

State of New York
Department of Corrections and Community Supervision

Building Number 2
Harriman Office Campus
Albany, New York 12226

**INMATES UNDER CUSTODY
SUICIDE REPORT**

2004-2013



Andrew M. Cuomo
Governor



Anthony J. Annucci
Acting Commissioner

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EXECUTIVE SUMMARY

Total Suicides

- A total of 130 inmates committed suicide within DOCCS facilities during the ten-year period of 2004 through 2013.

Suicide Rate per 100,000 Inmates

- The overall suicide rate for the study period was 21.5 per 100,000 inmates per year.

Facility Location

- 85% of suicides occurred in maximum security facilities and 15% in medium security facilities.

Age

- Suicide victims were slightly older (average age 39) than the overall under custody population (age 37).

Race/Ethnic Status

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

Commitment Crime

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

Region of Commitment

- Inmates from upstate counties had higher suicide rates than offenders committed from counties that comprise New York City.

Minimum and Maximum Sentences

- Inmates with longer minimum sentences and a maximum life sentence, have a greater likelihood to become a suicide victim.

Time Served

- Almost half of the suicides occurred among inmates 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 inmates who had transferred to a new correctional facility within the last 28 days, when compared to the general inmate population.

Housing Location

- The largest percentage of suicides (46%) occurred in general confinement, followed by Special Housing and separate Long Term Keeplock Units (23%), and reception facilities (13%). Seven percent (7%) occurred among inmates housed in mental health units.

OMH Level

- Suicides were more concentrated among inmates with Office of Mental Health (OMH) Service Level 1 through 4 designations. Thirty percent (30%) of the suicide victims were designated as OMH Level 1 or 2 compared with 10% for the overall under custody population. Similarly, 24% of suicide victims were OMH Level 3 or 4 compared to 7% of the overall under custody population of December 31, 2013 used in the report.

INTRODUCTION

This report examines characteristics of the 130 inmates who committed suicide in a Department of Corrections and Community Supervision (DOCCS) facility during the 10 year span from 2004 to 2013. Selected demographic variables are examined and comparisons are made between the suicide population and the under custody population at the mid-point of the ten year report period (December 31, 2008).

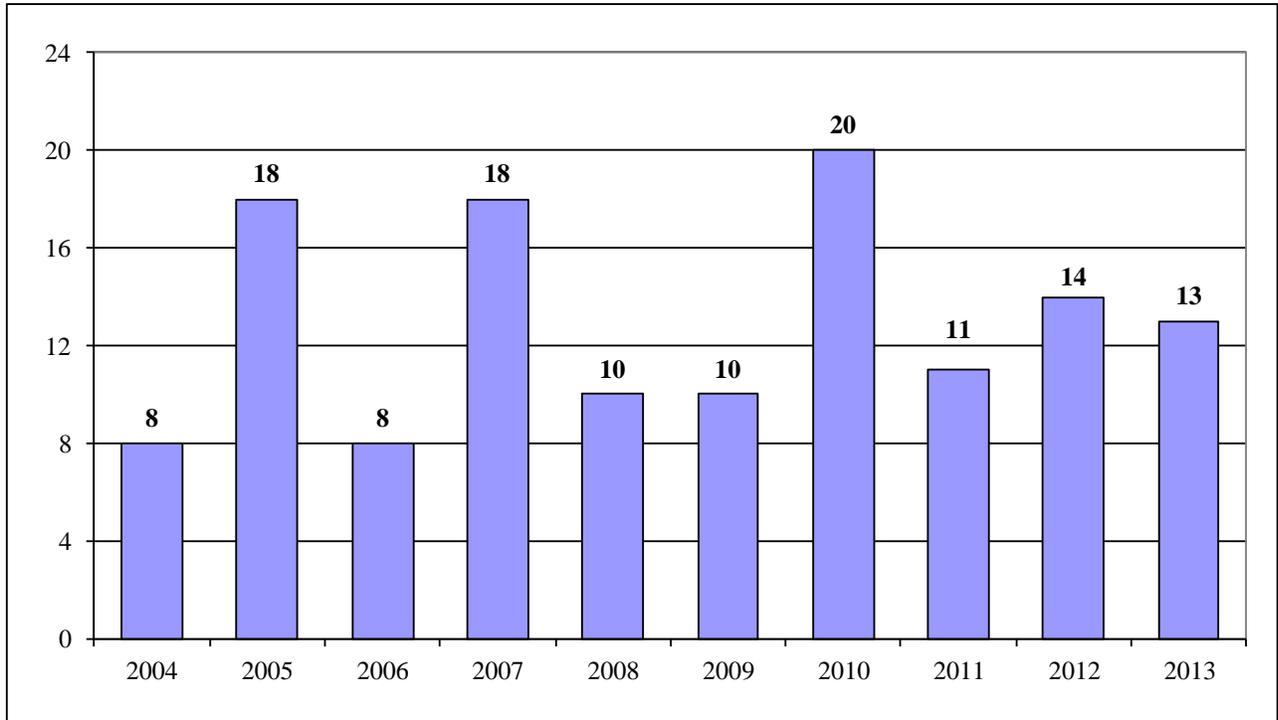
In addition to presenting aggregate data for the total ten year period, annual data is provided for numerous characteristics for the most recent three years, 2011 – 2013. Included in this report are inmates housed at parole program facilities (i.e. Willard Drug Treatment Campus, Edgecombe Residential Treatment, Hudson Parole Diversion Program, and Orleans Parole Diversion Program).

Suicides of inmates 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 inmates that occurred within DOCCS facilities.

Annual Number of Suicide Deaths: 2004 - 2013

There was considerable fluctuation in the number of suicides annually over the 10 years from calendar year 2004 through 2013. 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.

Figure 1. Annual Number of Suicides New York State DOCCS
2004 – 2013



Ten Year Annual Rate of Suicide Deaths

The annual rate of suicide deaths ranged from a low of 12.2 per 100,000 inmates in 2004 to a high of 34.5 per 100,000 inmates in 2010. Over the period 2004 through 2013, the average number of suicides per year was 13 and the annual rate per 100,000 inmates was 21.5.

**Table 1. Annual Count of Inmate Suicide Incidents in Facilities
Suicides in NYSDOCCS, 2004 – 2013**

Year	Average Daily Population	Suicides In Facility	Suicide Rate per 100,000	Average daily population	
				2004-2008	2009-2013
2004	65,471	8	12.2	2004-2008	2009-2013
2005	64,238	18	28.0	64,158	57,042
2006	64,128	8	12.5	Total suicides	
2007	64,392	18	28.0	2004-2008	2009-2013
2008	62,559	10	16.0	62	68
2009	60,217	10	16.6	Suicide rate per 100,000	
2010	57,978	20	34.5	2004-2008	2009-2013
2011	56,720	11	19.4	19.3	23.8
2012	55,706	14	25.1	Average suicides per year	
2013	54,589	13	23.8	2004-2008	2009-2013
Average	60,600	13	21.5	12.4	13.6

According to the most recently published national data¹, the suicide rate in state prisons throughout the country averaged 15 per 100,000 from 2001 to 2011. In New York State DOCCS from 2001 through 2011, the suicide rate was 19 per 100,000.

Table 1B. DOCCS and National Suicide Rates 2001-2011

Suicide Rate per 100,000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Average
Average National	14	14	16	16	17	17	16	15	15	16	14	15
NYS DOCCS	10	18	21	12	28	13	28	16	17	35	19	19

¹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, “Mortality in Local Jails and State Prisons”, Deaths in Custody Statistical Tables, Table 16. Mortality rate per 100,000 State prisoners, by cause of death, 2000-2011, by Margaret E. Noonan, BJS Statistician, and Scott Ginder, RTI International. See table 26 for average rate from 2001-2011.
<http://www.bjs.gov/content/pub/pdf/mljsp0011.pdf>

Facility Location

During the study period, 85% of the suicides occurred in maximum security facilities and 15% occurred in medium security facilities. Elmira Correctional Facility, including Reception, had the most suicides during the ten year study period with 21, followed by Clinton and its sub-facilities with 15. 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 ten year period 2004-2013, 74% of suicides occurred in maximum security general confinement facilities, 2% in maximum security SHU200 facilities, 7% in maximum security Residential Mental Health facilities, 2% in maximum security Regional Medical Units, and 15% in medium security facilities.

Table 2. Inmate Suicides by Facility by Year*
Inmate Suicides in NYSDOCCS, 2004 – 2013

FACILITY/SECURITY LEVEL	TOTAL 2004-2010	2011	2012	2013	TOTAL 2011-2013	GRAND TOTAL
MAXIMUM						
ATTICA GENERAL	8	0	1	3	4	12
AUBURN GENERAL	2	0	2	1	3	5
BEDFORD HLS GENERAL	2	0	0	0	0	2
CLINTON GENERAL	5	0	2	1	3	8
CLINTON ANNEX	1	0	0	0	0	1
CLINTON APPU	3	1	0	0	1	4
COXSACKIE	3	0	1	1	2	5
DOWNSTATE RECEPTION	6	0	0	1	1	7
EASTERN GENERAL	2	1	0	0	1	3
ELMIRA GENERAL	6	1	1	0	2	8
ELMIRA RECEPTION	12	1	0	0	1	13
FIVE POINTS	1	0	0	0	0	1
GREAT MEADOW GENERAL	7	1	0	1	2	9
GREEN HAVEN GENERAL	2	0	1	0	1	3
SHAWANGUNK	1	0	0	0	0	1
SOUTHPORT	3	1	0	0	1	4
SULLIVAN	0	1	0	0	1	1
UPSTATE GENERAL	1	0	1	0	1	2
UPSTATE SHU	1	0	0	0	0	1
UPSTATE SINGLE CELL	0	0	2	0	2	2
WENDE	3	0	1	0	1	4
SUBTOTAL	69	7	12	8	27	96
	75.0%	63.6%	85.7%	61.5%	71.1%	73.8%
SHU200						
FISHKILL SHU200	0	0	0	1	1	1
LAKEVIEW SHU200	1	0	0	0	0	1
MID-STATE SHU200	1	0	0	0	0	1
SUBTOTAL	2	0	0	1	1	3
	2.2%	0.0%	0.0%	7.7%	2.6%	2.3%

Table 2. Inmate Suicides by Facility by Year*
Inmate Suicides in NYSDOCCS, 2004 – 2013 (continued)

FACILITY/SECURITY LEVEL	TOTAL 2004-2010	2011	2012	2013	TOTAL 2011-2013	GRAND TOTAL
RESIDENTIAL MENTAL HEALTH TREATMENT UNIT						
ATTICA ICP	2	0	0	0	0	2
CLINTON ICP	1	1	0	0	1	2
GREAT MEADOW ICP	1	0	0	0	0	1
SULLIVAN ICP	1	0	0	0	0	1
WENDE ICP	0	1	0	0	1	1
GREAT MEADOW BHU	0	0	0	1	1	1
MARCY RMHU	1	0	0	0	0	1
SUBTOTAL	6	2	0	1	3	9
	6.5%	18.2%	0.0%	7.7%	7.9%	6.9%
REGIONAL MEDICAL UNIT						
MOHAWK WALSH MEDICAL	1	0	1	0	1	2
SUBTOTAL	1	0	1	0	1	2
	1.1%	0.0%	7.1%	0.0%	2.6%	1.5%
MAXIMUM SECURITY TOTAL	78	9	13	10	32	110
	84.8%	81.8%	92.9%	76.9%	84.2%	84.6%
MEDIUM						
ALBION FEMALE	1	0	0	0	0	1
BARE HILL	2	0	0	0	0	2
CHA TEAUGAY RPV	1	0	0	0	0	1
FISHKILL GENERAL	3	0	0	0	0	3
FRANKLIN	0	1	0	0	1	1
GREENE	1	0	0	0	0	1
LIVINGSTON	0	1	0	0	1	1
MARCY	0	0	0	1	1	1
MID-STATE	1	0	0	0	0	1
MID-STATE PC	1	0	0	0	0	1
MOHAWK	1	0	0	0	0	1
OGDENSBURG	0	0	0	1	1	1
ONEIDA	1	0	0	0	0	1
OTISVILLE	0	0	0	1	1	1
WOODBOURNE	2	0	1	0	1	3
SUBTOTAL MEDIUM	14	2	1	3	6	20
	15.2%	18.2%	7.1%	23.1%	15.8%	15.4%
GRAND TOTAL	92	11	14	13	38	130
	100%	100%	100%	100%	100%	100%

* Only includes facilities where a suicide occurred from 2004 to 2013.

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 - Behavioral 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 37). Inmates younger than 35 years old made up 47% of the under custody population but only 37% of suicide victims.

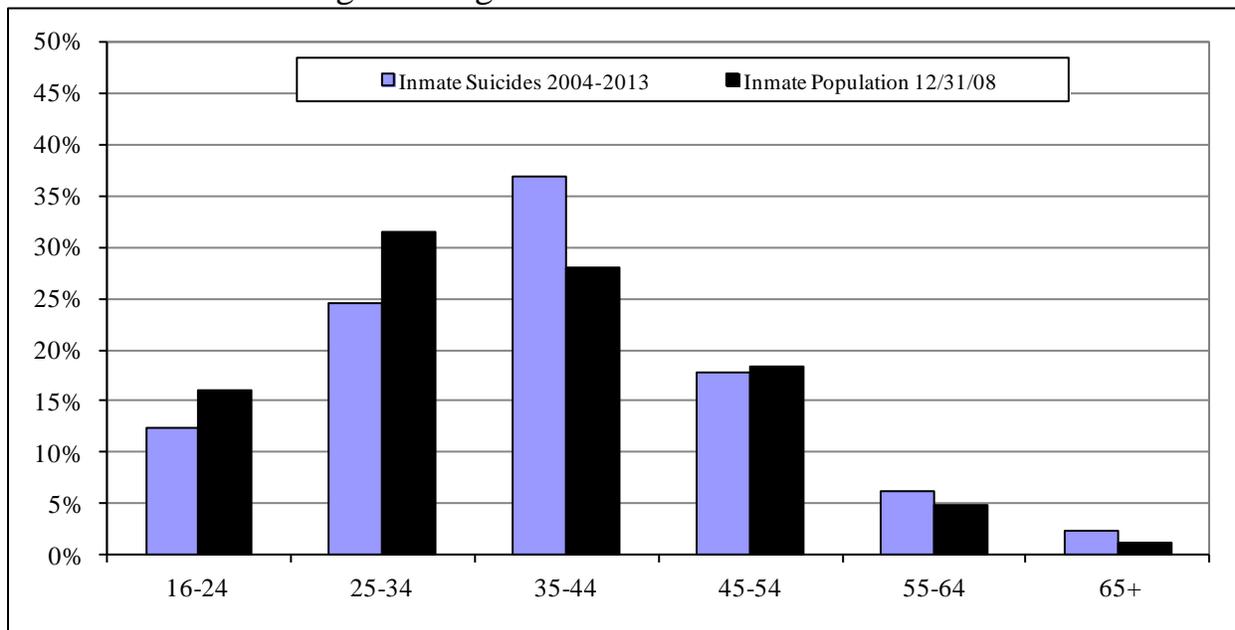
Table 3. Age of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

Age	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
16-24	15	0	0	1	1	16	9,791
25-34	19	3	5	5	13	32	19,137
35-44	37	4	4	3	11	48	17,092
45-54	14	2	4	3	9	23	11,191
55-64	5	1	1	1	3	8	2,937
65+	2	1	0	0	1	3	785
Total	92	11	14	13	38	130	60,933
Average	37.9	44.3	41.0	38.5	41.1	38.8	36.9
Percent							
16-24	16%	0%	0%	8%	3%	12%	16%
25-34	21%	27%	36%	38%	34%	25%	31%
35-44	40%	36%	29%	23%	29%	37%	28%
45-54	15%	18%	29%	23%	24%	18%	18%
55-64	5%	9%	7%	8%	8%	6%	5%
65+	2%	9%	0%	0%	3%	2%	1%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.

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

Figure 3. Age of Inmates at Time of Death



Race/Ethnicity

White inmates were considerably more likely than inmates of other racial or ethnic backgrounds to commit suicide. White inmates made up 42% of suicides for the ten year study period, but only 21% of inmates under custody at the end of 2008. African-American inmates were under-represented among suicides: 27% of suicides vs. 51% of the overall under custody population. Hispanic inmates constituted the same proportion of suicides as they were of the overall inmate population (25% of both suicides and the overall under custody population).

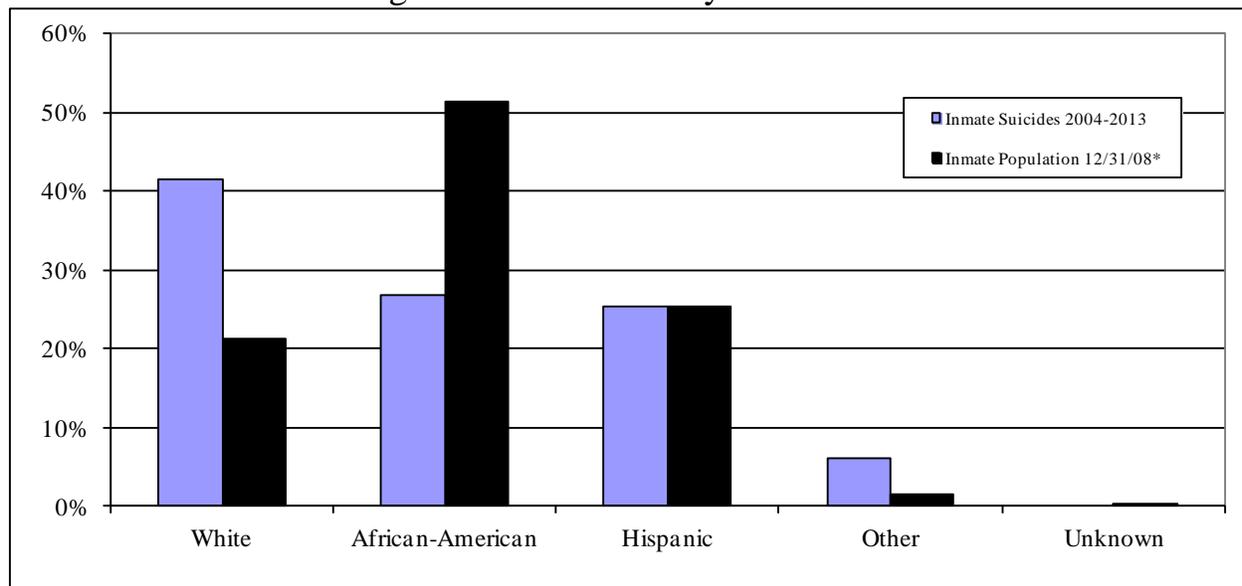
Table 4. Race/Ethnicity of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

Race/Ethnic Status	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
White	35	6	5	8	19	54	12,996
African-American	26	2	4	3	9	35	31,374
Hispanic	24	3	5	1	9	33	15,446
Other	7	0	0	1	1	8	941
Unknown	0	0	0	0	0	0	176
Total	92	11	14	13	38	130	60,933
Percent							
White	38%	55%	36%	62%	50%	42%	21%
African-American	28%	18%	29%	23%	24%	27%	51%
Hispanic	26%	27%	36%	8%	24%	25%	25%
Other	8%	0%	0%	8%	3%	6%	2%
Unknown	0%	0%	0%	0%	0%	0%	0%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.

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

Figure 4. Race/Ethnicity of Inmates



Crime Category

Compared to their representation in the overall under custody population on December 31, 2008, violent felons (particularly inmates committed for homicide and sex crimes, see Table 6 below) were more likely to commit suicide (78% of suicides vs. 58% of overall under custody population) and drug offenders were less likely to commit suicide (4% of suicides vs. 20% of the overall under custody population).

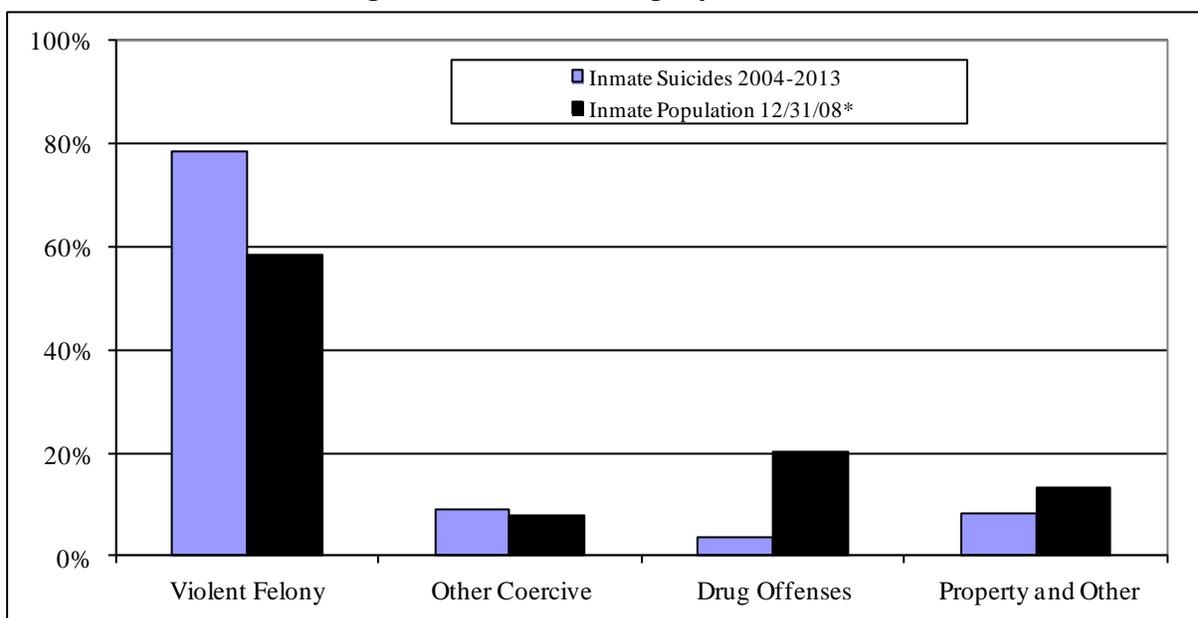
**Table 5. Crime Category of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013**

Commitment Crime	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
Violent Felony	71	8	13	10	31	102	35,607
Other Coercive	9	1	1	1	3	12	4,784
Drug Offenses	3	2	0	0	2	5	12,318
Property and Other	9	0	0	2	2	11	8,224
Total	92	11	14	13	38	130	60,933
Percent							
Violent Felony	77%	73%	93%	77%	82%	78%	58%
Other Coercive	10%	9%	7%	8%	8%	9%	8%
Drug Offenses	3%	18%	0%	0%	5%	4%	20%
Property and Other	10%	0%	0%	15%	5%	8%	13%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.

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

Figure 5. Crime Category of Inmates

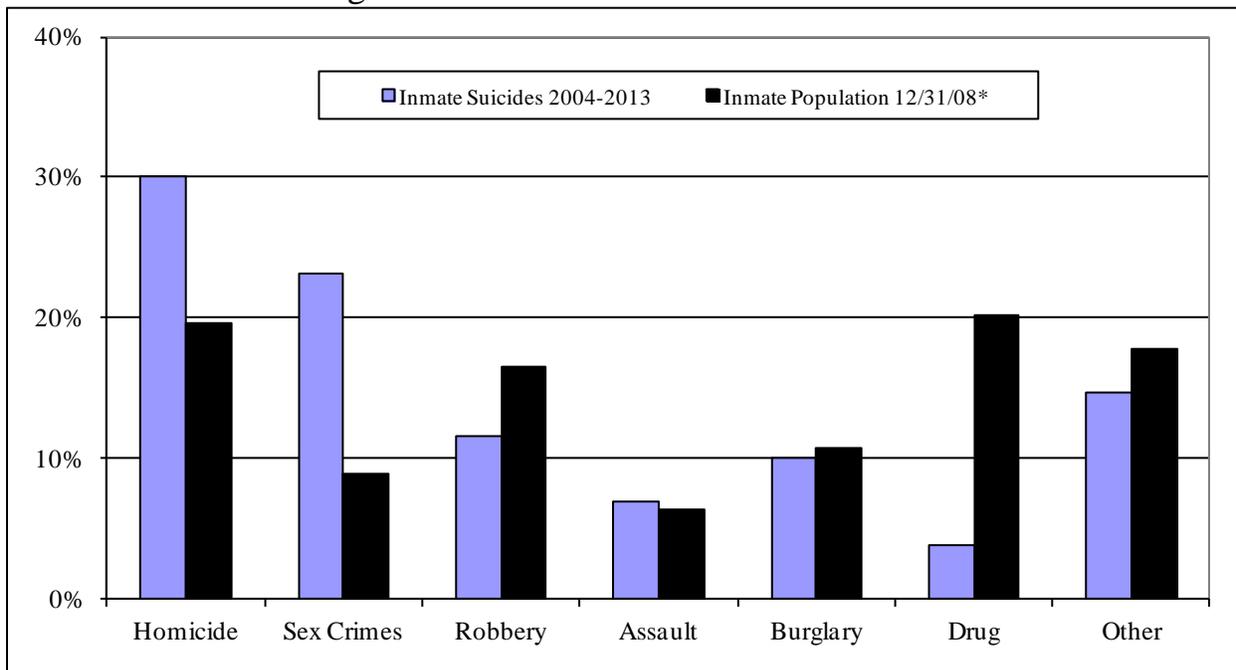


**Table 6. Commitment Crime of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013**

Crime	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
Homicide*	26	4	4	5	13	39	11,926
Sex Crimes	22	1	5	2	8	30	5,377
Robbery	11	2	2	0	4	15	10,056
Assault	7	0	1	1	2	9	3,863
Burglary	7	2	1	3	6	13	6,554
Drug	3	2	0	0	2	5	12,318
Other	16	0	1	2	3	19	10,839
Total	92	11	14	13	38	130	60,933
Percent							
Homicide**	28%	36%	29%	38%	34%	30%	20%
Sex Crimes	24%	9%	36%	15%	21%	23%	9%
Robbery	12%	18%	14%	0%	11%	12%	17%
Assault	8%	0%	7%	8%	5%	7%	6%
Burglary	8%	18%	7%	23%	16%	10%	11%
Drug	3%	18%	0%	0%	5%	4%	20%
Other	17%	0%	7%	15%	8%	15%	18%
Total***	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.
 ** Homicide includes: murder, attempted murder, manslaughter, manslaughter 2nd and other homicide.
 *** Percents may not add to 100% due to rounding.

Figure 6. Commitment Crime of Inmates



Region of Commitment

Inmates committed from upstate counties, including counties without a population center of 50,000 or more people (“Upstate Other” category in Table 7), were more likely to commit suicide. Inmates committed from “Upstate Other” counties made up 24% of suicides during the study period, but they made up only 16% of the comparison under custody population; similarly, inmates from “Upstate Urban” counties made up 27% of suicides but only 22% of the overall under custody inmates.

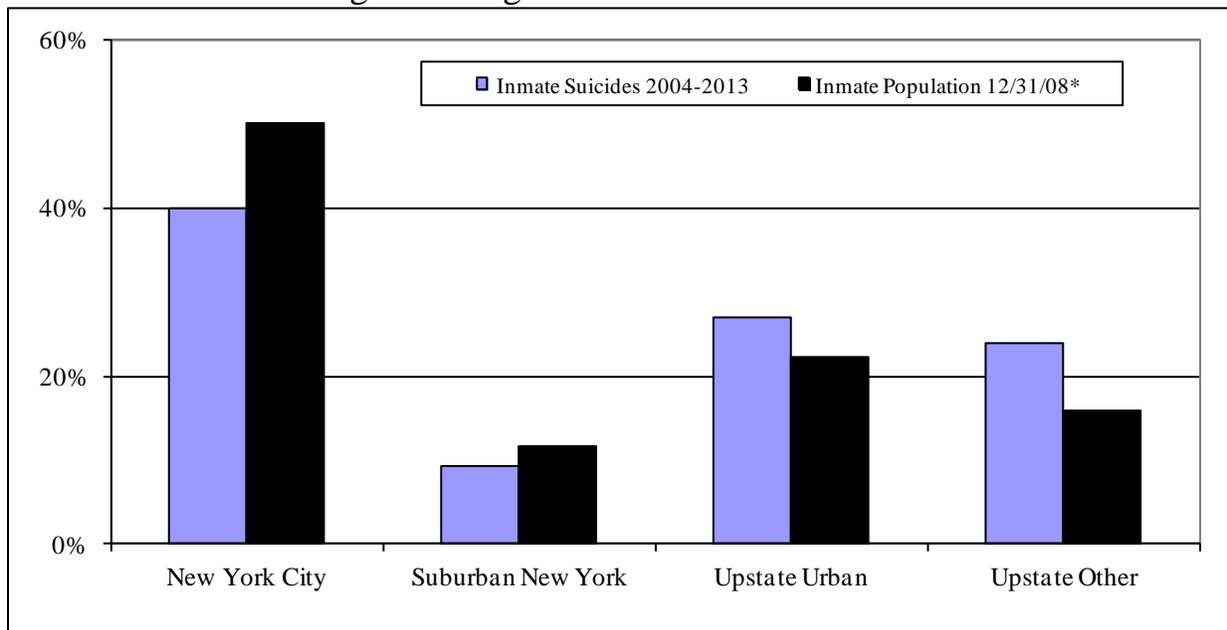
Table 7. Region of Commitment Crime of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

Region	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
New York City	39	5	5	3	13	52	30,580
Suburban New York	5	2	2	3	7	12	7,128
Upstate Urban	23	3	5	4	12	35	13,558
Upstate Other	25	1	2	3	6	31	9,666
Total*	92	11	14	13	38	130	60,932
Percent							
New York City	42%	45%	36%	23%	34%	40%	50%
Suburban New York	5%	18%	14%	23%	18%	9%	12%
Upstate Urban	25%	27%	36%	31%	32%	27%	22%
Upstate Other	27%	9%	14%	23%	16%	24%	16%
Total**	100%	100%	100%	100%	100%	100%	100%

* One case from out of state was omitted; the inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.

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

Figure 7. Region of Commitment Crime



Aggregate Minimum and Maximum Sentences

The longer an inmate's minimum sentence, the greater the probability that he or she would become a suicide victim. Among inmates who committed suicide between 2004 and 2013, 47% were serving an aggregate minimum sentence of ten years or longer compared with only 31% of inmates under custody at end of year 2008. For maximum sentences, 29% of offenders who committed suicide were serving maximum sentences of Life, compared with 18% of the overall under custody population (see Table 9).

Table 8. Minimum Sentence of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

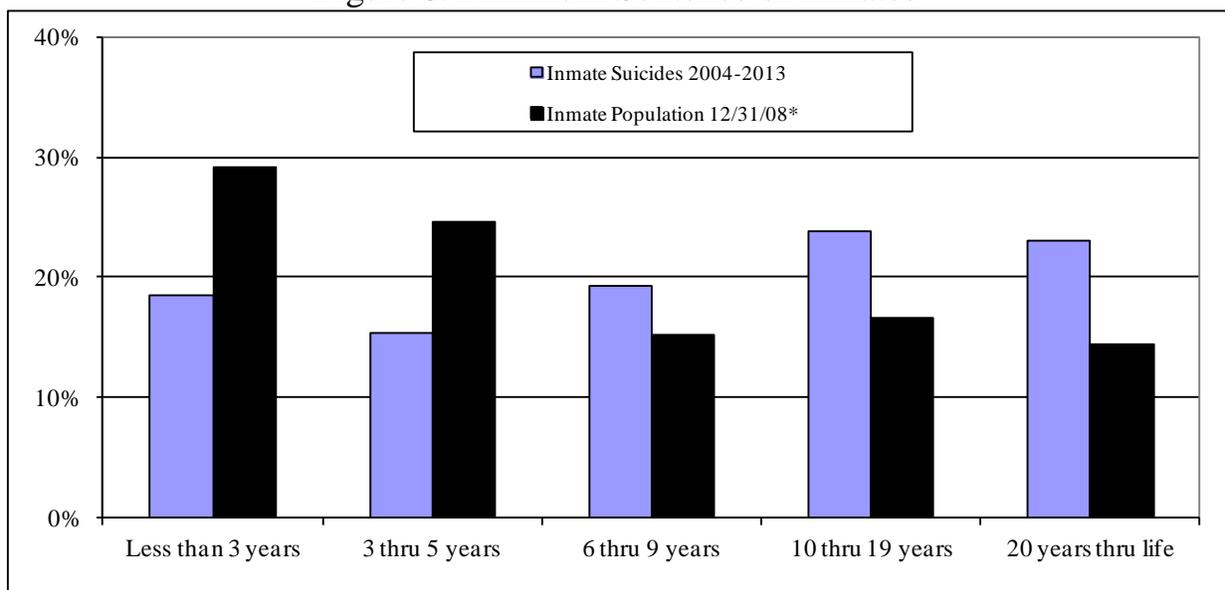
Minimum Sentence	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
Less than 3 years	21	0	2	1	3	24	17,734
3 to 5 years	14	1	3	2	6	20	14,969
6 to 9 years	17	3	1	4	8	25	9,307
10 to 19 years	23	3	1	4	8	31	10,135
20 years to life	17	4	7	2	13	30	8,768
Total	92	11	14	13	38	130	60,913
Percent							
Less than 3 years	23%	0%	14%	8%	8%	18%	29%
3 to 5 years	15%	9%	21%	15%	16%	15%	25%
6 to 9 years	18%	27%	7%	31%	21%	19%	15%
10 to 19 years	25%	27%	7%	31%	21%	24%	17%
20 years to life	18%	36%	50%	15%	34%	23%	14%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.

Aggregate Minimum Sentence missing 20 cases.

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

Figure 8. Minimum Sentence of Inmates



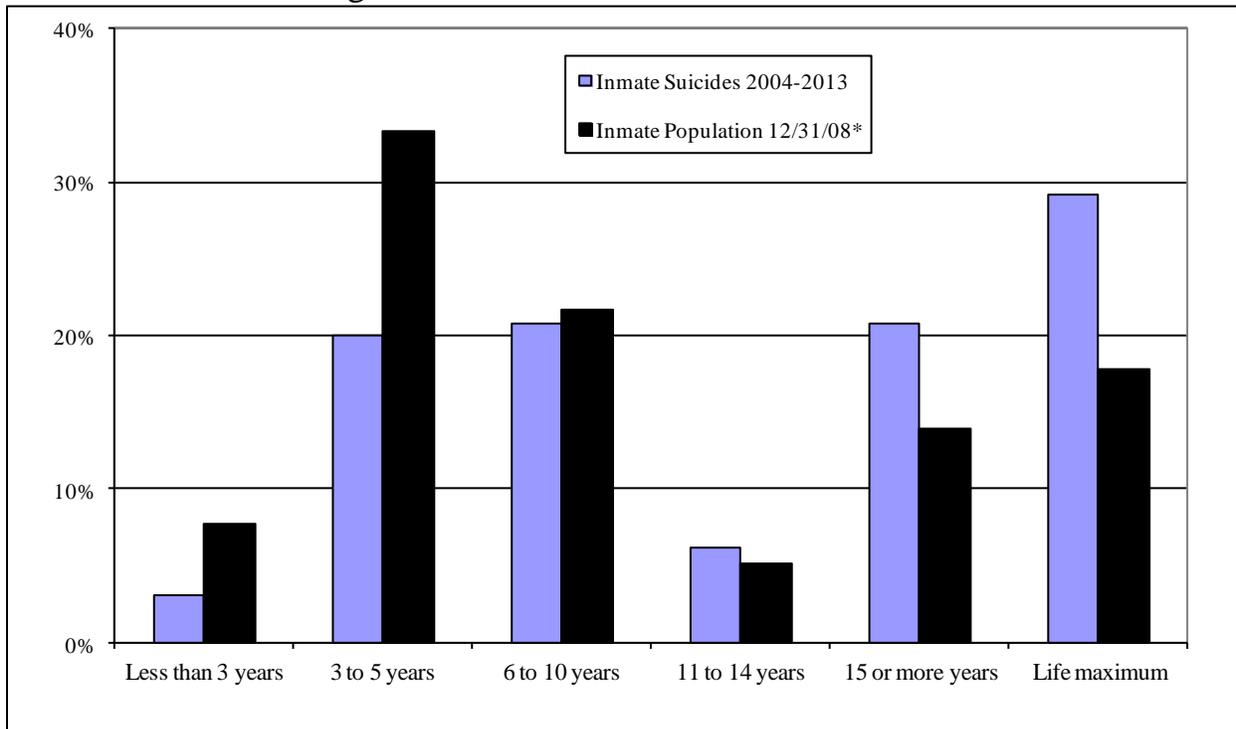
**Table 9. Maximum Sentence of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013**

Maximum Sentence	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
Less than 3 years	4	0	0	0	0	4	4,710
3 to 5 years	19	0	5	2	7	26	20,330
6 to 10 years	17	4	1	5	10	27	13,173
11 to 14 years	6	0	1	1	2	8	3,131
15 or more years	21	2	2	2	6	27	8,489
Life maximum	25	5	5	3	13	38	10,878
Life w/o Parole	0	0	0	0	0	0	202
Total	92	11	14	13	38	130	60,913
Percent							
Less than 3 years	4%	0%	0%	0%	0%	3%	8%
3 to 5 years	21%	0%	36%	15%	18%	20%	33%
6 to 10 years	18%	36%	7%	38%	26%	21%	22%
11 to 14 years	7%	0%	7%	8%	5%	6%	5%
15 or more years	23%	18%	14%	15%	16%	21%	14%
Life maximum	27%	45%	36%	23%	34%	29%	18%
Life w/o Parole	0%	0%	0%	0%	0%	0%	<1%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population; Aggregate Maximum Sentence missing 20 cases.

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

Figure 9. Maximum Sentence of Inmates



Time Served in DOCCS Custody

With respect to time served in DOCCS from date of latest admission to date of death, suicides were particularly concentrated among inmates who had served less than a year in prison. Almost half of the suicides (44%) had served less than a year in prison compared to 32% of the overall inmate population on December 31, 2008 (for the under custody comparison group time served reflects the period between date of latest admission and December 31, 2008).

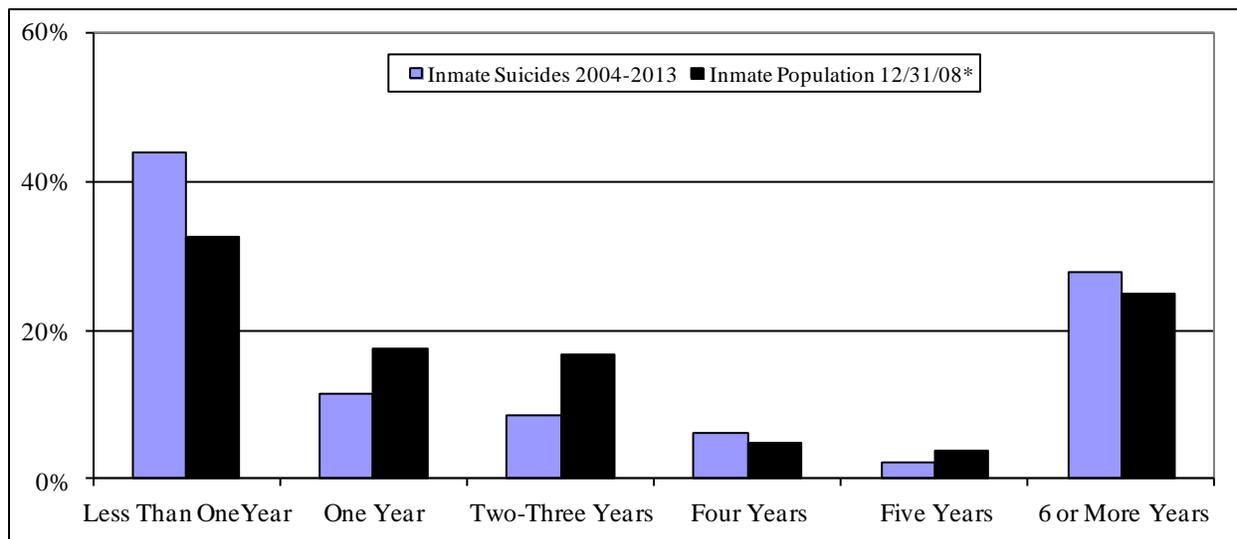
Table 10. Time Served in DOCCS by Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

Time Served in DOCCS	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
Less Than One Year	43	6	4	4	14	57	19,780
One Year	10	1	2	2	5	15	10,612
Two-Three Years	5	2	1	3	6	11	10,108
Four Years	5	1	1	1	3	8	2,982
Five Years	0	1	0	2	3	3	2,332
6 or More Years	29	0	6	1	7	36	15,119
Total	92	11	14	13	38	130	60,933
Percent							
Less Than One Year	47%	55%	29%	31%	37%	44%	32%
One Year	11%	9%	14%	15%	13%	12%	17%
Two-Three Years	5%	18%	7%	23%	16%	8%	17%
Four Years	5%	9%	7%	8%	8%	6%	5%
Five Years	0%	9%	0%	15%	8%	2%	4%
6 or More Years	32%	0%	43%	8%	18%	28%	25%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population.

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

Figure 10. Time Served in DOCCS by Inmates at Time of Death



Time Served in Current Facility

Among suicide deaths, there was a substantially higher concentration of inmates who had recently transferred to a new correctional facility. Among suicides, 33% had been housed at their current facility for 28 days or less (latest transfer date compared to date of death) compared to 11% of the comparison under custody population (where time served was the period between date of latest transfer to the facility and December 31, 2008).

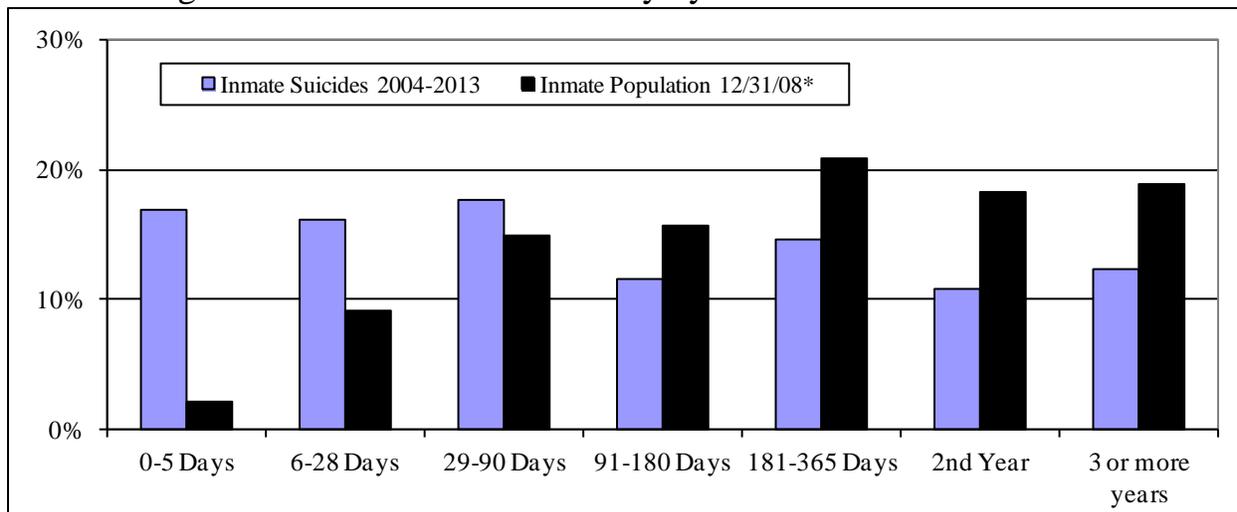
Table 11. Time Served in Facility by Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

Time Served in Facility	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Inmate Population 12/31/08*
0-5 Days	13	4	1	4	9	22	1,310
6-28 Days	19	0	1	1	2	21	5,502
29-90 Days	18	1	4	0	5	23	9,038
91-180 Days	13	1	0	1	2	15	9,488
181-365 Days	8	2	6	3	11	19	12,647
2nd Year	12	0	0	2	2	14	11,088
3 or more years	9	3	2	2	7	16	11,445
Total	92	11	14	13	38	130	60,518
Percent							
0-5 Days	14%	36%	7%	31%	24%	17%	2%
6-28 Days	21%	0%	7%	8%	5%	16%	9%
29-90 Days	20%	9%	29%	0%	13%	18%	15%
91-180 Days	14%	9%	0%	8%	5%	12%	16%
181-365 Days	9%	18%	43%	23%	29%	15%	21%
2nd- Year	13%	0%	0%	15%	5%	11%	18%
3 or more years	10%	27%	14%	15%	18%	12%	19%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population; missing 415 cases.

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

Figure 11. Time Served in Facility by Inmates at Time of Death



Housing Location

The largest percentage of inmate suicides occurred among inmates housed in general confinement, with 60 suicides (46%) during the study period. The Special Housing Unit (SHU) and separate Long Term Keeplock (LTKL) 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. The “Other” category, which includes the Clinton APPU (see Appendix for program descriptions), infirmary, reception centers, and Transit Units, had 31 suicides or 24%. The single largest location in the “Other” category was reception centers which had 17 suicides (13%).

Overall, 7% or 9 suicides have occurred among inmates housed in mental health units such as the Intermediate Care Program (ICP), the OMH Residential Crisis Treatment Program (RCTP), Behavioral Health Unit (BHU) or Residential Mental Health Unit (RMHU).

There were 6 suicides (5%) in the ICP. The ICP is a residential mental health treatment unit jointly run by DOCCS and OMH (Office of Mental Health; see Appendix A for mental health program descriptions). There was one suicide (1%) in an RCTP bed. The OMH RCTP Satellite units have dorm beds and observation cells for inmates in crisis who need treatment.

Figure 12. Housing Location at Time of Death: Inmate Suicides 2004-2013

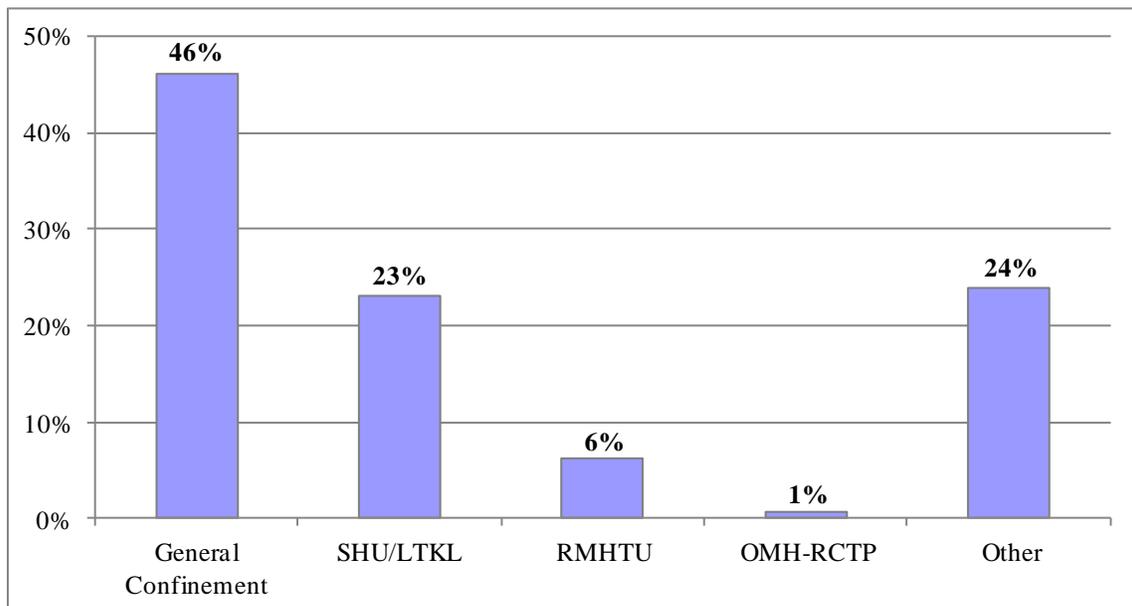


Table 12. Housing Location for Suicides, 2004 – 2013

Housing Location	Total 2004-2010	2011	2012	2013	Total 2011-2013	Suicide Grand Total	Offender Population 12/31/08*
General Confinement							
Gen. Conf.	38	4	10	8	22	60	52,453
Subtotal	38	4	10	8	22	60	52,453
SHU/LTKL							
Keeplock	2	0	0	1	1	3	419
SHU	16	2	3	2	7	23	2,716
STP	1	0	0	0	0	1	70
SHU200	3	0	0	0	0	3	1,389
Subtotal	22	2	3	3	8	30	4,594
RMHTU							
ICP	4	1	0	1	2	6	583
OMH-BHU/RMHU	1	1	0	0	1	2	78
Subtotal	5	2	0	1	3	8	661
OMH-RCTP							
OMH Satellite	1	0	0	0	0	1	327
Subtotal	1	0	0	0	0	1	327
Other							
APPU	3	1	0	0	1	4	251
Infirmery	5	1	1	0	2	7	263
Reception	16	0	0	1	1	17	2,315
Transit Unit	1	1	0	0	1	2	7
Other	1	0	0	0	0	1	62
Subtotal	26	3	1	1	5	31	2,898
Total	92	11	14	13	38	130	60,933
Percent							
General Confinement							
Gen. Conf.	41%	36%	71%	62%	58%	46%	86%
Subtotal	41%	36%	71%	62%	58%	46%	86%
SHU/LTKL							
Keeplock	2%	0%	0%	8%	3%	2%	1%
SHU	17%	18%	21%	15%	18%	18%	4%
STP	1%	0%	0%	0%	0%	1%	0%
SHU200	3%	0%	0%	0%	0%	2%	2%
Subtotal	24%	18%	21%	23%	21%	23%	8%
RMHTU							
ICP	4%	9%	0%	8%	5%	5%	1%
OMH-BHU/RMHU	1%	0%	0%	0%	0%	1%	0%
Subtotal	5%	18%	0%	8%	8%	6%	1%
OMH-RCTP							
OMH Satellite	1%	0%	0%	0%	0%	1%	1%
Subtotal	1%	0%	0%	0%	0%	1%	1%
Other							
APPU	3%	9%	0%	0%	3%	3%	0%
Infirmery	5%	9%	7%	0%	5%	5%	0%
Reception	17%	0%	0%	8%	3%	13%	4%
Transit Unit	1%	9%	0%	0%	3%	2%	0%
Opther	1%	0%	0%	0%	0%	1%	0%
Subtotal	28%	27%	7%	8%	13%	24%	5%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/08 (the mid-point of 2004-2013 period) is used as the comparison population; missing 415 cases.

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

Office of Mental Health (OMH) Service Level

Suicide is more concentrated among inmates with a designated level indicating a need for mental health services (Office of Mental Health Service Level or OMH Level). Inmates with the greatest mental health need are designated as Level 1, while Level 6 represents no need for mental health services and Level 7 represents inmates who have not had a mental health assessment (Level 5 is not used). Prior to 2008, not all newly received inmates were seen and assessed by OMH. Consequently, they may never have had an assessment done during their incarceration. Due to the changes in OMH evaluation of inmates since 2008, for this table, December 31, 2013 population figures were used for comparison purposes. Thirty percent (30%) of suicide victims were designated as OMH Level 1 or 2 compared to 10% of the overall DOCCS population at end of year 2013. Similarly, 24% of suicide victims were OMH Level 3 or 4 compared to 7% of the overall under custody population.

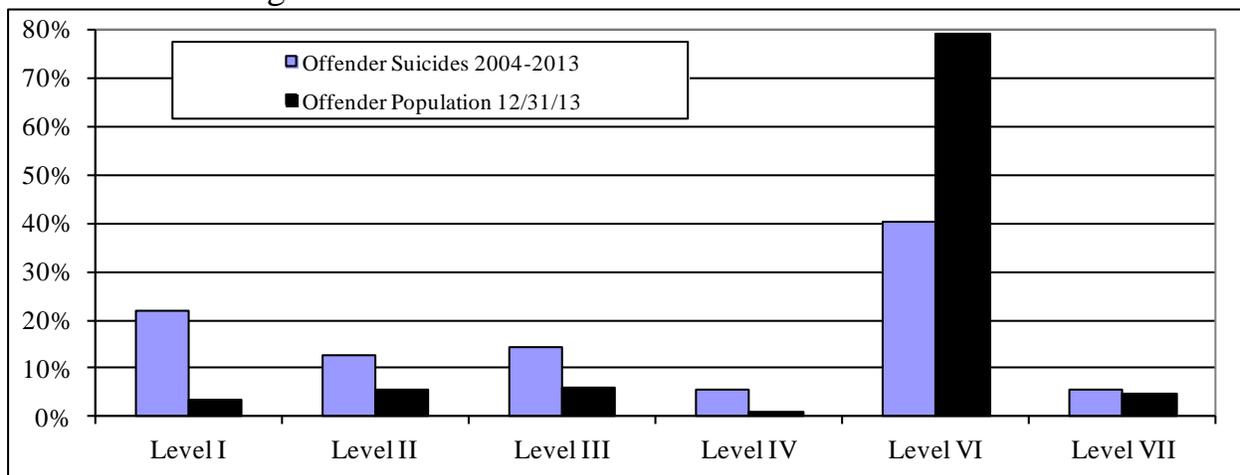
Table 13. OMH Level of Inmates by Year
Inmate Suicides in NYSDOCCS, 2004 – 2013

OMH Level	Total 2004-2010	2011	2012	2013	Total 2011-2013	Grand Total	Offender Population 12/31/13
Level I	15	3	0	2	5	20	1,911
Level II	11	1	4	3	8	19	3,042
Level III	16	3	3	2	8	24	3,128
Level IV	7	0	0	1	1	8	532
Level VI	37	4	7	5	16	53	42,466
Level VII	6	0	0	0	0	6	2,486
Total	92	11	14	13	38	130	53,565
Percent							
Level I	16%	27%	0%	15%	13%	15%	4%
Level II	12%	9%	29%	23%	21%	15%	6%
Level III	17%	27%	21%	15%	21%	18%	6%
Level IV	8%	0%	0%	8%	3%	6%	1%
Level VI	40%	36%	50%	38%	42%	41%	79%
Level VII	7%	0%	0%	0%	0%	5%	5%
Total**	100%	100%	100%	100%	100%	100%	100%

* The inmate population on 12/31/13 is used as the comparison population;

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

Figure 13. OMH Level of Inmates at Time of Death



Appendix A

Mental Health Programs in NYDOCCS – (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 13 OMH Level 1 maximum security facilities (Attica, Auburn, Bedford Hills, Clinton, Downstate, Elmira, Five Points, Great Meadow, Green Haven, Marcy Residential Mental Health Unit, Sing Sing, Sullivan, and Wende) and 3 OMH Level 1 medium security facilities (Albion, Fishkill, and Mid-State).

ICP- INTERMEDIATE CARE PROGRAM

The ICP is a Residential Mental Health program for Seriously Mentally Ill inmates jointly operated by OMH and DOCCS. The ICP includes a separate housing location within a correctional facility. The ICP is a therapeutic community which provides rehabilitative services to inmates who are unable to function in general population because of their mental illness. The goal of the program is to improve the inmate'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 inmates (SMI) in a general population location. In addition to receiving mental health outpatient services, these inmates 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, Mid-State, Sing Sing, and Wende.

IICP – INTENSIVE INTERMEDIATE CARE PROGRAM

The IICP treats SMI inmates 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 inmate's behavioral control and future adjustment to the correctional environment. The IICP is a 38 bed unit located at the Wende Correctional Facility.

STP-SPECIAL TREATMENT PROGRAM (Units Closed by July of 2011)

The program goal of the STP was to make available the psychiatric and behavioral treatment required to allow the inmate to successfully adjust to the Special Housing Unit (SHU) and ultimately be reintegrated into another specialized mental health program (ICP) or general population. The treatment team included DOCCS guidance and security staff and OMH clinical staff. DOCCS provided security and programming support for this program and clinical services were provided by OMH. STP units were located at Attica (34 beds), which was closed in August 2011 (10 of these beds became Attica RMHU), Five Points (50 beds) closed in July 2011, and Green Haven STP (24 beds), which closed in December 2010. The STP provided assessment and treatment to the Seriously Mentally Ill inmate with SHU sanctions.

BHU-BEHAVIORAL HEALTH UNIT

The Behavioral Health Unit (BHU) is a program that includes a separate housing location within a correctional facility. The BHU provides services to a target population of incarcerated inmates currently diagnosed as SMI and who have a demonstrated history of treatment resistance and poor custodial adjustment/behavior and who would otherwise be serving a confinement sanction in a Special Housing Unit. This program has an emphasis on cognitive and behavioral interventions. As of January 1, 2013 the BHU units were located at Great Meadow. Sullivan BHU closed July 1, 2013.

TBU-THERAPEUTIC BEHAVIOR UNIT

The Therapeutic Behavioral Unit (TBU) is the functional equivalent of the BHU for female inmate-patients serving SHU sanctions that have a history of serious mental illness and poor custodial adjustment. The TBU is comprised of a 16 bed unit in a separate housing location within the Bedford Hills Correctional Facility. Like the BHU, this program has an emphasis on cognitive and behavioral interventions.

SHU GTP-SPECIAL HOUSING UNIT GROUP THERAPY PROGRAM

The SHU Group Therapy Program is provided for inmates who are currently diagnosed with Serious Mental Illness and who are serving a SHU sanction in excess of 30 days and who are designated as an exception for safety and security reasons. The treatment goal is for these inmates to benefit from psychiatric and behavioral interventions that enable the inmate to adjust to environmental demands and ultimately be reintegrated into general population or another specialized program placement. This program is located at Elmira and Wende Correctional Facilities, with 6 therapeutic cubicles per site, enabling up to 12 inmates to participate in two hours of programming per day, five days a week.

RMHU - RESIDENTIAL MENTAL HEALTH UNIT

The Residential Mental Health Unit (RMHU) is a program that includes a separate housing location within a correctional facility designed to address the corrections-based therapeutic treatment of inmate-patients currently diagnosed with a serious mental illness who, due to their behavior, would otherwise be serving a confinement sanction in the SHU or Separate Keeplock Unit. The program is designed to meet the therapeutic needs of inmate-patients while maintaining appropriate safety and security on the unit. The RMHU provides evaluation, intervention and supportive mental health and correctional rehabilitative services for the incarcerated inmate-patient participants. The RMHU inmate-patient is offered four hours of

structured out-of-cell therapeutic programming and/or mental health treatment on a daily basis, except on weekends and holidays. This program is located at Marcy Correctional Facility (100 beds) and opened in December 2009. Five Points RMHU (60 beds) was opened in June 2011. Attica RMHU (10 beds) was opened in July 2011.

SNU-SPECIAL NEEDS UNIT

A Special Needs Unit (SNU) is a therapeutic community that provides long term habilitative services to inmates that have been identified as developmentally disabled or who have significant intellectual and adaptive behavior deficits. Inmates 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 inmate to be mainstreamed to general population and enable them to benefit from regular facility programming. There are SNUs located at Wende (52 beds), Sullivan (64 beds) and Clinton (20 beds) for maximum security inmates and Woodbourne (50 beds) for medium security inmates. The SNU program also prepares inmates 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 Assessment and Program Preparation Unit (APPU) is a program for inmates 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 inmate back to general population. This is the only protective custody unit in the system that provides a full range of programs for inmates while keeping them totally segregated from the general facility population. The APPU has 238 beds and is located at the Clinton Correctional Facility.

CORP-COMMUNITY ORIENTATION & RE-ENTRY PROGRAM

The Community Orientation and Re-Entry Program (CORP) provides inmates with intensive mental health discharge planning services to OMH Level 1 and Level 2 inmate-patients who are returning to the New York City area. Located at Sing Sing CF, CORP is a 31-bed unit for inmates with 90 days or less to Conditional Release date or Maximum Expiration date.

STEP-SAFE TRANSITION AND EMPOWERMENT PROJECT

The Safe Transition and Empowerment Program (STEP), located at Bedford Hills CF, is an in-reach and case management project that provides services to women with serious mental illness who are being released to New York City. The STEP program opened in May 2010. The In-reach component of STEP provides discharge planning and bi-monthly educational groups to inmates who are within 3 months of release. The post-release component provides short-term community based case management services to 36 released women in order to facilitate the transition from prison to the community.

CNYPC - CENTRAL NEW YORK PSYCHIATRIC CENTER

CNYPC provides inpatient psychiatric care and treatment for inmates who are mentally ill and a danger to themselves or others. CNYPC is a 208-bed hospital operated by the New York State Office of Mental Health and is located in Marcy, NY. All CNYPC admissions from NYDOCCS originate from an OMH RCTP unit (see RCTP description above) located in a correctional facility. The inmate is discharged from DOCCS' custody to receive inpatient services at CNYPC.

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