Working to end solitary confinement
for people with psychiatric disabilities

MHASC

Mental Health Alternatives to Solitary Confinement

Alliance for Inmates with AIDS
AMI St. Lawrence Valley
Association for Community Living
Brooklyn Defender Services
Capital District Center for Independence
CASES
Cephus Attica, Inc.
Coalition for the Homeless
Coalition of Voluntary Mental Health Agencies
Community Access
Correctional Association of New York
Correctional Educational Consortium
Family Justice, Inc.
Howie the Harp Advocacy Center
Human Rights Watch
Jericho Project
Latino Commission on AIDS
Legislative Action Coalition on Prison Health
Mental Health Empowerment Project
Mental Health Association of New York State
Mental Health Association of New York City
Mental Health Association of Suffolk County
Mental Health Association of Westchester
NAMI Buffalo and Erie County
NAMI Champlain Valley
NAMI Chemung & Steuben Counties
NAMI Concerned Citizens for Pilgrim
NAMI Finger Lakes
NAMI Hope
NAMI Huntington
NAMI New York City Metro
NAMI NYC Staten Island
NAMI New York State
NAMI Mid-Hudson
NAMI Ontario, Yates and Seneca
NAMI Queens-Nassau
NAMI Rochester
NAMI Ulster and Dutchess Counties
NAMI Westchester
NASW New York State
New Connections & Rehabilitative Services
NYAPRS
New York City AIDS Housing Network
New York State Defenders Association
NYS Council for Community Behavioral Healthcare
North Franklin Public Defender's Office
Office of the Appellate Defender
Open Door Club
Prison Families of New York
Project Hospitality, Inc.
Restoration Society
RIPPD
Steps to End Family Violence
Schuyler Center for Analysis and Advocacy
TARA National Association for Personality Disorder
Thorpe Family Residency, Inc.
Urban Justice Center
Urban Pathways, Inc.
Venture House
Women's Prison Association & Home, Inc

MEMORANDUM OF SUPPORT
A.7659 Gunther / S.5740 Carlucci
June 17, 2013

Mental Health Alternatives to Solitary Confinement (MHASC) is a coalition of more than sixty mental health and prisoners' rights organizations and hundreds of formerly incarcerated individuals with mental illness, family members, and concerned citizens. We have worked for more than ten years to end the practice of placing people with mental illness in solitary confinement (known as "Special Housing Units" or "SHU") in New York State prisons. The SHU Exclusion Law, which went into effect on July 1, 2011, requires that people with serious mental illness who could potentially be confined in SHU for more than 30 days must be diverted from SHU to a residential mental health treatment unit, except in exceptional circumstances.

Enacting the SHU Exclusion Law was an important step toward ending the torture experienced by people with mental illness confined to a small cell for 23 to 24 hours a day and subjected to social isolation and sensory deprivation. The legislation along with advocacy efforts, litigation, and agency reform have increased and enhanced the prison mental health services provided by the New York State Office of Mental Health (OMH). However, many serious challenges remain. We believe that A.7659/S.5740 addresses some of those challenges.

We urge you to support and pass A.7659/S.5740, legislation to require mental health training for correctional staff. This training will prepare staff to interact more effectively with incarcerated people with mental illness. The bill will do the following:

- **Require that all correctional staff who have direct contact with incarcerated people receive eight hours of mental health training annually**

Currently training regarding mental illness is required only for Department of Corrections and Community Supervision (DOCCS) staff who regularly work in programs that provide mental health treatment for incarcerated people. However, the vast majority of people with mental health needs in New York State (NYS) prisons are not in such programs – they are in general population.

The Office of Mental Health has diagnosed around 8,300 people in NYS prisons with a mental illness. Around 1,200 people, or 15% of those on the OMH caseload, are in OMH residential treatment units. Just under 1,000 of those are in residential units for patients diagnosed with a Serious Mental Illness (SMI) and over 200 are in treatment units for people with SMI sentenced to Special Housing Unit (SHU) sanctions but diverted under the SHU Exclusion Law. At any given time, more than 6,500 people in general population and more than 550 people in the SHU who have not been diverted, are receiving mental health treatment.

All correction staff who interact with imprisoned people with mental illness should be trained on mental illness, mental health treatment, suicide prevention, and safely managing incarcerated people with mental illness.

- **Enable DOCCS and OMH to prevent and respond more effectively to self-harm.**

Significant numbers of people with mental health needs, and particularly those in the SHU, attempt suicide or self-harm. Comparing DOCCS data since 2000 with the latest available data from the Bureau of Justice Statistics, the suicide rate in NYS prisons is 30% higher than the national average. Despite repeated tragic outcomes, DOCCS and OMH staff continue to view inappropriately those who self-harm or threaten self-harm as malingerers trying to game the system. Staff must recognize these acts as indications of crisis, not penalize them, and respond appropriately through counseling, treatment, and/or transfer to a residential mental health treatment unit or Central New York Psychiatric Center.

- **Improve staff's response to people in psychiatric crisis and lead to more humane, therapeutic, and effective interventions.**

DOCCS and OMH staff often fail to respond appropriately to individuals in mental health crisis. Individuals in crisis are not moved promptly to the Residential Crisis Treatment Program (RCTP), and security staff often subject people to verbal and sometimes physical abuse before, during, and/or after transfer. The RCTP remains a punitive environment rather than a therapeutic place of support to help people stabilize. It should be a short-term placement, where amenities are quickly restored to people who are stabilizing or where transfer to the psychiatric hospital is facilitated promptly. Yet, RCTP stays are far too lengthy, and OMH is not promptly sending people in need of a hospital level of care to Central New York Psychiatric Center (CNYPC). From CY2007 to CY2011, the number of people sent to the RCTP increased over 55%, while those discharged from the RCTP to CNYPC dropped over 55%, and total CNYPC admissions dropped almost 45%. DOCCS and OMH must enhance RCTP services, ensure it is a therapeutic environment free of staff abuse, house people in crisis in the least restrictive setting given their mental health needs, and hasten their transfer to CNYPC.

In conclusion, A.7659/S.5740 builds on the reform brought about through the SHU Exclusion Law. The legislation will provide much needed mental health training for correctional officers and hopefully lead to more appropriate treatment for incarcerated people with mental illness.

We urge you to support this critically important measure.