

# A SAFER, MORE EFFECTIVE OPTION THAN RIKERS:

1,500 SECURE TREATMENT BEDS  
FOR PEOPLE WITH SERIOUS MENTAL  
ILLNESS AND ADDICTION ISSUES

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A MORE JUST **NYC**

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# A SAFER, MORE EFFECTIVE OPTION THAN RIKERS: 1,500 SECURE TREATMENT BEDS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS AND ADDICTION ISSUES

Each year, thousands of people with serious mental illness and addiction issues cycle into the violence and chaos of the Rikers Island jails. Almost 90% are jailed pre-trial, often waiting months or years in Rikers for their day in court. In the end, most come straight back to our communities. Frequently, they are destabilized, worse off than when they went in. The result is further harm, reduced safety – and often, re-incarceration.

We urgently require a safer, more effective approach on a scale that matches the need. The City should open at least 1,500 secure treatment beds in hospitals – outside of Rikers – to provide people who are detained with significantly better access to mental health and substance use treatment. In many ways, this is the future of corrections.

Under New York City law, all the jails on Rikers must close by August 2027. As part of the closure plan, the City pledged to open almost 400 secure treatment beds in City hospitals, starting in 2022. None of the beds is yet open. Nor will there be enough of these secure treatment beds to meet the need. At least 1,500 are necessary.

**With political will and cooperation across the City, State, and Federal governments, these secure treatment beds could be brought online in stages over the next three years. As soon as each set of secure treatment beds is ready, people with serious mental illness and addiction issues can be moved out of Rikers – and into more stable treatment.**

This should be an urgent priority for the safety and well-being of our people and our city.

“We need to be honest about those that shouldn’t be [in Rikers] in the first place, particularly dealing with mental health issues. ... We have to do it right and we have to shift people to the care that they need, and make sure they are receiving care and not incarceration.”

**MAYOR ERIC ADAMS  
JANUARY 2023**

## *The Need for Treatment Among Incarcerated People Is Profound*

When a person with a serious mental illness or addiction issues is arrested, all reasonable community-based approaches should be explored. Yet realistically, judges will continue to determine a secure pre-trial setting is necessary for a certain subset of such people. For them, our city needs a smarter, more effective placement than Rikers: secure treatment beds in hospitals.

### **A. SERIOUS MENTAL ILLNESS**

Rikers is the largest mental health facility on the East Coast. Over 1,200 people in NYC jails have a serious mental illness, up 45% since the start of 2022. People with mental illness stay in NYC jails awaiting trial 55% longer than people without mental illness, on average. The longer they stay amid the violence of Rikers, the more profound their illness often becomes, and the more they tend to be involved in serious incidents inside the jails. That puts them, other incarcerated people, and jail staff at risk. Between April 6, 2023 and July 31, 2023 alone, the Department of Correction reports that there were approximately 380 incidents of self-injurious behavior or attempted suicides.

There is a proven program at Rikers for people with serious mental illness, the Program to Accelerate Clinical Effectiveness (PACE). Medical staff and social workers are embedded in PACE units. They train with and collaborate closely with correction officers. But, there are only about 300 PACE beds. The other roughly 900 people with a serious mental illness receive significantly less treatment. Many are housed in the general population, where they are often vulnerable.

Even for people who are in mental health units, the realities of Rikers intervene. Staffing is uneven and officers with specialized mental health training are not always assigned to the units. In May 2023, Rubu Zhao jumped from the top tier of a PACE unit, leading to his death. Questions remain as to whether correctional staff were adequately supervising his unit at the time.

### **B. DRUG AND ALCOHOL ABUSE**

About 40% of people entering Rikers self-identify as actively using illicit drugs and/or excessively drinking (such as 6 or more drinks per day), according to NYC's Correctional Health Services (CHS). CHS provides addiction-related medication like methadone and buprenorphine to hundreds of incarcerated people on any given day. However, scheduled support group and related sessions are frequently disrupted by the violence and disorder in Rikers, hindering treatment.

### **C. SERIOUS PHYSICAL ILLNESSES**

Hundreds of people currently in NYC jails need consistent access to specialty and sub-specialty care for physical illnesses, like cancer. Today, that requires numerous, expensive trips back and forth from Rikers to City hospitals. Those trips are often delayed or canceled because of the chaos and dysfunction in the jails.

### **D. INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES**

An often-overlooked minority of incarcerated people have an intellectual or other developmental disability that impacts their ability to function independently and can make them uniquely vulnerable in Rikers. (Rikers does not track the number of people with such disabilities.) Some are placed in PACE units, in an effort to keep them out of the general population.

## *A Safer, More Effective, Cutting-Edge Model: Secure Treatment Beds Outside of Rikers*

NYC's Correctional Health Services has developed a **pioneering model** of secure treatment beds in hospitals – outside of Rikers – that can transform how detained people with serious mental illness, drug and alcohol issues, intellectual and other developmental disabilities are treated.

These state-of-the-art secure beds will be known officially as Outposted Therapeutic Housing Units. The model combines lessons from existing healthcare delivery in NYC jails with best practices nationally and internationally. With a modern physical plant of single-tier, natural light-filled units, embedded, dedicated, specially-trained correctional staff, and a calmer environment separate from the chaos of Rikers, the units will maximize healthcare staff's ability to deliver consistent care. People in the units will have access to hospital staff, equipment, and treatment when needed.



Rendering: Urbahn Architects PLLC

The units also make strong fiscal sense: secure treatment beds within existing hospitals cost over 25% less to build than jail cells.

Just like PACE units, the success of the units will depend in significant part on the partnership between healthcare and correctional staff. Correction officers with strong training, who are steadily assigned to these units, and dedicated to this new approach, are critical to creating the environment needed to maximize treatment.

The Department of Correction (DOC) has questioned its ability to adequately staff these new units. Any such

challenges can – and must – be overcome. We have the time for proper planning and for a robust analysis of current DOC staff assignments, to ensure enough officers are available.



Rendering: Urbahn Architects PLLC

We must also recognize that incarcerated people's treatment needs do not end once their detention does. Therefore, to maximize people's chances for stability and success upon release, they must be seamlessly connected to on-going care and services in the community. Access to transitional and permanent supportive housing will be critical.

## *NYC Needs At Least 1,500 Secure Treatment Beds*

To have the capacity and infrastructure to meet incarcerated people where they are and improve outcomes, we need a minimum of 1,500 secure treatment beds in New York City for people with:

- + Serious mental illnesses
- + Active drug and alcohol abuse
- + Serious physical illnesses
- + Intellectual and other developmental disabilities

For each group, state-of-the-art, single-tier, secure therapeutic units in hospitals will be able to provide the necessary scale and depth of treatment. People will be more likely to leave better off than when they arrived. That will be more effective, safer, and ultimately cheaper than Rikers.

The City is planning for about 20% of the beds in the borough jails that will replace Rikers to be therapeutic beds. However, the current designs risk hindering treatment. For instance, many of the therapeutic beds will be in large-capacity, double-tiered units, which threaten to spread staff thin, make oversight much more challenging, and increase suicide risk, as evidenced by Mr. Zhao's death earlier this year.

Furthermore, the Brooklyn jail is not slated to be completed until 2029. The other jails' completion dates are not yet set. By increasing our focus on secure treatment beds in hospitals, we have an opportunity to get the most ill people out of Rikers and into stable care even before the borough jails are completed.

### *The City and State Should Partner to Rapidly Identify Sites for, Approve Designs for, and Construct At Least 1,500 Secure Treatment Beds*

In 2019, New York City pledged to build 250 secure treatment beds. Two years later, the City increased that pledge to almost 400 beds. The beds, divided between three public hospitals, were scheduled to open sequentially in 2022, 2023, and 2024.

In 2021, then-Borough President Eric Adams recognized the major benefits of such beds to help the crisis on Rikers. He called for treatment beds outside the jails to be brought on-line urgently for people with mental health and substance use issues.

None of the beds are yet open.

While the first roughly 100 beds are partially built at Bellevue, design concerns raised over the past year—plus by the Department of Correction and regulators at the State Commission on Corrections have paused construction and whittled the number of beds down by 10%. State regulators should prioritize final approval of the units, and any mandated renovations should be expedited. Then, the City should move swiftly to develop the promised units at Woodhull and North-Central Bronx hospitals, while being sure to integrate any lessons learned from operation of the beds at Bellevue.

All possible sites should be explored for the several hundred additional secure treatment units we need,

including H+H facilities, and New York State hospitals in NYC, like Creedmoor and Kirby. New York City and State should collaborate to swiftly identify usable locations and clear any red tape to swift creation of the units. It is possible that Federal facilities within New York City could also be transferred and converted.

### *Secure Treatment Beds Will Save Millions of Dollars vs. Rikers*

#### **OPERATING COSTS**

We expect operating costs of secure treatment beds in hospitals will be cheaper than the cost of housing those same people on Rikers. For instance, millions of dollars will be saved annually thanks to no longer needing to transport very ill patients back and forth from Rikers to hospitals for specialty care. The ability to deliver more consistent care in the secure treatment units can be expected to help reduce acute episodes and avoid more expensive inpatient treatment. More stable, calmer environments outside the jails can also be expected to have lower levels of violence, saving people from injury and saving costs like medical care, workers' compensation, and staff overtime required to covered for injured colleagues.

In the coming years, the City may also be able to cover significant portions of the secure treatment beds' operating costs with Medicaid funds. While Federal law generally bars Medicaid dollars from being used to pay for health care while people are incarcerated, New York State is developing a so-called waiver request for Medicaid to cover treatment during a portion of a person's incarceration, with the goal of continuity of care as people return to our communities. While the contours of that waiver request remain under discussion, New York could ask Medicaid to cover most treatment costs during the first and last 90 days a person is detained.

Finally, even without a waiver, starting in 2025, the City will be able to tap into Medicaid dollars for treatment of incarcerated people under 21 and many former foster care youth up to age 26.

## CAPITAL COSTS

According to available capital budget and contracts, building secure treatment beds within City hospitals is expected to cost 25% less than building jail beds.<sup>2</sup> That is in large part because CHS is renovating existing hospital buildings to create the therapeutic units, as opposed to the borough jails to come, which will be brand new buildings entirely.

As with the jail beds, the secure treatment beds will be funded through bonds. The bonds will be paid back over 30 years. We estimate that with construction inflation of roughly 11%, 1,500 secure treatment beds within existing facilities would cost the City roughly \$220 million per year in bond repayments.<sup>3</sup> To provide some context, the NYC Department of Correction budget is currently over \$2.7 billion per year.

However, some new construction may be necessary to reach our goal of at least 1,500 secure treatment beds. Until a full analysis of available space is complete, we are unable to reasonably determine just how many beds will require construction from scratch versus renovation

of existing space. For any entirely new beds, we project the cost will be in line with new jail construction. We also recognize that new construction will take longer than adapting existing units.

A New Vision for Incarceration Can Boost Treatment, Safety, and Help Close Rikers

### *New Vision for Incarceration Can Boost Treatment, Safety, and Help Close Rikers*

Simply put, if we want increased safety and better outcomes, incarceration for people with serious mental illness, addictions, and serious disabilities has to look different than Rikers – and it has to look different as soon as possible. Secure treatment beds in hospitals outside Rikers can help provide the answer, especially when matched with adequate community-based resources to ensure continuity of care. For every secure treatment bed that opens, one fewer person will be subjected to Rikers, and more able to access care.

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*Therefore, the City and State should collaborate to open 1,500 secure treatment beds in stages over the next three years by:*



Opening and fully staffing the first 100 secure treatment beds – at Bellevue – by mid-2024.



Swiftly moving forward with the 280 other promised secure treatment beds – at Woodhull and North-Central Bronx Hospitals – and open them by the end of 2024.



Finding additional space in City, State, and Federal facilities to bring at least an additional 1,100 secure treatment beds online within three years.

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<sup>2</sup> Tutor Perini was recently awarded a \$2.95 billion contract to construct a 1,040 bed jail in downtown Brooklyn, for an average per bed cost of \$2.8 million. Correctional Health Services has awarded contracts totaling roughly \$200 million to design and construct roughly 100 secure beds at Bellevue, for an average per bed cost of \$2 million.

<sup>3</sup> The inflation rate used for total capital costs is 11.2%, based on Mortenson's annual increase from 2021 to 2022, (<https://www.mortenson.com/cost-index>) The approximate annual cost of debt service used was provided by the Office of the NYC Comptroller, namely a coupon rate of 5.17% and TIC of 4.98%.