

Department of Correctional Services

DOCS Fact Sheet

DAI Settlement

History

Disability Advocates, Inc. (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 Department of Correctional Services (DOCS) and the Office of Mental Health (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 inmates' mental illness with the need to maintain safety in correctional facilities, particularly in relation to mentally ill inmates with disciplinary issues.

Target Inmate Population

Inmates designated by OMH as seriously mentally ill 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 seriously mentally ill designation also includes actively suicidal inmates or those who recently seriously attempted suicide, and inmates 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 Nov. 1, 2007, OMH had identified 2,825 inmates as seriously mentally ill (SMI) and subject to the settlement's terms.

Requirements of the Settlement

Heightened Level of Care

Virtually all seriously mentally ill inmates confined to a Special Housing Unit (SHU) for an aggregate disciplinary sanction of more than 30 days will receive between two and four hours per day, five days per week, of structured, out-of-cell therapeutic programming and/or mental health treatment, in addition to exercise.

DOCS will construct and operate a 100-bed Residential Mental Health Unit (RMHU) at the existing S-block site at Marcy Correctional Facility where inmate participants will receive at least four hours per day of out-of-cell treatment and programming. Congregate exercise will be permitted for certain inmates and will count toward out-of-cell therapeutic programming for those who qualify.

The heightened level of care will become fully operational policy once the appropriate programs and facilities are completed (anticipated in March, 2009). At that time, inmates with mental health needs who receive disciplinary sanctions will be offered the heightened level of care and transferred to an appropriate program within 30 days. Between now and March 2009, DOCS and OMH will be implementing many new treatment programs designed to meet the needs of the targeted inmates.

Inmates subject to Keeplock confinement of more than 60 days, and who are serving that sanction in a separate Keeplock unit, will get at least two individual, out-of-cell clinical sessions per month in a private setting with their primary therapist, and one such session with an OMH psychiatrist or nurse practitioner. A mental health and suicide prevention assessment will be conducted upon assignment to SHU and designated Keeplock units.

Such inmates will receive preference for the Intensive Intermediate Care Program (IICP) at Wende Correctional Facility (Erie County) and will be eligible for the RMHU.

Disciplinary Limitations

As a general rule, SHU or Keeplock confinement will not be imposed on inmates who display self-harming behavior or threats of self-harm.

Informational reports as currently used in Behavior Health Units jointly managed by DOCS and OMH will replace some misbehavior reports in Intermediate Care Programs (ICPs), Transitional ICPs, Special Treatment Programs (STPs) and the RMHU. And misbehavior reports will not be issued for refusal to take medication or treatment, though disciplinary sanctions or informational reports can be issued for refusing to show up at the location where medication or treatment is provided.

When mental health is at issue in disciplinary hearings, restricted diets will only be used as a sanction for safety and security reasons. Absent exceptional circumstances, any restricted diet won't last more than a week.

OMH will strive to limit observation cell stays to four days, though clinical determinations will guide length of stay. For stays longer than a week, the Central New York Psychiatric Center (CNYPC) director or designee must be consulted.

Clinical staff will see inmates confined in observation cells five days per week in an interview room outside the cell, unless that would pose an unacceptable security risk, and nursing staff on two shifts will see the inmates every day.

Reviews

Upon implementation, DOCS will conduct a one-time, system-wide review of seriously mentally ill (SMI) inmates in SHU or Keeplock confinement to identify those whose confinement sanctions should be reduced and those who can be safely housed and treated elsewhere.

Regular reviews of such inmates' housing status will occur at least every 90 days with an eye toward less restrictive housing if clinically appropriate and not a threat to safety or security.

Correctional facility superintendents and OMH staff will review, on an ongoing basis, disciplinary sanctions for seriously mentally ill inmates.

A Central Office Committee made up of high-level staff from DOCS and OMH will meet twice a month to conduct two-hour video conference meetings with correctional facilities' Joint Case Management Committees, on a rotating basis, to review the disciplinary sanctions of seriously mentally ill inmates in SHUs and their clinical treatment, and to ensure that the settlement requirements are being implemented as envisioned.

Where mental health was an issue in a disciplinary hearing, facility superintendents will conduct an automatic review in consultation with OMH within a week of the hearing for any inmate who receives a SHU confinement order of more than 60 days – or whose accumulated SHU or Keeplock confinement sanctions reach more than 120 days.

Assessments

OMH staff have been added to DOCS reception centers to provide mental health screening for all new inmates to identify those with mental health program needs at the beginning of their incarceration.

SHU confinement orders will trigger a mental health assessment within a day at OMH Level 1 and 2 facilities and suicide prevention screening within a day of admission to SHU.

Physical Changes

DOCS is converting double-celled space at Marcy (Oneida County) to a 100 single-cell RMHU to provide heightened level of care to seriously mentally ill inmates serving disciplinary sanctions. Double-celling will be permitted if OMH determines it to be therapeutically beneficial to the inmates. DOCS is also constructing an adjoining facility for program areas and clinical staff offices. Target completion date is December 2008.

DOCS will expand its Special Treatment Program (STP) and Intermediate Care Program (ICP), adding 90 STP beds to bring the total to 133, and 91 ICP beds to supplement the previously existing 572. DOCS is also creating 215 Transitional ICP beds to help seriously mentally ill inmates transition to general population.

DOCS is also constructing open therapeutic cubicles for group and individual therapy sessions and some small classroom work to enhance visibility and communication.

The agency is replacing solid cell doors in RMHU, STP, SHU and designated Keeplock cells with new security doors that allow more visibility and communication between inmates and others. Cell shield orders will still be allowed.

Corcraft (DOCS' correctional industry program) has manufactured specialized "Re-Start" security chairs for use in therapy sessions, affording inmates more freedom of movement while maintaining safety and security for DOCS and OMH staff.

OMH is adding a 20-bed hospital ward at the Central New York Psychiatric Center for DOCS inmates.

DOCS and OMH will conduct a September 2008 assessment to determine whether additional treatment space and programs are necessary to comply with the terms of the settlement.

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
DOCS - MENTAL HEALTH REFERRAL

This form may be completed by any facility personnel to request mental health services for an inmate. Please press hard - you are making three (3) copies.

INMATE NAME: _____ DATE: _____

DIN: _____ CELL LOCATION: _____ TIME: _____ AM / PM

REFERRED BY: _____ TITLE: _____ EXT.: _____

1. Refer to the checklist below and check each one which is true for the inmate. Please circle your check mark for those behaviors which brought about your decision to refer this inmate. Please be as complete and accurate as possible.

KNOWLEDGE OF BASIC FACTS

- ___ Does not know:
 - ___ Own name
 - ___ Where he/she is
 - ___ Day of week
 - ___ Date

SELF - HARM

- ___ Talks about:
 - ___ Giving up
 - ___ Being worthless
 - ___ Life not being worthwhile
 - ___ Cutting self
 - ___ Hanging up
 - ___ Overdosing
 - ___ Swallowing foreign objects
 - ___ Starting fires
 - ___ Harming self in other ways

Attempts to do or does:

- ___ Cut self
- ___ Hang self
- ___ Overdose
- ___ Swallow foreign objects
- ___ Start fires
- ___ Harm self in other ways
- ___ Bang head

APPEARANCE AND HYGIENE

- ___ Does not shower regularly
- ___ Does not shower at all
- ___ Hair and Body appear dirty
- ___ Has offensive odor
- ___ Wears ripped/soiled clothing
- ___ Wears little or no clothing

EATING AND SLEEPING HABITS

- ___ Sleeps excessively
- ___ Does not sleep
- ___ Sleeps poorly
- ___ Does not eat regularly
- ___ Does not eat at all
- ___ Drinks little fluids
- ___ Drinks no fluids

BODY MOVEMENTS

- ___ Moves slowly, listlessly
- ___ Makes strange or unusual movements
- ___ Makes facial grimaces
- ___ Arms or legs twitch

NON - VERBAL BEHAVIORS

- ___ Repeats same actions with no apparent purpose
- ___ Engages in strange or unusual behavior
- ___ Appears nervous very frequently
- ___ Appears fearful for no apparent reason
- ___ Acts impulsively
- ___ Acts or reacts without regards for the consequences
- ___ Cries often
- ___ Cries for no apparent reason
- ___ Appears elated very frequently
- ___ Appears overly excited very frequently
- ___ Appears sad very frequently
- ___ Laughs for no apparent reason
- ___ Handles own urine or feces
- ___ Stores own urine or feces
- ___ Masturbates openly
- ___ Masturbates excessively
- ___ Cannot focus attention

VERBAL BEHAVIORS

- ___ Does not speak
- ___ Speaks very softly
- ___ Speaks very slowly
- ___ Does not make sense when speaking
- ___ Makes verbal threats
- ___ Yells and screams
- ___ Talks to self
- ___ Talks about:
 - ___ People being out to get "Me"
 - ___ Conspiracies against "Me"
 - ___ Self in grandiose terms
 - ___ Grandiose plans or schemes
 - ___ Having exorbitant amounts of money or possessions
 - ___ Religious matters in a strange or unusual manner
 - ___ Devils or spirits controlling him/her
 - ___ Other people being possessed by evil spirits
 - ___ The same topic repeatedly
 - ___ Hearing voices

SOCIAL OR INTERPERSONAL BEHAVIORS

- ___ Does not respond to own name
- ___ Stays in cell most of the time
- ___ Communicates for basic needs only
- ___ Does not communicate socially with other inmates
- ___ Refuses to attend program(s)
- ___ Refuses visits
- ___ Has stopped corresponding
- ___ Allows others to take advantage of him/her
- ___ Engages in inappropriate sexual activity

MEDICATIONS

- ___ Refusing medications

2. When did you first observe those behaviors of greatest concern to you? _____ Date

3. Where did those behaviors that you checked occur most frequently?
 Inmate's Cell Mess Hall Job Location Classroom Cell Block Yard
 Other (specify): _____

4. Comments: _____

TO BE COMPLETED BY MENTAL HEALTH UNIT:

Inmate: _____ was seen on _____ by OMH staff.

COMPLETED BY: _____
Name Title Phone Extension

The source of a mental health referral is protected from disclosure under Mental Health Law, Section 33.13 and 33.18, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Distribution:
White - OMH
Yellow - Referral Source; *Security; Send To Watch Commander *Program; Send To Deputy Supt. Programs
Pink - Medical

SUICIDE PREVENTION SCREENING GUIDELINES – SHU/KEEPLOCK (KL) ADMISSION

Ref. Dir. #4101

This form shall be completed immediately upon admission to SHU or a separate KL unit. If an inmate is taken to the Infirmary on the way to SHU/KL, this form shall be filled out by a health care staff and delivered to the SHU/KL Supervisor. At all other times, the form shall be filled out by the SHU/KL Supervisor.

| | | | |
|--------------------------------------|--------------------------|---------------------------|------|
| NAME | DIN | DATE | TIME |
| Name of Facility | Name of Screening Person | Length of SHU/KL Sentence | |
| Reason Inmate is serving SHU/KL time | | | |

Check appropriate YES or NO Response for Each Question

Observations of Escorting Officer

Escorting Officer observed bizarre behavior or behavior that may be a sign of suicide risk.

| YES | NO |
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| *** | |

ANY COMMENTS/OBSERVATIONS

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SHU/KEEPLOCK Screening Questions

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| Have you served SHU/KL time before? |
| Have you been seen by Mental Health Staff while incarcerated? |
| Are you currently an active mental health patient? |
| Have you tried to commit suicide while incarcerated? |
| Are you feeling suicidal? |
| Do you feel that you cannot adjust to SHU/KL confinement? |
| Do you feel there is nothing to look forward to in the future? |
| Are you currently taking any mental health medications? |

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Behaviors/Appearance

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| Inmate has visible marks of self-mutilation. |
| Inmate shows signs of depression (e.g. crying, withdrawn). |
| Inmate appears anxious, scared, irritable or angry. |
| Inmate appears to have poor hygiene (e.g. smells, debris in hair). |
| Inmate is having trouble following direction or responding appropriately. |
| Inmate appears to be under the influence of alcohol or drugs, is incoherent or otherwise acting in an abnormal manner. |

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Actions:

- If any box marked with *** is checked, make an immediate referral to Mental Health and notify the Watch Commander.
- If any of the other YES boxes are checked, make a regular referral to Mental Health and notify the Watch Commander.
- If for any other reason you feel there is a problem with the inmate, notify Mental Health and the Watch Commander.

Mental Health notified. Yes No

How was Mental Health notified? Regular Referral Immediate Referral

Distribution: White – OMH
 Canary – SHU/KL Supervisor (for the SHU/KL File)
 Pink – Watch Commander
 Goldenrod - Medical

NYS DEPARTMENT OF CORRECTIONAL SERVICES - MENTAL HEALTH PROGRAMS – June 23, 2008

RCTP - RESIDENTIAL CRISIS TREATMENT PROGRAM

The goal of the RCTP is to evaluate and treat inmates in need of short-term inpatient care. RCTPs have both observation cells and a dorm area for inmates in crisis and in need of intensive treatment and monitoring. Mental Health Satellite Units are located in all maximum security facilities and have OMH Level 1 services, which include a RCTP and outpatient services. Also Mid-State and Albion Correctional Facilities, both OMH Level 1 medium security facilities now have these services and Fishkill is scheduled to be on line during the fall of 2008.

ICP - INTERMEDIATE CARE PROGRAM

The ICP is a Mental Health program for Seriously Mentally Ill inmates jointly operated by OMH and DOCS. 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. Referrals are reviewed by an ICP Admission Committee comprised of OMH and DOCS staff. 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 ICPs: Albion, Attica, Auburn, Bedford Hills, Clinton, Elmira, Five Points, Great Meadow, Green Haven, Mid-State, Sing Sing, and Sullivan. Fishkill is scheduled to become a medium security OMH Level 1 facility with an ICP during the fall of 2008.

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 several groups each week aimed at helping their adjustment to the regular prison environment. This new program began in January 2008 at Attica, Auburn, Bedford Hills, Clinton, Elmira, Great Meadow, Green Haven, Sing Sing, and Wende.

IICP – INTENSIVE INTERMEDIATE CARE PROGRAM

The IICP treats inmates with long-term keeplock and/or removal 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'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 DOCS guidance and security staff and OMH clinical staff. DOCS provides security and programming support for this program and clinical services are provided by OMH. Located at Attica (34 beds), Five Points (50 beds), Green Haven (24 beds) and Mid-State (25 beds, scheduled for 9/08). STPs provide 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 inmates currently diagnosed with a mental illness Axis I and/or II, who have demonstrated a history of treatment resistance and poor custodial adjustment/behavior, with SHU sanctions. This program has an emphasis on cognitive and behavioral interventions. The BHU is located at Great Meadow (Phase 1, 38 beds) and Sullivan (Phases 2 &3, 64 beds).

TBU - THERAPEUTIC BEHAVIOR UNIT

The TBU is a program for female inmates serving SHU time who have a history of mental illness and/or poor custodial adjustment. This program is similar to the BHU and STP for male inmates and has 16 beds and is located at the Bedford Hills Correctional Facility.

GTP - SPECIAL HOUSING UNIT GROUP THERAPY PROGRAM

GTP inmates are currently diagnosed with Serious Mental Illness and are serving a SHU sanction. Many of these inmates unsuccessfully participated in BHU or STP. 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 a general population or other specialized program placement. This program is located at Clinton, Elmira, Southport, and Wende Correctional Facilities, with 6 therapeutic cubicles per site, enabling 12 inmates to participate in two hours of programming, five days a week.

RMHU - RESIDENTIAL MENTAL HEALTH UNIT

The RMHU is a program for inmates who are Seriously Mental Ill and serving a SHU sanction. . Three treatment tracks are under development for axis I diagnoses (i.e. schizophrenia), axis II diagnoses (i.e. antisocial personality disorder) and for the cognitively impaired. This program will be located on the grounds of the Marcy Correctional Facility (100 beds) and is scheduled to open in 2009.

APPU - ASSESSMENT AND PROGRAM PREPARATION UNIT

The APPU is a program for inmates in need of protective custody in the system or who may be prone to victimizations because of physical stature, weak personalities, nature of crime, notoriety or other appropriated 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 is 258 beds and is located at the Clinton Correctional Facility.

MERLE COOPER

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

CORP - COMMUNITY ORIENTATION & RE-ENTRY PROGRAM

CORP provides inmates with intensive mental health discharge planning services and is provided by OMH. Located at Sing Sing, is a 32 bed unit for inmates with 90 days or less to Conditional Release (CR) or Maximum Expiration (ME) date

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. CNYPC is fully accredited by The Joint Commission (TJC).