Testimony of Dr. Daniel Selling, former Executive Director of Mental Health at New York City Department of Health and Mental Hygiene (DOHMH)

For the past 8 years I served as Executive Director of mental health for the New York City jail system. I spent every working day on Rikers Island. In and out of every jail and have forged strong relationships with my DOC counter-parts. I have spent the last 15 years of my life working behind bars as a psychologist shaping mental health policy in various jail systems. I possess a robust context in which to understand the current problem of violence, segregation, and mental health care in this jail system. I have been part of the highest-level meetings for the past 8 years with both the Commissioners of Corrections and Health. My team designed and implement many of the existing programs in the system; many of which I am proud to say are operating today. Unfortunately the majority of the programs that we jointly created and implemented have been totally perverted by the department of corrections. If you allow the DOC to pass this new Enhanced Supervision Housing or ESH it too will quickly become a newly branded version of Punitive Segregation. There are many in the system. They all have a sexy acronym, all were intended to solve a specific problem, and all eventually become an oppressive and abusive system of solitary confinement.

Like members of the this Board I chose this path to ensure that the jail system is operating optimally, not conferring harm to the population, and to ensure as a member of an oversight agency that there are minimum standards to protect this vulnerable population. This Board was originally tasked and agreed to the challenge of Rule Making for Punitive Segregation Housing. On September 9, 2013 the Board unanimously voted to initiate rulemaking regarding the use of solitary confinement in the NYC jails. As of today the board has failed to deliver on this obligation while hundreds of inmates remain in prolonged solitary confinement. Here we are today no longer talking about proposed standards but rather proposing a new form of solitary confinement. This is exactly while Rule Making was proposed.

I am asking you to vote against the ESH because as you will see every joint program on Solitary Confinement has essentially failed. The Department of Corrections has solid and lengthy history of promising a lot and delivering very little. I can honestly state that over the past 8 years I have easily spent 60% of my time in meetings with Wardens, Deputy Warden's and Chiefs pleading with them to support the fidelity of the programs that we jointly created. There is a reason that the Attorney General's office has decided to intervene. This Department has proven itself to lack the ability to restore order, reduce violence by staff and inmate alike and provide progressive treatments

Here are a few examples of these failed attempts.
1. The Intensive Treatment Unit (ITU) .This program was designed to provide treatment to a challenging subset of men that were engaging in self-injurious behaviors, presented with extreme impulsivity, and whom were a major management problem for DOC. The program was designed by The DOH and DOC and within a few years the program started its infamous demise because of pressure from the Union to stop coddling dangerous

inmates, fewer dedicated officers, fewer escort officers, increased impediments to provide treatment.

2. The Intensive Treatment Unit (ITU) was housed in MHAUII , an acronym for the Mental Health Assessment Unit for Infracted Inmates. The MHAUII was created in order to house inmates with a serious Mental Health illness that were serving Punitive Segregation time. Both departments agreed open a 50 bed unit which in no time ballooned to 200 beds. Rather quickly this turned into a very violent and volatile housing unit. Based on large amounts of data the DOHMH conducted a study to better understand self-harm in these units. Astonishingly, we learned that 7% of the Rikers population passes through punitive segregation in a given year (approximately 7000 inmates) , this 7% makes up for more than 60% of incidences of self-harm island wide. Because this program eroded from its intended mission the DOC finally agreed last year to end MHAUII. All that ended up was a decentralized version of this program in multiple jails. In essence it grew and found new homes despite its failings.

3. The ending of MHAUII gave birth to the new moniker (RHU) for Restrictive Housing Units. These units were designed by myself and other members of the mental health service and DOC. The BOC has been very critical of this program. The Restrictive Housing Units were designed to create a more progressive approach to treating the mentally-ill housed in punitive segregation. Inmates were to be afforded more out of cell time for advancing levels in the program. The DOC commissioner lauded this new approach and was part of the planning for over a year. DOC uniformed staff were adamantly opposed to the program and with their Union support made every effort to ensure that the program would fail. Like the two aforementioned programs, policies and procedures for the RHU program were quickly ignored, and the units have become synonymous with MHAUII. Inmates were not being escorted to their groups, DOC constantly reported that they did not have enough escort officers to run the program, they lacked enough handcuffs to properly secure the inmates in the group, and regularly admitted inmates that did not meet the eligibility requirements that were outlined in the joint policy and procedure manuals.

The DOC continues to resort to the easiest jail management agenda by continuing to proliferate segregation while the national trend is to reduce this platform. This department is addicted to this response and has been prior to my arrival 8 yrs ago and will grow increasingly addicted as any addict does without intervention. It is the BOC's directive to step in and intervene. This is the reason the board voted to create Rules that govern this obviously abused structure.

The proposed Enhanced Supervision Housing (ESH) is a flawed plan for the following reasons. First off it is increasing the foot-print of punishment in solitary confinement and not reducing it by taking existing beds off line. This policy is too obtuse and casts too wide of a net and can essentially house any alleged violent inmate with limited due process. More importantly, the unit lacks any clinical programming or rehabilitation furthering the experience of social isolation and growth. Per the policy, “Inmates with a

mental health diagnosis are not automatically excluded from placement in the ESH". Inmates with a mental health diagnosis must be excluded from these units emphatically.

There are enough solitary confinement beds in this system. The last thing Rikers Island needs is another restrictive unit that will expose more individuals detained to increased abuse. According to the policy no more than half of the inmates could be our of their cell during any shift and that inmates will be afforded a minimum of seven hours out of cell time daily. This will never be adhered to. It is aspirational at best but not possible. Similarly to the other 3 programs I discussed DOC will fail on this promise due to staffing, violence on the unit, and a lack of escort officers to run the program.

I hope I am clearly articulating a trend that should cause all of the Board members voting today to carefully ask you how the DOC can adequately pull off the ESH units when they failed miserably with every prior attempt. I also ask each and every one of you to ask yourselves how you arrived at this day. Only months ago you were on the precipice of creating rules to govern this abusive practice; today you are voting to increase solitary. I have seen these human atrocities first-hand, I can assure you that this program will not address its intended mission to reduce violence. To the contrary it will increase violence.