMISSIONER MOLINA: Yes. I do have some numbers of contraband that was discovered from visitors. Our visit drug discoveries this year, we had 56 incidences of where visitors were discovered with drugs, and another 90 different incidences where visitors were discovered with weapons.

CHAIRPERSON RIVERA: Can you-- do you have that data compared-- what's the timeframe on that, since January?

COMMISSIONER MOLINA: So that's from January to September this year.

CHAIRPERSON RIVERA: Do you have compared to last year?

COMMISSIONER MOLINA: Well, yes, we do. So last year, visit drug discoveries, we have 10 incidents. Weapon discoveries we had seven. Last year we had 15 visitors arrested for bringing in contraband and this year we had 79. So, significant increases. I think it is also fair to point out that there were times where the former Administration completely sealed off the jail to not only visitors,

but contract providers. So, those numbers are going to be impacted by that because people were not coming in.

CHAIRPERSON RIVERA: Right, correct. Visitation from family members was suspended for the bulk of the pandemic. So, as per DOC directive, all civilian and uniformed personnel regardless of title or rank shall be subject to search and inspection, including all carried possessions. Under what circumstances are DOC personnel searched?

COMMISSIONER MOLINA: Well, they're searched through the access control point as I described. So, if items that they were carrying in were detected something that requires further sort of just searching, then those items will be searched. If the metal detector goes off, which happens from occasion and time to time with so many people going through a metal detector, then that individual is subject to a secondary search with a transfixer to determine what that metal is.

CHAIRPERSON RIVERA: You mentioned the body scanners for visitors. Are body scanners are ever utilized to search the DOC staff?

COMMISSIONER MOLINA: No.

CHAIRPERSON RIVERA: Never at any point, regardless of flags or things that might have come up?

COMMISSIONER MOLINA: Well, we don't have body scanners at our access control points for staff. We don't have the infrastructure footprint in order to be able to install those body scanners in all of those access control points, and it would come at very significant cost if we were to do that, but even if we were going to spend the money, the infrastructure footprint would impede us from being able to do it.

CHAIRPERSON RIVERA: Well, why I find it alarming is the majority of incarcerated and visitors who pass through the scanners are not identified with contraband, but still they're required to use the scanners as a universal security measure. Why wouldn't the same reasoning apply to scanning staff members?

COMMISSIONER MOLINA: well, in principle, I'm not against the scanning of staff members or jurisdictions that do that. I-- we have very outdated facilities, as you know. In addition to that, they have not been upkept [sic]. So, the body

scanners are pretty big in their footprint, but we do have the access control point for staff and contract providers coming in, so that is the issue.

CHAIRPERSON RIVERA: Because at first I thought you said it was resources and money, but--

COMMISSIONER MOLINA: [interposing] It's both, actually. So it's also at a significant cost to have those types of body scanners installed in the facilities, but it is an infrastructure challenge as well.

CHAIRPERSON RIVERA: Well, I ask because you can do it for visitors, I don't see why you can't do it personnel considering how urgent and troubling this entire situation is. So, aside from screening of mail and visitors, what steps are you taking to stem the flow of drugs into the jails?

COMMISSIONER MOLINA: A number of steps. So we have increased our K9 interdiction of drugs coming in not only through our mail processing, but through our facilities. So, for an example, I think this would be a pretty interesting statistic. In 2021 we interdicted just 34 items which could have meant significant quantities in that one discovery of fentanyl-related specific items coming in through

mail in 2021, but obviously, you know, the volume of that throughout the country of use of opioids has increased. But the former Administration had-- did very little to pay attention to it. We have interdicted this calendar year to-date, 126 just fentanyl-related discoveries through our mail. That's a 271 percent increase over all of just last year. In addition to that I have reinstitute tactical search operations. Tactical search operations are a basic security correctional practice that was largely suspended in 2021. We had-- the Department conducted one tactical search operation in 2021. We this year have conducted over 40, and those tactical search operations have yielded the confiscation of over 4,400 contraband weapons, as well as about a thousand different sort of narcotics-type paraphernalia that has made it into our facilities.

CHAIRPERSON RIVERA: Is the City able-- you also mentioned-- well, let's go to tactical search operations for a second. So you recovered contraband weapons and some drugs. Now, how many of these tactical search operations have you implemented this year? Can you just give me that number one more time?

COMMISSIONER MOLINA: Over 40. I know it's over 40. I can get you an exact number and follow up with you.

CHAIRPERSON RIVERA: This is on visitors only?

COMMISSIONER MOLINA: No, tactical search operations are not conducted on visitors. Tactical search operations are conducted within the facilities to ensure that contraband weapons or contraband narcotics are not within the facilities under incarcerated individuals.

CHAIRPERSON RIVERA: So, on incarcerated and detained people only.

COMMISSIONER MOLINA: Yes.

CHAIRPERSON RIVERA: In addition to the K9's, what other kind of steps are you taking to stem the flow? Tactical search operations and K9's, is that what we've got?

COMMISSIONER MOLINA: Yes. I mean, we also do facility-led search operations. So some narcotics and weapons are recovered from independent facilities doing search operations. We have special search teams that travel throughout all the facilities to do searches. We have been more

diligent in making sure that when individuals leave a housing unit to go to some other service, that when they leave or enter those housing units they are pat, frisked and searched for contraband that may be on them. So we have started to do that. The basic correctional practices for a very long time were just abandoned, and that's why this situation was allowed to sort of just fester throughout the Department. As you know, we inherited a department on the brink of collapse, and we're rebuilding the Department in order for it to be a humane jail system. So, tactical search operation, facility search operations, moving our criminal intelligence if we have an idea that somebody might be in possession of a weapon or contraband narcotics. We also have a cash [sic] unit that proactively visually uses our CCTV cameras to see what's going on in the different housing units, and if they see someone either with a weapon or what they believe may be a contraband narcotic or some other substance that they should not be in possession of, then we deploy-- we alert the housing unit officer of that as well.

CHAIRPERSON RIVERA: During the pandemic when visitors were not permitted on Rikers Island,

reports indicate that the drug seizure doubled as compared to the same period in 2018 to 2019 when visits were allowed. While the Department has pointed to an increase in the attempts to get drugs into the jail system through the mail, between April 2020 and May 2021 only a third of the drugs recovered were seized from incoming mail. So this spike in drugs in the jail system cannot be accurately attributed to the mail. What else could account for this increase?

COMMISSIONER MOLINA: Sure. So, just to get back to your earlier question, my team did get me the number. We have done 62 tactical search operations between January and October 13th, compared to one that was conducted in 2021. One is, regarding the stats that you mentioned, I think it's important to point out that a lot of the practices that we are doing today were not being done. So while we have seen it increase in the interdiction, interdiction of narcotics in the mail, I don't know how well that was being done under the prior Administration when there was so much level of mismanagement going on just on the basic security practice levels. So, we have narcotics that come in through the mail. That's

personal written letters, as I described in my testimony, and through packages. We have on occasion have had soaked sneakers, completely soaked in fentanyl. We also have on occasion where a staff member, a contract provider, a visitor may be bringing in contraband, and when we learn of those issues we fully cooperate not only with DOI and other investigative bodies, but we fully support the prosecution of those individuals. But a large amount of narcotic contraband, and to some degree weapon contraband that comes into the facility, is coming in through the mail system and the visit system. That's why are leveraging technology resources so that we can copy personal mail at an offsite and digitally provide a copy of that letter to the person that's in custody to read. And we are also evaluating the use of specific vendors that are authorized to send packages to the people that are in custody so that we can mitigate against narcotic and weapon contraband coming into the facility.

CHAIRPERSON RIVERA: But based on your data, based on what you've seen, based on what you've confiscated and the data that is available in compared to previous years and factors including the

suspension of visitation etcetera, can you confirm that the majority of the drugs that are coming into the jail are actually not coming via mail?

COMMISSIONER MOLINA: No, I cannot state that. I believe because of the lack of interdiction strategies on mail and packages, a lot of the flow of that contraband narcotic, from my professional opinion, is coming in through the mail and packages. That's how it's coming into the system.

CHAIRPERSON RIVERA: I think my concern is that because you're not utilizing, I think, the process by which you also check incoming personnel, people who are coming from organizations in addition to some of the officers, since the search is not eh same, I find that some of these numbers are low and they would be much higher if people were all subjected to the similar search. So hopefully, something more robust is implemented. If you are going to go into digitizing and scanning the mail, is everyone going to have access to a tablet?

COMMISSIONER MOLINA: Yes. So, that is what we're shooting for. We're currently in negotiations with a new vendor to ensure that every person in custody has their own tablet, and they will

travel and retain that tablet, even if they go from one facility to another. It'll give us the ability to customize certain programming initiatives for that individual. So that is the plan.

CHAIRPERSON RIVERA: Are you going to be able to ensure that everyone in the jails has access to it daily? Is there like an implementation date? There's signs in the jail saying that tablets are going to be back better than ever with a new vendor, but no one in the jail seems to know when that will actually happen. And so meanwhile, incarcerated people have a lost a major source of reading material, programming, and entertainment. So, are you transitioning to some sort of new system or new technology? And if it's in place and ready to go, how is language access?

COMMISSIONER MOLINA: Okay, so, the language access question I'll just take at the end. We-- but to start out, we are working with the vendor. This contract is in the process of being finalized. We are hoping that the conclusion of that contract is going to be very, very soon. We are working with our programs team to ensure that we have a deployment mechanism in place to ensure that every

incarcerated individual has access to their own tablet. They will have that tablet-- access to that tablet for the majority of their time that they're in their living quarters, and we have mechanisms in place to make sure that they are recharged on a daily basis so that the tablet is functional. We do also have the ability for those tablets through that vendor for other languages other than English, and we will be able to be-- provide support for those individuals that are not English-speakers to be able to show them the features that on that tablet. That was one of the main reasons we went to another vendor because the agility of their technology and their functionality provided us to be able to provide more services to those that are incarcerated, from programmatic services, educational services, as well as entertainment services so the individuals can be engaged in activities while their time in custody.

CHAIRPERSON RIVERA: Thank you for that. I want to ask about the drugs that are coming in-- there are overdoses taking place. Correctional Health, you mentioned there were some statistics in your testimony related to 2021; 321 suspected and confirmed overdoses among people in custody. How

many non-fatal overdoses have taken place in the jails over the past two years?

CHIEF MEDICAL OFFICER SUBEDI: Sure. So we have for the way that we calculate non-fatal overdoses, for 2020 we had 203, for 2021, 329. I think what's important is that you also look at rates, not just absolute numbers. And so what we saw which is consistent, I know what's being reported was that there was an overall increase in rate of non-fatal overdose.

CHAIRPERSON RIVERA: How do you share this data with the Council? Is it in the reports?

CHIEF MEDICAL OFFICER SUBEDI: Not currently, but I'm happy to send it to you.

CHAIRPERSON RIVERA: If you can include them, I think that would be helpful to exercise our own Charter-mandated responsibility. How does CHS coordinate transitional care for those returning to the community after they have engaged in substance abuse treatment while in custody?

CHIEF MEDICAL OFFICER SUBEDI: So, that's part of our KEEP program, and so what we do is for those who entered already being in treatment program, we continue the treatment and then try to work with

that same program upon release. And for those who do not have a treatment program, that of course relays on with our stakeholders and the treatment requires the community to have follow-up, and specifically in the, you know, area that the patient resides.

CHAIRPERSON RIVERA: So, I just-- it's probably-- I'm just having a little trouble hearing you.

CHIEF MEDICAL OFFICER SUBEDI: Sure.

CHAIRPERSON RIVERA: Is-- so you have identified people during the intake process with which you continue to treat and support. Do you track those numbers at all?

CHIEF MEDICAL OFFICER SUBEDI: Yeah. So, I have it right here. About 94 percent of those with an opioid use disorder receive a discharge plan upon release.

CHAIRPERSON RIVERA: How do you follow up with the people that returning citizens, people who are returning to their communities, how do you ensure that they receive the proper referral and what they need to reenter their communities and receive the services that they need?

DIRECTOR MERRILL: Speak to that one. Yeah, we do have a robust reentry service that works directly with patients and as Doctor Subedi referenced, we do make those connections to community services, but of course all of our services are voluntary. So patients who after they're free and in the community, they don't necessarily want to maintain the connection to the justice system, but we do have other points, some unique programs. We have two Health + Hospitals facilities that we work with directly called Port [sic] clinics for patients who even want to see the same providers they saw while on Rikers Island. They're able to see them at Health + Hospitals.

CHAIRPERSON RIVERA: So do you track who is receiving substance abuse treatment while in custody and then engaging in programming upon release?

DIRECTOR MERRILL: So, they're not required to report back to us. So we know that, you know, as Doctor Subedi referenced in his testimony, you know, 88 percent of those being use disorder who are seen by KEEP actually enrolled in the program,

but in terms of whether they chose to continue that service in the community would really be up to them.

CHAIRPERSON RIVERA: I understand you're not required to report back. I just ask because if the very idea is for rehabilitation I would imagine you'd want to track outcomes. Which facilities have the highest number of people with drug treatment needs and what is the ratio of medical staff trained to treat addiction to people in need of treatment?

DIRECTOR MERRILL: The provider data, we might have to follow up with you, but I think Doctor Subedi can speak to the facility.

CHIEF MEDICAL OFFICER SUBEDI: Yeah, I think with facilities, too, we can back to you on that. That's not data that I have prepared with me today.

CHAIRPERSON RIVERA: Okay, what about the ratio of medical staff trained to treat addiction?

CHIEF MEDICAL OFFICER SUBEDI: I think like Ms. Merrill said, that's information we'd have to look into and get back to you on.

CHAIRPERSON RIVERA: When can you get that information back to us?

DIRECTOR MERRILL: Can you give us a couple weeks?

CHAIRPERSON RIVERA: Couple weeks? Okay.

DIRECTOR MERRILL: If we have to run the data. If we have it available, it'll be sooner.

CHAIRPERSON RIVERA: I'll be sure to follow up. How often are CHS staff informed by DOC staff of people in custody experiencing the effects of contact with drugs? Is there a training on how to identify, de-escalate, support?

CHIEF MEDICAL OFFICER SUBEDI: I don't have an exact number about how often, but CHS staff are in close communication with DOC. They're our partners in the jails. And so, you know, there are protocols and we are informed when there is concern over an overdose or intoxication, just like we are of any medical issue or any mental health issue that may be arising.

CHAIRPERSON RIVERA: And just my last question before I turn it over to my colleagues. You mentioned that there is a training that is for CHS staff. I imagine it's also for DOC, and you mentioned kits are distributed to family members in your testimony, and I believe the number was fairly

high. It was 46,000 kits since 2016. So, just to confirm who are we training, when, how, and when you distribute these kits to family and friends, are they accompanied with the training?

CHIEF MEDICAL OFFICER SUBEDI: So, starting with the trainings that I referenced in my testimony, I was speaking to the training for individual detainees in our systems, and like I said, it was above 1,400. That was-- we did a sweep of the housing areas initially, and then have followed up systematically and have informed individuals coming into the system that they can have further trainings on intake. With regard to the distribution of kits at the visitor's center, part of the distribution includes education on use.

CHAIRPERSON RIVERA: Alright, I will turn it over to my colleagues. We are going to hear from Council Members Restler, then Narcisse, and then Hanif. Council Member Restler?

COUNCIL MEMBER RESTLER: Good afternoon. Thank you, Commissioner Molina and the team for joining us today, and I want to thank your staff, especially Allie [sp?] for giving us a tour yesterday. I appreciate you all making yourselves

available. I know how busy you are and how much there is going on, so it's always-- it's appreciated when you, you know, allow us to fill our responsibilities and move things around on a dime to accommodate them. Just a few questions I'd like to ask, following up on many of the items that our Chair raised, and thank you Chair Rivera for holding this hearing and for your really thoughtful and diligent questions. The body scanner legislation that was passed in Albany a few years ago does, of course, permit the scanning of DOC officers, correct?

COMMISSIONER MOLINA: I don't have the language of that legislation in front of me, so I don't want to commit to say that it authorizes that. I think we would have the flexibility of determining how we define access control points for our staff and contract providers and volunteers that come into our facilities, but I think like I stated earlier, it's largely-- as you know, we have very outdated foot prints in our facilities. It's an infrastructure issue as well as a cost issue.

COUNCIL MEMBER RESTLER: I hear you, but when this legislation was advocated for and passed, it was intended to be a mechanism to limit contraband

entering by both DOC staff and visitors, but it's only been used to limit contraband that's coming in from visitors. That's correct?

COMMISSIONER MOLINA: I don't have the language of the-- what you're referencing in front of me.

COUNCIL MEMBER RESTLER: As somebody who worked in the previous Administration and is familiar with these issues, I can say that with certainty, and I really do want to strongly encourage you, Commissioner Molina, to accommodate the necessary investments and layout modifications to ensure that staff are going through body scanners. Of course, this needs to be done with appropriate health oversight and, you know, ensuring that nobody has undue exposure to radiation, but these are safe machines from what I understand and what I've learned, and they can make a critical difference in reducing the contraband that we have in jails, and it's so important because just as Chair Rivera noted, there were 2,600 instances of drugs being seized from April of 2020 to May of 2021 when there wasn't a single visitor that made it onto Rikers Island, twice as much as prior to the COVID epidemic. And so, you

know, I know from your team and from your testimony, there's a lot of concern about what's coming in the mail, but there has to be just as much concern about what's coming in in every other capacity. And I know you're focused on visitors, and I hope that you will similarly focus on DOC staff. I don't mean to paint everyone with a broad brush. We talked to a number of DOC officers yesterday that are, you know, doing their best in very difficult circumstances, but there are too many folks who are on the job or failing to show up for the job that are contributing to the crisis on Rikers Island. I'd like to ask a couple questions of the-- of Doctor Subedi. Forgive me if I'm mispronouncing your name.

COMMISSIONER MOLINA: May I, sir, just respond about the infrastructure--

COUNCIL MEMBER RESTLER: [interposing] Sure.

COMMISSIONER MOLINA: [inaudible] Thank you. So I agree with you and I have been advocating for infrastructure investment in our Department. The facilities that we inherited in January of this year were falling apart. So, I get it. I'm in support of that. We are also moving through with the borough-

based jail plan, so that makes it really, really difficult for just capital fund allocation, as you know, and as well as staff attendance. We have seen significant reductions in staff attendance from where we were in January as we are today. We still have a long road to go, but you have my commitment that I'm doing everything in my power as Commissioner and with the support of the Mayor to rebuild back this department so that we have a humane jail system in this city.

COUNCIL MEMBER RESTLER: I hear you, but if the numbers in my head are accurate, 800 officers failing to show up to work that are on medical leave, another 500 officers that are medically-modified duty out of 7,000 officers. Having one in five and a half less-- more than one in six officers were unable to be in the housing units where they are needed to keep people safe, to maintain stability on Rikers Island, that is a critical problem. And is it better than where it was a year ago? Okay, it's still not in a good place, and the failure for officers to show up and do their jobs is contributing in a dramatic way to the crisis that we are facing on Rikers Island. I was there yesterday, and honestly, Commissioner

Molina, I saw squalor in the housing units that I visited. Brown, you know, water that had been sitting on the floor for days if not weeks according to the detainees, garbage strewn everywhere, food spread all over the place on the floor. It was a highly problematic situation. And so I am very concerned about what I saw and the people I spoke to and the stories I heard yesterday, and I do believe that the staffing crisis continues to be one of the contributing factors. Another contributing factor is the fact that you've reversed the policy of ensuring that individuals have 14 hours a day out of cell time, and I think hiding under the emergency policy that's in place to limit the amount of time that people are out of their cells undermines their health, undermines their wellbeing, undermines the safety of the facilities, and you know, talking to people who are spending 17 hours a day in their cell who said that they had spent over 24 hours a day at different times in their cells without having had done anything wrong, it's very disconcerting. And I am strongly opposed to the changes that you're seeking from the BOC, and I think that-- and I hope

that they will not continue. Chair, could I ask just one-- two questions very briefly of Doctor Subedi?

CHAIRPERSON RIVERA: Yes.

COUNCIL MEMBER RESTLER: Thank you so much. I apologize for this. I just-- we have to get the therapeutic units built, and I've been very disconcerted by what I read about the delays in DOC cooperation at Bellevue and the units that are built there so that people can access the mental health, physical health services that they desperately need will save lives. And I-- anything that we can do as a council to support those efforts, I will strongly commit to. Doctor Subedi, I'm just interested, do you have any evidence of these fentanyl laced paper being sent in the mail and books and other reports that we've heard here today?

CHIEF MEDICAL OFFICER SUBEDI: When you mean by evidence, we do have reports from patients that-- or individuals that they are smoking paper that could be laced with fentanyl or sometimes let--

COUNCIL MEMBER RESTLER: [interposing] How many reports?

CHIEF MEDICAL OFFICER SUBEDI: It's qualitative--

COUNCIL MEMBER RESTLER: [interposing] Okay, so one, three, five, seven, a dozen, two dozen?

CHIEF MEDICAL OFFICER SUBEDI: I could get it--

COUNCIL MEMBER RESTLER: [interposing] Give me a sense of scale?

CHIEF MEDICAL OFFICER SUBEDI: I really can't do that accurately.

COUNCIL MEMBER RESTLER: Okay. So you've heard anecdotal reports that maybe fentanyl-laced paper was smoked at a certain time. Any evidence of fentanyl-laced paper being consumed or [inaudible] or in pregnant [sic] individuals?

CHIEF MEDICAL OFFICER SUBEDI: Yes, individuals have also endorsed that they-- that is one other method.

COUNCIL MEMBER RESTLER: But this is-- have these papers ever been sent to a lab? Have they ever been tested? Is there ever-- is there any evidence to back up this claim?

COUNSEL SHECHTMAN: Can I answer that question now that I'm sworn? Paul Shechtman. I don't think you were here, but we have handed out pictures of it--

COUNCIL MEMBER RESTLER: [interposing] I did review it.

COUNSEL SHECHTMAN: And we can get you 50 more like it. That is coming in soaked in paper and there are conversations that one has overheard about how to soak it in paper and bring it in. I assure you it is happening through the mail and through packages, and this is not myth. This is the reality that we live with.

CHAIRPERSON RIVERA: Do you have another question, Council Member?

COUNCIL MEMBER RESTLER: I'll let it go from there. I'm sorry I took up so much time.

CHAIRPERSON RIVERA: No, no, it's okay. Wrap up. You good? Okay.

COUNCIL MEMBER RESTLER: I'm good. I'll come back.

CHAIRPERSON RIVERA: Alright. Council Member Narcisse?

COUNCIL MEMBER NARCISSE: Good afternoon, Commissioner. Always a pleasure seeing you.

COMMISSIONER MOLINA: Good afternoon.

COUNCIL MEMBER NARCISSE: We have issue-- and thank you Chair for holding the hearing. And my

question, on the-- I mean, on the floor around the incarcerated folks are mostly are the officers, right, the correctional officers?

COMMISSIONER MOLINA: I don't understand.

COUNCIL MEMBER NARCISSE: I mean, if I'm floating [sic] right now going to the jail in Rikers right now, who I'm going to see? Officers, correctional officers, right? Not medical folks, right?

COMMISSIONER MOLINA: Well, I would imagine depending on where you're at in the facility you may see medical individuals working there if you're by a clinic or near a clinic. You may see medical individuals responding to an emergency. You will certainly see correction officers throughout the facility as well as non-uniform program providers, contract staff, visitors that come in, faith-based leaders, as well as obviously persons in custody.

COUNCIL MEMBER NARCISSE: Okay, mostly I was thinking that I will see correctional officers mostly, but in my thought, I'm thinking that there are first responders for some instances, because if something happened, somebody overdose. So the first

person probably going to see or approach that person will be correctional officers, am I correct?

COMMISSIONER MOLINA: That is possible.

COUNCIL MEMBER NARCISSE: Yeah. If there's an overdose-- so all your officers are trained into medical responses for overdose individual in your care?

COMMISSIONER MOLINA: Yeah, so we do provide officers with training to see the signs of possibly someone may be going through an overdose. They're not medical professionals. So if they believe someone's in some level of medical distress, which could be an overdose, they would alert a medical emergency for Correctional Health Services staff to respond to the unit.

COUNCIL MEMBER NARCISSE: Okay, so they get training.

COMMISSIONER MOLINA: Yes.

COUNCIL MEMBER NARCISSE: Okay. So how often they go for refreshers training? Because after you train, how often they go back for a refresh courses?

COMMISSIONER MOLINA: That would depend on what you're speaking about. So, for example, CPR.

CPR is trained in the academy, and there's a two-year recertification training for staff to be able to do CPR. We have also done Narcan training with our staff as well. You know, we have, you know, firearms qualification training that happens regularly. So depending on the training will determine the frequency of how often that occurs.

COUNCIL MEMBER NARCISSE: Okay. Thank you. The train in Narcan and-- do you have Narcan on hands and everything [inaudible]?

COMMISSIONER MOLINA: So, with the support of Correctional Health Services, we have put Narcan kits at all of the A stations within our housing units. I know we've recently conducted an audit to make sure that those Narcan units are in those A stations. I believe we had a 97 percent confirmation. Where others were missing, we would request Correctional Health Services to replace them, and they pretty-- they respond to that pretty quickly. So it's available there not only for staff, it's also available for persons in custody that have been trained through the support of CHS to be able to use Narcan as well.

COUNCIL MEMBER NARCISSE: Thank you. And Doctor Subedi, right? My question to you, how many participant in the program right now, since have so many overdose, overdose in Rikers right now? So, how many participant you have right now in kind of in format of rehabilitation to help them?

CHIEF MEDICAL OFFICER SUBEDI: So, you know, in terms of those enrolled in the KEEP program, which is specifically our opioid treatment program, the number's about 660. We also have individuals receiving substance-based treatment as part of their mental health treatment. As you know, there's a high rate of substance use disorders with individual with mental health needs, so that's incorporated into the treatment. And like I said, we have individuals receiving that kind of holistic interventions both in the outpatient setting, as well in our therapeutic units, and then we built [sic] out GATE [sic]. So, you know, we have different levels of treatment services throughout CHS. So, and individuals can receive those interventions throughout.

COUNCIL MEMBER NARCISSE: So, how effective you say that treatment is, like when they get in the program, how effective it is? Do you get

results, positive result from those folks that using it, the participants?

CHIEF MEDICAL OFFICER SUBEDI: Yeah, so I will say-- I'll say it varies by individual, just you know, folks in the opioid treatment program. Again, we have-- effectively connect with almost everyone who meets criteria, and we have a high rate of entry into the program, and it's, you know, been established that opioid replacement therapy reduces, you know, risks of relapse, reduces risk of death, and also in addition some other secondary medical outcomes.

COUNCIL MEMBER NARCISSE: So, thank you. and Commissioner, I hope the correctional officers sees the use of drugs as more like a disease more than anything, because a lot of folks just need the treatment, and thank you for your service, and I know you're making progress, but we ourself [sic] as our Council Members, we have to make sure that we strike a balance and we address inequities in all aspect of our lives. Thank you.

COMMISSIONER MOLINA: No, I appreciate your partnership, and as you know, many of our officers come from the same zip codes that many of

the people that are in custody come from. It's a black and brown majority workforce as the people that are suffering from justice-involvement. They know that mental illness, drug addiction are diseases that has just taken apart our communities.

COUNCIL MEMBER NARCISSE: Alright, thank you.

CHAIRPERSON RIVERA: Just to ask a follow-up, how many corrections officers have been trained for Narcan?

COMMISSIONER MOLINA: Approximately 2,000.

CHAIRPERSON RIVERA: Thank you. Council Member Hanif?

COUNCIL MEMBER HANIF: Thank you so much, Chair Rivera, for hosting today's urgent hearing, and I also want to thank Council Member Restler and my other colleagues who paid a visit yesterday to Rikers in the wake of Erick Tavira's death. Thank you, Commissioner, for being here. I think some of the questions I had in mind were covered, but I'd like to touch on-- earlier this year DOC had issued a directive, Operations Order 222, to define a policy to provide guidelines on the administration of

Narcan. Is there a reason this directive hasn't been made public?

COMMISSIONER MOLINA: No, I don't-- I don't see why it wouldn't have been made public. I can follow up with you to see if there were any-- sometimes with some directors there may be some security concerns that have to be vetted with making it public, and I can follow up with you to see if any of that existed and explain that, but if none of those issues are of a concern, I would have no objections with publishing the document like we do with other directives.

COUNCIL MEMBER HANIF: Sure, it would be great to have that directive, at least made public to the Council for our viewing.

COMMISSIONER MOLINA: For sure.

COUNCIL MEMBER HANIF: And then you shared that officers are trained to administer Narcan and you mentioned 2,000 have trained so far.

COMMISSIONER MOLINA: That's correct.

COUNCIL MEMBER HANIF: How many have yet to be trained?

COMMISSIONER MOLINA: Well, we have about a 6,000-person workforce on the uniform side, so that

would leave a balance of either about 4,000 or just under 4,000 that need to be trained. Obviously it's a massive workforce, so there's a lot of training commitments that we have to make sure that our workforce is trained, but we have also prepared videos and TV videos on the use of Narcan for those that are within our facilities via our DOC TV, and I have roll call as well. So even those members may not go through the formal training. They are aware of how to be able to use the Narcan.

COUNCIL MEMBER HANIF: So, then at the basic level, every corrections officer can use Narcan, can administer?

COMMISSIONER MOLINA: If one felt comfortable despite not being officially trained how to use it, we would support them using it.

COUNCIL MEMBER HANIF: And then going back to the directive, does it require officers to give the drug to incarcerated individuals they suspect are overdosing?

COMMISSIONER MOLINA: I'd have to just-- I don't have the directive in front of me to quote language that's in it, so I'd have to follow up with you if that language specifically is in the

directive, but the Narcan is available at all the A stations, and nobody would impede someone's use of it if they wanted to administer it on someone who they believe was experiencing overdosing.

COUNCIL MEMBER HANIF: So, right now they're placed in the A stations. If more funding was provided, would the Department have any objection to a requirement that all corrections officers carry Narcan on their person while on duty?

COMMISSIONER MOLINA: Well, I have worked in jurisdictions where that is the case. I mean, it was something that we would need to discuss, not only internally as a Department, but maybe other departments within the City of how that work rule changes would impact the staff that are required to carry it. But in principle, I would agree with it.

COUNCIL MEMBER HANIF: Great, that's good to know. And if an officer doesn't administer Narcan at an appropriate situation, what steps does the Department take?

COMMISSIONER MOLINA: Well, I think in every incident, incidents are evaluated and investigated, and if we determine that there were shortcomings of what our expectations were based on

our directives and other trainings, then we address those issues. Sometimes that's retraining. Sometimes that's discipline. So, it's in our case by case basis.

COUNCIL MEMBER HANIF: Are you able to share instances that have occurred where you have all had to take steps to right an officer not having taken action or administered Narcan?

COMMISSIONER MOLINA: Not Narcan specifically. I mean, there have been instances where staff members did not meet our expectations and we have had to take action. Sometimes that action unfortunately had been immediate termination. Sometimes it's retraining, right? So it really depends on the situation.

COUNCIL MEMBER HANIF: Understood. Thank you.

COMMISSIONER MOLINA: thank you.

CHAIRPERSON RIVERA: Thank you, Council Member. Council Member Schulman?

COUNCIL MEMBER SCHULMAN: First, I want to thank Council Member Rivera for this really important hearing. I think this is something that we're going to have to keep continuing to look at as

we move forward. So I have two lines of questioning. One is, one of the recommendations from the 2018 DOI report on jail security was the creation of a dedicated independent unit to provide front gate security so that corrections officers aren't responsible for oversight of their colleagues. Has this recommendation now been fully implemented in every DOC facility?

COMMISSIONER MOLINA: Yes. To the credit of the former Administration, that was implemented prior to my arrival. I think that that was a really solid recommendation. Those officers that are assigned to those access controls areas are assigned to our Special Operations Division. They fall under a different chain of command to make sure that we have checks and balances, and those individuals are also vetted by DOI before being assigned there.

COUNCIL MEMBER SCHULMAN: Okay. Have staffing shortages ever led to instances where facility staff were temporarily assigned to conduct front gate security?

COMMISSIONER MOLINA: I mean, it's a-- it's a possibility that that could happen given where

staffing was last year, so I won't say that it could have never happened.

COUNCIL MEMBER SCHULMAN: Right.

COMMISSIONER MOLINA: I think also when we did our Violence Reduction Plan for a very short time period, we had to redeploy those specially trained SOD Officers to deal with the violence that was happening at the time at RNDC, which was our most violent facility at the time, and we diverted some of those SOD officers to assist with stabilizing RNDC. They played a major role in initially stabilizing that facility, and once that stabilization occurred, they were redeployed back to their access control points of the facilities.

COUNCIL MEMBER SCHULMAN: If there's a way to get us some information about when that has occurred, that would be helpful to us in terms of having to get staff-- when there's staffing shortages. I mean, I presume you keep records of that.

COMMISSIONER MOLINA: Yeah, I mean, I'd have to think through how we operationalize. Like if, you know, we were short and we put one person there for an hour or a tour. Being that the access control

points are the sole responsibility of the Special Operations Division, typically the leadership of that division redeploys individuals that are within Special Operations to go to that post, and typically it's not backfilled by facility staff.

COUNCIL MEMBER SCHULMAN: No, understood. I'm just trying to look where there's gaps here--

COMMISSIONER MOLINA: [interposing] Sure.

COUNCIL MEMBER SCHULMAN: where it's a possibility that somebody could bring something in.

COMMISSIONER MOLINA: Absolutely.

COUNCIL MEMBER SCHULMAN: And the-- so on another vein, do you assess detainees when they come in for substance use issues?

COMMISSIONER MOLINA: That's a-- it does happen. It's a medial question, so I would yield my time to CHS to speak to that--

COUNCIL MEMBER SCHULMAN: [interposing] Yeah, I figured it was CHS question.

COMMISSIONER MOLINA: process.

CHIEF MEDICAL OFFICER SUBEDI: Yes, we do. So everyone who enters the jail system has two levels of screening and evaluation for substance use. One is by nursing staff and then by medical staff. So

that guides diagnosis and then referrals to the appropriate level of care.

COUNCIL MEMBER SCHULMAN: so when you have somebody that has a substance abuse issue that comes into the facility, do you monitor them? Like, aside from assessing them, because these are-- I would presume there are the individuals that would probably try to get some kind of drugs whether it's from the outside or someplace else. I mean, what kind of treatment do they get?

CHIEF MEDICAL OFFICER SUBEDI: So, there's a couple of levels. One, first of all, is of course monitoring for withdrawal, which is an important high-risk concern, and so that can drive individuals seeking medications if they're in withdrawals. So we identify and treat that on many levels. And then like I mentioned in terms of opioid treatment, you know, if someone has a substance use disorder involving opioids, they would be referred to our KEEP program. And part of minimizing or decreasing the use of substances is providing treatment for the disorders.

COUNCIL MEMBER SCHULMAN: Do the-- are the corrections officers in those areas where these

individuals are? I mean, I know they're scattered about, but are they aware that somebody may have a substance abuse issue? What I'm trying to get t is that maybe they would monitor more. Maybe they would keep any on somebody that could possibly get some substances. I mean, I'm trying to figure out a way that the corrections officers understand that they have some vulnerable individuals that they're watching over.

CHIEF MEDICAL OFFICER SUBEDI: Yeah, I would say, you know, an individuals' diagnosis and treatment are protected health information.

COUNCIL MEMBER SCHULMAN: I know that.

CHIEF MEDICAL OFFICER SUBEDI: And I would defer to the Commissioner to speak about monitoring for individuals in housing settings.

COUNCIL MEMBER SCHULMAN: Even if they don't know who the individuals are, just so that they keep an extra eye. That's what I'm try-- I'm trying to just figure that piece out.

COMMISSIONER MOLINA: Yes, thank you for your question. Our officers are trained to manage special populations in many if our housing-- in all of our housing units. At minimum, officers are

required to tour every 30 minutes, to check and engage with members that are in our custody. In certain special housing units, that may be every 15 minutes. We do have individuals based on on guidance by CHS who may be under constant observation, and our officers are the ones that are also doing that as well. So they are vigilant in their duties to make sure that those that are in our custody, which are all vulnerable, are watched over.

COUNCIL MEMBER SCHULMAN: Of those-- of those vulnerable detainees, just-- and I know you don't probably have a number, but percentage-wise or give a sense of, are those the ones that actually are overdosing or there are other-- other individuals?

COMMISSIONER MOLINA: I mean, I think there are a number of factors that qualify someone to be vulnerable. I mean, just being justice-involved is overall a vulnerable population. So we take individuals as they are, and it's important that we watch over everyone that's placed in our custodial care.

COUNCIL MEMBER SCHULMAN: Okay, I mean, I know that this is-- like I said, this is something that's really important because the people need to be

treated with respect and dignity in terms of the detainees, and when they get a substance and they overdose, that's really terrible. And then, you know, and then we get into these situations where there's a potential death, there's a possible death or you know, things like that. We don't want to do that. We want to as a council try to work with you to make sure these things don't happen to the extent we can do that. I just want to ask one other question, which is you mentioned before about the issue of-- when my colleague Council Member Restler asked about capital money for what he was discussing in terms of-- I forgot, what was it that he was--

COMMISSIONER MOLINA: [interposing] Body scanners, maybe?

COUNCIL MEMBER SCHULMAN: Yes. So, when you mention the borough-based jails, I mean, the reality is that these borough-based jails even if they're on schedule are not going to be done until 2027. So, in the interim that's a whole lot of time. So if there's any way that we could get those-- that those devices and everything else, obviously that would help to cut down on, you know, what is going on.

COMMISSIONER MOLINA: Thank you for your suggestion. We'll-- of course, I welcome and embrace the partnership of this council to be able to help us rebuild our Department and create a humane justice system in this city.

COUNCIL MEMBER SCHULMAN: Okay, thank you very much.

CHAIRPERSON RIVERA: Thank you, again, for answering our questions, and I want to acknowledge that we were joined by Council Member Stevens. So, Commissioner Molina, you've said you've done 62 tactical--

COMMISSIONER MOLINA: [interposing] Search operations.

CHAIRPERSON RIVERA: search operations already this year.

COMMISSIONER MOLINA: Yes.

CHAIRPERSON RIVERA: Which cause facility lock-ins, correct?

COMMISSIONER MOLINA: Some of those tactical search operations cause lock-ins, yes. That's not the only reason for a facility lock-in, but one of them.

CHAIRPERSON RIVERA: Do you do anything to ensure that those subject to a facility lock-in still get access to medical appointments and substance abuse treatment appointments?

COMMISSIONER MOLINA: Yes.

CHAIRPERSON RIVERA: What do you do?

COMMISSIONER MOLINA: If they have a scheduled appointment, we make sure that we have staff available to schedule for those individuals that are scheduled for those appointments. So we've had, I think, calendar year to-date, a little over 430,000 medical scheduled appointments for the average 5,900 people that are placed in our custody. I know that between May and August of this year, we had over 192,000 scheduled appointments, and that might have been about 0.4 percentage which is about 1,200 appointments that may have been missed, but the majority of scheduled appointments are being complied with.

CHAIRPERSON RIVERA: Well, I know there's a serious issue with missed appointments that I know you're all trying to address and have given us multiple reasons. I want to ask about the operation of treatment programs, so like KEEP. How has the

operation of treatment programs like the KEEP program been affected by the changes made to the jails in the past two years related to COVID, mass absenteeism, increasingly frequent lock-downs, and how long does it typically take for someone who is identified with an opioid use disorder to get enrolled in the KEEP program. I mean, delays are very painful.

DIRECTOR MERRILL: I can speak to the first question and then turn to Doctor Subedi. Yeah, we have needed to prioritize certain health services and the KEEP. Specifically, you know, methadone maintenance is a service that we ensure that patients receive regardless of, you know, what is happening in the jails. In terms of the immediate connection to services. I'll turn to--

CHIEF MEDICAL OFFICER SUBEDI: Sure, so KEEP is one element of our substance use treatment program. Providers on intake are actually able to prescribe methadone and buprenorphine for individuals who meet criteria for that medication, which so immediately when someone comes in they can start receiving treatment, and that bridges them to the KEEP appointment. I don't have data on-hand about the length of time to the KEEP appointment. That's

something that we can look into and get back to you. But like I said, the vast majority of individuals who meet criteria are seen by KEEP, and then we have a very high number in terms of enrollment.

CHAIRPERSON RIVERA: Yeah, that data would be helpful. Let's-- just, my last question on the lack of data. so we received numbers today on tactical search operations, on even K9 searches, on statistics on how frequently drugs are found on visitors, but what we don't have-- and Council Member Restler asked this is about the mail. So, if the Department really feels that the mail is a largely contributive source of the problems of the drugs coming in the jails, why don't you have the numbers? Now, I've looked at the pictures that you've provided--

COMMISSIONER MOLINA: [interposing] I do have the numbers for mail--

CHAIRPERSON RIVERA: How many--

COMMISSIONER MOLINA: narcotics.

CHAIRPERSON RIVERA: How many were confiscated related to drugs?

COMMISSIONER MOLINA: 425.

CHAIRPERSON RIVERA: 425 individual pieces of mail?

COMMISSIONER MOLINA: From January to September of this year.

CHAIRPERSON RIVERA: Of this year?

COMMISSIONER MOLINA: Yes. And last year that number was 379.

CHAIRPERSON RIVERA: And how many times have you found drugs in-- how many instances of times you found drugs within the jail system? How many since January of this year in total?

COMMISSIONER MOLINA: In total I know that--

CHAIRPERSON RIVERA: [interposing] Including mail, including visitors, including everything.

COMMISSIONER MOLINA: Visitors? We had drug discovery on visitors on 56 different occasions, and those discoveries could have one item. They could have a significant number of different items on them, but it's one instance on drug discoveries on visitors.

CHAIRPERSON RIVERA: So you're saying that you have found drugs in city jails only 481 times?

COMMISSIONER MOLINA: No, specifically to-- you asked me about visitors, and you asked me about mail. Now,--

CHAIRPERSON RIVERA: [interposing] And I have those numbers. Now, I want total.

COMMISSIONER MOLINA: Now, on tactical search operations, I know that contraband narcotics and paraphernalia, that number is about 1,000 incidences of contraband seizures of that type related to drugs. We can follow up with you and get you the facility breakdown of drug contraband that was coming into the facilities. That number, I'm pretty confident, is going to be even higher than the tactical search operation number.

CHAIRPERSON RIVERA: And that number is related to what you have found in incarcerated or detained individuals?

COMMISSIONER MOLINA: Yeah, so in-- or in the housing unit being hidden away somewhere within the housing unit or in the living quarters of an incarcerated person's cell.

CHAIRPERSON RIVERA: Do you have numbers on what you found on staff?

COMMISSIONER MOLINA: Those staff investigations for those types are referred to the Department of Investigations, so I would ask that you give that information from them directly.

CHAIRPERSON RIVERA: so, if I wanted the numbers for mail, tactical search operations, and visitors bringing drugs in, I could go to the Department of Corrections, but if I want the numbers for drugs found on DOC staff, I have to go to the Department of Investigation?

COMMISSIONER MOLINA: Yeah, so Department of Investigations has the oversight authority over those investigations. Some may be closed, others are still ongoing. So it really should be for them to discuss those specific issues regarding staff or contract providers that come in. We have the authority to be able to arrest visitors that are found with narcotics, but not to deal with that issue specifically with staff or with contraband-- contract providers that are coming into the facility. That is the DOI's responsibility, but there are occasion where if we suspect something like that is happening,

we would refer that to DOI for follow-up investigation.

CHAIRPERSON RIVERA: I only ask because in your testimony you also encourage the Council to write letters in terms of accountability for staff involved in incidences. So I imagine that you also have an idea of maybe uncompleted DOI investigations, you know, how often this has happened within the Department itself and how it's again urgent that we make reform. So, I will contact DOI. I would appreciate some of the info that we have requested from you today. I know that between April of 2020 and May of 2021, Correction Department authorities seized banned drugs inside city jails more than 2,600 times, and that's just in contrast to the approximate 400 pieces of mail. So we're just trying to get an idea of how this has continued to be a problem over time regardless of familial visitations and sort of this new focus on mail. So, I want to thank you for answering our questions. I want to--

COMMISSIONER MOLINA: [interposing] Just, ma'am, just a point of clarity on what you're comparing. So those contraband seizures that you're referring from 2020 to 2021, a lot of that was--

well, the majority I believe all of it was facility-led search operations, not specific to the interdiction point when it's coming through the mail. So there are just nuances in when we're interdicting these narcotics situations. We can sort of nuance that out for you and the other members of the committee when we provide you with that data.

CHAIRPERSON RIVERA: That would be great. And also, if we can get an update as to how we're incorporating I think a more sort of equitable, comprehensive, robust search on every single person that enters the jails. I think you all agree that this is a crisis. These are people that are losing their lives within the system, clearly being released into custody, returning home addicted, you know, with recurring substance abuse, not receiving the rehabilitation that they need while they're incarcerated or detained, and so something has to be done to heighten and escalate the root causes of where those drugs are coming from. So, I just want to thank you all for being here, for your testimony, for answering our questions. We're looking forward to receiving some of the data that was committed on-record, and looking forward to our next meeting.

We're going to ask for an in-person panel of individuals to come up, and please forgive me if I mispronounce your name and I would welcome a correction. Rachel Sznajderman, Natalie Hession, Eileen Maher, and Ms. V's here?

DOCTOR PHILLIPS: Yeah, I'm here.

CHAIRPERSON RIVERA: Oh, okay, Chaplain Doctor Victoria A. Phillips. Alright, I'm going to start with Rachel and ask that you--

RACHEL SZNAJDERMAN: Sznajderman.

CHAIRPERSON RIVERA: It was Sznajderman? Maybe I just-- I saw the writing. Okay, please begin.

RACHEL SZNAJDERMAN: Good afternoon. My name is Rachel Sznajderman and I'm a Corrections Specialist at New York County Defender Services. Thank you to Chair Rivera for holding this hearing today. I want to share this story about a client of ours who I'm going to refer to as "E." E is 23 years old and ended up in jail due to crimes of poverty, stealing to feed himself while living on the street. He was accepted into an ATI or Alternative to Incarceration program but remains on the island waiting for a spot to open up. In the six months

since he's been on Rikers he's been the target of violence, narrowly escaping death or serious injury several times. His pre-existing struggle with depression has worsened, and he found himself unable to cope. Without meaningful programming or consistent access to mental healthcare, he started using fentanyl to get through the day. A young person with no history of substance use disorder will leave Rikers with a debilitating addiction that will continue to threaten his life. The prevalence in unfettered access to drugs on Rikers Island is a major public health issue that should be addressed through policy interventions, but it's also a symptom of the larger crisis on Rikers Island. Oftentimes, using drugs seems like the only way for people on Rikers to pass the time. Like E they turn to drugs to cope with the trauma they suffer just by living on the island, by witnessing and being subjected to unending flows of violence by facing food insecurity and by being locked in their cells with minimal human interaction for days at a time. Every person that walks through the doors of Rikers Island leaves worse off, and we're therefore calling on the City Council to act in two ways. As was mentioned, nine people

have died from confirmed or suspected overdoses since 2021, but the number of overdoses that do not result in death are not tracked currently, and we're calling on the Council to require CHS and DOC to track and share this information. Finally, we're calling on the City Council to publicly support receivership. The dysfunction on Rikers Island cannot be addressed while DOC leadership actively manufactures its crisis.

CHAIRPERSON RIVERA: Thank you.

NATALIE HESSION: Good afternoon. My name is Natalie Hession. I'm a social worker at Brooklyn Defender Services. Thank you to the Committee on Criminal Justice and Chair Rivera for the opportunity to address the Council about drug use inside our city jails. We all know that the City jails are in a state of crisis and that DOC has continuously failed to protect the health and safety of people incarcerated in its custody. The need to address drug use and treatment inside jails is more critical than ever. For people in custody with substance use disorder, access to treatment is essential, and yet due to DOC's mismanagement including its failure to ensure access to medical

appointments and other critical services, many people inside our jails are not getting access to treatment they so desperately need. We offer a number of recommendations in our written testimony, but in my limited time, I'd like to highlight a few key points. The best way for the City to prevent drug use, overdose, and death in its jails to de-carcerate [sic] Rikers Island and focus on diverting people from the criminal legal system altogether. People with substance use disorders should have access to community-based treatment, not jail. City Council should urge the courts to stop the pipeline of New Yorkers into jail and increase use of supervised release and alternatives to detention programs. Secondly, the council should continue to fund and expand access to successful programs. While we do not believes can or should substitute community-based substance use treatment, we ask the council to continue to fund Correctional Health Services Key Extended Entry Program, as you've heard, KEEP. Additionally expand access to all programs which address our client's complex needs, including mental health groups, trauma-informed programming, school and employment training programs, which is essential.

Finally, re-entry programming and access to treatment programs in the community is paramount for incarcerated people with substance use disorders. In our experience, most community-based treatment programs are not equipped to work with mandated clients or to complete intake with incarcerated people. The process for obtaining medical records, treatment history, medications from DOC and CHS is opaque, and gaps in care remain for many New Yorkers including trans people, undocumented people, those without Medicaid, and people who don't speak English. In the last two years, 33 people have lost their lives in DOC's custody and control. Incarcerated people are bearing witness to the horrors this Department has created, and as a city our elected officials in the Department's staff must be held responsible for the trauma imposed onto people in custody and their loved ones. Thank you for the time.

EILEEN MAHER: Good morning. My name is Eileen Maher. Thank you for allowing me to speak today. I am a civil rights union leader and a social worker from Vocal New York. I'm also a survivor of the New York City and New York State Department of

Corrections. I survived over 420 days on the hell on earth that is Rikers Island. The use and availability of drugs and other contraband in our jails is always and continues to be a serious issue, and of course, a health and safety issue. With the infestation of fentanyl in the illegal drug supply as a whole in North America, this has only increased the fatality rates 10-fold by those engaging in recreational use, and that number continues to climb. As a result, over the past couple of years there has been an increase in fentanyl-related deaths and overdoses by those in New York City custody. The DOC, Mr. Molina, and COBA would like you-- would like everyone to believe that these drugs, as well other contraband are being trafficked into the facilities via mail and visitors, even when visitation was halted entirely. DOC has doubled down and continued to blame visitation as well as mail. No one with any sense is buying that. For decades it has been common knowledge that a majority, if not all of the drugs as well as other contraband is freely trafficked into the detainment facilities at the hands of COs and other staff, not by visits or mail or packages. The story Mr. Molina continues to weave and tell of an

incoming letter soaked in fentanyl, which then turned into a sneaker soaked into fentanyl, then morphed back into a fentanyl-soaked letter is just that, a story. While a detainee, I watched COs and staff carry in and pass onto detainees heroin, cocaine, and other illegal drugs and contraband. If you are any more-- if you need any more proof that DOC and Mr. Molina and COBA are liars, there was a report this week that-- unrelated reports by DOC are being falsified. Enough is enough. DOC has clearly proven that they are the problem, not the correct. Expedite the island's closing. Implement ATIs and community and health services and not incarceration. Thank you.

CHAPLAIN DOCTOR PHILLIPS: Peace and blessings, Chair, and thank you for holding this hearing. I've been coming before you and your colleagues at City Council for over a decade regarding the issues at Rikers Island as the Jails Action Coalition member, and we formed December 2011 because of the issue on Rikers. I'm Chaplain Doctor Victoria Phillips. Everyone knows me as Doctor V or Ms. V. And I just want to highlight really quickly. Commissioner Molina said 2,000 out of the 6,000 or so

officers are trained, but the question should have really been asked, are the officers trained actually the ones engaging with the detainees, because I know over the years many times officers who work the perimeter are the ones who go get the training and not the actual ones who are needed on the inside of facilities. So there's a word play when they answer you. So, please, when you seek other answers, seek the exact officers being trained around the detainees. And the number that you mentioned with the data with 2,600. That was actually more than double the retrievable drugs between 2018 and 2019. And I actually last year asked the Chair-- the then Chair of the Board of Corrections, Jennifer Jones Austin, in June 2021, how is K2 still getting in the jails? And you see, 334 things of drugs were reported found in October 2020, and 570 contraband drugs was found in February 2021, but during that time, on COs, CHS, and certain city contractors were even allowed around the island or around the detainees. And so, someone who worked behind the walls in nursing, cognitive behavioral therapy, monitoring those with mental health illnesses, and in forms of chaplaincy, I have seen so many different

ways corruption exists. And lastly, I just want to point out, last week the Commissioner put a request in-- give me 30 seconds-- put a request in to change GRVC from 14 hours, a over 40-year rule, to seven hours of out-of-cell time. And one of the first things I highlight when I heard that was you're failing at producing people for medical appointments. You're failing at-- CHS still says, and I even stated this recently on the record at BOC, CHS still reports to me, their staff still reports to me that they have limited access to detainees at many facilities. And so when we talk about the drug concern, you know, as a clergy member on the outside, I see so many people that have become impacted by substance abuse or misuse throughout this pandemic. So of course, we should expect something like that to rise on the inside, but we have a system in place and minimum standards and protocols that are supposed to be followed, and when only CO's, CHS staff and certain contractors have access to the population and the numbers of drugs rise, and officers are calling me saying, you know, my colleagues-- I've actually had this conversation with the Commissioner, Commission Molina, this year a bout officers reaching out

saying, "Doctor V, Chaplain V, I got high on my tour. I don't want to go back inside the building." And one officer called me crying and I told Molina, "Your officer called me crying because he said the person was so high in the unit that they were swimming in their vomit." And so, at that point I asked Molina to please bring back coaching for officers and coaching for captains, because not only are your officers like not supported by people who don't come to work, but now they're also dealing with situations, you know, that they aren't properly trained for, and in my clergy hat I have to say this on the record, we have a duty for our community members, for your constituents to preserve life, but DOC also has to do it to make sure that their staff is properly trained to handle the circumstances that come across them in their tour. And so we have a crisis on both ends. And I'll just say that. Please and blessings, and thank you so much for this hearing.

CHAIRPERSON RIVERA: Well, thanks to all of you. I know that some of the data that CHS at the very least committed to was, you know, the non-fatal overdoses that have taken place in the city jails in

2022 and to provide those in future reports to the City Council. They've also committed to providing disaggregated data by facility on overdoses and share which facilities have the highest number of people with drug treatment needs confirmed the ratio of medical staff trained to treat addictions to people in need of treatment to publicize a departmental directive for corrections officers to use Narcan when an overdose is suspected. That was effective on June 30th, 2022, and of course, they should share the average time it typically takes for someone who was identified with an opioid use disorder to get enrolled in the KEEP program. And I know they also do not track the outcomes on people who are returning citizens who might receive referrals. I find that information should be tracked. It could be very helpful. I mean, there are people entering the jail system who are not addicted and who leave. And that to me clearly is unacceptable. So I just want to thank you all for all of the work that you do and for some of the issues that you brought up, and know that intend to get that data and to hold them accountable. And as for receivership, that is a subject of our hearing next month, to go and dive in deep. So I'm

looking forward to working with you all. Thank you. We're going to go to a Zoom panel now, and I want to thank you all for your patience. We have Veronica Vela, Brian Carmichael, oh, Sarita Daftary, and then Stephanie Krent. And we will go in that order.

VERONICA VELA: Was I first? I'm sorry.

CHAIRPERSON RIVERA: Is that Veronica? Yes, Veronica.

VERONICA VELA: Okay, great. Hi.

CHAIRPERSON RIVERA: We can hear you.

VERONICA VELA: Okay. Good afternoon. I'm an attorney with the Prisoner's Rights Project of the Legal Aid Society. There is no doubt that a robust response is needed to address the harms we're seeing caused by contraband drugs in the City jails, including those nine avoidable deaths, and I applaud this committee for their oversight and their thoughtful questions today. Unfortunately, we have seen today that the Department's reflective response to every urgent problem facing the jails is new restrictions and burdens on the incarcerated. We're seeing a new war on drugs, and it is once again being used as ideological cover to fracture families and communities of color. Here, by limiting family

visits and family letters instead of taking full responsibility for the role of the Department and its staff in exacerbating the problem. It's been discussed how authorities in the jails sees more than double the amount of contraband drugs between April 2020 and May 2021 when guests were not allowed in jails due to COVID restrictions and when the jail population was significantly decreased as was confiscated during the same period from 2018 to 2019 when visitors were allowed. The obvious conclusion is that incarcerated people and visitors are not the only sources of drugs in the jails. It was heartening to hear Commissioner Molina acknowledge that correctional staff are also responsible for the presence of contraband drugs in the jails, but a serious effort to stem drugs in the jails would include robust measures to combat this problem, wherever it starts, and the Department refused to exercise the responsibility. The Department successful years' long campaign to allow it to use ionizing radiation to scan incarcerated people in the jails for contraband glaring refused to do the same for staff. And although staff enter facilities through metal detectors, not only are they unlikely

to detect drug contraband, anyone who has spent any time in the jails knows that monitoring of these detectors is lax at best.

COMMITTEE COUNSEL: Time has expired.

VERONICA VELA: As Chair Rivera mentioned officers frequently waive officers through them even when they have triggered the alarm. When Commissioner Molina came on board inheriting in his words "a Department on the brink of collapse," one of his first acts was to seek permission from law enforcement to reintroduce cargo pants for staff, a COBA priority since they were banned in 2014 after a DOI undercover investigator was able to smuggle drugs and alcohol into the jails in the pants pockets. Of all the pressing issues facing the jails, this is the new Administration's priority? We consistently see a department which reaches for solutions that place burdens only on incarcerated people and their families. So it blames the mail as the source of drugs, even though they cannot provide data that supports this claim. Drug mail seizures accounted for less than a third of the total drug recoveries during that 2020-2021 period when visitors were not occurring. The Department's plan to withhold mail

delivery and instead contract with a vendor to scan mail for delivery to tablets is thus not only expensive, cruel and intrusive, it is unlikely to significantly dent the influx of drugs. The only benefit will be profit for the industry that markets these services. Likewise, the plan to escalate tactical search teams in the jails should cause alarm, especially given the Nunez Monitor's repeated findings that these operations cause otherwise unnecessary uses of force and contribute to the increased violence in the facilities. Finally, we welcome the news that the Department is making Narcan more widely available, and we hope that these plans will include ensuring available to administer it. This is yet another instance of a problem that will be made worse by the Department's ongoing staffing mismanagement. If there is an overdose in a housing area that does not have a B officer, and the A officer won't leave his bubble, it won't matter that Narcan is available, because there will be no staff available to use it to save that life. Thank you.

CHAIRPERSON RIVERA: Thank you very, very much for your testimony. Brian Carmichael?

BRIAN CARMICHAEL: Hi, thank you. My name's Brian Carmichael. I'm an activist with Freedom Agenda. My-- first, thank you for the opportunity to testify. My take on it is a little different. I think, like personally, I'm an addict in recovery, and I'm happy to say today I have 505 days sober, and I think the most valuable tools that any bureau or any department has are the programs like AA, NA, CMA, and all the 12-step kind of recovery programs that are the first ones. When there's an officer shortage, those are the first programs that get cut. When there's-- an officer doesn't show up and they say, like, okay, we're not going to run this program, this program, this program. Those are the first ones to get cut and they're the most effective. They're the least expensive. They're free, like, literally. We have volunteers lined up from every 12-step recovery program to come in for free, and while I was incarcerated there-- I mean, every day the officers put up obstacles to incarcerated people accessing those kind of programs, and especially since the pandemic with education programs and everything else being closed. I mean, it doesn't matter, Sam Quintin

[sp?], Sing Sing, Russia, China, nobody's ever been able to keep drugs out of any place. You know what I mean? Humans are going to find a way to get high. But when the Commissioner testified that such a high percentage of people have substance abuse problems, and when such a high percentage have mental health issues, and they can't access all these programs because of CO's calling in sick, then they're going to self-medicate. I think the Department's resources would be a lot better--

SERGEANT AT ARMS: [interposing] Time has expired.

BRIAN CARMICHAEL: if directed at recovery programs. I'll leave it at that. But in all the AA and everything they say, drugs and alcohol aren't the problem, they're just symptoms of the problem, and I think that's entirely true with the Department of Corrections. Thank you for letting me speak.

CHAIRPERSON RIVERA: Thank you, Mr. Carmichael. Sarita?

SARITA DAFTARY: Thank you, and I'm grateful to be able to follow up on the important points that Brian made. My name is Sarita Daftary. I

am a co-director at Freedom Agenda, and I'm actually going to be focusing most of my time on reading testimony on behalf of one of our members. Her name is Melissa. So I'll start from here reading her words. "Good afternoon. My name is Melissa B. I am a mother of a young man detained on Rikers Island." She's not using her full name for-- to protect her son from retaliation. "My son has mental health and developmental impairments. During my son's recent incarceration I've become aware of the significant inhumane conditions. I'll start by discussing the prevalence of drugs on Rikers. It concerns me that COBA continuously places-- COBA and DOC continuously places blame on everything other than their own correction officers. During the pandemic-- starting in 2020 when my son was there-- DOC halted all in-person visits, however, drugs were still wholly present. The Commissioner indicated that visits and packages from family members are to blame for this problem. Although there may be some of that, we can't continue to ignore the fact that correctional officers contribute to this problem as many bring in contraband to people who are incarcerated. They even use things like CashApp and other forms of sending

money to collect payments. All staff on Rikers should be subjected to the same level of search as visitors and those incarcerated. In saying it cannot be done sounds like an excuse to avoid accountability. The mail, which they are so focused on, is not reliable enough to consistently get people any kind of mail, legitimate mail nor mail that would contain contraband. I have sent my son packages. There have been numerous times that items were missing such as clothing and sneakers. When inquiring about the items, I've been told that items are not permitted but they were never returned to me. Drug seeking behaviors continue due to inadequate and lack of substance abuse treatment. Addiction is a disease. It is imperative to understand that. The Commissioner seems to fail to acknowledge it as a disease and continues the narrative of criminalizing people. Many detainees on Rikers suffer from mental health and substance use disorder, along with my own son, and many have both.

COMMITTEE COUNSEL: Time has expired.

SARITA DAFTARY: Treatment should be available to all." I'll finish with just two more sentences. The City Council must continue to push

DA's, judges and the Mayor to stop sending people to and holding them in a place where they do not receive medical treatment or essential services. The City Council should urgently move forward with legislation to increase transparency and accountability for DOC, and most of all, the plan to close Rikers must continue. Thank you.

CHAIRPERSON RIVERA: Thank you, Sarita, and I just wanted to say to Brian, thank you for sharing your sobriety journey with us. With that, I'm going to also call on-- is Stephanie available?

STEPHANIE KRENT: Yes, that's me.

CHAIRPERSON RIVERA: Okay, Stephanie, thank you. You're on.

STEPHANIE KRENT: Thank you so much for the opportunity to speak. My name is Stephanie Krent. I'm a Staff Attorney at the Knight First Amendment Institute. The Knight Institute is a not-for-profit that focuses on freedom of speech and of the press in the digital age, and it's through that work that I've gained substantial familiarity with mail digitization programs, both at the Federal Bureau of Prisons level and at other jurisdictions across the country. I'm speaking today to express

very deep concerns about the DOC's stated plan to move to mail scanning. These programs are dehumanizing. They're invasive, and they're very harmful for people who are incarcerated and their loved ones. I don't have much time, so I want to focus today on three primary problems, although, you know, the testimony will expand on this, and I'm happy to answer any questions. The first is that original mail is irreplaceable, and its loss severely damages expression and association behind bars. We've spoken with incarcerated people who tell us about the value and the importance of holding something that their loved one has also held, and the need for them to be able to bring that mail out and revisit it at stressful times and times of difficulty during the course of their incarceration, but mail digitization robs them of that entirely. It leaves them only with scans, and what's worse is it sets up additional barriers to expression. We've heard concerns about mail that never arrived, mail that is delayed, scans that are so blurry you can't make out a photograph or read a page, pages that are missing from letters that have sent and scanned. There are additional concerns when it come to the ability of

people with disabilities to use these tools, as well as people who speak languages other than English and Spanish. The second thing I wanted to address is that mail digitization often leads to unprecedented and unwarranted surveillance. Companies that sell mail digitization technology explicitly advertise this, and this can include retaining scanned copies of mail indefinitely for far, far exceeding the amount of time someone is incarcerated during pre-trial detention. It can include allowing law enforcement--

SERGEANT AT ARMS: [interposing] Time has expired.

STEPHANIE KRENT: officers-- if I could have just another moment. It can include--

CHAIRPERSON RIVERA: [interposing] Of course.

STEPHANIE KRENT: allowing law enforcement officers to search mail at any time for any reason or for no reason at all. It can also include the collection of substantial additional information about the senders of mail, people who are un-incarcerated. It can include colleting of credit card information, their IP addresses, their GPS

locations, deeply invasive and private information that is totally unconnected to any stated goals about limiting drugs. And the final point I want to mention others have touched on which is the DOC's idea that this procedure will somehow completely reverse drug use in jails. Unfortunately, the data we've seen doesn't back that up. Others have talked about the fact that corrections officers are understood to be the primary driver of drugs in facilities, and I just want to point out that at least two jurisdictions that have moved to mail digitization-- those would be Missouri and Pennsylvania-- saw no decrease in drug test positivity rates and drug overdoses after moving to those systems. So we're really dealing with something that has at best unlikely benefits, but would be very likely to cause substantial harm to the emotional health and wellbeing of people who are awaiting trial. And so for that reason, we want to urge the Council to, you know, urge the DOC not to move forward with these plans and to allow people who are incarcerated to retain their original mail. Thank you.

CHAIRPERSON RIVERA: Thank you very much for your testimony and to this entire panel on Zoom for being here and for all that you do. I know that we have worked together on many issues related to the criminal legal system. I want to just ask if there's anyone else who we did not call on that wishes to testify to please let us know. You just have to fill out a slip. Thank you for being here. If you could just tell me your name?

: Sure. Good afternoon. I'm Toni Smith Thompson, New York State Director for the Drug Policy Alliance. Thank you for the opportunity to speak. So as an organization that works to uproot the war on drugs, DPA is concerned with the full impact of drug policies on people's lives, and so even though it's tragic that the preventable deaths of people in the care of the Department of Corrections created urgency for this hearing. The harms of prohibitionist drug policies impact every person in their custody. So, statistics show that more than two-thirds of people arrested meet the criteria for substance use disorder, and while there's a growing agreement among the public that substance use is a matter of public health, we're still largely responding with

punishment rather than care, as you've spoken to earlier. And so I think as we talk about the deplorable conditions on Rikers Island, it's clear that care for people struggling with substance use is really incompatible with incarceration overall. During routine visits to OnPoint, which for the past 11 months has been operating the first two overdose prevention centers in the country, I've listened to staff explain how physically painful it is to experience withdrawal enforced detox, so painful that people will risk consequences of punishment and the potential harms of an unknown drug supply to avoid the vomiting, diarrhea, chills, severe dehydration, and other physical pain associated. And imagine being this sick in a punishing place where your movement is restricted, environment unsanitary, programming care and sporadic if at all, connection with loved ones cut off, and where you are witnessing the suffering and death of the people around you. in contrast, I listened to the participants at OnPoint talk about how through humane care, their substance use decreases or stabilizes, their capacity to take on new goals for their lives increases, and their involvement in the criminal legal system plummets.

And in closing, we're not going to punish and surveil our way out of the overdose crisis. We have decades of evidence to show it doesn't work, and in fact it's gotten worse, because incarceration creates more harm. We have to continue reducing the jail population and reinvesting these resources into community-based, low-threshold harm reduction and health programs. And this isn't just the most effective way to address chaotic substance use. It's the way that we achieve collective care for our communities and the entire city. Thank you.

CHAIRPERSON RIVERA: Thank you very much. Just one last call for anyone who might be on Zoom or in person that wishes to testify that did not sign up officially. Okay. With that I'll close the public session. I want to thank you all for being here. Today's Committee on Criminal Justice, this hearing has been in response to the prevalence of drugs in the City's jail system as well as the tragic outcome of death in the system itself related to overdose and substance abuse, and while there was only one documented overdose between 2017 and 2020, at least nine lives have been lost to confirmed or suspected overdoses since January 2021, and we will be asking

Correctional Health Services for data related to overdoses that do not result in death, because that data is especially important to track as this crisis worsens. Between April of 2020 and May of 2021 when only Corrections Officers, staff, and certain contractors and service providers could enter city jails, the City reported that twice as many substances were seized by the Department than the year prior. And to receive some of that data, we will be contacting the Department of Investigation. Substance use is correlated with high rates of recidivism. Research suggests that 68 percent of people who were detained for drug-related offenses are re-arrested within 3 years of release from prison. A continuum of care, the crucial need to link people in custody to community treatment after release is critical for the health of all New Yorkers. And based on the testimony that we heard today, many people released remain addicted. On entering they're addicted, and on discharge they may be diagnosed with addiction having previously not exhibited that before, and we know that addiction is also directly linked to mental health. Nearly half of all incarcerated people in New York City are

diagnosed with serious mental illness. The City and State must commit to supporting an effective and well-resourced mental healthcare system and of course a community-based low-threshold care that was mentioned has to be a priority of the City. The alarming loss of life in City jails illuminates a failing healthcare system and social safety net. Government must invest more in diverting individuals from the jail system with programs that expand access to housing and training programs, permanent good paying jobs, and long term treatment and care, and we should always be centering humanity in our work. I've said this before, but it bears repeating. The crisis within our jails is a failure of departmental leadership. It's cost New Yorkers their lives. DOC owes it to their employees, the families, advocates, and incarcerated and detained to ensure safe and humane conditions in our jail system. Thank you so much for everyone who has attended, and I want to thank all of the staff for making today happen. Thank you very, very much. And with that, we adjourn.

[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 6, 2022