



Office of
Mental Health

Forensic Mental Health Services

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The Forensic Mental Health System

Within New York State's public mental health system is an expansive forensic mental health system, responsible for the delivery and coordination of mental health services for criminal justice-involved New Yorkers with mental illness and the implementation of community-based support services for individuals with mental illness who are or may be at risk for adverse incidents or criminal justice involvement.

This section provides an overview of the forensic inpatient and outpatient services operated by OMH, the principal forensic populations served in OMH forensic facilities and other settings, a detailed description of both new and existing OMH-operated and supported community-based forensic services, and a vision for OMH's Diversion Center.

OMH Forensic Psychiatric Centers, Regional Forensic Units, and Secure Treatment and Rehabilitation Facilities

Forensic Psychiatric Centers and Regional Forensic Units

OMH operates three Forensic Psychiatric Centers: Central New York Psychiatric Center, Kirby Forensic Psychiatric Center, and Mid-Hudson Forensic Psychiatric Center; and two Regional Forensic Units: Rochester Regional Forensic Unit at Rochester Psychiatric Center and the Northeast Regional Forensic Unit at Central New York Psychiatric Center.

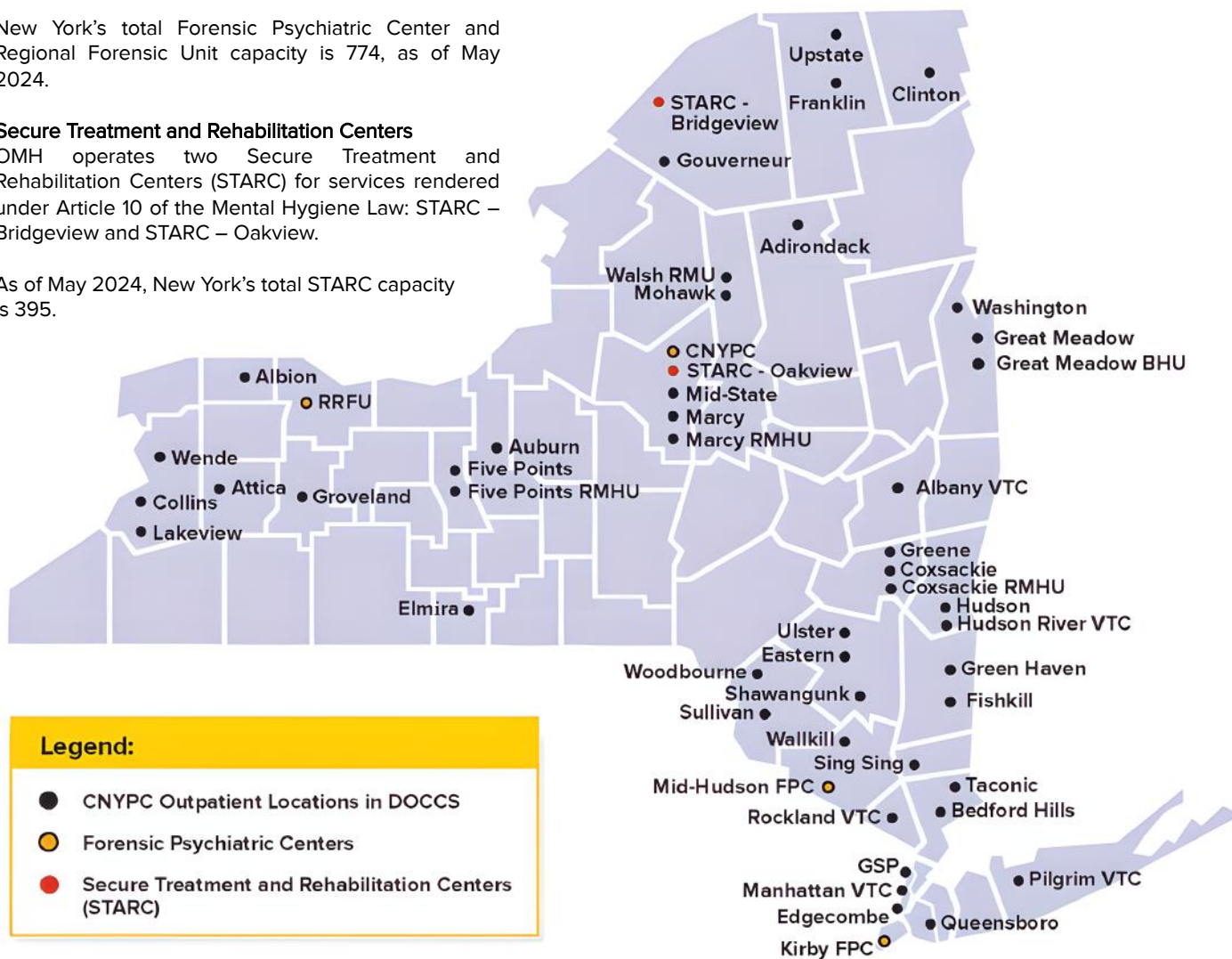
Forensic Psychiatric Centers and Regional Forensic Units serve individuals admitted under one or more of the following laws and regulations: Correction Law 402, Correction Law 508, Criminal Procedure Law 330.20, Criminal Procedure Law 730, and New York State Codes, Rules and Regulations Part 57.

New York's total Forensic Psychiatric Center and Regional Forensic Unit capacity is 774, as of May 2024.

Secure Treatment and Rehabilitation Centers

OMH operates two Secure Treatment and Rehabilitation Centers (STARC) for services rendered under Article 10 of the Mental Hygiene Law: STARC – Bridgeview and STARC – Oakview.

As of May 2024, New York's total STARC capacity is 395.



Populations Served in OMH Forensic Psychiatric Centers, Regional Forensic Units and Secure Treatment and Rehabilitation Centers

Persons served within OMH forensic and Article 10 STARC fall primarily into five legal admission categories under Mental Hygiene Law, Criminal Procedure Law, or Correction Law. These admission types are summarized below.

Criminal Procedure Law § 330.20 (CPL 330.20): Not Responsible for Criminal Conduct by Reason of Mental Disease or Defect

Individuals who are judged as not responsible for criminal conduct by reason of mental disease or defect and who require secure hospitalization are admitted to a Forensic Psychiatric Center or Regional Forensic Unit for care and treatment.

Criminal Procedure Law § 730 (CPL 730) Temporary Orders of Observation and Orders of Commitment: Incompetent to Stand Trial

Individuals who are charged with a felony and judged not competent to proceed to trial are admitted to a Forensic Psychiatric Center or Regional Forensic Unit for competency restoration services under court order until they are judged competent to proceed to trial.

Correction Law § 508 (CL 508): Involuntary Admission of Pre-Sentenced Individuals

Pre-sentenced individuals within county correctional facilities who are deemed to require psychiatric hospitalization during the course of their incarceration are admitted to a Forensic Psychiatric Center or a Regional Forensic Unit.

Correction Law § 402 (CL 402): Involuntary Admission of Sentenced Individuals

Sentenced individuals within state and local correctional facilities who are deemed to require psychiatric hospitalization during the course of their incarceration are hospitalized at Central New York Psychiatric Center.

Mental Hygiene Law § 10 (MHL Article 10): Persons Subject to Civil Management

Sex offenders who are nearing discharge from prison, parole supervision, or OMH or Office for People with Developmental Disabilities (OPWDD) inpatient care following commitment under the criminal procedure law, and for whom the court has found probable cause that the individual requires civil management under Article 10, are admitted for care and treatment within an OMH Secure Treatment and Rehabilitation Center. They will remain at the facility until such time that they are adjudicated as not meeting Article 10 civil management criteria or are deemed to not require secure treatment and are able to receive treatment in the community under Strict and Intensive Supervision and Treatment (SIST).

Additional information regarding the populations served in OMH Forensic facilities and STARC is available here: https://www.omh.ny.gov/omhweb/forensic/populations_served.htm

Forensic Populations Served in Other Settings

OMH serves, directly and in concert with other providers, additional forensic populations apart from those served in forensic facilities and STARC.

State Psychiatric Centers (Non-Forensic)

OMH's non-forensic State Psychiatric Centers serve a variety of individuals for whom forensic histories predicate their hospitalization, including:

CPL 330.20

Individuals judged not responsible for criminal conduct by reason of mental disease or defect are admitted to a non-forensic State Psychiatric Center when they are deemed to be mentally ill but without a dangerous mental disorder, either at the time of the CPL 330.20 adjudication or after a period of inpatient care at an OMH forensic facility.

CPL 730 Final Orders of Observation

Individuals who are charged with a misdemeanor and are judged not fit to proceed to trial due to mental disease or defect are evaluated for inpatient admission at a non-forensic State Psychiatric Center. These persons, upon being found not fit to proceed to trial, have the charges against them dismissed and are transported to a State Psychiatric Center for evaluation and admission under Mental Hygiene Law. They must be evaluated, and within 72 hours of admission be civilly committed under Mental Hygiene Law, admitted voluntarily, or released.

CL 402

Incarcerated individuals requiring hospitalization under CL 402 and who have completed their sentence at a Department of Corrections and Community Supervision (DOCCS) correctional facility are transferred to a non-forensic Psychiatric Center for care and treatment until they no longer require psychiatric hospitalization.

Central New York Psychiatric Center Outpatient Program

The Central New York Psychiatric Center outpatient program provides clinical services to individuals with mental illness who are incarcerated within DOCCS. As of December 2023, over 9,000 incarcerated individuals were receiving mental health services from OMH in 46 correctional facilities. These services range in intensity from clinic-based services to 191 crisis beds and 1,350 mental health residential program beds across the DOCCS system. OMH also provides extensive discharge planning for individuals with mental illness transitioning from DOCCS to the community, detailed later in this section.

Prison-Based Sex Offender Treatment Program (PBSOTP)

Individuals incarcerated within DOCCS who have been classified as high risk for committing a sexual offense upon release from prison are provided treatment in the OMH-operated Prison-Based Sex Offender Treatment Program (PBSOTP). This treatment program focuses on addressing dynamic risk factors associated with sexual recidivism, helping incarcerated individuals to develop viable community supervision and treatment plans, and providing for continuity of treatment for individuals who are later deemed in need of civil management.

Strict and Intensive Supervision and Treatment (SIST)

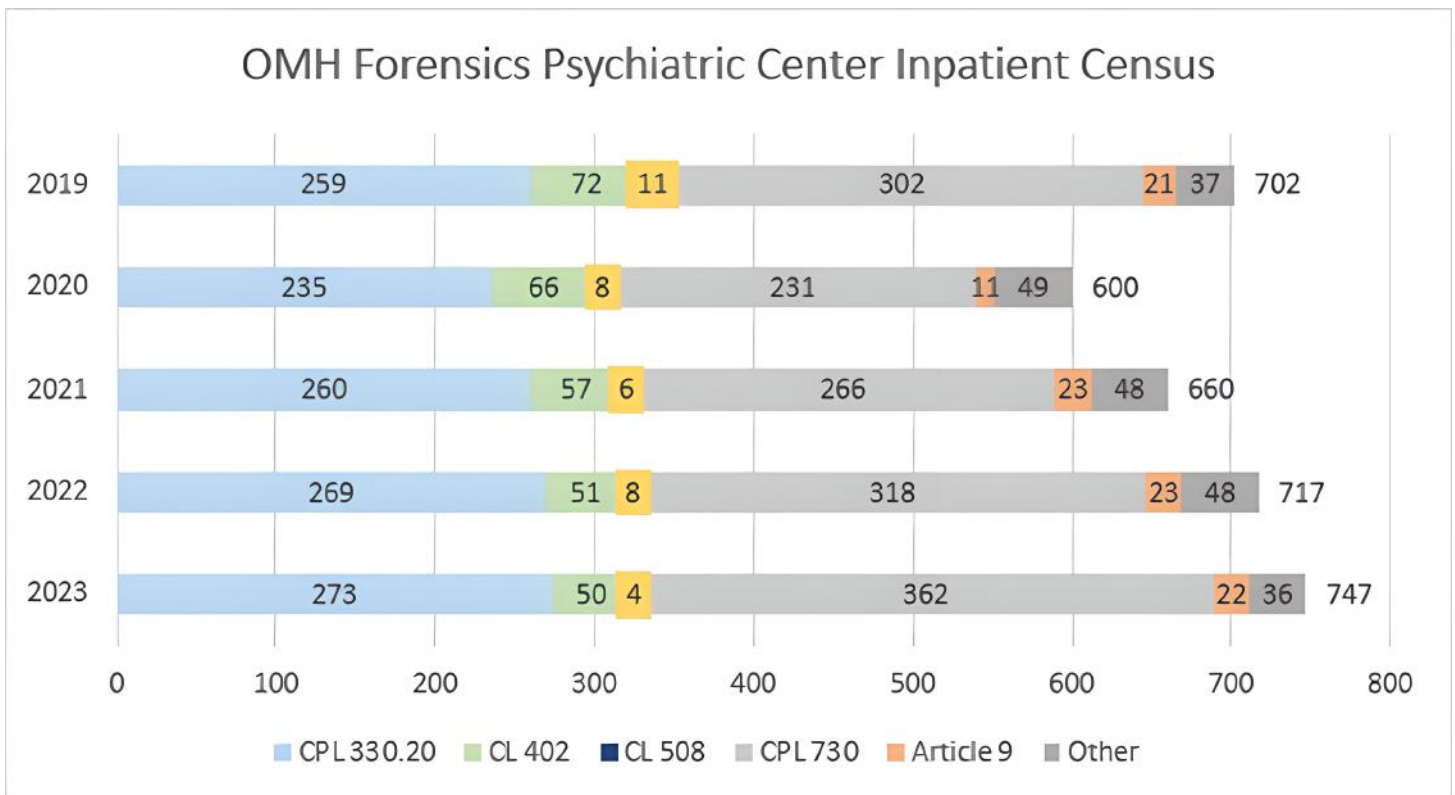
Individuals who have committed sexual offenses and are determined, through Article 10 proceedings, to have mental abnormalities that predispose them to commit sexual offenses, but whose level of dangerousness is deemed by the court to be such that they can safely be treated and supervised in the community, are placed on SIST. SIST is jointly operated by OMH and DOCCS. OMH develops the treatment components of the SIST community plans and provides clinical oversight of treatment programming and progress for SIST participants. DOCCS is responsible for monitoring individuals on SIST, implementing the supervision plan, and assuring compliance with court-ordered conditions.

In addition, OMH offers services designed to divert criminal justice-involved individuals with mental illness to treatment, when appropriate. These population specific community-based services are detailed later in this section.

Census and Admissions Data

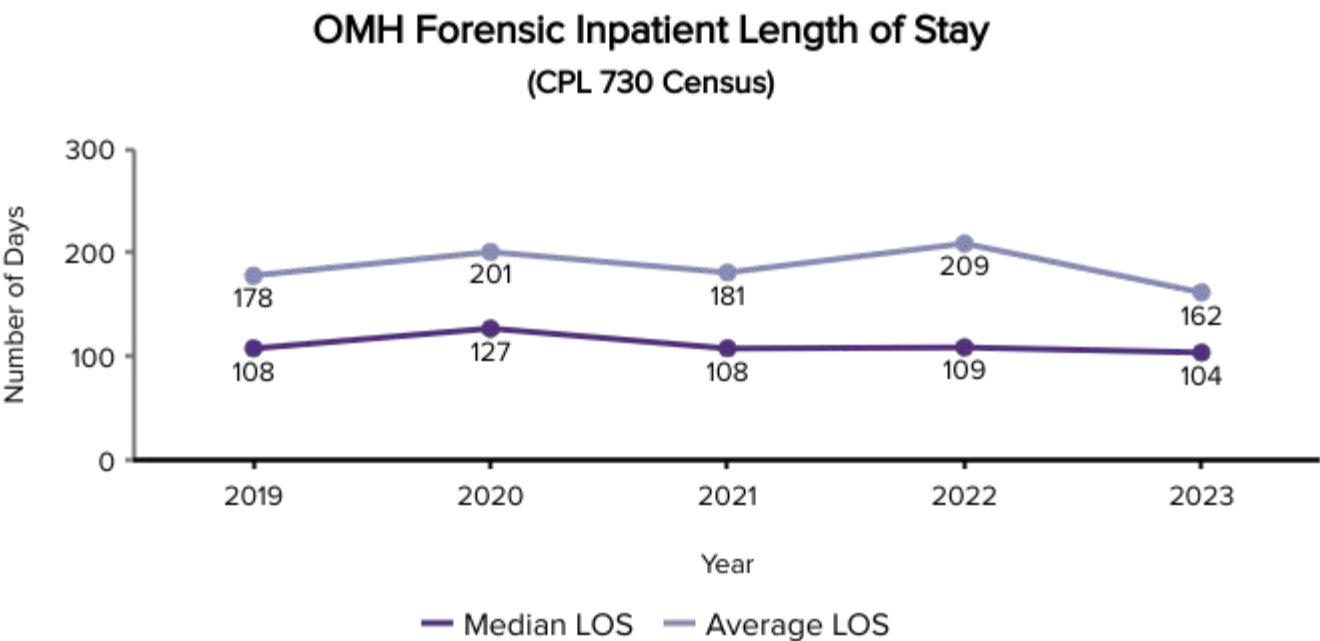
The chart below shows the inpatient census within OMH's Forensic Psychiatric Centers and Regional Forensic Units by the legal status of the individual at the time of their admission as of December 31 of each year. The "Other" category consists of several different legal status categories including expired legal status, which was the main driver of the increase during 2020, when court proceedings were significantly delayed due to the COVID-19 pandemic.

The decrease in OMH forensic facility census from 2019 to 2020 was mainly attributable to the COVID-19 pandemic and OMH's need for the development of isolation/quarantine units. There was also a decrease in court adjudications during this time.

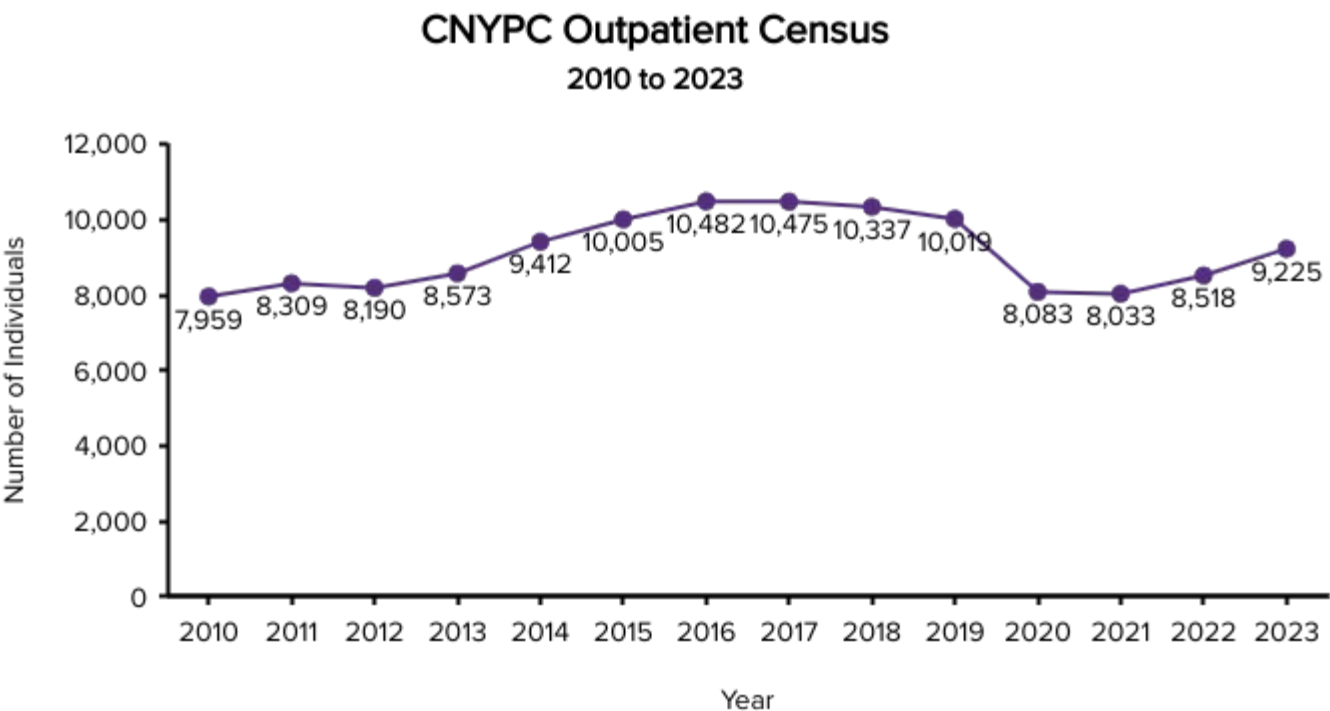


The chart below represents the annual average and median lengths of inpatient stay for the CPL 730 population in OMH Forensic Psychiatric Centers and Regional Forensic Units.

Among the CPL 730 patient population, the average length of stay decreased by nine percent from 2019 to 2023, while the median length of stay decreased by 4 percent. The increase in LOS during 2020 was related to the COVID-19 pandemic.

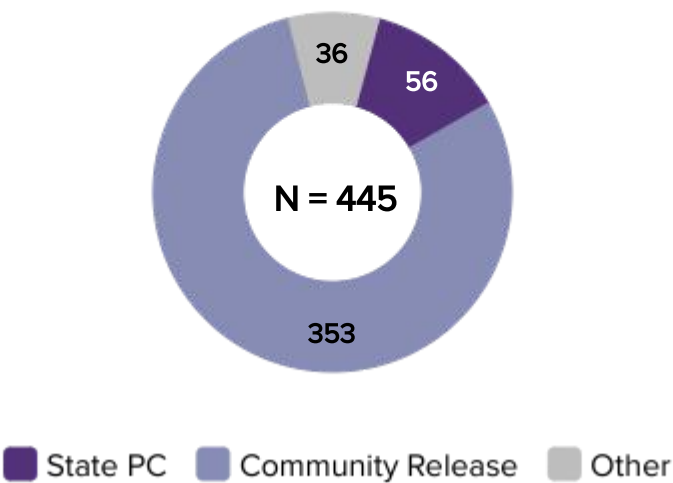


The following chart shows the CNYPC outpatient census, which is comprised of incarcerated individuals receiving prison-based mental health services from OMH in DOCCS, as of December 31 of each year. The number of incarcerated individuals on the CNYPC outpatient census increased by 23 percent from 2013 to 2017. After steadily increasing for years, the CNYPC outpatient census dropped 19.3 percent in 2020 due to multiple factors including the decrease in overall DOCCS census and a reduction in new admissions during the COVID-19 pandemic. Since 2020, there has been a 14 percent increase and is heading toward pre-pandemic levels.



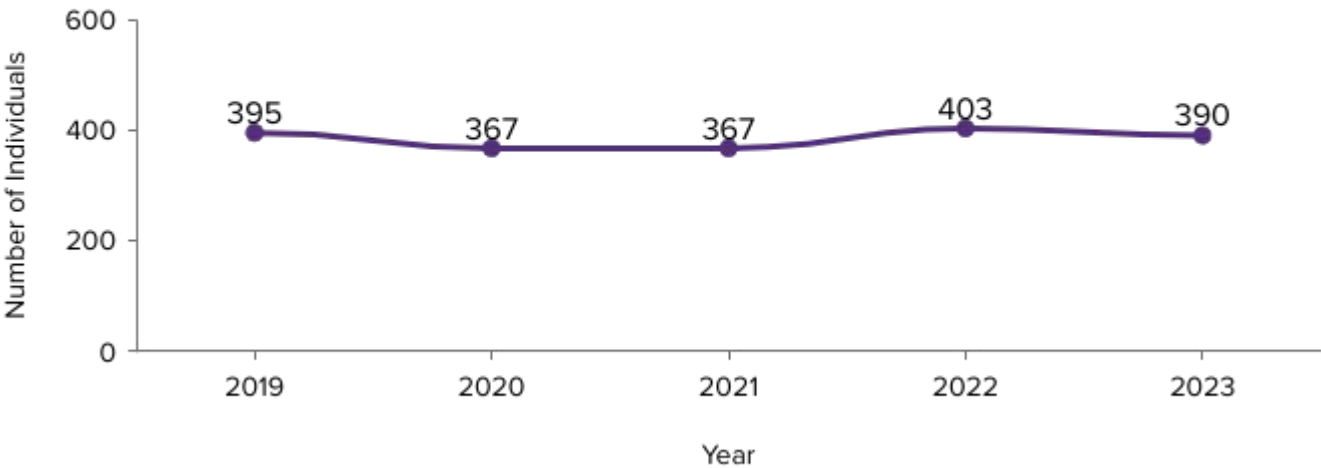
The chart below illustrates the type of placement at release for incarcerated individuals with serious mental illness (SMI) who were receiving correction-based mental health services from OMH in DOCCS. In 2023, 79% of incarcerated individuals with SMI were released to the community after appropriate mental health discharge planning, while 13% were discharged to State Psychiatric Centers. The remaining eight percent were discharged to other institutional settings or jurisdictions.

Releases of CNYPC Correction-Based Outpatient Inmate-Patients with Serious Mental Illness by Discharge Placement Type, 2023



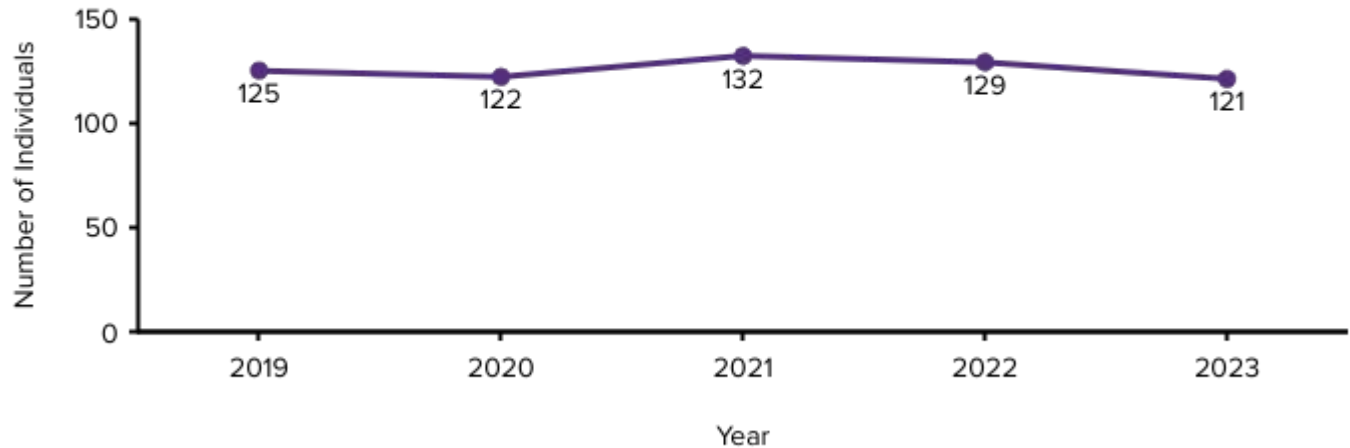
The figure below displays the census of individuals admitted to the Secure Treatment and Rehabilitation Center (STARC) under Article 10 of the Mental Hygiene Law, by calendar year. There was a 10 percent increase in STARC census between 2021 and 2022, partly due to Courts returning to full capacity and holding hearings for cases that were pending during the 2020 COVID pandemic.

Secure Treatment and Rehabilitation Center (STARC) Census 2019-2023



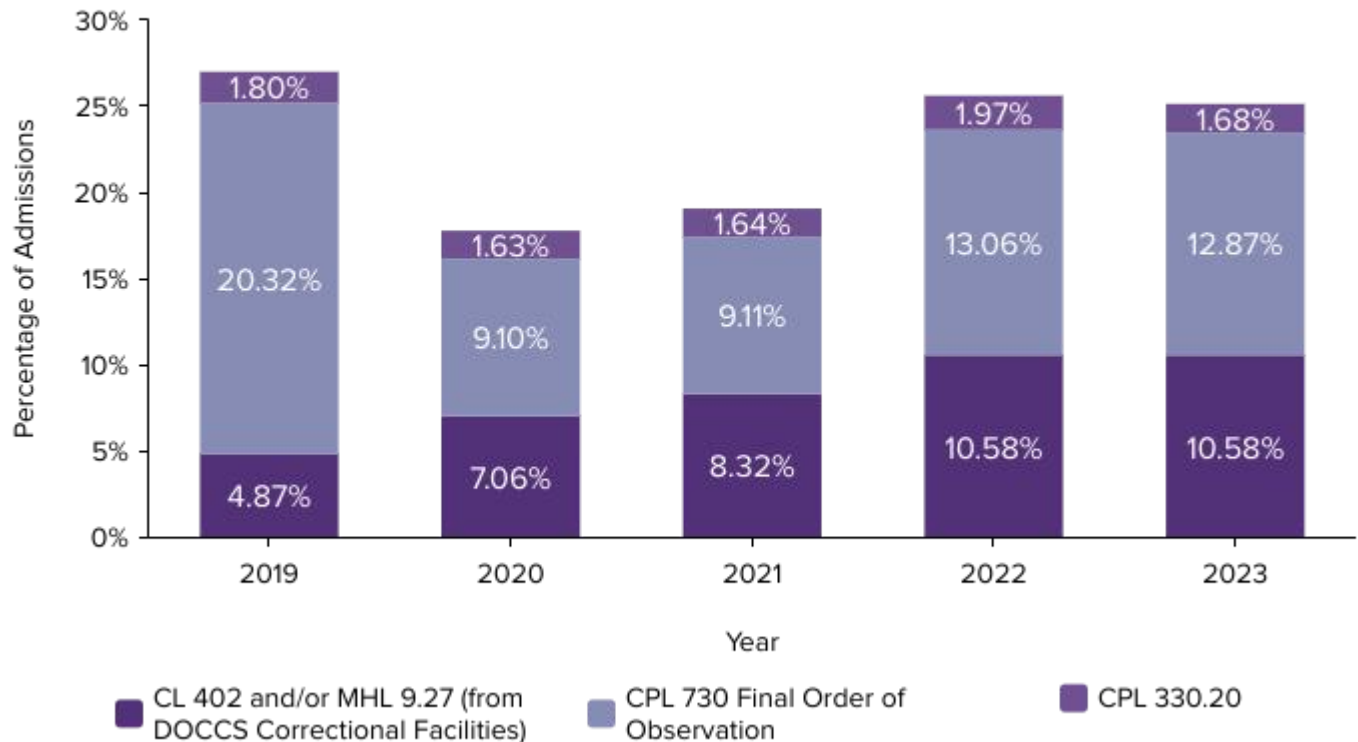
The figure below presents the census of the OMH Strict and Intensive Supervision and Treatment (SIST) program, which provides for court ordered community-management of individuals civilly managed under MHL Article 10 whose level of dangerousness is deemed by the court to be such that they can be treated and supervised in the community. The SIST census decreased by eight percent from 2021 to 2023 due to a number of individuals being successfully discharged from SIST.

Strict and Intensive Supervision and Treatment (SIST) Annual Census 2019-2023



The following figure shows the percentage of individuals with forensic designations who are admitted to non-forensic State Psychiatric Centers, by calendar year, as a percentage of total admissions to non-forensic State Psychiatric Centers.

OMH Psychiatric Center Annual Civil Inpatient Admissions by Forensic Designation Type, 2019-2023



Transitional Forensic Services and Supports

Individuals with serious mental illness leaving state prisons may require specialized programming to assist in their transition to community life, reduce the likelihood of recidivism, and promote continued recovery.

To aid in this transition, OMH has developed a roster of specialty services and supports aimed at helping formerly incarcerated individuals find stable housing, receive comprehensive case management services, and access the treatment and supports necessary for recovery upon release from prison.

This service development complements the full range of public mental health services which are available to, and often serve, criminal justice-involved individuals with mental illness.

Housing

Forensic Supported Housing

As of May 2024, OMH funds 584 supported housing beds (436 in New York City) dedicated to individuals with serious mental illness who are released from prison, and an additional 161 supported housing beds serving individuals discharged from civil State Psychiatric Centers after a direct admission from prison.

Parole Support and Treatment Program

OMH funds a 110-bed supported housing program which is linked directly to a specialized Intensive Case Management Program, serving individuals with serious mental illness who are released from prison under DOCCS Community Supervision (parole).

Case Management and Treatment

Forensic Case Management Teams

OMH operates a dedicated Intensive Case Management (ICM) team responsible for providing transitional case management (3 to 12 months post-prison release) for individuals with serious mental illness returning to New York City from prison. In addition, OMH funds a dedicated ICM team for individuals leaving prison and returning to the New York City shelter system and a dedicated ICM team for women returning to New York City from prison.

Statewide Forensic Assertive Community Treatment (FACT)

OMH funds FACT teams in New York City and Erie, Monroe, and Suffolk counties. FACT provides coordinated behavioral health and social support services to justice-involved individuals, including individuals with serious mental illness released from prison, using an adapted Assertive Community Treatment model. FACT teams have lower caseloads and deliver intensive support to justice-involved individuals with serious mental illness. FACT teams maintain continuous engagement with these individuals and connect them with care and housing, ensure adherence to medication and treatment plans, and support life skill development. The 2024-25 New York State budget allocates \$14.6 million in funding to enhance and expand specialized FACT teams.

Prison In-Reach and Transition Services

Community Orientation and Reentry Program

OMH operates a prison in-reach program providing intensive discharge planning services to men with serious mental illness leaving Sing Sing Correctional Facility, within 90 days of their release.

Safe Transition and Empowerment Program

OMH funds a prison in-reach and transitional Intensive Case Management program for women with serious mental illness leaving Bedford Hills Correctional Facility, within 90 days of their release.

Discharge Intermediate Care Program

OMH operates specialized reentry programs at Sing Sing and Auburn Correctional Facilities for men with serious mental illness and histories of violence, within 12 to 18 months of their release.

Enhanced Intermediate Care Program

OMH operates specialized reentry programs at Elmira, Fishkill and Green Haven Correctional Facilities for men with serious mental illness and histories of violence, within 18 to 36 months of their release.

Peer Support

OMH funds peer bridgers and forensic peer specialists to provide in-reach services at Sing Sing and Bedford Hills Correctional Facilities. OMH also funds peer specialists to provide case management services and to operate a Drop-in Center in New York City, working closely with DOCCS community supervision to provide community support for the prison reentry population.

Criminal Justice Diversion and Intervention Programs

While estimates vary, there is ample evidence that the rate of mental illness is higher among jail populations than the general population.¹ According to the National Alliance on Mental Health (NAMI), at some point in their lives, 40% of people with SMI will have contact with the criminal justice system and at least 2 million people booked into jails each year have an SMI condition.² Additionally, the Vera Institute of Justice estimates that SMI is two to four times more prevalent among state prisoners than community populations.³

Incarcerated SMI populations present with complex treatment needs which often include histories of trauma and co-occurring substance use disorders. Nationally, individuals with SMI in correctional facilities are at increased risk for suicide and are at greater risk for being placed in solitary confinement compared to non-SMI populations.⁴ They are also less likely to be considered for probation, more likely to serve longer jail sentences, and are at greater risk for recidivating, especially when co-occurring disorders are present. For this population, recidivism is most often the result of violating probation or parole rather than committing a new crime. Violations may result from the disorganizing effect of the mental illness or other socioeconomic factors (e.g., poverty, homelessness, lack of transportation).⁵ Further, there is evidence that an individual with SMI will return to incarceration more quickly than an individual without SMI.⁶

As noted earlier in this report, OMH recognizes the needs of individuals with SMI within incarcerated settings and provides many services to adults incarcerated with SMI within DOCCS correctional facilities. This includes mental health treatment consistent with community outpatient treatment, crisis management, residential programming, inpatient mental health treatment, enhanced programming units for certain populations, and pre-release planning and coordination.

The OMH Diversion Center

The OMH Diversion Center was established to support local jurisdictions in the development, implementation, evaluation, and replication of initiatives to reduce arrest and incarceration of persons with SMI. The Center also oversees existing Division of Forensic Services jail diversion efforts and law enforcement training, including Crisis Intervention Teams (CIT). It prioritizes community engagement to increase innovative, data driven diversion initiatives across New York State. The Diversion Center:

- Provides resources to jurisdictions on data driven, evidence-informed, and evidence-based diversion programs that redirect persons with SMI into community mental health treatment and other supportive services
- Facilitates sequential intercept mapping and other assessment activities to assist local governments in planning and implementing diversion programming
- Cultivates local resources, policies, procedures, and services aimed at the diversion of persons with SMI from criminal justice involvement and into appropriate mental health services
- Engages local community stakeholders in the development or enhancement of jail diversion efforts
- Provides training and technical assistance to support the implementation of evidence-based practices
- Identifies and seeks grant funding to pilot new evidence-based diversion programs in local communities
- Oversees and coordinates state funding provided to local jurisdictions to support diversion efforts
- Ultimately seeks to establish and implement a long-range plan for OMH to develop, implement, and evaluate diversion initiatives for justice-involved persons with serious mental illness

Supporting Local Diversion Efforts

OMH is supporting local projects across New York State to better connect justice-involved individuals to treatment. To ensure county or city-wide coordination of comprehensive diversion services, projects are being developed with input from local re-entry task forces, law enforcement, departments of mental health, probation, and court systems. Examples of OMH-funded diversion projects include:

- An initiative for individuals booked into jail for violations or non-violent misdemeanors. Individuals with mental health diagnoses and/or co-occurring substance use disorders are assessed, provided with any needed prescriptions, and released from custody to a care coordinator who links each individual to community-based services.
- A jail diversion drop-off center for individuals with mental illness at the pre-booking, post-booking, and pre-sentencing intercept points. The center operates 24/7 and is available to individuals of all ages, accepting direct drop-offs from law enforcement. Connecting individuals to jail diversion alternatives, the center provides evaluation, assessment, and referral to mental health and substance use disorder services, with embedded peer supports.
- A parole diversion program to divert parolees diagnosed with serious mental illness from reincarceration due to parole violations. The parole diversion program works with parolees struggling to comply with conditions of parole and who have become disengaged from community-based mental health treatment. This program engages community-based treatment providers and coordinates mental health care and treatment for parolees to ensure communication and coordination with community supervision to avoid violation of parole, when possible.
- A pretrial services screening and supervision release pilot program where the probation department works across the criminal justice system to identify individuals with mental illness and/or co-occurring substance use disorders, at post-booking and pre-sentencing intercept points, who are deemed to be appropriate for community release. Probation Officers work with individuals, their families, and treatment providers to develop assessment-based case plans, with short and long-term goals.
- In early 2021, as a result of work between the Diversion Center and Westchester County, New York received a Transformation Transfer Initiative award from SAMHSA to support jail diversion through the combined best practice models of 911 diversion and mobile crisis stabilization.

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