Mental Health Housing and Treatment for Individuals with Serious Mental Illness in the NYC Jails

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Mental Health Service Population Data

- ~3700 "M" patients (~43% of jail)

- ~1100 SMI* patients (~31% of MH service; ~16% of jail)
  - Schizophrenia spectrum ~29%
  - Bipolar spectrum ~17%
  - Depressive ~19%
  - Trauma-related ~25%
  - ~75% of patients with SMI housed on MO/PACE/CAPS
  - ~97% of MO/PACE/CAPS are SMI
  - SMI excluded from restrictive housing

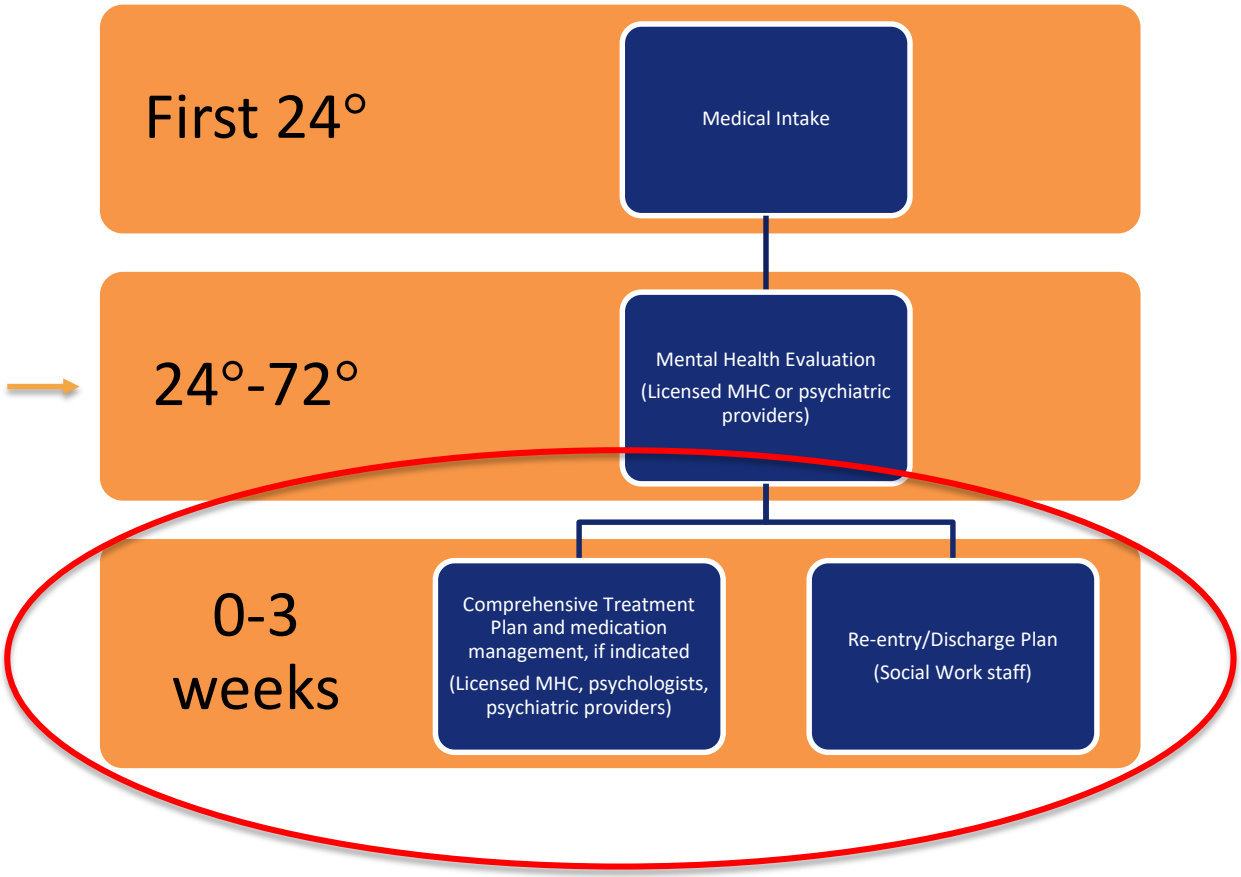
- 37% of intakes are referred to MH
  - Routine referrals: 48% of female intakes and 24% of male intakes
  - Stat referrals: 11% of female intakes and 10% of male intakes

- 2% of ~38,000 intakes report a history of OPWDD involvement

*SMI defined as schizophrenia spectrum, bipolar spectrum, depressive disorders, PTSD

Entry into the Mental Health Service

Other Referral Sources:
DOC
Patients/sick call
311
Legal advocates
Community providers



In addition to providing treatment for patients with mental health diagnoses, CHS also:

- Offers screening for PTSD, SUD, psychopathology and I/DD to all 18-21 year-olds admitted to the jail who are not referred to MH upon medical intake
- Provides in-jail care coordination to high risk 18-21 year-olds charged with violent felonies who are not in MH housing

Mental Health Levels of Care

General Population (GP)
10 clinics

Mental Health Units (MO)
17 units comprised of 540 beds

CAPS/PACE Units
7 units comprised of 181 beds

Hospital Forensic Inpatient Beds	
Bellevue 68 certified beds Average length of stay: 3 weeks	**Elmhurst** 14 certified beds Average length of stay: 2 weeks

Mental Observation Units

Since the CHS transition to Health + Hospitals:

- Implementation of supervisory structure for all staff
- Expanded group treatment, including creative art therapy and social work/re-entry groups
- Court liaisons
- Crisis Intervention Teams (CIT)
- Dedicated treatment teams
  - Integration of social work and substance use into MH service
  - Emphasis on continuity of care
    - Continuous therapeutic relationship critically important
    - Efforts underway in GP clinics where access is more challenging
    - ~ 7% of mental health appointments are rescheduled by CHS

Treatment Teams Then and Now

Then

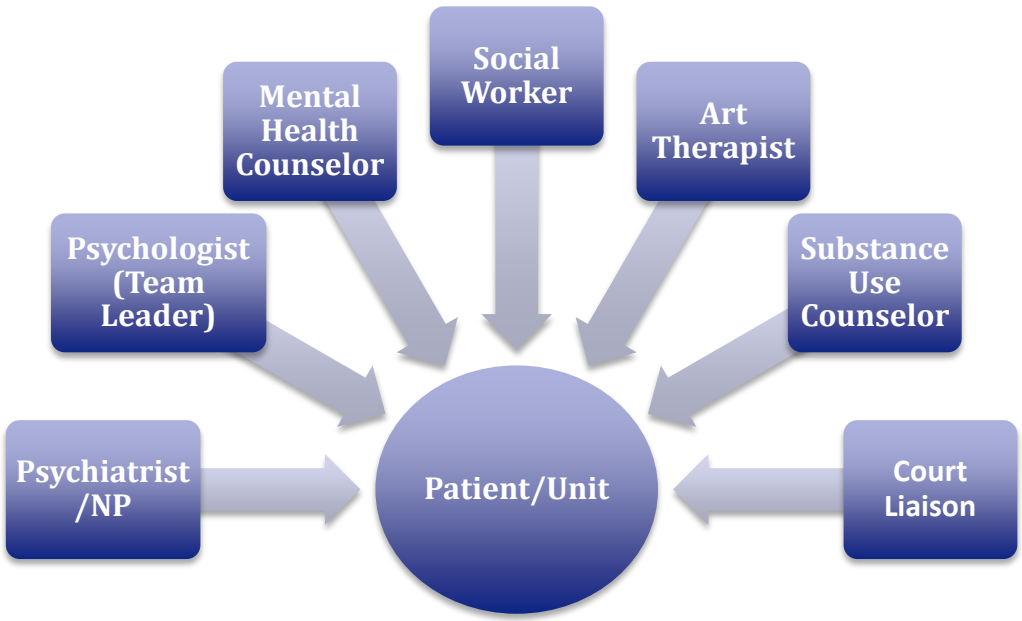
Psychiatrist/NP
q 2 weeks

Therapist
q week

Social work
x 1 visit

- Daily lists based on "what's due"
- Little to no continuity of care
- Little inter-disciplinary communication

Now



- Treatment Teams
- Continuity of Care
- Community-Building

Therapeutic Housing Units for SMI

- Introduced by CHS in 2013, Clinical Alternative to Punitive Segregation (CAPS), serves patients diagnosed with SMI who have violated jail rules and otherwise would have been punished with solitary confinement

- Following the success of CAPS, CHS developed the Program for Accelerating Clinical Effectiveness (PACE), for SMI patients who have not infracted and have different behavioral health needs

- Since transitioning to Health + Hospitals, CHS requested and was approved to triple the number of PACE units to 12 by year 2020
  - Current units open: 6

Program for Accelerating Clinical Effectiveness (PACE)

- Bellevue Hospital Return Unit (Jan, 2015)
- Acute Care Unit (Feb, 2015)
- Intellectual/Developmental Disabilities (June, 2015)
- State Hospital (730) Return Unit (September, 2016)
- Women (March, 2017)
- Re-Entry focused in EMTC (February, 2018)
- Remaining six units are a priority

Characteristics of Therapeutic Housing Units for SMI

- 18-35 bed units with therapeutic design
  - Light, open space
  - Offices on units
  - Private individual therapy spaces
  - Most with private group space
  - Modeled after Bellevue's inpatient forensic psychiatry service
- All day treatment
- Multi-disciplinary clinical staff, including nursing
- Steady clinical and custody staff, team based training and care
- Rewards and incentives for good behavior and treatment adherence

Outcomes: PACE Units January 2016 - December 2018*

MALE

Outcome Metric	Baseline (2014 CY MO)	Goal	Hospital Step Down (n=170)	Acute Care Unit (n=291)	I/DD Unit (n=153)	730 Unit (n=155)	Re-Entry Unit (n=210)
Medication Adherence	30-63%**	50% increase	90.5%	62.4%	83.1%	90.4%	86.0%
Self-Harm Rate	1.92/1000 person-days	1.44 (25% reduction)	0.55	1.05	2.93	0.35	1.62
30-day re-hospitalization rate	3.4/1000 person-days	2.55 (25% reduction)	1.29	0.70	0.00	0.40	0.14

FEMALE

Outcome Metric	First year of Data Tracking (3/17-2/18)	Goal	3/17-12/18
Medication Adherence	79.28%	15% increase	77.7%
Self-Harm Rate	4.39	3.29 (25% reduction)	3.45
30-day re-hospitalization rate	1.14	0.85 (25% reduction)	1.05

*All rates per 1,000 person-days

Outcomes: Clinical Alternative to Punitive Segregation (CAPS)

MALE

Outcome Metric	First year of Data Tracking (CY 2018)	Goal
Medication Adherence	70.81%	15% increase
Self-Harm Rate	5.23	3.91 (25% reduction)
30-day re-hospitalization rate	1.22	0.92 (25% reduction)

FEMALE

Outcome Metric	First year of Data Tracking (3/17-2/18)	Goal	3/17-12/18
Medication Adherence	76.07%	15% increase	77.65%
Self-Harm Rate	2.29	1.72 (25% reduction)	2.79
30-day re-hospitalization rate	0.46	0.34 (25% reduction)	0.84

*All rates per 1,000 person-days

Improved Services for Individuals Found ICST

- In 2018, CHS voluntarily assumed management of the City's Forensic Psychiatric Evaluation Court Clinics (FPECC) in the Bronx, Manhattan, Brooklyn, and Queens

  - 121 individuals in jail awaiting a CPL 730 evaluation
    - 44% in MO/PACE/CAPS/Hospital

  - Average number of days from order to report substantially reduced from 43 days to:

Clinic	Felony	Misdemeanor
Manahattan	24 days	12 days
Queens	11 days	7 days
Bronx	29 days	24 days
Brooklyn/Staten Island	21 days	21 days

  - 159 individuals s/p OMH restoration
    - 84% in MO/PACE/CAPS/Hospital

  - Average wait time for transfer to OMH = 10 days

- PACE 730 Unit
- 730 Mobile Team

Are the Changes Working?

- No suicides in the mental health service in more than three years
- Limited need for medication over objection
- Self-harm rates have significantly dropped since January 2015
- Since January 1st, 2016, CHS hired a total of 89 psychologists, psychiatrists, and social workers