URBAN JUSTICE CENTER

New York City Council
Committee on Criminal Justice

Oversight Hearing – Jail Violence

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Testimony of
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Good morning. My name is Jennifer Parish, and I am the director of criminal justice advocacy at the Urban Justice Center Mental Health Project and a member of the NYC Jails Action Coalition and #HALTsolitary campaign. I am also a member of the Department of Correction Crisis Intervention Team Advisory Board. Thank you for this opportunity to testify on jail violence.

The Urban Justice Center Mental Health Project advocates for people with mental health concerns involved in the criminal legal system. We represent the *Brad H.* Class, all incarcerated individuals who receive mental health treatment while in New York City jails. We are deeply familiar with the difficulties people with mental health issues have within correctional facilities and in accessing essential mental health services, housing, and benefits upon release. We are extremely concerned that the jail environment, especially placement in solitary confinement, harms these individuals not only while they are incarcerated but after their release. Because placement in solitary confinement can cause anyone to develop mental health challenges, we support ending its use for all people.

Today I want to focus on one intervention for reducing violence with respect to people with mental health concerns – the use of crisis intervention teams (CIT). This intervention is a solution that has shown promise. Unfortunately Department of Correction (DOC) leadership has not embraced and fully implemented CIT.

In December 2014, the Mayor's Task Force on Behavioral Health and Criminal Justice included the development of CIT in its recommendations for ensuring that people with behavioral health disorders in the jails receive treatment that is therapeutic rather than punitive.

The CIT model was originally designed to improve police response to mental health crisis. In 2015, the City adapted CIT to the jail setting. Crisis Intervention Teams in the jails consist of DOC and

health staff who have received a five-day training that includes education regarding mental health symptoms and methods of de-escalation. One of the key features of the training is role playing mental health crisis situations with actors. Staff have the opportunity to practice the de-escalation skills they are learning and receive feedback from trainers.

As a member of the CIT advisory board, I have observed the training. I was impressed with the content which includes people with mental health concerns who have been incarcerated sharing their experiences. The training has the potential to help officers better understand people with mental health concerns and to engage them to deescalate crises.

Deploying CITs has shown promising results. The first year evaluation documented significant reduction in injury rates. The Preliminary Mayor's Management Report of February 2019 stated that 854 staff (674 correctional and 180 health staff) had received CIT training as of October 2018. According the Preliminary Mayor's Management Report released in February 2017, use of force in the units that had CITs decreased by 43%. The September 2019 Mayor's Management Report and January 2020 Preliminary Mayor's Management Report did not include any information about CIT.

To their credit, DOC and Health + Hospitals Correctional Health Services (CHS) staff who work together to plan and deliver CIT training are committed to its success. They recently revamped the training curriculum; they also developed a version of the training that is specific to young adults as well as a refresher training. Unfortunately the problems that plague other aspects of DOC operations limit the effectiveness of CIT. For example, the few wardens who were trained in CIT have rotated out of those jails, and steady DOC staffing is not maintained in the mental health units.

Without leadership support for CIT, it has not been engrained in the jail culture. Crisis Intervention Team activations have not become the routine response to incidents involving people with mental health concerns. Although DOC reports that trained staff use their de-escalation skills informally without the support of mental health staff and that CIT activations are underreported, formal activations of CIT teams remain rare. In 2019 there were fewer CIT activations than in the previous three years even though staff in more facilities had been trained.

Current DOC leadership does not appear to be invested in this approach to reducing jail violence. They have not allocated the resources needed to make CIT a robust intervention, and they do not provide the support needed to ensure that facility management promote the use of CIT. It seems that correction staff involved in the trainings are basically acting as volunteers as conducting the training is not part of their assigned responsibilities. For a CIT response to be effective, staff need time to deescalate the situation. Without support from facility leadership, they are not allowed the space they need to resolve the situation without a use of force.

The City should invest in CIT as an important part of its violence reduction efforts. There should be specific staff lines funded to plan and conduct CIT training. Policies promoting CIT as a response to people in emotional crisis and directing how DOC and CHS staff work together to implement and report on CIT must be developed. It is not enough for staff to be trained on CIT; they must have support in providing CIT responses once they are back in the jails.