

The New York City Department of Correction



NEW MENTAL HEALTH INITIATIVE WILL INTERVENE AND PROVIDE TREATMENT FOR SERIOUSLY MENTALLY ILL AMONG JAIL POPULATION

The next phase of New York City's comprehensive jail-based reforms will address the conditions of confinement and the treatment needs of inmates with mental illness. Under current practice, mentally ill inmates who violate jail rules, such as fighting with other inmates, are often penalized by being placed in punitive segregation, where counseling is available and the opportunity to reduce their time in segregation through sustained good conduct can be earned. Beginning July 1, a new City initiative – run by the Departments of Correction and Health – will wholly reform the treatment approach for New Yorkers with mental illness who are incarcerated in the City's jails by 1) differentiating between mentally ill inmates and seriously mentally ill inmates, 2) responding to rule violations by mentally ill inmates as opportunities to identify and meet treatment needs as well as addressing the underlying misbehavior, and 3) assigning the seriously mentally ill to secure clinical settings solely for intensive treatment. Additionally, segregation for all inmates who commit rule violations is undergoing systemic reform, including the adoption of sentencing guidelines to promote consistency in penalties imposed. This progressive and evidence-based approach, informed by insights from the Mayor's Steering Committee of the Citywide Justice and Mental Health Initiative, addresses the growing concern about the impact that punitive segregation may have on the mentally ill and recognizes the importance of an individual approach when assessing the needs of the seriously mentally ill.

Today, 38 percent of the Department of Correction's average daily population has a mental health diagnosis. About one third of those inmates meet established criteria for serious mental illness, which includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder and borderline personality disorders). The remaining two thirds with mental illness are not seriously mentally ill.

Although there is widespread concern about the impact that solitary confinement has on the mentally ill, few reforms have been specifically tailored to address those risks and none distinguishes between the seriously mentally ill and those who are not.

The City's new approach will identify whether an inmate is seriously mentally ill and, if the inmate is determined to be so, and commits a rule violation and receives an infraction, the penalty for the infraction will be set aside and the inmate will be assigned instead to a secure clinical setting for intensive mental health treatment. The protocol for inmates with mental illness who are not classified as seriously mentally ill will be changed as well, incorporating a behavioral-therapy approach; the not seriously mentally ill will be assigned to restricted housing units, co-operated by the Departments of Correction and Health, where they will participate in a three-phase behavioral modification program with early release from the Unit contingent upon improved behavior and completion of the program.

The City's approach to identifying and treating those with serious mental illness and, those who are not seriously mentally ill and therefore subject to disciplinary sanctions, is data driven and based upon the field's best practices. This comprehensive, progressive and evidence-based approach stands to serve as a national model for improving outcomes, both in jail and after release in the community, for the justice-involved seriously mentally ill.

Not only is custody management for the seriously mentally ill a challenge; the fact that the mentally ill make up an increasingly disproportionate percentage of the jail population – less than 25 percent of the average daily population in 2005 versus about 38 percent in 2013 – even while the jail population overall has declined, underscores the urgency for a different approach. The average length of stay in jail for inmates with mental illness is 112 days, compared to 60 days for those without mental illness. For young men, ages 16-24, the difference is more pronounced (156 days compared to 67 days).

The mentally ill are less likely to be able to post bail and stay in jail twice as long as inmates who don't have mental health issues, even if they've committed similar crimes and have similar bail amounts because they tend to have fewer financial resources and/or family and friends willing to post their bail. This disparity in length of stay holds true even when controlling for criminal charges, risk of re-arrest, and actual re-arrest rates. Differences in length of stay also persist regardless of gender or the borough in which the crime was committed.

This initiative builds on the City's ongoing efforts to more appropriately respond to the needs of justice-involved New Yorkers with mental illness. In December 2012, the Mayor announced Court-based Intervention and Resource Teams, an initiative for the justice-involved mentally ill with the goal of reducing crime and incarceration. Created in response to the disproportionate number of incarcerated New Yorkers with mental illness, teams in each borough will collect and quickly relay information on defendants' mental health care needs, risk of flight and risk of re-offense to the court-based teams to recommend judicial responses tailored to each defendant's specific risks and mental health needs. The initiative will demonstrate how jurisdictions can provide appropriate care in the least restrictive setting with the goal of fewer re-arrests after their release.

System-wide reforms

Sets guidelines to standardize the penalty imposed for individual infractions; Incorporates progressive discipline approach in which first offenses are treated less severely than subsequent offenses in most instances; Affirms a 'zero tolerance' policy for assaults on staff, inmate-on-inmate assaults with serious injury and assaults with weapons that result, or may reasonably result, in serious injury; Non-violent offenses may result in a conditional discharge from punitive segregation after two-thirds of a sentence served based on sustained good behavior; and, Inmates returning to Department of Correction custody with previously imposed punitive segregation time not served in full may be eligible to have that time expunged.

Inmates with no mental illness

Current Punitive Segregation: Most inmates do not have a mental health diagnosis. They will continue to be placed in punitive segregation for rule violations. A medical professional overseen by the city's health department performs daily rounds and any inmate who is determined to evidence symptoms warranting removal is reassigned immediately.

Inmates with Mental Illness

Current: Both mentally ill and seriously mentally ill inmates who violate rules are assigned to a 200-bed alternative unit called the Mental Health Assessment Unit for Infracted Inmates (MHAUII), where length of time in the unit is based upon the penalty. Inmates who participate in the limited counseling services and maintain good institutional conduct may reduce time by one-third.

Reform: Restrictive Housing Units for Inmates who are not Seriously Mentally Ill

Restricted Housing Units were first piloted as a 30-bed unit for adolescent males with infractions who were not seriously mentally ill starting in May 2012 and then expanded to a second 30-bed unit for adult males. The pilot will be adopted as the alternative to MHAUII, and expanded to 175 beds, replacing MHAUII. Inmates who incur infractions, have mental illness and are determined by DOHMH not be seriously mentally ill, will be placed in a restricted housing unit (which requires joint approval by the Departments of Correction and Health). Within that unit, inmates are encouraged to participate in a three-phase behavioral modification program in a group setting staffed by the city's health department. The program is self-paced and currently takes about eight weeks to complete. Participants can earn additional out-of-cell time and consideration for conditional release by actively participating in and successfully completing the program and maintaining good conduct.

Reform: Clinical Alternative to Punitive Segregation for Inmates who are Seriously Mentally Ill

Inmates, who commit infractions and are determined by DOHMH to be seriously mentally ill, are not punished. Rather, that instance is used as an opportunity to identify the need for treatment. The infraction is set aside with no penalties, or specific time, imposed. Instead, the seriously mentally ill inmates are assigned to a secure setting within the Department of Correction for intensive mental health treatment. Their length of time in the unit is determined by the Department of Health and Mental Hygiene, clinically informed by the inmate's diagnosis and progress. They are returned to general population when they have acquired sufficient skills and are in compliance with medication to reside there incident-free.

This initiative follows progress made by the Mayor's Steering Committee of the Citywide Justice and Mental Health Initiative which first met September 2011. Led by Deputy Mayor for Health and Human Services Linda Gibbs and Chief Policy Advisor John Feinblatt, the committee focused on the question of why, even as crime has decreased and the jail population has declined, the percentage of incarcerated mentally ill has risen. Committee members include Department of Correction Commissioner Dora Schiro, Department of Health and Mental Hygiene Commissioner Tom Farley, Department of Probation Commissioner Vincent Schiraldi, Health and Hospitals Corp. President Alan Aviles, Department of Homeless Services Commissioner Seth Diamond, and representatives from legal services, community-based organizations, district attorneys' offices and the judiciary.