



THE CITY OF NEW YORK
BOARD OF CORRECTION

| STAFF REPORT |



**THREE
ADOLESCENTS WITH
MENTAL ILLNESS IN
PUNITIVE SEGREGATION AT
RIKERS ISLAND**

October 2013

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Executive Summary

This report describes the life and jail experience of three mentally ill adolescents who were each sentenced to more than 200 days in punitive segregation at Rikers Island.ⁱ Mentally ill adolescents in punitive segregation merit special attention because they are the most vulnerable prisoners in custody.

INTRODUCTION

New York State is one of only two states in the country where all 16- and 17- year-olds are under the jurisdiction of the adult criminal justice system regardless of the offense.ⁱⁱ In New York City jails, all 16-, 17-, and 18-year-olds are deemed “adolescents” and are housed separately from adults. Adolescents make up approximately 5% of the average daily population of prisoners at Rikers Island. A recent one-day snapshot of the jail population showed that almost 27% of the 586 adolescents at Rikers Island were in punitive segregation, and roughly 71% of those in punitive segregation were diagnosed as mentally ill.

The New York City Department of Correction (DOC) imposes punitive segregation on pretrial detainees and sentenced prisoners for behavioral infractions during their incarceration. They are imposed on adult and adolescent prisoners alike. Prisoners in punitive segregation are locked inside specially designed single-occupancy cells for 23 hours per day, with one hour of recreation and access to daily showers in the housing unit. The Minimum Standards also require access to health care services and visits for prisoners in punitive segregation. Before prisoners are permitted to leave their cells, they must be handcuffed.

Infraacted male adolescent prisoners are placed in one of several punitive segregation units at Rikers Island: two punitive segregation (PS) units at Robert N. Davoren Complex (RNDC), Central Punitive Segregation Unit (CPSU) at Otis Bantum Correctional Center (OBCC), Restricted Housing Unit (RHU)ⁱⁱⁱ at RNDC, and the Mental Health Assessment Unit for Infraacted Inmates (MHAUII)^{iv} at George R. Vierno Center (GRVC).^v RHU and MHAUII are housing units for infraacted prisoners with mental illnesses who require more intensive mental health services.

METHODOLOGY AND SELECTION CRITERIA

We reviewed a DOC-generated list of prisoners in punitive segregation to identify adolescents with mental illness diagnoses serving punitive segregation sentences of more than 200 days.^{vi} Prisoners about whom we had any prior knowledge were excluded from this project. We also excluded sentenced prisoners to ensure that we had sufficient time to speak with these adolescents. The report is based on multiple interviews with the three adolescents, conducted

between June and August 2013, as well as a detailed review of their medical records, available DOC records, and recent school records. To protect their identity, we have given the three adolescent aliases.

THE THREE ADOLESCENTS

The three adolescents featured in this report were detainees when they were sentenced to punitive segregation, and all three have been diagnosed with mental illnesses ranging from bipolar disorder to depression. Two of the adolescents were 17 years old and the third was 18 when they were sentenced to punitive segregation.

The three adolescents have much in common: they have fathers who served time in prison, and have a history of substance abuse, juvenile delinquency, and school truancy. They were also victims of violent crimes before they were of high school age. In addition to their own mental illness diagnoses, each has history of mental illness in his family.

All three adolescents were in MHAUII when spoke with them. Two of them were removed from RHU and sent to MHAUII after they accrued additional infractions. All three adolescents experienced limited access to appropriate or timely mental health care while in punitive segregation. And they were not permitted to attend school. Instead, they received schoolwork on worksheets.

ⁱ “Punitive segregation” is also known as “solitary confinement,” “isolated confinement,” the “box,” or the “bing.”

ⁱⁱ The other state, North Carolina, has begun a process leading toward increasing its age of criminal responsibility to 18.

ⁱⁱⁱ The Restricted Housing Unit (RHU) is a housing unit for infractioned prisoners with mental illness, and it features a self-paced, multi-phase behavioral modification program provided in a group setting by mental health staff from the Department of Health and Mental Hygiene (DOHMH). Upon transfer to RHU, prisoners start at level zero and are placed under lock-in 23 hours per day. As they move up in phases, they earn additional out-of-cell time. Prisoners who complete the program may see as much as a 50% reduction of their punitive segregation sentence.

^{iv} Prisoners in MHAUII are placed under lock-in 23 hours per day and are allowed outside only for limited mandated services and group and individual mental health treatment.

^v This report, however, refers to all four as “punitive segregation” units. Prisoners who violated or allegedly violated jail rules are sent to CPSU, PS, MHAUII, and RHU. All prisoners in CPSU, PS, MHAUII, and RHU are placed in single-occupancy cells in these specialized housing units for pre-determined punitive segregation. The more serious the offense, the greater the punitive segregation sentence. All adolescent prisoners are locked in 23 hours per day and are allowed outside only for limited mandated services. Over time, however, prisoners in RHU may earn more out-of-cell-time.

^{vi} Given the relatively smaller number of adolescent females in punitive segregation, we made an exception to the selection criteria to include at least one female adolescent. Unfortunately, she declined to participate in this project.

Jimmy

SENTENCED TO PUNITIVE SEGREGATION

Eighteen-year-old Jimmy had nearly six weeks left on a punitive segregation sentence of over 200 days when we first met him in June 2013 at the Mental Health Assessment Unit for Infracted Inmates (MHAUII) at the George R. Vierno Center (GRVC). This was his first time in Department of Correction (DOC) custody and his second time in MHAUII.

DOC transferred him from the Robert N. Davoren Complex (RNDC) to MHAUII late last year after a fight in the dayroom that involved multiple prisoners. Jimmy was eventually cleared of any allegations of assault stemming from the melee, but he remained at MHAUII to serve his punitive segregation sentence for past infractions he received for fighting with other prisoners and threatening DOC staff.

After three months in MHAUII, DOC transferred him back to RHU at RNDC. But almost two weeks later, Jimmy “splashed” a correction officer with a toothpaste and water concoction. Jimmy explained that the correction officer had refused to let him use the phone despite his repeated requests.

As a result, for about a month, Jimmy remained under lock-in 23 hours a day and was not permitted to participate in RHU programs, including group therapy. At one point, he complained to mental health staff that he was tired of being confined in his cell all day, day after day, and requested a transfer from RHU to the “regular bing” or MHAUII. In March 2013, after almost two months in RHU, DOC transferred Jimmy back to MHAUII. It was during his second stint in MHAUII when we met him.

JIMMY

Age*	18 years old
Status*	Detainee
Diagnosis	Bipolar disorder
Special needs	Special education

Sentenced to more than 200 days in punitive segregation.

Served punitive segregation sentence at Restricted Housing Unit (RHU) and Mental Health Unit for Infracted Inmates (MHAUII).

*When he was placed in punitive segregation

CRIMINAL HISTORY

He was 17 years old when he entered DOC custody following his fourth arrest. While in sixth grade, Jimmy was arrested for graffiti and given probation. About a year later, he served several months in a secure juvenile detention facility for criminal possession of a weapon. Then, while he was a high school freshman, he was arrested for burglary and served 18 months in various secure detention facilities around the New York State.

FAMILY HISTORY

Jimmy has no contact with his father who is currently incarcerated. He explained that he has never had a father figure in his life. His parents separated when he was very young, and his mother limited Jimmy's contact with his father. He used to resent his mother for this, but he now understands that his mother did not want him to get involved in his father's illegal drug-trafficking enterprise.



A view of the upper tier in MHAUI for adolescents at GRVC

Jimmy comes from a large, close-knit family. He lived with his mother and four sisters before his arrest. During one of the interviews, he showed us a tattoo of a woman's name that stretched across the length of his forearm and explained that it is his mother's name. He and his mother were not always close, but he went on to say that their relationship has improved in recent years.

He said he worries about his mother, who struggles to manage her own bipolar disorder and various physical ailments while working full-time at a retail shop. He is concerned that his behavior causes her stress and exacerbates her health problems. He also worries about his 12-year-old sister. Jimmy suspects that she also has bipolar disorder, and he sees so much of himself in her.

MENTAL HEALTH SERVICES IN RHU AND MHAUII

Jimmy said that he was 15 years old and in a secure juvenile detention facility when he was diagnosed with bipolar disorder. Since his diagnosis, he has been taking Depakote, a mood stabilizer, and, while in MHAUII, he started taking Remenon, to help him sleep.

He received individual and group therapy, but he found the therapy he received to be more effective at MHAUII than at RHU. He described the lessons taught at group therapy in RHU to be abstract, difficult to understand, and even frustrating. Rather than giving prisoners more time to fully discuss their problems with the therapists and others in the group, mental health



The group room at MHAUII in GRVC, where prisoners are handcuffed and shackled in adjoining individual cubes, separated by plexiglass partitions, for group therapy with mental health staff

staff gave them papers explaining abstract behavioral concepts or models such as “agree to disagree” and “find a middle path.” He added:

If I say something about my situation, like if I say this happened and this is how I reacted, they’d be like, “Oh, well, you should have reacted [like] this. You should have done this. This is what we learned in group: agree to disagree.” They say, “Well, next time, you should try something different. Maybe I should give you homework. Maybe you should take one of these [signs] on the wall, and when you get mad, you can just look at it.”

He went on to say:

I’m like, ‘If I look at the [signs] on the wall, I’m probably going to rip it down. I’m probably going to punch it. I’m probably going to I don’t know. [They] make it seem like it’s so easy.’

Jimmy added that group therapy in RHU made him feel “worse” about himself and that he came to believe that everything he did was wrong. He eventually convinced himself that he did not care about what he did in jail or what happened to him since everything he did or said was wrong anyway.

On the other hand, Jimmy described a very different group therapy experience in MHAUII that has helped him get a better grasp of his own issues and understand other people's perspectives:

Here, in MHAUII, you get to talk more. You can get into detail about your situation . . . and you get the perspective of the person who's [running] the group. And then [we] go around and . . . we focus on [other prisoners'] perspectives and get their different point[s] of view. And the person [group therapist] asks me, "Do you feel like you could have done anything different[ly], and if you do, what exactly?"

And that's when I start to think, "Maybe I did this wrong and did that wrong, and maybe it is my fault." You know, then again, it's that person's fault, too, for escalating it. It gets me thinking about my own issues. But [in] RHU, it's just too general.

He credited the group therapist in MHAUII for helping him and other adolescent prisoners feel comfortable to open up to one another. That therapist also provides him individual therapy at MHAUII. When asked to explain why he believes her to be more effective than the therapists he has worked with at RNDC, he said that it may be because she is female. Jimmy explained that with male therapists, he feels like they are judging him or they think of him as a coward. He said that that he does not feel judged by her.

ACCESS TO MENTAL HEALTH SERVICES IN PUNITIVE SEGREGATION

Jimmy usually receives individual mental health "clinical visits" and group therapy once a week, and a psychiatrist sees him for medication follow-ups once every two weeks. Jimmy's medical records do not provide specific information about his attendance at group therapy. However, records show that in the two months he was in RHU at RNDC—including the one month he was not allowed to participate in any RHU programs, including group therapy—at least five of his weekly individual clinical visits with mental health staff or biweekly medication follow-ups with psychiatrists were conducted through the cell door; Jimmy remained locked in while mental health staff stood in the corridor.

Jimmy said he chose not to participate in the cell-side "so-called one-on-ones" or individual mental health clinical visits at RHU because he did not want to have to "yell through the door," enabling everyone near his cell to listen in.

RHU mental health staff rarely indicated in Jimmy’s medical chart the reasons for conducting the individual mental health clinical visits cell-side. On one occasion, however, a

psychiatrist noted that he spoke with Jimmy cell-side because DOC staff had told him that Jimmy was not permitted to leave his cell for his weekly face-to-face individual session due to “security concerns.” Jimmy had been flooding his cell.



A view down one of the tiers in MHAUII. “ADOL” refers to adolescents. Each door has a “slot” through which food is delivered to prisoners. It also functions as a cuffing port, through which prisoners must place their hands for handcuffing before they exit their cell.

A review of Jimmy’s medical records covering the six weeks after he was sent back to MHAUII shows that he was seen cell-side for weekly individual mental health clinical visits at least four times. Mental health staff at MHAUII provided a range of explanations for conducting the individual sessions cell-side, including the following: a “UOF¹ and extraction² in 11A³ and multiple floods in 13B,”⁴ and “a UOF and extraction in 13A”⁵ after a prisoner allegedly spat on a correction officer. In addition, mental health staff noted at least twice that the “mental

¹ The acronym “UOF” refers to “use of force.” DOC guidelines permit staff to use force under certain circumstances, including, but not limited to, the following: to defend themselves from physical attack or imminent physical attack, stop a prisoner disturbance, prevent serious damage to property, or prevent a prisoner from inflicting self-harm.

² “Extraction” refers to a procedure whereby DOC staff forcibly restrain or remove a recalcitrant prisoner from an area, sometimes his cell, and take him or her to another place. An extraction is a use of force.

³ Housing area 11A at GRVC is a MHAUII unit for adult males.

⁴ Housing area 13B at GRVC is a MHAUII unit for adolescent and adult males.

⁵ Housing area 13A at GRVC is a MHAUII unit for adult males.

health escort officer was unavailable” to take Jimmy from his cell to the individual mental health therapy room in the housing area.

Jimmy’s record for receiving face-to-face individual clinical visits or medication follow-up visits was no better during his first stint in MHAUII. Similarly, his medical records show that in those three months, seven of his weekly individual clinical visits or biweekly medication follow-ups were conducted cell-side. Most notably, on Christmas Day, a mental health clinician wrote in his notes that Jimmy, who was then under suicide monitoring, was seen at his cell because it was Christmas and there was no available mental health escort officer to take him out of his cell for a face-to-face individual session.

Almost a week later, mental health staff noted in his chart that she saw Jimmy cell-side and explained, “Per DOC escort officer, [Jimmy] refused to come out of his cell for [therapy].” She added an addendum to that entry in his medical record: “Upon rounds, this writer was informed by the patient, ‘I never said I didn’t want to come out.’”

TIME IN PUNITIVE SEGREGATION

Jimmy described punitive segregation as a dungeon, where his mind, frozen in time and place, obsesses about getting things such as toilet paper from DOC staff when he needs it or a pencil and paper so that he can draw. “There are times when you want to think about other things, but these [obsessive thoughts] keep popping up, [even] when you try so hard to think about something else.” He added.

He said, “Time is so slow in here.” “No matter what I have in my cell, no matter how many books I read, and no matter how many mags [magazines] I have or crossword puzzles, the time is so slow,” he added.

At one point during our interview, he turned his head toward the window behind him and said:

[At night] I look outside [my cell window] and I see the sun going down. I just see the beautiful sky and then I see the lights start to come on. I see the blinking lights, the [Empire State] building that’s red, white, and blue. They change the lights every couple of days. And I just start hating myself.

He said that his family and girlfriend have moved on with their lives, and that it causes him stress because he cannot be a part of their lives. Jimmy said he lives day to day, and that he is preparing for the possibility that he may be sent to prison. Even so, he remained optimistic and said, “Every day is one day closer to going home.”

RECREATION

Jimmy goes to recreation three or four times a week. He explained that to go to recreation, one has to stay awake for another hour after they are fed breakfast at 5 AM and stand by his cell door to “catch” the recreation officer who walks through the housing area at around 6 AM. Otherwise, you do not get on the recreation list for the day.

He added, “Even when you do go outside, you’re in a cage all over again. . . . My [cell] is bigger than the cage. So to go outside from my cell to the [recreation] cage, you just feel more captive in there.” Despite this, he prefers to go because it is his only opportunity to get fresh air and speak with other prisoners without having to yell across the housing area in MHAUII.



A typical cage where individual prisoners in punitive segregation are placed for recreation

EDUCATION

Jimmy proudly told us that he had earned his GED while in MHAUII. He said that when he gets out of punitive segregation, he will work on earning a high school Regents Diploma. He described himself as a “bright student” who does not like to go to school. His Individualized Education Program (IEP)⁶ that was prepared a little more than a year before he entered DOC custody corroborates his self-assessment:

⁶ An IEP is a document prepared by the New York City Department of Education that describes the special education and services specifically designed to meet the unique educational needs of a student with a disability. It also includes an assessment of the student’s present level of performance.

[Jimmy] can be an engaging and cooperative young man. He wants to graduate and often consults with his teachers to get make-up work. . . . However, his efforts are not sustained, as attendance remains a major obstacle. [Jimmy] has the ability to do well academically if attendance and motivation remain consistent.

When asked why he was truant, Jimmy said that he wanted to “get his time back.” He explained that he had spent nearly two years of his childhood locked up in secure detention, and that if he did not skip school to be outside, he would never get that time back.

According to his IEP, Jimmy is emotionally disturbed and his disability requires that he be placed in smaller classes and provided regular counseling. There is no indication that Jimmy ever received special education services or special accommodations for his special education needs while incarcerated at Rikers.

“Even when you do go outside [for recreation], you’re in a cage all over again. . . .”

Jimmy has completed his punitive segregation sentence and is now back in general population housing at RND. He is awaiting trial on his criminal case.

Matthew

SENTENCED TO PUNITIVE SEGREGATION

In June 2013, when we first met 18-year-old Matthew in MHAUII, he had nearly six weeks left on a punitive segregation sentence of more than 250 days. No stranger to punitive segregation, Matthew had previously served “box time” or time in punitive segregation in the Central Punitive Segregation Unit (CPSU) at the Otis Bantum Correctional Center (OBCC), and was twice placed in RHU at RNDC.

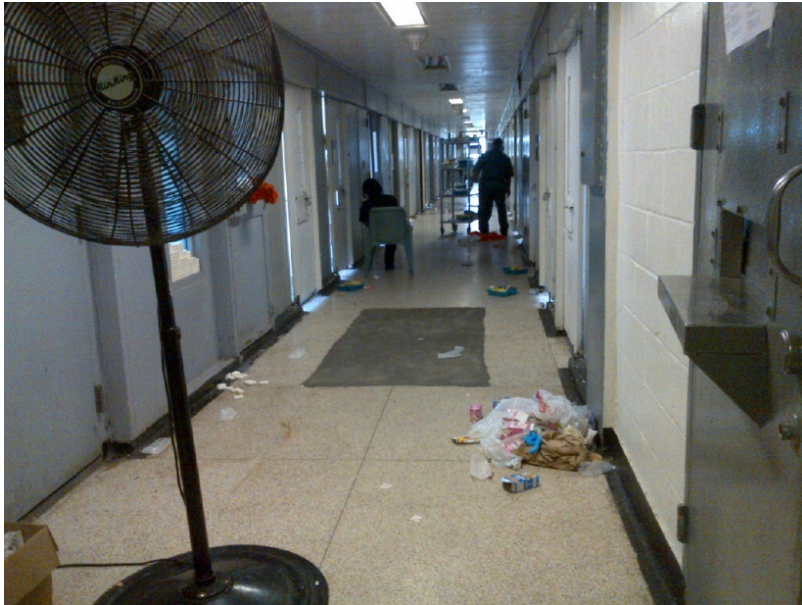
More recently, DOC removed Matthew from RHU and placed him in MHAUII after he punched a DOC captain. At the time of the incident, he was just seven days shy of graduating from RHU and entering general population housing. When asked why he had punched the captain, Matthew explained that the captain was “trying to be a tough guy” and that he had “ripped” Matthew’s rosary off his neck.

MATTHEW	
Age*	17 years old
Status*	Detainee
Diagnosis	Bipolar disorder
Special needs	Special education
Sentenced to more than 250 days in punitive segregation.	
Served punitive segregation sentence at the Central Punitive Segregation Unit (CPSU), Restricted Housing Unit (RHU), and Mental Health Unit for Infracted Inmates (MHAUII).	
*When he was placed in punitive segregation	

Matthew stated that he has been sentenced to punitive segregation for multiple infractions, including fighting with other prisoners and allegedly pushing a correction officer, a charge he vehemently denies. Matthew explained that fighting earns him respect from the other prisoners. If inmates see you as a “weak person,” they will target you. He was unable to recall details of his other infractions.

When asked whether he feels unsafe at Rikers, Matthew said that he feels more unsafe when he is in the Bronx.

When we met him in June, Matthew had recently pleaded guilty to the criminal charges pending against him in the Bronx and was awaiting sentencing. He was facing one to four years



A view down the tier in the Restricted Housing Unit (RHU) at RND

in state prison. He eagerly awaited his transfer to prison; he saw state prison as an escape from “the box” in MHAUII, where things are “out of control.”

Matthew explained that adolescents “act out” a lot when they are around one another and do “stupid stuff” like break phones. According to Matthew, DOC staff respond by refusing prisoners telephone access or serving them cold food

with warm drinks when they should be providing them warm food with cold drinks.

FAMILY HISTORY

Born in Puerto Rico, Matthew said that he and his family had a good life there, and his favorite memories are of his childhood in Puerto Rico. When he was seven years old, he and his family came to the United States and settled in the Bronx. Matthew explained that things started “going wrong” for his family when they moved to the South Bronx, and that his relatives in Puerto Rico now “look down” on his family. He explained, “Once we got a taste of the hood, we all turned hood.” His extended family, meanwhile, remained in Puerto Rico and went on to become engineers and lawyers.

He and his older brother joined street gangs and his teenage sisters got pregnant. Matthew’s father was arrested soon after they arrived in the Bronx and ended up in prison. He and his father are the only “criminals” in his extended family.

Soon after his father’s arrest, Matthew’s mother left his father and began dating other men. One of her boyfriends physically assaulted her in front of Matthew and his siblings when he was twelve years old. Matthew struck his mother’s boyfriend with a baseball bat.

According to Matthew, he stopped being a “kid” at 12 years old. By that age, Matthew had already been smoking cigarettes for four years—cigarettes that he had stolen from his

mother—and had already been using marijuana and drinking alcohol for two years. He graduated to cocaine when he was 13 or 14 years old. Drugs helped him “forget about everything,” including problems at home and at school.

His mother works two jobs to support the family; she is a home health aide and a store manager. Matthew has one full-sibling and four half-siblings on his mother’s side, and all of them lived with their mother until adulthood.

[H]e saw state prison as an escape from “the box” in MHAUII, where things are “out of control.”

Matthew said that his father was recently paroled from a New Jersey prison, where he served almost seven years of an eight-year sentence for drug trafficking. It was his second time in prison. The only job he knows that his father ever engaged in was drug trafficking.

CRIMINAL HISTORY

Matthew admitted that he used to steal money from his mother to help fund his drug habit, but he started robbing others because he felt guilty about stealing from her. At 15, he was arrested for loitering and marijuana possession, and was arrested for robbery and petit larceny just a few months after he turned 16 years old. Matthew subsequently served approximately one year in prison for the robbery conviction. He said that he was infracted only once during his year in prison, but he did not serve box time. Instead, he was kept in “keep-lock” status, which meant that he was continuously locked inside his cell for seven days. He was paroled from prison when he was 17 years old. While he was out on parole, he was arrested again and charged with grand larceny and parole violation. He turned 18 years old while in RHU at RNDC.

ACCESS TO MENTAL HEALTH SERVICES IN PUNITIVE SEGREGATION

Matthew said that it is “always noisy” in “the box” and that the constant din gets to him. At night, he takes an antidepressant, Trazodone, to help him sleep through the noise. It is just one of three psychotropic medications he takes daily. He also takes Depakote, an anticonvulsant that also works as a mood stabilizer, and Risperdal, an antipsychotic. Matthew has been taking psychotropic medication for years, but his medication compliance has been spotty, even while he has been incarcerated. He explained that rather than take his prescribed medication, he sometimes flushes it down the toilet because he does not like how it makes him

feel. There is no indication in his medical records that he has ever disclosed that information to mental health staff.

His medical records also reveal that over the course of his multiple incarcerations, Matthew has been diagnosed with and treated for mental illnesses ranging from bipolar disorder to adjustment disorder with anxiety. When we met Matthew, he said that he was



Two views of the interior of a vacant cell in punitive segregation

unsure of his current diagnosis, but added that his mood shifts if he does not take his medication. Matthew's medical records indicate that his current diagnosis is bipolar disorder, which is consistent with his family history. His mother, two sisters, and older brother also have bipolar disorder.

When asked about therapy in MHAUII, Matthew explained that he prefers individual therapy to group therapy, because he can discuss issues that are relevant to him in individual therapy. He said that he wishes he could speak to a therapist who comes from his neighborhood or background, one who understands his situation and can talk him through his issues.

He stated that his most pressing issues are his "drug habit" and his relationship with his family. He stated that he has not received substance abuse treatment at Rikers. Matthew added that his family does not know that he used "hard" drugs. He went on to describe an argument that he once had with his mother while he was "bugging out" and "high" on cocaine—an argument that ended after she called the police on him. She has not visited him at Rikers since his last arrest. Matthew explained, "I think she got tired of me."

Matthew told us that he has had only two weekly individual therapy sessions since he entered MHAUII almost two months ago. He did not count cell-side mental health "clinical visits" among them (i.e., conversations with mental health staff while standing on opposite sides of his locked cell door). In addition to the two weekly individual therapy sessions he had mentioned, his medical records also show that mental health staff have spoken to him cell-side five times, in lieu of face-to-face individual therapy sessions. Thus, Matthew's medical records indicate that he has had many more weekly cell-side clinical visits than face-to-face, weekly individual therapy.

In his medical records, mental health staff have noted a range of explanations for the cell-side clinical visits. They include the following: DOC search for contraband in the housing area; no available mental health escort officer to take Matthew to the therapy room; refusal by Matthew to come out of his cell [on one occasion]; and multiple floods and a use of force incident in the housing area.

DOC removed Matthew from RHU and placed him in MHAUII after he punched a DOC captain. At the time of the incident, he was just seven days shy of graduating from RHU and entering general population housing.

ACCESS TO MEDICAL OR DENTAL SERVICES IN PUNITIVE SEGREGATION

Matthew’s medical records also show that he was unable to get timely treatment for what became a serious and painful tooth cavity. His medical records show that dental staff first noticed the tooth decay in early November 2012, when he was 17 years old. He did not complain of tooth pain at that time. Matthew was unable to consent to his own treatment because he was a minor, so dental staff made at least two attempts to obtain consent from Matthew’s mother. It was not until late March the following year, after Matthew turned 18, when he was finally able to provide the necessary consent for his treatment.

There were continued barriers to treatment. He missed two dental appointments while in RHU at RNDC, one because of a DOC alarm and the other because of miscommunication between DOC staff and dental staff about his appointment. Matthew continued to miss his scheduled dental appointments after he was moved to MHAUII. He missed two because DOC had no available escort officers. His medical records also note that he was complaining of tooth pain by that time. By then, the appointments were with an oral surgeon to remove the diseased tooth. It was not until the end of May 2013—almost seven months after his serious tooth cavity was first discovered—that dental staff were finally able to remove Matthew’s decayed tooth.

TIME IN “THE BOX” (MHAUII)

When asked what he does in his punitive segregation cell during the day, Matthew responded, “Sometimes you just sit there, to just sit there, to just sit there, for hours . . . hours of just sitting there. It’s really boring. I hate being bored.” He passes time by sleeping or reading books. Shortly after his transfer to MHAUII, he told mental health staff, “I talk to myself

and answer myself now, and, all of a sudden, I start doing karate moves in my cell, and I don't even do karate. This is crazy. I really feel like I'm bugging out in that cell."

When we approached his cell mid-day during one of our visits to MHAUII, and we asked him why he was sleeping, he told us that he was hungry and that he did not want to be awake while he was hungry. He explained that the food portions were small.

Matthew said that in lieu of attending school, he receives school work on worksheets because he is in punitive segregation. He explained that the worksheets never interest him because they are not calibrated to his education level. Although he needs help with math, he said that he was unaware of anyone who can teach him while he is in punitive segregation. We subsequently told him that he may receive tutoring, by telephone, from a teacher while in punitive segregation. Matthew smiled and said that it must be why the correction officer who comes around daily to distribute school worksheets carries a telephone in her bag.

"I talk to myself and answer myself. . . . This is crazy. I really feel like I'm bugging out in that cell."

Matthew expressed a desire to get a GED after he is transferred to prison, and, like his uncle, earn a commercial truck drivers' license. He clarified that wanting a GED and getting one are two different things, and that he worries that math will be a barrier to his earning a GED. He is convinced that he has a learning disability.

His educational records show that he received special education services when he was in the community. His Individualized Education Program (IEP) included recommendations for special counseling services and a one-to-one paraprofessional to supervise him in school to address his "emotional disturbance" disability. There is no indication, however, that he was ever tested for learning disabilities. Moreover, there is little indication that Matthew ever received special education services or special accommodations for his special education needs while incarcerated at Rikers.

ASPIRATIONS

Matthew said that he does not want to follow his father's path. He wants to one day be a "regular person who has a job" with a regular morning routine, which, to him, means getting up early, making coffee, and leaving the house by 7:30 A.M.

He said it will not be easy for him to find work after he is released from prison, especially given his criminal history. He pointed to himself, tugged at the collar of his DOC-issued uniform, and said, "If I had paid attention in school, I wouldn't have been playing around.

But look at me now.” Matthew was a high school freshman in the Bronx at the time of his latest arrest, and he never moved past the ninth grade. With great emphasis, he said that when he has children, he will “whip” them if they skip school. Matthew wished his mother had “whooped” him even more for not going to school.

Matthew has been sentenced on his criminal case and is now in state prison.

Carlos

SENTENCED TO PUNITIVE SEGREGATION

We first met Carlos in MHAUII in June 2013, just days after he turned 18 years old. He still owed over 150 days on a 240-day punitive segregation sentence. This was Carlos’s third incarceration at Rikers Island, and he was serving punitive segregation days that he had accrued during a prior incarceration.

Almost two months after he turned 17, Carlos was arrested on a robbery charge, but was released on bail a week later. A month later, he returned to Rikers after police arrested him for grand larceny. He remained in RNDC for four months before his father bailed him out again. It was during this second stint at Rikers that Carlos got into multiple fights with prisoners and accrued his punitive segregation days. Three months after his father bailed him out for the second time, police rearrested him, this time for criminal possession of a weapon. He was carrying a box cutter.

Upon his most recent admission into jail, Carlos was placed in mental observation housing. Even without incurring any new infractions, Carlos requested a transfer to “the box” to get his punitive segregation sentence “over with.” He did not want his “old bing time” or punitive segregation sentence from prior incarcerations to “follow” him if he were to return to DOC custody someday. He also wanted to return to RHU, where he had spent several months during his second incarceration. Instead, Carlos was sent to MHAUII a month after his return to Rikers. Carlos’s medical records indicate that he was deemed ineligible for RHU due to his “history of excessive misbehavior” while in RHU during his second incarceration.

CARLOS

Age*	17 years old
Status*	Detainee
Diagnosis	Depression

Sentenced to 240 days in punitive segregation.

Served punitive segregation sentence at the Central Punitive Segregation Unit (CPSU), Restricted Housing Unit (RHU), and Mental Health Unit for Infracted Inmates (MHAUII).

*When he was placed in punitive segregation

When asked why he got into so many fights during his second incarceration, Carlos said that he was not in a gang at the time, and that his attempts to rebuff invitations to join gangs led to fights. He said that since he was not in a gang on “the outside,” he had no desire to join one while at Rikers. But he did add that he now understands that coming into jail while already a gang member has “certain perks.” DOC records indicate that he has not engaged in any fights with prisoners during his third incarceration.

FAMILY HISTORY

Carlos was born and raised in Brooklyn, where he lived with his father before his latest arrest. He and his family have had multiple encounters with the criminal justice system. His earliest memory of the police goes back to his fourth birthday party, when police raided his family’s home to look for his father and drugs. Carlos said that his father did not attend his fourth birthday party because a police officer had tipped him off to the scheduled raid. He stated that his grandmother was “slammed” on her face during the raid, and she ended up with a scar extending from her forehead to her chin.

When Carlos was eight years old, his father was sent to prison and his parents separated. His mother told him that his father was no longer in the home because he was construction worker doing post 9-11 construction at Ground Zero. Carlos said that he is grateful that his mother lied to him because the truth would have caused him stress. His father eventually told Carlos the truth and he shared with him his experiences in jail and prison. Carlos said that his father may have been trying to “scare [him] straight.” He said that his father was angry with him because Carlos had “follow[ed] in his footsteps.”

Carlos said he was “too busy into the streets” and he often skipped school when he was younger. He said he used to stay out until midnight or two o’clock A.M. He shook his head and said, “That’s no time for a 14 year old to be coming inside.” He caused his family anguish, and they even took him to family court twice to request court supervision over him. This is in addition to the probation he was already given on a grand larceny case that he had picked up as a juvenile. When asked how he got the scar across his cheek, he said that a stranger had mugged him when he was 13 years old.

By his early teens, Carlos was using variety of drugs, including marijuana and opiates. He failed to meet the minimum academic requirements to stay on his high school basketball team, and he started using drugs after he was kicked off the team. Carlos said that he just “didn’t care anymore.” He never made it past his freshman year of high school.

During one of our interviews, Carlos told us that he had run into his uncle earlier that day in one of the intake holding pens at GRVC. We subsequently overheard Carlos ask a correction officer whether his uncle’s housing area has air conditioning and what the conditions

are like there. The correction officer assured Carlos that his uncle will be fine. It was the first time Carlos had seen anyone from his family since his return to Rikers four months ago. No one visited him or answered his calls from jail on his 18th birthday. His mother and siblings, including his 19-year-old brother with schizophrenia, moved to Albany and have not maintained contact with him. He explained, “I guess they got tired of my stuff.” Carlos added that his mother never responded to a Mother’s Day card he sent to her.

He is glad that his father maintains contact with him. Carlos said that his father “switched his life around so that he can get his kids [back].” Carlos told us that he planned to live with him when he gets out, and that he does not need anyone else in his life, including girlfriends, because his family cares about him more. However, during a more recent follow-up interview with him, he sobbed as he disclosed to us that his father had recently stopped answering his calls. He lamented that he has no contact with anyone from his family, and that he is alone in this world. At his request, we terminated the interview early.

When asked how he got the scar across his cheek, he said that a stranger had mugged him when he was 13 years old.

MENTAL HEALTH SERVICES IN MHAUII

Carlos has had a range of mental illness diagnoses, ranging from depression with anxiety symptoms to adjustment disorder. Although he was taking Vistaril during his last incarceration, a drug that is sometimes used as a sedative to treat anxiety and tension, he stopped taking it after he was released on bail. He also told us that he did not receive any mental health treatment in the community.

Carlos said that group therapy is more effective than individual therapy because the advice from his peers is more helpful and relevant than that from therapists. He said he feels better after group therapy, and described their recent sessions on self-encouragement and self-esteem. Carlos stated that therapy has helped him make better decisions. He explained that his peers are in jail and can better understand his experience or perspective.

[I]t “makes me feel like less of a human being. . . .”

He added that it would be more helpful if his therapists came from his cultural or socioeconomic background, or if they spent more time trying to understand his background. Therapists need to “study people’s lives, study people’s cultures . . . to understand what is going on.”

TIME IN MHAUII

When asked to describe his experience in punitive segregation, he said, “I try . . . not to think when I’m in my cell, because when I think I start to stress out because of all my problems.” He further stated, “Now that I’m here, all the time I’m doing in that cell, ‘cause we’re boxed in 24/7, everything gets to me. I try not to overthink the situation.” He described punitive segregation as a “jail behind another jail,” and one with more restrictions. He said it bothers him that they cannot even keep toothpaste in their cells or soap containers. He said it “makes me feel like less of a human being. I’ve got to ask for toothpaste once a day . . .”

He said he once had an asthma attack inside his cell, and he banged on his cell door to get DOC staff’s attention. He said that staff ignored his pleas for help. Fortunately, members of the DOC search team, who happened to be in his housing area that hour, entered his cell, found him on the floor, and transported him to the clinic.

Carlos’s medical records indicate that he made at least one emergency trip to the clinic for chest pain due to asthma-related complications while in MHAUII.



A close-up view of one of the cell doors in MHAUII

Carlos has been sentenced on his criminal case and is now in state prison.

CONCLUSION

The three mentally ill adolescents in this report travelled parallel paths that eventually merged at MHAUII at Rikers Island. They grew up poor and have fathers served time in prison. They were truant, used drugs, and were involved in the juvenile justice system. They entered the adult system soon after turning 16 or 17 years old. While in DOC custody, the three adolescents engaged in behavior that led to their placement in punitive segregation. None of the adolescents completed the RHU program. Jimmy and Matthew were removed from RHU and sent to MHAUII, and Carlos quit.

Like others in punitive segregation, they were not permitted to go to school. Rather, they received worksheets that correction officers delivered to their cells. Jimmy and Matthew received special education services while they were in the community; however, neither received such services at Rikers Island.

Jimmy, Matthew, and Carlos experienced limited access to appropriate and timely mental health or dental care while in punitive segregation. Jimmy and Matthew received individual mental health clinical visits cell-side more often than face-to-face. Matthew had to wait two months before his painful decayed tooth was extracted, in large part because no escort officers were available to take him from punitive segregation to the oral surgeon.

The adolescents complained of boredom and the slow passage of time in punitive segregation. They sleep to pass the time. All three take prescription medication to help them sleep.

The stories of the three adolescents may not reflect the experience of all youth at Rikers Island. They are the stories of three mentally ill adolescent detainees who were given lengthy punitive segregation sentences. It would be unwise to make sweeping generalizations based on just these three stories. At the same time, however, it is important to consider the impact punitive segregation has had on these adolescents, and others like them, as they mature into adulthood.