Mayor's Task Force on
Behavioral Health and the Criminal Justice System

Action Plan

City of New York
Mayor Bill de Blasio

2014

Letter from the Mayor

Dear Fellow New Yorkers,

New York City is at a pivotal point. A history of smart reforms has made ours the safest big city in the country. To keep it that way, we need to be committed to continuing to drive down crime.

Evidence and experts tell us that safety starts with effective police strategies, but enduring crime reductions must embrace approaches that go beyond police activity. We know that many of the issues that ultimately end in time behind bars start well before and last well after contact with the criminal justice system, and implicate many more players than the jail system alone. This is particularly true for people with behavioral health issues. To serve New York and New Yorkers, we need to make sure that the public safety and public health systems are working together and that we are implementing the smartest, most effective strategies across the board.

In June, I called on government and community leaders in public health and public safety to chart a path forward. The Task Force on Behavioral Health and the Criminal Justice System rigorously mapped the gaps in our current systems and developed targeted solutions that look not only at individual points in the system, but at how the system as whole operates. Where we already have the information we need, we will act immediately. To fix the rest, we will involve the best minds and methods in learning what we need to know and deploying solutions promptly.

This $130 million, four-year investment – with $40 million contribution in asset forfeiture funds from the District Attorney of New York – is a key component of my commitment to reduce unnecessary arrests and incarceration, direct criminal justice resources to where they will have the greatest public safety impact, and make our City's criminal justice system more fair...

Although there is much research and experience informing these recommendations, the standard is a simple one: what is effective to improve public health and public safety?

Together, we can do both.

Bill de Blasio
Mayor

City of New York

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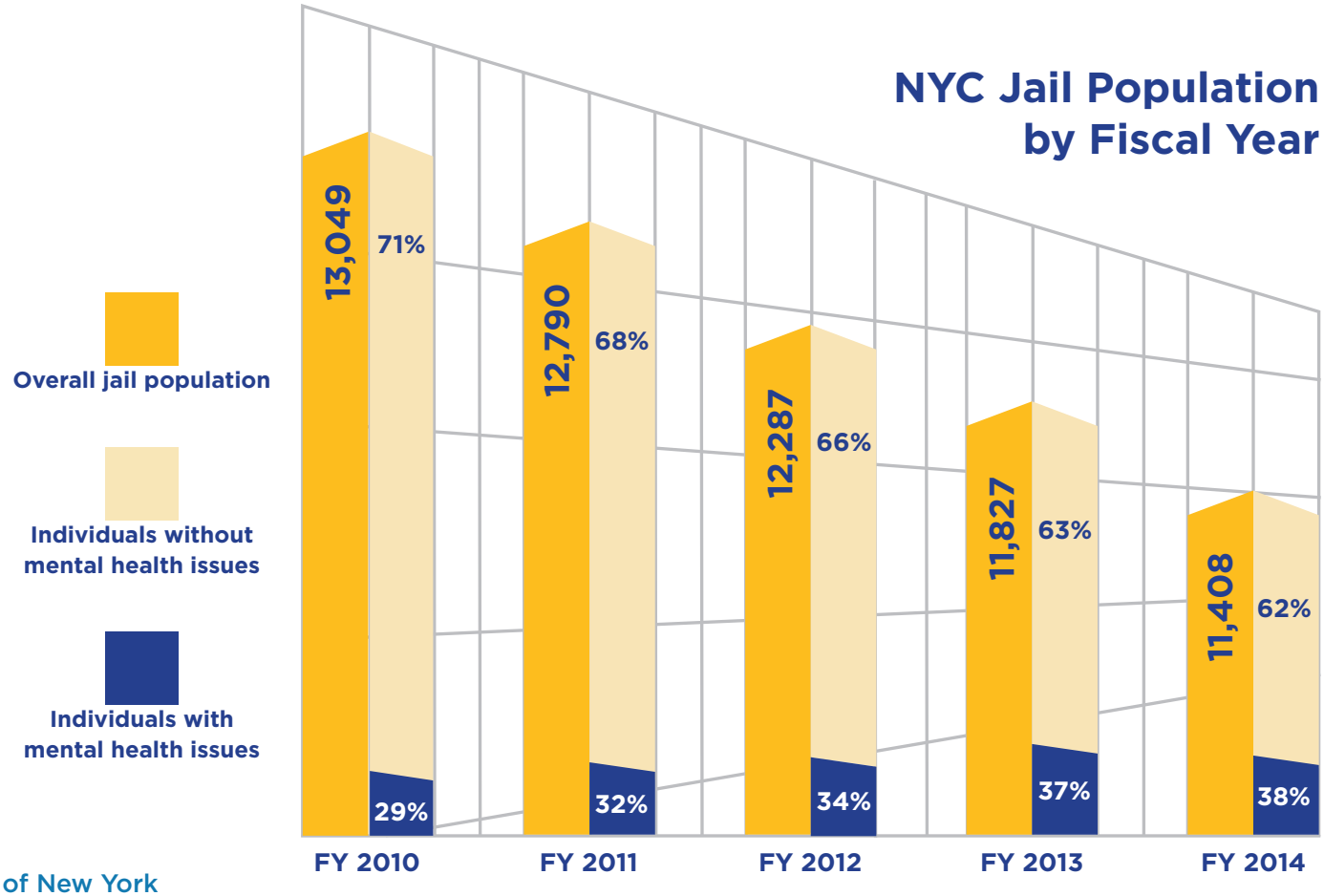
Introduction

Smart reforms have made New York the safest big city in the country. Protecting the long-term public safety of New Yorkers requires that we remain committed to evidence-driven innovation and improvement.

Over the last twenty years, this City has experienced the sharpest drops in crime anywhere in the nation. As crime has fallen so has the City's jail population – on October 30, 2014, there were over 1,000 fewer people detained than on the same day last year. While many factors contributed to this extraordinary achievement, at its heart, the success was due to a focused effort to identify who was committing crimes and where and then tailoring strategies to address those specific problems[i]. Amid this success, though, the number of people in the criminal justice system with behavioral health issues has remained gridlocked.

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, meaning that they suffer from diseases such as schizophrenia and bipolar disorder[ii].



The jails hold up a mirror to the rest of the criminal justice system. Although we need more data and better focus on these individuals – something that the continuing work of the Task Force will provide – the Task Force found that at every point, the criminal justice system has become the default for addressing the problems presented by people with behavioral health issues, whether at arrest, arraignment, confinement or in the neighborhood. When appropriate, the criminal justice system has an important role to play, yet many people who cycle through the system could be better served – and public safety improved – if their underlying conditions were addressed effectively.

For many with behavioral health needs, the criminal justice system is a revolving door leading to multiple costly, short stays behind bars over the course of their adult lives. In New York City, a group of just over 400 individuals comprises the population that most frequently returns to the City's jails. According to a report from the NYC Department of Health and Mental Hygiene, these 400 people have been admitted to jail more than 18 times in the last five years and they show an even higher prevalence of mental illness and substance use disorder than the general jail population—67% have a mental health need; 21% have a serious mental illness; and 99.4% report substance use disorder[iii]. This group accounted for over 10,000 jail admissions and 300,000 days in jail during the five years examined in the report. Eighty-five percent of their charges were misdemeanors or violations, raising a question about whether criminal justice resources are best deployed with this population[iv].

In June of 2014, Mayor de Blasio launched a robust effort to address how the criminal justice and health systems can work together better to ensure that we are reserving criminal justice resources for the appropriate cases and deploying treatment and other proven effective remedies to interrupt those needlessly cycling through the system. Under the leadership of Deputy Mayor of Health and Human Services Lilliam Barrios-Paoli and Director of the Mayor's Office of Criminal Justice Elizabeth Glazer, the Task Force's executive committee included commissioners from City and State agencies, experts from the private sector, representatives from law enforcement and behavioral health agencies, district attorneys, defenders, judges and other court representatives, academics and service providers. The Task Force brought together over 400 leaders and participants in this work from across the City and the nation. Over a 100-day period, this group developed a comprehensive strategy to ensure that, when appropriate, people are diverted from the criminal justice system and that justice-involved individuals with behavioral health needs are connected to care and services at every point in the criminal justice process[v]. At every stage, the Task Force coordinated its work with the Task Force on Juvenile Justice Educational and Mental Health Supports (Juvenile Health Task Force), chaired by Commissioner Gladys Carrion of the Administration for Children's Services.

The Task Force recognized the interdependent and intersecting nature of the behavioral health and criminal justice systems and looked at not only every point at which individuals come into contact with the criminal justice system, but also the overlap between them. The comprehensive, system-wide review was the first in the City's history to consider each point of contact and how each part of the system affects the other. The Task Force identified five major points of contact and identified strategies for each:

Based on these five points of contact, the Task Force convened five working groups to address the system point where each had the most expertise and, together with each of the other working groups, to see how the points fit together. In addition, the Task Force went to each borough and, with expert guidance, spent a day "mapping" how the criminal justice system worked or did not[vi]. This mapping exercise engaged over 200 people from City and State agencies, community providers, advocacy organizations, and consumers of behavioral health services.

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

- 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 that, upon release, they are connected to effective services.

This plan sets out concrete and immediate next steps, a forward path to address those issues not yet ready for implementation, and the vehicle to ensure expeditious and effective operations and reliable assessments of what is working, at what cost, and with what benefit.

The comprehensive strategy developed by the Task Force is backed by evidence and informed by widespread expertise. 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.

The Way Forward

The issues that ultimately culminate in jail start well before, last well after, and implicate many more players than the jail system alone. Failure or reform at any point affects the entire system. The following strategies are organized along a continuum from initial contact with first responders to return to the neighborhood. The Mayor's Office will coordinate policy across numerous city and state agencies and across multiple intervention points to ensure that the strategies are implemented in a timely and effective way with a focus on 1) whether they are cost effective; and 2) how the successful strategies can be replicated, sustained, and integrated into the way the City does business.

Before Arrest and on the Street

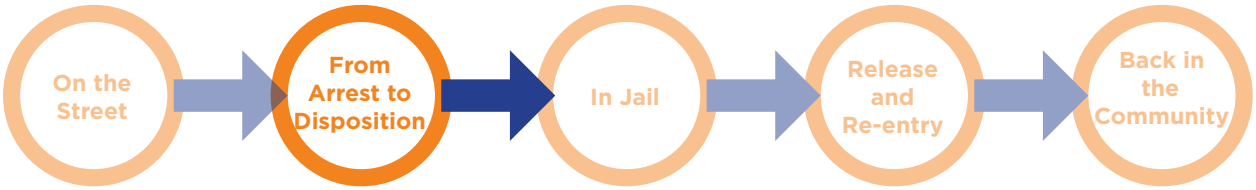
STATUS **Protecting public safety requires the appropriate deployment of criminal justice resources, but also the calibration of response when another approach is required.** Since 911 is often the call of first resort and since police who respond have few options aside from processing those with behavioral 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[vii]. 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 could work as well. 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.

PLAN **Within the next year, the City will expand training and access to clinical advice for first responders. The City will also increase options of places where first responders can take those in need of services.**

- *Expanded training*. Expanded training for police officers will enable them to better recognize the behaviors and symptoms of mental illness and substance use; to learn techniques for engaging people in respectful, non-stigmatizing interactions that de-escalate crises; and to have tools for assessing what alternatives to jail or hospitalization are appropriate for the specific situation and symptoms presented. This revised and new training, informed by Los Angeles' practices, will ultimately be integrated into the police academy curriculum, but in the short term, will be a stand-alone 36 hour training, which will engage more than 5,500 officers in two target areas.

- Community-based drop-off centers. Diversion drop-off centers will provide an option for people who need neither to be held for arraignment on low-level charges nor emergency room services. The pilot drop-off center in Manhattan will open in early autumn 2015 and the second center, which will be located in a different borough and take advantage of the lessons learned at the pilot site, will open in early 2016. The drop-off centers will be community-based, non-hospital settings that have the capacity to assess, provide linkage to care, and offer crisis beds for short-term stays. This model is based on promising pre-booking diversion programs across the country, but will be tailored to New York City's context and offer 24-hour respite care, case management, and supervised withdrawal detox services followed by referrals to on-going substance treatment as appropriate.

Arrest through Case Processing



STATUS **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[viii], and the Task Force recommends applying the same science-driven risk assessment used in the juvenile justice system to this adult population.

PLAN **To reduce crime and unnecessary incarceration, the City will implement a set of interlocking strategies that will help ensure that we are using both jail and programming wisely and with effect.** The Task Force recommended that we improve public safety by using a broad risk-based approach to inform decisions about which defendants are most appropriate for an expanded array of supervised release programs. Adopting the model used successfully in other jurisdictions, relevant information will be gathered through a "risk assessment instrument" administered, in many jurisdictions, by either a pretrial agency or by probation[ix]. These instruments, while not a substitute for human judgment, help judges and service providers make better assessments of the risk of flight and whether risk to public safety can be safely managed in the community rather than jail.

- *Expanded supervised release.* In the past decade, the City reformed its juvenile justice system through the introduction of risk assessment to drive decision-making and the establishment of community-based alternatives, leading to significant reductions in the use of detention and placement and lower recidivism rates. Detention among juveniles dropped 25% overall and over 60% for low-risk young people. Similarly during that period, rearrests while cases were pending fell

31% overall, and over 60% for high-risk young people[xi]. The City believes similar success can be achieved with adults, and using the work done with juveniles as a model, will increase the number of people who can be supervised in the community pre-trial, by 2,300 slots citywide, in additional to the existing 1,100. This involves ongoing face-to-face and telephone contact during the pendency of the case and increased connections to substance use disorder and mental health services for those determined to be in need. Based on existing programs in Manhattan and Queens, we know that approximately 85% of these individuals, who might otherwise be incarcerated, successfully complete these programs.[xii]

- *Scientifically-validated risk assessment tool*. Pre-trial detention should be reserved for individuals who pose a substantial risk of flight and who cannot be safely managed by community-based programs outside of jail. Currently, New York State statute limits the information that judges can consider in setting bail to information about the risk of flight[xiii] , but does not restrict the information that can be considered by supervised release providers in assessing potential participants. New York City's Criminal Justice Agency, the City's pre-trial services organization, provides a validated flight risk assessment instrument to the court before arraignment to help inform release decisions. Within the next six months, an arraignment-based pilot program will create and implement a validated assessment instrument that accurately identifies and diverts people who do not pose a high risk of re-offending or flight if enrolled in supervised release.

- *Universal screening for physical and mental health problems*. Within the next year, the City will launch a pilot program in Manhattan courts to, before arraignment, ensure that every person arrested is for physical and mental health needs, including substance use. Those with behavioral health needs will be flagged for possible diversion to services rather than incarceration, except when safety issues prevent diversion. While the behavioral health needs assessment is being implemented in Manhattan, the City will plan for the integration of both risk and needs assessments across all arraignment courts and will seek to implement assessment and screening as early in the process as possible to increase the number of people identified as in need of services and eligible for release.

- *Identifying and diverting veterans.* The Criminal Justice Agency, which currently screens for veteran status before arraignment, will include direct questions on veteran status, which will trigger a notification to a designated borough liaison from Veteran Affairs (VA). The VA will make available the appropriate services, including housing, and every effort will be made to divert veterans from the regular criminal courts into Veterans Court.

- *Strategy to reduce reliance on monetary bail.* Currently, approximately 30% of all the admissions to the City's jails – roughly 25,000 people – are released within 72 hours, often because it can take time to find funds to pay bail. Within the next year, the City will initiate a planning process to the bail system. The goal is to minimize the use of money bail as a surrogate measure of risk, by developing a scientifically validated risk tool which judges can factor into their release decisions. In jurisdictions like Washington D.C., the combination of risk assessment and a graduated continuum of supervised release programs helped the

City move away from a reliance on monetary bail, ensuring that incarceration decisions were not determined solely by financial resources.

- *Strategy to significantly shorten case processing times.* The average length of stay in jail for pre-trial detainees in Supreme Court cases has increased from 117 to 195 days over the last 18 years.[xv] Additionally, individuals with mental illness stay in jail approximately twice as long as people without mental illness.[xvi] For those with behavioral health issues, the increased jail stays can further exacerbate their symptoms.[xvii] The Mayor's Office will join with key partners to develop a response to this problem, issuing a comprehensive set of proposals within six months.

In Jail

STATUS **Reducing violence is the overarching goal to enhance safety for both staff and inmates, and addressing the treatment of this population 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% have substance use disorders.[xviii] 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.[xix]

PLAN **The City recently adopted and will continue to implement strategies to generally improve the care and safety of people with behavioral health needs, with special focus on youth.** These de-escalation and evidence-based staffing and programming strategies will be implemented in addition to completing the comprehensive review of the jail system that is already underway.[xx]

<u>De-Escalation Strategies</u>

- *Crisis intervention teams.* DOC will work to decrease violence by using new crisis intervention teams specially trained in de-escalation and symptom identification. These specially trained units combine DOC and health service staff and will be available to respond to incidents by February.

- *Dramatically reduced use of punitive segregation.* As part of DOC's top-to-bottom reforms of policies and practices and its focus on customizing custody management, DOC will revise its sentencing guidelines and disciplinary procedures in ways that keep the jails safer. Reforms will utilize alternative sanctions, eliminate

the practice of owed time, and curb disproportionately lengthy sentences. DOC will deploy punitive segregation in swifter and more targeted ways to cope with serious offenses within a continuum of sanctions. DOC will end punitive segregation for adolescents and implement new guidelines for all populations by the end of 2014.

- *Strengthened standards for use of force.* Changes to the DOC's Use of Force policy are already underway, and training curricula will be revised to reflect these changes.[xxi]

Evidence-Based Staffing and Programming Strategies

- *Specialized mental health care units.* DOC and DOHMH will convert four existing Mental Observation Units, which are sections of the jail in which individuals with serious mental illness are housed, into units that provide more intensive and frequent mental health care for people with acute mental health issues. The units, known as Program for Accelerated Clinical Effectiveness (PACE) units, will expand upon the core principals of the Clinical Alternative to Punitive Segregation (CAPS) model, which initial experience has shown improves health outcomes and reduces inmate self-injury and violence. [xxii]

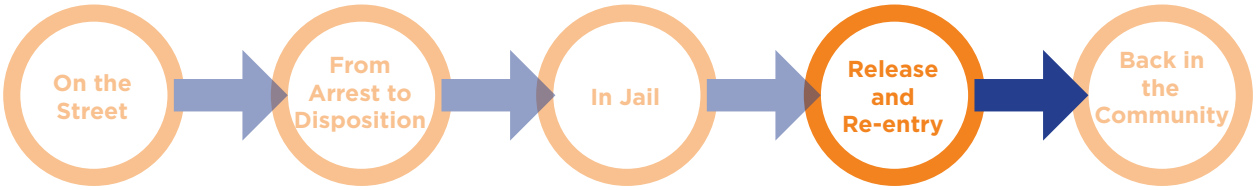
- *Additional mental health training for corrections officers.* DOC will provide all uniformed officers with eight additional hours of annual training in how to manage people with mental health issues.

- *Specialized services for adolescents.* DOC will provide training to officers who staff adolescent units with training in trauma-informed care best practices in crisis management and will also reduce officer-to-inmate ratios to 1:15 in adolescent units. Additionally, DOC will make physical improvements to the Rikers School and install cameras throughout adolescent housing units.

- *Plan to expand substance use disorder treatment.* Substance use disorder treatment and programs for reducing use and addiction will be assessed to determine the best way to effectively address the needs of the population both inside and outside of jail. DOHMH and DOC will establish targets, curricula, and recommendations for programming that meets nationwide best practice standards within the next six months.

- *Plan to expand programming to reduce idle time and violence.* DOC will plan to expand programming in all jails to reduce idle time and violence. Only 11% of individuals in the general population currently participate in vocational skill-building activities, educational programming, or discharge planning services.[xxiii] Development of a system-wide plan will begin immediately and will be completed within the next six months.

Release and Reentry



STATUS **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.**[xxiv] Currently, discharge services are being provided to people in NYC 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.

PLAN **To improve discharge planning, the City will expand the reach of existing discharge programs.** The DOHMH's and DOC's current discharge and reentry services for people who have been identified as having mental health issues will be expanded to offer services to both populations at high-risk and at medium-risk of re-admission to Rikers.

- *Minimized disruption in public health insurance coverage.* The City will establish a Medicaid implementation team to continue working with the State to ensure all eligible individuals are enrolled in and retain their Medicaid coverage, as Medicaid coverage is suspended during incarceration and needs to be reinstated after release.

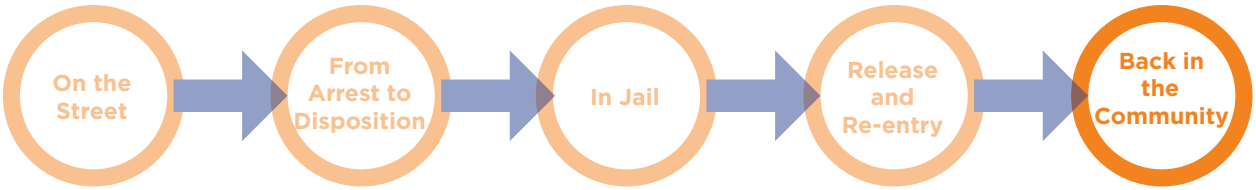
- *In-Jail Teams to Connect People to Programs.* The City will expand existing discharge programs run by the DOC and the DOHMH, which draw on national best practices to provide people with the tools and support needed to ensure a successful return to the community. People who participate in the program receive assistance with housing, employment, parenting, and substance use treatment, among other services. The program will be expanded to serve an additional 4,100 individuals.

- *Connection to Health Homes.* The City will provide oversight to insure that those who are eligible are connected to Health Homes or other mechanisms available to justice-involved individuals on Medicaid who require behavioral health services and collect data on the results of meeting the needs of justice-involved individuals through Health Home care coordination.

- *Enhanced coordination.* The City will establish a working group to ensure that the various agencies that provide discharge and reentry services – DOC, DOHMH, and corresponding Community-Based Organizations – tightly coordinate all discharge planning. This working group will also coordinate discharge services with the State's Council on Community Re-Entry and Reintegration. . Additionally, the

working group will create a vehicle to chart who is signing up for which services and programs before being discharged, to monitor effectiveness issues, and to create strategies to resolve any issues.

In the Community



STATUS **The evidence is clear that connecting people with supports decreases the risk of re-offending and re-arrest and improves their lives and the lives of those around them.**[xxv]

PLAN **Working across agencies, the City will implement a comprehensive plan that expands access to supportive housing, employment, education, and other appropriate services.**

- *Supportive housing.* The Department of Homeless Services will launch a scatter-site supportive housing program focused on individuals with behavioral health needs and a history of cycling through criminal justice system who have struggled with homelessness. The effort will create 267 permanent housing slots, with supportive services, including mental health and substance use services. 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.[xxvi] This program will be operating by the end of summer 2015.

- *Planning team to expand housing for this population.* Recognizing the foundational importance of housing in stabilizing the lives and improving the treatment of people with behavioral health issues, the City will establish a housing planning team to assess access to more supportive, affordable, and public housing for justice involved individuals with behavioral health issues, review existing frameworks of federal, state, and city regulations, and develop strategies to meet the housing needs of justice-involved individuals with behavioral health issues. The planning team will convene for three months and present recommendations to the Mayor's Office for consideration.

- *Supported employment and paths to self-sufficiency.* A large majority of individuals served by public behavioral health systems experience unemployment, yet models that offer individuals supported employment and a path to self-sufficiency exist.[xxvii] The City will make a plan to expand supportive employment programs for individuals with criminal justice involvement and behavioral health needs by

assessing access and helping people to participate in existing employment and job readiness programs and contracts. As part of this work, the City will also identify new employment opportunities by expanding the role of peers (peer-training and standardized peer support) across all system points. This planning will take place over the next 12 months.

- *Behavioral health teams in the Department of Probation.* To adequately and effectively meet the needs of individuals on probation with behavioral health issues, a behavioral health team will be established in the DOP which will include a coordinator in each borough. The team will be established in March.

Next Steps

Beginning now, the Mayor's Office will lead multi-agency teams to ensure 1) implementation of both the projects outlined in this report as well as the ongoing planning efforts in several areas, 2) measurement of progress, and 3) accountability in achieving the goals laid out in the report.

- ***Oversight and Accountability.*** The Office of the Deputy Mayor for Health and Human Services and the Mayor's Office of Criminal Justice will be responsible for the oversight of this plan and will convene the leaders of the agencies directly charged with implementation and key stakeholders, including representatives from the provider and consumer communities, to monitor the performance of the initiatives. The Mayor's Office will publish quarterly reports on the progress of the initiatives and related efforts.

- ***Metrics and Targets***. Implementation of all of the actions in the report will include establishing measures for process and substance outcomes as well as targets. These performance measures will be published in the first progress report and systematically monitored and reviewed.

- ***Cost-Benefit Analysis and Evaluation.*** To ensure that the City is getting the greatest public safety return on its investments, the City will conduct an ongoing cost-benefit analysis to ensure that the lives of people with behavioral health needs are improving, that the criminal justice system becomes more efficient at diverting people out of the system, and that as a result, costs for unnecessary incarceration decline and benefits to public health and safety are calculated. In addition, the pilot programs that are to be initiated will be evaluated to determine whether they should be adopted City-wide, modified, or replaced with alternative approaches.

Conclusion

To make sure that New York City remains the safest big city in the country, we need to be committed to what works. We have driven down both crime and the number of people behind bars through a series of targeted reforms that reserve jail time for those who truly pose a public safety threat. But the job is not over.

Research and experts tell us that lasting safety requires smart law enforcement and also an investment in solid communities and efficient agencies that work together to make sure that people get the right services at the right time. A comprehensive approach will mean not only safer streets, but stronger neighborhoods and healthier people.

This plan is a key part of that goal.

In many cases, deploying traditional criminal justice resources is the best way to protect public safety. Yet too often, people with behavioral health issues cycle through the criminal justice system over and over again, without the treatment and services that could both change the course of their lives and improve the lives of those around them.

Implementing the strategies in this plan will help to divert people with behavioral health issues into treatment before they ever reach a jail cell. If they do end up behind bars, it will ensure that they get the treatment they need. And this plan will put the systems in place to connect people with supportive services as they transition out of the criminal justice system and set them up to never return.

This plan is a key component of Mayor de Blasio's commitment to reduce unnecessary arrests and incarceration and to make the criminal justice system more fair. By equipping law enforcement and corrections officers with more training and more options for effectively interacting with people with behavioral health needs, this action plan will advance the Mayor's goal of deescalating interactions with law enforcement and help to improve relationships between the police and communities.

We can continue to lead the nation in smart, effective reform. These strategies are not only more humane and efficient, but they are an important part of keeping all New Yorkers safe.

[i]"How New York City Reduced Mass Incarceration: A Model for Change?," The Brennan Center, The Vera Institute for Justice, and the JFA Institute. January 2013.
Available at http://www.brennancenter.org/sites/default/files/publications/How_NYC_Reduced_Mass_Incarceration.pdf

[ii]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.

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

[iv]*Id.*

[v]See Appendix for a list of Executive Committee and Working Group participants.

[vi]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

[viii]Criminal Court of New York Annual Report, 2012,
available at http://www.courts.state.ny.us/courts/nyc/criminal/AnnualReport2012.pdf.

[ix]Laura and John Arnold Foundation, "Results from the First Six Months of the Public Safety Assessment – Court in Kentucky," July 2014; "Developing a National Model for Pre-Trial Risk Assessment,"
available at http://www.arnoldfoundation.org/research/criminaljustice.

[x]Vera Institute of Justice, "Juvenile Detention Reform in New York City: Measuring Risk through Research," Center on Youth Justice (New York: Vera Institute of Justice, 2011), available at http://www.vera.org/pubs/juvenile-detention-reform-new-york-city-measuring-risk-through-research-0.

[xi]*Id.*

[xii]Freda Solomon, "CJA's Supervised Release Programs and Manhattan Start-up: Case Screening and Participant Selection Process." New York: CJA, April 2014.

[xiii]N.Y. CPL. LAW § 510.30 : NY Code - Section 510.30: Application for recognizance or bail; rules of law and criteria controlling determination.

[xiv]Justice Policy Institute, *Bail Fail: Why the U.S. Should End the Practice of Using Money for Bail, 2012.*

[xv]NYC Department of Correction data, 2014.

[xvi]The Council of State Governments, *Improving Outcomes for People withMental Illnesses Involved with New York City's Criminal Court and Correction Systems, available at* http://www.nyc.gov/html/doc/downloads/pdf/press/FINAL_NYC_Report_12_22_2012.pdf.

[xvii]Jamie Fellner. A Corrections Quandary: Mental Illness and Prison Rules. Harvard Civil Rights Civil Liberties Review 41. (391-412) 2006.

[xviii]NYC Department of Correction data, 2014; NYC Department of Health and Mental Hygiene data, 2014.

[xix]Steadman, H.J., Osher, F.C., et al., "Prevalence of Serious Mental Illness Among Jail Inmates," Psychiatric Services November 2007; 58: 1472-1478, (2009); David Cloud and Chelsea Davis. "Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System," (New York, February 2013); Council of State Governments Justice Center, "Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems," CSG Justice Center Publications (New York, NY: Council of State Governments Justice Center, 2012), available at http://csgjusticecenter.org/courts/publications/improving-outcomes-for-people-with-mental-illnesses-involved-with-new-york-citys-criminal-court-and-correction-systems/.

[xx]Michael Schwirtz, "New York Hires Consultant to Create Rikers Island Reform Plan," New York Times, September 8, 2014.

[xxi]*Id.*

[xxii]Testimony of Homer Venters, MD, Assistant Commissioner, Bureau of Correctional Health Services New York City Department of Health and Mental Hygiene, before the New York State Assembly Committee on Correction with the Committee on Mental Health regarding Mental Illness in Correctional Settings, November 13, 2014, available at http://www.nyc.gov/html/doh/downloads/pdf/public/testi/testi20141113.pdf.

[xxiii]NYC Department of Correction data, 2014.

[xxiv]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.

[xxv]Urban Institute, *Mapping Prisoner Reentry: An Action Research Guidebook, available at* http://www.urban.org/uploadedpdf/411383_reentry_guidebook.pdf.

[xxvi]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.

[xxvii]See recommendations made by NAMI in "Road to Recovery: Employment and Mental Illness," 2014. In 2012, according to SAMHSA, 84% of individuals served in public mental health systems in New York State were unemployed. Source: SAMHSA, 2012 CMHS Uniform Reporting System Output Tables, available at http://www.samhsa.gov/dataoutcomes/urs/urs2012.aspx.

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