

# Improving Outcomes for People with Mental Illnesses Involved with New York City’s Criminal Court and Correction Systems

## BACKGROUND

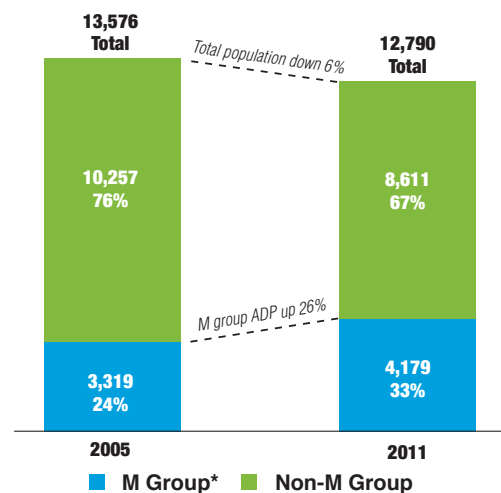
- In March 2011, New York City Mayor Michael R. Bloomberg asked the U.S. Department of Justice’s Bureau of Justice Assistance to help facilitate a study to understand why individuals with mental illnesses were increasingly represented in the City’s jail population, even as crime in New York has decreased and the overall jail population has declined.
- The Mayor convened the Citywide Justice and Mental Health Initiative Steering Committee, comprising major executive stakeholders from the Mayor’s administration, the Department of Correction, the Department of Health and Mental Hygiene, the Department of Homeless Services, the Department of Probation, and the Administration for Children’s Services; members of the City Council; judges, district attorney’s offices, and defense organizations; representatives of community-based organizations; and representatives of alternatives to detention and alternatives to incarceration providers across the City’s five boroughs.
- In December 2012, with support from the Langeloth Foundation and the Bureau of Justice Assistance, the Council of State Governments Justice Center released *Improving Outcomes for People with Mental Illnesses Involved with New York City’s Criminal Court and Correction Systems*. This report was developed in close collaboration with the Mayor’s Citywide Justice and Mental Health Initiative Steering Committee and presents the results of an unprecedented analysis of the mental health needs, risk of reoffense, and risk of failure to appear in court for individuals admitted to the New York City Department of Correction.
- The report’s findings show important distinctions in outcomes for those with mental illnesses entering the New York City jail system and are based on tens of thousands of records from city, state, and nonprofit agencies and more than 20 focus group meetings with stakeholders in the City’s justice and health systems.<sup>1</sup>

## KEY FINDINGS

- **People with mental illnesses booked into the DOC had an average length of stay (ALOS) of 112 days, almost double the ALOS for those without mental illnesses (61 days)** even though both populations shared similar profiles in terms of criminal charge, risk of rearrest, and actual rearrest rates. Furthermore, the disparity in ALOS between people with mental illnesses and without mental illnesses existed regardless of a person’s gender, race, age, or the borough where his/her case was processed.
- **Individuals with mental illnesses were less likely to make bail and stayed in jail considerably longer before making bail.** The majority of admissions (80 percent) to DOC were pretrial detainees who had bail set but were not able to not make bail at arraignment. While people with mental illnesses admitted to DOC had minimum bail amounts set that were comparable to those without mental illnesses, only about 12 percent of individuals with mental illnesses made bail post admission,

### Average Daily Jail Population (ADP) and ADP with Mental Health Needs (2005-2011)

With total average population declining (-6%) and the sub-population with mental health needs (M group) increasing (+26%), a greater proportion of the average daily jail population has mental health needs.



\*The M group consists of people identified with mental health needs and people who received mental health services while incarcerated.

Source: The City of New York Department of Correction

<sup>1</sup>The findings in this report are based on an analysis of data for just over 48,000 individuals in the adult criminal justice system admitted into the DOC in 2008 with a length of stay greater than three days. A focus on the 2008 cohort ensured that researchers could follow people released from jail for at least two years and examine outcomes for those at risk of rearrest for the same period of time. To focus on the subset of people in the adult criminal justice system with mental illnesses, CSG Justice Center researchers used the Department of Correction and Department of Health and Mental Hygiene’s (DOHMH) mental health indicator (“M indicator”), which is assigned to individuals who have been incarcerated in city jails for at least 24 hours and who, during their confinement, received treatment for mental illnesses. DOHMH staff identified the portion of the study cohort that met the New York State Office of Mental Health criteria for Serious Mental Illness (SMI).

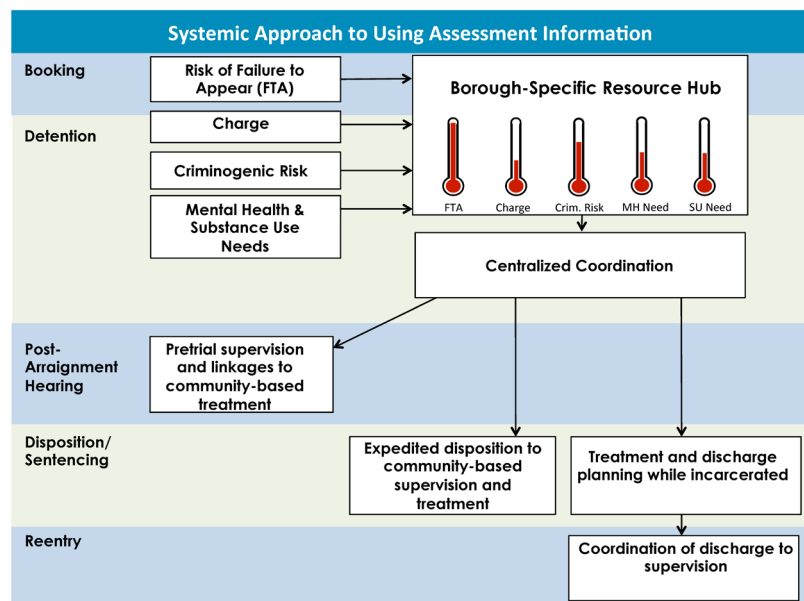
compared to about 21 percent of those without mental illnesses. Furthermore, people with mental illnesses took five times as long to make bail as those without mental illnesses (48 days vs. 9 days). This is likely the case because individuals with mental illnesses in the DOC tend to have fewer financial resources and/or family/friends willing to post their bail.

- **Average length of stay varied based on severity of mental illness.** Individuals with serious mental illnesses (SMI) had a shorter ALOS than those with mental illnesses who did not meet the criteria for SMI (128 vs. 91 days), however, both groups had significantly longer ALOS than those without mental illnesses (61 days).
- **Individuals with mental illnesses experienced delays in case processing for many reasons, including limited community-based options and limited information available to key decision makers.** Judges, prosecutors, and defense counsel reported that the availability of alternatives to detention (ATD) and alternatives to incarceration (ATI) is extremely limited, and that information about risk of reoffense and behavioral health needs is rarely available to key decision makers.

## RECOMMENDATIONS

- **Determine levels of risk and needs** for individuals entering the DOC in order to identify appropriate considerations for community-based supervision and treatment.
- **Provide appropriate pretrial, plea, and sentencing options** for people with mental illness, including pretrial alternatives to detention, alternatives to incarceration, and sentences that include post-incarceration supervision to ensure a safe transition to the community for those at the greatest risk of reoffense.
- **Establish centralized hubs to coordinate and communicate assessment information and community-based supervision and treatment options** to ensure that individuals are efficiently and consistently linked to appropriate community-based services, while allocating system-wide resources effectively.

### Coordinating Assessment, Case Processing, and Community-Based Services



## POLICY OUTCOME

Based on this study's recommendations, New York City has allocated nearly \$10 million over three years to create "Court-based Intervention and Resource Teams" (CIRTs) to serve over 3,000 clients with mental health needs annually. These resource hubs will collect and quickly transmit accurate information about a defendant's risk of flight, risk of reoffense and mental health and substance abuse care needs in order to ensure objective pretrial, plea, and sentencing decision making and to facilitate timely connection to appropriate community-based supervision and treatment.

Read the complete report at [http://consensusproject.org/jc\\_publications/improving-outcomes-nyc-criminal-justice-mental-health](http://consensusproject.org/jc_publications/improving-outcomes-nyc-criminal-justice-mental-health). For more information on this report, contact Emily Turner at (646) 383-5722 or [eturner@csg.org](mailto:eturner@csg.org).

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