



Mayor's Task Force on
BEHAVIORAL HEALTH AND CRIMINAL JUSTICE

First Status Report

City of New York
Mayor Bill de Blasio July 2015



Introduction

In December of 2014, the de Blasio administration released the action plan developed by the Mayor’s Task Force on Behavioral Health and the Criminal Justice System. The action plan outlines a comprehensive blueprint to continue to drive down crime while also reducing the number of people with behavioral health issues who cycle through the criminal justice system.

The recommendations of the Task Force focus on ensuring that, when appropriate, individuals with behavioral health disorders:

- do not enter the criminal justice system in the first place;
- if they do enter, that they are treated outside of a jail setting;
- if they are in jail, that they receive treatment that is therapeutic rather than punitive in approach; and
- upon release, they are connected to effective services.

Over the last twenty years, New York City has experienced the sharpest drop in crime anywhere in the nation. As crime has fallen so has the City’s jail population – on the last day of 2014, there were fewer than 10,000 individuals detained at Rikers for the first time since 1984. New York City has one of the lowest jail detention rates of any city in the country: 1.15 per every 1,000 residents.

Despite our success in reducing the overall jail population, the number of people with behavioral health issues has stayed largely constant, with individuals with behavioral health issues comprising a bigger and bigger percentage of the total number incarcerated. While in FY 2010, people with mental illness were only 29% of the NYC jail population, today they represent 38% of the overall jail population; approximately 7% of the jail population is made up of individuals with serious mental illness, and approximately 46% of inmates in the NYC jail system report that they are active substance users, although we believe the actual prevalence of substance use to be much higher.¹

Many justice-involved individuals with behavioral health needs cycle through the system over and over again, often for low-level offenses. For example, approximately 400

“I am so thrilled at the Mayor’s announcement of training on mental health for 5,500 police officers and creation of drop-off centers for crisis encounters with the police. I was once one of those encounters with police and ended up in jail instead of the hospital. **Had training been in place I probably never would have been arrested.**”



-G.H., Member of
Communities for Crisis
Intervention Teams in NYC

individuals have been admitted to jail more than 18 times in the last five years. This same group accounted for more than 10,000 jail admissions and a collective 300,000 days in jail.ⁱⁱ While we have been demonstrably successful in reducing crime and incarceration in many areas, the issue of how to address the needs of people with behavioral health issues remains a stubborn question that the Task Force set out to solve.







The Task Force worked to ensure that we establish the systems to address appropriately the risk and needs this population presents. Over 100 days, the Task Force developed 24 interlocking public health and public safety strategies that address each point in the criminal justice system and the overlap among those points. Recognizing the interdependent and intersecting nature of the behavioral health and criminal justice systems, the Task Force identified five major points of contact: on the street, from arrest through disposition, inside jail, during release and re-entry, and back in the community. The comprehensive strategy developed by the Task Force is backed by evidence and informed by widespread expertise.

These are complicated issues, and while some of the elements of this action plan represent immediate steps, they are the first steps of a broader strategy that is long-term and ongoing. It will ensure that we continue to drive New York City's crime rate even lower by reliably assessing who poses a public safety risk and ensuring that we appropriately address – not just at arrest, but well before and well after – the behavioral health issues that have led many into contact with the criminal justice system.









ON THE STREET

<i>Recommendation</i>	<i>Percentage Complete</i>
Expand training for first responders to recognize behavioral health needs	
Open two clinical community public health diversion centers (drop-off centers)	





FROM ARREST TO DISPOSITION

<i>Recommendation</i>	<i>Percentage Complete</i>
Add 2,300 slots to citywide supervised release	
Develop a scientifically validated risk assessment tool and deploy citywide	
Implement physical and behavioral health screening pre-arraignment	
Identify and divert veterans	
Develop a strategy to reduce reliance on monetary bail	
Develop a strategy to significantly shorten case processing times	





INSIDE JAIL

<i>Recommendation</i>	<i>Percentage Complete</i>
Implement Crisis Intervention Teams	
Reduce the use of punitive segregation	
Revise the Department of Correction's use of force policy and update training materials	
Establish four units to provide intensive care to inmates with behavioral health needs	
Provide additional mental health training for corrections officers	
Provide specialized services to adolescents	
Develop a plan to expand substance use disorder treatment	
Develop a plan to reduce idle time and violence	

RELEASE AND RE-ENTRY

<i>Recommendation</i>	<i>Percentage Complete</i>
Expand discharge programs to serve an additional 4,100 individuals	
Minimize disruption in public health insurance coverage	
Connect eligible individuals to Health Homes	
Establish a working group to coordinate all discharge planning	

BACK IN THE COMMUNITY

<i>Recommendation</i>	<i>Percentage Complete</i>
Create 267 supportive permanent housing slots	
Launch behavioral health services teams at the Department of Probation	
Create a planning team to increase supportive affordable housing	
Develop a plan to expand supported employment	

Action Steps and First Quarter Progress

ON THE STREET

Protecting public safety requires the appropriate deployment of criminal justice resources, but also the calibration of response when another approach is required. Since 911 is often the call of first resort and since police who respond have few options aside from processing those with behavioral health issues through the criminal justice system, the Task Force, in line with national work in this area, looked at the opportunities for diversion at first contact with law enforcement.ⁱⁱⁱ The City does not regularly quantify how many people with behavioral health issues come into contact with first responders and how many are arrested when treatment might be more appropriate. The pilots below will permit us to collect and systemize information to better understand the size and nature of the problem and appropriately plan and execute an effective citywide response.

The City has made the following progress since announcing the action plan:



Train first responders to recognize behavioral health needs. The NYPD is finalizing a new curriculum that incorporates lessons learned from police departments all over the country. This new dedicated training on behavioral health needs began in June. Officers from the 23rd, 25th and 28th precincts will be trained over the course of 12 weeks. 350 police officers will be trained by the fall of 2015.



Open two clinical community drop-off centers. Also in the spring of 2016, the first of two clinical drop-off community centers will open. These centers will provide an important alternative to jail or hospitalization, assess needs and provide short-term care.



SPOTLIGHT:

POLICE TRAINING ON BEHAVIORAL HEALTH NEEDS

Achieving the Task Force’s goals begins on the streets, where police and other first responders encounter those with behavioral health issues. The NYPD is finalizing curriculum that will expand training for police officers to enable them to better recognize the behaviors and symptoms of mental illness and substance use. The training — which includes role playing, briefings on relevant mental health laws, and conversations with individuals with mental illness who have had police encounters in the past — will ultimately be integrated into the police academy curriculum. In the short term, it will be a stand-alone 36 hour training for 5,500 officers in the two areas where we will pilot public health diversion centers to provide an option that is neither hospitalization nor jail for people who do not pose a public safety threat.

FROM ARREST TO DISPOSITION

The science now exists – and is used with success in the City’s juvenile justice system – to understand who can be effectively supervised in the community and who must be detained. More than 355,000 people are arraigned in New York City courts each year and about 80,000 are admitted to jail^{iv}. We are currently implementing the Task Force’s recommendation to apply the same kind of science-driven risk assessment used in the juvenile justice system to this adult population.

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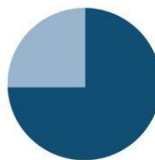
Add 2,300 slots to citywide supervised release. The City has released a Request for Proposals seeking bids from non-profit organizations to administer supervised release in every borough. The chosen providers will use a validated risk assessment tool to determine eligible candidates and set an appropriate level of supervision.



Develop a validated risk assessment tool and deploy citywide. The city, which has been using risk assessment instruments since the 1970s, is now reviewing instruments to select a tool which will enable supervise released programs to score a person’s likelihood for felony re-arrest. This will allow for solid, data-driven eligibility determinations thus allowing us to target resources to ensure defendants return to court and do not reoffend.



Implement behavioral health screening pre-arraignment. Based on the recommendations of the Task Force, the city is expanding services and diversion programs as part of the range of supports provided to individuals with behavioral health needs who interact with the criminal justice system. Behavioral health screening at arraignments has launched during selected hours in Manhattan. Nurse practitioners and other health professionals are piloting a process to identify those with immediate behavioral health needs, as well connect them to their treating providers for care and potential diversion. The unit has already screened over 1,400 people since it began the first phase of its pilot in May.



Identify veterans and facilitate connection to VA services. The Mayor’s Office of Criminal Justice and the Mayor’s Office of Veterans Affairs (VA) have changed how we screen people entering the criminal justice system in order to better identify veterans. Those identified will be flagged for the VA so appropriate services and case management support can be provided. MOCJ has begun working with NYC’s Criminal Justice Agency (CJA) to highlight applications of defendants who identify as Veterans, so

that a connection to VA services happens immediately after the interview.



Develop a strategy to reduce reliance on monetary bail. In July of 2015, the City announced nearly \$18 million in funding to tripling the size of the city's supervised release program by early 2016 and to rollout citywide a validated, updated risk assessment tool that will move the city toward a system in which decisions about pretrial detention are made based on risk. By avoiding setting or posting monetary bail, supervised release avoids the problem of being detained based on ability to post bail.



Develop a strategy to significantly shorten case processing times. On April 14, 2015, Mayor Bill de Blasio and the Chief Judge of New York State Jonathan Lippman announced [Justice Reboot](#), demonstrating a commitment to clearing half of all cases that have been going on for more than a year within the first six months of the initiative. In less than three months, the City and courts cleared over 40% of the cases with a detained defendant that had been pending for longer than one year when Justice Reboot announced.



SPOTLIGHT: CUTTING CASE PROCESSING TIMES

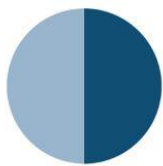
On April 14, Mayor Bill de Blasio and New York State Chief Judge Jonathan Lippman announced [Justice Reboot](#), an initiative to modernize New York City’s criminal justice system so it is fairer and more efficient. Central to this first round of reforms is a robust strategy to reduce case processing times significantly, a goal of the Behavioral Health Task Force. In developing better scheduling tools and more focused approach to older cases, the City has already reduced case processing backlogs. By creating borough-specific and city-wide workgroups, the City is well-positioned to ensure that those gains are sustained. The Mayor and Chief Judge have committed to clearing half of all cases that have been going on for more than a year within the first six months of the initiative.

INSIDE JAIL

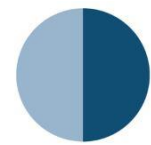
Reducing violence is the overarching goal to enhance safety for both staff and inmates, and addressing the treatment of inmates with behavioral health needs is a key piece of that strategy. The New York City Department of Correction (DOC) operates the second largest jail system in the United States and admits nearly 80,000 people each year. On any given day in NYC jails, approximately 7% of those detained suffer from serious mental illness, 38% from a broader array of mental issues and more than 85% are believed to have substance use disorders (despite a much smaller percentage of self-reports).^v People with behavioral health needs stay longer, are more likely to be both victimized and involved in violent incidents in the jail, are less likely to make bail, and sometimes go without appropriate treatment and services.^{vi}

Inmates aged 16-17
in punitive segregation
2014: 91
2015: 0

The City has made the following progress since announcing the action plan:



Implement Crisis Intervention Teams. The DOC is adapting the Crisis Intervention Team (CIT) model, aimed at improving the way officers respond to mental health crises, to correctional settings. Twelve DOC and DOHMH staff that work in specialized units at Rikers Island were trained in a 5 day course — 40 hours of training — and will train additional staff that work in these units throughout the summer.



Reduce punitive segregation. Punitive segregation has ended for 16-17 year olds and DOC is revising its policies on punitive segregation for all inmates.



Revise the Department of Correction's use of force policy and update training materials. The Department of Corrections is also working on revisions to its use of force policies and plans to be finished by the end of the summer.



Establish four units to provide intensive services to inmates with behavioral health issues. To date, the city has created three new specialized units to provide preventive services to inmates with behavioral health issues. The three units have shown preliminarily promising results, with the first already operating at capacity. The final unit is scheduled to open by October 2015.

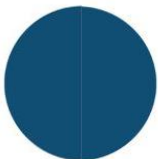


Provide all uniformed officers with eight additional hours of training on behavioral health. The DOC has successfully implemented the eight additional hours of training for all uniformed officer recruits on working with inmates experiencing mental health issues. Current officers are beginning to receive this training as well.



Develop a plan to expand substance use disorder treatment. In May 2015, DOHMH finalized a plan to leverage the expertise and existing infrastructure of transitional care services and discharge planning units to serve a broader population of persons in the NYC jail system with substance abuse issues and chronic medical problems. Expansions to substance use disorder treatment will launch in late summer 2015, providing discharge plans to an additional 4,000 individuals. Program activities include:

- Identifying eligible clients, determining Medicaid status, conducting needs assessments, providing individual health education/discharge planning sessions and determining outcome of scheduled appointments after incarceration.
- Identifying high need/high risk clients based on medical assessment and conducting interviews within a week of admission to jail.
- Reviewing electronic medical records to identify the jail location and priority health needs.
- Meeting with clients, assessing their social, behavioral and health care needs and develop a discharge plan to address assessed needs. After incarceration, the correctional counselors will verify whether clients are connected with health care providers.



Provide specialized services to adolescents. The staff-to-inmate ratio has improved from 1:33 to 1:15, giving correctional staff more effective levels of engagement with persons who are incarcerated. Recruitment strategy has focused on candidates expressing a firm interest in or experience with managing adolescents. Additionally, the City has increased the type of programming available and modified the school schedule to allow individuals' days to be completely scheduled, which reduces idleness and increases access to educational, recreation, therapeutic, and other services.



Develop a plan to reduce idle time and violence. The Department of Corrections will offer five hours of programming to all those incarcerated who are interested in participating. Programs will range from educational to vocational with some even awarding Occupational Safety and Health Administration certification upon completion. DOC has developed and implemented a plan to offer enhanced programming for young adults and expects to do the same for the remaining populations by January 2016.



SPOTLIGHT:

IMPROVING CLINICAL ACCESS ON RIKERS

To date, the city has created three new specialized units to provide services to inmates with behavioral health issues. These three units have shown preliminarily promising results, and the final unit is scheduled to be opened by September 2015. Additionally, expansions to substance use disorder treatment will launch this summer, providing referrals to treatment and other essential services upon release from jail to an additional 4,000 individuals. The Department of Corrections has successfully implemented the eight additional hours of training for all uniformed officer recruits in working with inmates experiencing mental health issues. Current officers will also receive this training as well.

RELEASE AND RE-ENTRY

Ensuring that those in need are linked to Medicaid and to the extended network of services and care managers provided by Health Homes can reduce re-offending and returns to jail.^{vii} Currently, discharge services are being provided to people in New York City jails, particularly those with mental health issues, but services can be expanded and enhanced to ensure the success of a broader range of individuals with behavioral health needs.

4,100

additional individuals will be served
by expanded discharge programs

The City has made the following progress since announcing the action plan:



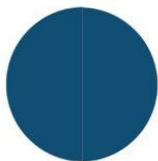
Expand discharge programs to serve an additional 4,100 individuals. The City is engaged in on-going coordination efforts to make sure that discharge of individuals with behavioral health issues sets them up for successful re-entry. The Task Force anticipates completion of expansions to existing I-CAN discharge planning contracts for 4100 slots by the end of summer 2015.



Minimize disruption in public health insurance coverage. To ensure minimal disruptions in public health insurance coverage, the City is investigating various processes by which Medicaid enrollment occurs for those leaving jail. Further, HRA and DOHMH have begun hiring additional staff for Medicaid enrollment. These enrollment efforts will be tracked and reported as these projects scale up.



Connect eligible individuals to Health Homes. The City is in the planning stages of piloting Health Home connections at the courts before individuals even enter the jails, and is also identifying the ways by which individuals enroll in Health Homes when leaving jail.



Establish a working group to coordinate all discharge planning. City agencies — the Human Resources Administration, the Department of Health and Mental Hygiene and the Department of Correction — have convened to coordinate their various discharge planning efforts. An electronic system has been created that shares appropriate information

about clients being served by each agency, which helps to avoid duplication of services. Their goal is to collectively ensure that individuals being served by each agency are made aware of the full spectrum of services available to them as they prepare to reenter the community.



**SPOTLIGHT:
SUPPORTIVE, PERMANENT HOUSING**

Many people with mental health and substance use issues cycle between homelessness and incarceration for months or years at great public expense and with tragic human outcomes. Beginning in October, DOHMH is adding 120 permanent housing slots dedicated to justice-involved individuals to the Department's portfolio. A similar model, the Frequent Users System Engagement or FUSE program, was found to significantly decrease shelter, hospital and jail stays, generating an annual \$15,000 public cost savings per housed participant when measured against a comparison group.

*** Angela A. Aidala, et al. Frequent Users Service Enhancement 'FUSE' Initiative NYC Fuse II Evaluation Report. Columbia University Mailman School of Public Health, March 2014.*

BACK IN THE COMMUNITY

The evidence is clear that connecting people with services that address their mental, social, and functional needs decreases the risk of re-offending and re-arrest and improves their lives and the lives of those around them.^{viii}

267

additional units of supportive, permanent housing will reduce emergency room, shelter, and jail use

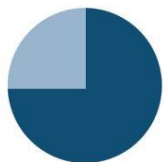
The City has made the following progress since announcing the action plan:



Create 267 supportive permanent housing slots. BHTF’s mini-solicitation to create 120 permanent housing slots – with supportive services, including mental health and substance use programs – was released in April 2015 and vendors have now been selected. We expect individuals to start moving in by October 2015.



Launch behavioral health services teams at the Department of Probation. Department of Probation has hired staff for their new unit to provide clinical consultation at each of their borough offices. The teams are coordinated by the new Director of Behavioral Health services and include Clinical Advisors in each borough. In addition to providing consultation to Probation staff, the teams will be able to screen and assess clients for mental health issues, substance abuse, and needs associated with criminal risk. These new staff will also connect clients to appropriate behavioral health services in the community.



Create a planning team to increase access to supportive, affordable housing. A Housing Planning team was established and includes participation from state and city agencies, including New York City Housing Authority (NYCHA), Department of Housing Services (DHS), the Department of Health and Mental Hygiene (DOHMH), Housing Preservation and Development (HPD), Human Resources Administration (HRA), the NYS Council on Community Reentry, as well as non-profit and community based housing agencies such as Supportive Housing Network of New York (SHNNY), Services for the Underserved (SUS), Providence House and Fortune Society.



Develop a strategy to expand employment and paths to self-sufficiency for justice-involved individuals with behavioral health issues. The City is collecting data on the types of employment services used in other localities. This information, once summarized, will inform a planning group which will issue recommendations by the end of the year.



**SPOTLIGHT:
FIRST LADY OF NEW YORK AND DE BLASIO ADMINISTRATION
CONTINUE CITYWIDE IMPROVEMENTS TO MENTAL HEALTH
TREATMENT AND SERVICES**

The de Blasio Administration is continuing to make targeted investments in addressing the mental health crisis facing New York City in its FY2016 budget. Through implementing a coordinated, multi-agency effort, this work will ensure that we are fully addressing mental health needs of New Yorkers, no matter their income level, and integrate services into daily life. Here is just one example of how this work benefits the justice-involved population:

[Mental Health and Substance Abuse programming for all youth at Rikers Island](#)

The budget provides \$1.7 million in FY16 and \$3.7 million in FY17 and beyond, to provide psychiatric assessments and after-school therapeutic arts programming for all youth under 21 and substance abuse programming for 16-21 year olds.

Also, in the fall of 2016, the administration will release a “roadmap” that will quantify the full magnitude of mental health crisis facing the city, and offer strategies to address the burden.

Measuring Impact

For each recommendation, the Mayor’s Task Force on Behavioral Health and the Criminal Justice System is developing metrics to identify how individually and collectively these strategies are working to keep individuals with behavioral health needs out of jail where appropriate while keeping crime low and saving money. The results of this analysis will be published in a future Status Report and used to further refine the Task Force’s strategies.

ⁱ Approximately one third of this 38% meet the established criteria for “serious mental illness,” which includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder and borderline personality disorders. The remaining two thirds have not been diagnosed with serious mental illness, but have been incarcerated in the City for at least 24 hours and who have received at least three instances of mental health treatment in the past and require further treatment. Hearing on the Fiscal 2015 Preliminary Budget & the Fiscal 2014 Preliminary Mayor’s Management Report, NYC Department of Correction, March 27, 2014, *available at* <http://council.nyc.gov/downloads/pdf/budget/2015/15/072%20Department%20of%20Correction.pdf>

ⁱⁱ Rikers Island Hotspotters Analysis, Bureau of Correctional Health Services, NYC Department of Health and Mental Hygiene, July 2014.

ⁱⁱⁱ Hughes, D., Steadman, H.J., Case, B., Griffin, P.A., & Leff, H. S. (2012). *A simulation modeling approach for planning and costing jail diversion programs for persons with mental illness*. *Criminal Justice & Behavior*, 39(4), 434-446, available at <http://www.prainc.com/a-simulation-modeling-approach-for-planning-costing-jail-diversion-programs-for-persons-with-mental-illness/#sthash.T3w63m0y.dpuf>

^{iv} Criminal Court of New York Annual Report, 2012, *available at* <http://www.courts.state.ny.us/courts/nyc/criminal/AnnualReport2012.pdf>.

^v NYC Department of Correction data, 2014; NYC Department of Health and Mental Hygiene data, 2014.

^{vi} Justice Policy Institute, *Bail Fail: Why the U.S. Should End the Practice of Using Money for Bail*, 2012.

^{vii} Based on an analysis conducted by the DOHMH Correctional Health Services team in 2013, half of individuals entering jail are eligible for Medicaid but are not enrolled.

^{viii} Urban Institute, *Mapping Prisoner Reentry: An Action Research Guidebook*, *available at* http://www.urban.org/uploadedpdf/411383_reentry_guidebook.pdf