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NYC DEPARTMENT OF CORRECTION CLOSES MENTAL HEALTH ASSESSMENT UNIT FOR INFRACTED INMATES

DOC shuttered punitive segregation unit for infracted inmates with mental illness in December 2013; replaced MHAUII with clinical alternatives providing enriched mental health services

East Elmhurst, NY – In a major change of policy, the New York City Department of Correction (DOC) has permanently discontinued its longstanding punitive segregation unit for inmates with mental illness. As of Tuesday, December 31, 2013, the DOC's Mental Health Assessment Unit for Infracted Inmates (MHAUII) which opened in 1998 is permanently closed. In its place, the Department has opened and brought to scale two initiatives, one for inmates with infractions who are seriously mentally ill and another for inmates with infractions who are not seriously mentally ill. The Clinical Alternative to Punitive Segregation (CAPS) is a groundbreaking, non-punitive, treatment unit for inmates with serious mental illness (SMI). The Restricted Housing Unit (RHU) is a self-paced, incentive-based, progressive approach to behavior modification for inmates who have non-SMI diagnoses.

"The Department resolved to close MHAUII by the end of 2013, and we are proud to have met this significant milestone," said Department of Correction Commissioner Dora B. Schriro.

"These reforms appreciably advance our commitment to ensure staff's safety and to achieve optimal outcomes for the inmates involved."

"We know that extended punitive segregation can be harmful to inmates, particularly those with mental illness," said Health Commissioner Dr. Thomas Farley. "We are pleased that we have been able to develop this progressive model with our colleagues at the Department of Correction."

Punitive segregation is a necessary and widely accepted custody management tool for maintaining security and providing safety within jails and prisons across the nation. In New York City, it consists of single cell housing units where inmates who have been found guilty of violating department rules and who pose a safety risk to fellow inmates and staff may be temporarily housed as a sanction for their offense. Although most research on the practice has focused on long-term placements, and New York City uses punitive segregation for short-term punishment of jail-based offenses, there is a concern that segregated settings could have negative consequences for inmates with mental health diagnoses.

The Restrictive Housing Unit (RHU), introduced as a pilot in 2012 and brought to scale during fall 2013, functions as a three-tiered, incentive-based behavioral program jointly operated by DOC and DOHMH. Inmates assigned to these units as the result of an infraction have access to individual and group therapy sessions and may earn additional out-of-cell time by demonstrating

good behavior and participating in their clinical treatment plan, as well as the opportunity to reduce the imposed penalty by as much as 50 percent by fulfilling the program requirements.

The placement of SMI inmates whose penalty would ordinarily result in an assignment to punitive segregation in a clinical alternative to punitive segregation promises to be a national model. CAPS is modeled after an in-patient forensic hospital setting and is clinically-driven with a fully-programmed day including group and individual therapy sessions and other structured activities. CAPS was introduced first for female offenders in August 2013 and then for male offenders in October. It provides a secure therapeutic setting within DOC where inmates with more significant mental health needs are placed under DOHMH-managed care until the treatment team determines that they are prepared to rejoin the general population.

As the capacities of both CAPS and RHU units increased, inmates who were previously placed in MHAUII units began being placed in either RHU or CAPS, depending upon their clinical diagnosis. DOC began curtailing assignments to MHAUII units in October. The last remaining inmates who had been assigned to MHAUII were reassigned to either CAPS or RHU before year's end.

To support and sustain this initiative, DOC established the Mental Health Unit (MHU), a command within the command of the Anna M. Kross Center, a pretrial men's jail on Rikers Island, which houses the CAPS units, two RHUs and the majority of mental health housing for mentally ill inmates in the general population. Uniform and clinical staff assigned to the MHU are specially selected and trained and permanently assigned to this command.

Related Reforms and a Renewed Platform for Change

A number of related policy changes have also facilitated the elimination of the MHAUII. For example, new "sentencing" guidelines for jail-based offenses, piloted in May 2013 and implemented system-wide in September 2013, realigned infraction seriousness and inmates' disciplinary records with contemplated penalties, reserving sterner sanctions for the most serious and repeated infractions. The Department also reversed several longstanding practices, those of routinely imposing penalties consecutively and carrying over time owed for infractions committed during previous incarcerations, and reinstating the long dormant practice of earning opportunities for "early" release from punitive segregation for good institutional conduct and participation in programs. In its aggregate, the typical penalty imposed has decreased 36 percent from 22 to 14 days.

DOC's commitment to reducing the use of punitive segregation for mentally ill inmates is informed by the increase in the number of inmates with mental health issues and is part of a larger commitment to improving outcomes for defendants with mental health issues. Recognizing the growing presence of inmates with mental health issues—currently 38 percent of the average daily population, up from 24 percent just 6 years ago—the DOC helped spearhead the creation of the Mayor's Steering Committee of the Citywide Justice and Mental Health initiative, which first met in 2011. The Steering Committee's findings led to the creation of the Court-based Intervention Resource Teams (CIRT), a citywide initiative that will divert detainees who have mental health problems with community-based services and supervision based on their risks and needs both pretrial and as expedited pleas for city-sentenced offenders. The



establishment of a CIRT in each of the city's five boroughs promises to appreciably reduce both the time spent in detention by the mentally ill and the frequency with which they are readmitted to jail. The service provider for each of the CIRTs were announced last month, and the program is on track to begin a phased rollout early in 2014, beginning in Manhattan, and extending to all five boroughs this coming year.

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