

Testimony to the New York City Council Committee on Criminal Justice

“Mental Health Care in New York City Jails”

NYC Health + Hospitals/Correctional Health Services

September 23, 2026

Good morning Chair Brooks-Powers and members of the Committee on Criminal Justice. My name is Dr. Joseph Otonichar. I serve as the Chief of Mental Health for NYC Health + Hospitals/Correctional Health Services (CHS). I am joined by my CHS colleague, Jeanette Merrill, Senior Assistant Vice President of Communications and External Affairs. We appreciate the opportunity to testify today on “Mental Health Care in New York City Jails,” an issue of paramount importance.

Since 2016, CHS has been the direct provider of physical and mental health services to people in the custody of the NYC Department of Correction (DOC). Approximately 61 percent of these individuals, our patients, have received mental health services during their incarceration, and about 22 percent of the total patient population has been diagnosed with a Serious Mental Illness (SMI). The prevalence of mental illness is greater among women, with 85 percent of our female patients enrolled in the Mental Health Service and 49 percent of our female patients diagnosed with SMI.

The challenges and stressors of jail incarceration – which include restrictions on autonomy and control – can prove clinically destabilizing for many of our patients. The circumstances of pre-trial detention can be chaotic and unpredictable and can exacerbate, or even induce, symptoms of psychological distress. Uncertainty about the outcomes of legal cases can create additional tension and anxiety. And this is all occurring at a time when our patients’ access to community supports and outlets for coping are reduced.

Nonetheless, many of NYC’s most clinically complex individuals receive mental health care on Rikers Island that they may not have had access to in the community. CHS recognizes the opportunity we have to care for this vulnerable population and works to ensure that all of our patients have access to high-quality mental health services during what can be the most challenging time of their lives.

In my testimony, I will provide an overview of CHS’ mental health services, starting with the initial mental health assessment and concluding with our reentry services. I will describe the spectrum of mental health care in the jails, including the mental health therapeutic housing units.

Mental Health Screening

CHS medical and nursing professionals conduct a comprehensive medical evaluation of all individuals when they are admitted to the NYC jail system. During these intake evaluations, nurses and doctors obtain vitals, draw labs, and offer testing for communicable diseases; they also ask patients a comprehensive set of questions about their medical and mental health history

and current physical and mental health status. Based on the information obtained during the intake assessment, patients may be referred for follow-up care and/or additional evaluations, including to the Mental Health Service.

Mental Health Evaluation

Patients may be referred to the Mental Health Service for evaluation either as a result of the CHS intake screening or at any time during their incarceration. During every initial mental health assessment, a licensed CHS mental health provider reviews the patient's full mental health history, interviews the patient, and reviews an extensive social history with the patient, including past personal relationships, educational attainment, adverse past experiences, and socioeconomic stressors.

Clinicians may obtain collateral information from community-based providers to inform their assessment and to ensure the patient's history is complete and accurate. When available, clinical mental health staff review past medical records as well as the patient's Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) report, which includes historical information about inpatient psychiatric care at a New York State Office of Mental Health facility and Medicaid-funded community-based mental health treatment.

The information the mental health provider obtains during this assessment helps to inform their diagnostic assessment, individualized treatment plan, case management, and reentry planning. The information also enables clinicians to assess clinical risk factors and to determine the patient's most appropriate mental health level of care.

Mental Health Therapeutic Housing

Most patients who have mental health needs in the jail system are appropriately housed in General Population (GP) and meet with mental health clinicians in the clinic for their appointments, similar to an outpatient model of care in the community. The jail-based mental health therapeutic housing units, conversely, are designed for patients who have more robust mental health needs and require increased clinical observation and care coordination. These units offer a continuum of care leading up to units that are akin to residential treatment facilities in the community, with CHS mental health staff primarily working on the units to provide enhanced treatment interventions.

For patients who benefit from a level of care higher than outpatient GP, CHS established Mental Observation (MO) units, of which there are currently seventeen. Patients on MO units are rounded on regularly by mental health staff and receive enhanced clinical monitoring and support. Earlier this year, CHS also implemented the Supportive Transitional Engagement Program (STEP) within the mental health therapeutic housing continuum; STEP serves as an intermediary level of care between MO and GP.

The most intensive level of mental health care CHS provides on Rikers Island is the Program to Accelerate Clinical Effectiveness (PACE). These units house clinically vulnerable patients who

have the most complex mental health needs, including persons with SMI and/or developmental disabilities for whom a lower level of care is not optimal. There are currently 10 PACE units in operation, including a 20-bed PACE unit within the Outposted Therapeutic Housing Unit at Bellevue Hospital that houses patients who have comorbid psychiatric and medical complexities. Within each of our PACE units, a multidisciplinary treatment team, which includes mental health clinicians, creative arts therapists, treatment aides, and social work and nursing staff, works with each patient to provide coordinated care.

CHS mental health clinicians continuously assess a patient's therapeutic needs throughout the individual's time in jail; as those needs change, CHS works with DOC to more appropriately house that individual. If a patient requires a higher level of care than can be offered in the jail setting, CHS initiates transfer to an acute psychiatric hospital for evaluation and possible admission.

Reentry Services

Like all of CHS' patient care services, the Mental Health Service closely collaborates with CHS' Reentry and Transition Service to help connect patients to clinical resources in the community and to help ensure continuity of care upon discharge from jail. CHS makes core reentry services available to all patients and provides individualized discharge plans to patients with particular clinical needs, including all consenting patients receiving mental health treatment. Reentry staff work to ensure that, at a minimum, patients have Medicaid, a community provider, access to medication, and awareness of a variety of safety-net resources.

Those resources include, but are not limited to, CHS' Community Re-entry Assistance Network (CRAN), which helps former patients access community-based health and social services; CHS' peer-staffed general helpline – called PORTline – which helps people navigate community-based services; and the Point of Reentry and Transition (PORT) Practices – located at NYC Health + Hospitals Bellevue and Kings County Hospitals – which provide primary care, mental health care, and wraparound services to formerly incarcerated individuals. We also invite all patients to drop into CHS' Reentry Services Center on the visitors' side of Rikers Island after their release.

Patients with SMI are offered additional services, including 2010e supportive housing applications, transitional case management services, and free smartphones with a yearlong service plan. The Reentry team also works closely with partners in NYC government to help support our patients when they return to the community. For example, CHS refers patients, as appropriate, to the NYC Department of Health and Mental Hygiene's Single Point of Access (SPOA) program, which connects people to Intensive Mobile Treatment (IMT), Assertive Community Treatment (ACT), and other such community-based programs.

Conclusion

So many of our patients enter our care with tremendous sociomedical and mental health needs, and their involvement in the criminal-legal system – up to and including jail detention – often exacerbates those challenges. CHS is proud to provide the community standard of care in a

difficult environment to one of the City's most marginalized and vulnerable populations. We remain committed to working with this City Council and other stakeholders to improve the system and to support our patients, before and after incarceration, because we recognize that the challenges they face extend beyond the carceral walls.