

When a Person with Mental Illness Goes to Prison



HOW TO HELP

A Guide for Family Members and Friends

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The Urban Justice Center's Mental Health Project (MHP) empowers low-income New Yorkers with psychiatric disabilities to break the devastating cycle of homelessness, hospitalization, and incarceration. To reach the people who need us most, we go to jails, psychiatric units, and shelters. We focus on essentials such as food, housing, medical care, and disability benefits. When we discover systemic problems, we educate, organize, and litigate to solve them. Through our direct service, we help more than one thousand people each year regain dignity and hope. Through our systemic advocacy, we help tens of thousands more.

The MHP advocates against the criminalization of mental illness through litigation, legislative advocacy, organizing, and education. We have brought class action litigation to force the government to provide appropriate reentry services for people with psychiatric disabilities released from jail and prison. We advocated for legislation to end the cruel practice of placing people with psychiatric disabilities in solitary confinement in the state prison system. We also work with mental health consumers and their families to establish alternatives to incarceration for those involved in the criminal justice system.

To all family members with loved ones with mental illness incarcerated in the New York State prison system:

This guide is designed to support you through this difficult time and to help you to ensure that your loved one is treated as humanely as possible within an inhumane system. We dedicate this guide to those who are doing time inside prison, as well as to those of you who are doing time on the outside while your loved one is locked up. Our hearts go out to you, and we hope that we have been of some assistance to you during this difficult journey.

Sincerely,
Alexandra Smith and Jennifer Parish

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Warning! The information in this guide was current as of July 2010. Because much of it is phone numbers and other very specific information, it will change.

Introduction

This guide is designed for anyone who has a loved one with a mental illness in the New York State (NYS) prison system. In 2001 Heather Barr authored *When a Person with Mental Illness is Arrested: How to Help*, a handbook for family, friends, peer advocates, and community mental health workers. Introducing the handbook, she wrote that it should not need to exist because it should be unusual for a person with mental illness to encounter the criminal justice system. **Tragically, almost ten years later, people with mental illness are not only still being arrested, but at a time when the overall prison population is shrinking, the percentage of people with mental illness in NYS prisons is increasing.**

In 2008, the state prison population decreased by 8%, but the number of people with mental illness in prison increased by 19%.¹ People with mental illness face enormous difficulties while incarcerated. Prisons are often dangerous environments in general, but especially for people with mental illness—they become targets of abuse from both other prisoners and correction officers. The stigma of mental illness leads some people in prison to refuse psychiatric treatment. Symptoms of mental illness frequently cause violations of prison rules and lead to people with psychiatric disabilities serving time in solitary confinement, locked in a small cell for 23 hours a day. This isolation further exacerbates symptoms of mental illness, resulting in additional rule violations and people with psychiatric disabilities spending more time in solitary confinement than other prisoners.

Prisons are strict, militaristic, closed systems where abuse is not infrequent and is difficult to remedy. Prisons are designed to punish and control—they are ill-equipped to handle people with mental illness. Confronting such a system can be overwhelming for family members. Our aim is to help you to be an effective advocate for your loved one by arming you with comprehen-

1. Testimony by Jack Beck of the Prison Visiting Project of The Correctional Association of New York before the New York State Senate Standing Committee on Crime Victims, Crime and Corrections, Committee on Mental Health and Developmental Disabilities, and Committee on Health, March 17, 2009.

sive information about the prison mental health system and providing you with strategies for getting the best results for your loved one.

We begin by describing the mental health system in NYS prisons as it exists today. As you read this section, please remember that we are attempting to explain the services reportedly provided in the prisons so that our readers are aware of what services should be available. However, we cannot assure you that your loved one will, in fact, receive a specific type of service or that the mental health staff across the prison system will perform their jobs professionally. Our experience interacting with the prison mental health system has taught us that at times what they say they do on paper differs from what they actually do in practice. Our goal is to share what services reportedly exist so that you will be equipped to advocate for your loved one to receive the services to which s/he is entitled.

After describing the prison mental health system, we provide suggestions about how to help your loved one while s/he is in prison. The best way to help is to stay in touch with him/her. Through contact with your loved one, you may find that s/he is not receiving needed services or is facing other problems that s/he cannot overcome on his/her own. The guidance provided in the advocacy section should help in your efforts to resolve problems that arise.

Having a loved one in prison is a painful experience. It can be traumatic for family members to witness the ugliness of the criminal justice system. In your efforts to support your loved one, you must not neglect your own mental health. To support you in the process, we recommend resources that offer support to family members. We also provide information on some advocacy campaigns that you might want to join. By uniting with others in efforts to change the system, many people find themselves better able to handle their individual struggles.

Finally, at the end of this guide, you will find detailed information about specific prison mental health programs, contact information for all of the resources we describe, and a glossary of the many acronyms used in the criminal justice and mental health systems.

We hope that the information provided in this guide will help you to become a highly effective advocate for your loved one. We also invite you to join us to fight against the horrors of this dehumanizing system.

The Prison Mental Health System in New York State

In New York, several state agencies have a role in an imprisoned person's incarceration and treatment. The New York State Department of Correctional Services (DOCS) runs the prisons and is responsible for providing necessary medical treatment. The New York State Office of Mental Health (OMH) provides mental health treatment services to prisoners. Two state agencies have oversight responsibilities: the New York State Commission of Correction (SCOC) for the correctional system as a whole and the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) for the quality of mental health treatment in the prisons.

Through litigation, OMH and DOCS have been compelled to improve their treatment of people with mental illness in the prison system. In 2002 Disability Advocates, Inc. (DAI) filed a federal lawsuit against OMH and DOCS accusing them of acting with “deliberate indifference to the serious medical needs of prisoners with mental illness by failing to provide adequate mental health services, including necessary inpatient and residential mental health programs, and by imposing punishments which aggravate the mental illness of prisoners.”² The *DAI v. OMH* litigation was settled in 2007 with an agreement that resulted in the creation of new programs and expanded mental health treatment options.³ Some of these reforms are described below.

For all people with mental illness in DOCS prisons, OMH is required to identify treatment needs, provide mental health treatment, and plan for reentry into the community. OMH provides inpatient and outpatient mental health services through the Bureau of Forensic Services and Central New York Psychiatric Center (CNYPC). The CNYPC organization operates a maximum-security forensic hospital, also called Central New York Psychiatric Center, in Marcy, New York, and provides all “outpatient” treatment available in the state prisons through a system of prison-based

2. *Disability Advocates, Inc. (DAI) v. New York State Office of Mental Health (OMH), et al.*, No. 02-CV-4002 (S.D.N.Y. 2002), Complaint, p. 2, available at www.disabilityadvocates.info/complaints/DAIvOMHComplaint.pdf.

3. The *DAI v. OMH* Private Settlement Agreement is available at www.disabilityadvocates.org/complaints/DAIvOMHSettlement.pdf.

Satellite Mental Health Units and Mental Health Units. The Executive Director of CNYPC oversees the operations of both the forensic hospital and the prison-based mental health units.

Assessment

The type of mental health services a person receives in prison depends upon his/her clinical mental health assessment. OMH assesses a person's mental health status when s/he is initially transferred to state prison and periodically reassesses the person if s/he is placed on the mental health caseload. OMH determines the person's "service level" on a scale from one to six. An "OMH level 1" designation indicates the person has the most severe mental health needs, and an "OMH level 6" designation indicates the person does not require mental health treatment at all. (See Appendix A, p. A-1, for OMH's definition of service levels.)

A person's mental health service level affects DOCS' determination of the prison where the person will be housed. Not all prisons have mental health services. Each prison is assigned a level based on the mental health services provided there. (See Appendix A, p. A-2, for a description of the facility levels.) When a person is transferred from local custody to state prison, s/he is assessed at a reception center. OMH staff is required to complete a mental health screening and suicide assessment within two business days of the date the person arrives at the reception center. DOCS conducts a classification process that includes the person's mental health service level as well as his/her medical and security level designations to decide where the person will be housed.

General Population

Most people receiving mental health treatment in prison are not placed in a special mental health program, but instead are housed in general population. The mental health services they receive are supposed to be similar to those provided in an outpatient clinic in the community. They may have individual appointments with a primary therapist and may be prescribed medication by a psychiatrist or nurse practitioner.

Mental Health Programs Within the Prisons

There are some separate residential mental health units within the prison system. People assigned to the Intermediate Care Program (ICP),⁴ Intensive ICP (IICP),⁵ and Transitional ICP (TrICP or TICP)⁶ reside in separate housing areas from those in general population. These programs are staffed by both DOCS and OMH. The ICP and IICP are designed to serve as day treatment programs within the prison for people who are unable to function in the general prison population because of impairments related to their mental illness. People in the Transitional ICP have cells in a separate housing area from general population, have some separate programming, but may spend a portion of their time in and with the general population. (See Appendix A, pp. A-3–A-5, for detailed descriptions of these programs.) The *DAI* settlement agreement required DOCS and OMH to increase the number of ICP beds and to create the 215-bed TrICP program.

Crisis Intervention Services

If a person in DOCS' custody has a psychiatric crisis (for example, becomes suicidal or psychotic), s/he will generally be transferred to an OMH Satellite Mental Health Unit Residential Crisis Treatment Program (RCTP) inside a prison.⁷ Satellite Mental Health Units in the prisons have full-time psychiatric staff. The RCTPs are operated by OMH and consist of observation cells and dormitory beds. The cells are under 24-hour observation. People in psychiatric crisis in an observation cell are alone in the cell without any property, including their own clothes. Dormitory beds are for people who are more stable but still in crisis. People in dormitory beds may be permitted to wear regular prison uniforms. In the RCTP, OMH staff evaluate the person's mental health status and provide emergency treatment in order to stabilize the person.

4. The following prisons have ICPs: Albion, Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Five Points, Great Meadow, Green Haven, Mid-State, Sing Sing, Sullivan, and Wende correctional facilities.

5. The IICP is a 38-bed "therapeutic residence" on the second floor of the mental health satellite unit at Wende Correctional Facility.

6. There are TrICPs at the following prisons: Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Great Meadow, Green Haven, Sing Sing, and Wende correctional facilities.

7. Not every prison has a Satellite Mental Health Unit with an RCTP, so a person may have to be transferred to a different prison for mental health crisis treatment.

OMH may decide the person requires hospitalization and transfer him/her to Central New York Psychiatric Center (CNYPC) for inpatient treatment or may determine that s/he has been stabilized in the RCTP and can return to his/her housing within the prison. OMH is required to keep people in the RCTP for the least amount of time clinically required. If a person remains in psychiatric crisis, s/he should be transferred to CNYPC for inpatient treatment. The *DAI* litigation resulted in a four-day limit on observation-cell stays unless clinically necessary and a requirement that prison clinical staff consult with the clinical director of CNYPC about anyone held in observation for more than seven days.

Inpatient Hospitalization

If OMH clinical staff determines that the person needs to be hospitalized at CNYPC, they take the steps necessary to have the person civilly committed to CNYPC pursuant to Correction Law § 402. CNYPC is a 210-bed maximum security forensic hospital staffed and operated by OMH. The *DAI* settlement agreement required OMH to increase the number of inpatient hospital beds at CNYPC. Although CNYPC's exterior resembles a prison, inside it is clearly a hospital setting. People admitted to CNYPC are assigned to a treatment team that includes a psychiatrist, psychologist, social worker, and occupational therapist. They sleep in rooms without bars and participate in group therapy, vocational training, and outdoor and indoor recreation. Once treated and stabilized at CNYPC, they are returned to DOCS' custody.

Disciplinary Confinement

Life in prison is highly regulated, and a person who breaks one of the more than 100 rules can be sentenced after a disciplinary hearing to spend months, or even years, in disciplinary confinement. (See Appendix A, p. A-6, for more information on disciplinary hearings.) In New York, people sentenced to disciplinary confinement are held in Special Housing Units (SHU) or Keeplock, where they spend 23 hours a day in a cell. (See Appendix A, p. A-7, for a description of the types of disciplinary lockdown.) People in SHU and Keeplock may have additional restrictions as punishment following a disciplinary hearing. These additional punishments may include limits on phone calls, packages, and visits or imposition of a restricted diet, known

as “the loaf,” a dense mixture of flour, potatoes, and carrots, served to prisoners three times a day along with a portion of raw cabbage. When people in SHU and Keeplock leave their cells, they are restrained by handcuffs and a waist chain. They are entitled to an hour of outdoor exercise each day, which often takes place in a small, caged yard that does not contain exercise equipment. Some people stay in their cells 24 hours a day because they fear abuse and harassment from the correction officers who escort them to the recreation area. People in SHU and Keeplock may also be subject to DOCS deprivation orders that may restrict the flow of water to their cells or put a plexiglass shield over the bars to their cells.

Many people with mental illness are not able to comply with the rules in prison and are punished with placement in SHU or Keeplock. In 2003 the Correctional Association of New York reported that almost a quarter of the prisoners in disciplinary confinement (SHU and Keeplock) were on the mental health caseload and that over half of the suicides in prison occurred in these areas.⁸ That is, 50% of the suicides occurred in areas that hold less than 10% of the prison population.

Programs for People Sentenced to Disciplinary Confinement

People with mental illness sentenced to disciplinary time in SHU or extended Keeplock may be placed in special programs, such as the Behavioral Health Units (BHU), Therapeutic Behavioral Unit (TBU), Group Therapy Programs (GTP), Special Treatment Program (STP), or Residential Mental Health Unit (RMHU). The BHU, TBU, GTP, and STP are supposed to meet people's mental health needs while they are in SHU or Keeplock. Participants receive out-of-cell programming but may be locked inside “therapeutic cubicles”⁹ for treatment. The programs provide incentives for participants to improve their behavior, and restrictions are reduced as participants progress in the program. Participants' SHU sentences may be reduced through “time cuts” during their participation and when they successfully complete the program. (See Appendix A, pp. A-8–A-12, for more details on each of these programs.)

8. *Lockdown New York: Disciplinary Confinement in New York State Prisons*, A Report by the Correctional Association of New York, October 2003, p. 2.

9. “Therapeutic cubicles” are small cages designed to hold one person. They are about the size of a phone booth, 4' wide by 4'8" deep by 7' high.

As a result of the *DAI* settlement agreement, OMH and DOCS developed a 100-bed RMHU. The target population for the RMHU is people who meet the criteria for Serious Mental Illness and have a sentence of more than 30 days of SHU time or 60 days of Keeplock. OMH decides whether a person meets the criteria for Serious Mental Illness, referred to as an “S” designation. (See Appendix A, p. A-15, for the exact definition of Serious Mental Illness, which includes people with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, and other Axis I diagnoses; people who are actively or recently suicidal; and people with other specified diagnoses that lead to them hurt themselves or engage in other behaviors that seriously adversely affect their mental or physical health.)

The RMHU treatment team includes DOCS and OMH staff. Participants receive four hours out-of-cell programming daily and are expected to progress through three stages during their time at the RMHU. The participants must meet specific milestones before advancing to the next stage. Each stage has specific incentives for progress in treatment and improved behavioral, psychiatric, and cognitive functioning. (See Appendix A, p. A-13, for a more in-depth description of the RMHU.)

Reforms Enacted



Through both litigation and legislation, OMH and DOCS have been compelled to reform the disciplinary confinement of people with mental illness. The *DAI* settlement agreement requires at least two hours of out-of-cell therapeutic programming and/or mental health treatment per day for people classified as meeting the criteria for Serious Mental Illness and

housed in SHU for more than 30 days. The settlement also provides changes to the disciplinary process to require joint review by OMH and DOCS of some SHU and Keeplock sentences when mental health is at issue in the disciplinary hearing. The review permits reductions in those sentences.

Advocates, family members, and mental health consumers across the state have organized against the placement of people with mental illness

in solitary confinement (SHU and Keeplock) in DOCS prisons. In 2008, New York State enacted a law that requires that as of July 2011, people with Serious Mental Illness sentenced to more than 30 days of disciplinary confinement be held in residential mental health treatment units instead of SHU or Keeplock. OMH and DOCS are not allowed to operate the residential mental health treatment units as disciplinary housing units. They are required to base decisions about treatment and conditions of confinement on the person's therapeutic needs and the unit's safety and security requirements. People placed on these units must be offered at least four hours out-of-cell programming and/or mental health treatment every weekday. The law creates a presumption that people with Serious Mental Illness will not be housed in SHU. However, the law does permit DOCS to keep a person with Serious Mental Illness in SHU if there are “exceptional circumstances” in which the person's removal from SHU would pose a safety risk or substantial threat to the security of the prison. For people with Serious Mental Illness who remain in SHU pursuant to this security exception, the law requires that they receive mental health assessments, structured out-of-cell therapy, and treatment on a regular basis. The law also provides for more training about mental illness for DOCS staff, periodic mental health assessments of all people confined in SHU, limitations on the use of the restricted diet penalty, and authority for CQCAPD to monitor prison mental health care. The law will be fully in effect in July 2011.

Discharge Planning

People receiving prison mental health services are entitled to receive discharge planning services in preparation for their release from prison. However, as mentioned above, OMH does not provide the same level of services to everyone on the mental health caseload. The discharge planning assistance OMH provides depends upon whether they categorize the person's level of mental illness as Serious, Moderate, or Situational. (See Appendix A, p. A-16, for OMH's definitions of these levels.)

Services Available

OMH provides more pre-release planning services to people they determine to be Seriously Mentally Ill (SMI).¹⁰ According to OMH policy, a discharge

10. OMH defines Seriously Mentally Ill for discharge planning purposes differently from the Serious Mental Illness designation defined in the *DAI* settlement agreement and the SHU Exclusion Law. (See Appendix A, pp. A-15–A-17, for these definitions.)

plan for a person meeting the SMI criteria includes a case management referral, a day treatment or clinic referral for mental health or integrated mental health and substance abuse treatment, and a Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) application. If the person will be homeless upon release, OMH should also assist him/her in completing a supportive housing application and work collaboratively with Parole, community case management, and Single Point of Access (SPOA) to develop an appropriate housing plan. (See Appendix A, p. A-17, for more information on pre-release housing assistance.)

People whose level of mental illness OMH designates as Serious or Moderate are supposed to receive assistance applying for Medicaid, food stamps, and cash assistance and enrollment in the Medication Grant Program (MGP). There is a single application for applying for Medicaid, food stamps, and cash assistance. People who receive assistance applying for these benefits have to go to a welfare center once they are released so that the application can be fully processed and they can begin receiving benefits. The MGP provides coverage for the cost of psychiatric medication and services related to prescribing medication while the person's Medicaid application is pending. Upon release from prison, the person will receive an MGP card and a list of pharmacies that participate in MGP.¹¹

People whose level of mental illness OMH considers Moderate are entitled to a referral to a mental health clinic. They may also receive a referral to transitional case management if OMH staff determines that it is necessary. OMH policy is to cooperate with the Division of Parole's efforts to obtain housing by providing requested documentation regarding the person's mental illness, but OMH staff does not provide housing assistance for individuals in this group.

People whose level of mental illness OMH determines to be Situational receive very limited reentry assistance from OMH. If they want to continue mental health treatment in the community, OMH's policy is to give them a list of treatment programs near their home or the address of a Service Planning and Assistance Network (SPAN) office if released to NYC. (SPAN

11. The Medication Grant Program is locally operated. Some counties choose not to participate in MGP but have another mechanism for ensuring continuity of care. People returning to counties that do not participate with MGP must go to their local Department of Social Services (DSS) to apply. They should bring their prescriptions with them when they apply and ask how they can get the prescriptions filled. (See Appendix D for MGP county contacts and local DSS offices.)

offices were set up to provide discharge planning assistance to individuals with mental illness released from NYC jails, but they now also assist individuals released from prison by referring them to treatment providers.)

Everyone on the OMH caseload who receives psychiatric medication should receive a two-week supply of medication and a prescription for two additional weeks at the time of release from prison.

Refusals

To receive pre-release planning assistance from OMH, a person must be on the mental health caseload. If a person has refused mental health services, or OMH has determined that s/he does not need mental health services, then s/he will not receive help from OMH in preparing for release.

People who are offered discharge planning services are allowed to refuse them. However, if the person is designated as SMI and will be on parole supervision, OMH will inform the Division of Parole (Parole) of his/her refusal to accept aftercare services. Parole will also be notified if a person refuses to accept his/her medication and prescriptions upon release from the prison.

Assisted Outpatient Treatment

If OMH determines that a person with serious mental illness scheduled to be released meets the criteria for Assisted Outpatient Treatment (AOT), they will refer the person so that an AOT petition can be filed with the court. Before an individual can be ordered to participate in treatment, s/he is entitled to a hearing before a judge. At such a hearing, the person will be represented by an attorney from Mental Hygiene Legal Services (MHLS). The court will determine whether there is clear and convincing evidence that the person meets the AOT criteria and must be satisfied that AOT is the least restrictive alternative for the person.

Civil Commitment upon Release

OMH may also determine that a person scheduled for release needs to be hospitalized in a civil psychiatric facility rather than released to the community. To have the person civilly committed to a civil psychiatric facility, OMH must determine that the person is a danger to himself or others and follow the procedures required by Correction Law § 402.9. As with involuntary hospitalization in the community, the person is entitled to a hearing

before a court and representation by MHLS. CNYPC can only transfer the person to a state civil psychiatric center after receiving a court order.

Specialized Reentry Programs

The Community Orientation and Re-entry Program (CORP) at Sing Sing Correctional Facility (C.F.) is a special program that provides extensive services helping people with mental illness prepare for release from prison. To be transferred to this unit, the person must be identified as SML, designated as a mental health services level 1 or 2, and be returning to the New York metropolitan area. CORP has the capacity to serve about 30 people at a time, so a screening committee of OMH, DOCS, and Parole staff determine who is admitted to the program. If the person is accepted into the program, s/he will be transferred to the CORP unit approximately 90 days before his/her scheduled release to the community. CORP provides a specialized psychiatric rehabilitation day-treatment program which includes cognitive-behavioral programming, peer support, integrated treatment for co-occurring mental health and substance abuse disorders, and medication management. In the CORP unit, OMH, Parole, and DOCS collaborate to provide pre-release benefits applications, in-reach by community providers, and the involvement of peer specialists. Participants released from CORP are assigned to dedicated mental health caseloads for parole supervision.

DOCS, Parole, and the Office of Alcoholism and Substance Abuse Services (OASAS) have opened specialized reentry units at Orleans C.F. for men returning to Erie and Monroe counties, Hudson C.F. for men returning to the Capital District, and at Bayview C.F. for women returning to the New York metropolitan area to help to prepare them for their transition back to the community. DOCS also has an ongoing reentry program that began in 2001 at Queensboro C.F. in Queens, which releases about 4,500 men per year to the New York City area. These specialized reentry units are in prisons that do not provide services for people with the most severe mental health needs, effectively denying people with an OMH level 1 designation access to these specialized reentry services.

Parole and Post-release Supervision

People with indeterminate sentences are eligible for discretionary release by the Parole Board. A person with an indeterminate sentence (for example, 2

to 4 years) has his/her initial parole hearing after s/he has served the minimum sentence (in this example, 2 years). The Parole Board will consider the person's behavior in prison, disciplinary record, criminal history, and some other factors in determining whether to release the person at that time. If the person is denied parole, the Board will set a date for his/her reappearance no more than two years after the initial appearance. Once the person reaches his/her conditional release date, which is two-thirds of the maximum sentence (in our example, $2/3$ of 4 years = 2 years and 8 months), there is a presumption that the person will be released, provided s/he has had good behavior while in prison. However, the person may lose his/her good behavior allowance ("good time") and have to serve the entire sentence (in our example, 4 years) if s/he has been disciplined while in prison or refused to participate in mandated programs.

People with determinate (often referred to as "flat") sentences are not reviewed for discretionary release on parole and must serve six-sevenths of their sentence. For example, a person sentenced to seven years has to serve six years before s/he can be considered for conditional release. The Time Allowance Committee determines whether a person should receive "good time" credit for the remaining one-seventh of his/her sentence and be released at that point. People with determinate sentences are required to serve a period of post-release supervision (PRS), which is very similar to parole supervision. While on PRS, a person is required to comply with the conditions established by the Parole Board.

The Time Allowance Committee meets four months before a person's tentative conditional release date to review his/her institutional record and recommend to the DOCS Commissioner how much "good time" should be granted. One of the penalties that can be imposed when a person is found guilty of a serious disciplinary infraction in prison is a recommended loss of "good time" for a specified period of time. A person who has a record of misbehavior in prison can have his/her "good time" restored if s/he subsequently begins to comply with prison rules and participate in programs.

People with mental illness often have problems being released on discretionary parole and may lose their "good time" credit due to their prison disciplinary record.

Once a person who is on the OMH caseload is scheduled for release, OMH and Parole are supposed to collaborate in developing his/her discharge plan. OMH will request the person's consent to share information with Parole

when the discharge planning process begins. OMH is permitted to share clinical information with Parole without the person's consent within four weeks of release.

People with mental illness who are on parole have limited freedom to refuse mental health treatment services. Parole can mandate that a person comply with certain conditions of parole, such as participating in substance abuse or mental health treatment. If the person fails to abide by these conditions, s/he could be sent back to prison.

Some parole officers in New York City have specialized mental health case-loads. Parole officers assigned these cases receive some training regarding people with mental illness, have somewhat fewer cases than other parole officers, and have more experience working with people with mental illness.

Staying in Touch with Your Loved One

Being incarcerated can obviously be an isolating experience. It is easy for people inside prison to feel hopeless when they are living in an environment of punishment and control. **Simply staying in touch with your loved one may be the most important way that you can help.** Maintaining contact is a way to remind imprisoned people that they are not alone and that they are missed. Studies have shown that prisoners who stay in touch with loved ones during their incarceration have lower recidivism rates than those who don't. Through contact with your loved one, you can be not only a lifeline to the outside world but also a voice on the outside to advocate for him/her and make sure that DOCS and OMH comply with their responsibilities and are accountable for their actions.

Locating Your Loved One

To find your loved one in the NYS prison system, you can use the "Inmate Lookup" on the DOCS website (<http://nysdocslookup.docs.state.ny.us/>).¹²

12. Note that imprisoned people with "youthful offender" status are not listed on the DOCS website. You can find out their location only by calling DOCS Central Office.

By entering the person's first and last name (and date of birth if s/he has a common name), you can find out where s/he is being held and his/her Department Identification Number (DIN). The DIN is an important number to remember—it is the DOCS identification number for a person in prison, and you will need to know it to visit, send packages, and get information about your loved one.

Another way to locate your loved one is by calling DOCS Central Office at **518-457-5000** during normal business hours. If s/he is in the process of being transferred, his/her location will not be available until s/he arrives at another facility. This process may take up to a few days.

Because people in prison are often moved around without notice, it's important to double-check your loved one's location before going to visit him/her. This way, you won't travel a long way only to find out that your loved one has been moved. By checking the DOCS website or phoning Central Office, you can determine his/her current location and make sure that s/he hasn't been moved since your last contact.

Visiting



Before you make the trip to visit your loved one, you should contact the prison to find out about the visiting policy (such as how many people are permitted to visit at one time) and the approved visit days for that facility. Some prisons allow only half of the prison population to receive visits on each day of the weekend. (See Appendix B for contact information

for the NYS prisons.) Also, make sure that your loved one knows you are planning to visit and wants to see you. People in prison have the right to refuse a visit. If this happens, you will be notified by the DOCS officer in charge of the visiting room. If your loved one does not wish to have a visit, you will not be able to see him/her that day.

Traveling to the Prison

DOCS provides some free bus services for family visitors traveling from New York City, Albany, Syracuse, Rochester, and Buffalo to certain pris-

ons. Frequently prisoners are given information about how to travel to the prison where they're housed and the contact information for bus companies, as well as whether the "Free Bus Program" is offered at that prison. You should ask your loved one for this information.

If you're taking a bus to a prison, pick up times vary between 8 p.m. and 3 a.m. Most buses make stops at several prisons. Depending on where your loved one is located, you will arrive at your destination five or six hours later. If possible, it's helpful to rest on the bus, as it's a very long day!

If you are driving, be aware that some of the prisons are hard to locate. It is helpful to allow yourself extra time to get to your destination.

Identification

Be sure to bring a valid, government-issued picture ID with you. If you're bringing anyone under the age of 18, you should bring his/her birth certificate. Your loved one's minor children can visit provided that his/her name appears on the child's birth certificate. DOCS requires that others under the age of 18 have written permission from their parent or legal guardian in order to visit a prisoner.

Clothing

Be sure to consider DOCS dress code and dress appropriately. DOCS staff will not allow you to visit wearing clothing they consider too revealing, too tight, or low cut. You should err on the side of caution in choosing what to wear—or bring along a change of clothes. It's best not to wear an underwire bra because if it sets off the metal detector, DOCS staff will likely ask you to remove it and/or be searched. Oftentimes the air conditioning in the visiting room is set very high, so you may want to bring along a jacket even in the summer.

Prohibited Items

There are many things that DOCS does not allow visitors to bring into prisons. These items may be perfectly legal and acceptable outside of prison, but DOCS considers them to be contraband. For example, candy, gum, cell phones, keys, pens, tobacco products, and matches are not permitted. Electronic devices (including cell phones, pagers, cameras, recording devices, radios, and laptop computers) are also prohibited from all DOCS

facilities. If you need to bring medication with you on your visit, you must declare it to the DOCS processing officer. If you bring along a small child, you are allowed to take a diaper bag, three diapers, and plastic baby bottles with milk into the visiting room. All items that are not permitted in the facility can be stored in lockers until you leave the facility.

You are permitted to bring money to use in the vending machines on the visit. You will not be allowed to give any money to your loved one during the visit. If you want to leave money for your loved one, you can make a deposit into his/her account at certain times of the day during the week. You may want to call the prison to find out when you are permitted to do this.

If DOCS staff believe that you're carrying contraband, they will ask you to consent to be strip-searched before permitting you to visit your loved one. If you refuse to be strip-searched, you will be denied the visit.

During the Visit

You and your loved one will not be permitted to exchange anything during the visit unless it is approved by DOCS staff. You can hold hands with your loved one as long as your hands are visible to others. You can embrace your loved one and give him/her a quick kiss during a contact visit, but you won't be allowed to engage in prolonged displays of affection.

The only food allowed in the visiting room is what is purchased in the vending machines. Be sure to bring singles or coins if you want to buy something to eat or drink. DOCS staff do not always give out change.

Making a Complaint

If you want to file a complaint against a DOCS staff member regarding something that occurs during a visit, you should speak with the security supervisor while you are at the facility. If you were informed that your loved one refused your visit, and you believe that s/he did not actually turn down the chance to see you, you can make a complaint with the security supervisor, but you will not be allowed to see your loved one that day. You may also want to contact the correction counselor to get more information, and if necessary, file a written complaint with the superintendent.

To file a written complaint about unlawful discriminatory treatment, you should send a description of the incident, including the date, time, place, and names of the people involved, to DOCS:

Director, Office of Diversity Management
 New York State Department of Correctional Services
 The Harriman State Campus-Building 2
 1220 Washington Avenue
 Albany, NY 12226-2050

For more information about visits, you may want to review DOCS' *Handbook for the Families and Friends of New York State DOCS Inmates*¹³ and DOCS Directive 4403, DOCS policy and procedures regarding the Inmate Visitor Program.¹⁴ But you should also be prepared for the unexpected. Within the DOCS system, rules are subject to change, and there is often little accountability. Be prepared for a long day, where if you follow the rules, you will hopefully be able to visit your loved one.

Mail

If you write to your loved one, make sure that his/her name and DIN are clearly marked on the envelope. You can send personal letters and photographs (but not Polaroid pictures). Remember that all incoming mail is opened and inspected by DOCS staff for contraband.

You can send a maximum of five pages of printed or photocopied materials to your loved one within a single letter. These documents should not be taped or glued together or to other papers. Your loved one may submit a written request to the superintendent once every four months to receive in excess of five pages of printed materials if they are specifically related to his/her legal situation. Do not send postage stamps; DOCS does not permit people in prison to receive stamps through the mail.

Packages

Each prison has its own rules regarding packages. It's a good idea to contact the prison where your loved one is housed to find out specific information

13. The handbook is available on the DOCS website at <http://www.docs.state.ny.us/FamilyGuide/FamilyHandbook.html>.

14. Directive 4403 is posted on the DOCS website at <http://www.docs.state.ny.us/Directives/4403.pdf>.

about sending packages. You may also want to review DOCS Directive 4911, DOCS policy regarding packages.¹⁵ Generally people in prison are allowed to receive a package through the mail or on a visit from anyone who is permitted to correspond with them. Be sure to include your loved one's DIN and your return address on the package. Without a return address, DOCS will refuse to deliver it.

Usually people in prison are permitted to receive two food packages per month (including packages received from visitors). The combined weight of the packages cannot be more than 35 pounds. Food items are not allowed to contain alcohol and must be commercially sealed. People at prisons where they are allowed to have televisions in their cells, called TV Facilities,¹⁶ are allowed only two food packages per year. The combined weight of the two packages cannot exceed 20 pounds.

Packages containing non-food items, such as clothing, may be sent in addition to food packages and do not count against the food package limit. DOCS has guidelines regarding "allowable items" (such as restrictions on the colors of clothing that may be sent in a package). It is best to contact the prison at which your loved one is housed and ask the correction counselor about the facility's rules regarding what items may be sent to prisoners.

Your loved one will not be able to receive packages if s/he has a "loss of package" sanction, is housed at a reception center or in SHU, or is in the process of being transferred from one facility to another.

DOCS has restrictions on the amount of personal property a person can have in his/her cell. Be sure to ask your loved one about what s/he would like to receive.

Phone Calls

People in prison are only allowed to place collect calls, which are more expensive than regular collect calls. No matter which provider you use, these calls are billed separately from regular collect calls. According to the *FREE!*

15. Directive 4911 is posted on the DOCS website at <http://www.docs.state.ny.us/Directives/4911.pdf>.

16. The prisons classified as "TV Facilities" are the following: Attica, Elmira, Five Points, Southport Cadre, Wende, Clinton, Great Meadow, and Upstate Cadre.

Family Survival Guide, the charge for a 30-minute phone call is approximately \$3.60, plus tax.¹⁷

You loved one will only be permitted to call people who are on his/her approved telephone list. People in prison are allowed to have 15 telephone numbers on their approved list at any one time. They have an opportunity to delete or add numbers to their phone list once every three months when they meet with their correction counselor.

Generally people in prison are allowed to make phone calls every day, including holidays. Each prison sets a schedule and time limit for calls. Calls may not last longer than a half hour, and when other people are waiting to make calls, the time limit may be reduced to 10 minutes. Calls will be automatically terminated after 30 minutes.

If your loved one is transferred to a different prison, s/he should be permitted to make one phone call within 24 hours of arriving at the new facility to notify you of the transfer.¹⁸ People who are transferred out of the prison for a court appearance or are in the hospital for longer than five days are permitted to make a collect call within 24 hours of returning to the prison where they are housed. When a person returns to prison on a parole violation charge, s/he is permitted to make one phone call within 24 hours of his/her arrival at the facility.

Be aware that DOCS can monitor and record all telephone conversations.

For more information about the New York State prison system, consult DOCS' *Handbook for the Families and Friends of New York State DOCS Inmates* available on the DOCS website at www.docs.state.ny.us/FamilyGuide/FamilyHandbook.html. The handbook includes information on medical and dental services, prison commissary, prisoner monies/accounts, and transfers. It also provides answers to questions family members frequently ask DOCS.

17. *Free! Family Survival Guide: Information, Resources and Personal Stories for Families with Incarcerated Loved Ones*, Written by families for families, 2009, p. 33.

18. Prisoners who are in "transit status" or who are held overnight or transferred during the weekend are not permitted a phone call to notify their families.

How to Advocate for Your Loved One— You Are Your Loved One's Best Resource

Navigating the prison mental health system can be an overwhelming experience for anyone, but there are ways to ensure that your advocacy efforts are most effective. Developing relationships with DOCS and OMH staff may help you to gain information about how your loved one is doing and to resolve problems that s/he encounters.

Reaching Out to Correctional and Mental Health Staff

DOCS

Your loved one will be assigned a correction counselor. The counselor is the DOCS staff member who is responsible for assisting your loved one in obtaining appropriate services during incarceration and for setting up his/her programming schedule. DOCS programs include educational and vocational training, substance abuse treatment, parenting skills, anger management, domestic violence counseling, health education, sex offender treatment, and religious services. The correction counselor is supposed to make sure that your loved one has the opportunity to complete the programs necessary to qualify for parole (such as substance abuse treatment, anger management, etc.). Be aware that the correction counselor is not a therapist.

You may be able to obtain useful information from the counselor. Through your contact with him/her, you may be able to get assistance for your loved one. The DOCS chaplain may also be a helpful contact within the prison.

OMH

You should also reach out to the OMH staff member who is treating your loved one. As a state agency, OMH recognizes that families are a critical part of the mental health care team. In fact, the OMH website features a brochure produced by NAMI–New York State which states the following:

"Mental health treatment outcomes can be dramatically improved when **families are active partners** in mental health treatment. The unique

strengths and knowledge that family members can contribute to the treatment process can benefit everyone—the patient, the practitioner, and the family members themselves!”¹⁹

Family involvement is no less as important when the person with mental illness is in prison.



As treatment providers, OMH staff should share your interest in making sure that your loved one receives the care s/he needs. The OMH Treatment Plan Policy requires that every person on the mental health caseload receive a treatment plan that includes an opportunity for family input. You should try to develop a positive working relationship with the OMH staff by approaching

them as a concerned family member and enlisting their assistance as competent professionals. Sometimes family members do not receive a warm reception when they reach out to prison mental health staff. If you face obstacles when trying to contribute to your loved one’s treatment, be persistent. OMH’s mission is to “promote the mental health and well-being of all New Yorkers.”²⁰ Your loved one is one of those New Yorkers, and s/he is entitled to quality mental health services. Persevere in your efforts to get your loved one the services s/he deserves!

It is useful to keep track of your communication with DOCS and OMH staff (and anyone else you contact for assistance during your loved one’s incarceration). You may have many contacts with them over the course of your loved one’s imprisonment. Having a written record will come in handy if a problem arises. One way to keep track of your conversations is to keep a notebook where you log the calls you make regarding your loved one. You should include the name of the person you spoke with, the date of the communication, their contact information, and notes about what was discussed.

19. See http://www.omh.state.ny.us/omhweb/planning/hub/consumer/family_flyer.html.

20. OMH Strategic Statement, October 2009, p. 4 at http://www.omh.state.ny.us/omhweb/planning/statewide_plan/2009_to_2013/framework.pdf.

Advocating for Mental Health Treatment

As discussed above, the type of mental health services that a person receives in prison depends upon OMH’s assessment of the severity of his/her psychiatric disability. To make an appropriate assessment of your loved one’s mental health needs, OMH needs as much information as possible. If your loved one was receiving mental health treatment in jail, that information should have been transmitted to DOCS and OMH when s/he was transferred to DOCS’ custody. OMH may not have any information about a person’s treatment history in the community before his/her arrest.

You may be able to give the mental health staff a better understanding of your loved one’s background and treatment history so that they can develop a better treatment plan for him or her. Information from previous mental health assessments and details regarding previous hospitalizations can be extremely helpful to share with OMH. You may want to provide OMH with information about your loved one’s prior treatment providers so that they can obtain the records. You may even want to send OMH whatever records you have related to your loved one’s prior mental health treatment.

However, you should be aware that some people do not want to receive mental health treatment in prison and refuse to report their mental health treatment history and symptoms to OMH. Be sure to talk with your loved one about what s/he wants and why. Ultimately your loved one has the right to decide whether to seek mental health treatment.

When you contact OMH for the first time, be prepared for the mental health staff to tell you that they cannot speak with you without your loved one’s written consent authorizing OMH to release information about his/her mental health treatment to you. Although the privacy laws require treatment providers to keep mental health information confidential unless the person agrees to share the information, nothing prevents you from giving information about your loved one to them. If the mental health staff tells you that they cannot speak with you without the person’s consent, you should tell them that you understand that they cannot give you any information right now but that you have important information to share with them. Then provide them with whatever information you have to convey. Request that the staff member ask your loved one if s/he wants to sign an authorization form so that OMH staff can speak with you about his/her treatment.

If the mental health staff will not assist you in having the authorization form signed, you can send a form to your loved one yourself or bring it with you on your next visit. Once it is signed, you can offer to fax or mail it to the OMH staff. Be sure to keep a copy for yourself. (OMH's standard authorization form is inserted at the end of this guide.²¹) OMH should keep a copy of this authorization form in your loved one's permanent file so that OMH staff at any facility where your loved one is sent are aware that s/he has given consent for them to speak to you.

If you are concerned that your loved one is not receiving appropriate mental health care, you should contact the mental health staff at the prison. You should explain your concerns as specifically as possible. For example, if your loved one appeared symptomatic during a recent visit, describe the behavior that you found alarming. Compare it with the way s/he normally behaves. If your loved one's psychiatric symptoms seem to follow a certain pattern, try to describe that to the OMH staff. As much as possible, try to avoid labeling the behavior. Instead of saying s/he was "psychotic," describe exactly what s/he said or did.

Hopefully you will be able to have the issue resolved through your informal contact with staff. However, if your concern is not addressed, you may need to go up the chain of command with your complaint until your loved one receives appropriate assistance. If you are not satisfied with the staff member's response, you should contact the OMH unit chief at the facility. (See Appendix C for OMH contact information.) Explain the problem, describe your efforts to resolve it through your conversations with staff, and ask the OMH unit chief to address the issue. After your phone call with the OMH unit chief, you should promptly follow up with a letter that reflects what was discussed during the call. If the unit chief told you that s/he would take certain action, be sure to include that in the letter.

If the OMH unit chief does not satisfactorily address the situation, you should contact the administrative staff at CNYPC:

Central New York Psychiatric Center

P.O. Box 300

Marcy, NY 13403-0300

Donald Sawyer, Executive Director: 315-765-3600

Director of Outpatient Operations:²² 315-765-3626

21. The form is also available on the OMH website at <http://www.omh.state.ny.us/omhweb/hipaa/manual/appendix3.pdf>.

22. Position currently vacant

You can phone them with your concerns, but you should also put the complaint in writing. You can include a copy of the letter that you sent to the unit chief and explain what, if anything, has been done and what your continuing concerns are.

If you are not satisfied with the response you receive from CNYPC, you can contact the OMH Commissioner:

New York State Office of Mental Health

44 Holland Avenue

Albany, NY 12229

Michael F. Hogan, Ph.D., Commissioner: 518-474-4403

Richard Miraglia, Director of Forensic Services: 518-474-8207

Be sure to put your complaint in writing and include a copy of the correspondence you have had with the unit chief and CNYPC. You can also file a complaint with OMH by calling their helpline at **1-800-597-8481**. But this should be done in addition to, not instead of, going up the chain of command within OMH.

You can also file a complaint with the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD). CQCAPD is responsible for oversight of mental health care provided in NYS prisons. When you file a complaint with CQCAPD, it's important to inform them of your efforts to resolve the problem through OMH. Provide CQCAPD with copies of your correspondence with the unit chief, CNYPC, and the Commissioner:

Division of Quality Assurance and Investigations

**New York State Commission on Quality of Care and Advocacy
for Persons with Disabilities**

401 State Street

Schenectady, NY 12305-2397

1-800-624-4143

If you want assistance from an independent mental health advocate, you can contact Robert Corliss who has extensive experience advocating for people involved in the prison mental health system:

Robert K. Corliss, M.A.

Mental Health Advocate

1130 Wendell Avenue

Schenectady, New York 12308

518-377-6138

rcorliss@nycap.rr.com

If your loved one wants to file a lawsuit based on deficient mental health treatment, s/he must first file a complaint with the particular agency at fault (OMH and/or DOCS) and follow their procedures. Complaint procedures frequently have many steps, and your loved one must follow all of the steps before filing a lawsuit. (See Appendix A, p. A-18, for more information on grievance procedures.)

Preventing Suicide

If you are concerned that your loved one is suicidal, it is important to call the facility where s/he is housed and notify DOCS and OMH staff immediately. You should contact the correction counselor as well as the OMH unit chief. If the unit chief is not available, you should notify any other available clinician of your concerns. You might also want to contact the superintendent at the facility. On weekends, holidays, and evenings, you can contact the watch commander, the security staff person in charge of the prison. (See Appendix B for contact information for the NYS prisons.) If you do not receive a response from staff at the prison, you should contact CNYPC. It is helpful to describe the symptoms your loved one is exhibiting in order to demonstrate the reason for your concern. Do not stop calling until you speak with someone who will look into the situation for you.

Reporting/Stopping Abuse

If your loved one is being victimized by staff or other prisoners, it is important that you report it. You can report abuse to the Office of the Inspector General, the State Commission of Correction, and superintendent at the prison where your loved one is housed.

Office of Inspector General

Bldg. 2, State Campus
Albany, NY 12226-2050
518-457-2653

New York State Commission of Correction

80 Wolf Road, 4th Floor
Albany, NY 12205
518-485-2346

Your loved one may also need to make a complaint through the grievance process within DOCS (or OMH if the abuse involves OMH staff). If your loved one wants to file a lawsuit about the incident, s/he will need to scrupulously follow the grievance process. (See Appendix A, p. A-18, for more information on grievance procedures.)

You may also want to contact Prisoners' Legal Services for assistance:

PLS Albany

41 State Street, Suite M112
Albany, NY 12207
518-445-6050

Prisons served: Arthur Kill, Bayview, Beacon, Bedford Hills, Mt. McGregor, Summit Shock, CNYPC, Coxsackie, Downstate, Eastern, Edgecombe, Fishkill, Fulton, Great Meadow, Greene, Green Haven, Hale Creek, Hudson, Lincoln, Marcy, Mid-State, Mid-Orange, Mohawk, Oneida, Otisville, Queensboro, Shawangunk, Sing Sing, Sullivan, Taconic, Ulster, Wallkill, Walsh, Washington, Woodbourne

PLS Buffalo

237 Main St., Suite 1535
Buffalo, NY 14203
716-854-1007

Prisons served: Albion, Attica, Buffalo, Collins, Gowanda, Groveland, Lakeview, Livingston, Orleans, Rochester, Wende, Wyoming

PLS Ithaca

102 Prospect Street
Ithaca, NY 14850
607-273-2283

Prisons served: Auburn, Butler, Camp Georgetown, Monterey Shock, Cape Vincent, Cayuga, Elmira, Five Points, Southport, Watertown, Willard

PLS Plattsburgh

121 Bridge Street, Suite 202
Plattsburgh, NY 12901
518-561-3088

Prisons served: Adirondack, Altona, Bare Hill, Chateaugay, Clinton, Franklin, Gouverneur, Lyon Mountain, Moriah Shock, Ogdensburg, Riverview, Upstate

The Legal Aid Society's Prisoners' Rights Project (PRP) is also a useful resource. Although PRP will not necessarily be able to contact DOCS or OMH on behalf of every individual who contacts them, they do provide information to assist people in prison to advocate for themselves.

Prisoners' Rights Project

The Legal Aid Society
199 Water Street
New York, NY 10038
212-577-3530

Advocating for Removal from Solitary Confinement

As described above, there have been reforms aimed at keeping people with Serious Mental Illness out of SHU and providing enhanced treatment to those who remain in SHU. But unfortunately, some people with psychiatric disabilities still wind up in SHU. If your loved one is placed in SHU (or extended Keeplock), it is important to take immediate action to notify staff members of his/her psychiatric disability.

You should begin by contacting the OMH unit chief at the prison to ensure that OMH staff are aware of your loved one's mental health needs. (See Appendix C for OMH contact information.) They should assess your loved one to determine whether s/he meets the criteria to receive enhanced treatment in or be removed from the SHU. If they determine that s/he does not meet the criteria, and you disagree, you should follow the suggestions given above about making a complaint to OMH, starting with the unit chief and moving up through CNYPC to the Commissioner. (To challenge OMH's assessment of the severity of your loved one's psychiatric disability, it will be especially important to provide evaluations of your loved one by other treatment providers.)

DOCS also has responsibilities under the *DAI* settlement agreement (and the SHU Exclusion Law once it is implemented). For instance, your loved one's psychiatric disability is supposed to be taken into consideration during the disciplinary process. So you may want to contact DOCS regarding your concerns about your loved one's SHU sentence. You can start by contacting the corrections counselor to get more information. To make a complaint about the SHU sentence, you can write to the superintendent of the prison. (See Appendix B for contact information for the NYS prisons.) You can also contact DOCS Central Office staff:

New York State Department of Correctional Services

Office of the Commissioner
Bldg. 2, State Campus
Albany, NY 12226-2050
518-457-8126
Brian Fischer, Commissioner
518-457-8134
Howard Holanchock, Assistant Commissioner for Mental Health
518-408-0278
Doris Ramirez-Romero, Director of Mental Health
518-408-0281
Albert Prack, DOCS Assistant Director of Special Housing
518-457-2337

You should also alert the attorneys who litigated the *DAI* lawsuit. They monitor whether OMH and DOCS are complying with the settlement agreement and may be able to get more information about your loved one's situation. You can contact staff members at Disability Advocates, Inc., The Legal Aid Society's Prisoners' Rights Project, or Prisoners' Legal Services of New York:

Disability Advocates, Inc.

5 Clinton Square, 3rd Floor
Albany, NY 12207
518-432-7861
1-800-993-8982

Prisoners' Rights Project

The Legal Aid Society
199 Water Street
New York, NY 10038
212-577-3530

Prisoners' Legal Services

41 State Street, Suite M112
Albany, NY 12207
518-445-6050

They may reach out to your loved one to get his/her permission to review his/her mental health records and investigate his/her SHU sentence.

As mentioned above, CQCAPD has oversight responsibility of the disciplinary process for people with mental illness, so if you are not satisfied with

the response you receive from DOCS and OMH, you can contact CQCAPD and file a complaint. CQCAPD may or may not investigate your individual complaint, but it is important to alert them so they can detect system-wide problems and/or issues at a particular prison.

You can also share your concerns regarding your loved one's treatment with Mental Health Alternatives to Solitary Confinement (MHASC), the coalition that fought for the SHU Exclusion Law. MHASC wants to hear about any problems people with mental illness continue to confront regarding placement in solitary confinement. MHASC regularly meets with CQCAPD and advocates for DOCS and OMH to comply with their obligations.

Mental Health Alternatives to Solitary Confinement (MHASC)

c/o Urban Justice Center
123 William Street, 16th Floor
New York, NY 10038
646-602-5644

Advocating for Discharge Planning Services²³

OMH's policies state that they provide the pre-release services described above (see pp. 9–12). However, the way these policies are carried out differs across the prison system, so your advocacy will be necessary to ensure that your loved one receives appropriate assistance. The information you provide regarding your loved one's previous community treatment will help OMH not only in providing treatment while the person is in prison but also in preparing for his/her release.

The pre-release coordinator (PRC) is the OMH staff member responsible for discharge planning. You can try to contact the PRC directly to discuss your loved one's discharge plan, but in some prisons you may have to go through the social worker or unit chief. (See Appendix C for OMH contact information.)

23. Many of our advocacy suggestions regarding post-release resources are specific to people returning to New York City. If your loved one will not be returning to NYC, you may want to contact the local affiliate of the National Alliance on Mental Illness (see Appendix D for contact information) about mental health resources in the community to which your loved one is returning.

Timing

The earlier that pre-release planning begins, the better. About eight or nine months before your loved one's release date, you should begin talking with OMH staff about preparing for his/her release. OMH policy is to begin identifying people with serious mental illness in need of pre-release services about six months before their release date, so they may tell you that it is too early to start that work if you contact them too far in advance. However, it does not hurt to start raising the issue early and then continue to follow up with them as the release date approaches.

Having adequate time to prepare appropriately for a person's release is essential. For instance, for a person to be considered for admission to the CORP unit, s/he needs to be referred to the screening committee seven months before his/her release date. Also, OMH can submit an application for SSI/SSDI benefits to the Social Security Administration (SSA) when the person is within four months of release. You want the application to be submitted that early because it can take months for SSA to make the eligibility determination.

SSI/SSDI

If your loved one was receiving Social Security disability benefits before s/he was incarcerated, the benefits will have been temporarily stopped while s/he was incarcerated, but s/he should be able to have them restored by going to the SSA office with his/her release papers. On the other hand, SSI benefits are terminated when an individual is incarcerated for a year or more, so if your loved one was receiving SSI, s/he will need to apply all over again if the benefits have been suspended for more than a year.

Mental Health Treatment Referrals

Be sure to let the PRC know of any resources that you are familiar with which may be a good fit for your loved one. Many prisons are far from the community to which the person is returning, and the PRCs may not have as much information about the local mental health system as you do. Make sure that the PRC actually schedules an appointment for your loved one to meet with a mental health provider upon release. Sometimes instead of scheduling an appointment with a specific mental health treatment provider, OMH merely refers people returning to NYC to an NYC borough

LINK team (which does not provide treatment but instead, as the name implies, links people to community providers). This can delay your loved one from getting the treatment s/he needs. If s/he takes medication, s/he will be given only a two-week supply of medication and prescription for two more weeks. During that first month after release, your loved one needs to get connected with a treatment provider who can prescribe medication. Otherwise, s/he may run out of medication and be faced with going to an emergency room as the only option for getting more medication.

Case Management Referrals

You may also need to advocate for your loved one to be assigned a case manager if s/he needs one. A case manager can help a mental health consumer navigate the complicated bureaucracies s/he faces upon release from prison. OMH Forensic Intensive Case Management (ICM) is specifically for people returning to NYC from prison and provides more intensive services than the NYC borough LINK teams. If your loved one is assigned to a Forensic ICM, someone from the ICM team should meet with him/her as soon as s/he is released, accompany him/her to initial appointments, ensure that prescriptions are filled, and assist with housing placement.

The NYC Borough LINK Transitional Case Managers are supposed to provide transitional services to connect mental health consumers recently released from incarceration to treatment, benefits, and housing. They have much higher caseloads than Forensic ICMs, are not required to provide a specified number of monthly contacts with their clients, and generally do not go out into the community to meet with clients. They expect the client to come to their office, and they provide services for a shorter period of time than Forensic ICMs.

OMH could submit a referral for your loved one to receive an intensive or supportive case manager through the Single Point of Access (SPOA) system that is regularly used to obtain case management services for people with mental illness. The type of case management that your loved one qualifies for will depend upon the severity of his/her mental illness and the supports that s/he needs.

Assertive Community Treatment

OMH can also apply for a person who is about to be released from prison to be assigned an Assertive Community Treatment (ACT) team. ACT ser-

vices are the highest level of community care in the mental health system, and to receive them, the mental health consumer must meet certain criteria regarding past hospitalizations. ACT services consist of a multi-disciplinary treatment team (psychiatrist, nurse, social worker, peer advocate, etc.) that provides services to the individual in the community. Although OMH can apply for these services through the SPOA application used to access case management services, they usually only request ACT services for individuals who have an Assisted Outpatient Treatment (AOT) order.

Housing

If your loved one will not have a place to live after s/he is released, you should advocate for the PRC to submit a supportive housing application for him/her. This application requires a psychosocial report and psychiatric evaluation which the PRC can get from OMH staff at the prison. If your loved one is released to the NYC shelter system without a supportive housing application having been filed, s/he will face an additional hurdle in the housing search: s/he will have to find someone in the community to submit the application and a social worker and psychiatrist to complete the necessary evaluations. The shelter staff does assist people with mental illness in applying for supportive housing, but it takes time for a person to be assessed in the intake shelter, placed into a mental health shelter, and assigned a housing counselor who will start this process.

Even once an individual's supportive housing application has been approved, s/he still has to find an available placement. This requires contacting supportive housing providers who have vacancies and scheduling interviews for the applicant to meet with the provider. A case manager can be helpful in this process. One of a case manager's responsibilities is assisting clients in obtaining housing. In addition to advocating for the supportive housing application to be submitted, you will need to advocate for the PRC and/or case manager to send the approval to housing providers. Getting into supportive housing can take months, so it is important to do as much of the work as possible before your loved one is released from prison. In New York City, the Center for Urban Community Services' (CUCS) Housing Resource Center at 212-801-3300 or www.cucs.org can provide you with more information about supportive housing.

Public Benefits

To ensure that your loved one has a way to pay for medication and support him/herself (if not receiving SSI/SSDI benefits or if those benefits are not

available upon release), OMH should submit an application for Medicaid, food stamps, and cash assistance for him/her. If your loved one is released to New York City, s/he will have to go to a welfare center (known as a Human Resources Administration (HRA) Job Center) to follow up on the application. To find out the location of the nearest Job Center, call **1-877-472-8411**. During the initial visit, the Job Center staff is required to evaluate the applicant's need for emergency assistance. Depending upon the person's needs, s/he may receive expedited food stamps within five days and receive cash assistance to meet his/her immediate needs. The HRA rarely provides immediate cash assistance without the applicant specifically identifying what s/he needs—clothes, shoes, transportation to medical/psychiatric appointments, toiletries, etc. If your loved one did not have his/her immediate needs met at the first appointment with HRA, you can contact the Legal Aid Society at **212-440-4300** or other legal services organizations for assistance. (See Appendix D for more information about resolving public benefits issues.) If your loved one is returning to a county other than the five boroughs of New York City, s/he will have to follow up on the application with the county Department of Social Services (DSS). (See Appendix D for a directory of DSS offices.) You can find the location of the local DSS by calling the New York State Temporary Assistance Hotline at **1-800-342-3009**.

If the PRC assists your loved one in applying for Medicaid, the PRC will probably enroll him/her in the Medication Grant Program (MGP), which provides coverage for the cost of psychiatric medication and services related to prescribing medication while his/her Medicaid application is pending. The card can be used at over 3,700 pharmacies statewide. Several major pharmacy chains, including Duane Reade, CVS, Rite Aid, and Walgreens, accept the MGP card. The PRC should provide your loved one with a list of participating pharmacies. If your loved one has a problem using the card after s/he is released, s/he can contact the local MGP coordinator. (See Appendix D for MGP county contacts.) The MGP coordinator for the NYC Department of Health and Mental Hygiene can be reached at **212-341-0772**.

Medications and Prescriptions

If your loved one was taking psychiatric medication in prison but was not provided a supply of medication and a prescription when s/he was released to the community, you should contact both the OMH unit chief at the prison from which s/he was released and his/her parole officer right away. (See Appendix C for OMH contact information. You can find the parole

officer's name and telephone number by entering your loved one's name in the "Parolee Lookup" at www.parole.state.ny.us/lookup.html or by calling **518-473-9400**.) They should be able to assist in arranging for the medication and/or prescription to be sent to the parole officer, case manager, or community treatment program.

Be sure to get as much documentation as you can about what pre-release planning has been done for your loved one before s/he is released from prison. The PRC should complete a Discharge Summary that summarizes the services arranged. You may be able to get copies of the applications as well. This material could be useful in working with community providers after your loved one is released.

If OMH has not designated your loved one as SMI, according to OMH policies, s/he will not be entitled to assistance applying for SSI/SSD, supportive housing, or case management. If you believe that your loved one's mental illness is severe enough to qualify him/her to receive these services, you should ask OMH staff to reassess him/her and provide any records you have from prior treatment providers which document the extent of your loved one's impairment and how it limits his/her functioning.

As noted above, if you are not able to get help for your loved one by working with the mental health staff at the facility or appealing to the unit chief, you may need to go up the chain of command within OMH. You can also contact the Urban Justice Center's Mental Health Project at **646-602-5644** to assist with your advocacy. Although we may not be able to convince OMH to provide the necessary services, through litigation we are trying to force OMH to improve its pre-release planning services so that people with mental illness can successfully complete parole.

Advocating for Parole

If your loved one is eligible to be released on parole, the Parole Board will schedule an initial appearance at which s/he will be considered for discretionary release after s/he has served the minimum term. The Board will consider the person's behavior in prison, including his/her disciplinary record and participation in prison programming, criminal history, and other factors to determine whether release should be granted. The Board wants to see evidence that the person has been rehabilitated. The interview will be

conducted by two or three members of the Board, facility parole staff, and a hearing reporter. Your loved one cannot have an attorney present at this interview.

You may want to review the *NYS Parole Handbook: Questions and Answers Concerning Parole Release and Supervision* for more information regarding parole hearings. The handbook is posted on the Parole website at www.parole.state.ny.us/publications.html. You can contact Parole at the following address:

New York State Division of Parole

97 Central Ave
Albany, NY 12206
518-473-9400
nysparole@parole.state.ny.us

The Department of Correctional Services and the Division of Parole created a guide for families reunifying with their loved ones when they are released from prison. It includes a checklist of issues for families to consider before their loved ones return home. *Coming Home: A Family's Guide to Reunification* is available on the DOCS website at www.docs.state.ny.us/FamilyGuide/ComingHomeBrochure.pdf.

You can assist your loved one in preparing for his/her parole board appearance by helping to put together "evidence of rehabilitation." The Coalition for Parole Restoration (CPR) can provide guidance in assisting your loved one in collecting letters and other documentation to establish "rehabilitation." You may also want to help your loved one to put together information about the mental health services s/he is eligible for and willing to take advantage of in the community. You can contact CPR at the following address:

Coalition for Parole Restoration

P. O. Box 1379
New York, NY 10013
888-590-9212
parolecpr@yahoo.com

Resources for Family Members



Supporting a loved one while he or she is in prison can be completely overwhelming. Families not only experience the loss of not having the person in their lives in the way he or she was before but also take on responsibility for caring for the person in an entirely new way. Interacting with the criminal justice system, which exerts such control over the lives of prisoners

and their families, can be stressful and frustrating. Families face the huge tasks of learning to support their imprisoned loved ones emotionally and financially and help them to navigate the prison and mental health systems, all the while maintaining their own work and personal responsibilities. At times like these, it's important to remember that you're doing a very hard job and that only by taking care of yourself and setting boundaries with your loved one about what you are able to do, can you best advocate for him or her.

People who have been through the experience of having a loved one incarcerated can often be the best source of advice and support. Prison Families Anonymous adapted these ten tips from the National Family Caregivers Association:²⁴

1. Choose to take charge of your life and don't let your loved one's incarceration always take center stage.
2. Remember to be good to yourself. Love, honor, and value yourself. You're doing a very hard job, and you deserve some quality time just for you.
3. Watch out for signs of depression and don't delay in getting professional help when you need it.
4. If people offer to help, accept the offer and suggest specific things they can do.
5. Educate yourself about your loved one's incarceration; information is empowering.
6. There's a difference between caring and doing. Be open to ideas.

²⁴ *Suffolk County Visitor's Handbook*, Prison Families Anonymous, 2002 (citing *10 Tips for Family Caregivers*, National Family Caregivers Association, 1998).

7. Trust your instincts. Most of the time they'll lead you in the right direction.
8. Grieve for your losses and then allow yourself to dream new dreams.
9. Stand up for your rights as the family.
10. Seek support from others in the same situation; there's a great strength in knowing that you are not alone.

Remember that you really are not alone. There are hundreds of thousands of other family members like you, who are struggling to advocate for their loved ones in prison. In New York there are many groups where family members get together to provide support for one another:

**National Alliance on Mental Illness of New York City
(NAMI–NYC Metro) Criminal Justice Support Group**

NAMI-NYC Metro

505 Eighth Avenue, Suite 1103

New York, NY 10018

www.naminycmetro.org

Leah Gitter, Facilitator: 212-431-7276

The support group meets on the fourth Thursday of each month at 6:00 p.m.

The National Alliance on Mental Illness (NAMI) has local affiliates across the state. (See Appendix D, p. D-8, for contact information for local NAMI affiliates.) To find out about NAMI criminal justice support groups in your community, contact your local NAMI affiliate.

Osborne Prison Family Support Groups

www.osborneny.org

Family Resource Center: 1-800-344-3314

175 Remsen Street, Eighth Floor

Brooklyn, NY 11201

Eric Waters, Program Coordinator: 718-637-6560,

The support group meets every Wednesday evening from 5:30 to 7:30 p.m.

809 Westchester Avenue

Bronx, NY 10455-1704

Jean Blount, Family Resource Center Specialist:

718-707-2600 or 718-991-9111

The support group meets on the third and fourth Wednesday of each month from 6:00 to 7:15 p.m.

New Jerusalem Baptist Church, Justice Ministry

122-05 Smith Street

Jamaica, NY 11434-2522

Jean Blount, Family Resource Center Specialist: 718-978-5777

The support group meets on the third Tuesday of each month from 7:00 to 8:00 p.m.

Prison Families Anonymous (A Project of FEGS)

The Community Presbyterian United Church

1843 Deer Park Avenue

Deer Park, NY 11729-4320

631-242-0221

Barbara Allan, Director-founder: 516-496-7550

The support group meets on the second and fourth Tuesday of each month at 7:30 p.m.

Prison Families of New York

The Women's Building

373 Central Avenue (between Quail and Ontario Streets)

Albany, NY 12206

www.prisonfamiliesofnewyork.org

Alison Coleman, Director: 518-453-6659 or Alison.coleman@rcda.org

The support group in Albany meets every Monday from 7:00 to 8:30 p.m.

For information about support groups in Utica and Schenectady, please call Alison.

Prisoners Are People Too!

Pratt-Willert Community Center

422 Pratt Street

Buffalo, NY 14204-1264

Karima Amin, Director: 716-834-8438

or karima@prisonersarepeopletoo.org

The support group usually meets on the fourth or fifth Monday of the month from 6:30 to 8:30 p.m. It does not meet in December.

Coalition for Parole Restoration

North Star Foundation

520 Eighth Avenue, Suite 2203 (between 36th and 37th Streets)

New York, NY 10018

www.parolecpr.org

Mark McPhee, Community Outreach Coordinator: 718-786-4174
or 212-465-3241

The support group meets on the second Tuesday of each month from 6:00 to 8:00 p.m.

Many people find that becoming involved in larger advocacy efforts to change the criminal justice and mental health systems helps to sustain them. Through such work they connect to other family members, formerly incarcerated people, and advocates who are working to end the criminalization of people with psychiatric disabilities. They also receive support in their own efforts to advocate for their loved ones. People with direct experience of the criminal justice system are often the most powerful advocates in fighting for change. By sharing your experiences with the system and your insights into ways in which it can be transformed, you can help to bring about the changes so desperately needed.

Here are some groups that specifically focus on issues regarding people with mental illness in the criminal justice system:

Rights for Imprisoned People with Psychiatric Disabilities (RIPPD)

c/o Urban Justice Center
123 William Street, 16th Floor
New York, NY 10038

www.rippd.org

Lisa Ortega, Co-coordinator: 646-260-6575

Mary Dougherty, Co-coordinator: 845-598-4186



RIPPD is a grassroots, direct action organization, united to demand justice and social change for imprisoned people with psychiatric disabilities. RIPPD currently has campaigns to require the NYPD to implement Community Crisis Intervention Teams, to create more alternatives to incarceration for people with psychiatric disabilities, and to stop jail expansion in New York City. RIPPD meets on the first Monday of each month at 12:00 p.m.

Mental Health Alternatives to Solitary Confinement (MHASC)

c/o Urban Justice Center
123 William Street, 16th Floor
New York, NY 10038

www.urbanjustice.org/ujc/education/mental.html#solitary_confinement

Jennifer Parish, Acting Coordinator: 646-602-5644

MHASC is a coalition of more than sixty organizations and hundreds of concerned family members, formerly incarcerated people, mental health consumers, and advocates working to end the cruel placement of people with psychiatric disabilities in solitary confinement. After successfully advocating for the passage of the SHU Exclusion Law, MHASC is currently involved in monitoring the law's implementation and advocating for humane treatment for people with psychiatric disabilities in prison. For information on becoming involved in MHASC, please call Jennifer.

Several statewide mental health advocacy organizations have included issues related to the criminalization of people with mental illness in their advocacy agendas and have been active members of MHASC:

National Alliance on Mental Illness–New York State (NAMI-NYS)

Criminal Justice Program
260 Washington Avenue
Albany, NY 12210

www.naminys.org

518-462-2000

Helpline: 1-800-950-3228

NAMI-NYS provides referral, advocacy, and support services to families, as well as regional programs to train advocates to help families of those with mental illness navigate through the criminal justice system.

New York Association of Psychiatric Rehabilitation Services (NYAPRS)

1 Columbia Place, 2nd Floor
Albany, NY 12207

www.nyaprs.org

518-436-0008

NYAPRS is a statewide coalition of people who use and/or provide recovery-oriented, community-based mental health services. NYAPRS is dedicated to improving services and social conditions for people with psychiatric disabilities or diagnoses and those with trauma-related conditions by promoting their recovery, rehabilitation, and rights so that all people can participate freely in the opportunities of society.

Mental Health Association of New York State (MHANYS)

194 Washington Avenue, Suite 415
Albany, NY 12210

www.mhanys.org

518-434-0439

MHANYS is a not-for-profit organization with 31 local affiliates serving 54 counties in New York State. MHANYS and the affiliate network work to promote mental health and recovery, encourage empowerment in mental health service recipients, eliminate discrimination, raise public awareness with education, and advocate for equality and opportunity for all.

Community Access' Advocacy and Public Policy Department

2 Washington Street, 9th Floor

New York, NY 10004

www.communityaccess.org

212-780-1400

Community Access' Advocacy and Public Policy Department, launched in 1996, uniquely trains and empowers mental health consumers to engage in activities that help shape the city, state, and national mental health policies that can lead to system-wide change.

There are many other organizations advocating for changes to the criminal justice system. (See Appendix D, p. D-12, for more information regarding these advocacy groups.)

For other mental health and criminal justice resources, see Appendix D.

As stated in the *FREE! Family Survival Guide*, “Nothing is guaranteed in prison except time. There is no guarantee that you will get to visit or that you will get a full 30 minutes on the phone. No one will promise you that your loved ones will remain at a certain facility or that s/he will be released on his/her conditional release date. You can't even say for sure that your loved one will be pleasant when you receive a phone call or letter. Little is within your control, so control what you can: you and your reactions.”²⁵

Conclusion

Through this guide we have attempted to empower family members to successfully advocate for their loved ones to receive mental health treatment while in prison. However, we recognize that currently prisons are not rehabilitative environments, and people are unlikely to be able to recover from mental illness while involuntarily confined and subjected to harsh

²⁵. *Free! Family Survival Guide*, p. 28.

conditions. Ultimately mental health services should be available in the community and provided in a manner that prevents people with psychiatric disabilities from entering the criminal justice system entirely.

Over the last 20 years, the criminal justice system has begun to adapt to the influx of people with mental illness. Police departments across the country have created crisis intervention teams to respond to calls regarding people in psychiatric crisis, and more than 150 mental health courts have been established to provide more effective ways of processing people with mental illness charged with crimes. Both of these responses are premised upon the existence of mental health services to which people who encounter the criminal justice system can be referred. Unfortunately such services are in short supply.

We must push for the public mental health system to respond to this crisis by addressing the failures that lead to people with mental illness ending up in the criminal justice system in the first place. Enhancing and expanding the availability of quality community mental health treatment and other resources critical for recovery is essential. Mental health consumers must be supported in leading us toward the development of services that are truly person-centered and recovery-oriented. Addressing the needs of people with psychiatric disabilities must also include providing for people's fundamental need for housing—a critical, stabilizing resource necessary for recovery. We must also improve our response to the needs of young people with mental health disorders and transform the juvenile justice system, which too often serves as a gateway into the prison system.

But as long as people with mental illness continue to be confined in prison, we must insist on their being kept safe, treated humanely, and provided with quality mental health treatment services. We hope that the information and resources presented in this guide enable you to support your loved one while s/he is in prison and to assist him/her in receiving the mental health treatment to which s/he is entitled. We vehemently believe in the power of family and friends to improve the lives of their loved ones and the system as a whole.

We have witnessed them confront the injustice and inhumanity of the prison system, and through persisting in their advocacy efforts, eventually have a significant impact on their loved one's situation. Some have given comfort to loved ones spending years in SHU; others have tirelessly advocated to correct treatment failures that resulted in their loved ones being abused

by correction officers and neglected by mental health staff; and others still have pushed for their loved ones to be released on parole and provided with discharge planning services.



We have also seen family members, friends, and people with mental illness who have been incarcerated lead the charge to change the prison mental health system as a whole. They have helped to shine a light on the injustice taking place in our prisons. Without their passionate advocacy, the SHU Exclusion Law would not have been enacted. By organizing on the street, testifying at public hearings, meeting with legislators, speaking at press conferences, and informing others about the atrocities of

isolating people with mental illness in solitary confinement, they created important change in how people with mental illness may be treated in New York State prisons.

As people acquainted with the current prison mental health system, you know that the struggle to improve mental health services inside New York State prisons and put an end to the use of solitary confinement is not over. We invite you to join in the effort to transform this system and to end the criminalization of people with mental illness. Your voice and experience are persuasive tools to advocate for the many people in prison suffering under circumstances similar to those of your loved one. Together our voices can be an extremely powerful force. Now is the time for solidarity and action!

Appendix A Supplemental Information on the Prison Mental Health System in New York State

Mental Health Service Levels¹

OMH determines an imprisoned person's mental health service level. This designation affects where the person will be housed. The following is OMH's description of each service level:

Level 1. Person diagnosed with a major mental illness and/or severe personality disorder with active symptoms and/or a history of psychiatric instability.

Level 2. Person diagnosed with a major mental illness without significant "active" symptoms but with a history of complying with mental health treatment and of psychiatric stability.

Level 3. Person who is or may be in need of short-term psychiatric medication for relatively minor disorders such as mild anxiety, mild depression, or adjustment issues.

Level 4. Person who is or may be in need of short-term mental health intervention, excluding psychiatric medication, for relatively minor disorders relating to mild anxiety, mild depression, or adjustment issues.

Level 6.² Person who does not currently require any mental health services.

1. OMH provided the descriptions of the mental health service levels.

2. There is no OMH Level 5.

DOCS Facility Levels³

Each prison is assigned a level based on the mental health services provided there. The following is a description of the facility levels:

Level 1.⁴ These facilities are designed to provide the most in-depth mental health services to people in prison. They are staffed by OMH on a full-time basis and are able to provide treatment to people with a major mental disorder. The specialized services available include residential crisis treatment, residential day treatment, medication monitoring by psychiatric nursing staff, and potential commitment to CNYPC. According to OMH, level one staffing includes a full-time unit chief, full-time psychiatric staff, full-time non-medical staff, a full-time nurse administrator, psychiatric nursing staff (two shifts per day, seven days a week), and support staff.

Level 2.⁵ Prison at which OMH staff are assigned on a full-time basis and able to provide treatment to people with a major mental disorder, but such disorder is not as acute as that of prisoners who require placement at a level one facility. According to OMH, staffing at level two facilities includes a minimum of eight hours of psychiatric services per week; two full-time, non-medical clinicians or the full-time equivalent; a full-time unit chief or designated onsite unit coordinator; and eight hours of support staff (with the exception of smaller units).

Level 3.⁶ Prison at which OMH staff are assigned on a part-time basis and able to provide treatment and medication to people who either have a moderate mental disorder or are in remission from a disorder and determined by OMH staff to be able to function adequately in a facility with such a staffing level.

3. Facility levels 1 through 4 are defined in Correction Law §§ 2.27 - 2.30.

4. Albion, Attica, Auburn, Bedford Hills, Clinton, Downstate, Elmira, Fishkill, Five Points, Great Meadow, Green Haven, Marcy Residential Mental Health Unit, Mid-State, Sing Sing, Sullivan, Wende, and Walsh Regional Medical Unit at Mohawk Correctional Facility (C.F.) are level one prisons.

5. Arthur Kill, Bayview, Collins, Coxsackie, Eastern, Fishkill SHU 200, Groveland, Marcy, Mid-State SHU 200, Shawangunk, Southport, Taconic, Willard Drug Treatment Campus, and Woodbourne are level two prisons.

6. Clinton Annex, Franklin, Greene, Lincoln, Merle Cooper at Clinton Annex, Mt. McGregor, Oneida, Ulster, Upstate, Wallkill, and Washington are level three prisons.

Level 4.⁷ Prison at which OMH staff are assigned on a part-time basis and able to provide treatment to people who may require limited intervention, excluding psychiatric medications.

Level 6.⁸ Prison without OMH staff.

Mental Health Programs Within the Prisons

Intermediate Care Program (ICP)⁹

There are fourteen Intermediate Care Programs (ICPs) in prisons across the state. They are designed to serve people whose psychiatric disability impairs their ability to function in the general prison population. Prisoners assigned to the ICP reside in a separate housing area from those in general population. Generally ICP participants at maximum security prisons are housed in cells, and those in medium security prisons reside in dorm-style settings.¹⁰

In the ICP, participants are supposed to receive treatment, which consists of 20 hours of programming per week, to improve their mental health functioning. The program includes four steps through which participants should advance as their mental health stabilizes. The ultimate goal is for the participant to be able to return to general prison population and for his/her mental health to remain stable.

The following is a description of the ICP Step System as described in the 2007 ICP program manual:¹¹

7. Fulton, Lakeview Shock Incarceration, Monterey Shock Incarceration, Queensboro, and Watertown Assessment are level four prisons.

8. Adirondack, Altona, Bare Hill, Beacon, Buffalo, Camp Georgetown, Camp Summit, Cape Vincent, Cayuga, Chateaugay, Eastern Annex, Edgecombe, Gouverneur, Gowanda, Hale Creek, Hudson, Lakeview SHU 200, Livingston, Lyon Mountain, Mid- Orange, Mohawk, Moriah Shock Incarceration, Ogdensburg, Orleans, Otisville, Riverview, Rochester, Watertown, and Wyoming are all Level 6 prisons.

9. Intermediate Care Program Manual, Joint Program of the NYS Department of Correctional Services and NYS Office of Mental Health, October 12, 2007.

10. Sometimes a few individual cells are used as incentives for participants to excel in the program.

11. ICP Manual, Appendix 2, pp. 18–19.

Step I. The first step is an evaluation and orientation phase. Most ICP participants start at Step I when assigned to the ICP. In this phase of the program, participants are escorted when entering the general population areas of the prison. They generally have meals on the ICP unit and participate in recreation and religious activities in specifically designated areas, separate from general population. Step I participants receive OMH programming on the unit. To progress to the next step, they have to demonstrate that they are able to participate in the program, assume responsibility for self-care tasks with minimal supervision, and handle either an educational or vocational work assignment. Some people may not be able to progress past Step I due to the severity of their mental illness. In these instances, OMH staff are supposed to focus on maximizing the person's ability to handle basics tasks of everyday life, interact socially, and participate in activities on the unit.

Step II. In this phase of the program, participants can have an on-unit job and/or school assignments. They may also be able to participate in religious and/or recreational activities in general population. To advance to Step III, a participant must actively participate in therapeutic groups and treatment and meet his/her treatment goals.

Step III. Step III participants are assigned to general population programs but continue to reside on the ICP unit. They are able to eat in the facility mess hall and participate in religious and recreational activities in general population areas. They no longer have to be escorted when going for sick call, commissary, etc. Participants can be sent back to Steps I or II if the DOCS and OMH staff determine that they are not able to function at this level.

Step IV. Participants are promoted to Step IV of the program once staff agrees that they “exhibit an ability to relate well to others, function well within the program, and remain compliant with prescribed treatment without incident for 6 months.”¹² Once participants enter Step IV of the program, they are eligible for discharge from the ICP and placement in the general prison population. After discharge, former ICP participants are evaluated weekly for six weeks and are not eligible for transfer to another prison during this time.

12. ICP Manual, p.19.

Intensive Intermediate Care Program (IICP)¹³

The IICP is a 38-bed “therapeutic residence” on the second floor of the mental health satellite unit at Wende Correctional Facility. The IICP is for people who have severe mental illness and who haven't been able to adjust their behavior to prison life. The goal of the IICP is to provide “mental health interventions that promote engagement in therapeutic services/programs, improve capacity for self care, improve ability to program consistently and remain safe in the least restrictive environment”¹⁴ within the prison system. Both OMH and DOCS staff are involved in treatment interventions which focus on skill development and education. Before an IICP participant can be discharged from the unit, the treatment team must evaluate the participant's progress in meeting the goals established in the treatment plan.

Transitional Intermediate Care Program (TrICP)¹⁵

The TrICP provides transitional services for people exiting the ICP, IICP, STP, and GTP treatment programs; people residing in general population who are deemed in need of more intensive support; and people who are being released from SHU or Keeplock confinement.¹⁶ The goal of this program is to help participants to reside in the least restrictive environment while reducing behavioral problems or symptoms of mental illness. Participants in the TrICP must have a diagnosed mental illness and have proven their ability to reside in general population housing and to participate in DOCS programming. TrICP participants reside in general population housing and receive group interventions and bi-weekly meetings with a primary therapist or case manager to support them in transitioning back into the general population of the prison.

13. Intensive Intermediate Care Program (IICP) Operation Manual, Wende Correctional Facility, October 30, 2006.

14. IICP Manual at 3.

15. Transitional Intermediate Care Program Manual, A Joint Program of the New York State Office of Mental Health and New York State Department of Correctional Services, November 2007.

16. There are TrICPs at the following prisons: Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Great Meadow, Green Haven, Sing Sing, and Wende correctional facilities.

The Disciplinary Process¹⁷

When a person is transferred to state prison, he or she is given a rulebook containing over 100 rules. If a prisoner is charged with violating any of these rules, he or she is given a ticket, and DOCS conducts a disciplinary hearing to determine whether the person is guilty of the violation and if so, what punishment will be imposed. Violations are categorized by a “tier” rating of I, II, or III. Many violations fall into more than one tier, leaving it up to the mood of the correctional staff as to which rating they assign to the violation. The tier violation determines the type of disciplinary hearing and punishment the prisoner will receive if found guilty. Tier I violations are the least serious, and a sergeant supervises the disciplinary hearings for Tier I violations. Tier II violations are more serious, and these hearings are supervised by a lieutenant. Tier III violations are the most serious, and a superintendent supervises Tier III hearings.¹⁸

Disciplinary hearings are required to take place within seven days of the violation. Prisoners are allowed to call other prisoners and/or correctional staff as witnesses at the hearing. They are also permitted to receive some limited assistance from prison staff in preparing their defense, but they cannot be represented by an attorney in disciplinary hearings.

Hearing officers are required to consider evidence that relates to a person’s mental health condition at the time of the disciplinary infraction. If a person has an OMH Level 1 classification, was involved in self-harming behavior, or was residing in, or being transported to, CNYPC or a mental health satellite unit at the time of the incident, the hearing officer is required to take that information into account. The hearing officer then must ask the person if s/he understand the charges against him/her, speak to witnesses to the incident, and interview an OMH clinician in a confidential setting. If the person is unable to participate in the hearing due to his/her mental state, then the hearing officer must make a request for a time extension. If the hearing officer believes that the person is capable of proceeding with the hearing, and s/he is found guilty, the hearing officer may dismiss the charge if s/he believes that the punishment will not serve a purpose to the individual.¹⁹

17. *Lockdown New York: Disciplinary Confinement in New York State Prisons*, A Report by the Correctional Association of New York, October 2003.

18. *Lockdown New York*, p. 15.

19. 7 N.Y.C.R.R. § 254.6.

After DOCS arrives at a disposition, a prisoner has up to 30 days to appeal the decision to Central Office. As noted by the Correctional Association of New York, “prisoners are essentially powerless to obtain a finding of innocence because cases often involve the word of a convicted felon against that of a correction officer.”²⁰

Historically Tier III tickets were the only violations that could result in a person being sentenced to disciplinary confinement. However, after DOCS built more facilities specifically designed to house people in disciplinary confinement, hearing officers began to sentence people found guilty of Tier II violations to disciplinary confinement as well. Tier II tickets can result in a maximum SHU or Keeplock sentence of 30 days, or in a person having to serve a SHU or Keeplock sentence that had been previously suspended. Hearing officers use the following guidelines to determine a person’s sentence:²¹

- Assault with a weapon/serious injury: 12–24 months
- Assault with a weapon/minor or no injury: 6–12 months
- Assault without a weapon/serious injury: 9–18 months
- Assault without a weapon/minor or no injury: 3–9 months
- Group or gang-related assaultive/disruptive behavior: 12–24 months
- Weapon/on person: 6–12 months
- Weapon/in area of responsibility: 3–6 months

The Joint Case Management Committee (JCMC), which includes both DOCS and OMH staff, meets every two weeks to discuss each person in disciplinary confinement who is on the mental health caseload. The JCMC is responsible for determining whether a person is eligible for a reduction to his/her SHU/Keeplock sentence (known as a “time cut”) and for referring people in confinement on the mental health caseload to mental health programs.

Types of Lockdown in New York State Prisons²²

People who are found guilty of violating a prison rule and sentenced to disciplinary segregation may be confined in one of the following disciplinary confinement settings:

20. *Lockdown New York*, p. 16.

21. *Lockdown New York*, p. 21.

22. *Lockdown New York*, pp. 9–10.

Keeplock. This is considered the least restrictive form of disciplinary confinement. Keeplock sentences are generally shorter than sentences to other forms of disciplinary housing. In Keeplock people are confined to their own cells or in a separate cellblock in the same prison for 23 hours a day. They are allowed to have more personal property than people sentenced to confinement in other forms of disciplinary housing.

Special Housing Units (SHU). These are cellblocks or freestanding buildings in most old-style maximum-security (Attica, Auburn, Clinton, Elmira, Great Meadow, Green Haven, and Sing Sing) and some medium-security prisons. Most SHU cells have bars on one of their four walls, but some are even more isolating, with three concrete walls and a thick metal door. SHU cells are often dimly lit, and people confined in them have little access to natural light.

High-Tech Lockdown Facilities. These electronically-controlled, free-standing facilities with state-of-the-art video and audio surveillance equipment were built in the last 20 years. New York has 11 of these facilities with a capacity to house 3,700 prisoners. Southport and Upstate are prisons designed to house exclusively prisoners in disciplinary confinement. DOCS also created “S-Blocks,” double-occupancy maximum-security disciplinary units on the grounds of eight medium-security facilities, including Cayuga, Collins, Fishkill, Gouverneur, Greene, Lakeview, Mid-State, and Orleans correctional facilities.

Mental Health Programs for People in Disciplinary Confinement

Group Therapy Program (GTP)²³

The GTP is for people who are determined to have a serious mental illness and are serving time in SHU.²⁴ The GTP offers participants structured programming two hours a day for five days a week. Each day of programming should include one hour for OMH clinical services and one hour of DOCS

23. Special Housing Unit Group Therapy Program at Clinton, Elmira, Southport and Wende Correctional Facilities Program Operations Description, A Joint Program of the New York State Office of Mental Health and New York State Department of Correctional Services, December 20, 2007.

24. Clinton, Elmira, Southport, and Wende correctional facilities have GTPs.

programming. Programming takes place in rooms containing what DOCS and OMH call “therapeutic cubicles.” These cubicles look like individual cages the size of phone booths. Participants are locked inside the cubicles for treatment. There are six cubicles in each group treatment room. Group therapy consists of a therapist sitting in front of the six cubicles and leading the session. The prisoners participate in the session while locked in their individual cages.

Participants who are successful in the program are eligible to have their SHU sentences reduced. After each three-month period in which OMH staff determine that a participant has engaged positively in the program, the participant is eligible to receive a three-month reduction in his or her SHU sentence. If a person participates in the program in an “effective way” during the week, s/he is allowed to view a movie or participate in another activity not typically available to those confined in SHU. Additional incentives may include another set of state-issued clothing or an increase in the items, such as personal photos and reading materials, allowed in the participant’s cell.

The core groups available in GTP are stress management, anger management, socialization/communication, current events, DOCS substance abuse treatment, DOCS educational programming, and DOCS transitional services. Participants may also elect to attend some of the following GTP groups: needs vs. wants, criminal thinking, decision-making, coping with incarceration, humor helps, relapse and recovery, relationships, self-esteem, and symptom management.

Behavioral Health Unit/Therapeutic Behavioral Unit (BHU/TBU)²⁵

The BHU²⁶ and TBU²⁷ are designed for people who have been sentenced to disciplinary time in SHU or extended Keeplock and also have a diagnosed mental illness. OMH and DOCS determine which SHU prisoners will be transferred to the BHU/TBU. Prisoners’ SHU time continues to run while they are in the BHU/TBU. The goal of these programs is to maintain a disciplinary setting while attempting to meet the participants’ mental

25. New York State Office of Mental Health Behavioral Health Unit at New York State Department of Correctional Service Facilities at Great Meadow and Sullivan Correctional Facilities, Program Operations Description, February 2007.

26. The BHUs are at Great Meadow and Sullivan correctional facilities.

27. The TBU is at Bedford Hills C.F.

health needs by providing 20 hours of out-of-cell programming per week. Participants are assigned a primary therapist whom they are supposed to meet with at least twice a month.

Treatment groups are offered four hours a day Monday through Thursday and for two hours on Friday. Group treatment topics include anger management, conflict resolution, alcohol and substance abuse treatment (ASAT) education, interpersonal effectiveness, Dialectical Behavior Therapy (DBT), and healthy living.²⁸ When a person is admitted to the BHU/TBU, s/he initially participates in orientation groups.

The BHU has three phases through which participants progress and, if successful, graduate:

Phase 1.²⁹ OMH and DOCS select participants for Phase 1 from SHU/Keeplock prisoners who are receiving “behavior management” interventions but not successfully adjusting their behavior. Phase 1 treatment typically lasts for a few months. The focus of programming in this stage is to engage participants and to promote improvements in their behavior. Phase 1 participants are required to receive “extensive security and environmental controls,”³⁰ such as being escorted in handcuffs and participating in treatment in “therapeutic cubicles.”³¹ According to OMH, participants must meet the following criteria before restrictions are removed: “freedom from self-injury, absence of unhygienic acts, absence of destructive and assaultive behaviors, significant decrease in problematic behaviors, active program participation, and motivation to change.”³²

Phase 2.³³ Participants in Phase 2 are selected from BHU Phase 1 participants, people in SHU/Keeplock who have demonstrated some changes in behavior or who seem motivated to make behavior adjustments, STP participants who have demonstrated some behavioral gains and who have not recently been violent and are in need of continued behavioral interventions, and CNYPC patients who are determined to need outpatient behavioral management. When participants enter Phase 2, they must

28. BHU Program Operations Description, p. 14.

29. For men Phase 1 occurs at the 38-bed unit at Great Meadow C.F.

30. BHU Program Operations Description, p. 8.

31. See Group Therapy Program description above for more information about these small, caged booths.

32. BHU Program Operations Description, p. 8.

33. For men, Phases 2 and 3 occur at Sullivan C.F.

undergo a 4-week orientation period during which they are required to be restrained when escorted out of their cell and placed in “therapeutic cubicles” during treatment sessions. The treatment team decides when participants are ready to move out of the orientation period.

After completing orientation, participants begin attending group programming and are able to move between their cells and program areas without security restraints. Most people in the BHU at Sullivan C.F. participate in the program in classes instead of “therapeutic cubicles.” Additional behavioral incentives are available to Phase 2 participants after they demonstrate an ability to participate in programming and when they do not exhibit dangerous or inappropriate behaviors and do not receive disciplinary tickets. Out-of-cell time to participate in supervised recreation is considered an additional incentive. For every 90 days a participant spends in the BHU, the treatment team can recommend a reduction in his/her SHU sentence as an individual incentive. These reductions must be approved by the DOCS superintendent.

Phase 3. Participants who successfully complete Phase 2 advance to Phase 3. They engage in out-of-cell programming, including group and individual treatment, without the use of “therapeutic cubicles” or security restraints when escorted through the facility. They are also eligible for further incentives for good behavior.

Once OMH and DOCS staff believe that the participant has demonstrated “stable and appropriate behavior,”³⁴ they determine where the participant will be discharged. If a person is in need of non-SHU-based mental health programming after completing the BHU/TBU, s/he will be sent to an ICP or TrICP. If a participant still has a significant amount of SHU time pending but has completed the BHU/TBU program, some facilities cut the person’s disciplinary sentences in order to move him/her into alternative housing (ICP, TrICP, or general population), or they may convert the SHU-time to Keeplock and place them in an ICP in Keeplock.

If a participant’s behavior regresses to the point at which DOCS and OMH determine that s/he must be placed in restraints, then the participant is assigned to a re-orientation group for two hours per day Monday through Friday.

34. BHU Program Operations Description, p. 13.

Special Treatment Program (STP)³⁵

The STP³⁶ is designed for people who have a currently diagnosed mental illness and who have a SHU sentence of more than 30 days. Anyone with a mental illness sentenced to SHU time of over 30 days is eligible to participate in the program, but priority is given to those designated as meeting the criteria for Seriously Mentally Illness.³⁷

The STP's clinical team provides daily programming to ensure that participants have access to a minimum of ten hours of out-of-cell "therapeutic programming" weekly in addition to the mental health services required in SHU. According to OMH, STP participants are encouraged to actively engage in treatment and in the group process to the best of their ability, remain compliant with treatment and medication requirements, increase their ability to interact with people in healthy ways, learn to communicate effectively, develop decision-making and problem-solving skills and the life skills necessary for programming outside of the SHU, and work towards reducing their SHU time so that they can return to a less restrictive setting.

STP participants are eligible for time cuts every 90 days. Time cuts are determined by the superintendent at the facility and by the Joint Case Management Committee (JCMC).

As prisoners approach release from the STP, the Office of Special Programming decides where they should be transferred. Some may be sent to programs for individuals sentenced to SHU/Keeplock time, such as the BHU and RMHU. Others are transferred back to general population or to an ICP.

The STP does not qualify as a "residential mental health treatment unit" under the SHU Exclusion Law.³⁸ Once the law goes into effect in July 2011, DOCS and OMH will no longer be permitted to place people with Serious Mental Illness sentenced to more than 30 days in SHU/Keeplock in the STP absent a finding of "exceptional circumstances."

35. Special Treatment Program (STP) Program Operations Description, New York State Department of Correctional Services and New York State Office of Mental Health, August 2008.

36. Five Points, Attica, and Green Haven correctional facilities have STPs.

37. See p. A-15, below, for the definition of Serious Mental Illness.

38. Correction Law § 2.21.

Residential Mental Health Unit (RMHU)³⁹

Required by the DAI settlement, the RMHU⁴⁰ is a program designed to address the needs of people who have a Serious Mental Illness and who are serving time in SHU or Keeplock. The target population for the RMHU is those designated as meeting the criteria for Serious Mental Illness (also known as an "S" designation)⁴¹ and sentenced to more than 30 days of SHU or 60 days of Keeplock. DOCS and OMH collaborate on the referral process. Prisoners may be transferred to the RMHU from the BHU, GTP, or STP.

The treatment team includes both DOCS and OMH personnel. The team meets every 90 days to assess a participant's progress in the program. According to OMH, staff use a cognitive behavioral approach and provide skill training and insight-oriented groups, behavioral analysis for treatment interfering behaviors, individual therapy, and medication management. DOCS also provides programming in the RMHU, including education, integrated dual disorder treatment (co-facilitated with OMH), aggression replacement training, sex offender treatment, transitional services, and structured recreation. Report cards are used as a way to measure a person's performance in the program. As participants progress through the stages of the RMHU, OMH and DOCS staff's assessments are recorded on their report cards.

The RMHU provides treatment in classroom-like settings, away from the housing areas. "Restart chairs" are used in the treatment rooms. "Restart chairs" are desks where a participant may sit with his feet shackled, but with his hands free of handcuffs.⁴² If a participant is considered to be dangerous, a metal-mesh barrier can be placed on the side of his desk so that he may not directly interact with the person next to him. There are also a few "therapeutic cubicles" in each treatment room as well for participants who are considered to be more dangerous. The housing area consists of cells which were once used as double-occupancy SHU cells but have now been converted into single cells.

39. New York State Department of Correctional Services and Office of Mental Health PowerPoint presentation on the Residential Mental Health Unit at Marcy Correctional Facility, Marcy, New York, March 3, 2009.

40. The RMHU is located at Marcy C.F. and has capacity for 100 participants.

41. See p. A-15, below, for the definition of Serious Mental Illness.

42. It is possible for a participant not to have his feet shackled in the "restart chairs" once he reaches Stage 3 of the program.

Similar to other OMH programs, participants are expected to progress through several treatment stages, gradually improving their behavior and earning additional privileges and fewer restrictions. OMH and DOCS describe the treatment process as follows:

Orientation. During the first five to ten days of the program, participants are assessed. During this time, they receive two hours of out-of-cell programming which takes place in “therapeutic cubicles” similar to those used in the GTP and BHU.

Stage 1. Participants begin a regular treatment schedule of four hours of out-of-cell programming a day. Incentives provided during this stage are wages and commissary purchases, a weekly movie, and reviews for time cuts of SHU/Keeplock sentences. To be eligible to advance to Stage 2 of the program, participants must have been in Stage 1 for 30 days and have attended programming; had no incidents of self harm, violence, or threats; followed program regulations; demonstrated an understanding of their treatment plan; and have received an average of at least a “3” on their report cards.

Stage 2. Participants continue to receive four hours of programming a day. Incentives in this stage include phone calls every two weeks, increased commissary (which now can include food), increased wages, reading materials, showers, additional personal property (such as photographs), and additional recreation time. Stage 2 requirements include attending and participating in programs, achieving an average score of at least “4” on their report cards (in the most recent eight weeks), having at least 60 days of “satisfactory behavior,” demonstrably participating in treatment by finishing homework, developing personal goals, and practicing skills learned. If after 90 days in the program, participants continue to meet all of the Stage 1 and 2 requirements, then they are eligible to advance to Stage 3.

Stage 3. Participants in Stage 3 continue with the program schedule. Incentives in this stage are weekly phone calls, further increases in commissary purchases, the opportunity to have a paid job, in-cell television, opportunity to congregate with up to four people for recreation, more personal property and clothing permitted in cells, and additional visits. Participants who meet all Stage 1, 2, and 3 requirements, engage in “pro-social behavior,” readily use skills taught in the program, and write or verbalize their autobiography in individual therapy graduate from the

program. Upon successfully completing the program, participants are eligible for cuts to their SHU/Keeplock sentences, to have their “good time” credit restored by the Time Allowance Committee, and to be transferred to general population or another program (ICP, IICP, or TrICP).

If a participant is not complying with prison regulations in the RMHU, he is required to participate in “behavioral analysis” sessions, where he is asked to discuss his behavior with treatment staff. These sessions typically take place for one day, but if treatment staff feel that it is necessary, more sessions may be required.

Definition of Serious Mental Illness for Disciplinary Purposes⁴³

For a person to meet the criteria for Serious Mental Illness (referred to as an “S” designation), OMH must determine that s/he

has a *Diagnostic and Statistical Manual IV (DSM-IV)* Axis I diagnosis of 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, or bi-polar disorder I or II;

is actively suicidal or recently engaged in a serious suicide attempt;

is diagnosed with a serious mental illness that is frequently characterized by breaks with reality, or perceptions of reality, that leads him or her to commit self-harming acts or other behaviors that have a seriously adverse effect on life or on mental or physical health;

is diagnosed with an organic brain syndrome that leads him or her to commit self-harming acts or other behaviors that have a seriously adverse effect on life or on mental or physical health; or

is diagnosed with a severe personality disorder that is manifested by frequent episodes of psychosis or depression and leads him or her to commit

43. *Disability Advocates, Inc. (DAI) v. New York State Office of Mental Health, et al.*, No. 02-CV-4002 (S.D.N.Y. 2002), Private Settlement Agreement, pp. 3–4; Correction Law § 137.6(e).

self-harming acts or other behaviors that have a seriously adverse effect on life or on mental or physical health.

These prisoners are subject to the *DAI* settlement agreement and have rights under the SHU Exclusion Law. As of November 1, 2007, OMH had identified 2,825 prisoners with Serious Mental Illness.⁴⁴

Mental Health Levels for Discharge Planning⁴⁵

The discharge planning assistance OMH provides to people on the mental health caseload depends upon how they categorize the person. The following is OMH's description of the categories OMH uses for discharge planning purposes:

Seriously Mentally III (SMI)⁴⁶

Have been diagnosed with an Axis I major mental illness;

Have a history of enrollment in SSI/SSDI due to a designated mental illness and, in the clinical opinion of the current treatment team, have a continued need for these benefits upon release;

Have a reliance on psychiatric medication and supports; or

Have experienced two or more of the following four functional limitations due to a designated mental illness over the past twelve months on a continuous or intermittent basis and are expected to continue to experience significant functional impairments: marked difficulties in self-care; marked limitation of activities of daily living; marked difficulties in maintaining social functioning; or frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner.

Moderately Mentally III

People “who are receiving mental health services, are on medication or are likely to resume medication shortly after release but do not exhibit the

44. <http://www.docs.state.ny.us/FactSheets/daisettlement.html>.

45. CNYPC Corrections-Based Operations Manual, Policy 8.1, dated August 18, 2009.

46. CNYPC Corrections-Based Operations Manual, Policy 8.1.

same degree of impairment as patients who have a serious mental illness. They are capable of self-support through work, can self-advocate and may have primary substance abuse issues but would benefit from the added support of mental health services to enhance overall functioning.”⁴⁷

Situational Mentally III

People “who have minimal treatment and discharge needs. They are engaged in counseling only, do not take or need psychotropic medication and if not for the stress of incarceration or other temporary events would likely not be receiving any mental health treatment.”⁴⁸

Discharge Planning—Housing Assistance⁴⁹

OMH policy is to assist people designated as “Seriously Mentally III” for discharge planning purposes (hereafter referred to as “SMI”) and expected to be homeless upon release in completing a supportive housing application and to work collaboratively with Parole, community case management, and Single Point of Access (SPOA) to develop an appropriate housing plan. For such people returning to New York City, OMH can submit a supportive housing application for them online. According to OMH policy, the application should be completed between 60 and 90 days prior to release and once approved, forwarded to the Center for Urban Community Services (CUCS) Forensic SPOA Liaison who will refer the person to housing providers. CUCS and OMH can arrange for supportive housing providers to conduct pre-release interviews with the applicant through video teleconference.

OMH can refer people designated SMI who will be homeless, released to New York City, and on parole supervision for at least two years to the Parole Support and Treatment Program (PSTP). OMH and Parole fund Project Renewal to operate PSTP, a transitional housing program with the capacity to serve 50 parolees. Project Renewal provides scattered-site, shared apartments, and case management services to PSTP participants. PSTP does not provide permanent housing, so participants must move out of their apartments when they complete parole. Project Renewal is required to assist par-

47. CNYPC Corrections-Based Operations Manual, Policy 8.1.

48. CNYPC Corrections-Based Operations Manual, Policy 8.1.

49. CNYPC Corrections-Based Operations Manual, Policy 8.13, August 18, 2009.

ticipants in transitioning to other housing. The Bridge and the Postgraduate Center for Mental Health operate 12 beds specifically set aside for homeless people designated SMI who will be on parole supervision in New York City for at least one year.

Counties other than the five boroughs of New York City use SPOA to screen for mental health program housing. OMH policy is to submit a referral to SPOA no later than 60 days prior to release whenever possible. OMH can coordinate video teleconference or telephone interviews with potential housing providers. Monroe County has four beds specifically set aside for homeless people designated SMI who will be on parole supervision for at least one year. Orange County also has four specific “set aside” beds for people who meet these criteria.

Grievance Procedures⁵⁰

Before a person in prison can file a lawsuit based on deficient mental health treatment, abuse from correction officers, or any other problems getting basic services while in prison, s/he must first exhaust all administrative remedies. To “exhaust administrative remedies,” the person must file a complaint with the particular agency at fault (OMH and/or DOCS) and follow their procedures. Complaint procedures frequently have many steps. It is important that the person making the complaint comply with all of the requirements of the agency’s procedures.⁵¹

OMH Complaint Policy

People confined in any DOCS prison or Central New York Psychiatric Center (CNYPC) have the right to make complaints about their care and treatment. They can do so at any time during treatment or up to 30 calendar days after termination of treatment.⁵² According to OMH policy, people who submit complaints will not be punished for having done so. OMH staff

50. The Legal Aid Society’s Prisoners’ Rights Project (PRP) can provide more information on exhausting administrative remedies. The information included here contains information from PRP’s memos on exhausting OMH and DOCS complaint procedures.

51. The Jailhouse Lawyer’s Manual includes useful information on exhausting administrative remedies.

52. CNYPC Risk Management Program Policy and Procedure Manual, Section VII, December 19, 2005.

are not permitted to limit a person’s right to make complaints as a form of punishment.⁵³

If your loved one has a complaint about his/her treatment, s/he can first try to resolve the issue with his/her care provider (psychiatrist, psychologist, registered nurse, social worker, unit chief, etc.) by complaining to them directly. OMH gives staff discretion to settle problems in an informal way.

Filing a Written Complaint

If your loved one wants to pursue a lawsuit, s/he should make the complaint in writing. A written complaint creates a record within the agency. (S/he should also keep a copy of the complaint and all other documentation related to resolving the complaint for his/her records.) According to OMH policy, a person in prison may file a written complaint to any OMH staff member or to the CNYPC Executive Director. It is best to provide the written complaint to both the OMH unit chief and to the CNYPC Executive Director. There is no special form that must be used to file a written complaint with OMH. The complaint to the CNYPC Executive Director should be sent to the following address:

Donald Sawyer, Executive Director
Central New York Psychiatric Center
P.O. Box 300
Marcy, NY 13404-0300

You can assist your loved one by filing the complaint with OMH on his/her behalf and pursuing an appeal if necessary.⁵⁴

The complaint will be considered at the unit level first. If the complaint is filed with the CNYPC Executive Director, it will be referred to the unit where your loved one is being treated. The OMH policy does not specify a time frame for when a decision about the complaint will be made.

Review and Investigation by CNYPC Office of Risk Management

OMH policy requires that written complaints that are not resolved on the unit level be referred by OMH staff to the CNYPC Office of Risk Management

53. CNYPC Risk Management Program Manual, Section VII.

54. 14 NYCRR § 27.8(d).

for review and investigation. Unfortunately the OMH policy does not indicate a timeframe in which the written complaint is supposed to be referred to Risk Management. In addition, if OMH staff consider the complaint to be resolved, they will not refer the complaint to Risk Management, even if the person who made the complaint disagrees. In such a situation, your loved one will need to pursue an appeal of the decision by writing directly to the CNYPC Executive Director's office, as described below.

If the complaint is referred to Risk Management, a specialist will be assigned to investigate the complaint. Within ten business days of receiving the written complaint, the Director of Risk Management is required either to provide the person making the complaint with a written description of the findings or notify him/her that the investigation will take more than ten days to complete.⁵⁵

Appealing the Decision to CNYPC Executive Director

According to the New York Administrative Code, "a patient shall also have the right to appeal to the director any decision to which he objects relating to his care and treatment at the facility."⁵⁶ OMH policy permits appeals for any "findings and/or action which was taken in response to a filed complaint."⁵⁷

To appeal a decision made on the unit or by the Office of Risk Management, your loved one must write to the CNYPC Executive Director's office. The appeal must be filed within five business days after your loved one receives the decision.⁵⁸ The OMH Policy Manual does not mention this five business day requirement for an appeal. However, if your loved one wants to file a lawsuit, s/he should appeal within the five-day period. In the appeal s/he should include a description of the original problem and the steps taken to resolve it so that the complaint is clearly made known to OMH.

The CNYPC Executive Director is supposed to assign a member of the OMH cabinet to investigate how the complaint was processed. Cabinet members assigned to review appeals may also obtain additional information by investigating further. The cabinet member is supposed to present

55. CNYPC Risk Management Program Policy and Procedure Manual, Section II-I, January 9, 2007.

56. 14 NYCRR § 27.8(e)(2).

57. CNYPC Risk Management Program Manual, Section II-I.

58. 14 NYCRR § 27.8(e)(3).

findings to the Executive Director within five business days.⁵⁹ The Executive Director will then issue a written response to the person who made the complaint. OMH policy requires that the Executive Director's response explain that if the outcome of the appeal is still insufficient, the person may contact OMH Customer Relations line at 1-800-597-8481. However, as people in prison do not have access to 800 numbers, contacting the OMH Customer Relations line cannot be considered a required part of the exhaustion of administrative remedies for prisoners.

The OMH policy does not provide a timeframe within which the CNYPC Executive Director must respond to an appeal. If your loved one does not receive a response within a reasonable amount of time, s/he should write to the Executive Director again, requesting a written response. Where there is no specified time within which a response must be given, what is considered a "reasonable" amount of time may depend on the circumstances of the case. The more immediate attention required, the more quickly a response should be provided. If your loved one has not received a response within 30 days of filing the appeal, s/he should write to the Executive Director requesting the outcome of the investigation. If there is still no response to the inquiry concerning the appeal, your loved one may then decide to proceed with a lawsuit, and if the defense is raised that s/he did not fully exhaust available administrative remedies, s/he would argue that there was no administrative remedy available, as shown by the repeated efforts to exhaust administrative remedies and OMH's failure to respond not only to the appeal but also to the inquiry about it. Your loved one should consider and research this issue carefully because if the court determines that there were administrative remedies available, the case will be dismissed.

Appealing the Decision to the OMH Commissioner

If your loved one disagrees with the CNYPC Executive Director's determination of the appeal, if s/he does not receive a response, or if s/he wants to pursue a lawsuit for damages, s/he should file another appeal to the OMH Commissioner. Your loved one should file this appeal as quickly as possible, preferably within ten days of the decision from the CNYPC Executive Director or after waiting ten days from requesting an outcome of the investigation. S/he should be sure to describe the original problem and include a copy of all of the documentation s/he has, such as the written complaints

59. CNYPC Risk Management Program Manual Section II-I.

filed with OMH and the responses received from OMH regarding the review of the case.

OMH policy does not explicitly require an appeal to the Commissioner. However, if your loved one intends to file a lawsuit, by appealing to the Commissioner, s/he will be able to demonstrate exhaustion of administrative remedies all the way to the highest officer in the agency. Your loved one may write to the Commissioner at the following address:

Michael F. Hogan, Commissioner
New York State Office of Mental Health
44 Holland Ave.
Albany, NY 12229

Because OMH policy does not specify timeframes for all of the steps in the appeals process, it is not clear at what point an imprisoned person can file a lawsuit. Your loved one should be aware of the applicable statutes of limitations (the time limit for suing or prosecuting a claim) for any lawsuit that s/he may file. If OMH does not respond in a reasonable timeframe, your loved one may determine that s/he must file the lawsuit before completing the appeals process in order that the case is filed before the deadline has passed. To avoid this situation, your loved one should begin exhausting administrative remedies as quickly as possible.

It is important to remember that the lawsuit itself will have to be filed within a relatively short timeframe. For example, the statute of limitations for filing an Article 78 proceeding in state court is four months from the exhaustion of administrative remedies. For a section 1983 claim in federal court, the statute of limitations is three years from the incident. For a proceeding in the Court of Claims there is no exhaustion requirement, and the statute of limitations depends upon the type of claim. However, to use the Court of Claims, one must file a Notice of Intention to file a claim within 90 days of the incident.

DOCS Grievance Procedures⁶⁰

DOCS has an Inmate Grievance Program (IGP) so that people in prison can make DOCS aware of administrative problems and so that DOCS has an

60. DOCS Directive 4040, DOCS policy on the Inmate Grievance Program, sets forth the procedures for resolving grievances and allegations of discriminatory treatment.

opportunity to respond to them. Although many people find the grievance process frustrating and unhelpful, many courts require that the grievance procedure be followed before a lawsuit can be filed about a particular problem. If a particular complaint is subject to review under the grievance directive, a person in prison must utilize the procedure and appeal an adverse determination to the Central Office in order to have exhausted administrative remedies. If a prisoner has not exhausted administrative remedies properly, his/her lawsuit will be rejected.

According to DOCS policy, people in prison should attempt to resolve problems informally before submitting a grievance. A person can only submit a grievance about an issue that affects him/her personally. Policies, regulations, or rules of outside agencies (OMH, Parole, etc.) are not within the jurisdiction of the IGP.

Filing a Written Complaint

A person in prison must submit a complaint to the grievance clerk within 21 calendar days of the incident. The complaint must be submitted on an Inmate Grievance Complaint form and filed at the facility where the person is housed. If the form is not readily available, the complaint may be submitted on plain paper. The grievance should contain a short, specific description of the problem and action requested as well as what actions were taken to resolve the complaint, along with the person's name, DIN, housing unit, and program assignment.

The Inmate Grievance Resolution Committee (IGRC) representatives have up to 16 calendar days after a grievance is filed to resolve it informally. If there is no resolution, the full committee will conduct a hearing to answer the grievance or make a recommendation to the superintendent. The hearing will be scheduled to take place within 16 calendar days after receipt of the grievance. The grievant (person making the complaint) or his/her advisor and any other direct party to the grievance may present relevant information, comments, or other evidence. The IGRC's decision must be communicated to the grievant within two business days.

Appealing the Decision to the Superintendent

To file an appeal of the IGRC's decision, the grievant must complete and sign the appeal section on the IGRC response form and submit it to the

grievance clerk within seven calendar days after receipt of the IGRC's written response. If no appeal is filed, DOCS will presume that the grievant accepts the IGRC's recommendation.

The appeal must be transmitted to the superintendent within one business day after receipt of the appeal. If the complaint concerns an institutional issue, the superintendent will make a decision on the grievance and provide it to the grievant within 20 calendar days from the time the appeal was received. If a decision is not implemented within 45 days, the grievant may appeal to the Central Office Review Committee (CORC) citing lack of implementation as a mitigating circumstance.

If the matter concerns altering or revising a DOCS policy or directive, the superintendent will send the grievance and a recommendation regarding the policy to the IGP supervisor for forwarding to the CORC which shall make a decision in accordance with the procedures described below. The IGP supervisor must send the superintendent's recommendation to CORC within seven calendar days from the time the appeal was received. The grievant will be notified of the communication.

Appealing to the Central Office Review Committee (CORC)

If the grievant wants to appeal to CORC, s/he must complete and sign the appeal form and submit it to the grievance clerk within seven calendar days after receipt of the superintendent's written response to the grievance. The grievance clerk has to transmit the signed appeal to the IGP supervisor within one business day after receipt of the signed appeal statement, and the supervisor must forward appeals to the CORC within seven calendar days.

The CORC functions on behalf of the Commissioner and under his authority. The grievant should be provided with written notice of receipt of the grievance. If s/he does not receive a copy of the written notice within 45 days of filing an appeal, the grievant should contact the IGP supervisor in writing to confirm that the appeal was filed and transmitted to CORC. The CORC will review each appeal, make a decision on the grievance, and send its decision with a statement of the reasons for the decision to the facility and the grievant within 30 calendar days from the time the appeal was received.

A person who wants to file a grievance may be advised or assisted by a staff member or another prisoner of his/her choosing. DOCS does not permit

family members, attorneys, or anyone else outside of the facility to file a grievance on behalf of a prisoner or represent him/her in the hearing or appeal.

Many people in prison complain that they have filed a grievance but have never received a response, or certainly not received one within the time limits required by the directive. Your loved one should be aware that DOCS Directive 4040 at § 701.6(g)(2) states that unless the time limits for decisions contained within the directive are specifically extended, "matters not decided within the time limits may be appealed to the next step." This means that if your loved one does not receive a timely response to his/her grievance, s/he does not have to wait for a decision but instead can appeal to the next level for review.

For more information on inmate grievance procedures, consult the *Jailhouse Lawyer's Manual* written and updated by members of the Columbia Human Rights Law Review. It is available at http://www3.law.columbia.edu/hrlr/IJM/Chapter_15.pdf or can be ordered by mail for a fee:

Columbia Human Rights Law Review
Attn: JLM Order
435 W. 116th St.
New York, NY 10027

Appendix B

Directory of New York State Prisons

Adirondack Correctional Facility (C.F.) 196 Ray Brook Road P.O. Box 110 Ray Brook, NY 12977-0110 518-891-1343	Bedford Hills C.F. 247 Harris Road Bedford Hills, NY 10507-2400 914-241-3100
Albion C.F. 3595 State School Road Albion, NY 14411-9399 585-589-5511	Buffalo C.F. 3052 Wende Rd Alden, NY 14004-0300 716-937-3786
Altona C.F. 555 Devils Den Road P.O. Box 3000 Altona, NY 12910-2090 518-236-7841	Butler C.F. 14001 Westbury Cutoff Rd. P.O. Box 388 Red Creek, NY 13143-0388 315-754-8001 (Prisoner Mail ASAT: P.O. Box 400, ZIP 13143-0400)
Arthur Kill C.F. 2911 Arthur Kill Road Staten Island, NY 10309-1101 718-356-7333	Camp Georgetown 3191 Crumb Hill Road Georgetown, NY 13072-9307 315-837-4446
Attica C.F. 639 Exchange St Attica, NY 14011-0149 585-591-2000	Cape Vincent C.F. 36560 State Route 12E P.O. Box 599 Cape Vincent, NY 13618-0599 315-654-4100
Auburn C.F. 135 State Street Auburn, NY 13024-9000 315-253-8401 (Prisoner Mail: P.O. Box 618, ZIP 13021)	Cayuga C.F. 2202 State Route 38A P.O. Box 1150 Moravia, NY 13118-1150 315-497-1110 (Prisoner Mail: P.O. Box 1186, ZIP 13118)
Bare Hill C.F. 181 Brand Rd. Caller Box #20 Malone, NY 12953-0020 518-483-8411	Chateaugay C.F. 7874 State Route 11 P.O. Box 320 Chateaugay, NY 12920-0320 518-497-3300
Bayview C.F. 550 West 20th Street New York, NY 10011-2678 212-255-7590	Clinton C.F. 1156 Rt. 374 P.O. Box 2000 Dannemora, NY 12929-2000 518-492-2511 (Prisoner Mail: P.O. Box 2001 ZIP 12929)
Beacon C.F. 50 Camp Beacon Rd P.O. Box 780 Beacon, NY 12508-0780 845-831-4200	

Clinton Annex
1074 Rt. 374
P.O. Box 2000
Dannemora, NY 12929
(Prisoner Mail: P.O. Box 2002)

Collins C.F.
Middle Road
P.O. Box 490
Collins, NY 14034-0490
716-532-4588
(Prisoner Mail: P.O. Box 340,
ZIP 14034-0340)

Coxsackie C.F.
11260 Route 9W
P.O. Box 200
Coxsackie, NY 12051-0200
518-731-2781
(Prisoner Mail: P.O. Box 999,
ZIP 12051-0999)

Downstate C.F.
121 Red Schoolhouse Rd.
P.O. Box 445
Fishkill, NY 12524-0445
845-831-6600
(Prisoner Mail: P.O. Box F,
ZIP 12524)

Eastern NY C.F.
30 Institution Rd.
P.O. Box 338
Napanoch, NY 12458-0338
845-647-7400

Edgecombe C.F.
611 Edgecombe Avenue
New York, NY 10032-4398
212-923-2575

Elmira C.F.
1879 Davis St
P.O. Box 500
Elmira, NY 14901-0500
607-734-3901

Fishkill C.F.
18 Strack Drive
Beacon, NY 12508
845-831-4800
(Prisoner Mail:
271 Matteawan Road,
P.O. Box 1245)

Five Points C.F.
6600 State Route 96
Caller Box 400
Romulus, NY 14541
607-869-5111
(Prisoner Mail: Caller Box 119)

Franklin C.F.
62 Bare Hill Road
P.O. Box 10
Malone, NY 12953-0010
518-483-6040

Fulton C.F.
1511 Fulton Avenue
Bronx, NY 10457-8398
718-583-8000

Gouverneur C.F.
112 Scotch Settlement Rd.
P.O. Box 370
Gouverneur, NY 13642-0370
315-287-7351

Gowanda C.F.
South Road
P.O. Box 350
Gowanda, NY 14070-0350
716-532-0177
(Prisoner Mail: P.O. Box 311,
ZIP 14070-0311)

Great Meadow C.F.
11739 State Route 22
P.O. Box 51
Comstock, NY 12821-0051
518-639-5516

Green Haven C.F.
594 Rt. 216
Stormville, NY 12582-0010
845-221-2711

Greene C.F.
165 Plank Rd.
P.O. Box 8
Coxsackie, NY 12051-0008
518-731-2741
(Prisoner Mail: P.O. Box 975,
ZIP 12051-0975)

Groveland C.F.
7000 Sonyea Road
P.O. Box 50
Sonyea, NY 14556-0050
585-658-2871
(Prisoner Mail: P.O. Box 104,
ZIP 14556)

Hale Creek ASACTC
279 Maloney Road
Johnstown, NY 12095
518-736-2094
(Prisoner Mail: P.O. Box 950)

Hudson C.F.
50 East Court St.
P.O. Box 576
Hudson, NY 12534-0576
518-828-4311

Lakeview Shock Incarceration C.F.
9300 Lake Avenue
P.O. Box T
Brocton, NY 14716
716-792-7100

Lincoln C.F.
31-33 West 110th Street
New York, NY 10026-4398
212-860-9400

Livingston C.F.
7005 Sonyea Rd.
P.O. Box 49
Sonyea, NY 14556-0049
585-658-3710
(Prisoner Mail: P.O. Box 91,
ZIP 14556)

Lyon Mt. C.F.
3864 Route 374
Lyon Mountain, NY 12952
518-735-4546

Marcy C.F.
9000 Old River Rd.
P.O. Box 5000
Marcy, NY 13403-5000
315-768-1400
(Prisoner Mail: P.O. Box 3600,
ZIP 13403)

Mid-Orange C.F.
900 Kings Highway
Warwick, NY 10990
845-986-2291

Mid-State C.F.
9005 Old River Road
P.O. Box 216
Marcy, NY 13403-0216
315-768-8581
(Prisoner Mail: P.O. Box 2500, 13403)

Mohawk C.F.
6514 Rt. 26
P.O. Box 8450
Rome, NY 13440
315-339-5232
(Prisoner Mail: P.O. Box 8451)

Monterey Shock Incarceration C.F.
2150 Evergreen Hill Rd.
Beaver Dams, NY 14812-9718
607-962-3184

Moriah Shock Incarceration C.F.
75 Burhart Lane
P.O. Box 999
Mineville, NY 12956-0999
518-942-7561

Mt. McGregor C.F.
1000 Mt. McGregor Road
P.O. Box 2071
Wilton, NY 12831
518-587-3960
(Prisoner Mail:
1000 Mt. McGregor Rd.,
ZIP 12831)

Ogdensburg C.F.
One Correction Way
Ogdensburg, NY 13669
315-393-0281

Oneida C.F.
6100 School Rd.
Rome, NY 13440
315-339-6880
(Prisoner Mail: P.O. Box 4580,
ZIP 13442-4580)

Orleans C.F.
3595 Gaines Basin Road
Albion, NY 14411
585-589-6820
(Mailing Address:
35-31 Gaines Basin Road)

Otisville C.F.
57 Sanitorium Road
P.O. Box 8
Otisville, NY 10963-0008
845-386-1490

Queensboro C.F.
47-04 Van Dam St.
Long Island City, NY 11101
718-361-8920

Riverview C.F.
1110 Tibbits Dr.
P.O. Box 158
Ogdensburg, NY 13669-0158
315-393-8400

Rochester C.F.
470 Ford Street
Rochester, NY 14608-2499
585-454-2280

Shawangunk C.F.
200 Quick Road
P.O. Box 750
Wallkill, NY 12589-0750
845-895-2081
(Prisoner Mail: P.O. Box 700,
ZIP 12589)

Sing Sing C.F.
354 Hunter St.
Ossining, NY 10562-5442
914-941-0108

Southport C.F.
236 Bob Masia Dr.
P.O. Box 2000
Pine City, NY 14871-2000
607-737-0850

Sullivan C.F.
325 Riverside Dr.
P.O. Box 116
Fallsburg, NY 12733-0116
845-434-2080

Summit Shock Incarceration C.F.
137 Eagle Heights Rd.
Summit, NY 12175-9608
518-287-1721

Taconic C.F.
250 Harris Rd.
Bedford Hills, NY 10507
914-241-3010

Ulster C.F.
750 Berme Rd.
P.O. Box 800
Napanoch, NY 12458-0800
845-647-1670

Upstate C.F.
309 Bare Hill Rd.
P.O. Box 2000
Malone, NY 12953
518-483-6997
(Prisoner Mail: P.O. Box 2001)

Wallkill C.F.
50 McKendrick Rd.
P.O. Box G
Wallkill, NY 12589
845-895-2021

Washington C.F.
72 Lock Eleven Lane
P.O. Box 180
Comstock, NY 12821-0180
518-639-4486

Watertown C.F.
23147 Swan Rd.
Watertown, NY 13601-9340
315-782-7490

Wende C.F.
3040 Wende Rd.
Alden, NY 14004
716-937-4000

Willard Drug Treatment Campus
7116 County Route 132
P.O. Box 303
Willard, NY 14588-0303
607-869-5500

Woodbourne C.F.
99 Prison Rd.
P.O. Box 1000
Woodbourne, NY 12788-1000
845-434-7730

Wyoming C.F.
3203 Dunbar Rd.
P.O. Box 501
Attica, NY 14011-0501
585-591-1010

Appendix C

OMH Directory

CNYPC and Satellite and Mental Health Units

Central New York Psychiatric Center
P. O. Box 300
Marcy, NY 13403-0300
Phone 315-765-3600
Fax 315-765-3629
www.omh.state.ny.us/omhweb/facilities/cnyc/facility.htm
Donald Sawyer, Executive Director

Albion Satellite Unit
Albion Correctional Facility (C.F.)
3595 State School Rd.
Albion, NY 14411
585-589-5511 ext. 1200
Maureen Morrison, Unit Chief

Arthur Kill Mental Health Unit
Arthur Kill C.F.
2911 Arthur Kill Rd.
Staten Island, NY 10309
718-984-2598
Nick Tolchin, Unit Chief

Attica Satellite Unit
Attica C.F.
P. O. Box 149
Attica, NY 14011
585-591-2000 ext. 1200
Scott Clair, Unit Chief

Auburn Satellite Unit
Auburn C.F.
Box 618
Auburn, NY 13024
315-253-9382
Christopher Mayer, Unit Chief

Bedford Hills Satellite Unit
Bedford Hills C.F.
247 Harris Rd.
Bedford Hills, NY 10507
914-241-3100 ext. 1200
Catherine McDermott,
Unit Chief (ext. 1210)

Clinton Satellite Unit
Clinton C.F.
P. O. Box 2000
Dannemora, NY 12929
518-492-2678
Joanne Waldron, Unit Chief

Coxsackie Mental Health Unit
Coxsackie C.F.
Box 200
Coxsackie, NY 12051
518-731-6778
Sarah Hicks, Unit Chief

Downstate Forensic Diagnostic Unit
Downstate C.F.
Red Schoolhouse Rd.
Fishkill, NY 12524
845-831-5153
Tom Umina, Unit Chief

Eastern Mental Health Unit
Eastern C.F.
Box 338
Napanoch, NY 12458
845- 647-8577
Bill Collins, Unit Chief

Elmira Satellite Unit
Elmira C.F.
Box 500
Elmira, NY 14902
607-734-3901 ext. 1223
Katrina Kemmery, Unit Chief

Fishkill Satellite Unit
Fishkill C.F.
Box 307
Beacon, NY 12508
845-831-4640
Victor Krawec, Unit Chief

Five Points Satellite Unit
Five Points C.F.
6600 State Route 96
Romulus, NY 14541
607-869-5111 ext. 1200
Kendra O'Connor, Unit Chief

Great Meadow Satellite Unit
Great Meadow C.F.
Box 51
Comstock, NY 12821
518- 639-4117
Dr. Danielle Dill, Unit Chief

Green Haven Satellite Unit
Green Haven C.F.
Stormville, NY 12582
845-221-2963
Charmaine Taliaferro, Unit Chief

Groveland Mental Health Unit
Groveland C.F.
Rte. 36, Sonyea Rd.
Sonyea, NY 14556-0001
585-658-2871 ext. 1200
Jennifer Blackmar, Unit Chief

Mid-State Satellite Unit
Mid-State C.F.
P.O. Box 216
Marcy, NY 13403
315-768-8581 ext. 1207
Hal Meyers, Unit Chief

Shawangunk Mental Health Unit
Shawangunk C.F.
P. O. Box 750
Wallkill, NY 12589
845-895-9159
Bill Collins, Unit Chief

Sing Sing Satellite Unit
Sing Sing C.F.
354 Hunter St.
Ossining, NY 10562
914-941-0108 ext. 1220
Mike Steinbacher, Unit Chief

Southport Mental Health Unit
Southport C.F.
P. O. Box 2000
Pine City, NY 14871
607-737-0850 ext. 1210
Denise Fuller, Unit Chief

Sullivan Satellite Unit
Sullivan C.F.
Box 116
Fallsburg, NY 12733
845-434-1488
Sueann Smith, Unit Chief

Taconic Mental Health Unit
Taconic C.F.
250 Harris Rd.
Bedford Hills, NY 10507
914-241-3010 ext. 1200
Sharon Malin-Quinn, Unit Chief

Ulster Mental Health Unit
Ulster C.F.
P. O. Box 800
Napanoch, NY 12458
845-647-1670 ext. 1212
Bill Collins, Unit Chief

Upstate Mental Health Unit
Box 2000
Malone, NY 12953
518-483-6997 ext. 1200
Tim Kemp, Unit Chief

Wende Satellite Unit
Wende C.F.
P. O. Box 1187
Alden, NY 14004
716-937-4000 ext. 1200
Rasheen Powell, Unit Chief

Woodbourne Mental Health Unit
Woodbourne C.F.
P. O. Box 1000
99 Prison Rd.
Woodbourne, NY 12788
845-434-7730
Sueann Smith, Unit Chief

Appendix D Community Resources

Public Benefits Issues

Your loved one may need to request a fair hearing to resolve problems regarding his/her cash assistance, food stamps, or Medicaid benefits. S/he can request a fair hearing by filling out an online request form at <http://otda.ny.gov/oah/FHReq.asp>, faxing a Fair Hearing Request form to 518-473-6735, or calling **1-800-342-3334**. A Fair Hearing Request form can also be mailed to the state agency responsible for supervising public benefits programs:

New York State Office of Temporary and Disability Assistance (OTDA)

Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930

In addition, in New York City, people can request fair hearings by going to 14 Boerum Place in Brooklyn. Advocates at the Project FAIR table at 14 Boerum Place can assist with public benefits issues.

For more information on fair hearings, consult the OTDA website at <http://otda.ny.gov/oah/>. You can also obtain fact sheets and booklets about your legal rights or find a lawyer or other help through LawHelp NY (<http://www.lawhelp.org/NY/>). The Reentry Resource Center also has information about applying for welfare and resources regarding fair hearings (http://www.reentry.net/ny/library/folder.83200-Welfare_Overview).

Local Departments of Social Services (DSS)

People who receive assistance applying for Medicaid, food stamps, and cash assistance while in prison will need to follow up on the application with the county Department of Social Services (DSS) or if returning to New York City, the Human Resources Administration.

Albany County DSS
162 Washington Ave.
Albany, NY 12207
518-447-7300

Allegany County DSS
7 Court St.
Belmont, NY 14813-1077
585-268-9622

Broome County DSS
36-42 Main St.
Binghamton, NY 13905
607-778-8850

Cattaraugus County DSS
Cattaraugus Co. Building
1 Leo Moss Drive, Suite 600
Olean, NY 14760-1158
716-373-8065

Cayuga County DSS
County Office Building
160 Genesee St.
Auburn, NY 13021-3433
315-253-1451

Chautauqua County DSS
Hall R. Clothier Building
Mayville, NY 14757
716-753-4421

Chemung County DSS
Human Resource Center
425 Pennsylvania Ave.
P. O. Box 588
Elmira, NY 14902
607-737-5309

Chenango County DSS
5 Court St.
P. O. Box 590
Norwich, NY 13815
607-337-1500

Clinton County DSS
13 Durkee St.
Plattsburgh, NY 12901
518-565-3300

Columbia County DSS
25 Railroad Ave.
P. O. Box 458
Hudson, NY 12534
518-828-9411

Cortland County DSS
60 Central Ave.
Cortland, NY 13045-5590
607-753-5248

Delaware County DSS
111 Main St.
Delhi, NY 13753
607-746-2325

Dutchess County DSS
60 Market St.
Poughkeepsie, NY 12601
845-486-3000

Erie County DSS
95 Franklin St.
Buffalo, NY 14202-3959
716-858-8000

Essex County DSS
7551 Court St.
P. O. Box 217
Elizabethtown, NY 12932
518-873-3441

Franklin County DSS
355 W. Main St., Suite 331
Malone, NY 12953
518-481-1873

Fulton County DSS
4 Daisy Lane
P. O. Box 549
Johnstown, NY 12095
518-736-5600

Genesee County DSS
5130 East Main St., Suite #3
Batavia, NY 14020
585-344-2580

Greene County DSS
411 Main St.
P. O. Box 528
Catskill, NY 12414-1716
518-719-3700

Hamilton County DSS
White Birch Lane
P. O. Box 725
Indian Lake, NY 12842-0725
518-648-6131

Herkimer County DSS
301 North Washington St.,
Suite 2110
Herkimer, NY 13350
315-867-1291

Jefferson County DSS
250 Arsenal St.
Watertown, NY 13601
315-782-9030

Lewis County DSS
5274 Outer Stowe St.
P. O. Box 193
Lowville, NY 13367
315-376-5400

Livingston County DSS
1 Murray Hill Drive
Mt. Morris, NY 14510-1699
585-243-7300

Madison County DSS
North Court St.
P. O. Box 637
Wampsville, NY 13163
315-366-2211

Monroe County DSS
111 Westfall Rd.
Rochester, NY 14620
585-753-6000

Montgomery County DSS
County Office Building
P. O. Box 745
Fonda, NY 12068
518-853-4646

Nassau County DSS
60 Charles Lindbergh Blvd.
Uniondale, NY 11553
516-227-7474

New York City
Human Resources Administration
718-557-1399
1-877-472-8411

Niagara County DSS
20 East Ave.
P. O. Box 506
Lockport, NY 14095-0506
716-439-7600

Oneida County DSS
800 Park Ave.
Utica, NY 13501-2981
315-798-5700

Onondaga County DSS
John H. Mulroy Civic Center,
12th Floor
421 Montgomery St.
Syracuse, NY 13202
315-435-2985

Ontario County DSS
3010 County Complex Drive
Canandaigua, NY 14424
585-396-4060
1-877-814-6907

Orange County DSS
Box Z
11 Quarry Rd.
Goshen, NY 10924-0678
845-291-4000

Orleans County DSS
14016 Route 31
West Albion, NY 14411
585-589-7000

Oswego County DSS
100 Spring St.
P. O. Box 1320
Mexico, NY 13114
315-963-5000

Otsego County DSS
County Office Building
197 Main St.
Cooperstown, NY 13326
607-547-1700

Putnam County DSS
110 Old Route 6
Carmel, NY 10512-2110
845-225-7040

Rensselaer County DSS
127 Bloomingrove Drive
Troy, NY 12180
518-833-6000

Rockland County DSS
Building L, Sanatorium Road
Pomona, NY 10970
845-364-2000

Saratoga County DSS
152 West High St.
Ballston Spa, NY 12020
518-884-4140

Schenectady County DSS
797 Broadway
Schenectady, NY 12305
518-388-4470

Schoharie County DSS
County Office Building
284 Main St.
P. O. Box 687
Schoharie, NY 12157
518-295-8334

Schuyler County DSS
323 Owego St., Unit 3
Montour Falls, NY 14865
607-535-8303

Seneca County DSS
1 Di Pronio Drive
P. O. Box 690
Waterloo, NY 13165
315-539-1800

St. Lawrence County DSS
Harold B. Smith County
Office Bldg.
6 Judson St.
Canton, NY 13617-1197
315-379-2111

Steuben County DSS
3 East Pulteney Square
Bath, NY 14810
607-776-7611

Suffolk County DSS
3085 Veterans Highway
Ronkonkoma, NY 11779
631-854-993

Sullivan County DSS
16 Community Lane
P.O. Box 231
Liberty, NY 12754
845-292-0100

Tioga County DSS
1062 State Rd.
P. O. Box 240
Oswego, NY 13827
607-687-8300

Tompkins County DSS
320 West State St.
Ithaca, NY 14850
607-274-5345

Ulster County DSS
1061 Development Court
Kingston, NY 12401-1959
845-334-5000

Warren County DSS
Municipal Center Annex
1340 State Route 9
Lake George, NY 12845
518-761-6300

Washington County DSS
Municipal Center
Building B
383 Broadway
Fort Edward, NY 12828
518-746-2300

Wayne County DSS
77 Water St.
P. O. Box 10
Lyons, NY 14489-0010
315-946-4881

Westchester County DSS
County Office Building #2
112 East Post Rd.
White Plains, NY 10601
914-995-5000

Wyoming County DSS
466 North Main St.
P. O. Box 231
Warsaw, NY 14569
585-786-8900

Yates County DSS
County Office Building
417 Liberty St., Suite 2122
Penn Yan, NY 14527
315-536-5183

Medication Grant Program County Contacts

Contact the local Medication Grant Program (MGP) coordinator if your loved one has a problem using his/her MGP card after s/he is released.

Albany County

Albany Co. Community Services
175 Green St.
P. O. Box 678
Albany, NY 12202
518-447-4555

Allegany County is not participating at this time

Broome County

Broome Co. Community Mental
Health, Forensic Unit
1 Wall St., 2nd Floor
P. O. Box 1766
Binghamton, NY 13901
607-778-2127

Cattaraugus County

Cattaraugus County Dept. of
Community Services
203 Laurens St.
Olean, NY 14760
716-373-8080 ext. 5301

Cayuga County

Cayuga County
Dept. of Mental Health
188 Genesee St., #104
Auburn, NY 13021
315-253-1690

Chautauqua County

Chautauqua Co.
Mental Hygiene Services
HRC Building, 1st Floor
7 North Erie St.
Mayville, NY 14757
716-753-4143

Chemung County

Chemung Co.
Community Mental Health Services
Human Resources Center—
3rd Floor
425 Pennsylvania Ave.
P. O. Box 588
Elmira, NY 14902
607-737-5558

Chenango County is not participating at this time

Clinton County

Clinton County
Behavioral Health Services North, Inc.
63 Broad St.
Plattsburgh, NY 12901
518-563-1160

Columbia County

Columbia Co.
Dept. of Human Services
325 Columbia St.
Hudson, NY 12534
518-828-9446

Cortland County

Cortland Community Services
7 Clayton Ave.
Cortland, NY 13045
607-753-3499

Delaware County is not participating at this time

Dutchess County

MHA Case Management Unit
80 Washington St.
Poughkeepsie, NY 12603
845-452-1799

Erie County

Erie Co. Dept. of Mental Health, Office
of Intensive Adult Mental Health
Services
120 West Eagle St., 1st Floor
Buffalo, NY 14202
716-858-8096

Essex County is not participating at this time

Franklin County

North Star
Behavioral Health Services
209 Park St.
Malone, NY 12953
518-651-2237

Fulton County

Fulton Co. Mental Health Services
57 East Fulton St.
Gloversville, NY 12078
518-841-7373

Genesee and Greene counties are not participating at this time

Hamilton County

Hamilton Co. Community Services
83 White Birch Lane
Indian Lake, NY 12842
518-841-7359

Herkimer County

Herkimer Co. Mental Health
and Chemical Dependence Services
c/o Image Center
336 East State St., Suite C
Herkimer, NY 13350
315-866-2863

Jefferson County is not participating at this time

Lewis County

Lewis Co. Community Services
7750 South State St.
Lowville Common
Lowville, NY 13163
315-376-5450

Livingston County is not participating at this time

Madison County

Madison Co. Mental Health Dept.
County Office Building
P. O. Box 608
Veteran's Memorial Building
Wampsville, NY 13163
315-366-2327

Monroe County

Monroe Co.
Forensic Mental Health Services
Suite 1110
33 N. Fitzhugh St.
Rochester, NY 14614
585-428-4530

Montgomery County

Montgomery Co.
Community Services
427 Guy Park Ave.
Amsterdam, NY 12010
518-841-7359

Nassau County

Nassau Co. DMH MR and DD
60 Charles Lindbergh Blvd.
Uniondale, NY 11553
516-227-7057

New York City

NYC Dept. of Health
and Mental Hygiene
225 Broadway, 17th floor
New York, NY 10007
212-341-0772

Niagara County is not participating at this time

Oneida County

Dept. of Mental Health
Oneida County Office Building
235 Elizabeth St., 3rd Floor
Utica, NY 13501
315-798-5652

Onondaga County is not participating at this time

Ontario County

Ontario Co. Dept. of Mental Health
3019 County Complex Drive
Canandaigua, NY 14424
585-396-4363

Orange, Orleans, Oswego, and Otsego counties are not participating at this time

Putnam County

Putnam Co. Mental Health
110 Old Route 6
Carmel, NY 10512
845-225-6316 ext. 117

Rensselaer County

Rensselaer Co. Correctional Facility
4000 Main St.
Troy, NY 12180
518-270-5448 ext. 267
518-270-2800

Rockland County

Rockland Co.
Dept. of Mental Health
Sanatorium Rd.
Summit Park Complex
Building F
Pomona, NY 10970
845-364-2368

St. Lawrence County

St. Lawrence Co.
Forensic Mental Health
48 Court St.
Canton, NY 13617
315-379-2180

Saratoga County

Saratoga Co.
Mental Health Center
Cramer House
211 Church St.
Saratoga Springs, NY 12866
518-584-9030

Schenectady County

Mohawk Opportunities
218 Nott Terrace
Schenectady, NY 12305
518-370-3698

Schoharie, Schuylar, Seneca, and Steuben counties are not participating at this time

Suffolk County

FEGS Transitional
Management Program
220 Main St.
Center Moriches, NY 11934
631-874-2700 ext. 205
631-853-3109

Sullivan County

Sullivan Co.
Dept. of Community Services
P. O. Box 716
20 Community Lane
Liberty, NY 12754
845-292-8770

Tioga County

Tioga Co. Mental Health Dept.
Tioga City Jail
103 Corporate Drive
Oswego, NY 13827
607-687-8472

Tompkins County

Tompkins Co.
Mental Health Services
201 East Green St.
Ithaca, NY 14850
607-274-6230

Ulster County is not participating at this time

Warren and Washington Counties

Warren/Washington Co. Community
Services
230 Maple St., Suite 1
Glens Falls, NY 12801
518-792-7143

Wayne County

Wayne Behavioral Health Network
1519 Nye Rd., Suite 110
Lyons, NY 14489-9105
315-946-5722

Westchester County

Westchester Co.
Dept. of Community Mental Health
112 East Post Rd., Room 219
White Plains, NY 10601
914-995-5239

Wyoming County

Wyoming Co.
Dept. of Mental Health
338 North Main St.
Warsaw, NY 14569
585-786-8871

Yates County

Yates County Community Services
417 Liberty St., Suite 2033
Penn Yan, NY 14527
315-536-5115

National Alliance on Mental Illness

National Alliance on Mental Illness—
New York State
(NAMI-NYS)
<http://www.naminys.org/>
1-800-950-3228

NAMI-NYS is the state organization of the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illness and their families. NAMI-NYS provides support to family and friends of individuals with mental illness and persons living with mental illnesses through more than 50 affiliates statewide.

Local NAMI Affiliates Listed by Geographical Region

New York Metropolitan Area

NAMI Bronx Families and Advocates
Bronx, NY
Paulina Magnetti
718-862-3347
namibxfamadv@aol.com

NAMI East Flatbush
Brooklyn, NY (East Flatbush, Crown Heights)
June Rodriguez
917-209-8439
namieastflatbush@aol.com

NAMI April of Brooklyn
Brooklyn, NY
Joann Pisano
718-748-1328

NAMI East Brooklyn
Brooklyn, NY
Rosemary Miller
718-240-6260

Boro Park Parents of Young Adults
with Special Needs
Flushing, NY
Bert Gross
718-793-2668

NAMI Harlem
New York, NY
Ruth Levell
212-694-6235
ruthnamiharlem@verizon.net

NAMI-NYC Metro
New York, NY
212-684-3264
helpline@naminyc.org
www.naminycmetro.org

NAMI Queens/Nassau
Manhasset, NY
Janet Susin
718-347-7284
namiqn@aol.com

NAMI Staten Island
Staten Island, NY
Linda Wilson
718-477-1700
namistatenisland@aol.com

NAMI of Nassau
University Medical Center
Wantaugh, NY (Elmont, Garden City,
and surrounding counties)
Maureen Hennessey
516-731-0090

NAMI Long Island Regional Council
Old Bethpage, NY (Central and Eastern
Nassau)
Barbara Roth
516-843-3261

NAMI North Shore
Glen Cove, NY (Nassau)
Al Dunlop
516-671-3957
dundee11@verizon.net

NAMI Southwest Nassau
Merrick, NY
Sydelle Wolfsohn
516-623-7871

NAMI Huntington
Huntington, NY (Northwest Suffolk)
Jayette Lansbury
631-424-4528
www.namihuntington.org

NAMI of Central Suffolk
Stony Brook, NY
Ellen Tollefsen
631-675-6831

Riverhead AMI
East Moriches, NY (Eastern Long
Island)
Dorothy White
631-878-0891

NAMI FAMILYA of Rockland County
Orangeburg, NY
Rena Finkelstein
845-359-8787
familya@namirockland.org
www.namirockland.org

NAMI of Westchester
Elmsford, NY
Ann Loretan
914-592-5458
annl@namiwestchester.org
www.namiwestchester.org

Lower Hudson Valley

NAMI of Delaware County
Sidney, NY
(Delaware County/Walton area)
Joan Hale
607-563-3976

NAMI of Columbia County
Ghent, NY
Margaret Robinson
518-392-3769

NAMI of Greene County
Palenville, NY
Susan Owens
518-678-9298

NAMI Mid-Hudson
Poughkeepsie, NY (Fishkill, Highland,
Beacon, Dutchess)
Barrie Campbell
845-297-6640
bcmhnam@yahoo.com

NAMI AMICO
Middletown, NY (Orange County)
Susan Ruckdeschel
845-956-6264
866-906-6264
namiamico@warwick.net
www.naminys.org/af-orange.htm

NAMI Putnam
Carmel, NY (Northern Westchester,
Putnam, Lower Dutchess)
Edward Murphy
845-278-7600 ext. 246

AMI of Sullivan County
Ghent, NY
Margaret Robinson
518-392-3769

NAMI of Greene County
Palenville, NY
Susan Owens
518-678-9298

NAMI Mid-Hudson
Poughkeepsie, NY (Fishkill, Highland,
Beacon, Dutchess)
Barrie Campbell
845-297-6640
bcmhnam@yahoo.com

NAMI AMICO
Middletown, NY (Orange County)
Susan Ruckdeschel
845-956-6264
866-906-6264
namiamico@warwick.net
www.naminys.org/af-orange.htm

NAMI Putnam
Carmel, NY (Northern Westchester,
Putnam, Lower Dutchess)
Edward Murphy
845-278-7600 ext. 246

AMI of Sullivan County
Monticello, NY (Sullivan
and Lower Hudson River Region)
Lori Schneider-Wendt
845-794-1029
amifamh@aol.com

NAMI Ulster County
Shokan, NY
Sue Ulrich
845-657-8314

Mid-Hudson Valley

NAMI Albany Relatives
Delmar, NY (Albany County/Capital
District Area)
Sherry Grenz
518-439-8085

AMI Consumers of Albany
Schenectady, NY
Barbara Shumaker
518-528-2889

NAMI Hudson Mohawk
Albany, NY
Mame Lyttle
518-438-9785

NAMI of Montgomery, Fulton,
and Hamilton
Amsterdam, NY
Don Adamowski
518-843-3261
mfhnami@aol.com

NAMI Schenectady
Schenectady, NY
Roy Neville
518-377-2619
rneville@nycap.rr.com

NAMI Troy/Rensselaer
Cohoes, NY (Capital District Area)
Mame Lyttle
518-438-9785

Saratoga NAMI
Ballston Spa, NY
Jean Russell
518-885-2098

Northeast

NAMI Champlain Valley
Plattsburgh, NY (Clinton, Franklin, and
Northern Essex counties)
Amanda Burlis
518-561-2685
namiofcv@aol.com
www.naminys.org/af-cv.htm

AMI of St. Lawrence Valley
Gouverneur, NY (Massena, Canton,
Ogdensburg, Potsdam)
Lynne Matott
315-287-9180
lmhmatott@yahoo.com

NAMI North Country
Glens Falls, NY (Hudson Falls,
Ticonderoga, Warren, and Washington)
Sara Cutshall-King
518-692-9505
info@naminorth.org
www.naminys.org/af-warren.htm

Central

NAMI Hope, Inc.
Utica, NY (Oneida
and Herkimer counties)
Mary Saunders
315-533-5922

NAMI of Broome County
Binghamton, NY
Joyce Gioia
607-773-8229

NAMI of Cayuga County, Inc.
Auburn, NY (Moravia, Cato,
Weedsport)
Terri Wasilenko
315-255-7443

NAMI of Otsego County
Oneonta, NY
Pam Washburn
607-547-9544
amiofotsego@hotmail.com

NAMI Reach of Jefferson County
Watertown, NY
Katina LaSalle
315-788-0970

NAMI Syracuse, Inc.
Syracuse, NY (Onondaga, Auburn,
Oswego, Madison)
Mary Gandino
315-487-2085
namisyracuse@namisyracuse.org
www.namisyracuse.org

Cortland County AMI Inc., Reach
Cortland, NY
Richard Bush
607-753-3109

Western

NAMI in Buffalo and Erie County
Buffalo, NY
Mary Kirkland
716-862-8229
namibuffalo@aol.com
www.namibuffalony.org/

NAMI Niagara
Lewiston, NY (Niagara Falls
and surrounding area)
Irene Tomaszewski
716-754-1151

NAMI Rochester
Rochester, NY
Pat Sine
585-423-1593
www.namirochester.org/

NAMI of Ontario, Yates,
and Seneca Counties
Geneva, NY
Jane Bentsen
315-789-9068
jhbentsen83@hotmail.com

Southwest

NAMI Cattaraugus County
Olean, NY
Laurel Stanley
716-372-4123
lstanley@myway.com

NAMI Finger Lakes
Ithaca, NY
Deb Grantham
607-273-2462
namifl@lightlink.com
www.namifingerlakes.org

NAMI of Chautauqua County
Jamestown, NY
Sylvia Trusso
716-484-0219
www.naminys.org/af-cha.htm

NAMI of Chemung/Steuben Counties
Corning, NY
Bob and Barbara Eskridge
607-936-0440

Criminal Justice Advocacy Organizations

The following organizations advocate for changes to the criminal justice system.

New York State Prisoner Justice Network

www.nysprisonerjustice.org

518-434-4037

This coalition includes activists, advocates, and organizations involved in prisoner justice work in New York State who planned, participated in, and supported the New York State Prisoner Justice Conference held in Albany on March 27, 2010. They are forming a statewide network to carry forward the energy and ideas of the conference. Their website includes a list of more than 50 organizations (www.nysprisonerjustice.org/participating-organizations/) that work on a range of prisoner justice issues. The network has a listserv to facilitate communication and connection among activists, advocates, and organizations from different regions with diverse approaches doing work toward justice for people in prison in New York State.

FREE! Families Rally for Emancipation and Empowerment

www.freefamilies.us

718-300-9576

FREE! Families Rally for Emancipation and Empowerment is a women-led, grassroots collective of people with incarcerated loved ones, empowering and mobilizing ourselves to create viable community alternatives to, and impact public policy around, the destructive, profit-driven prison industry. FREE! members learn to advocate on behalf of ourselves and our imprisoned loved ones, use media production facilities, and build powerful campaigns that changes lives. The group published the *FREE! Family Survival Guide: Information, Resources and Personal Stories for Families with Incarcerated Loved Ones*. Contact FREE! to obtain a copy.

Prison Action Network

www.prisonaction.blogspot.com

518-253-7533

Prison Action Network seeks to unite people who are incarcerated in NYS, people who have a loved one in a NYS prison, and people who care about the impact incarceration has upon our society. Once we learn we are not alone, we can begin to work together to create a safer and more just society. Prison Action Network publishes *Building Bridges*, a monthly newsletter which covers news and reports from people on both sides of the prison

walls who are at the forefront of changing the climate of the criminal justice and prison systems.

Coalition for Women Prisoners

www.correctionalassociation.org/WIPP/cwp.htm

212-254-5700 ext. 333

The Coalition for Women Prisoners, coordinated by the Correctional Association of New York's Women in Prison Project, is a statewide alliance of individuals and organizations dedicated to making the criminal justice system more responsive to the needs and rights of women and their families.

Citizens Against Recidivism

www.citizensinc.org

Citizens Against Recidivism, Inc. was founded in 1992 initially to address the needs of family members who had incarcerated loved ones. Citizens Against Recidivism, Inc. works to achieve the restoration of all the rights and attributes of citizenship among people in prison or jail and those who have been released in collaboration with other community and faith-based organizations at each of the overlapping phases of the community integration process.

Sylvia Rivera Law Project

www.srlp.org

1-866-930-3283

The Sylvia Rivera Law Project (SRLP) works to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence. SRLP does extensive work with trans, intersex, and gender non-conforming people who are incarcerated.

Drop the Rock

www.droptherock.org

212-254-5700 ext. 339

Drop the Rock is a statewide alliance working to downsize New York's prison system. The campaign is run by the Public Policy Project of the Correctional Association of New York. Drop the Rock is building on the April 2009 reforms to the Rockefeller Drug Laws by expanding its proposals for reform. Our new campaign aims to reduce the harm that incarceration has on individuals, families, and communities in New York by decreasing

the populations of people in prison and the bed capacity of the prison system.

Interfaith Coalition of Advocates for Reentry and Employment (ICARE)

www.nyicare.org

ICARE was founded in October 2004 to organize a religious response to the crisis of recidivism in New York State. The ICARE coalition consists of communities of faith, direct-service providers, and policy organizations. ICARE is advocating for the removal of barriers encountered by people reentering the community after prison.

Erie County Prisoners Rights Coalition

www.eriecountypersonsrightscoalition.viviti.com

716-834-8438

The Erie County Prisoners Rights Coalition is a community-action organization committed to calling attention to and ultimately ending the violations of inmates' civil, constitutional, and human rights within the Erie County jails.

Southern Tier Advocacy and Mitigation Project

www.stamp-cny.org

607-277-2121

S.T.A.M.P. was established in 2005 in response to the frequency with which young people are referred to juvenile and adult court systems by schools, parents, service providers, and other community stakeholders. We believe that the planet's current ecological and economic crisis is a direct result of criminal justice and environmental policies which promote globalization and massive industrial development over cultural diversity and community-based solutions to social problems.

Binghamton Justice Projects

www.justiceprojects.org

Binghamton Justice Projects brings together a wide variety of activities in the Binghamton, New York area that address the local, national, and global incarceration and social justice crisis and seek to advance alternative justice systems. Associated faculty, students, activists, and organizations are engaged in a wide variety of projects from teaching volunteer courses in prison and jails, to providing peer mentoring in youth facilities and working in health and related support services, to advancing research, teaching, and publication on the construction of the global carceral and justice system.

Juvenile Justice Coalition

www.correctionalassociation.org/JJP/jjcoalition.htm

212-254-5700 ext. 316

The Juvenile Justice Coalition is a network of child advocacy groups, legal service providers, alternative sentencing programs, and community-based organizations working to make the juvenile justice system in New York more fair and effective.

Nassau Inmate Advocacy Group

www.nassau-inmate-advocacy-group.org

516-512-4977

The Nassau Inmate Advocacy Group (NIAG) was formed in the fall of 2008 to address the health issues that are particular to people who are incarcerated and how these concerns are impacted by social and economic determinants in the correctional system and in the community. NIAG will serve as bridge between the incarcerated, the correctional system, clinicians, and the community.

Fortune Society's David Rothenberg Center for Public Policy (DRCPP)

<http://fortunesociety.org/get-involved/advocate-for-change/drcpp>

DRCPP coordinates The Fortune Society's policy development, advocacy, technical assistance, training, and community education efforts. The Center integrates our internal expertise—specifically drawing upon the life experience of Fortune's formerly incarcerated staff and clients—with the research and evaluation of our extensive and nationally recognized array of services for men and women who have been involved with the criminal justice system.

Justice Strategies

www.communityalternatives.org/justice/index.html

Justice Strategies is the research, training, public advocacy, and policy division of the Center for Community Alternatives. In the last three years the Justice Strategies team has drafted local legislation, testified before the U.S. Senate Health, Education, Labor and Pensions Committee, published a report on racial disparities in local criminal justice, and trained hundreds of attorneys, community leaders, employment and youth counselors, young people, and educators on criminal and juvenile justice issues.

Correctional Association of New York

www.correctionalassociation.org

The Correctional Association of New York is an independent non-profit organization which has unique authority to inspect prisons and to report its findings and recommendations to the New York State legislature, the public,

and the press. Through monitoring, research, public education, and policy recommendations, the Correctional Association strives to make the administration of justice in New York State more fair, efficient, and humane.

American Civil Liberties Union (ACLU) National Prison Project

www.aclu.org/prisoners-rights

The ACLU's National Prison Project is dedicated to ensuring that our nation's prisons, jails, juvenile facilities, and immigration detention centers comply with the Constitution, federal law, and international human rights principles and to addressing the crisis of over-incarceration in the U.S. Since 1972, the Project has fought unconstitutional conditions of confinement through public education, advocacy, and successful litigation on behalf of more than 100,000 men, women, and children.

The Justice Policy Institute

www.justicepolicy.org

The mission of the Justice Policy Institute (JPI) is to promote effective solutions to social problems and to be dedicated to ending society's reliance on incarceration. JPI promotes appropriate alternatives to incarceration through timely and targeted policy briefs, reports, and research projects; strategic communications and media advocacy; technical assistance and strategic consultation to allies and campaigns; trainings on research and communications; connecting and highlighting different work and allies in the field, across the states, and across the country; and rapid response to emerging issues, opportunities, and threats to reform.

Other Mental Health and Criminal Justice Resources

Accessing Community Mental Health Services

The following websites can help you to find mental health treatment providers and other services in your community.

Network of Care for Mental/Behavioral Health

www.networkofcare.org/index2.cfm?productid=2&stateid=37

The Network of Care is a comprehensive online resource for individuals, families, and agencies in need of help and information. The user-friendly website enables consumers and families to find pertinent mental health information; identify available services, supports, and community resources;

and keep personal records on secure servers. Consumers and families can search the site's comprehensive service directory—by age group, diagnosis, program/agency name, key word, or by using the 20-category menu—for mental health treatment and supportive services. The site also provides a repository of evidence-based practices—successful, creative ways for communities to respond to their behavioral-health needs.

The New York City Network of Care website is www.newyorkcity.ny.networkofcare.org/mh/home/index.cfm. For services in New York City, you can also call **1-800-LIFENET**. LifeNet is a free, confidential, multilingual, mental health and substance abuse information, referral, and crisis prevention hotline available to anyone at any time.

The following counties also have Network of Care websites:

Allegany <http://allegany.ny.networkofcare.org/mh/home/index.cfm>

Chemung www.chemung.ny.networkofcare.org/mh/home/index.cfm

Essex www.essex.ny.networkofcare.org/mh/home/index.cfm

Franklin www.franklin.ny.networkofcare.org/mh/home/index.cfm

Jefferson www.jefferson.ny.networkofcare.org/mh/home/index.cfm

St Lawrence www.stlawrence.ny.networkofcare.org/mh/home/index.cfm

Steuben <http://steuben.ny.networkofcare.org/mh/home/index.cfm>

New York State Office of Mental Health's

Mental Health Program Directory

<http://bi.omh.state.ny.us/bridges/index>

The program directory allows you to search for mental health programs in New York State by county, program category, or subcategory.

Accessing Reentry Resources

Reentry Resource Center—New York

www.reentry.net/ny/

Reentry Net, a project of The Bronx Defenders and Pro Bono Net, is a collaborative education and resource center for individuals and organizations in New York State that advocate for people with criminal records and their families—collectively, the Reentry Community. Reentry Net/NY is the first ever statewide clearinghouse of practical advocate materials on the civil consequences of criminal proceedings. Reentry Net/NY contains materials from dozens of contributing organizations throughout New York State.

The following organizations provide services to people released from prison:

The Fortune Society

29-76 Northern Blvd. (near Queens Plaza)

Long Island City, NY 11101

www.fortunesociety.org

212-691-7554

The Fortune Society is working to create a world where all who are incarcerated or formerly incarcerated can become positive, contributing members of society. We do this through a holistic, one-stop model of service provision that includes substance abuse treatment, counseling, career development, education, housing, recreation, and lifetime aftercare.

To learn more about the Fortune Society's services and/or become a client, stop by the office on Monday, Tuesday, or Wednesday from 8:00 to 9:00 a.m.

The Osborne Association

www.osborneny.org

800-344-3314

By transforming the lives of those involved in the criminal justice system, the Osborne Association's programs demonstrate that there are policies and procedures our nation can adopt that can foster a more effective and efficient criminal justice system and a safer and more just society. We believe that relying only on imprisonment as a response to crime is a costly and counterproductive approach that fails to take into account people's basic capacity to change.

Howie the Harp Peer Advocacy and Training Center

2090 Adam Clayton Powell Jr. Blvd., 12th Floor

New York, NY

www.communityaccess.org/what-we-do/employment-a-recovery/hth-peer-advocacy-ctr

212-865-0775

In 1995, Community Access introduced the Howie the Harp Peer Advocacy and Training Center (HTH) as a model for job training and placement for individuals with combined histories of mental illness, homelessness, substance abuse, and incarceration. Located in Harlem, the Center provides classroom-based training, internships, job placement assistance, and alumni programs that help people develop the skills and knowledge they need to find jobs for the first time or to reenter the workforce.

If you are interested in learning more about HTH or would like to schedule an orientation (held every Friday at 1:00 p.m.), call the office. Walk-ins are also accepted.

REAL (Reintegration and Empowering A Life)

115 E. Jefferson St., Suite 300

Syracuse, NY 13202

www.communityalternatives.org/programs/REAL.html

315-422-5638

Center for Community Alternatives REAL project addresses the needs of people in recovery who are reentering the community following criminal justice system involvement. The project is designed to help people in recovery better identify and manage signs of relapse and, where needed, more expeditiously reengage in treatment. The project also provides services to help people in recovery integrate into the economic and social mainstream.

**Learning More About
the Criminalization of Mental Illness**

The Center for Mental Health Services' National GAINS Center

www.gainscenter.samhsa.gov

The CMHS National GAINS Center's primary focus is on expanding access to community-based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system. The Center emphasizes the provision of consultation and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for individuals in contact with the justice system.

The Justice Center's Criminal Justice/Mental Health Consensus Project

www.consensusproject.org

The Justice Center's Criminal Justice/Mental Health Consensus Project has developed an extensive collection of publications, tools, and resources to help policymakers, practitioners, and others increase collaboration between the criminal justice and mental health systems and improve the responses to individuals in contact with both systems. The Justice Center maintains an interactive online database of collaborative criminal justice/mental health programs from across the country.

Criminal Justice/Mental Health Consensus Project

http://consensusproject.org/the_report

The landmark 2002 Consensus Project Report, authored by Council of State Governments and its project partners, is an unprecedented national, two-year effort to prepare specific recommendations that local, state, and federal policymakers and criminal justice and mental health professionals can use to improve the criminal justice system's response to people with mental illness.

Prisons and Jails: Hospitals of Last Resort

www.urbanjustice.org/pdf/publications/mentalhealth/PrisonsJails.pdf

Joint project of the Urban Justice Center and the Correctional Association of New York issued in 1999 on the need for diversion and discharge planning for incarcerated people with mental illness in New York

Ill-Equipped: US Prisons and Offenders with Mental Illness

www.hrw.org/en/reports/2003/10/21/ill-equipped

Human Rights Watch's 2003 report on the many problems facing people with mental illness in prison throughout the United States

Mental Health in the House of Corrections

www.correctionalassociation.org/publications/download/pvp/issue_reports/Mental-Health.pdf

The Correctional Association of New York's 2004 study of mental health care in New York State prisons

Lockdown New York: Disciplinary Confinement in New York State Prisons

www.correctionalassociation.org/publications/download/pvp/issue_reports/lockdown-new-york_report.pdf

The Correctional Association of New York's 2003 report on disciplinary confinement in New York State prisons.

Appendix E

Glossary of Acronyms and Confusing Terms

ACT Team. Assertive Community Treatment Team. ACT teams provide treatment, rehabilitation, and support services to people with severe mental illness who have not been well served by traditional mental health services. ACT teams are multi-disciplinary and can include a psychiatrist, nurse, psychologist, social worker, substance abuse counselor, vocational rehabilitation counselor, and peer specialist. ACT services are the highest level of community care in the mental health system.

AOT. Assisted Outpatient Treatment. New York enacted legislation ("Kendra's Law") that provides for involuntary outpatient commitment to community-based mental health services. A person with mental illness may be ordered to receive AOT if a court finds that s/he has a history of non-compliance with mental health treatment which has led to hospitalizations or acts of violence and needs to participate in outpatient treatment to prevent relapse.

ASAT Program. Alcohol and Substance Abuse Treatment Program. Program in prison designed to assist people to begin the process of recovery from alcohol and substance abuse; completion requires a minimum of six months of successful participation.

AXIS I. Axis I is one of the five dimensions of the assessment system of the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, a manual mental health professionals use to diagnose mental illness. Axis I refers to clinical disorders, such as schizophrenia, bipolar disorder, and depression.

AXIS II. Axis II is one of the five dimensions of the assessment system of the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, a manual mental health professionals use to determine a person's diagnosis. Axis II refers to personality disorders (such as borderline, antisocial, and obsessive-compulsive) and developmental disorders.

BHU. Behavioral Health Unit. See Appendix A, p. A-9, for a description of the BHU.

C.F. Correctional Facility. Department of Correctional Services' prisons are called correctional facilities.

Civil Commitment. Involuntary hospitalization which in New York requires two physicians to examine a person and certify that s/he needs involuntary care and treatment in a psychiatric facility. If a person is determined to be a serious harm to self or others because of a mental illness and to need immediate observation and treatment in a psychiatric center, s/he can be admitted on an emergency basis.

CNYPC. Central New York Psychiatric Center. CNYPC is the name of the forensic psychiatric hospital that provides inpatient psychiatric treatment for people in Department of Correctional Services' prisons. CNYPC is also the name of the organization that provides mental health services in the prison. The satellite and mental health units at the prisons are considered the "corrections-based component" of CNYPC. The executive director of CNYPC is in charge of both the forensic hospital and the mental health services in the prisons.

C.O. Correction Officer. A guard in a Department of Correctional Services' prison.

Commissary. A supply of items that people in prison can purchase from within the prison.

Conditional Release Date. Except for those serving life sentences, all people in prison are eligible to have their sentences reduced for good time served. A person must be conditionally released when his/her total good behavior time equals the portion of his/her maximum sentence not yet served. On an indeterminate sentence, a person is eligible for conditional release after serving two-thirds of his/her sentence. On a determinate sentence, a person is eligible for conditional release after serving six-sevenths of his/her sentence.

Contraband. Items prohibited in prison. They may be perfectly legal and acceptable outside of prison.

CORC. Central Office Review Committee. The CORC functions on behalf of the Department of Correctional Services Commissioner and under his authority in reviewing appeals and issuing decisions as part of the Inmate Grievance Program.

CORP. Community Orientation and Reentry Program. A 30-bed unit within the Intermediate Care Program at Sing Sing Correctional Facility to assist people with serious mental illness in preparing for release to the New York City metropolitan area. See p. 12 for more information.

CQCAPD. Commission on Quality of Care and Advocacy for Persons with Disabilities. CQCAPD is the state agency with oversight responsibility for programs and services for people with disabilities. In July 2008 CQCAPD became responsible for monitoring the quality of mental health care provided to people in prison.

DAI. Disability Advocates, Inc. DAI's mission is "to protect and advance the rights of adults and children who have disabilities so that they can freely exercise their own life choices, enforce their rights, and fully participate in their community life." DAI filed a lawsuit against the New York State Office of Mental Health and Department of Correctional Services in 2002 alleging that prisoners with mental illness were not receiving adequate mental health treatment in violation of the Eighth Amendment. In 2007 the parties settled the case with an agreement aimed at improving mental health care throughout the New York State prison system, including the SHU and Kepplock units.

DAI. *Disability Advocates, Inc. v. New York State Office of Mental Health, et al.* The lawsuit filed by Disability Advocates, the Legal Aid Society's Prisoners' Rights Project, Prisoners' Legal Services, and Davis Polk & Wardwell LLP, alleging that prisoners with mental illness were not receiving adequate mental health treatment in violation of the Eighth Amendment. In 2007 the parties settled the case with an agreement aimed at improving mental health care throughout the New York State prison system, including the SHU and Kepplock units.

Deprivation order. Punishment for person in disciplinary confinement who continues to violate prison rules.

DIN. Department Identification Number. The number assigned to each person in the custody of the Department of Correctional Services.

Disciplinary hearing. The hearing that takes place when a person is accused of violating a prison rule. See Appendix A for more information on the disciplinary process.

Division of Parole. The state agency responsible for the community supervision and reintegration of people released from prison by the Parole Board or on conditional release and those sentenced directly to parole supervision.

DOCS. Department of Correctional Services. DOCS is the state agency that runs the prisons and is responsible for providing necessary medical treatment.

DSM-IV. *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition.* This manual, published by the American Psychiatric Association, describes and categorizes all mental disorders for both children and adults. This manual is widely used by mental health professionals to diagnose mental illness.

DSS. Department of Social Services. There are 58 local social service districts throughout New York State. County departments of social services provide or administer publicly funded social services and cash assistance programs.

Good Time. Good behavior allowance. People in prison, other than those serving life sentences, are rewarded for good behavior with a reduction in their maximum prison sentence. The Time Allowance Committee considers a person's prison file and makes a recommendation regarding the amount of good behavior allowance to be granted. The Department of Correctional Services Commissioner makes the final decision regarding whether to grant a good behavior allowance.

GTP. Group Therapy Program. See Appendix A, p. A-8, for a description of the GTP.

ICM. Intensive Case Manager. An ICM provides care and services in the community to people with serious and persistent mental illness by linking them to service systems and coordinating the various services.

ICP. Intermediate Care Program. See Appendix A, p. A-3, for a description of the ICP.

IDDT. Integrated Dual Disorder Treatment. IDDT is for people who have co-occurring mental illness and substance abuse disorders. This model of service offers both mental health and substance abuse services at the same time and in one setting.

IGP. Inmate Grievance Program. The IGP is the Department of Correctional Services' system for resolving prisoners' complaints and allegations of discriminatory treatment.

IGRC. Inmate Grievance Resolution Committee. A prison's IGRC must have five members, two voting prisoners, two voting staff members, and a non-voting chairperson. If the IGRC is not able to resolve a prisoner's grievance informally, the IGRC conducts a hearing and makes recommendations regarding the grievance to the superintendent.

IICP. Intensive Intermediate Care Program. See Appendix A, p. A-5, for a description of the IICP.

Inpatient treatment. Treatment provided in a hospital or 24-hour residential treatment program.

JCMC. Joint Case Management Committee. The JCMC is comprised of both Department of Correctional Services and Office of Mental Health staff. The JCMC meets to discuss people on the mental health caseload confined in disciplinary segregation.

Keeplock. The least restrictive form of disciplinary confinement. People sanctioned with Keeplock are confined in their own cells or in a separate cellblock in the prison for 23 hours a day.

The loaf. A dense, tasteless one-pound loaf of bread made of flour, potatoes, carrots, and very little fat. After a disciplinary hearing, a person placed in disciplinary confinement may be punished with a restricted diet of the loaf and a portion of raw cabbage three times a day.

MGP. Medication Grant Program. The MGP provides a person released from a local jail, state prison, or hospital with coverage for the cost of psychiatric medication and services related to prescribing medication while his/her Medicaid determination is pending.

MHLS. Mental Hygiene Legal Services. MHLS provides legal services, advice, and assistance to people receiving care, or alleged to be in need of care, at inpatient and community-based facilities for people with mental disabilities. MHLS represents people in judicial and administrative proceedings concerning involuntary commitment, involuntary assisted outpatient treatment, involuntary medication, and guardianship.

MICA. Mentally ill chemically addicted.

OASAS. Office of Alcoholism and Substance Abuse Services. OASAS is the state agency in charge of regulating all alcohol, gambling, and substance abuse services in New York State.

OMH. Office of Mental Health. OMH is the state agency in charge of regulating, certifying, and overseeing mental health programs in New York State. OMH also operates psychiatric centers across the state and in New York State prisons.

OTDA. Office of Temporary and Disability Assistance. OTDA is the state agency responsible for supervising programs that provide assistance and support to eligible families and individuals.

Outpatient mental health treatment. Mental health treatment provided in the community.

Parole. Community supervision of a person released from prison to serve the rest of his/her sentence in the community.

Parole Board. The Board of Parole is the administrative body within the Division of Parole that determines which people serving indeterminate sentences of imprisonment may be released on parole, mandates the conditions of release, and revokes the parole of parolees found to have violated the conditions of their release.

PRC. Pre-release coordinator. The PRC is the Office of Mental Health staff member inside the prison responsible for providing discharge planning services to people with mental illness scheduled to be released from prison.

PRS. Post-release supervision. People sentenced to determinate sentences are required to serve a period of PRS. PRS is similar to parole supervision. The conditions are set by the Board of Parole, and a person on PRS has to report to a parole officer and can be re-incarcerated for violating the conditions of release.

PSTP. Parole Support and Treatment Program. See Appendix A, p. A-17, for a description of PSTP.

RCTP. Residential Crisis Treatment Program. Mental health observation cells and dormitory beds for people in psychiatric crisis. The RCTPs are in prisons with satellite mental health units. See p. 5 for more information.

Reception Center. The prison where a person is assessed when s/he is initially transferred to the New York State Department of Correctional Services' custody. Downstate, Elmira, Ulster, Wende, Clinton, and Bedford Hills correctional facilities are reception centers.

RMHU. Residential Mental Health Unit. See Appendix A, p. A-13, for a description of the RMHU.

RMU. Regional Medical Unit. RMUs provide care for people in prison who require long-term or specialized medical care beyond what is available in a facility infirmary. There are five RMUs across the State.

“S” Designation. Term for people determined by the Office Mental Health to meet the criteria for Serious Mental Illness as defined in the *DAI* settlement agreement and the SHU Exclusion Law. See Appendix A for the definition of Serious Mental Illness.

Satellite Unit. Office of Mental Health unit in a New York State prison that provides mental health treatment services. A satellite unit has full-time staff and operates a Residential Crisis Treatment Program.

S-Block. Double-occupancy maximum-security disciplinary unit. There are S-Blocks on the grounds of Cayuga, Collins, Fishkill, Gouverneur, Greene, Lakeview, Mid-State, and Orleans correctional facilities.

SCOC. State Commission of Correction. SCOC is the state agency with oversight authority of correctional facilities in New York State.

SHU. Special Housing Unit. Cells that hold people sanctioned with disciplinary confinement in isolation for 23 hours a day. See Appendix A, p. A-8, for more information.

SHU 200. Double-occupancy SHU cellblocks or S-Blocks.

SMI. Seriously Mentally Ill. In this guide we use this term to refer to the Office of Mental Health's definition of the category “seriously mentally ill” for discharge planning purposes. See Appendix A, p. A-16, for OMH's definition of SMI.

SPAN. Service Planning and Assistance Network. Offices in the Bronx, Brooklyn, Manhattan, and Queens set up to provide discharge planning services to people with mental illness released from New York City jails. They also assist people with mental illness released from prison by referring them to treatment providers.

SPOA. Single Point of Access. A centralized referral system for obtaining community case management and/or housing for people with severe and persistent mental illness.

SSA. Social Security Administration. SSA is the federal agency that administers retirement, disability, Supplemental Security Income, and Medicare benefits.

SSDI. Social Security Disability Insurance. A federal program that pays benefits to disabled people who have worked a certain amount of time and paid Social Security taxes.

SSI. Supplemental Security Income. A federal program that provides benefits to disabled people who have limited income and resources.

STP. Special Treatment Program. See Appendix A, p. A-12, for a description of the STP.

TAC. Time Allowance Committee. A committee of at least three people designated by the superintendent that makes recommendations about the amount of good behavior allowances that should be granted to people in prison who are eligible for conditional release.

TBU. Therapeutic Behavioral Unit. The Behavioral Health Unit in the women's prison at Bedford Hills Correctional Facility. See Appendix A, p. A-9, for a description of the TBU.

Therapeutic cubicle. An individual cage about the size of a phone booth (4' wide by 4'8" deep by 7' high). People in the Behavioral Health Unit, Group Therapy Program, and the Special Treatment Program participate in program while placed in these cages. Orientation at the Residential Mental Health Unit also takes place in a therapeutic cubicle.

TICP or TrICP. Transitional ICP. See Appendix A, p. A-5, for a description of this program.

Tier II ticket. A charge for violating a prison rule. A Tier II violation is less serious than a Tier III violation. A person found guilty of a Tier II violation can be sentenced to a maximum of 30 days of disciplinary confinement or to serve a disciplinary confinement sentence that had previously been suspended. See Appendix A, p. A-6, for more information.

Tier III ticket. The most serious charge for violating a prison rule. A person found guilty of a Tier III violation can be sentenced to disciplinary confinement. See Appendix A, p. A-6, for more information.

Time Cut. A reduction in a person's disciplinary confinement sentence.

Transitional Services. A Department of Correctional Services program designed to assist people in preparing for their release to the community.

Youthful Offender. A person who was under 19 at the time the alleged crime was committed and whose conviction was vacated and replaced by a youthful offender finding. The longest prison sentence that a youthful offender can receive is 1 1/3 to 4 years. A youthful offender adjudication is not a criminal conviction, and records related to the case are confidential. The names of people adjudicated youthful offenders and sentenced to prison do not appear on the Department of Correctional Services website.

Appendix F

Phone Directory

Below are all the phone numbers included in this guide listed together for convenience. This information is current as of July 2010.

Government Agencies

NYS Department of Correctional Services (DOCS)

DOCS Central Office	518-457-5000
Office of the Commissioner, General Information	518-457-8126
Brian Fischer, Commissioner	518-457-8134
Howard Holanchock, Assistant Commissioner for Mental Health	518-408-0278
Doris Ramirez-Romero, Director of Mental Health	518-408-0281
Albert Prack, Assistant Director of Special Housing	518-457-2337
Office of Inspector General	518-457-2653

NYS Office of Mental Health (OMH)

Michael F. Hogan, Ph.D., Commissioner	518-474-4403
Richard Miraglia, Director of Forensic Services Helpline	518-474-8207 800-587-8481

Central New York Psychiatric Center (CNYPC)

Donald Sawyer, Executive Director	315-765-3600
Director of Outpatient Operations	315-765-3626

NYS Division of Parole

518-473-9400

NYS Commission of Correction (SCOC)

518-485-2346

NYS Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD)

Division of Quality Assurance and Investigations	800-624-4143
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NYS Office of Temporary and Disability Assistance (OTDA)

Temporary Assistance Hotline	800-342-3009
Fair Hearing Request Line	800-342-3334

NYC Human Resources Administration (HRA)	
HRA Infoline	877-472-8411
NYC Department of Health and Mental Hygiene (DOHMH)	
Medication Grant Program	212-341-0772

Service Providers

Center for Urban Community Services	212-801-3300
The Fortune Society	212-691-7554
Howie the Harp Peer Advocacy and Training Center	212-865-0775
The Osborne Association	800-344-3314
REAL (Reintegration and Empowering A Life)	315-422-5638

Advocacy Organizations

Coalition for Parole Restoration	888-590-9212
Coalition for Women Prisoners	212-254-5700 x333
Community Access' Advocacy and Public Policy Department	212-780-1400
Disability Advocates, Inc. (toll-free)	800-993-8982
Disability Advocates, Inc.	518-432-7861
Drop the Rock	212-254-5700 x339
Erie County Prisoners Rights Coalition	716-834-8438
FREE! Families Rally for Emancipation and Empowerment	718-300-9576
Juvenile Justice Coalition	212-254-5700 x316
Legal Aid Society	212-440-4300
Legal Aid Society's Prisoners' Rights Project	212-577-3530
Mental Health Alternatives to Solitary Confinement	646-602-5644
Mental Health Association of New York State	518-434-0439
Nassau Inmate Advocacy Group	516-512-4977
National Alliance on Mental Illness (NAMI)	
New York State	
NAMI–New York State Helpline	518-462-2000 800-950-3228
New York Metropolitan Area	
Boro Park Parents	718-793-2668
NAMI April of Brooklyn	718-748-1328

NAMI Bronx Families and Advocates	718-862-3347
NAMI East Brooklyn	718-240-6260
NAMI East Flatbush	917-209-8439
NAMI FAMILYA	845-359-8787
NAMI Harlem	212-694-6235
NAMI Huntington	631-424-4528
NAMI Long Island Regional Council	516-843-3261
NAMI North Shore	516-671-3957
NAMI NYC Metro	212-684-3264
NAMI of Central Suffolk	631-675-6831
NAMI of Nassau University Medical Center	516-731-0090
NAMI of Westchester	914-592-5458
NAMI Queens/Nassau	718-347-7284
NAMI Southwest Nassau	516-623-7871
NAMI Staten Island	718-477-1700
Riverhead AMI	631-878-0891
Lower Hudson Valley	
AMI of Sullivan County	845-794-1029
NAMI AMICO	845-906-6264
or toll free	866-906-6264
NAMI of Delaware County	607-563-3976
NAMI of Columbia County	518-392-3769
NAMI of Greene County	518-678-9298
NAMI Ulster County	845-657-8314
NAMI Mid-Hudson	845-297-6640
NAMI Putnam	845-278-7600 x246
Mid-Hudson Valley	
NAMI Albany Relatives	518-439-8085
AMI Consumers of Albany	518-528-2889
NAMI Hudson Mohawk	518-438-9785
NAMI of Montgomery, Fulton, and Hamilton	518-843-3261
NAMI Schenectady	518-377-2619
NAMI Troy/Rensselaer	518-438-9785
Saratoga NAMI	518-885-2098
Northeast	
NAMI Champlain Valley	518-561-2685
AMI of St. Lawrence Valley	315-287-9180
NAMI North Country	518-692-9505
Central	
NAMI Hope Inc.	315-533-5922
NAMI of Broome County	607-773-8229
NAMI of Cayuga County, Inc.	315-255-7443
NAMI of Otsego County	607-547-9544

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's Name (Last, First, M.I.)

"C" No.

Sex Date of Birth

Facility Name

Unit/Ward/Residence No.

This authorization must be completed by the patient or his/her personal representative to use/disclose protected health information, in accordance with State and federal laws and regulations. A separate authorization is required to use or disclose confidential HIV related information.

PART 1: Authorization to Release Information

Description of Information to be Used/Disclosed:

Purpose or Need for Information:

1. This information is being requested:
 - by the individual or his/her personal representative; or
 - Other (please describe) _____
2. The purpose of the disclosure is (please describe):

From: Name, Address, & Title of Person/
Organization/Facility/Program Disclosing Information

To: Name, Address, & Title of Person/Organization/Facility/
Program to Which this Disclosure is to be Made

***NOTE:** If the same information is to be disclosed to multiple parties for the same purpose, for the same period of time, this authorization will apply to all parties listed here.*

- A.** I hereby permit the use or disclosure of the above information to the Person/Organization/Facility/Program(s) identified above. I understand that:
1. Only this information may be used and/or disclosed as a result of this authorization.
 2. This information is confidential and cannot legally be disclosed without my permission.
 3. If this information is disclosed to someone who is not required to comply with federal privacy protection regulations, then it may be redisclosed and would no longer be protected.
 4. I have the right to revoke (take back) this authorization at any time. My revocation must be in writing on the form provided to me by *(insert name of facility/program)* _____
I am aware that my revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already taken action because of my earlier authorization.
 5. I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from the New York State Office of Mental Health, nor will it affect my eligibility for benefits.
 6. I have a right to inspect and copy my own protected health information to be used and/or disclosed (in accordance with the requirements of the federal privacy protection regulations found under 45 CFR §164.524).

B-1. One-Time Use/Disclosure: I hereby permit the one-time use or disclosure of the information described above to the person/organization/facility/program identified above.

My authorization will expire:

- When acted upon;
- 90 Days from this Date;
- Other _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Facility/Agency Name	Patient's Name (Last, First, M.I.)	"C"/Id. No.
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B-2. Periodic Use/Disclosure: I hereby authorize the periodic use/disclosure of the information described above to the person/ organization/facility/program identified above as often as necessary to fulfill the purpose identified above.

My authorization will expire:

- When I am no longer receiving services from *(insert name of facility/program)* _____ ;
- One year from this date;
- Other _____

C. Patient Signature: I certify that I authorize the use of my health information as set forth in this document.

Signature of Patient or Personal Representative Date _____

Patient's Name (Printed)

Personal Representative's Name (Printed)

Description of Personal Representative's Authority to Act for the Patient *(required if Personal Representative signs Authorization)*

D. Witness Statement/Signature: I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the patient and/or the patient's personal representative.

WITNESSED BY: _____
Staff person's name and title

Authorization Provided To: _____

Date: _____

To be Completed by Facility:

Signature of Staff Person Using/Disclosing Information

Title

Date Released

PART 2: Revocation of Authorization to Release Information

I hereby revoke my authorization to use/disclose information indicated in Part I, to the Person/Organization/Facility/Program whose name and address is:

I hereby refuse to authorize the use/disclosure indicated in Part I, to the Person/Organization/Facility/Program whose name and address is:

Signature of Patient or Personal Representative Date _____

Patient's Name (Printed)

Personal Representative's Name (Printed)

Description of Personal Representative's Authority to Act for the Patient *(required if Personal Representative signs Revocation of Authorization)*