NEW YORK CITY
BOARD OF CORRECTION

May 13, 2013

<u>MEMBERS PRESENT</u>
Gerald Harris, Chair
Alexander Rovt, PhD, Vice Chair
Catherine M. Abate, Esq.
Robert L. Cohen, M.D.
Michael J. Regan
Pamela Silverblatt, Esq.
Milton L. Williams, Jr., Esq.

Excused absences were noted for Pamela S. Brier and Greg Berman.

<u>DEPARTMENT OF CORRECTION</u>
Dora B. Schriro, Commissioner
Evelyn A. Mirabal, Chief of Department
Mark Cranston, First Deputy Commissioner
Thomas Bergdall, Esq., Deputy Commissioner and General Counsel
Erik Berliner, Deputy Commissioner
Florence Finkle, Esq., Deputy Commissioner
Sara Taylor, Chief of Staff
Robin Campbell, Press Secretary

<u>DEPARTMENT OF HEALTH AND MENTAL HYGIENE</u>
Amanda Parson, M.D., Deputy Commissioner
Homer Venters, M.D., Assistant Commissioner, Correctional Health Services
Daniel Selling, Psy.D., Executive Director of Mental Health/Substance Abuse Treatment
George Axelrod, Esq., Director of Risk Management, Correctional Health Services

<u>OTHERS IN ATTENDANCE</u>
Luis Cintron, MD, Corizon
Megan Crowe-Rothstein, Jails Action Coalition
Laurie Davidson, Contract Administrator, Doctors Council SEIU
Allan Feinblum, Jails Action Coalition
Christina Fiorentini, Budget and Policy Analyst, NYC Independent Budget Office
Susana Guerrero, State Commission of Correction
Paul David Harris, Jails Action Coalition
Sarah Kerr, Legal Aid Society
Danielle C. Louis, Office of Management and Budget (OMB)
Neil Leibowitz, M.D., Director, Mental Health, Corizon
Five Mualimmak, Campaign to End the New Jim Crow
Regina Ryan, City Council
Luke Schram, Jails Action Coalition

Marc Steier, Correction Officers Benevolent Association (COBA)
Eisha Wright, Finance Division, City Council
Dallina Yung, OMB
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project
Michael Zuckerman, MD, Vice President of Operations, Corizon

Chair Gerald Harris called the meeting to order at 9:15 a.m. A motion to adopt the minutes from the Board's previous meeting was approved without objection.

Chair Harris stated that he wished to discuss two items. With respect to the first matter, Chair Harris recalled that at the last meeting, he reported that he, along with Board Member Greg Berman and Executive Director Cathy Potler, met with the Commissioner of the Department of Investigation (DOI) to express the Board's concern about the pace at which an investigation was moving regarding several incidents that occurred in the GRVC clinic. Chair Harris reminded the Board that at that meeting the DOI Commissioner gave her assurance that its investigation was coming to a conclusion. Because several months passed without any indication that the investigation had been concluded, Chair Harris sent a letter to the Commissioner whose staff responded that the investigation is close to completion.

Chair Harris reported on the second item as follows:

> As you know, the Board received a petition filled by the Jails Action Coalition, requesting certain changes to the Minimum Standards. The requested changes deal primarily with discontinuing or lessening the use of solitary confinement as a means of punishing misconduct or preventing violence. The petition also raises issues concerning the training of correction personnel, the manner in which infraction hearings are conducted and decided, and the quality of the programming available to inmates during their lockout periods.
>
> Now, in addressing the petition, the Board's options are circumscribed by the New York City Administrative Procedure Act [CAPA]. That statute limits the range of the options available to the Board. It requires that the Board, within 60 days from the filing of the petition, and that date would arrive between now and the next meeting of the Board… we must vote to either deny the petition or commit to initiate changes to the Standards by a specified date. Now, I would suggest that it would be inappropriate to commit to initiate changes to the Standards before we have had a full opportunity to examine and evaluate the extent of the need for change and the form any such changes should take.
>
> As you know, there is an ongoing study currently being conducted by Board staff assisted by two highly qualified experts evaluating some of the very areas addressed by the petition. I think it would be prudent to have the benefit of that study before committing to a course of action. Furthermore, we have been made aware of various changes being formulated or already undertaken by the Department to address some of the concerns about solitary confinement. Those efforts should be encouraged and an appropriate time allotted to evaluate their effectiveness. We must also weigh the impact that any proposed changes to the Standards may have upon the safe and efficient administration of the system. It may be easier to reject certain practices than it is to implement alternatives that will protect the safety of inmates and staff… I am in favor of examining the use and consequences of solitary confinement, particularly as applied to adolescents and those with mental illness; however, I believe it would be premature to commit

in advance of receiving and evaluating the results of our examination to initiate changes to the standards and that is what the statute seems to require unless we adopt the alternative option of denying the petition. Given those limited options, I would urge that we adopt the following course: we deny the petition for the reason that it is premature to commit to changing the Standards before our examination of the need for and the specific nature of any proposed changes has been concluded, and for the further reason that it fails to adequately allow an opportunity for the full implementation and evaluation of the changes being put in place by the Department.

At the same time, I would suggest that we create a committee made up of four Board members to (1) gather and analyze the studies and evidence relating to the impact and consequences of solitary confinement; (2) solicit the views of the Department as to the effect of any proposed changes to the Standards, including those proposed in the petition, may have upon the safety and sound administration of the system; (3) evaluate the efficacy and propriety of existing Standards and practices; (4) follow-up and assess the implementation of changes proposed by the Department; and (5) formulate any other changes to the Standards, which might be desirable and forward looking, such as giving the Board authority to grant variances for the adoption of procedures shown to be in accord with the best practices in the field.

I would ask that the committee report by our November 18th meeting to the full Board its findings and conclusions, including whether changes to the Standards are necessary and appropriate. Should the committee conclude that changes are required, it should identify the specific modifications recommended, and then the Board after a full opportunity for public and Departmental comment can then vote on the appropriate measures to be taken. That is what I would urge the Board members to do with respect to the petition that we are by law required to act on today. I would open the floor to any further comments from any of our members.

Board Member Pamela Silverblatt asked when the last time was the Board comprehensively undertook rulemaking. Ms. Potler responded from 2006 to 2008, the Board conducted a full review of the Minimum Standards.

Board Member Robert Cohen, MD stated that the petition by the Jails Action Coalition (JAC) does not require the Board to create rules about solitary confinement, but rather it requires the Board to decide if it would consider initiating rulemaking on this topic. He added that during the Board's revision of the Minimum Standards several years ago, some, though not all, of the proposed rules were approved and that there were ample opportunities to hear from all parties, including the City and the public. Dr. Cohen added that this is precisely what the Board would be doing if it initiated rulemaking. While recognizing Commissioner Schriro's recent efforts to address the issue of the mentally ill, Dr. Cohen expressed his concern about the excessive use of solitary confinement in the City jail system. Dr. Cohen stated that the Board should initiate a process of rulemaking regarding solitary confinement, and that he believes that other Board

members agree with this position. He concluded by stating that the Department must understand that more changes are needed -- especially with respect to the Restrictive Housing Units (RHUs) -- and that there is no reason to delay the process of reviewing the Standards and considering rulemaking.

Chair Harris responded as follows:

> If this statute didn't have a deadline of 60 days, then my position might be let's defer the petition, while we take a look at the problem as opposed to voting to deny it as premature, but the statute doesn't give us that wiggle room. It says we either do one or the other thing. The process that I'm proposing moves in the very direction that the petitioners are pressing for and that addresses concerns that you've raised and allows us to do it in an orderly and unpressured environment with the benefit of the report of our experts and the further input of what's been happening with respect to changes that are already being put in place.

Although Board Member Catherine Abate expressed her support for a deliberative process, she stated that the Board eventually will decide for the necessity of some rulemaking. Because these are important issues that the Board has been talking about for a long time and should be addressed as soon as possible, Ms. Abate expressed her concern about waiting until November. She added that the Board has a fiduciary responsibility to respond sooner and not delay action. Board Member Alex Rovt stated that he supported Ms. Abate's suggestion.

Ms. Silverblatt asked if the Board were to vote affirmatively to undertake rulemaking, does CAPA commit the Board to any particular time frame in which to complete this process. Ms. Potler replied that CAPA only requires the Board to specify a date when it would begin to consider rulemaking, but it does not require a final product nor does it set a date for completion of the process. She added that this was confirmed by the Law Department.

Ms. Silverblatt asked that if the Board agrees to undertake the Chair's course of action, would the Board then take another vote at the September or November Board meeting on whether to undertake rulemaking? Chair Harris replied that he is prepared to name the committee now in order to start the process. He explained that if the committee completes its review before the November meeting, it can provide its proposed changes to the Board sooner, and there is a process by which the proposed rules would have to be published and comments solicited before the Board takes a vote. If more time is need by the committee, Chair Harris stated that the Board at that time would determine if the deadline should be extended. Ms. Silverblatt stated that she was trying to ascertain whether the Board would be committing itself to a tighter timeframe than if the Board were to undertake considering rulemaking now, which would not commit the Board to an outcome and would provide the Board with a reasonable amount of flexibility. Chair Harris asserted that the Board would have greater flexibility following his proposed course.

Board Member Milton Williams stated that he liked the Chair's proposal, but this is the first time that he has heard about it. He added that more time was needed to consider this new proposal, and recommended that the Board hold another meeting before the June 9th deadline. Mr. Regan stated that he agreed with Mr. Williams and recalled the exhaustive process that was

undertaken the last time the Board engaged in the process of rulemaking, which included hearing views from the public and numerous meetings with the Department. Ms. Abate stated that the Chair's proposal would give Board members the opportunity to review these important issues and would not want to delay this process any further.

Mr. Williams asked if the Board were to vote in favor of the petition, would that require it to make findings and changes? Chair Harris responded as follows:

> It requires us to initiate the process. We have to specify a date by which it will be initiated - presumably we would want to make that date sooner rather than late off in the future. We'd be going into a mode where our hands are somewhat more tied than they would be if we start the process in a less formal way by having a subcommittee begin to look at it and make recommendations. What I'm hearing …is a concern that this [rulemaking] is a very time consuming and exhaustive process.

Ms. Silverblatt spoke in support of Mr. Williams' suggestion that the Board meet again before the 60 day deadline has expired. She asserted that postponement of fewer than 30 days to fully consider the issue would not be particularly burdensome. She added that she came to the meeting with the understanding that there were only two choices, and was not aware of a third possibility, and would like more time to consider it.

Chair Harris amended his proposal to have a committee appointed immediately and report by the September meeting to the Board. He also stated that the other course of action being proposed would be to postpone the vote and reschedule another meeting for next month.

The Chair put forth Ms. Silverblatt's motion to postpone a vote on whether or not to initiate rulemaking. Dr. Cohen seconded the motion. In total, six members voted to approve the motion; only the Chair voted against it.

Dr. Cohen stated that to prevent any delay in looking at the issue of solitary confinement, he suggested that the Chair might want to name the committee to begin its review. The Chair stated that he would prefer to name a committee at the next meeting.

Ms. Potler reported on three new field representatives who joined the staff within the last week and introduced them to the Board members. She expressed her appreciation to the Office and Management and Budget (OMB) for funding these three new positions, and for increasing the Board's budget in the next fiscal year by funding a full-time office manager position and providing additional funds to upgrade our computer and telecommunications system.

Ms. Potler reported on the progress of the Board's consultants. She reported that last week Dr. Bandy Lee agreed to assist Dr. James Gilligan. Dr. Lee, a trained psychiatrist from Yale and Harvard University, has worked in several maximum security facilities and jails, including Rikers Island, and has helped set up violence prevention programs, both in the United States and abroad. She is currently on the faculty of the Law and Psychiatry Division at Yale University. Over the past several weeks, Board staff has accompanied Dr. Gilligan on site visits, including the Restrictive Housing Units (RHUs), for adolescents and adults, the Mental Health Assessment Unit for Infracted Inmates (MHAUII) for both men and women, C-71, which is the

mental health center for non -infracted mentally ill, and the Bellevue prison ward. Ms. Potler reported that during these site visits, Dr. Gilligan spoke with correctional staff, mental health providers and inmates. Ms. Potler added that Drs. Gilligan and Lee met with Commissioner Schriro last week, and will meet with DOHMH Commissioner Thomas Farley. Meetings with Board members will be arranged in the coming week.

Commissioner Schriro began her report by introducing her new First Deputy Commissioner Mark Cranston, who had worked at DOC before taking a position with the New Jersey Department of Correction. Board Member Michael Regan disclosed to the Board members and Commissioner that Deputy Commissioner Cranston is his first cousin and added that the Commissioner was very wise to bring him back to the Department.

The Commissioner reported on the following two initiatives undertaken by DOC over the last several years, which were described in handouts distributed by the Commissioner to the Board Members (handouts are attached to the minutes): the RIDE program, which is available to pretrial and City sentenced inmates assessed to "evidence both need for assistance and heightened risk for re-arrest and re-admission to the Department" and the ABLE program, which provides cognitive behavioral therapy to adolescents with an evaluation component conducted by the Vera Institute of Justice and funded through a social impact bond by Goldman Sachs.

Commissioner Schriro reported on an interim centralized intake facility for adult males located on Rikers Island that will open in the fall. She stated that both DOHMH and the Department of Education (DOE) are assisting in developing needs and risk assessments for incoming inmates. She continued her report, as follows:

> We are also breaking ground later this year on Rikers for a permanent centralized intake assessment facility, which will have a new larger infirmary and an expanded detox unit… During the first week of admission, we can keep those individuals with us for a week to not only do the comprehensive assessment, but also to observe their behavior and then if they have not yet been released from the system, assign them permanently either within that facility where there's additional GP [general population] housing or to another facility…The assessments also will enable us to adopt as quickly as we have to the recommendations from the Mayor's Steering Committee [of the Citywide Justice and Mental Health Initiative].

Ms. Abate asked what percentage of the population will be going through this new assessment. Commissioner Schriro responded that the assessments have already begun for all new admission inmates.

The Commissioner reported on the use of punitive segregation for the mentally ill beginning in 1998 when the Mental Health Assessment Unit for Infracted Inmates (MHAUII) was opened as a very small unit and has since expanded to include 200 beds. She stated that MHAUII has "created as many problems as it hoped to solve." She described the Restrictive Housing Units (RHUs), which were first opened last May for the male adolescents and expanded in October to include adult males, as a "behavioral, self-paced, program designed by DOHMH" where participants can earn a conditional release up to one half of the infraction time imposed. The Commissioner added that the adolescents have been more amenable to the program than the adults.

Chair Harris requested that DOHMH Assistant Commissioner Homer Venters, MD, discuss the plans for providing care to the serious mentally ill inmates currently housed in MHAUII. Dr. Venters discussed the program as follows:

> We are very supportive of the direction we are moving from a punitive model towards a treatment model. The unit is a clinical unit for those with serious mental illness. It will be a much more beneficial unit, not only for the individuals that go in there, but also for the jail system at large. We also have proposed an expansion of the RHU model, which we are continuing to work on improving and making modifications to the operation of the unit…One of the really important findings of the Mayor's Steering Committee is that people with serious mental illness who are in a solitary unit spend twice as much time in jail…the two times greater length of stay in jail was also true for people with and without an M designation…What we've come to understand is that the potential harmful effects of solitary confinement are exerted on everyone who might go through those settings. One of the really important pieces of work for us is improving RHUs and working together to really come up with a set of rules that will help us run those units and help reduce violence and are of benefit to the individuals housed there.

Ms. Potler asked how many inmates will be housed in the new seriously mentally ill unit, how many will be placed in the expanded RHU, and how the 600 plus backlog of MHAUII inmates will fit in this picture? Dr. Venters responded that he will leave the backlog question to Commissioner Schriro, but there are currently 200 adolescent and adult male inmates in MHAUII, and that a quarter of them are seriously mentally ill. He described the new Serious Mentally Ill (SMI) unit as a purely clinical unit with 50 to 55 beds. The remainder will go to the expanded RHUs, adding that this will not work unless people spend less time in punitive segregation.

Dr. Cohen asked how women and adolescents needs are being addressed. Dr. Venters replied that at Rose M. Singer Center (RMSC) there is funding to transition the women in MHAUII into an RHU model. He further explained that it will require structural changes to the facility, which will enable staff to offer group counseling in that setting. Dr Venters added that in order to accommodate the needs of seriously mentally ill women, they must not be housed in a punitive setting. With respect to seriously mentally ill adolescents, who comprise a small percentage of those who come through the system, Dr. Venters stated that they will be accommodated in the SMI unit.

With respect to the backlog issue, Commissioner Schriro stated that the Department will have to reduce the use of punitive segregation. She reported on reforms to reduce penalties for infractions via use of conditional discharges at the back end, which the Department has engaged in for the last year. At the front end, the Commissioner discussed the expungement of any infraction that an inmate has received more than a year ago, except for the most serious infractions, such as assault on staff, possession of weapons or inmate assault resulting in serious injuries. In those instances, the Commissioner stated that the time for expungement is two years. Commissioner Schriro reported that in the first four months of this calendar year, the Department has expunged 680 records of infractions and last year expunged over 2,100. The Commissioner further explained that the Department recently adopted sentencing guidelines imposing ranges

within each grade of offense that would take into account whether it is the individual's first offense and whether the individual has had previous infractions. The Commissioner concluded by stating that as a result of these reforms, she expects the demand for punitive segregation beds to be reduced by 40%.

With respect to the maximum custody housing units, Commissioner Schriro reported as follows:

> There are a relatively small number of inmates that create a great deal of harm and have presented a real threat to the safety of other inmates first and to officers secondarily because in these instances, the inmates who are being seriously injured. We're talking about leadership in the security risk groups and other individuals who are utilizing weapons to harm other inmates so we've created three housing units. They are general population, and have the same standards that apply in general population… We made an effort to reduce the density, the number of inmates assigned to each unit and to create more separation between them in those housing units and then to provide more oversight in our management so for example, all movement for individuals in these housing units is by escort and … wear jumpsuits, of which we have many in our launder, according to all the requirements, and they receive all the program activities but again, in smaller groups and under escort…They are in three locations: 34 in GRVC, nine in GMDC, and 38 in OBCC.

Dr. Cohen asked for the number of additional escort staff programmed into these units. The Commissioner replied that she does not know.

Mr. Regan asked if any of these individuals housed in the maximum custody housing unit would be going to the new SMI unit. Dr. Venters responded that there are a very small number of seriously mentally ill individuals who are persistently aggressive. Mr. Regan asked Dr. Venters if they should be in jail. Dr. Venters replied that the majority of inmates who are most problematic operationally are not seriously mentally ill. He added inmates who are both seriously mentally ill and exhibit uncontrollable behavior would be transferred to the hospital.

Dr. Cohen asked why adolescents comprise such a small number of the seriously mentally ill in the jail system. Dr. Venters responded as follows:

> The adolescents we take care of have behavioral problems. They don't meet OMH criteria for serious mental illness… There is a relatively high rate of people on the mental health service, but as we have discussed, solitary [confinement] drives patients into the mental health service. What we are trying to do is undo that. We have lots of kids with mental health diagnoses, adjustment disorders, and behavioral problems that we think are probably exhibiting these behaviors as a result of the pressures of solitary confinement, but also who don't exhibit the clinical criteria for serious mental illness.

Dr. Cohen asked if this means that the length of the penalty for adolescents will be decreased, but not the actual number of adolescents who are placed in solitary confinement.

Commissioner Schriro responded that some adolescents will go to punitive segregation and those with behavioral diagnoses, which is about half of the population, will go into the RHU. She asserted that the RHU is not solitary confinement because the adolescents are moved out of their cells very quickly and have more group interaction for both clinical and recreational purposes. The Commissioner also mentioned again the ABLE program, which utilizes recognition therapy found to be very effective with adolescents who have impulse control and other behavioral problems. Commissioner Schriro stated that her hope is that by engaging in the program, the adolescents will learn skills which will ultimately result in fewer of them being infracted.

Ms. Abate asked if any assessment is done for the adults and adolescents in the Central Punitive Segregation Unit (CPSU) who have not been identified in need of mental health services, but continue to commit infractions. Dr. Venters explained that the clinical staff do a behavioral screen on new admission inmates entering the jail and also do an evaluation when DOC informs the mental health staff that a patient has been infracted and needs to be approved for placement in punitive segregation. He further explained that the mental health staff makes daily rounds in the punitive segregation units to check on all inmates housed there. He stated that it is expected that healthy persons when placed in solitary confinement will suffer harm, and for that reason "we have a very sensitive eye towards picking up new symptoms of mental health stress in general population solitary confinement settings." Dr. Venters added that since there are about a third of men and about half of the women in the jail system have a mental health diagnosis, the mental health staff might miss people during the new admission intake. Whatever the circumstances, individuals who are exhibiting stress need to be removed from that setting.

Referring to the segregation document handed out at the meeting by Commissioner Schriro, Dr. COHEN pointed out that there are people with a mental illness who have infracted and are sent to RHU, rather than CPSU; however, if they do not do well in RHU, they are sent to punitive segregation. Dr. Cohen asked if these determinations are made jointly by DOC and DOHMH or can one agency override the other? Dr. Venters responded that this is a challenge and the subject of discussion between the two agencies.

A request by the Department of Correction to renew all existing variances was unanimously approved by the Board. The Chair adjourned the meeting at 10:32.

ALTERNATIVES TO PUNITIVE SEGREGATION FOR MENTALLY ILL INMATES

Introduction

The NYC Department of Correction (DOC) incarcerates an average of 12,250 inmates daily and over the course of the year, processes approximately 84,000 new admissions and incarcerates about 61,000 individuals. The NYC Department of Health and Mental Hygiene (DOHMH) provides the medical and mental health care for the inmates in DOC custody.

Today, 38 percent of DOC's average daily population has a mental health diagnosis. About one third of the inmates with mental illness meet established criteria for serious mental illness[1]; the remaining two thirds with mental illness are not seriously mentally ill[2]. Concern about the increasing prevalence and severity of mental illness in the city's inmate population led Mayor Bloomberg to establish the Steering Committee on the Justice Involved Mentally Ill, and to immediately accept its recommendation to establish a resource hub in each of the five boroughs to divert eligible diagnosed defendants from jail to the community. It was also the impetus for the DOC in partnership with DOHMH to develop a two-pronged approach to address inmates with mental illness who engage in jail-based misbehavior:[3] 1) by distinguishing those with serious mental illness, and 2) for those who are not seriously mentally ill and subject to disciplinary sanctions[4] by operating a disciplinary system that is data driven and based upon the field's best practices.

Current Practices

National Landscape: Considerable attention to long term solitary confinement[5] has led to improvements in conditions in a number of state correctional systems including the closing of death row housing in Mississippi, revisiting super max in Illinois, and decreasing utilization of administrative segregation housing in Colorado, Ohio, Washington, Massachusetts and Maine. Although there is widespread recognition of the impact of long term solitary confinement on the mentally ill, few of these reforms are specific ally tailored to address their needs and risks and none that distinguishes between the seriously mentally ill and those who are not.

NYC: DOC operates both punitive segregation units for infracted inmates who are well and alternatives to punitive segregation for infracted inmates with mental illness. The 200-bed alternative unit is called the Mental Health Assessment Unit for Infracted Inmates (MHAUII). Both non-SMI and SMI inmates are assigned to the Unit. All placements are pre-approved by DOHMH. Length of time in the unit is based upon the penalty imposed. Inmates who participate in the limited counseling services and maintain good institutional conduct may reduce the time imposed by one-third.

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[1] Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder and borderline personality disorder. A person must be 18 years of age or older before receiving a SMI diagnosis. See also, New York State Office of Mental Health Criteria for Serious Mental illness, available at: http://www.omh.ny.gov/omhweb/guidance/Serious_Persistent_Mental_Illness.htm.

[2] Generally speaking, non-serious mental illnesses include behavioral, personality and adjustment disorders, minor depression, seasonal affective disorder, and general anxiety disorder.

[3] People with mental illness are more likely to be involved in jail incidents and have difficulty navigating the justice system. See, the Report at http://consensusproject.org/jc_publications/improving-outcomes-nyc-criminal-justice-mental-health.

[4] Inmates who are well and have no mental illness and those who are not seriously mentally ill are both subject to sanctions.

[5] Administration Segregation is the separation of prisoners from the general population typically in a cell for 23 hours a day. It is generally long-term; that is, not fixed, either indefinite or renewable, and 30 or more days in duration. It is not punitive, disciplinary or protective. See Long Term Isolation: Policies and Practices, Liman Program at Yale Law School (2013).

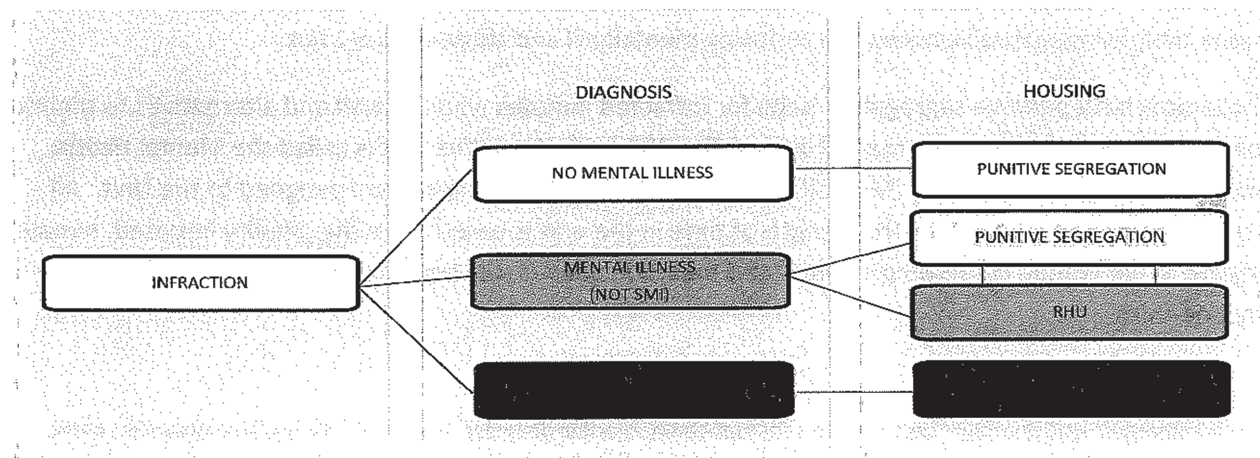
NYC DOC Reforms: Improved Practices in Process

Overview[6]: Most inmates do not have a mental health diagnosis. They will continue to be placed in punitive segregation for rule violations. Inmates with mental illness who are not seriously mentally ill will be assigned to Restricted Housing Units co-operated by DOC and DOHMH and featuring a three-phase behavioral modification program and earned early release. Inmates who are seriously mentally ill will be transferred to a secure clinical setting in jail operated DOHMH and their length of stay in the unit will be clinically determined by DOHMH.

Punitive Segregation: Inmates, who do not have a mental health diagnosis and incur infractions, may be placed in punitive segregation to serve the penalty imposed. Those with good behavior can earn a conditional release. DOHMH rounds daily; any inmate in the unit determined to evidence symptoms warranting removal is reassigned immediately.

RHU: Infracted inmates with mental illness determined not to be seriously mentally ill are placed in Restricted Housing Units (RHU). All placements require joint approval by DOC and DOHMH. Inmates are encouraged to participate in a three-phase behavioral program in a group setting staffed by DOHMH. The program is self-paced and takes about eight weeks to complete. With each phase, inmates earn additional time out-of-cell and limited access to commissary. Steady officers are assigned to the unit and receive special training before their assignment. Inmates who successfully complete the program may earn up to a one-half reduction in the penalty imposed.

CAPS: Infracted inmates who are seriously mentally ill are not placed in either punitive segregation or RHU. The infraction is set aside and the seriously mentally ill inmate is assigned instead to a secure clinical setting, the Clinical Alternative to Punitive Segregation (CAPS) within DOC, for treatment. The length of time in the unit is clinically informed by the inmate's diagnosis and progress. The inmate is returned to general population when s/he has acquired sufficient skills and is in compliance with medication to reside with others incident-free.



[6] DOC also operates Administrative Housing units however unlike other correctional systems, these units are not restrictive in nature; the conditions of detention are identical to those in effect in the general population.

FACT SHEET RECAP

Mentally Ill Inmates

1. Expand the Restricted Housing Units (RHU) from the current pilot of 60 beds to 175 beds
   - RHU offers progressive behavioral modification programming using dialectical behavioral therapy
   - Inmates who engage in their clinical treatment plan and behave well on the unit earn additional time out of their cells for enhanced clinical care and structured activities
   - Inmates who complete the program are eligible for a reduction up to 50 percent in the time imposed for the infraction incurred
2. Open Clinical Alternative to Punitive Segregation (CAPS) units for seriously mentally ill inmates who commit infractions, capacity 60 beds
   - Infractions are adjudicated but no penalty is imposed
   - Hospital-style clinical treatment environment with clinical programming by mental health staff
   - Length of time in the unit is informed by clinical staff who assess each inmate's mental health fitness to rejoin the general population
   - Clinical treatment plans jointly developed by DOHMH and DOC individualize conditions of detention and participation in activities on the unit
   - Full range of clinical staffing (unit chief, psychiatrists, mental health clinicians, secure treatment aides, nurses, clinical supervisors and activity therapists) on unit provide intensive clinical care
   - Specially selected uniformed staff receives enhanced training and is permanently assigned to the unit
3. CAPS will operate as a 'command within the command' with a dedicated commanding officer
4. Close the MHAUII units and repurpose these housing areas for the general population

System-wide Reforms, all inmates with infractions

1. Sentencing guidelines
   - Sets guidelines to standardize the number of days sentenced 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 certain infractions notably, assaults on staff, inmate-on-inmate assaults with serious injury, and assaults with weapons that do or may reasonably result in serious injury
   - Expected to reduce demand for punitive segregation capacity by as much as 40 percent
2. Conditional Discharge
   - Inmates infracted for non-violent offenses may be conditionally discharged from punitive segregation after serving two-thirds of their sentence with sustained good behavior and program participation in the unit
   - Potential to earn conditional release sooner, case-by-case basis; 127 discharges @ 67%, 18 @50% CY13 to date
3. Historical Time Expungement
   - Inmates returning to DOC custody with previously imposed punitive segregation time not served in full , may be eligible to have that time expunged if a) it has been two years from the date of a assaults on staff, inmate on inmate assaults with serious injury, and assaults with weapons that do or may reasonably result in an injury, or b) one year from the date of any other infraction; 680 records expunged CY13 to date, 2,166 in CY12

The New York Times
Monday, May 13, 2013

City Plans New Approach to Disciplining Mentally Ill Inmates

By VIVIAN YEE

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New York City will soon change the way mentally ill inmates are disciplined after breaking rules while in jail, creating alternatives to the more traditional approach of solitary confinement used for most inmates.

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Instead, the city Correction Department will transfer severely mentally ill inmates to an internal clinic where psychiatrists will administer treatment and medicine, and the less seriously mentally ill will go to counseling programs designed to help them change their future behavior. Inmates will not be released back into the regular jail setting until they complete treatment.

The new approach, to begin in July, is intended to address what both city officials and prisoners' rights advocates say is a growing problem: not only are there a disproportionate number of mentally ill inmates in the city's jails, but they are also more likely to break rules multiple times and stay in jail longer than others.

"The jail has become one of the major providers for people with mental illness in our society, and it's just now that our systems are keeping up with that," said Dr. Thomas A. Farley, the city health commissioner, adding that solitary confinement does not work for the mentally ill. "For an inmate with mental illness, that's not going to make them more likely to improve their behavior," Dr. Farley said in an interview. "It's going to make the symptoms of their illness worse."

More than one-third of New York City's inmates have a mental illness, according to the city. Of those, about one-third are considered seriously mentally ill, with conditions like major depression and schizophrenia.

Currently, all mentally ill inmates who break prison rules are moved to the same segregated unit, regardless of their condition. Like healthy inmates in solitary confinement, they live in

isolated cells, kept in lockdown as long as 23 hours a day. They may also get an hour of group counseling a day and a weekly session of individual therapy.

Under the new policy, seriously mentally ill inmates will get medication and therapy in a setting similar to a hospital psychiatric ward, living in dormitory-style units with other inmates or in more isolated cells. Those not considered severely mentally ill — generally, those who do not require medication — will still be segregated from the general population and from one another. But they will take part in a three-phase program with group and leisure activities aimed at teaching them behavioral control, reducing their time in the program if they actively participate and exhibit good behavior.

The correction commissioner, Dora B. Schriro, said the change would turn a "one size fits all" policy into a tailored program that would do more to help inmates succeed both in jail and once they return to the outside world.

Prisoners' rights advocates have condemned the use of solitary confinement — in industry parlance, "punitive segregation" — which they say amounts to cruel and unusual punishment. Its use in New York City has increased 44 percent over the past several years, prisoners' advocates said, giving New York City one of the highest rates of solitary confinement in the nation even as its overall jail population has declined.

Donna Lieberman, executive director of the New York Civil Liberties Union, said the city should reduce its use of solitary confinement for all prisoners, not just the mentally ill. "The irony should not be lost on us that solitary confinement creates mental illness itself," she said, referring to what she said were the devastating psychological effects of being kept in extreme isolation.

The civil liberties union filed a federal lawsuit in December against New York State's prison system, accusing it of overusing solitary confinement.

The new system is ultimately expected to shrink the number of solitary confinement units in the system, as mentally ill inmates go through the counseling and treatment programs instead, said Linda I. Gibbs, the deputy mayor for health and human services. The programs are expected to lower the number of rule infractions and shorten mentally ill inmates' stays in jail.

Steven Banks, the chief lawyer at the Legal Aid Society, said that while the changes were for the better, more needed to be done to improve services for the mentally ill throughout the

city so they did not end up in jail. He said he was skeptical that the city would deliver on its promises of reform.

"The fact that Rikers Island has essentially become a de facto mental health facility for a third of the jail population speaks volumes about the need for more resources and more attention to the mental health system over all in the city," he said, "instead of simply focusing on counseling versus punishment for those that end up falling through every crack in the social services system."

Ms. Gibbs said the new policy was one of several efforts by the city to improve services for the mentally ill, including a program that works with the courts to treat low-level mentally ill offenders rather than sending them to prison, and another to make sure mentally ill people continue to receive treatment after leaving jail.

NEW YORK CITY DEPARTMENT OF CORRECTION
Dora B. Schriro, Commissioner
Office of the Commissioner

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East Elmhurst, NY 11370
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Fax 718 • 278• 6022

May 10, 2013

Gerald Harris
Board of Correction
51 Chambers St.
Room 923
New York, NY 10007

Dear Chair Harris:

Attached, for your information and that of the Board, are a selection of recent press clips. I am pleased to report that several of our latest initiatives and key programs have received positive attention and considerable coverage in many of the city's top media outlets.

These topics include all-new, state of the art programs to help incarcerated young adults make better decisions, divert the mentally ill away from jail and prison as appropriate, and reduce recidivism by focusing resources and attention on adult inmates who are at risk of re-offending.

Should you have any questions about these and other programs, please do not hesitate to call on me.

Sincerely,

Dora Schriro

cc: Alexander Rovt, Vice Chair, Board of Correction
Catherine M. Abate, Esq., Member, Board of Correction
Greg Berman, Member, Board of Correction
Pamela S. Brier, M.P.H., Member, Board of Correction
Robert Cohen, M.D., Member, Board of Correction
Michael J. Regan, Member, Board of Correction
Pamela Silverblatt, Member, Board of Correction
Milton L. Williams Jr., Esq., Member, Board of Correction
Cathy Potler, Executive Director

The New York Times

January 31, 2013

Treatment, Not Jail, for the Mentally Ill

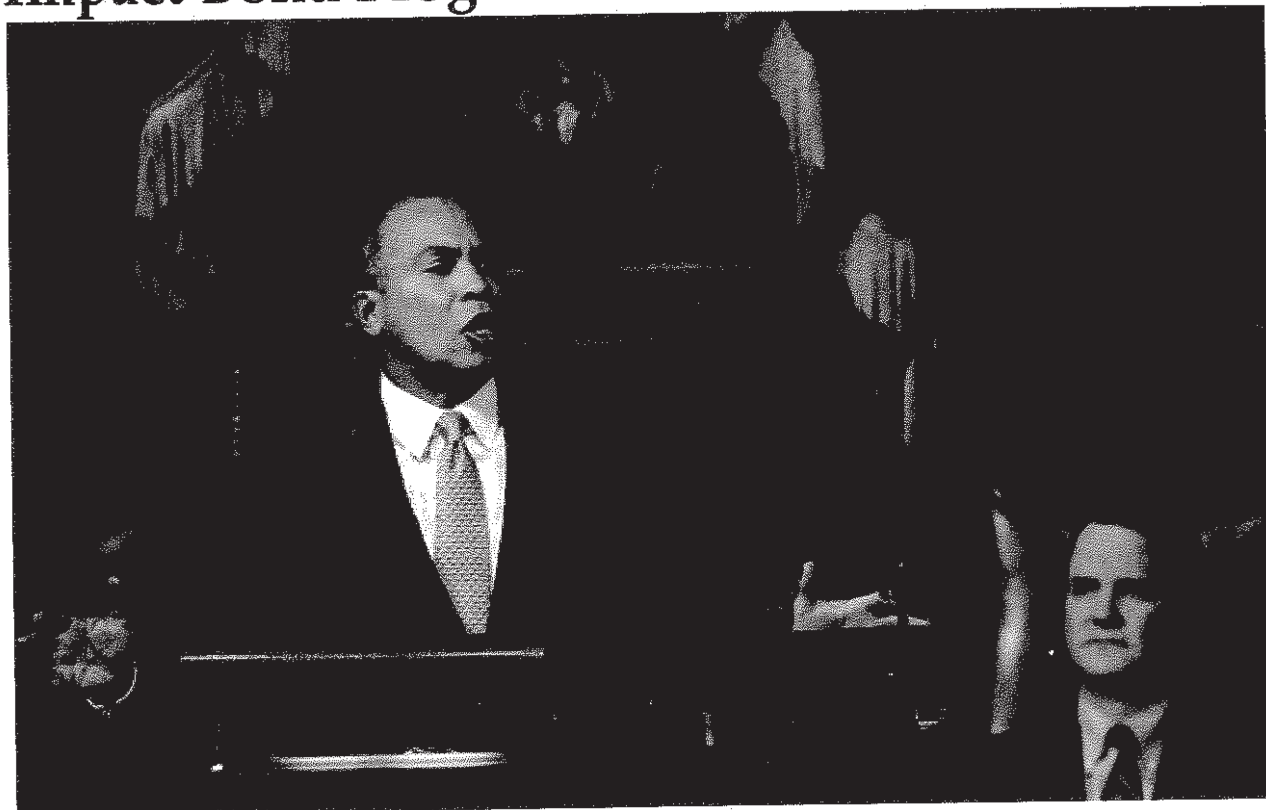
Mayor Michael Bloomberg has started an important new corrections initiative focused on mentally ill offenders, who make up about a third of the city's jail population and are more likely than other prisoners to resume criminal behavior once they are freed. The aim is to give the courts up-to-date information about a defendant's record and mental health status so that a judge can decide whether the defendant should be sent to a treatment program instead of jail.

The initiative emerged from a recent study of mentally ill inmates by the Council of State Governments Justice Center, a research and policy group. Among other things, it found that the mentally ill who enter the corrections system were an increasingly expensive problem in the city — costing three times as much as inmates without mental disabilities — and that their numbers were growing, even as the jail population as a whole was declining. In 2011, they made up 33 percent of the average daily jail population, as opposed to 24 percent in 2005.

Mentally ill inmates also stay in jail nearly twice as long as people without mental illness, an average of 112 days compared with 61 days. One of the problems is that the mentally ill are less likely to make bail because they have less money and fewer family members or friends who are willing to get them out.

In many other large urban centers, judges are able to make decisions about bail and community-based treatment because they have ready access to data showing

Social Impact Bonds: New York City and Massachusetts to Launch the First Social Impact Bond Programs in the United States



SOURCE: AP/Steven Senne

Massachusetts Gov. Deval Patrick, left, delivers his State of the State address in the House Chamber at Statehouse in Boston, January 23, 2012, as Lt. Gov. Timothy Murray, right, looks on. Massachusetts is a leader in the use of social impact bonds.

By **Kristina Costa** and **Jitinder Kohli** | **November 5, 2012**

When the 2012 election finally ends, attention in Washington, D.C., will at last shift to other important subjects, including the impending "fiscal cliff" and the priorities of the "lame duck" Congress. But the refocus on policy also presents an opportunity to

potential opportunities. In October the Department of Justice announced two planning and implementation grants for what the Obama administration calls "pay for success" financing, one of which will go toward a proposed social impact bond in Cuyahoga County, Ohio. And just a few weeks ago, the city of Fresno, California and the California Endowment announced the first "health impact bond" pilot, which will use the same model to reduce asthma-related emergencies.

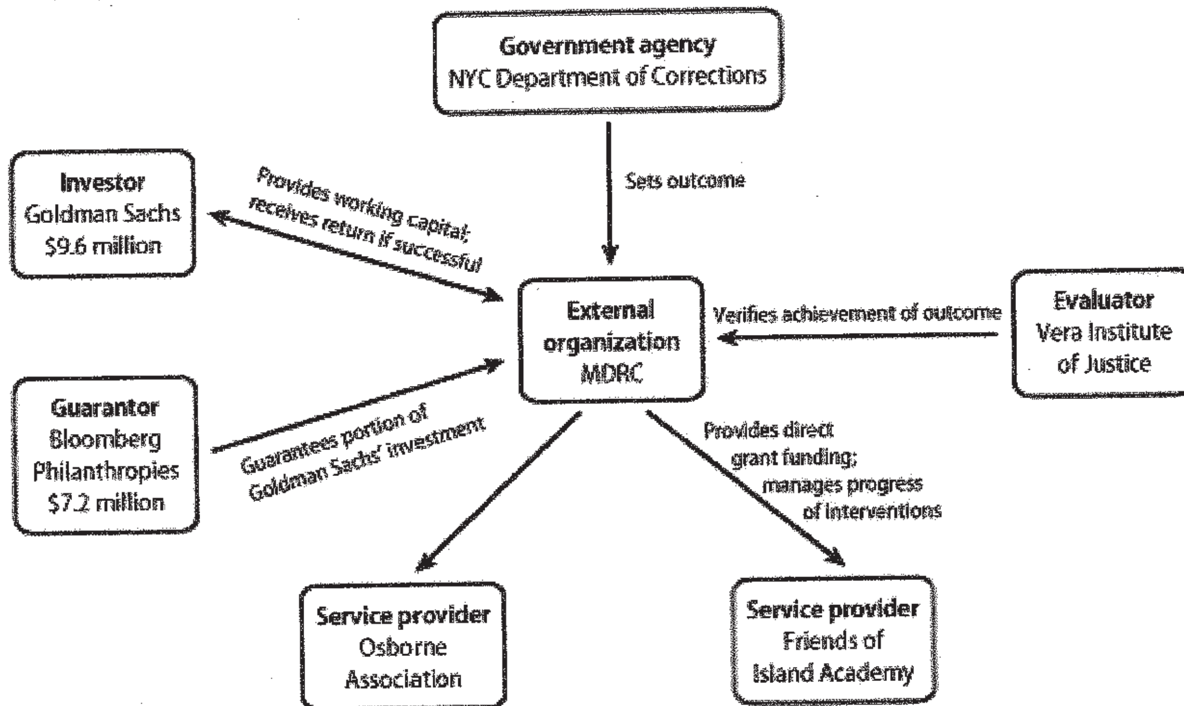
The choices made by government officials in New York City and Massachusetts in structuring their social impact bond agreements show that there is a great deal of room for local variation in using this new tool. This is a good thing, and we expect to see even more evolution in the model as various city, county, and state governments across the country explore using social impact bonds in a wider range of policy areas. But as Massachusetts officials move forward with negotiations, they need to remember that the devil is in the details. At no point is this truer then when setting the outcomes that must be achieved to trigger payment, the central point around which the rest of an agreement revolves. Massachusetts, and any future government entity entering into a social impact bond agreement, will need to ensure that outcomes are specific, measurable, and stringent enough that they cannot be accomplished merely by chance. Setting the outcomes well becomes even more important in cases where governments hope to use some portion of the anticipated savings from a successful outcome to fund the eventual payment.

That's because any social impact bond agreement must include three core components:

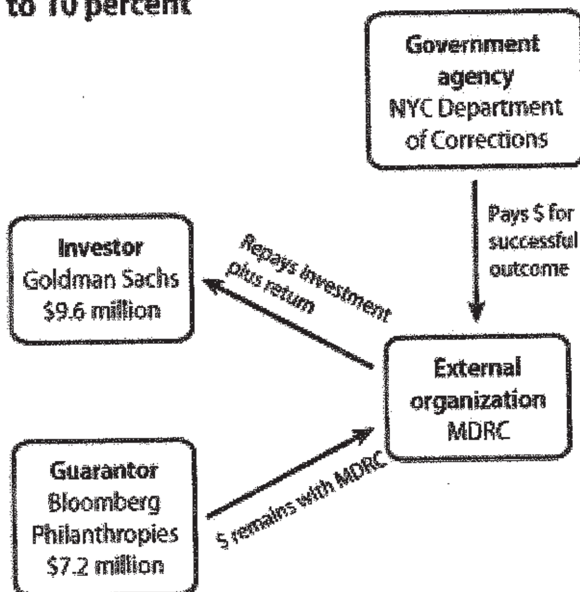
- The outcome must be clearly defined and measurable while remaining ambitious but achievable within the time frame specified.
- Government funds should not be released until and unless the outcome is achieved.
- External organizations should have considerable freedom to define the strategy that seeks to achieve outcomes.

So long as these principles are retained, the structure of the deal and the players at the table can potentially take many different forms.

Structure of the deal



If recidivism drops more than or equal to 10 percent



payments will gradually increase, and Goldman Sachs will net a return of up to $2.1 million. A fact sheet published by the city government calls these returns "consistent with typical community development lending." (see Table)

Government payments and projected savings at different outcome thresholds in the New York City Social Impact Bond agreement

Reduction in re-incarceration	City government payment to MDRC	Net return on investment	Percent gain or loss	Projected long-term city net savings*
≥ 20.0%	$11,712,000	$2,112,000	22%	$20,500,000
≥ 16.0%	$10,944,000	$1,344,000	14%	$11,700,000
≥ 13.0%	$10,368,000	$768,000	8%	$7,200,000
≥ 12.5%	$10,272,000	$672,000	7%	$6,400,000
≥ 12.0%	$10,176,000	$576,000	6%	$5,600,000
≥ 11.0%	$10,080,000	$480,000	5%	$1,700,000
≥ 10.0% (breakeven)	$9,600,000	$0	0%	$ ≥ 1,000,000
≥ 8.5%	$4,800,000	-$2,400,000**	-25%	$ ≥ 1,000,000

*Savings after payment to MDRC and continued funding for program delivery. The Bloomberg administration anticipates continuing.
**Bloomberg Philanthropies' $7.2 million grant to MDRC effectively guarantees the investor's $9.6 million loan. In the event that recidivism doesn't fall by at least 10 percent, MDRC will use the Bloomberg grant to repay the investor a portion of the principal. If recidivism does decline by at least 10 percent, MDRC can use the grant toward future social impact bond agreements.

Source: The City of New York, "Bringing Social Impact Bonds to New York City," August 2, 2012, available at http://www.nyc.gov/html/om/pdf/2012/sib_media_presentation_080212.pdf. Net return and percent gain/loss calculated by authors.

Negotiations and calculations for New York City's social impact bond were largely conducted behind closed doors. So when it came time to announce the deal, most of the details were finalized. Much of the press coverage of the agreement has focused on the players at the table, and particularly on the involvement of Goldman Sachs. But much more important than knowing*who* is going to be involved is knowing *what* is meant to be accomplished by the deal, which the city has laid out very clearly.
The Bloomberg administration should be praised for the clarity with which they've expressed the outcomes set in the deal, the varying levels of potential repayment, and the expected long-term savings to the city.

Massachusetts

The Bay State first announced its interest in pursuing social impact bonds in May 2011, issuing a request for information and seeking proposals for areas where this

The solicitation also asked respondents to sketch a budget for their plan, assuming that the respondents would work with about 300 youth and that avoiding re-incarceration for two years following release from the juvenile system would save the state $30,000 per person. As Massachusetts moves forward, it will need to define outcomes precisely and ensure that payment levels are commensurate with the value that the state places on those outcomes.

In the original social impact bond model, choice and oversight of service providers is primarily the responsibility of the external organization. Massachusetts decided to conduct a separate procurement to select the service providers. An open question in the state is how, exactly, this tripartite relationship—between the government, the intermediaries, and the service providers—will work, and what responsibilities each party will have to the others. The state should consider whether the intermediaries in these deals will retain the power to oversee the mix of interventions being used to achieve the outcome and to make adjustments as necessary. If the intermediaries will not be able to modify or replace the interventions being used, the state may risk being blamed should the deal ultimately fail, as they were responsible for procuring the service providers.

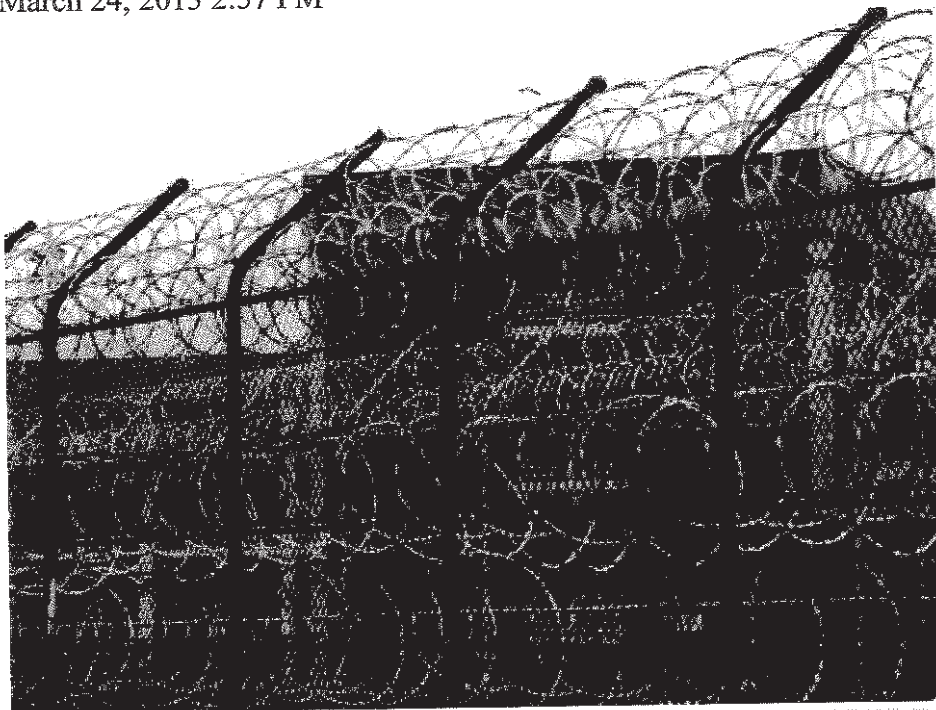
The Patrick administration in Massachusetts should be praised for its work in advancing "full faith and credit" legislation and for its decision to hold an open, public procurement. It's worth remembering that Massachusetts is the first state in the country pursuing this innovative, outcomes-based financing mechanism. Being a pioneer isn't easy, and the choice to hold an open procurement in the public eye can make the task even more challenging, because most decisions will find at least some detractors in the media or in other parts of government.

But the state will need to exercise care as it sets outcome and payment levels in its two proposed social impact bond deals. And because of the choice to directly and separately procure service providers, it will be particularly important for the state to ensure that the relationships between the government, the intermediaries, and the service providers are clearly defined. Otherwise, the state may find that government retains more financial and execution risk than should occur under a social impact bond.

Goldman Sachs Hopes To Profit By Helping Troubled Teens

by NPR STAFF

March 24, 2013 2:57 PM



About half the juvenile offenders released from prison on Rikers Island in New York return within a year, New York City Department of Corrections Commissioner Dora Schriro says.

Bebeto Matthews/AP

In the New York City prison system, the outlook for juvenile offenders is bleak. They're falling through the cracks, being arrested repeatedly, and being re-released onto the same streets only to be picked up again.

The criminal justice system is failing these 16- and 17-year-olds, says Dora Schriro, the commissioners of the city's Department of Corrections.

"Just about half of them are going to return to jail in less than a year of their release from our system," she says. "And so that means right now one out of two is failing. They're being rearrested, charged with new crimes, and coming back."

Scarce Resources Makes For New Partners

But Schriro says the Department of Corrections isn't walking away from its responsibility — the agency just can't afford to be picky when it comes to funding.

"There are scarce resources, and correctional systems and other public service agencies look to partners in the philanthropies. But those are fixed resources," she says. "We're very very excited about the possibilities that the social impact bond provide."

It will be a little more than three years before the success of New York's social impact bond experiment is clear. In the meantime, other U.S. cities, including Boston and Fresno, Calif., are considering similar proposals.

Schriro says it is only fitting that big companies should invest in making their communities better.

"We all benefit from safe and secure communities," Schriro says. "To have a viable criminal justice system is just as critical to those who work in a community as to those who live there."

PBS NEWSHOUR

At Rikers Island, Investing in Decision-Making Lessons for Teens in Trouble

SUMMARY

Economics correspondent Paul Solman reports on efforts to keep young people from returning to New York's Rikers Island once they've served their time. A privately financed pubic program utilizes evidence-based behavioral therapy to imbue teens with a sense of greater control over their lives and decisions.

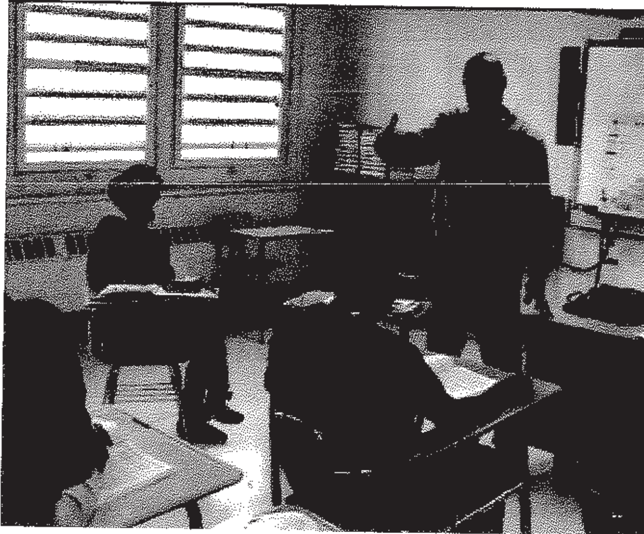
Transcript

GWEN IFILL: Now the second of a two-part look at efforts to prevent felons from returning to New York's Rikers Island jail once they have served their time.
Last night, NewsHour economics correspondent Paul Solman reported on a new way of creating private financing for such public programs.

Tonight, he explores how the program hopes to keep participants from ending up in jail again.

It's part of his ongoing reporting Making Sense of financial news.

PAUL SOLMAN: High school on New York City's Rikers Island, the world's largest jail. Though they make up just 6 percent of the population, the teen inmates here pose some of the biggest problems.
DORA SCHRIRO, New York City Department of Corrections: They contribute to 28 percent of all of the fights, which is the most common form of misconduct in a jail setting.



Watch part one of Paul Solman's report, "Private Investors Put Money on Decreasing Teen Recidivism Rate" here.

PAUL SOLMAN: Dora Schriro is New York City corrections commissioner.
DORA SCHRIRO: This group, one of the areas where they are terrifically weak is in decision-making and problem-solving. And their propensity to impulsively rely on fights, rather than insight, really contributes to how they got here and why it is that every one out of two are likely to come back pretty quick.
PAUL SOLMAN: In other words, nearly 50 percent are back in jail within a year of their release. That's why New York City officials have just launched a program that puts every 16-to-18-year-old entering Rikers almost as soon as the bars slam shut into a class called moral reconation therapy, or MRT, a form of behavioral modification to improve decision-making.
JAFAR ABBAS, Osborne Association: If you can go back in time and change one thing, what would it be, what year would you go back to, and why?
PAUL SOLMAN: Now, cognitive therapy like MRT isn't new; it's been around for decades. But it is new on Rikers. Also new, the cash-strapped city is using an innovative private investment vehicle called a social impact bond, a type of loan, to fund it.
JAFAR ABBAS: We're going start from here.
PAUL SOLMAN: MRT starts small: drawing pictures of happier times, like a real or imagined skydiving jump, talking about feelings.
STUDENT: When I get nervous, I feel like I want to shut down and not do anything.
PAUL SOLMAN: Because they're minors, we can't show student faces.
It's all part of a 12-step process that moves from the most basic psychological concepts to higher goals. Studies show that MRT can reduce recidivism by 20 percent to 30

percent, and the more steps they master, the more likely these kids will be to stay out of jail.

JAFAR ABBAS: You got everything working with you, and you're moving in a positive direction now.

PAUL SOLMAN: Jafar Abbas and Karimah Nichols are counselors with the Osborne Association, the nonprofit hired by New York to run MRT on Rikers.

JAFAR ABBAS: It starts out slow with pictures and stuff, but as it progresses through 12 steps, is that they get more difficult, and that's what we want. We want you to get out of the box that you put yourself in and start looking for higher things.

KARIMAH NICHOLS, Osborne Association: Just the fact that they were even willing to talk in group, like, that is a big step for someone at that age. That's a sign of real maturity.

PAUL SOLMAN: As when this boy was asked to recount his best of times.

STUDENT: One is winning my first basketball championship when I was in middle school. Second is, I got my first job. Third is when I got my middle school diploma, and when I went to high school, and got my first computer.

PAUL SOLMAN: And worst of times?

STUDENT: First is jail. Two is going to court and not knowing what is going to happen or when you go home, the bus -- the jail bus ride, being in a place where you're treated like an animal. You're literally caged up most of the time of the day.

KARIMAH NICHOLS: Do you notice the connection between the best times in your life and the worst times? What's the relationship between those two, the sort of pattern?

STUDENT: Well the pattern with the best things of my life is there's little things I never thought was big until I came here. And jail, I can't control the outcome that's going on when I'm here.

SUSAN GOTTESFELD, Osborne Association: None of these kids want to be in jail, and our message to them is, you have control.

PAUL SOLMAN: Susan Gottesfeld helps run the Osborne Association.

SUSAN GOTTESFELD: Cognitive behavioral therapy is not a coddling, huggy, touchy, feely, fuzzy intervention. It's an evidence-based therapy that works for lots and lots of different people, for lots and lots of different things.

PAUL SOLMAN: What's the key to the cognitive change?

SUSAN GOTTESFELD: So, if we want to change outcomes, we have to change behavior, and if we want to change behavior for the long run, we have to change the way

we think, right? And for a lot of these kids, it's a realization: I can choose to do that in a good way or I can choose to do that in a negative way.
PAUL SOLMAN: But will it keep enough kids from coming back to Rikers to save the city enough money to pay back investors? Let's face it. Transformation doesn't come easy.
At Rikers, says Commissioner Schriro:

DORA SCHRIRO: You never know for sure until they day they leave how long they're going to be there. So, we really needed to figure out how to make the most out of every day, not wait for our next class to start, grab them, you know, the minute they get in, engage them right away, and keep them engaged right to the time that they go back out to the streets.
PAUL SOLMAN: Those released from Rikers have the option of continuing their 12-step therapy at offices in Brooklyn and the Bronx.
Dwayne Arthur has been seeing counselor Victoria Phillips since getting out of a two-week stint at Rikers in January.

WOMAN: For the ice breaker today I want to know, what are some of the things that you try to control, but can't control?
STUDENT: First is my urges. Sometimes, you can't control your emotions.
WOMAN: OK. Sometimes, you can't control your emotions. But can you control the actions that follow the emotions?
STUDENT: Yes.
WOMAN: And since you have been here, like, are we starting to see that you are controlling your actions?
STUDENT: Yes.
PAUL SOLMAN: But who has he hurt when he couldn't control them?
Dwayne shared his workbook with us.

STUDENT: The first one is my mother, and I'm her son, and I have damaged this relationship by letting her down.
PAUL SOLMAN: Because you wound up at Rikers?
STUDENT: Yes.
PAUL SOLMAN: And what else does it say?
STUDENT: To be a good, successful son. That's my goal in this relationship.
PAUL SOLMAN: Dwayne's mother, Sharon Goveia, had watched our interview.
What did he mean, did you think, by that he had let you down?

SHARON GOVEIA, Mother: Because he knows I have high expectations for him. I want him to be something. I want him to, you know, strive and be the best that he can be, you know, so ...
PAUL SOLMAN: And being in Rikers is not a part of that story.
SHARON GOVEIA: Exactly. But I think he learned from it.
PAUL SOLMAN: But to learn, you have got to attend. It takes Dwayne Arthur more than an hour to get here.
STUDENT: People can only help themselves. But if they come here, it's going to help them.
PAUL SOLMAN: Of 100 people who take this program, what percentage, how many do you think wouldn't, will not go back to Rikers?
STUDENT: If they came to the program? Ninety of them, 90 out of 100.
PAUL SOLMAN: But how many actually come?
When this taping was first scheduled in December, we had lined up another boy named Carl to interview. But we had to reschedule for February, and by then Carl had stopped coming regularly. That raises a red flag to social impact bond skeptics like Mark Rosenman.

MARK ROSENMAN, Caring to Change: I think, ultimately, it will result in creaming.
PAUL SOLMAN: Creaming?
MARK ROSENMAN: Cherry-picking participants, selecting the easiest people to work with. And no matter how well-intentioned you are, if you know ultimately that being able to repay your investors is dependent on how well you meet a narrow benchmark, the temptation of beginning to operate in a way that is more likely to produce those outcomes, I think, is significant.
PAUL SOLMAN: So, gaming the system?
MARK ROSENMAN: It will be gaming the system.
PAUL SOLMAN: But, as Susan Gottesfeld points out, the MRT program, and the social impact bond issue that funds it, seek to reach every young person on Rikers Island, period.
And the evaluation will look at whether, overall, it reduces recidivism or it doesn't.

The skeptic would say, these are great goals, but you're likely not to achieve them.

SUSAN GOTTESFELD: Well, I would say that I believe we will. We see change every day in our classrooms. And, you know, in a year from now or two years from now, we will really see for sure.

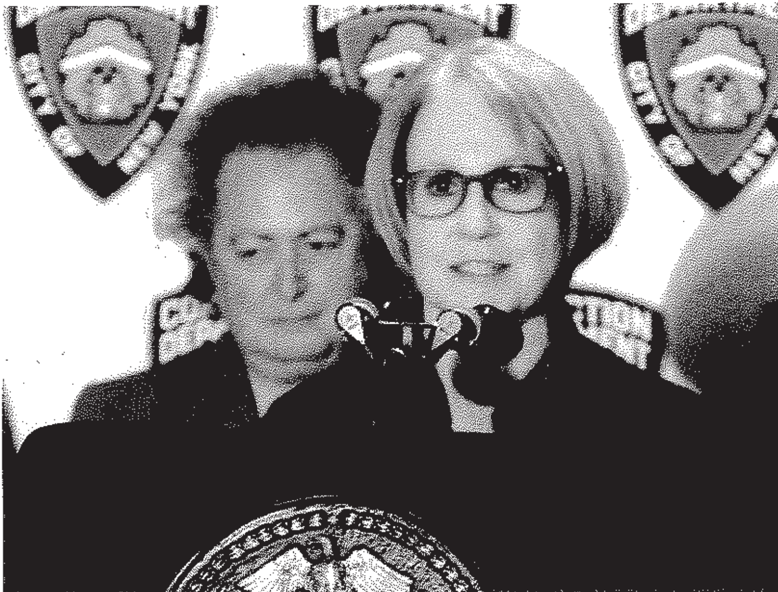
PAUL SOLMAN: And so we will. Stay tuned.

The Chief
Civil Service Leader
THE CIVIL EMPLOYEES' WEEKLY

'Ex' Marks the Spot For City Anti-Recidivism Bid

KEEP THEM OUT OF JAIL

Department of Correction Photo
KEEP THEM OUT OF JAIL: Correction Commissioner Dora B. Schriro, with Fortune Society President JoAnne Page to her right, at a press conference announcing the I-CAN program aimed at reducing the rate of new offenses by released jail inmates.
February 25, 2013
By MARK TOOR



The Bloomberg administration last week announced a program aimed at reducing recidivism by 10 percent among jail inmates at the highest risk of committing new offenses after their release.

The program, called the Individualized Correction Achievement Network, or I-Can, will pay nonprofit service providers based on their success in helping offenders get jobs, earn GEDs and stay sober. The current system pays providers on the basis of the number of offenders who show up for appointments.

'End Vicious Cycle'

"For too long, leaving jail has been followed by returning to jail," said Deputy Mayor Linda I. Gibbs at a Feb. 21 press conference announcing I-CAN. "Providing New Yorkers with measurable tools for success, such as access to education, is critical to ending that vicious cycle."

The program is aimed at further reducing the city's drop in the incarceration rate, which is down 32 percent since 2001, even while the rest of the country went up by 5 percent.

Even so, the Department of Correction has its work cut out for it: 42 percent of males age 19 or older released from jail in fiscal year 2012 returned within a year, as did 69 percent of high-risk adult inmates.

DOC will use an assessment tool that gauges inmates' risk of re-offending based on eight primary factors: alcohol and drug use, education and employment, pro-criminal orientation or attitude, anti-social pattern, family or marital situation, leisure/recreation, companions and criminal history. The tool will be used to develop an Individualized Correction Plan for each inmate participating in I-CAN.

Target Likely Recidivists

"We're targeting the inmates who are most likely to be re-arrested early in their incarceration for discharge planning and preparation," said Correction Commissioner Dora B. Schriro.

The nonprofits running the program, the Fortune Society and the Osborne Association, will be paid only when clients reach such milestones as acquiring a state identification card, earning a GED, preparing a resume, getting and keeping a job, completing a culinary-arts certification program, and abstaining from substance abuse. The two agencies both have long histories of working with New York City inmates.

The program will serve 2,270 inmates annually during their time of incarceration and up to six months after their release. The budget for fiscal year 2013 is $3.6 million.

"This is the first jail-based re-entry program to combine best practices with a nationally-validated, evidence-based assessment tool and pay-for-success program delivery," Mayor Bloomberg said.

Rikers Babies Give Inmate Moms Hope for Better Lives

So far this year, seven babies have spent their first days behind bars in a jail on Rikers Island. Their mothers have been accused of everything from dealing drugs to murder. But the babies -- and the nurseries Rikers has made for them -- are encouraging their inmate mothers to pursue better lives. Melissa Russo reports.

By NBC New York

Apr 1, 2013

The New York Times

April 28, 2013

Young Inmates Find a Voice Through Short Films

By DANIEL E. SLOTNIK

An expectant hush fell over more than 300 young adults packed into a theater at the Tribeca Performing Arts Center as a screening of short films was about to start. Amirah Harris was palpably excited — this would be not only her first time seeing her work on the big screen, but also her first time seeing it outside of jail.

As her 90-second short began last week, Ms. Harris started mouthing the words to the score she had chosen, "Complicated," by Nivea. Then the script began unfolding, with Ms. Harris nodding her head as the audience digested her words.

She beamed when the audience applauded at the end of her film, which she made while incarcerated on Rikers Island.

"I was blunt, I was being me," she said moments later. "I felt loved."

Ms. Harris, 20, is a graduate of Tribeca Teaches, a program that instructs young people in 21 schools in New York City and Los Angeles on how to make movies. She was part of the inaugural class of about 40 female inmates at East River Academy, an alternative high school at Rikers.

Administrators do not consider such instruction indulgent or frivolous. They hope that mastering a difficult computer program and creating a work of art will

raise inmates' self-esteem and confidence, familiarize them with computers and prepare them for their eventual release.

Dora B. Schriro, commissioner of the New York City Department of Correction, called Tribeca Teaches "spot on" and an invaluable addition to the Rikers curriculum.

"We were focusing in particular on creating a robust after-school program, first to reduce idleness because that keeps the kids safer," Ms. Schriro said, "but not just to fill the time but to provide opportunities that might enrich their lives and help them find something to pursue."

In November, Flonia Telegrafi, a teaching artist from the Tribeca Film Institute, which facilitates the program, began joining classes at East River Academy twice a week. She said she showed the Peter Sollett short film "Five Feet High and Rising" to the inmates and had each create video responses titled "Letters to Donna," among other activities.

"I got a great response from the students because they've seen it in their communities, or in their lives," Ms. Telegrafi said. "They were earnest in a way I hadn't really experienced."

Two of the video letters, including Ms. Harris's, were shown at the screening last Tuesday, which featured short films by Tribeca Teaches' students from all the schools.

"The students are ecstatic" about their work being shown to peers outside of jail, Ms. Schriro said. "The whole school is quite jazzed about this."

Of course, teaching at Rikers involves challenges unlike those in even the most troubled public schools. Video cameras are forbidden, so footage for the films either had to be archival or shot off the island, by volunteers from the Maysles Institute. All media had to be approved by the Department of Correction before it was allowed into the classroom. The roster of students changed regularly, as

inmates were released or transferred to other institutions and 50-minute class periods were occasionally truncated by alarms (Ms. Telegrafi emphasized that she had never been concerned about her safety while teaching there).

Ms. Telegrafi said the most important attribute for a teacher at Rikers was patience, both with the time-consuming procedures of a disciplinary institution and with students of different ages, skill and comfort levels. She said the program served several purposes like giving the young women a sense of control over their futures, and that perhaps the films created would help the outside world face its prejudices against former inmates.

"It ultimately brings up their confidence and validates their experience," Ms. Telegrafi said. "It's important to show that just because they're inside Rikers doesn't mean they don't have a voice."

Ms. Harris was sent to Rikers last summer and released in February. She is taking classes toward the General Education Development test, known as the G.E.D., and lives in Brownsville with her mother and one-year-old son, Divine. She would not discuss why she went to jail.

After the show, Ms. Harris said she thought Tribeca Teaches was a wonderful experience and hoped it continued at Rikers.

"Being in there, it's like you don't really get to do things and you're bounded to certain activities," she said.

Moments before the screening Ms. Harris met the actress Taraji P. Henson. She posed for photos on the red carpet with Ms. Henson, then gushed
"That's *so* going on Facebook." She immediately began tapping away on her smartphone, star-struck, then walked in to take her seat in the theater.