

State of New York  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION

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**PROFILE OF OFFENDERS DESIGNATED AS  
SERIOUSLY MENTALLY ILL  
UNDER CUSTODY JANUARY 1, 2011**



**Andrew M. Cuomo**  
Governor



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# **PROFILE OF OFFENDERS DESIGNATED AS SERIOUSLY MENTALLY ILL UNDER CUSTODY JANUARY 1, 2011**

## **Executive Summary**

- ◆ A total of 2,655 or 5% of offenders under NYDOCCS custody on January 1, 2011 had been designated by NYS Office of Mental Health as Seriously Mentally Ill (SMI).
- ◆ 72% of offenders designated as SMI under DOCCS custody had been committed for a violent felony offense compared to 62% for non-SMI designated offenders.
- ◆ Alternatively, 7% of offenders designated as SMI were committed for a drug offense compared to 16% for non-SMI offenders.
- ◆ 16% of female inmates were designated as SMI compared to 4% of male offenders.
- ◆ 55% of offenders designated as SMI were 40 or more years old compared to 39% of non-SMI designated offenders.
- ◆ 37% of offenders designated as SMI had served a prior prison term compared to 34% of non-SMI designated offenders.
- ◆ The median minimum sentence for offenders designated as SMI was 102 months compared to 62 months for non-SMI designated offenders.
- ◆ 75% of offenders designated as SMI were housed at a maximum security level facility compared to 43% of non-SMI designated offenders.
- ◆ The proportion of offenders designated as SMI in a specialized unit or program providing mental health treatment services more than doubled from 22% on January 1, 2008 to 45% on January 1, 2011.

# **PROFILE OF OFFENDERS DESIGNATED AS SERIOUSLY MENTALLY ILL UNDER CUSTODY JANUARY 1, 2011**

## **Introduction**

Disabilities Advocates Incorporated (DAI), a not-for-profit public interest advocacy and law organization that works to protect the rights of the disabled, sued the state in 2002 to compel improved treatment of mentally ill state prison offenders. The New York State Department of Correctional Services<sup>1</sup> and the New York State Office of Mental Health (OMH) entered into a Private Settlement Agreement (PSA) with DAI designed to provide improved treatment and mental health services to mentally ill state prison offenders. The agreement was approved by U.S. District Judge Gerald E. Lynch on April 27, 2007. The settlement agreement attempts to balance the need for treatment of offenders' mental illness with the need to maintain safety in correctional facilities, particularly in relation to mentally ill offenders with disciplinary issues. Mental health treatment services are provided to offenders in state prison by OMH.

In accordance with the PSA, offenders designated by OMH as Seriously Mentally Ill (SMI) are those with schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, substance-induced psychotic disorder (excluding intoxication and withdrawal), psychotic disorder not otherwise specified, major depressive disorders, and bi-polar disorder. The SMI designation also includes actively suicidal offenders or those who recently seriously attempted suicide, and offenders who commit self-harming or harmful acts motivated by breaks with or perceived breaks with reality, or caused by an organic brain syndrome, psychosis or depression.

As of January 1, 2011, OMH had identified 2,655 offenders who were under custody of DOCCS and were designated as SMI. This report is presented to accomplish three goals. First, it presents a profile of the demographic and criminal justice system characteristics of these 2,655 SMI offenders. Second, the report compares SMI population with other offenders not designated as SMI on these selected characteristics. Third, the report shows the growth over the last three years in the number and proportion of offenders designated as SMI who were in a specialized unit or program where mental health treatment services were a specific component of the program.

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<sup>1</sup> On April 1, 2011, the Department of Correctional Services merged with the Division of Parole to form a new agency, the Department of Corrections and Community Supervision (DOCCS). The agency will be referred to as DOCCS throughout the balance of this report.

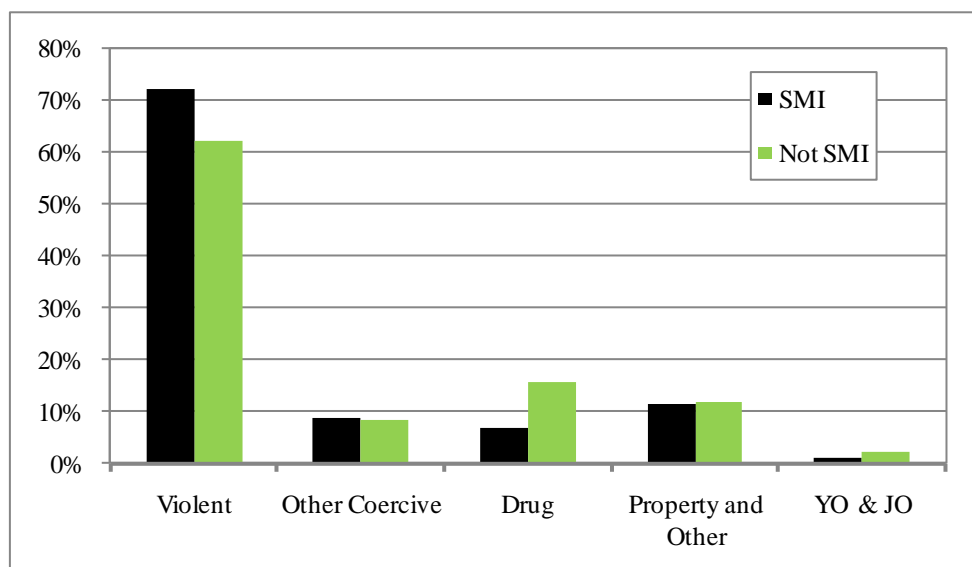
## Commitment Crime

**Table 1A. Commitment Crime by SMI Status**

Commitment Crime	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
Violent Felony	1,915	72.1%	33,328	62.1%	35,243	62.6%
Other Coercive	230	8.7%	4,437	8.3%	4,667	8.3%
Drug Offenses	183	6.9%	8,478	15.8%	8,661	15.4%
Property and Other	304	11.5%	6,325	11.8%	6,629	11.8%
Youthful/Juvenile Off	23	0.9%	1,081	2.0%	1,104	2.0%
Total	2,655	100.0%	53,649	100.0%	56,304	100.0%

- 72% of offenders designated as Seriously Mentally Ill (SMI) were currently committed for a violent felony offense compared to 62% for non-SMI designated offenders.
- 28% of SMI offenders had been committed for murder, attempted murder or manslaughter compared with 20% for non-SMI offenders.
- Alternatively, 7% of SMI offenders were committed for a drug offense compared to 16% for non-SMI offenders.

**Figure 1  
Commitment Crime by SMI Status**



**Table 1B. Commitment Crime by SMI Status**

Commitment Offense	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
<b>Violent Felony</b>						
Murder	476	17.9%	6,965	13.0%	7,441	13.2%
Attempted Murder	100	3.8%	1,299	2.4%	1,399	2.5%
Manslt 1st, Ag 2nd	159	6.0%	2,038	3.8%	2,197	3.9%
Rape 1st	107	4.0%	1,707	3.2%	1,814	3.2%
Robbery 1st	241	9.1%	4,455	8.3%	4,696	8.3%
Robbery 2nd	142	5.3%	3,069	5.7%	3,211	5.7%
Assault 1st	132	5.0%	1,852	3.5%	1,984	3.5%
Assault 2nd	90	3.4%	1,378	2.6%	1,468	2.6%
Burglary 1st	56	2.1%	1,030	1.9%	1,086	1.9%
Burglary 2nd	165	6.2%	3,344	6.2%	3,509	6.2%
Arson	26	1.0%	178	0.3%	204	0.4%
Sodomy 1st	75	2.8%	1,071	2.0%	1,146	2.0%
Sex Abuse 1st, Ag.2	64	2.4%	1,145	2.1%	1,209	2.1%
Weapons	51	1.9%	3,268	6.1%	3,319	5.9%
Kidnapping 1st, 2nd	19	0.7%	351	0.7%	370	0.7%
Other VFO Sex Offense	7	0.3%	115	0.2%	122	0.2%
Other Violent	5	0.2%	63	0.1%	68	0.1%
<b>Total</b>	<b>1,915</b>	<b>72.1%</b>	<b>33,328</b>	<b>62.1%</b>	<b>35,243</b>	<b>62.6%</b>
<b>Other Coercive</b>						
Manslaughter 2nd	16	0.6%	300	0.6%	316	0.6%
Other Homicide	5	0.2%	138	0.3%	143	0.3%
Robbery 3rd	75	2.8%	1,264	2.4%	1,339	2.4%
Att Assault 2nd	46	1.7%	439	0.8%	485	0.9%
Conspiracy 2, 3, 4	6	0.2%	231	0.4%	237	0.4%
Other Weapons	28	1.1%	605	1.1%	633	1.1%
Other Sex Offenses	33	1.2%	991	1.8%	1,024	1.8%
Other Coercive	21	0.8%	469	0.9%	490	0.9%
<b>Total</b>	<b>230</b>	<b>8.7%</b>	<b>4,437</b>	<b>8.3%</b>	<b>4,667</b>	<b>8.3%</b>
<b>Drug Offenses</b>						
Drug Sale	133	5.0%	4,671	8.7%	4,804	8.5%
Drug Possession	50	1.9%	3,807	7.1%	3,857	6.9%
<b>Total</b>	<b>183</b>	<b>6.9%</b>	<b>8,478</b>	<b>15.8%</b>	<b>8,661</b>	<b>15.4%</b>
<b>Property and Other</b>						
Burglary 3rd	110	4.1%	1,898	3.5%	2,008	3.6%
Grand Larceny	49	1.8%	1,311	2.4%	1,360	2.4%
Forgery	26	1.0%	471	0.9%	497	0.9%
Stolen Property	20	0.8%	419	0.8%	439	0.8%
Drive Intoxicated	23	0.9%	909	1.7%	932	1.7%
Contempt 1st	16	0.6%	358	0.7%	374	0.7%
All Other Felonies	60	2.3%	959	1.8%	1,019	1.8%
<b>Total</b>	<b>304</b>	<b>11.5%</b>	<b>6,325</b>	<b>11.8%</b>	<b>6,629</b>	<b>11.8%</b>
<b>YO &amp; JO</b>						
Youthful Offender	14	0.5%	902	1.7%	916	1.6%
Juvenile Offender	9	0.3%	179	0.3%	188	0.3%
<b>Total</b>	<b>23</b>	<b>0.9%</b>	<b>1,081</b>	<b>2.0%</b>	<b>1,104</b>	<b>2.0%</b>
<b>Grand Total</b>	<b>2,655</b>	<b>100.0%</b>	<b>53,649</b>	<b>100.0%</b>	<b>56,304</b>	<b>100.0%</b>

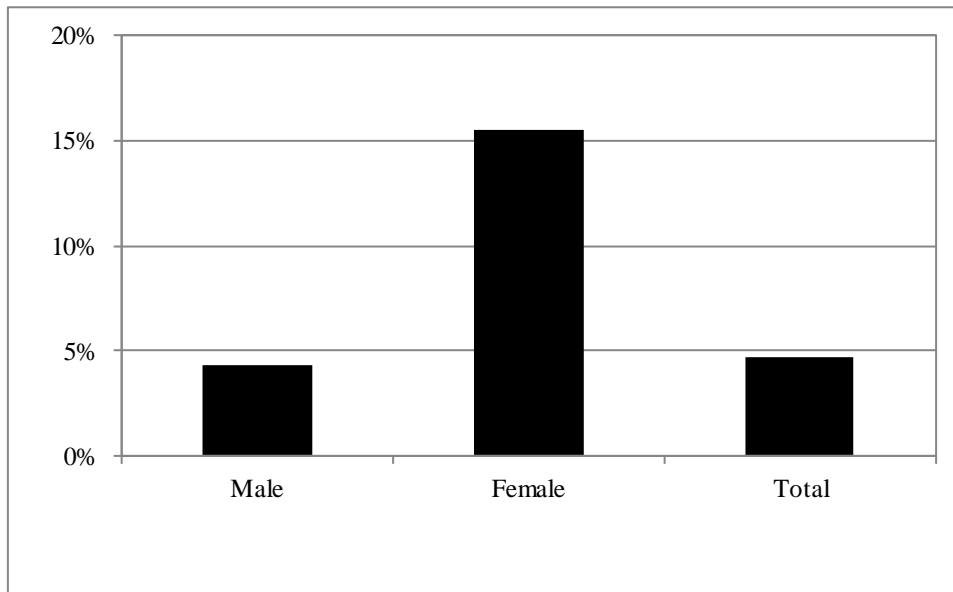
## Gender

**Table 2. Gender by SMI Status**

Gender	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
Male	2,312	4.3%	51,797	95.7%	54,109	100.0%
Female	343	15.5%	1,863	84.5%	2,206	100.0%
Total	2,655	4.7%	53,660	95.3%	56,315	100.0%

- 16% of female offenders under custody on January 1, 2011, were designated as SMI compared to 4% of male offenders.

**Figure 2. Gender by SMI Status**



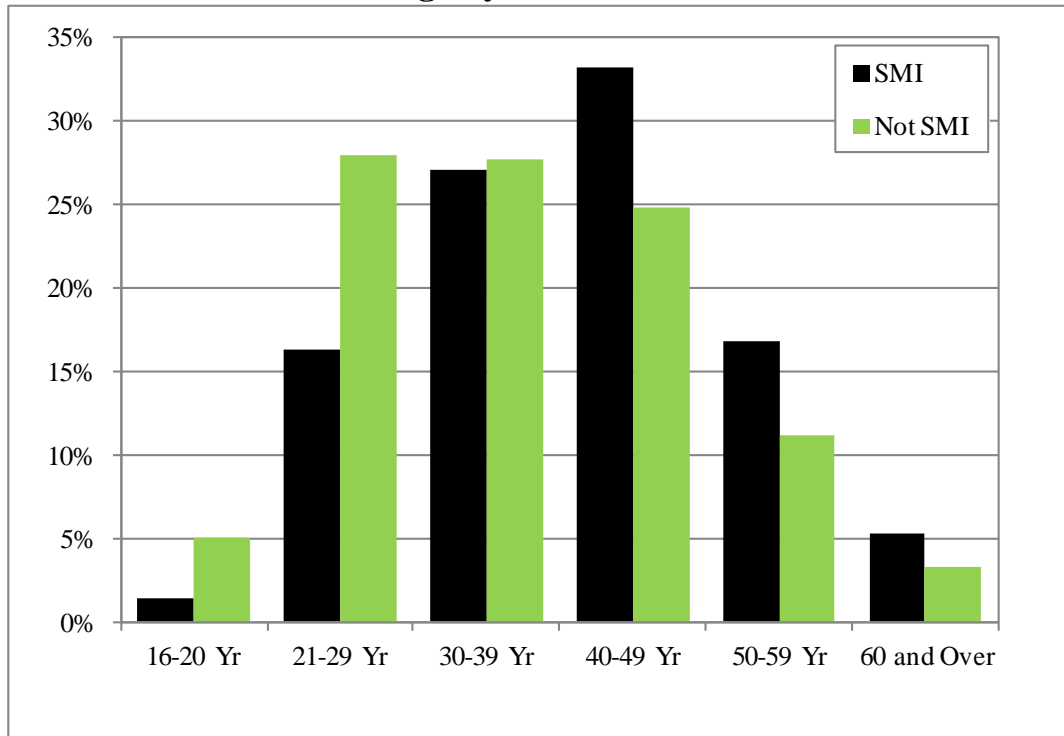
## Age

**Table 3. Age by SMI Status**

Current Age	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
16-20 Yr	36	1.3%	2,717	5.1%	2,753	4.9%
21-29 Yr	433	16.3%	14,975	27.9%	15,408	27.4%
30-39 Yr	720	27.1%	14,847	27.7%	15,567	27.6%
40-49 Yr	881	33.2%	13,314	24.8%	14,195	25.2%
50-59 Yr	445	16.7%	6,030	11.3%	6,475	11.5%
60 and Over	140	5.3%	1,777	3.3%	1,917	3.4%
<b>Total</b>	<b>2,655</b>	<b>100.0%</b>	<b>53,660</b>	<b>100.0%</b>	<b>56,315</b>	<b>100.0%</b>
Average	41.4		37.1		37.3	

- 55% of SMI offenders were age 40 or older compared to 39% of non-SMI offenders.

**Figure 3.  
Age by SMI Status**





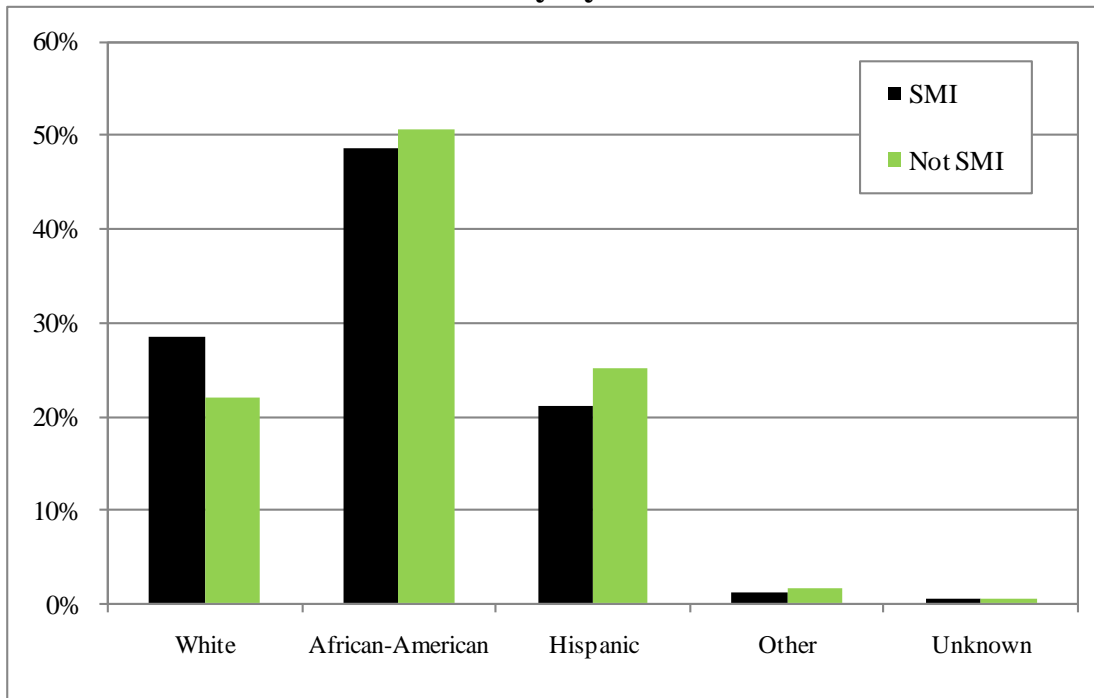
## Race/Ethnicity Status

**Table 4.**  
**Race/Ethnicity by SMI Status**

Race/ Ethnic Status	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
White	759	28.6%	11,851	22.1%	12,610	22.4%
African-American	1,290	48.6%	27,169	50.6%	28,459	50.5%
Hispanic	563	21.2%	13,451	25.1%	14,014	24.9%
Other	31	1.2%	883	1.6%	914	1.6%
Unknown	12	0.5%	306	0.6%	318	0.6%
Total	2,655	100.0%	53,660	100.0%	56,315	100.0%

- SMI offenders are somewhat more likely to be white than non-SMI offenders (29% and 22%, respectively).

**Figure 4.**  
**Race/Ethnicity by SMI Status**



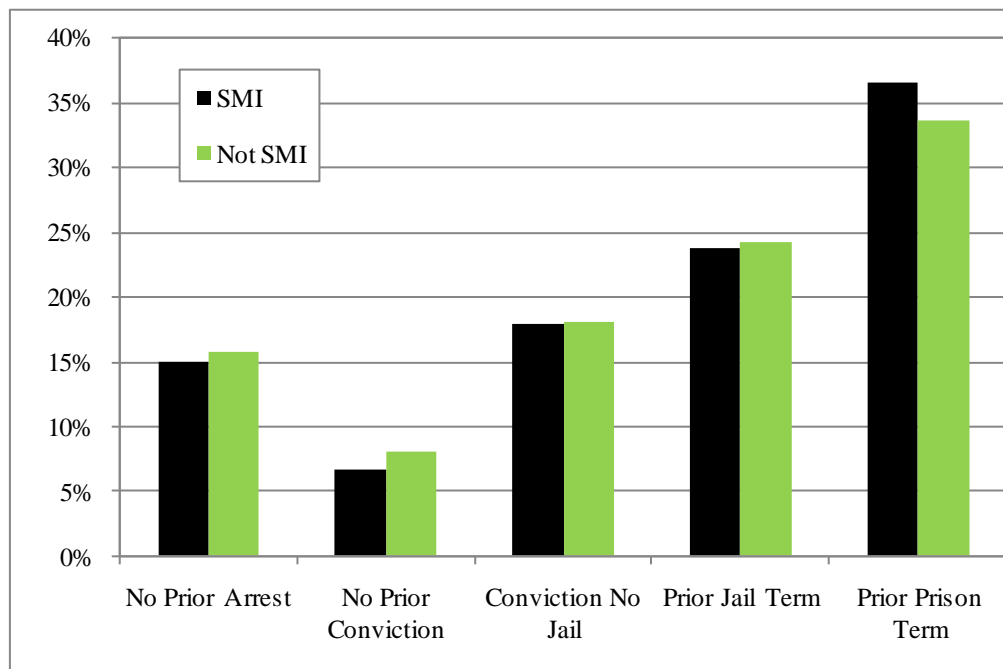
## Prior Adult Criminal Record

**Table 5. Prior Adult Criminal Record by SMI Status**

Prior Adult Criminal Record	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
No Prior Arrest	399	15.0%	8,504	15.8%	8,903	15.8%
No Prior Conviction	179	6.7%	4,322	8.1%	4,501	8.0%
Conviction No Jail	474	17.9%	9,728	18.1%	10,202	18.1%
Prior Jail Term	633	23.8%	13,002	24.2%	13,635	24.2%
Prior Prison Term	970	36.5%	18,100	33.7%	19,070	33.9%
Total	2,655	100.0%	53,656	100.0%	56,311	100.0%

- Offenders designated as SMI are slightly more likely to have served a prior prison term (37%) than non-SMI offenders (34%).

**Figure 5. Prior Criminal Record by SMI Status**



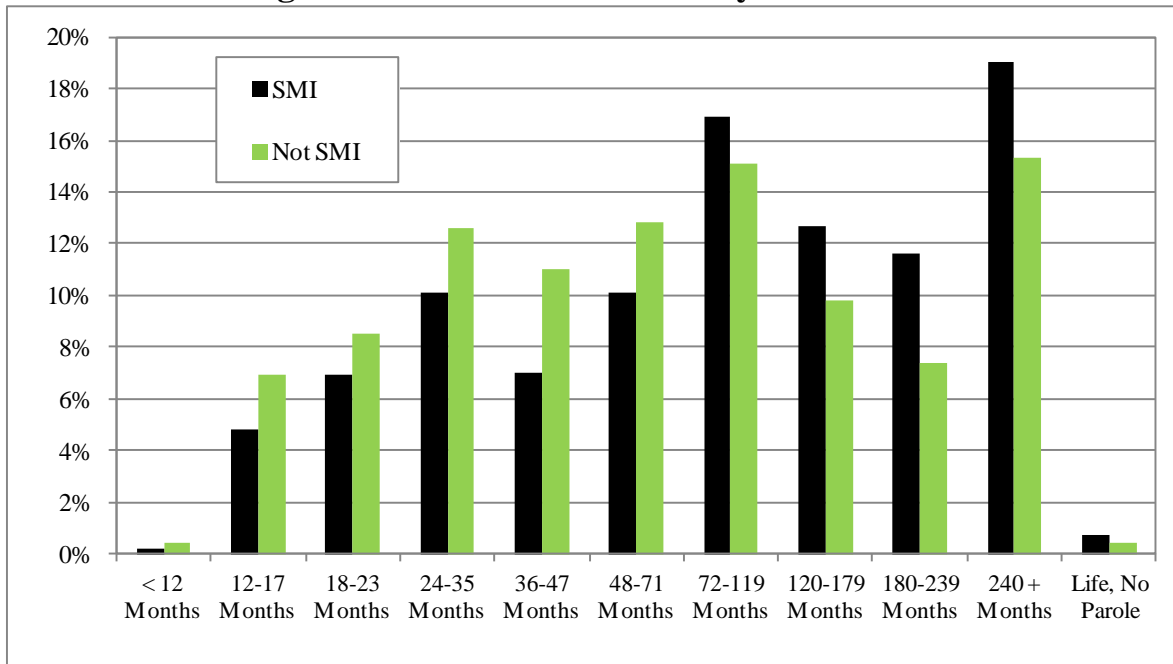
## Minimum Sentence

**Table 6. Minimum Sentence by SMI Status**

Minimum Sentence	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
< 12 Months	4	0.2%	189	0.4%	193	0.3%
12-17 Months	127	4.8%	3,676	6.9%	3,803	6.8%
18-23 Months	184	6.9%	4,544	8.5%	4,728	8.4%
24-35 Months	269	10.1%	6,755	12.6%	7,024	12.5%
36-47 Months	186	7.0%	5,890	11.0%	6,076	10.8%
48-71 Months	268	10.1%	6,860	12.8%	7,128	12.7%
72-119 Months	449	16.9%	8,101	15.1%	8,550	15.2%
120-179 Months	338	12.7%	5,261	9.8%	5,599	9.9%
180-239 Months	307	11.6%	3,959	7.4%	4,266	7.6%
240 + Months	505	19.0%	8,209	15.3%	8,714	15.5%
Life, No Parole	18	0.7%	205	0.4%	223	0.4%
Total	2,655	100.0%	53,649	100.0%	56,304	100.0%
Median	102 Months		62 Months			

- 61% of offenders designated as SMI were serving an aggregate minimum sentence of 6 years or longer compared to 48% for non-SMI offenders. The median minimum sentence for SMI offenders was 102 months compared to 62 months for non-SMI offenders.

**Figure 6. Minimum Sentence by SMI Status**



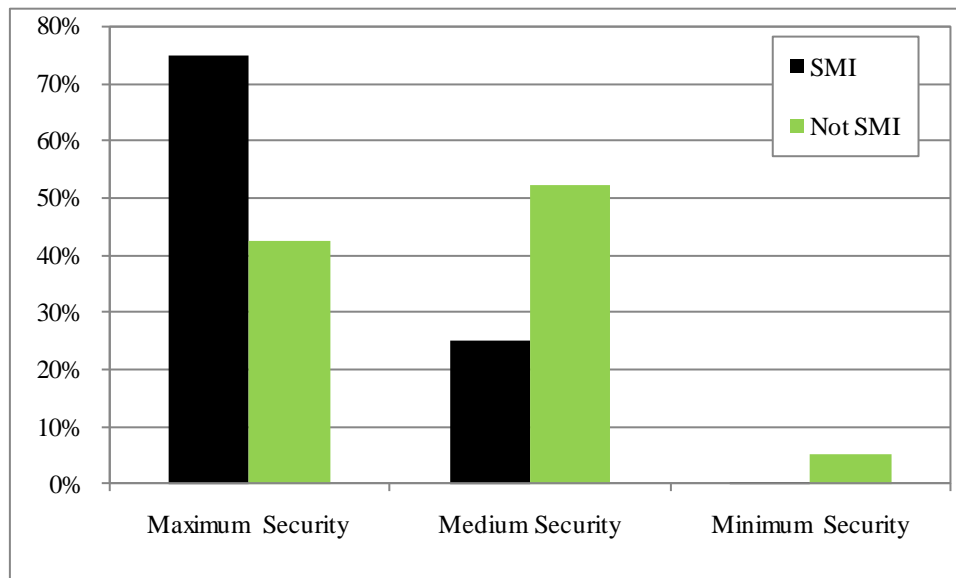
## Facility Security Level

**Table 7. Facility Security Level by SMI Status**

Facility Security Level	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
Maximum Security	1,991	75.0%	22,832	42.5%	24,823	44.1%
Medium Security	662	24.9%	28,069	52.3%	28,731	51.0%
Minimum Security	2	0.1%	2,759	5.1%	2,761	4.9%
Total	2,655	100.0%	53,660	100.0%	56,315	100.0%

- 75% of offenders designated as SMI were housed at a maximum security level facility compared to 43% of non-SMI offenders. SMI offenders were more likely to be housed at a maximum security facility to have access to the most extensive mental health treatment services and because of their longer minimum sentences.

**Figure 7. Facility Security Level by SMI Status**



## Seriously Mentally Ill (SMI) Offenders in Specialized Units/Programs

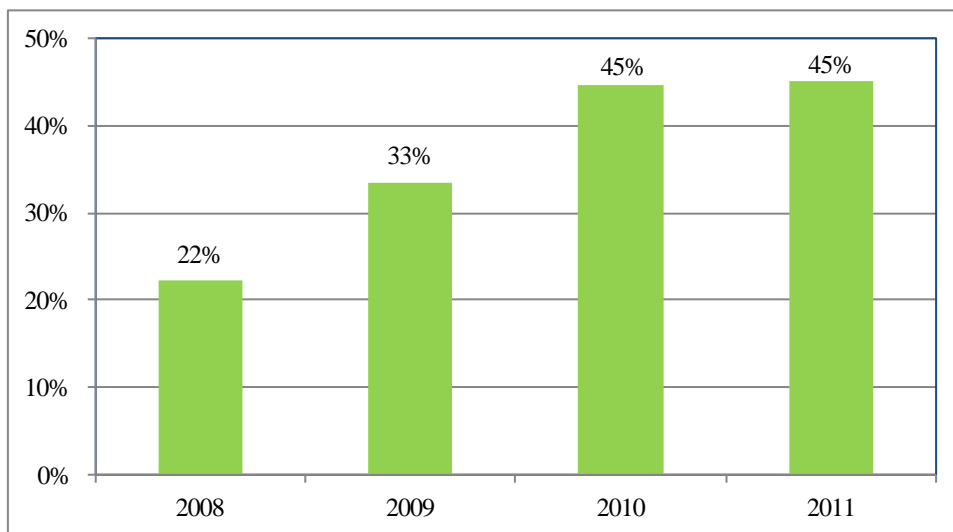
**Table 8. SMI Offenders in Specialized Units/Programs: 2008-2011**

Unit/Program Type	January 1			
	2008	2009	2010	2011
Specialized Unit/Program <sup>1</sup>				
Residential Mental Health Unit (RMHU)	N/A	N/A	17	68
Behavioral Health Unit (BHU)	71	66	45	75
Therapeutic Behavior Unit (TBU)	11	9	15	14
Special Treatment Program (STP)	36	85	66	62
SHU Group Therapy Program (SHU-GTP)	N/A	34	26	17
Intermediate Care Program (ICP)	498	534	614	705
Transitional ICP (TriCP)	N/A	167	174	175
Special Needs Unit (SNU)	39	73	60	55
Community Orientation and Re-Entry Prog (CORP)	22	25	28	29
Sub-Total Special Unit/Programs	677	993	1,045	1,200
	22%	33%	45%	45%
All Other Housing	2,368	1,972	1,294	1,455
	78%	67%	55%	55%
Total SMI Population	3,045	2,965	2,339	2,655
	100%	100%	100%	100%

1. Appendix A provides a brief description of each of these specialized units/programs.

- ◆ The proportion of offenders designated as SMI who were in a specialized unit or program providing mental health treatment services doubled from 22% on January 1, 2008 to 45% on January 1, 2011.

**Figure 8. SMI Offenders in Specialized Units/Programs: 2008-2011**



## **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 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).

##### **ICP- INTERMEDIATE CARE PROGRAM**

The ICP is a residential mental health program for SMI inmate-patients jointly operated by DOCCS and OMH. The ICP is a therapeutic community which provides rehabilitative services to inmate-patients 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. Referrals are reviewed by an ICP Admission Committee comprised of DOCCS and OMH staff. Length of stay varies. The following facilities are OMH Level 1 with ICPs: 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 offenders designated as Seriously Mentally Ill (SMI) inmate-patients 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 is a residential mental health program for SMI inmate-patients with long-term keeplock and/or inmate-patients who require alternate placement from other ICPs due to poor disciplinary/poor adjustment in correctional facilities. Staffing and programming are similar

to other ICPs with additional groups centering on increasing an inmate-patient'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**

The program goal is 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 includes DOCCS guidance and security staff and OMH clinical staff. DOCCS provides security and programming support for this program and clinical services are provided by OMH. On January 1, 2011 STPs were located at Attica (34 beds) and Five Points (50 beds). Green Haven STP (24 beds) was closed in December of 2010. There are 25 STP beds available at Mid-State if needed. The STP provides assessment and treatment to the Seriously Mentally Ill inmate with SHU sanctions.

#### **BHU-BEHAVIORAL HEALTH UNIT**

The BHU is a program that provides services to a target population of inmate-patients currently diagnosed with as Serious Mental Ill (SMI), who have demonstrated a history of treatment resistance and poor custodial adjustment/behavior, and have Special Housing Unit (SHU) sanctions. This program has an emphasis on cognitive and behavioral interventions. The BHU is located at Great Meadow (Phase 1, 38 beds where 2 hours of out-of-cell therapeutic programming are offered) and Sullivan (Phases 2 & 3, 64 beds where 4 hours of out-of-cell therapeutic program are offered).

#### **TBU-THERAPEUTIC BEHAVIOR UNIT**

The TBU is a program for female inmate-patients serving SHU sanctions who have a history of serious mental illness and/or poor custodial adjustment. This program is similar to the BHU and RMHU for male inmate-patients. The TBU has 32 beds located at the Bedford Hills Correctional Facility and offers 4 hours a day, 5 days a week of out-of-cell therapeutic programming.

#### **SHU GTP-SPECIAL HOUSING UNIT GROUP THERAPY PROGRAM**

The GTP program provides services to inmate-patients who are currently diagnosed with serious mental illness and are serving a SHU sanction in excess of 30 days. Many of these inmate-patients have unsuccessfully participated in BHU or STP. The treatment goal is to enable the inmate-patient to successfully adjust to environmental demands and to ultimately be reintegrated into a general population or other specialized program. This program has an emphasis on psychiatric and behavioral interventions, GTP's are located at Clinton, Elmira, Southport, and Wende Correctional Facilities. Each site has 6 therapeutic cubicles and offers 4 hours a day, 5 days a week of out-of-cell programming.

#### **RMHU-RESIDENTIAL MENTAL HEALTH UNIT**

The RMHU was developed by DOCCS and OMH to address the special needs of inmate-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 inmate-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 inmate-patient participants. The RMU inmate-patient is offered four hours of specialized out-of-cell therapeutic programming five days a week. On January 1, 2011, the RMHU was located at Marcy Correctional Facility (100 beds). Another 60 bed RMHU was scheduled to open at Five Points Correctional Facility during 2011.

#### **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 must 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. As of January 1, 2011, SNU units were located at Wende (52 beds) and Sullivan (64 beds) for maximum security offenders and Arthur Kill (50 beds) for medium security offenders. The Arthur Kill SNU also prepares offenders to return to their community by assisting in the development of linkages to post-incarceration community service providers.

#### **CORP-COMMUNITY ORIENTATION & RE-ENTRY PROGRAM**

CORP provides offenders with intensive mental health discharge planning services and is provided by OMH. 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.

#### **CNYPC - CENTRAL NEW YORK PSYCHIATRIC CENTER**

CNYPC provides inpatient psychiatric care and treatment for offenders 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. The inmate is discharged from DOCCS' custody to receive inpatient services at CNYPC.

#### **Private Settlement Agreement Terms**

##### **PSA- Private Settlement Agreement**

Disabilities Advocates, Inc. (DAI) sued the state in 2002 to compel improved treatment of mentally ill state prison offenders. DOCCS and OMH entered into a private settlement agreement with DAI to resolve the lawsuit. The agreement was approved by U.S. District Judge Gerald E. Lynch on April 27, 2007. The settlement agreement attempts to balance the need for treatment of offenders' mental illness with the need to maintain safety in correctional facilities, particularly in relation to mentally ill offenders with disciplinary issues.

#### **JCMC-JOINT CASE MANAGEMENT COMMITTEE**



The JCMC is a committee consisting of facility DOCCS and OMH staff and is responsible for reviewing, monitoring, and coordinating the behavior and treatment plans for all offenders in SHU who are on the OMH mental health caseload. The JCMC meets at least once every two weeks and is also responsible for making recommendations to the Superintendent for time cuts.

**JCORC-JOINT CENTRAL OFFICE REVIEW COMMITTEE**

The JCORC consists of high level Executive staff from both DOCCS and OMH who have been designated by their Commissioners. The JCORC reviews the aggregation of SHU sentences of inmate-patients who are seriously mentally ill and provides oversight for the provisions of the Private Settlement Agreement. The JCORC reviews two facility JCMC meetings each month through the use of video-teleconferencing.

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