

State of New York
Department of Corrections and Community Supervision

Building Number 2
Harriman Office Campus
Albany, New York 12226

**OFFENDERS UNDER CUSTODY
SUICIDE REPORT**

2002-2011



Andrew M. Cuomo
Governor



Brian Fischer
Commissioner

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EXECUTIVE SUMMARY

Total Suicides

- A total of 129 incarcerated offenders committed suicide within DOCCS facilities during the ten-year period of 2002 through 2011.

Suicide Rate per 100,000 Incarcerated offenders

- The overall suicide rate for the incarcerated offender population for the study period was 20.5 per 100,000 offenders per year.

Age

- Suicide victims were slightly older (average age 39) than the overall under custody population (age 36).

Race/Ethnic Status

- White incarcerated offenders were considerably more likely than African-American or Hispanic offenders to commit suicide.

Commitment Crime

- Perpetrators of homicide and sex offenses were more likely to commit suicide and drug offenders less likely.

Region of the State

- Incarcerated offenders from upstate counties without an urban center had the highest suicide rate.

Minimum and Maximum Sentences

- The longer an incarcerated offender's minimum or maximum sentence, the greater the likelihood that the offender would become a suicide victim.

Time Served

- Half of the suicides occurred among incarcerated offenders who had served less than one year of incarceration since their latest admission to NYS DOCCS.

Time Served in Current Facility

- Among suicide deaths, there was a substantially higher concentration of offenders who had transferred to a new correctional facility within the last 90 days.

Housing Location

- The largest percentage of suicides (43%) occurred in general confinement, followed by Special Housing and separate Keeplock Units (23%), and reception facilities (15%). Nine percent (9%) occurred among offenders housed in mental health units.

OMH Level

- Suicide was more concentrated among incarcerated offenders with Office of Mental Health (OMH) Service Level 1 and 2 designations. Thirty-five percent (35%) of the suicide victims were designated as OMH Level 1 or 2 compared with 7% for the overall offender population.

INTRODUCTION

This report examines characteristics of the 129 incarcerated offenders who committed suicide in a Department of Corrections and Community Supervision (DOCCS) facility during the years 2002-2011. Selected demographic and legal history variables are profiled and comparisons are made between decedents and the incarcerated offender population at the mid-point of the ten year report period (December 31, 2006).

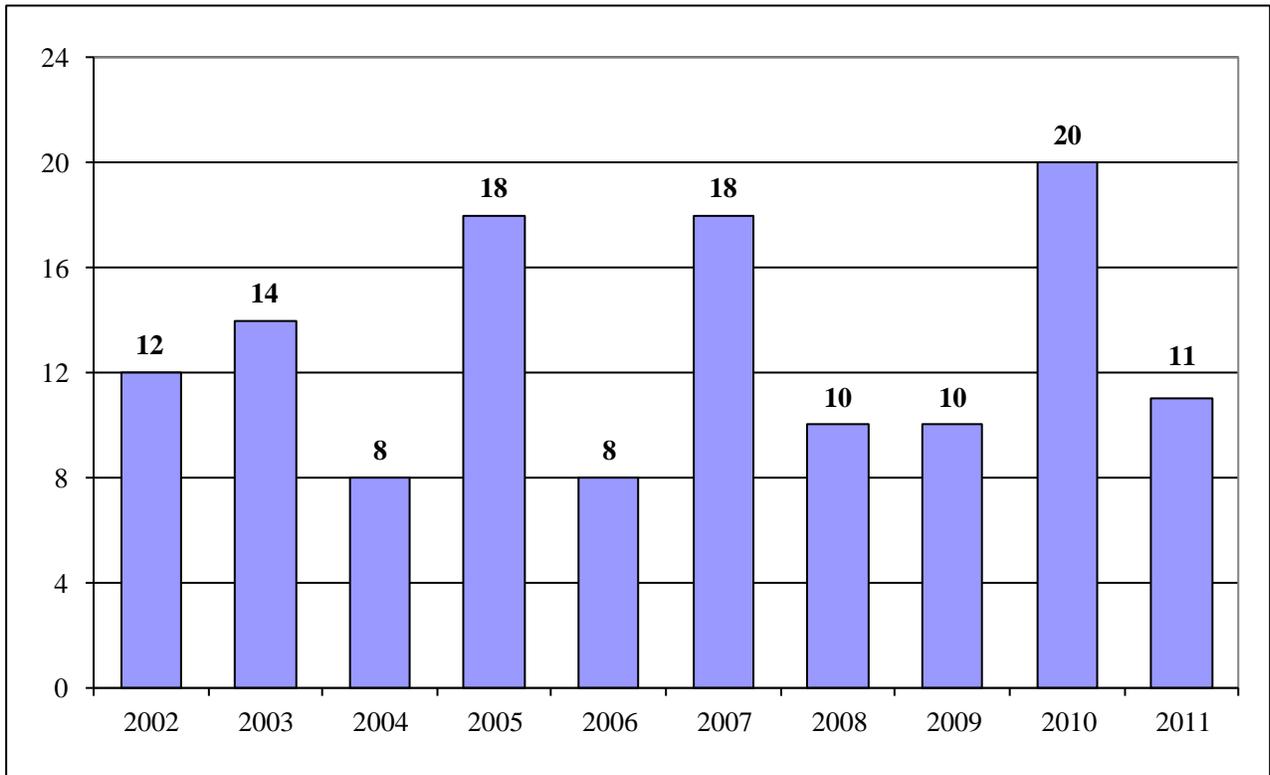
In addition to presenting aggregate data for the total ten year period, annual data is provided for numerous characteristics for the most recent three years, 2009 – 2011. Included in this report are offenders housed at Parole program facilities (i.e. Willard Drug Treatment Campus, Edgecombe residential Treatment, Hudson Parole Diversion, and Orleans Parole Diversion).

Suicides of offenders who were on temporary release status or who were being housed in local jails due to court appearances are not included in this report. In addition, suicides of escapees, and absconders from work release are not included. This report focuses on suicides of incarcerated offenders that occurred within DOCCS facilities.

Annual Number of Suicide Deaths: 2002 - 2011

There was considerable fluctuation in the number of suicides annually over the 10 years from calendar year 2002 through 2011. The number of suicide deaths ranged from a low of 8 (in both 2004 and 2006) to a high of 20 that occurred in 2010.

Chart 1. Annual Number of Suicides New York State DOCCS
2002 - 2011



Ten Year Annual Rate of Suicide Deaths

The annual rate of suicide deaths ranged from a low of 12.2 per 100,000 incarcerated offenders in 2004 to a high of 34.5 per 100,000 in 2010. The average number of suicides per year, over the period 2002 through 2011, was 12.9 and the annual rate over this period was 20.5 per 100,000 incarcerated offenders.

Table 1. Annual Count of Offender Suicide Incidents in Facilities
Offender Suicides in NYSDOCCS, 2002 - 2011

Year	Average Daily Population	Suicides In Facility	Suicide Rate per 100,000	Average daily population	
				2002-2006	2007-2011
2002	67,949	12	17.7	2002-2006	2007-2011
2003	66,748	14	21.0	65,707	60,373
2004	65,471	8	12.2	Total suicides	
2005	64,238	18	28.0	2002-2006	2007-2011
2006	64,128	8	12.5	60	69
2007	64,392	18	28.0	Suicide rate per 100,000	
2008	62,559	10	16.0	2002-2006	2007-2011
2009	60,217	10	16.6	18.3	22.9
2010	57,978	20	34.5	Average suicides per year	
2011	56,720	11	19.4	2002-2006	2007-2011
Average	63,040	12.9	20.5	12.0	13.8

According to the most recently published national data¹, the suicide rate in state prisons throughout the country averaged 16 per 100,000 from 2001 to 2010. In New York State DOCCS from 2001 through 2010, the suicide rate was 20 per 100,000.

Table 1B. DOCCS and National Suicide Rates 2001-2010

Suicide Rate per 100,000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Average
Average National	14	14	16	16	17	17	16	15	15	16	16
DOCCS	10	18	21	12	28	13	28	16	17	35	20

¹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "Deaths in Custody Reporting Program (DCRP)", Deaths in Custody Statistical Tables, Table 13. Mortality rate per 100,000 State prisoners, by cause of death, 2001-2006, by Christopher J. Mumola, BJS Policy Analyst and Margaret E. Noonan, BJS. See table 24 for average rate from 2001-2010, 16 per 100,000. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=4558>

Facility Location

During the study period, 88% of the suicides occurred in maximum security facilities and 12% occurred in medium security facilities. Elmira Correctional Facility, including Reception, had the most suicides during the ten year study period with 23, followed by Clinton and its sub-facilities with 19. All SHU200, Residential Mental Health Treatment Units (except the ICP at Albion, Fishkill and Mid-State) and Regional Medical Units are classified Maximum security facilities.

Over the three year period 2009-2011, 73% of suicides occurred in maximum security general confinement facilities, 5% in maximum security SHU200 facilities, 15% in maximum security Residential Mental Health facilities, 2% in maximum security Regional Medical Units, and 5% in medium security facilities.

Table 2. Incarcerated Offender Suicides by Facility by Year*
Offender Suicides in NYSDOCCS, 2002 – 2011

FACILITY/SECURITY LEVEL	TOTAL 2002-2008	2009	2010	2011	TOTAL 2009-2011	GRAND TOTAL
MAXIMUM						
ATTICA GENERAL	6	1	1	0	2	8
AUBURN GENERAL	3	0	1	0	1	4
AUBURN DEPOT	1	0	0	1	1	2
BEDFORD HILLS GENERAL	3	0	1	0	1	4
CLINTON GENERAL	11	1	0	0	1	12
CLINTON ANNEX	1	0	0	0	0	1
CLINTON APPU	0	1	2	1	4	4
COXSACKIE	4	0	0	0	0	4
DOWNSTATE RECEPTION	6	0	2	0	2	8
EASTERN GENERAL	2	0	0	1	1	3
ELMIRA GENERAL	8	0	1	1	2	10
ELMIRA RECEPTION	8	2	2	1	5	13
FIVE POINTS	1	0	0	0	0	1
GREAT MEADOW GENERAL	5	0	3	1	4	9
GREEN HAVEN GENERAL	2	0	0	0	0	2
SHAWANGUNK	0	0	1	0	1	1
SOUTHPORT	4	1	0	1	2	6
SULLIVAN	1	0	0	1	1	2
UPSTATE GENERAL	0	0	1	0	1	1
WENDE	4	0	1	0	1	5
WENDE RECEPTION	1	0	0	0	0	1
SUBTOTAL	71	6	16	8	30	101
	80.7%	75.0%	72.7%	72.7%	73.2%	78.3%
SHU200						
FISHKILL SHU200	0	0	1	0	1	1
LAKEVIEW SHU200	1	0	0	0	0	1
MID-STATE SHU200	0	0	1	0	1	1
SUBTOTAL	1	0	2	0	2	3
	1.1%	0.0%	9.1%	0.0%	4.9%	2.3%

**Table 2. Incarcerated Offender Suicides by Facility by Year*
Offender Suicides in NYSDOCCS, 2002 – 2011 (continued)**

FACILITY/SECURITY LEVEL	TOTAL 2002-2008	2009	2010	2011	TOTAL 2009-2011	GRAND TOTAL
RESIDENTIAL MENTAL HEALTH TREATMENT UNIT						
ATTICA ICP	1	1	0	0	1	2
CLINTON ICP	2	0	0	0	0	2
GREAT MEADOW ICP	0	1	0	1	2	2
WENDE ICP	0	0	1	0	1	1
GREAT MEADOW BHU	0	0	1	0	1	1
MARCY RMHU	0	0	0	1	1	1
SUBTOTAL	3	2	2	2	6	9
	3.4%	25.0%	9.1%	18.2%	14.6%	7.0%
REGIONAL MEDICAL UNIT						
MOHAWK WALSH MEDICAL	0	0	1	0	1	1
SUBTOTAL	0	0	1	0	1	1
	0.0%	0.0%	4.5%	0.0%	2.4%	0.8%
MAXIMUM SECURITY TOTAL	75	8	21	10	39	114
	85.2%	100.0%	95.5%	90.9%	95.1%	88.4%
MEDIUM						
ALBION FEMALE	2	0	0	0	0	2
ARTHURKILL	1	0	0	0	0	1
BARE HILL	2	0	0	0	0	2
CHATEAUGAY RPV	1	0	0	0	0	1
FISHKILL GENERAL	2	0	0	0	0	2
FRANKLIN	0	0	0	1	1	1
MID-STATE	1	0	0	0	0	1
MID-STATE PC	1	0	0	0	0	1
MOHAWK	0	0	1	0	1	1
ONEIDA	1	0	0	0	0	1
WOODBOURNE	2	0	0	0	0	2
SUBTOTAL MEDIUM	13	0	1	1	2	15
	14.8%	0.0%	4.5%	9.1%	4.9%	11.6%
GRAND TOTAL	88	8	22	11	41	129
	100%	100%	100%	100%	100%	100%

*Only includes facilities where a suicide occurred from 2002 to 2011. Brief Definitions: SHU200 - 200 bed maximum security special housing unit at a medium security facility; RPV-Return Parole Violator Program; ICP-Intermediate Care Program; BHU-Behavior Health Unit; RMHU-Residential Mental Health Unit; APPU-Assessment and Program Preparation Unit. (See Appendix A for detailed program descriptions.)

Age

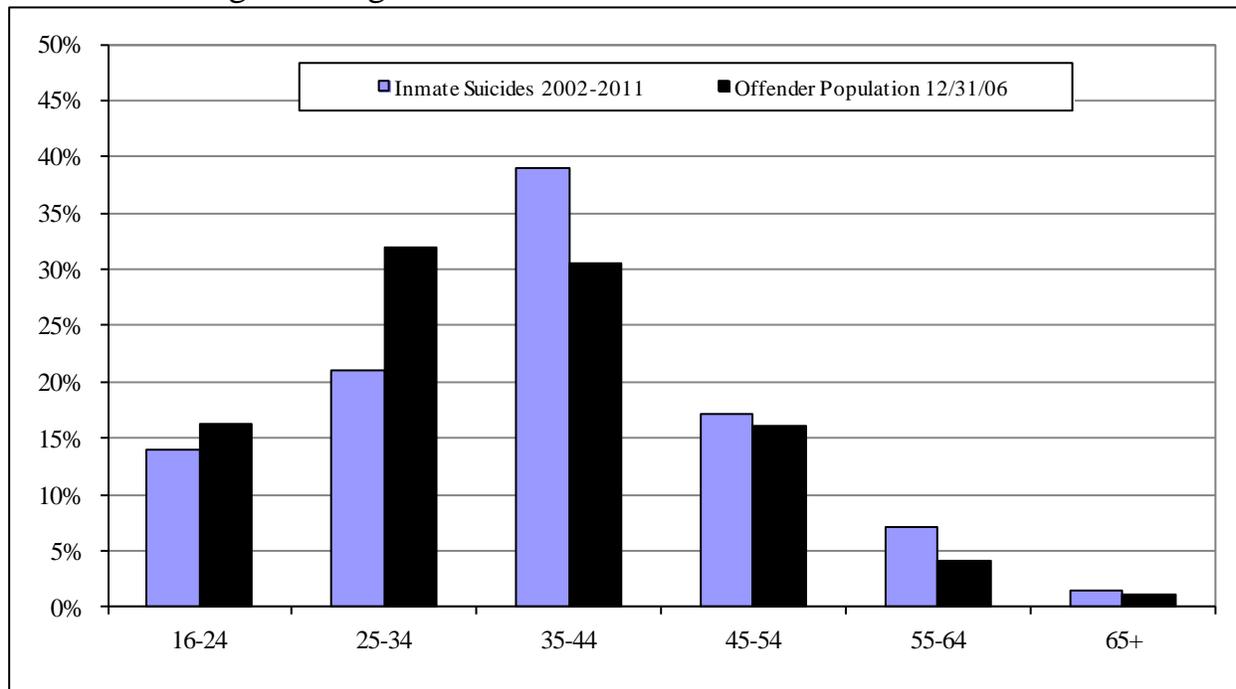
Suicide victims were slightly older (average age 39) than the general under custody population (average age 36). Incarcerated offenders younger than 35 years old made up 48% of the under custody population but only 35% of suicide victims.

**Table 3. Age of Incarcerated Offender by Year
Offender Suicides in NYSDOCCS, 2002 – 2011**

Age	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
16-24	9	2	7	0	9	18	10,428
25-34	21	0	3	3	6	27	20,557
35-44	37	4	5	4	13	50	19,628
45-54	15	3	2	2	7	22	10,408
55-64	4	1	3	1	5	9	2,703
65+	2	0	0	1	1	3	686
Total	88	10	20	11	41	129	64,410
Average	39.0	36.7	35.6	44.3	39.1	38.9	36.4
Percent							
16-24	10%	20%	35%	0%	22%	14%	16%
25-34	24%	0%	15%	27%	15%	21%	32%
35-44	42%	40%	25%	36%	32%	39%	30%
45-54	17%	30%	10%	18%	17%	17%	16%
55-64	5%	10%	15%	9%	12%	7%	4%
65+	2%	0%	0%	9%	2%	2%	1%
Total*	100%	100%	100%	100%	100%	100%	100%

* Percents do not add to 100% due to rounding.

Figure 3. Age of Incarcerated Offenders at Time of Death



Race/Ethnicity

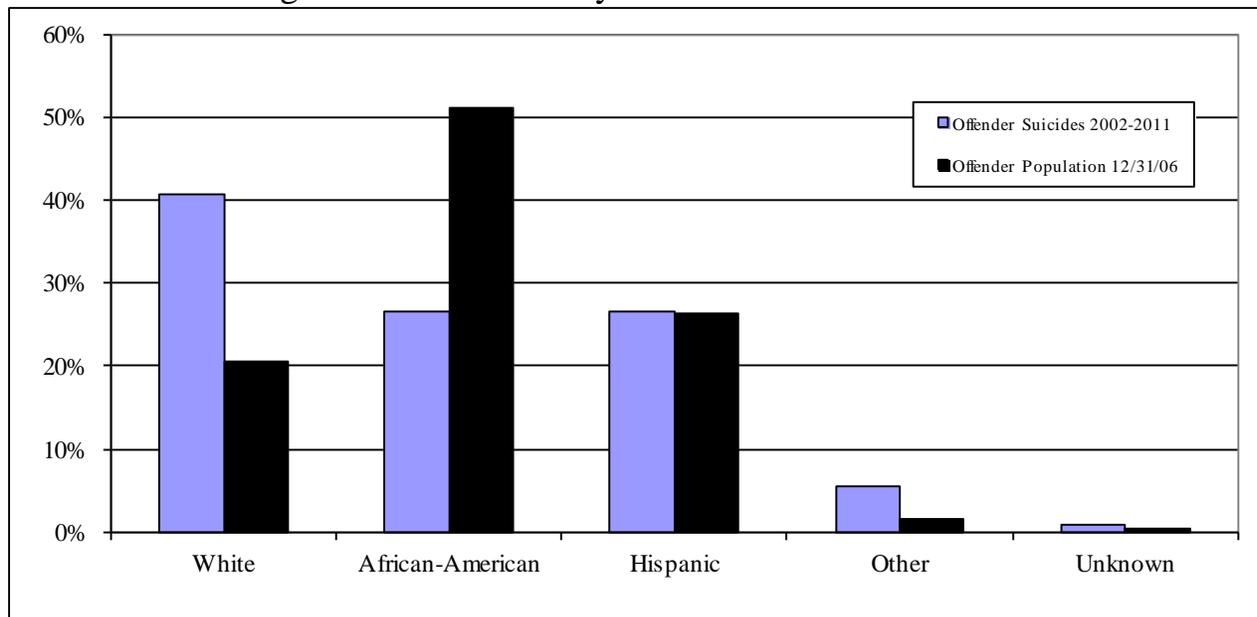
White offenders were considerably more likely than offenders of other race/ethnic backgrounds to commit suicide. White offenders made up 40% of suicides for the ten year study period, but only 21% of offenders under custody at the end of 2006. African-American offenders were under-represented among suicides: 26% of suicides vs. 51% of the overall under custody population. Hispanic offenders constituted the same proportion of suicides as they were of the overall incarcerated offender population (26% of both suicides and population).

Table 4. Race/Ethnicity of Incarcerated Offender by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Race/Ethnic Status	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
White	37	4	6	6	15	52	13,235
African-American	23	3	6	2	11	34	32,948
Hispanic	24	2	5	3	10	34	16,932
Other	3	1	3	0	4	7	1,013
Unknown	1	0	0	0	0	1	282
Total	88	10	20	11	41	129	64,410
Percent							
White	42%	40%	30%	55%	37%	40%	21%
African-American	26%	30%	30%	18%	27%	26%	51%
Hispanic	27%	20%	25%	27%	24%	26%	26%
Other	3%	10%	15%	0%	10%	5%	2%
Unknown	1%	0%	0%	0%	0%	1%	0%
Total*	100%	100%	100%	100%	100%	100%	100%

* Percents do not add to 100% due to rounding.

Figure 4. Race/Ethnicity of Incarcerated Offenders



Crime Category

Compared to their representation in the overall under custody population of December 31, 2006, violent felons (particularly offenders committed for homicide and sex crimes, see Table 6 below) were more likely to commit suicide (76% of suicides vs. 57% of the population) and drug offenders less likely to commit suicide (5% of suicides vs. 23% of the population).

Table 5. Crime Category of Incarcerated Offender by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Commitment Crime	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
Violent Felony	69	8	13	8	29	98	36,535
Other Coercive	7	0	3	1	4	11	4,872
Drug Offenses	3	1	1	2	4	7	14,518
Property and Other	9	1	2	0	3	12	8,485
Total	88	10	20	11	41	129	64,410
Percent							
Violent Felony	78%	80%	65%	73%	71%	76%	57%
Other Coercive	8%	0%	15%	9%	10%	9%	8%
Drug Offenses	3%	10%	5%	18%	10%	5%	23%
Property and Other	10%	10%	10%	0%	7%	9%	13%
Total*	100%	100%	100%	100%	100%	100%	100%

* Percents do not add to 100% due to rounding.

Figure 5. Crime Category of Incarcerated Offenders

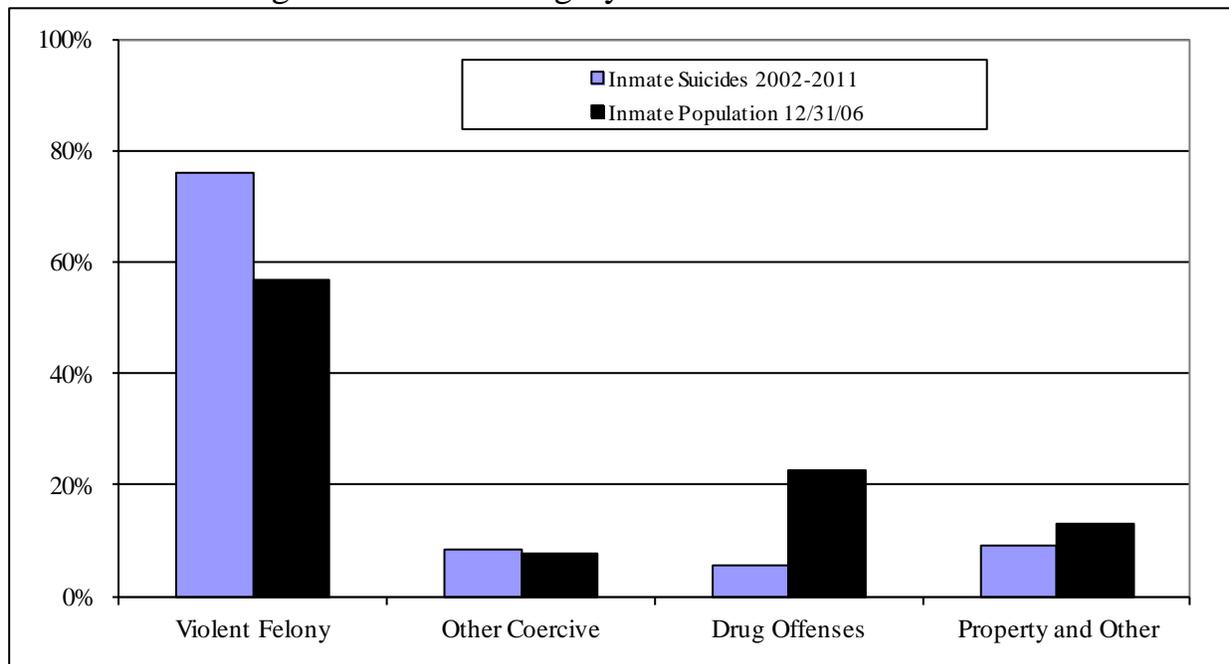


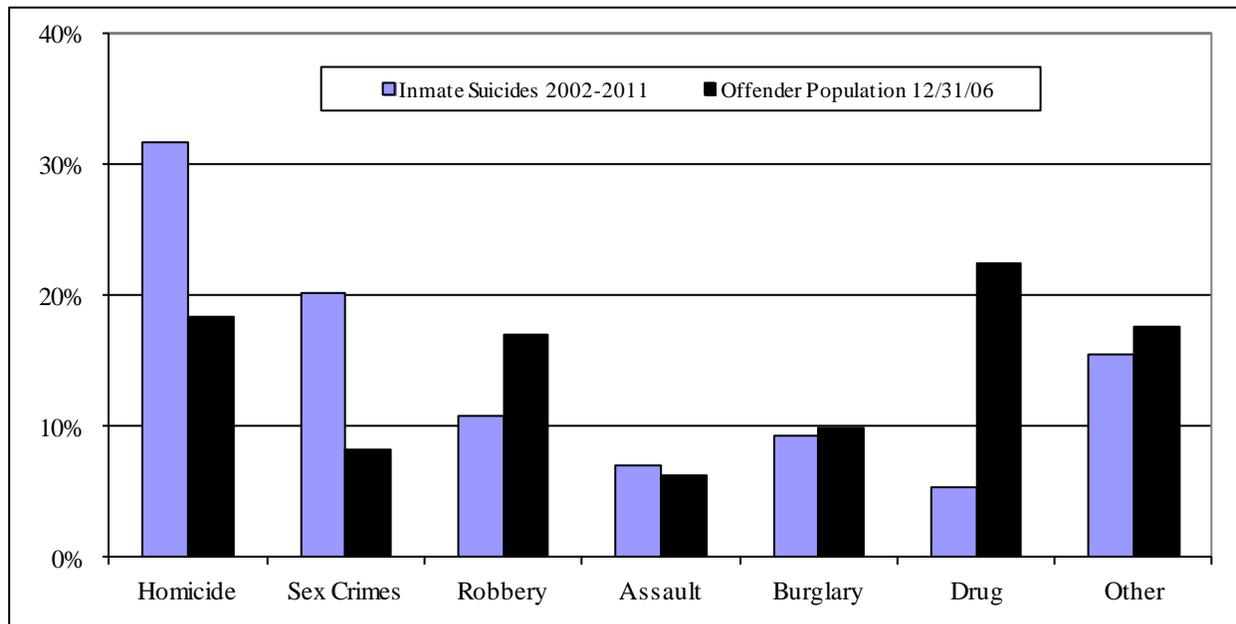
Table 6. Commitment Crime of Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Crime	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
Homicide*	29	3	5	4	12	41	11,812
Sex Crimes	17	3	5	1	9	26	5,355
Robbery	9	0	3	2	5	14	10,977
Assault	9	0	0	0	0	9	4,033
Burglary	8	0	2	2	4	12	6,372
Drug	3	1	1	2	4	7	14,518
Other	13	3	4	0	7	20	11,343
Total	88	10	20	11	41	129	64,410
Percent							
Homicide*	33%	30%	25%	36%	29%	32%	18%
Sex Crimes	19%	30%	25%	9%	22%	20%	8%
Robbery	10%	0%	15%	18%	12%	11%	17%
Assault	10%	0%	0%	0%	0%	7%	6%
Burglary	9%	0%	10%	18%	10%	9%	10%
Drug	3%	10%	5%	18%	10%	5%	23%
Other	15%	30%	20%	0%	17%	16%	18%
Total**	100%	100%	100%	100%	100%	100%	100%

*Homicide includes; murder, attempted murder and manslaughter.

** Percents do not add to 100% due to rounding.

Figure 6. Commitment Crime of Incarcerated Offenders



Region of Commitment

Offenders committed from upstate counties, especially from counties without a population center of 50,000 or more people (“Upstate Other” category in Table 7), were more likely to commit suicide. Offenders committed from Upstate Other counties made up 26% of suicides during the study period, but only 15% of the under custody population at end of year 2006.

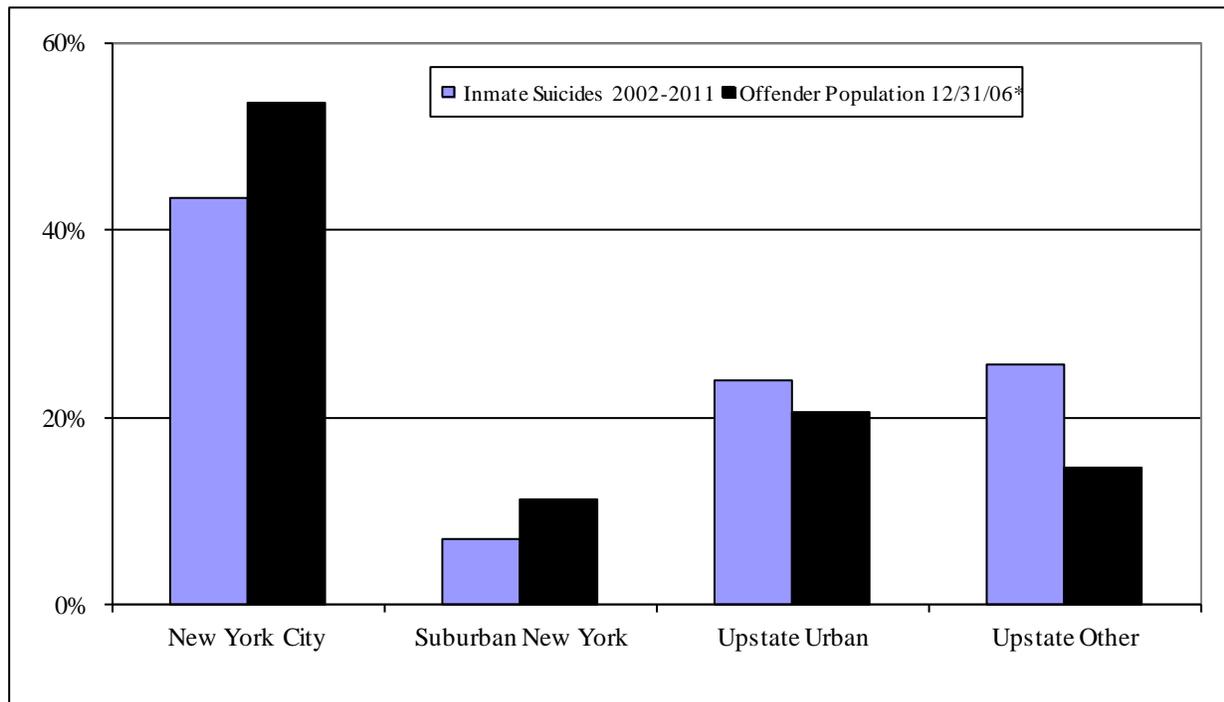
Table 7. Region of Commitment Crime of Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Region	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06*
New York City	40	5	6	5	16	56	34,292
Suburban New York	6	1	0	2	3	9	7,127
Upstate Urban	20	2	6	3	11	31	13,428
Upstate Other	22	2	8	1	11	33	9,562
Total*	88	11	20	11	41	129	64,409
Percent							
New York City	45%	45%	30%	45%	39%	43%	53%
Suburban New York	7%	9%	0%	18%	7%	7%	11%
Upstate Urban	23%	18%	30%	27%	27%	24%	21%
Upstate Other	25%	18%	40%	9%	27%	26%	15%
Total**	100%	100%	100%	100%	100%	100%	100%

* One case from out of state was omitted.

** Percents do not add to 100% due to rounding.

Figure 7. Region of Commitment Crime



Aggregate Minimum and Maximum Sentences

The longer an offender's sentence, the greater the probability that the offender would become a suicide victim. Among offenders who committed suicide between 2002 and 2011, 46% were serving an aggregate minimum sentence of ten years or longer compared with only 28% of offenders under custody at end of year 2006. For maximum sentences, 31% of suicides were serving maximum sentences of Life, compared with 18% of the overall under custody population.

Table 8. Minimum Sentence of Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Minimum Sentence	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
Less than 3 years	19	3	6	0	9	28	19,044
3 thru 5 years	16	0	3	1	4	20	16,372
6 thru 9 years	13	1	4	3	8	21	10,619
10 thru 19 years	23	3	5	3	11	34	9,856
20 years thru life	17	3	2	4	9	26	8,519
Total	88	11	20	11	41	129	64,410
Percent							
Less than 3 years	22%	27%	30%	0%	22%	22%	30%
3 thru 5 years	18%	0%	15%	9%	10%	16%	25%
6 thru 9 years	15%	9%	20%	27%	20%	16%	16%
10 thru 19 years	26%	27%	25%	27%	27%	26%	15%
20 years thru life	19%	27%	10%	36%	22%	20%	13%
Total*	100%	100%	100%	100%	100%	100%	100%

* Percents do not add to 100% due to rounding.

Figure 8. Minimum Sentence of Incarcerated Offenders

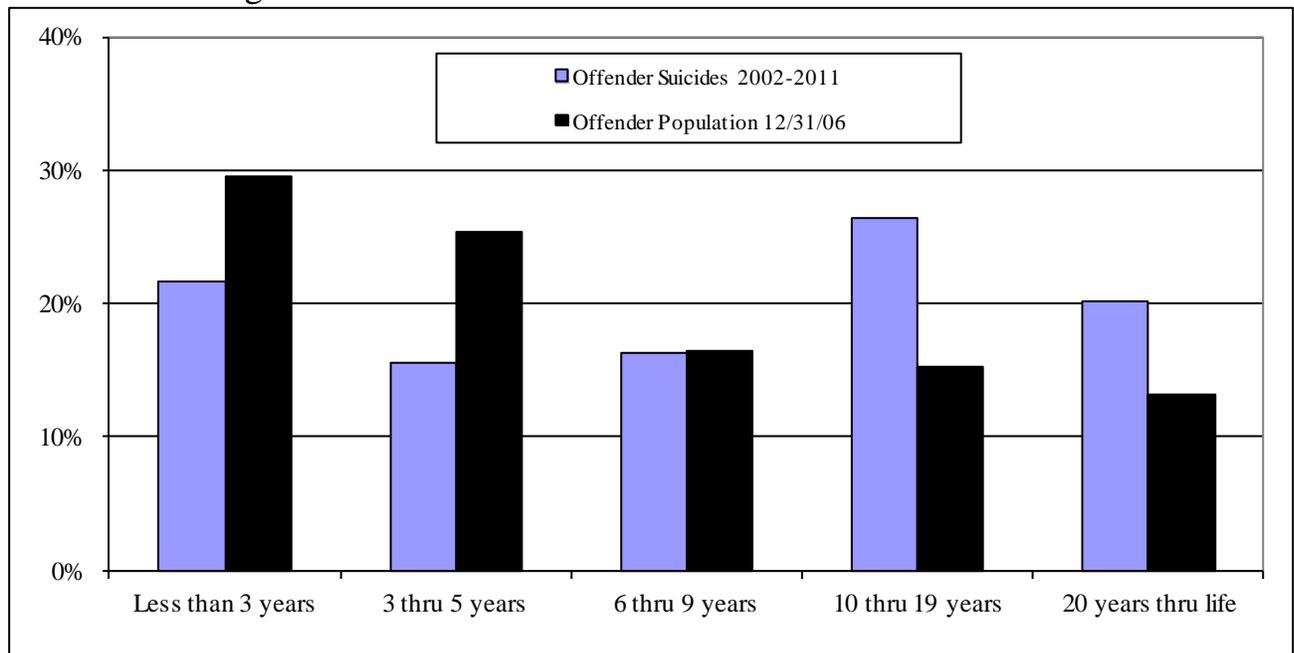
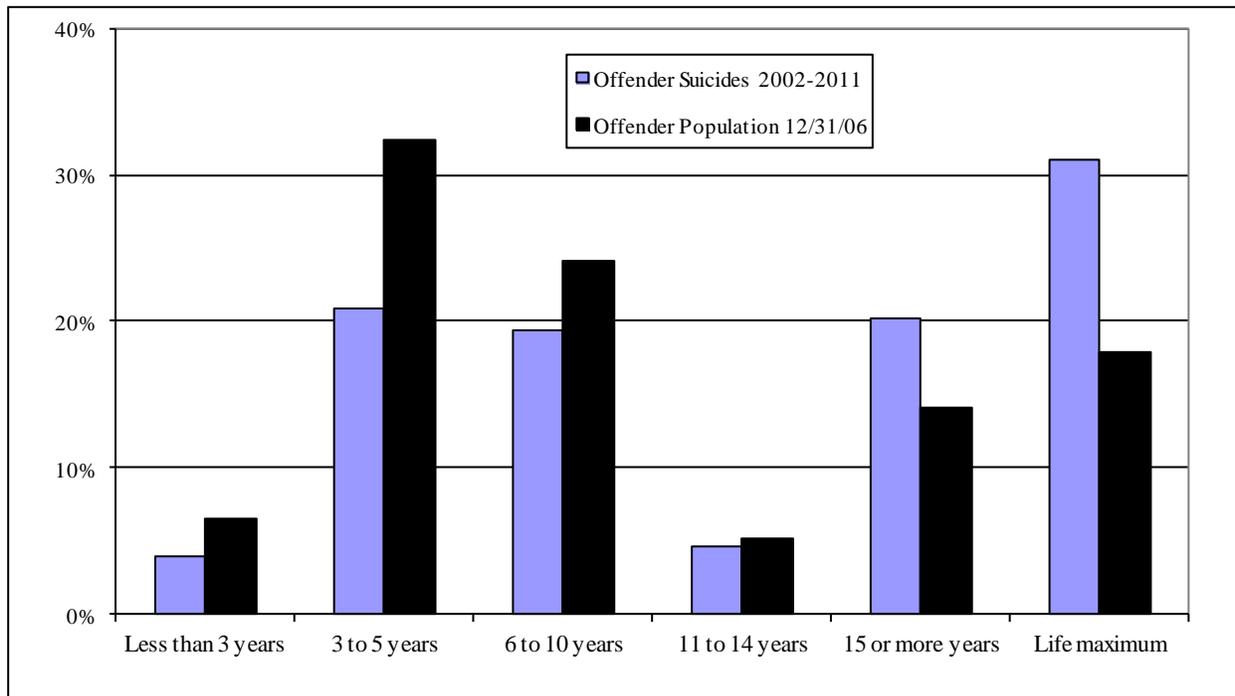


Table 9. Maximum Sentence of Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Maximum Sentence	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
Less than 3 years	3	2	0	0	2	5	4,219
3 to 5 years	19	1	7	0	8	27	20,813
6 to 10 years	16	1	4	4	8	25	15,541
11 to 14 years	4	0	2	0	3	6	3,293
15 or more years	20	3	1	2	6	26	9,042
Life maximum	26	3	6	5	14	40	11,502
Total	88	10	20	11	41	129	64,410
Percent							
Less than 3 years	3%	20%	0%	0%	5%	4%	7%
3 to 5 years	22%	10%	35%	0%	20%	21%	32%
6 to 10 years	18%	10%	20%	36%	20%	19%	24%
11 to 14 years	5%	0%	10%	0%	7%	5%	5%
15 or more years	23%	30%	5%	18%	15%	20%	14%
Life maximum	30%	30%	30%	45%	34%	31%	18%
Total*	100%	100%	100%	100%	100%	100%	100%

* Percents do not add to 100% due to rounding.

Figure 9. Maximum Sentence of Incarcerated Offenders



Time Served in DOCCS Custody

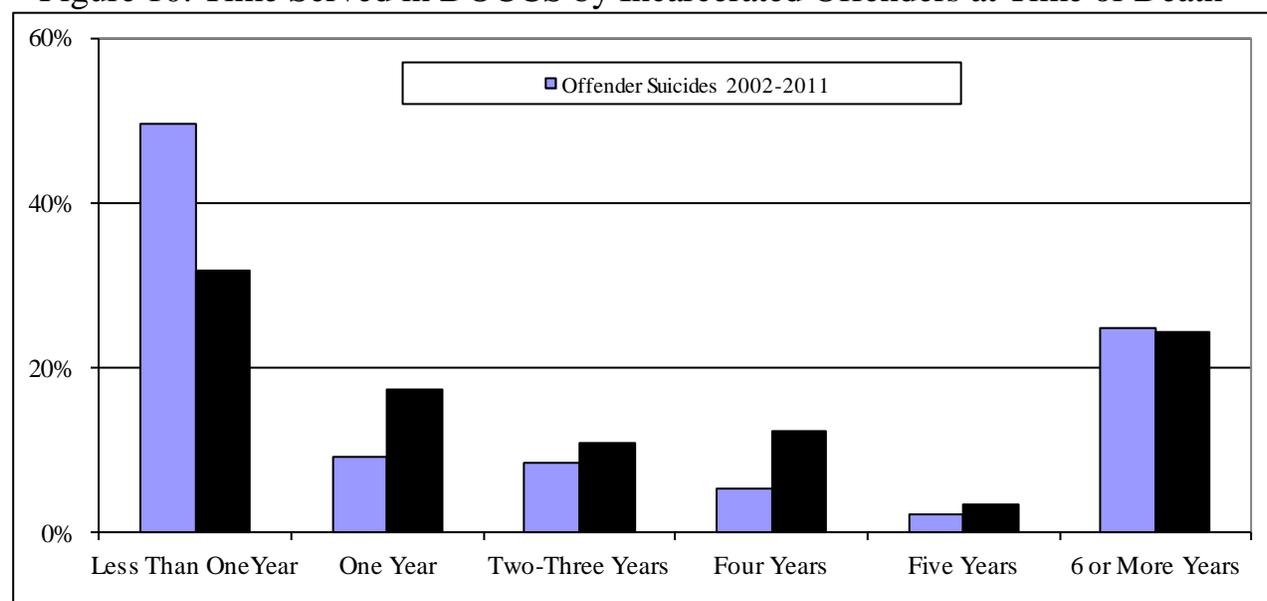
With respect to time served in DOCCS, suicides were particularly concentrated among offenders who had served less than a year in prison. Half of the suicides (50%) had served less than a year in prison compared to 32% of the overall offender population on December 31, 2006.

Table 10. Time Served in DOCCS by Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Time Served in DOCCS	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender Population 12/31/06
Less Than One Year	43	6	9	6	21	64	20,426
One Year	7	2	2	1	5	12	11,160
Two-Three Years	8	0	1	2	3	11	6,937
Four Years	1	1	4	1	6	7	7,977
Five Years	2	0	0	1	1	3	2,220
6 or More Years	27	1	4	0	5	32	15,690
Total	88	10	20	11	41	129	64,410
Percent							
Less Than One Year	49%	60%	45%	55%	51%	50%	32%
One Year	8%	20%	10%	9%	12%	9%	17%
Two-Three Years	9%	0%	5%	18%	7%	9%	11%
Four Years	1%	10%	20%	9%	15%	5%	12%
Five Years	2%	0%	0%	9%	2%	2%	3%
6 or More Years	31%	10%	20%	0%	12%	25%	24%
Total*	100%	100%	100%	100%	100%	100%	100%

* Percents do not add to 100% due to rounding.

Figure 10. Time Served in DOCCS by Incarcerated Offenders at Time of Death



Time Served in Current Facility

Among suicide deaths, there was a substantially higher concentration of offenders who had recently transferred to a new correctional facility. Among suicides, 57% had been housed at their current facility for 90 days or less compared to 28% of the under custody population on December 31, 2006.

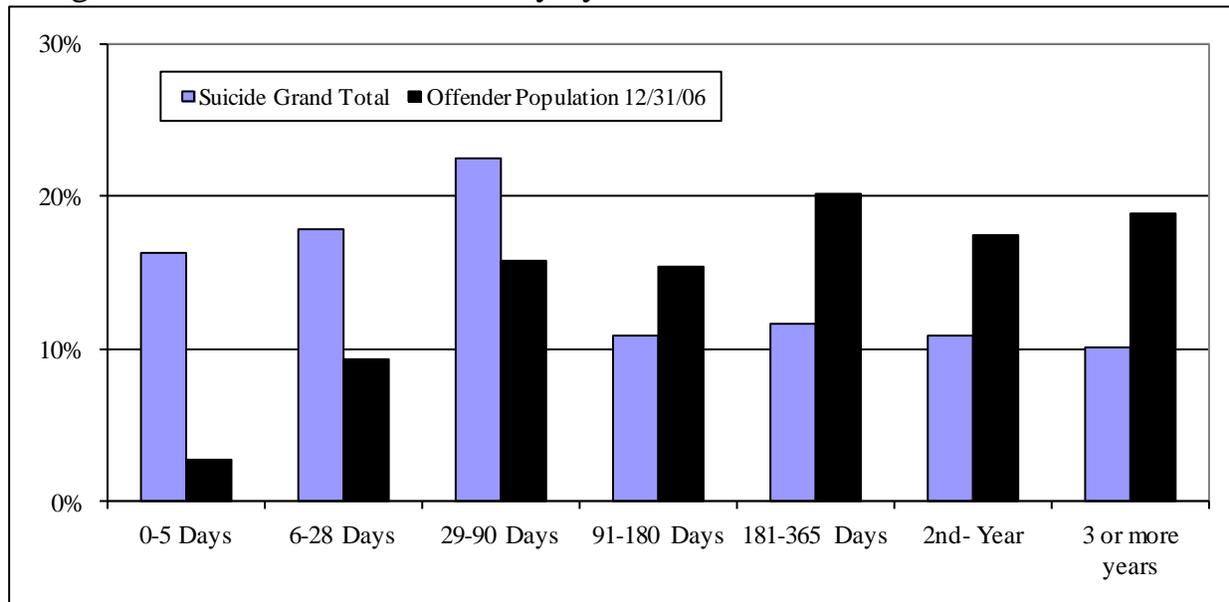
Table 11. Time Served in Facility by Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

Time Served in Facility	Total 2002-2009	2009	2010	2011	Total 2009-2011	Suicide Grand Total	Offender* Population 12/31/06
0-5 Days	12	3	2	4	9	21	1,824
6-28 Days	17	1	5	0	6	23	6,032
29-90 Days	22	2	4	1	7	29	10,065
91-180 Days	5	2	6	1	9	14	9,754
181-365 Days	12	1	0	2	3	15	12,812
2nd- Year	11	1	2	0	3	14	11,108
3 or more years	9	0	1	3	4	13	11,950
Total	88	10	20	11	41	129	63,545
Percent							
0-5 Days	14%	30%	10%	36%	22%	16%	3%
6-28 Days	19%	10%	25%	0%	15%	18%	9%
29-90 Days	25%	20%	20%	9%	17%	22%	16%
91-180 Days	6%	20%	30%	9%	22%	11%	15%
181-365 Days	14%	10%	0%	18%	7%	12%	20%
2nd- Year	13%	10%	10%	0%	7%	11%	17%
3 or more years	10%	0%	5%	27%	10%	10%	19%
Total**	100%	100%	100%	100%	100%	100%	100%

* Does not include 865 offenders housed at Willard.

**Percents do not add to 100% due to rounding.

Figure 11. Time Served in Facility by Incarcerated Offenders at Time of Death



Housing Location

The largest percentage of Offender Suicides occurred among offenders housed in general confinement with 56 suicides (43%) during the study period. The Special Housing Unit (SHU) and separate Keeplock (KL) units together had the next highest number of suicides, at 30 or 23%. Special Housing Units and separate Keeplock units are the housing locations consisting of cells grouped together so as to provide separation from the general population and house inmates confined in accordance with disciplinary procedures. Reception areas had 19 suicides (15%).

There were six suicides (5%) in ICP (Intermediate Care Program). The Intermediate Care Program is a residential mental health program jointly run by DOCCS and OMH (Office of Mental Health; see Appendix A for mental health program descriptions). There were three suicides (3%) in OMH-Residential Crisis Treatment Program (RCTP beds). The OMH RCTP Satellite units have dorm beds and observation cells for offenders in crisis who need treatment. Overall, 9% or 11 of suicides occurred among incarcerated offenders housed in mental health units such as ICP, OMH RCTP, Behavioral Health Unit (BHU) or Residential Mental Health Unit (RMHU).

Table 12. Housing Location for Suicides, 2002 – 2011*

Housing Location	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total
Gen. Conf.	41	1	10	4	15	56
SHU/KL	21	4	3	2	9	30
Reception	14	2	2	1	5	19
Infirmery	5	0	1	0	1	6
ICP	2	2	1	1	4	6
Protection unit	1	1	2	1	4	5
OMH-RCTP Satellite	3	0	0	0	0	3
Transit unit	1	0	0	1	1	2
BHU	0	0	1	0	1	1
RMHU	0	0	0	1	1	1
Total	88	10	20	11	41	129
Percent						
Gen. Conf.	47%	10%	50%	36%	37%	43%
SHU/KL	24%	40%	15%	18%	22%	23%
Reception	16%	20%	10%	9%	12%	15%
Infirmery	6%	0%	5%	0%	2%	5%
ICP	2%	20%	5%	9%	10%	5%
Protection unit	1%	10%	10%	9%	10%	4%
OMH-RCTP Satellite	3%	0%	0%	0%	0%	2%
Transit unit	1%	0%	0%	9%	2%	2%
BHU	0%	0%	5%	0%	2%	1%
RMHU	0%	0%	0%	9%	2%	1%
Total	100%	100%	100%	100%	100%	100%

*SHU/KL-Special housing unit or separate Keeplock Unit, ICP-Intermediate Care Program, BHU-Behavioral Health Unit, RMHU-Residential Mental health Unit, RCTP-OMH Residential Crisis Treatment Program (see Appendix A for program descriptions).

Office of Mental Health (OMH) Service Level

Suicide is more concentrated among offenders with a designated high level of need for mental health services (Office of Mental Health Service Level or OMH Level). Greatest need is level 1 while levels 6 and 7 represent no need for mental health services (level 5 is not used). Thirty-five percent (35%) of suicide victims were designated as OMH Level 1 and 2 compared to 7% of the overall DOCCS population at end of year 2006.

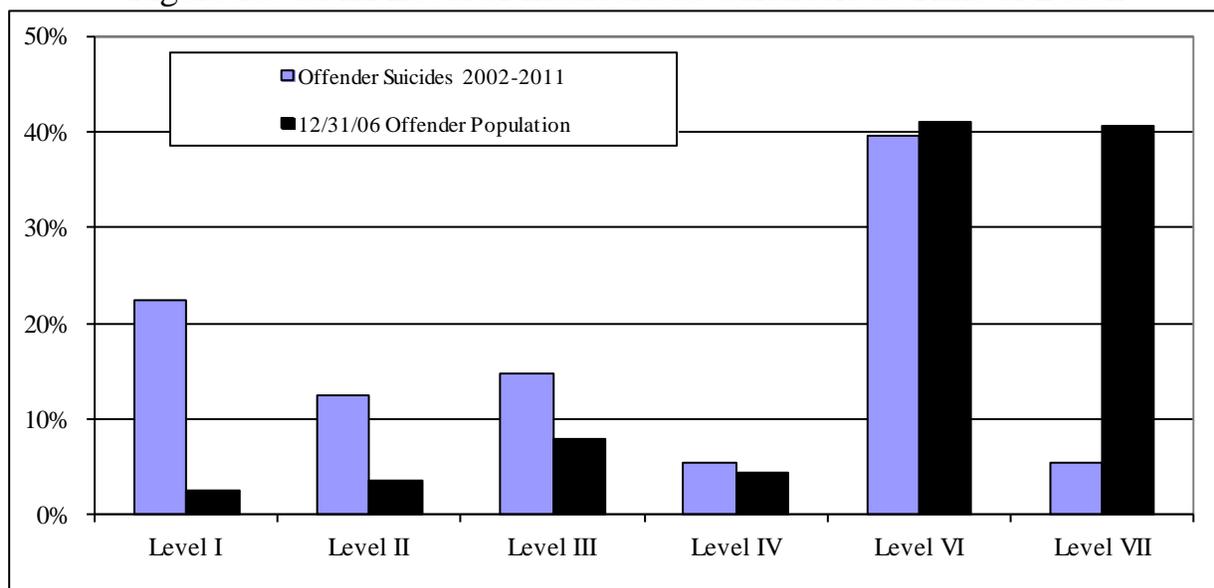
Table 13. OMH Level by Incarcerated Offenders by Year
Offender Suicides in NYSDOCCS, 2002 – 2011

OMH Level	Total 2002-2008	2009	2010	2011	Total 2009-2011	Suicide Grand Total	12/31/06 Offender Population*
Level I	21	3	2	3	8	29	1,642
Level II	13	0	2	1	3	16	2,275
Level III	11	2	3	3	8	19	5,037
Level IV	6	0	1	0	1	7	2,780
Level VI	31	4	12	4	20	51	26,361
Level VII	6	1	0	0	1	7	26,036
Total	88	10	20	11	41	129	64,131
Percent							
Level I	24%	30%	10%	27%	20%	22%	3%
Level II	15%	0%	10%	9%	7%	12%	4%
Level III	13%	20%	15%	27%	20%	15%	8%
Level IV	7%	0%	5%	0%	2%	5%	4%
Level VI	35%	40%	60%	36%	49%	40%	41%
Level VII	7%	10%	0%	0%	2%	5%	41%
Total**	100%	100%	100%	100%	100%	100%	100%

* OMH service level was missing for 279 cases.

** Due to rounding percents do not add to 100%.

Figure 13. OMH Level of Incarcerated Offenders at Time of Death



Appendix A

Mental Health Programs in DOCCS – (Definitions Provided by DOCCS Mental Health)

**Agencies: DOCCS – DEPARTMENT OF CORRECTIONS and COMMUNITY SUPERVISION
OMH – OFFICE OF MENTAL HEALTH**

Programs:

RCTP- RESIDENTIAL CRISIS TREATMENT PROGRAM

The goal of the RCTP is to evaluate and treat inmate-patients in need of short-term crisis mental health care. RCTPs have both observation cells and a dorm area for inmate-patients in crisis and in need of intensive treatment and monitoring. Mental Health Satellite Units, which include an RCTP and outpatient services, are located in 12 OMH Level 1 maximum security facilities (Attica, Auburn, Bedford Hills, Clinton, Downstate, Elmira, Five Points, Great Meadow, Green Haven, Sing Sing, Sullivan, and Wende) and 3 OMH Level 1 medium security facilities (Albion, Fishkill, and Mid-State). Services are accessed as outlined in DOCCS Directive 4301.

ICP- INTERMEDIATE CARE PROGRAM

The ICP is a Residential Mental Health program for Seriously Mentally Ill offenders jointly operated by OMH and DOCCS. The ICP is a therapeutic community which provides rehabilitative services to offenders who are unable to function in general population because of their mental illness. Referrals are reviewed by an ICP Admission Committee comprised of OMH and DOCCS staff. The goal of the program is to improve the offender's ability to function through programming and treatment so that they may return to general population. Length of stay varies. The following facilities are OMH Level 1 with an ICP: Albion, Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Five Points, Great Meadow, Green Haven, Mid-State, Sing Sing, and Sullivan.

TrICP – TRANSITIONAL INTERMEDIATE CARE PROGRAM

The TrICP provides OMH case management services to Seriously Mentally Ill offenders (SMI) in a general population location. In addition to receiving mental health outpatient services, these offenders participate in two groups each week aimed at helping their adjustment to the regular prison environment. TrICPs are located at Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Great Meadow, Green Haven, Sing Sing, and Wende.

IICP – INTENSIVE INTERMEDIATE CARE PROGRAM

The IICP treats SMI offenders with long-term Keeplock sanctions and/or removal from another ICP due to poor disciplinary/poor adjustment in correctional facilities. Staffing and programming in an IICP is similar to other ICPs with additional groups centering on increasing an offender's behavioral control and future adjustment to the correctional environment. The IICP is a 38 bed unit located at the Wende Correctional Facility.

BHU-BEHAVIORAL HEALTH UNIT

The BHU is a program that provides services to a target population of incarcerated offenders currently diagnosed as SMI and who have a demonstrated history of treatment resistance and poor custodial adjustment/behavior, with Special Housing Units (SHU) sanctions. This program has an emphasis on cognitive and behavioral interventions. The BHU is located at Great Meadow (Phase 1, 38 beds) and Sullivan (Phases 2 & 3, 64 beds).

TBU-THERAPEUTIC BEHAVIOR UNIT

The TBU is a program for female incarcerated offender-patients serving SHU sanctions who have a history of serious mental illness and/or poor custodial adjustment. This program, which is similar to the BHU and STP for male offenders, has 16 beds and is located at the Bedford Hills Correctional Facility.

RMHU - RESIDENTIAL MENTAL HEALTH UNIT

The RMHU was developed by DOCCS and OMH to address the special needs of incarcerated offender-patients currently diagnosed with a serious mental illness who, due to their disciplinary status, are serving time in a SHU or Separate Keeplock Unit. The program is designed to meet the mental health and behavioral needs of the incarcerated offender-patient while taking into consideration their disciplinary status and safety and security needs of the correctional system. The RMHU provides evaluation, intervention and supportive mental health and correctional rehabilitative services for the incarcerated offender-patient participants. The RMHU incarcerated offender-patient is offered four hours of specialized programming, five days a week. This program is located at Marcy Correctional Facility (100 beds) and opened in December 2009. Five Points RMHU (60) beds were opened in June 2011. Attica RMHU (10 beds) was opened in July 2011.

SDU -SENSORIALLY DISABLED UNIT

A program designed to assist offenders with reasonable accommodations for the visually and/or hearing impaired. There are facilities with an SDU which have residential components, Eastern, Sullivan and Wende. The following facilities accommodate offenders with sensorial disabilities by contracting for services as necessary: Bedford Hills, Downstate, Eastern, Five Points, Lakeview, Taconic, Ulster, Woodbourne, Wyoming, and work release facilities.

SNU-SPECIAL NEEDS UNIT

An SNU is a therapeutic community that provides long term habilitative services to offenders that have been identified as developmentally disabled or who have significant intellectual and adaptive behavior deficits. Offenders generally have WAIS IQ of 70 or below and a completed SNU referral form with a recommendation by the testing Psychologist documenting functional deficits. The ultimate goal of the program is to provide skills which allow the offender to be mainstreamed to general population and enable them to benefit from regular facility programming. There is a SNU located at Wende (52 beds) and Sullivan (64 beds) for maximum security offenders and Woodbourne (50 beds) for medium security offenders. The Arthur Kill SNU closed in October 2011, and the Woodbourne SNU (50 beds) opened in October 2011. The SNU program prepares offenders to return to their community by assisting in the development of linkages to post-incarceration community service providers.

APPU-ASSESSMENT AND PROGRAM PREPARATION UNIT

The APPU is a program for offenders in need of protective custody in the system or who may be prone to victimization because of physical stature, weak personality, nature of crime, notoriety or other appropriate condition. The goal of this program is to assess needs, teach coping skills, and reintegrate the offender back to general population. This is the only protective custody unit in the system that provides a full range of programs for offenders while keeping them totally segregated from the general facility population. The APPU has 258 beds and is located at the Clinton Correctional Facility.

MERLE COOPER

Located at Clinton Correctional Facility, this 216-bed unit is a therapeutic community and intensive, long-term counseling program for offenders experiencing adjustment difficulties either during their current period of incarceration or with life circumstances in general. Typically, these offenders have had more than one incarceration, a history of substance abuse, history of psychiatric treatment, chronic disciplinary problems, bizarre and/or violent crimes, and/or escalating seriousness and violence of criminal behavior. Group counseling gives offenders the opportunity to openly evaluate their life experiences.

CORP-COMMUNITY ORIENTATION & RE-ENTRY PROGRAM

CORP provides offenders with intensive mental health discharge planning services to OMH level 1 and level 2 incarcerated offender-patients who are returning to the New York City area. Located at Sing Sing CF, CORP is a 31-bed unit for offenders with 90 days or less to Conditional Release date or Maximum Expiration date.

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