

State of New York
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

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**PROFILE OF INMATES DESIGNATED AS
SERIOUSLY MENTALLY ILL
UNDER CUSTODY JANUARY 1, 2013**



Andrew M. Cuomo
Governor



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PROFILE OF INMATES DESIGNATED AS SERIOUSLY MENTALLY ILL UNDER CUSTODY JANUARY 1, 2013

Executive Summary

- ◆ A total of 2,181 or 4% of inmates under NYDOCCS custody on January 1, 2013 had been designated by NYS Office of Mental Health as Seriously Mentally Ill (SMI).
- ◆ 80% of inmates designated as SMI under DOCCS custody had been committed for a violent felony offense compared to 64% for non-SMI designated inmates.
- ◆ Alternatively, 4% of inmates designated as SMI were committed for a drug offense compared to 13% for non-SMI inmates.
- ◆ 10% of female inmates were designated as SMI compared to 4% of male inmates.
- ◆ 61% of inmates designated as SMI were 40 or more years old compared to 40% of non-SMI designated inmates.
- ◆ 36% of inmates designated as SMI had served a prior prison term compared to 33% of non-SMI designated inmates.
- ◆ The median minimum sentence for inmates designated as SMI was 128 months compared to 62 months for non-SMI designated inmates.
- ◆ 80% of inmates designated as SMI were housed at maximum security level facilities where the most extensive mental health treatment services are available compared to 43% of non-SMI designated inmates.
- ◆ While all Seriously Mentally Ill inmates receive mental health treatment services regardless of housing type, the proportion of inmates designated as SMI that were housed in a specialized unit or program, where mental health treatment services were a specific component of the program, more than doubled from 22% on January 1, 2008 to 49% on January 1, 2013.

PROFILE OF INMATES DESIGNATED AS SERIOUSLY MENTALLY ILL UNDER CUSTODY JANUARY 1, 2013

Introduction

Disability 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 inmates. The New York State Department of Correctional Services¹ 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 inmates. The agreement was approved by U.S. District Judge Gerald E. Lynch on April 27, 2007. The settlement agreement strove to balance the need for treatment of inmates' mental illness with the need to maintain safety in correctional facilities, particularly in relation to mentally ill inmates with disciplinary issues. Mental health treatment services are provided to inmates in state prison by OMH. The Private Settlement Agreement sunset in December 2011.

Chapter 1 of the Laws of 2008 was signed by the Governor which amended the Correction Law and Mental Hygiene Law in relation to the confinement conditions and treatment of convicted persons with serious mental illness. In accordance with Correction Law § 137, an inmate has a serious mental illness (SMI) when he or she has been diagnosed by OMH with one or more of the following: schizophrenia (all sub-types) 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, or bipolar disorder I and II; he or she is actively suicidal or has engaged in a recent, serious suicide attempt; he or she has been diagnosed with a mental condition that is frequently characterized by breaks with reality, or perceptions of reality, that lead the individual to experience significant functional impairment involving acts of self-harm or other behavior that have a seriously adverse effect on life or on mental or physical health; he or she has been diagnosed with an organic brain syndrome that results in a significant functional impairment involving acts of self-harm or other behavior that have a seriously adverse effect on life or on mental or physical health; he or she has been diagnosed with a severe personality disorder that is manifested by frequent episodes of psychosis or depression, and results in a significant functional impairment involving acts of self-harm or other behavior that have a seriously adverse effect on life or on mental or physical health; or he or she has been determined by a mental health clinician to have otherwise substantially deteriorated mentally or emotionally while confined in segregated confinement and is experiencing significant functional impairment

¹ 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.

indicating a diagnosis of serious mental illness and involving acts of self-harm or other behavior that have a serious adverse effect on life or on mental or physical health.

As of January 1, 2013, OMH had identified 2,181 inmates who were under the 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 2,181 SMI inmates. Second, the report compares the SMI population with other inmates not designated as SMI on these selected characteristics. Third, the report shows the growth over the last six years in the number and proportion of inmates designated as SMI who were in a specialized unit or program where mental health treatment services were a specific component of the program.

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	1,739	79.7%	33,306	63.7%	35,045	64.3%
Other Coercive	157	7.2%	4,065	7.8%	4,222	7.7%
Drug Offenses	91	4.2%	6,912	13.2%	7,003	12.9%
Property and Other	182	8.3%	6,925	13.2%	7,107	13.0%
Youthful/Juvenile Off	12	0.5%	1,096	2.1%	1,108	2.0%
Total	2,181	100.0%	52,304	100.0%	54,485	100.0%

- 80% of inmates designated as Seriously Mentally Ill (SMI) were currently committed for a violent felony offense compared to 64% for non-SMI designated inmates.
- 33% of SMI inmates had been committed for murder, attempted murder or manslaughter compared with 19% for non-SMI inmates.
- Alternatively, 4% of SMI inmates were committed for a drug offense compared to 13% for non-SMI inmates.

**Figure 1
Commitment Crime by SMI Status**

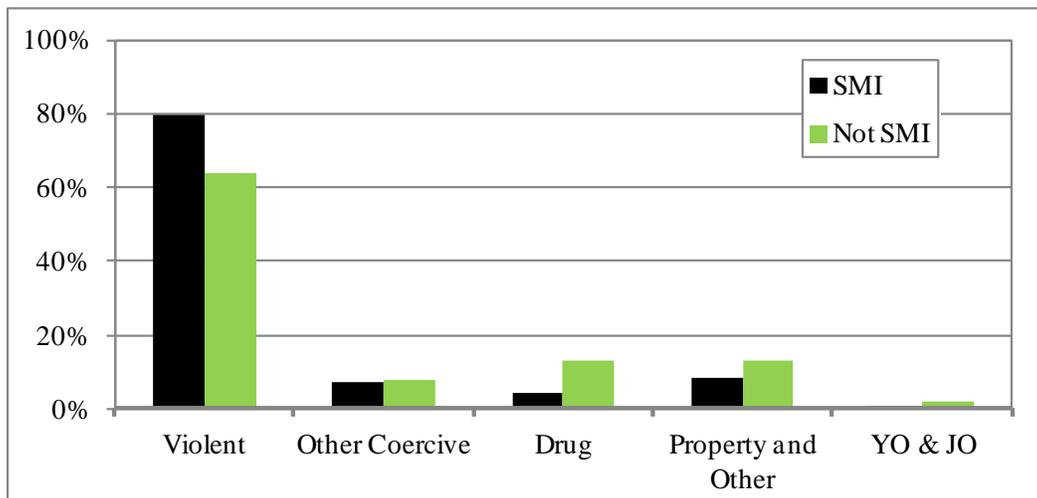


Table 1B. Commitment Crime by SMI Status

Commitment Offense	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
Violent Felony						
Murder	482	22.1%	6,660	12.7%	7,142	13.1%
Attempted Murder	91	4.2%	1,264	2.4%	1,355	2.5%
Manslt 1st, Ag 2nd	147	6.7%	1,982	3.8%	2,129	3.9%
Rape 1st	95	4.4%	1,616	3.1%	1,711	3.1%
Robbery 1st	195	8.9%	4,125	7.9%	4,320	7.9%
Robbery 2nd	122	5.6%	2,926	5.6%	3,048	5.6%
Assault 1st	113	5.2%	1,901	3.6%	2,014	3.7%
Assault 2nd	79	3.6%	1,399	2.7%	1,478	2.7%
Burglary 1st	52	2.4%	1,082	2.1%	1,134	2.1%
Burglary 2nd	140	6.4%	3,666	7.0%	3,806	7.0%
Arson	31	1.4%	178	0.3%	209	0.4%
Sodomy 1st	67	3.1%	1,008	1.9%	1,075	2.0%
Sex Abuse 1st, Ag.2	44	2.0%	1,153	2.2%	1,197	2.2%
Weapons	42	1.9%	3,469	6.6%	3,511	6.4%
Kidnapping 1st, 2nd	18	0.8%	343	0.7%	361	0.7%
Other VFO Sex Offense	14	0.6%	428	0.8%	442	0.8%
Other Violent	7	0.3%	106	0.2%	113	0.2%
Total	1,739	79.7%	33,306	63.7%	35,045	64.3%
Other Coercive						
Manslaughter 2nd	13	0.6%	278	0.5%	291	0.5%
Other Homicide	1	0.0%	159	0.3%	160	0.3%
Robbery 3rd	48	2.2%	1,145	2.2%	1,193	2.2%
Att Assault 2nd	23	1.1%	456	0.9%	479	0.9%
Conspiracy 2, 3, 4	7	0.3%	271	0.5%	278	0.5%
Other Weapons	14	0.6%	583	1.1%	597	1.1%
Other Sex Offenses	21	1.0%	765	1.5%	786	1.4%
Other Coercive	30	1.4%	408	0.8%	438	0.8%
Total	157	7.2%	4,065	7.8%	4,222	7.7%
Drug Offenses						
Drug Sale	63	2.9%	3,788	7.2%	3,851	7.1%
Drug Possession	28	1.3%	3,124	6.0%	3,152	5.8%
Total	91	4.2%	6,912	13.2%	7,003	12.9%
Property and Other						
Burglary 3rd	83	3.8%	2,269	4.3%	2,352	4.3%
Grand Larceny	23	1.1%	1,380	2.6%	1,403	2.6%
Forgery	13	0.6%	491	0.9%	504	0.9%
Stolen Property	5	0.2%	423	0.8%	428	0.8%
Drive Intoxicated	10	0.5%	876	1.7%	886	1.6%
Contempt 1st	12	0.6%	405	0.8%	417	0.8%
All Other Felonies	36	1.7%	991	1.9%	1,027	1.9%
Business Corruption	0	0.0%	90	0.2%	90	0.2%
Total	182	8.3%	6,925	13.2%	7,107	13.0%
YO & JO						
Youthful Offender	7	0.3%	928	1.8%	935	1.7%
Juvenile Offender	5	0.2%	168	0.3%	173	0.3%
Total	12	0.6%	1,096	2.1%	1,108	2.0%
Grand Total	2,181	100.0%	52,304	100.0%	54,485	100.0%

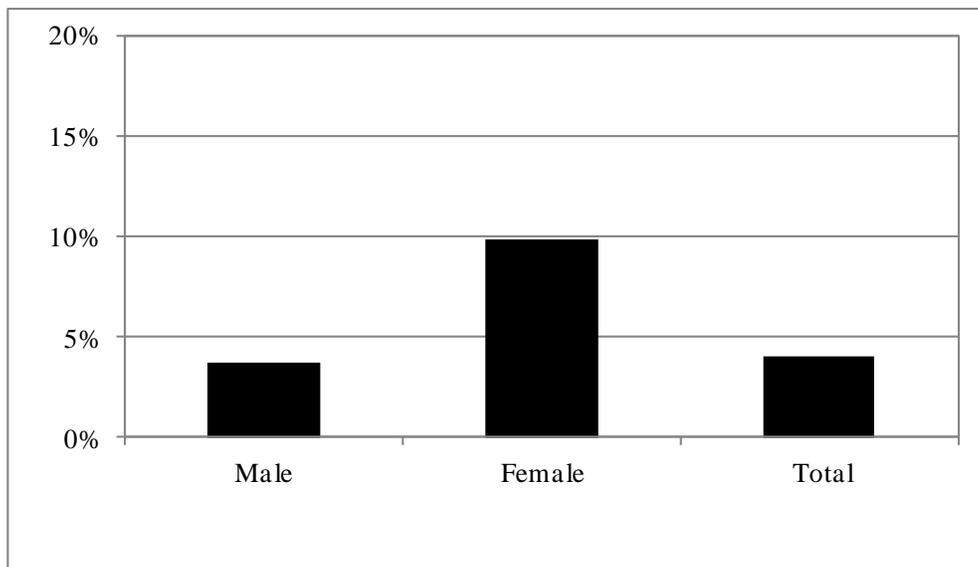
Gender

Table 2. Gender by SMI Status

Gender	Seriously Mentally Ill Indicator				Total	
	SMI		Not SMI		Number	Percent
	Number	Percent	Number	Percent		
Male	1,954	3.7%	50,234	96.3%	52,188	100.0%
Female	227	9.9%	2,070	90.1%	2,297	100.0%
Total	2,181	4.0%	52,304	96.0%	54,485	100.0%

- 10% of female inmates under custody on January 1, 2013, were designated as Seriously Mentally Ill compared to 4% of male inmates.

Figure 2. Gender by SMI Status



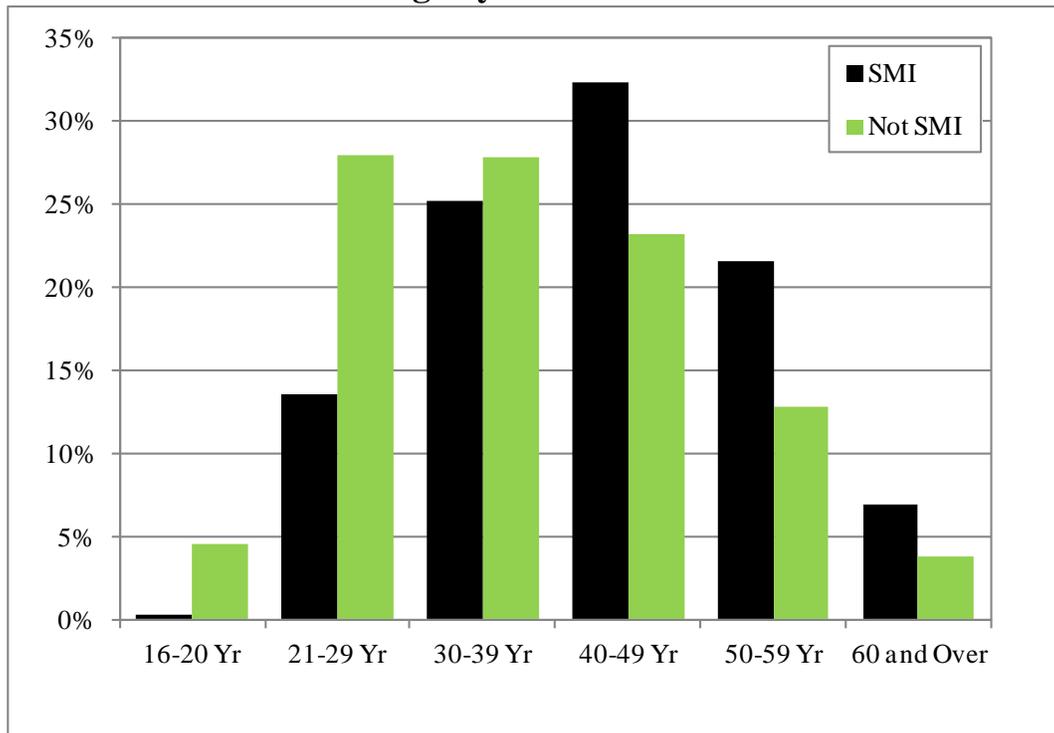
Age

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	7	0.3%	2,371	4.5%	2,378	4.4%
21-29 Yr	296	13.6%	14,661	28.1%	14,957	27.4%
30-39 Yr	551	25.3%	14,543	27.9%	15,094	27.7%
40-49 Yr	707	32.4%	12,113	23.2%	12,820	23.5%
50-59 Yr	470	21.5%	6,666	12.7%	7,136	13.1%
60 and Over	150	6.9%	1,950	3.8%	2,100	3.8%
Total	2,181	100.0%	52,304	100.0%	54,485	100.0%
Average	42.8		36.9		37.2	

- 61% of SMI inmates were age 40 or older compared to 40% of non-SMI inmates.
- SMI inmates were about 6 years older on average than non-SMI inmates.

**Figure 3.
Age by SMI Status**



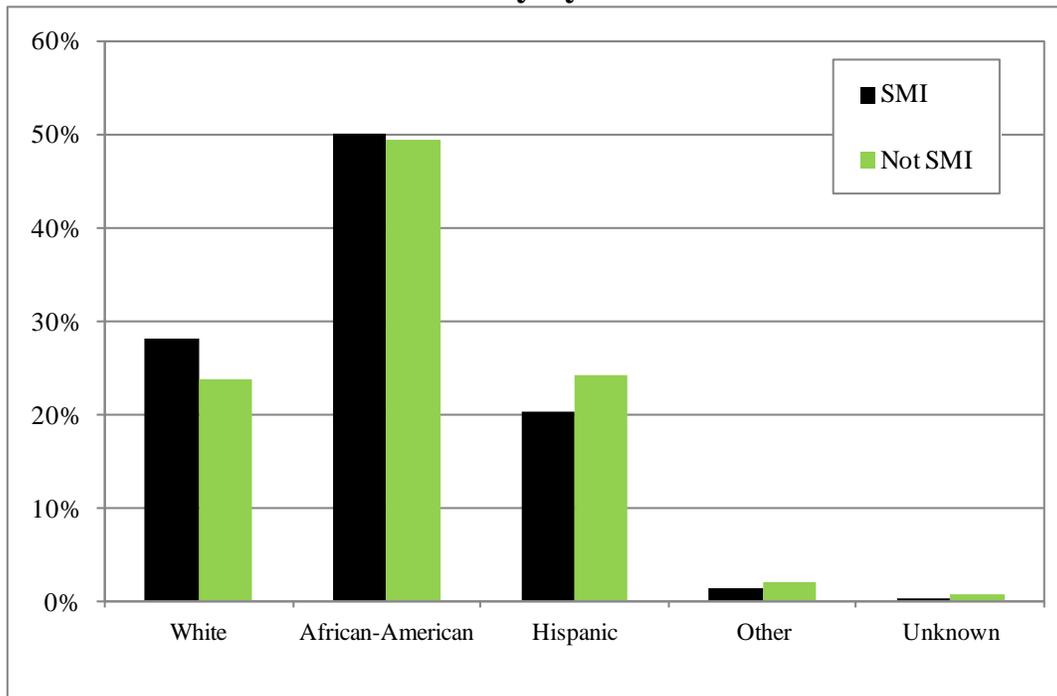
Race/Ethnicity Status

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	613	28.1%	12,381	23.7%	12,994	23.8%
African-American	1,093	50.1%	25,870	49.5%	26,963	49.5%
Hispanic	441	20.2%	12,651	24.2%	13,092	24.0%
Other	28	1.3%	1007	1.9%	1035	1.9%
Unknown	6	0.3%	395	0.8%	401	0.7%
Total	2,181	100.0%	52,304	100.0%	54,485	100.0%

- SMI inmates were somewhat more likely to be White (28%) when compared to non-SMI inmates (24%).
- SMI inmates were somewhat less likely to be Hispanic (20%) when compared to non-SMI inmates (24%).

Figure 4.
Race/Ethnicity by SMI Status



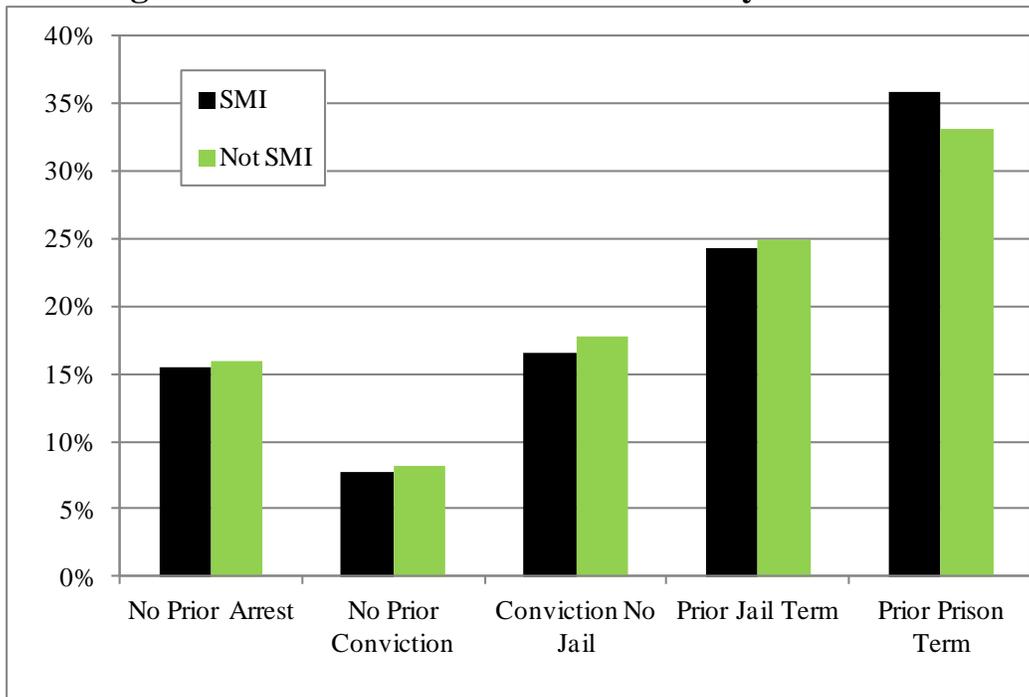
Prior Adult Criminal Record

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	337	15.5%	8,362	16.0%	8,699	16.0%
No Prior Conviction	169	7.7%	4,277	8.2%	4,446	8.2%
Conviction No Jail	362	16.6%	9,259	17.7%	9,621	17.7%
Prior Jail Term	531	24.3%	13,019	24.9%	13,550	24.9%
Prior Prison Term	782	35.9%	17,387	33.2%	18,169	33.3%
Total	2,181	100.0%	52,304	100.0%	54,485	100.0%

- Inmates designated as SMI are slightly more likely to have served a prior prison term (36%) than non-SMI inmates (33%).

Figure 5. Prior Adult Criminal Record by SMI Status



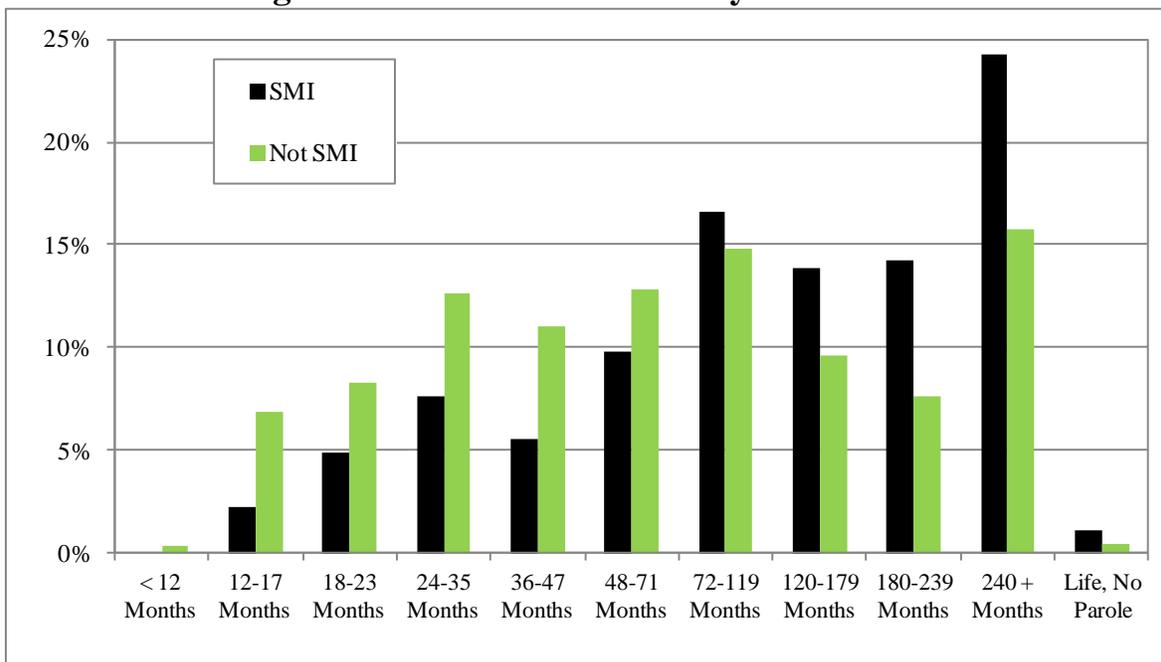
Minimum Sentence

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	1	0.0%	141	0.3%	142	0.3%
12-17 Months	47	2.2%	3,623	6.9%	3,670	6.7%
18-23 Months	106	4.9%	4,336	8.3%	4,442	8.2%
24-35 Months	165	7.6%	6,582	12.6%	6,747	12.4%
36-47 Months	119	5.5%	5,728	11.0%	5,847	10.7%
48-71 Months	214	9.8%	6,681	12.8%	6,895	12.7%
72-119 Months	361	16.6%	7,728	14.8%	8,089	14.8%
120-179 Months	303	13.9%	5,035	9.6%	5,338	9.8%
180-239 Months	310	14.2%	3,979	7.6%	4,289	7.9%
240 + Months	531	24.3%	8,249	15.8%	8,780	16.1%
Life, No Parole	24	1.1%	222	0.4%	246	0.5%
Total	2,181	100.0%	52,304	100.0%	54,485	100.0%
Median	128 Months		62 Months			

- 70% of inmates designated as Seriously Mentally Ill (SMI) were serving an aggregate minimum sentence of 6 years or longer compared to 48% for non-SMI inmates. The median minimum sentence for SMI inmates was 128 months compared to 62 months for non-SMI inmates.

Figure 6. Minimum Sentence by SMI Status



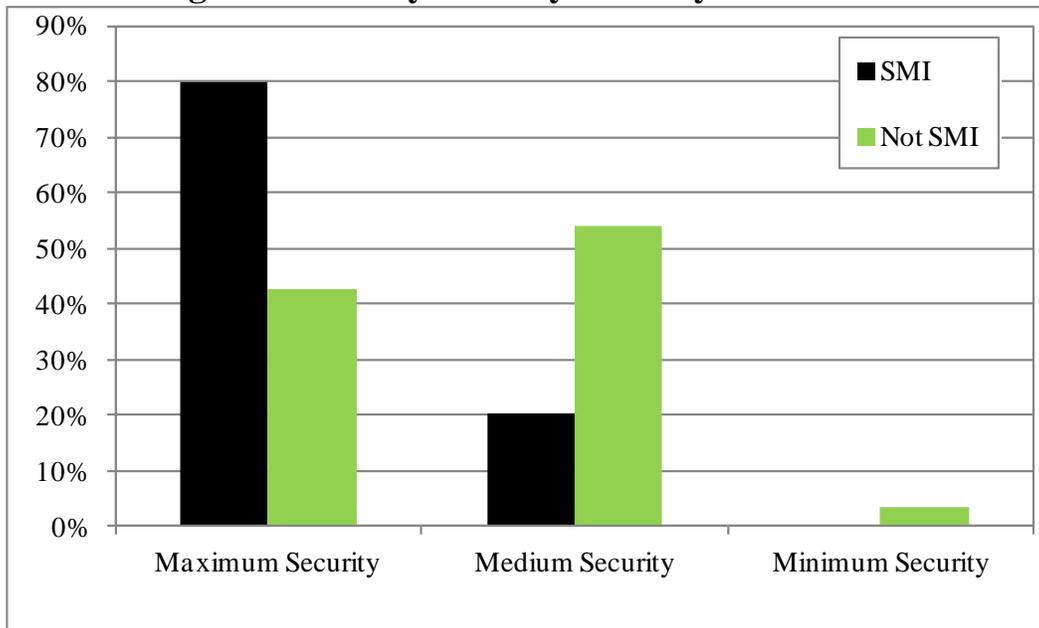
Facility Security Level

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	1,741	79.8%	22,308	42.7%	24,049	44.1%
Medium Security	440	20.2%	28,273	54.1%	28,713	52.7%
Minimum Security	0	0.0%	1,719	3.3%	1,719	3.2%
Total	2,181	100.0%	52,300	100.0%	54,481	100.0%

- 80% of inmates designated as SMI were housed at a maximum security level facility compared to 43% of non-SMI inmates. SMI inmates 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) Inmates in Specialized Units/Programs

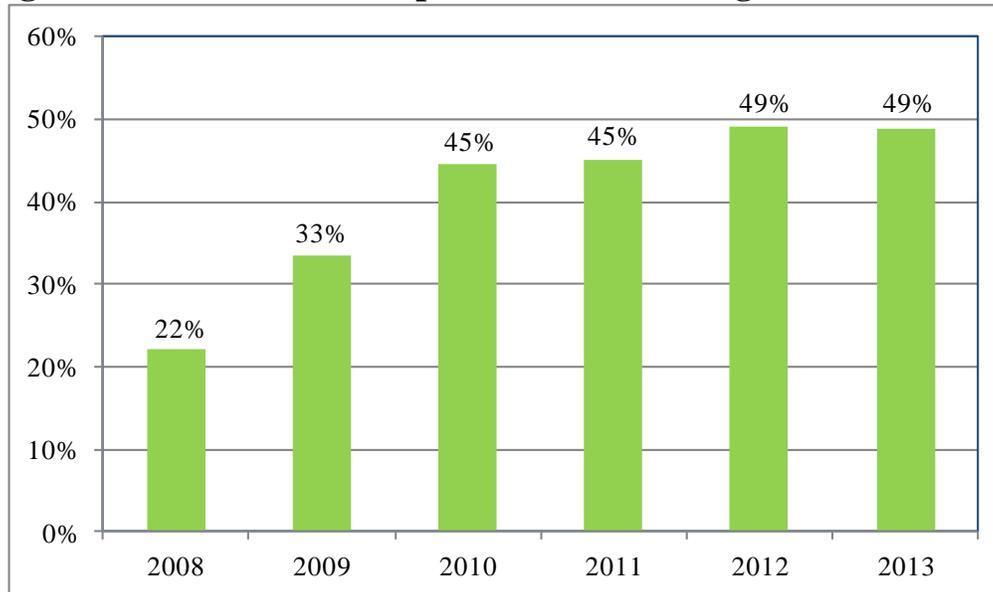
Table 8. SMI Inmates in Specialized Units/Programs: 2008-2013

Unit/Program Type	January 1					
	2008	2009	2010	2011	2012	2013
Specialized Unit/Program ¹						
Residential Mental Health Unit (RMHU)	N/A	N/A	17	68	145	125
Behavioral Health Unit (BHU)	71	66	45	75	51	44
Therapeutic Behavior Unit (TBU)	11	9	15	14	13	8
Special Treatment Program (STP)	36	85	66	62	N/A	N/A
SHU Group Therapy Program (SHU-GTP)	N/A	34	26	17	6	3
Intermediate Care Program (ICP)	498	534	614	705	705	653
Transitional ICP (TriCP)	N/A	167	174	175	178	160
Special Needs Unit (SNU)	39	73	60	55	63	50
Community Orientation and Re-Entry Prog (CORP)	22	25	28	29	29	23
Safe Transition and Empowerment Project (STEP)	N/A	N/A	N/A	12	8	6
Sub-Total Special Unit/Programs	677	993	1,045	1,212	1,198	1,072
	22%	33%	45%	46%	49%	49%
All Other Housing	2,375	1,977	1,294	1,444	1,227	1,109
	78%	67%	55%	54%	51%	51%
Total SMI Population	3,052	2,970	2,339	2,656	2,425	2,181
	100%	100%	100%	100%	100%	100%

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

- ◆ The proportion of inmates designated as Seriously Mentally Ill (SMI) who were in a specialized unit or program providing mental health treatment services more than doubled from 22% on January 1, 2008 to 49% on January 1, 2013. Seriously Mentally Ill offenders housed in General Confinement may also be on the OMH caseload and receiving mental health treatment services.

Figure 8. SMI Inmates in Specialized Units/Programs: 2008-2013



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 August 2011 (10 of these beds became Attica RMHU), Five Points (50 beds) closed July 2011, and Green Haven STP (24 beds) which closed in December of 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 (Phase 1, 38 beds) and Sullivan (Phases 2 & 3, 64 beds).

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 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 is a SNU 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.

ADDITIONAL TERMS RELATED TO THE SHU EXCLUSION LAW

PSA- Private Settlement Agreement

Disabilities Advocates, Inc. (DAI) sued the state in 2002 to compel improved treatment of mentally ill state prison inmates. DOCCS and OMH entered into a private settlement agreement (PSA) 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 strove to balance the need for treatment of inmates' mental illness with the need to maintain safety in correctional facilities, particularly in relation to mentally ill inmates with disciplinary issues. The Private Settlement Agreement sunset in December of 2011.

SHU EXCLUSION LAW

An act by the New York State legislature which amended the Correction Law in relation to the confinement conditions and treatment of inmates with serious mental illness.

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 inmates 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 incarcerated inmate-patients who are seriously mentally ill and provides oversight for the provisions of the SHU Exclusion Law. The JCORC reviews two facility JCMC meetings each month through the use of video-teleconferencing.

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