



A MORE JUST NYC

A PATH FORWARD: THE BLUEPRINT TO CLOSE RIKERS

**INDEPENDENT RIKERS COMMISSION
WWW.MOREJUSTNYC.ORG**

MARCH 2025

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EXECUTIVE SUMMARY

In October 2023, City Council Speaker Adrienne Adams re-appointed the [Independent Rikers Commission](#), which was first established in 2016 by then-Speaker Melissa Mark-Viverito. Our renewed mission: to re-examine and refresh the plan to close the jail complex on Rikers Island, given the post-COVID-19 world and the New York City law that mandates Rikers close entirely by August 31, 2027. After [adding new members](#) to broaden our Commission’s base of expertise and representation, we undertook over a year of research, analysis, and consultations. This report provides our unanimous conclusions and recommendations.

THE RIKERS ISLAND JAIL COMPLEX MUST CLOSE

Decrepit, dysfunctional, and violent, Rikers is a crumbling, inordinately expensive incubator of misery and reoffending. Every day its eight operating jails are open, incarcerated people and staff are at grave, unnecessary risk, and public safety is degraded.¹

Rikers fails New Yorkers and costs us all dearly, on a human and a financial level – more than \$400,000 per incarcerated person per year. Rikers’ impact and its neglect for decades have been disproportionately felt. 85% of uniformed staff are Black or Latino. 88% of incarcerated people are also Black or Latino.

For the sake of public safety, basic morality, and fiscal responsibility, Rikers must close as soon as possible. Anything less is unacceptable. That was true when our Commission issued [our first call to close Rikers](#) in 2017. It is even more true today.

CHARTING A PATH TO CLOSURE

The blueprint laid out here charts a path to safely and permanently close Rikers as soon as possible in this post-COVID world. Moving from Rikers to a borough-based system of jails and secure hospital-based beds promises to increase safety, inside and outside the facilities, and save New York City over \$2 billion per year, once the new system is fully operational.

Our Commission does not claim to have all the answers or that this is a perfect plan. It is the best collection of the reasonable options we have today, based on the data, deep analysis, and our Commission’s collective experience. That said, we consider this blueprint to be a living document, one that our Commission plans to revisit regularly to assess progress, ensure the very best ideas are pushed forward, and new initiatives undertaken when necessary. Even as all stakeholders must act urgently, this blueprint will necessarily be implemented in phases over the next several years. That allows all actors to be methodical and thoughtful, adjusting as necessary, while remaining within appropriate fiscal constraints.

CENTERING THE VOICES OF CRIME VICTIMS

In developing our recommendations, our Commission paid particular attention to the wishes of crime victims in New York City. Our recent poll of 1,800 New York City residents, almost 1,300 of whom were crime victims, done in conjunction with the Alliance for Safety and Justice, found that contrary to what many may expect, crime victims overwhelmingly support moving people with mental illness into secure treatment facilities instead of jails, speeding up trials, and housing people who cannot safely be released in smaller jails near courthouses. Notably, those are all key components of the plan to close Rikers.² Crime victims also reported significant deficits in the support available and provided to them, something which must be rectified.³

LEADERSHIP AND A SENSE OF URGENCY ARE ESSENTIAL

Leadership by officeholders – current and future – and stakeholders will be essential to urgently bring the damage of Rikers to an end. Indeed, as we have seen over the past few decades in New York City, jail populations and crime rates rise and fall significantly as a result of changes in City and State investments, policies, and approach – all of which we seek to shape in this report.

From the early 1990s through 2019, crime and incarceration were both sharply down due to a concerted prioritization by a wide range of stakeholders of those intertwined goals, to better the public good. New York City unquestionably benefited.

In the 2020s, crime rates and the incarcerated population increased not only due to the pandemic's impact on crime in communities around the city, but also because of insufficient attention, policy support, and will to act in ways that both increase safety and reduce the jail population. This has left a jail population that is artificially inflated beyond what is necessary to ensure public safety, due to the unacceptably large number of people with serious mental illness in the jails and the unduly long periods of time people have to wait for their cases to be resolved. A sense of urgency has been missing to address these and other drivers of the jail population.

Similar attention, urgency, and leadership must be paid to the other pieces of the plan to close Rikers, including building as swiftly as possible the borough-based system of jails and secure hospital-based beds that will replace Rikers, and transforming the Department of Correction. For instance, while the delays in signing contracts for the borough-based construction were due primarily to COVID and market conditions, the length of time the design and construction will take under those contracts can and must be shortened. Meanwhile, the Department of Correction has to prioritize staffing the first set of hospital-based beds that are complete, but sit empty while very ill people remain stuck at Rikers.

BOLD ACTION WILL CLOSE RIKERS AND INCREASE SAFETY

Everyone responsible for the criminal justice and incarceration systems in New York City must now and in the future provide strong leadership and initiative to close Rikers and move safely and quickly toward a better future. We are pleased that we already see action. In the past few months, the Office of Court Administration has stepped up to institute a dramatic new citywide initiative to speed up case processing, which will enhance justice for incarcerated people and crime victims, and could safely

reduce the jail population by as many as 2,000 people. Governor Hochul has increased investments in inpatient forensic psychiatric care and mobile mental health treatment teams, and NYC Health + Hospitals plans to open 100 transitional beds with wrap-around services for homeless people with serious mental illness and addiction issues.

Our Commission will support those leaders who take necessary, bold action to get the job done. We are confident our fellow New Yorkers will too.

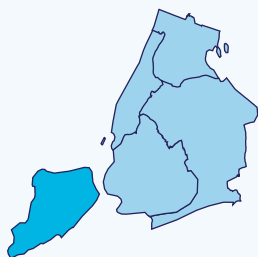
BLUEPRINT OUTLINE

- I. Dilapidated, dangerous, and inordinately expensive, the Rikers Island jail complex harms public safety, staff, and incarcerated people. Rikers must close.
- II. New York City law mandates Rikers close by August 31, 2027. To replace Rikers, NYC is building a borough-based system with 4,500 jail and secure treatment beds in City hospitals. That system promises to be safer, better delivery services, and save money. However, more specialized capacity is needed.

To provide necessary elasticity, flexibility to best distribute people across the system, and ensure people get the care they need in an appropriate setting, especially people charged with crimes who are so severely mentally ill that they cannot comprehend what is happening in court, 500 new secure psychiatric treatment beds – outside the jails – are necessary. This would effectively expand the system that will replace Rikers to 5,000 beds.

INDEPENDENT RIKERS COMMISSION'S FACILITIES PLAN

5,000
TOTAL BEDS



4,500
PROJECTED JAIL
POPULATION

4 BOROUGH
JAILS
(All but Staten Island)

1,040
BEDS IN EACH
(4,160 total)

250
BEDS FOR WOMEN
IN QUEENS JAIL

~360
SECURE
HOSPITAL BEDS

104
BEDS IN BELLEVUE

~150
BEDS IN WOODHULL

~105
BEDS IN NORTH-
CENTRAL BRONX

500
SECURE
FORENSIC
PSYCHIATRIC
TREATMENT
BEDS

Ideally at a State facility
in or near New York City

- III. Despite the urgency of the situation, New York City will not meet the 2027 closure deadline, primarily because the borough-based system will not be ready. Still, NYC can build the jails at least a year faster than the City currently plans, speeding the closure of Rikers and easing the burden on local neighborhoods.

Until an agreement can be reached between the City Council and the Administration on a path forward that assures progress toward closing Rikers on all necessary fronts, the law mandating closure by 2027 will – and should – remain in place.

- IV. The current jail population is over 6,800 people, including 440 women.⁴ Significant population reductions are necessary and possible as the jail population is artificially inflated beyond what is necessary to ensure public safety – and beyond the reasonable capacity of the borough-based system – due to two main factors:
- A. Rikers is the second largest psychiatric facility in the United States; 57% of people there have a mental illness, including 1,400 people with a serious mental illness.
 - B. Criminal cases in NYC take far longer on average than they should to be resolved, keeping people at Rikers and victims waiting for answers and accountability. The average person at Rikers pretrial has been in jail for 269 days and counting waiting for their day in court.
- V. Our Commission has long advocated for speeding up cases, both as a matter of justice and a means to safely reduce jail population. The New York State Office of Court Administration has answered the call and is undertaking serious, comprehensive case processing reforms that should speed up cases significantly. We project that within 3-5 years, faster cases can safely reduce the population by 1,200 to 1,600 people (and conceivably up to 2,000 people).
- VI. To close Rikers, New York City – with assistance from New York State – must prioritize meeting the mental health and addiction treatment needs of people cycling into and out of jail, and, while protecting public safety, surgically ensure no one is jailed who could be safely supported in the community. It is clear from our research and data analysis that there are multiple paths to safely reduce the jail population and ensure we can close Rikers. The following investments should be prioritized and started to be phased in immediately. We project these investments and reforms will safely lower the jail population by roughly 750 people.
- A. Expand pre-trial electronic monitoring capacity, which New York City uses far less than surrounding counties, despite its efficacy. This capacity should be targeted at the population of people who, absent electronic monitoring, would otherwise be incarcerated.
 - B. Expand Supervised Release's Intensive Case Management pilot citywide to connect more people with serious mental illness and addiction issues with treatment, housing, and services, ensure they come to court, and head off the commission of more crimes.
 - C. Expand Treatment Courts for people with serious mental illness and addiction issues, and increase access to those courts.
 - D. Expand proven alternative to incarceration and re-entry programs, with a focus on mental illness, addiction, and preventing reoffending, alongside the expansion of transitional and supportive housing beds to which the City has already committed.

- E. Expand the 6-A Work Release Program to provide robust re-entry supervision and support for people serving city sentences (sentences of less than a year) and lower reoffending.
- F. Open 500 secure forensic psychiatric treatment beds, outside the jails, primarily for people so severely mentally ill that they cannot comprehend what is happening in their cases. Ideally, the beds would be at a State facility in or near New York City. As mentioned, this will effectively expand the new system that will replace Rikers to 5,000 beds, provide the elasticity and flexibility the system needs, and ensure people get care in an appropriate setting.

SUMMARY OF JAIL POPULATION PROJECTIONS FOR IMMEDIATE PRIORITY REFORMS & INVESTMENTS

IMMEDIATE PRIORITY REFORMS & INVESTMENTS	PROJECTED IMPACT (# OF PEOPLE IN JAIL)
Meet mental health & addiction treatment needs of people cycling into jail; while protecting public safety, ensure no one is jailed who could be safely supported in the community <ul style="list-style-type: none"> → Expand use of Electronic Monitoring → Expand Supervised Release Intensive Case Management Pilot citywide → Expand Treatment Courts' capacity & eligibility → Expand use of proven Alternatives to Incarceration & Re-entry Programs → Expand use of 6-A Work Release Program 	750
Shorten Length of Jail Stays <ul style="list-style-type: none"> → Faster criminal case processing → Speed up mental competency assessments (730 exams) & transfers to State hospitals for people found incompetent 	1,550
TOTAL REDUCTION IN NUMBER OF PEOPLE IN JAIL	2,300
STARTING POPULATION	6,800⁵
POST-REFORM & INVESTMENT JAIL POPULATION	4,500

VII. To create a safer, more sustainable system long-term, the City should phase in targeted investments to fill gaps in the continuum of treatment, specialized housing, and support that people with serious mental illness and addiction need to stabilize and avoid criminal activity in the first place and after release from jail. Those gaps mean that today, when such people are arrested, judges often have two very poor options: 1) releasing a person who needs treatment and stability without realistic options for either, and therefore taking an inordinate risk the person will reoffend; or 2) incapacitating that person in the chaos of Rikers, understanding they will likely exit in worse shape.

- A. Open 250 residential treatment beds in the community for people with serious mental illness and with co-occurring addictions, both for prevention and diversion from jail.
- B. End waitlists for mobile mental health treatment teams.

- C. Expand and strengthen supportive housing to stabilize and support people with serious mental illness, including by fully integrating evidence-based, community-focused supports, and behavioral health services.
- D. Provide robust jail-based rehabilitative, educational, and re-entry programming for all incarcerated people.
- E. Provide re-entry planning and access to services for the 74% of people at Rikers who return straight to our communities, with a special focus on people with serious mental illness and people who are receiving drug treatment, alongside the expansion of transitional and supportive housing beds to which the City has already committed.
- F. Grow the pipeline of future health care and correctional workers necessary to sufficiently staff the continuum of care and security we need.

We project these investments will disproportionately benefit women, and along with OCA's case processing reforms, allow the City to safely reduce the number of jail beds dedicated to women from 450 to 250. The other 200 beds can be separated to house men.

- VIII. Department of Correction operations and culture must be revamped to improve safety for everyone in the jails, reduce deaths of incarcerated people, enhance service delivery, and end excessive violence and lawlessness. The work must begin immediately so today's problems are not shifted to the borough-based system. Change must be pursued regardless of receivership. Any receiver must work to hasten Rikers' closure.
- IX. Once opened, the safer, more efficient borough-based system, with 5,000 total beds, will save New York City \$2.4 billion annually in operating and overtime costs. In contrast, the City will owe \$1.24 billion in annual bond payments for the system's construction, a net savings of \$1.2 billion annually once the new system is up and running.
- X. NYC should invest deeply in the neighborhoods housing the new borough jails, especially Chinatown and Mott Haven, including fulfilling the [2019 Points of Agreement](#).
- XI. NYC should commit to transforming Rikers Island post-jails into a hub for essential yet difficult-to-site environmental infrastructure – a Renewable Rikers – which City [feasibility studies](#) confirm is the highest and best use of the land. Renewable Rikers would help relieve the South Bronx, Northern Queens, and Randalls Island from the burdens of foul sewage treatment plants and raw sewage pouring into waterfronts when it rains, allowing existing treatment plant sites to be reimaged, create hundreds of jobs, generate millions of dollars of business, save New York City \$10 billion in operational and repair costs for existing aging infrastructure, and help NYC meet essential climate goals. Master planning should start now.
- XII. Two Senior Point People must be appointed to lead the effort outlined here full-time: a full-time senior point person at City Hall whose sole mission is to close Rikers, and a full-time senior point person at DOC whose sole mission is preparing DOC to transition to the borough facilities.

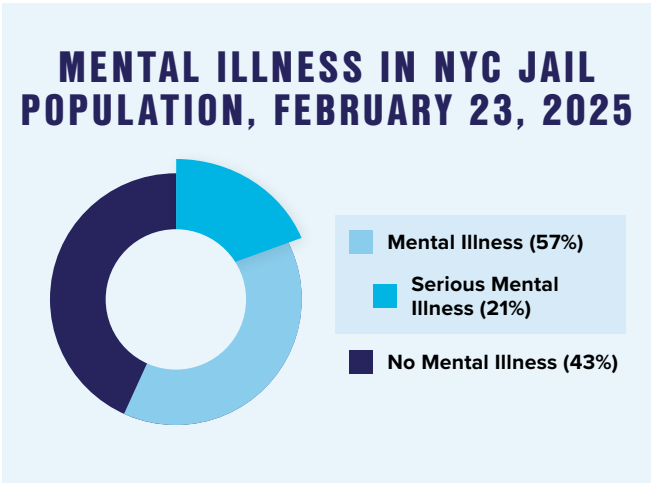


RIKERS DATA SNAPSHOT

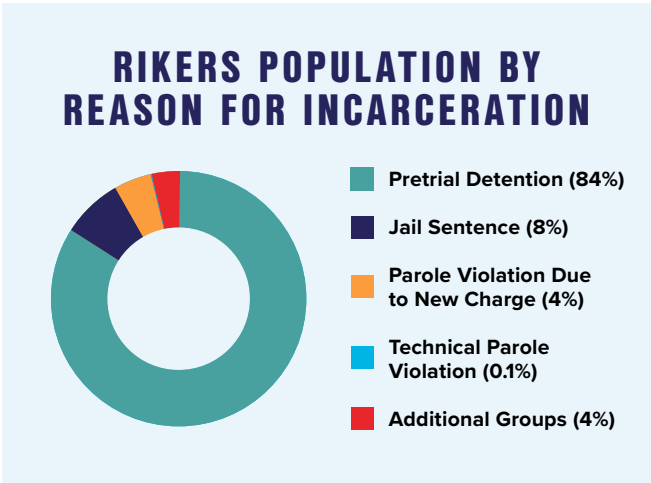
RIKERS POPULATION ON FEBRUARY 23, 2025

DEMOGRAPHICS		
TOTAL JAIL POPULATION	6,811	100.0%
RACE/ETHNICITY		
BLACK	3,885	57%
HISPANIC	2,105	30.9%
WHITE	563	8.3%
ASIAN	173	2.5%
ADDITIONAL RACE/ ETHNIC GROUP	22	0.3%
GENDER		
WOMEN	440	6.5%
MEN	6,356	93.5%
AGE		
AGES 24 AND UNDER	1,071	15.7%
AGES 25-54	4,716	69.2%
AGES 55 AND OLDER	1,018	15.0%

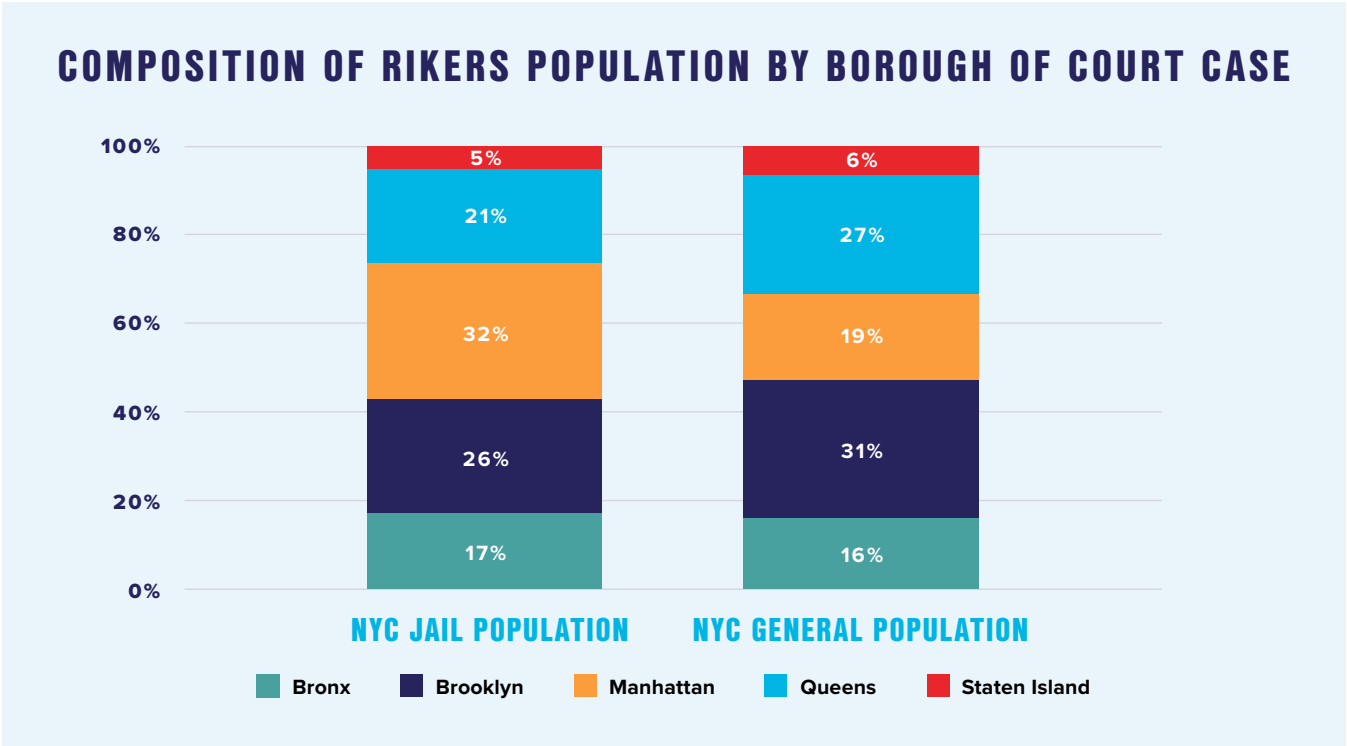
Source: Department of Correction via NYC Open Data (analyzed by the Data Collaborative for Justice).



Source: Department of Correction via NYC Open Data (analyzed by the Data Collaborative for Justice); [Correctional Health Services](#)



Source: Department of Correction via NYC Open Data (analyzed by the Data Collaborative for Justice).



Sources: Mayor's Office of Criminal Justice (Jail Population) and U.S. Census (General Population).

SEVERITY OF CHARGES FOR PEOPLE INCARCERATED PRETRIAL AT RIKERS		
TOTAL PRETRIAL JAIL POPULATION	5,716	100.0%
CHARGE SEVERITY		
MISDEMEANOR OR LESSER	288	5.1%
NONVIOLENT FELONY	1,208	21.1%
VIOLENT FELONY	4,220	73.8%

Source: Data Collaborative for Justice (analysis of Department of Correction data).



THE BLUEPRINT TO CLOSE RIKERS

I. Rikers Must Close

I. Dilapidated, dangerous, and inordinately expensive, the Rikers Island jail complex harms public safety, staff, and incarcerated people. Rikers must close.

Throughout our renewed look at the plan to close Rikers, nothing was as crystal clear as the fact that the dilapidated, violent, chaotic Rikers Island jail complex fails in almost every respect. A clean break is necessary. Rikers must be closed. The reasons are many.

Rikers is the second largest psychiatric facility in the United States.⁶ Almost 4,000 people, or 57% of the jail population, have a mental illness. 21%, or 1,400 people, have a serious mental illness, an increase of 30% since October 2019, when New York City enacted the plan to close Rikers into law.⁷

Rikers and its staff are ill-equipped to provide consistent, adequate mental health treatment. Incarcerated people **miss almost half** their scheduled mental health appointments, most often because they are not brought to clinics by correction officers, but also because healthcare staff have to reschedule. Recent reports allege correction officers have been “deadlocking” severely mentally ill people, including some who are so ill they cannot comprehend what is happening in court, shutting them in their cells for days and weeks straight, often without access to medication or treatment.⁸ Health care staff reported seeing people profoundly decompensate, including smearing their cells with feces.⁹

84% of people jailed on Rikers are held pre-trial, yet they often sit in jail for months or years waiting for their day in court. 1,400 people have been in Rikers over a year pre-trial, including 500 who have been jailed over two years.¹⁰ These delays also force crime victims to wait for answers and accountability.

The Rikers jails are built mostly on decaying landfill. More than a century ago, New York City

grew the island by six times its original size to its current 413 acres, primarily by dumping trash in the shallow waters around the original bedrock. As the garbage beneath many of the jails decomposes, the ground **shifts and sinks**. Foundations crack. Sewage pipes leak. Methane seeps into the facilities. Staff have reported concerns about **cancer clusters among long-term workers**.

The poorly designed jails are plagued by terrible sightlines, blind spots, and very long corridors. These layouts pose a threat to staff and incarcerated people, and require significant additional staff to try to maintain safety. Despite investments in recent years, hundreds of cell doors still do not lock properly. Rusty metal and broken plexiglass from the dilapidated buildings are easily fashioned into weapons. The jails lack adequate space for counseling and rehabilitative programming. Some jails have inadequate fire safety systems.

Rikers’ impact and its neglect for decades have been disproportionately felt. **85% of uniformed staff** are Black or Latino. **88% of incarcerated people** are also Black or Latino.

Violence is a constant threat,¹¹ responded to erratically, if any consequences are imposed at all. Stabbings and slashings occur almost daily.¹² Drugs are easily obtained. A sense of lawlessness pervades. Since 2020, **61 people have died at Rikers** or very shortly after being released from custody, many by suicide or overdose.¹³

Incarcerated people have little to do all day as only limited programming is offered, leading to frustration, anger, and violence – often with little consequence.¹⁴

Because Rikers is isolated, difficult to reach, and sprawling, it can take family members and lawyers 6 to 8 hours just to visit someone for 30 minutes. When people cannot dedicate this much time, family ties and lawyer-client relationships fray, and frustration builds.

In 2024, the Department of Correction (DOC) spent over \$30 million to bus people to over 160,000 court dates in borough courthouses.¹⁵ Incarcerated people are routinely woken before sunrise for such trips, and can spend hours in courthouse holding pens waiting for what are often perfunctory appearances.¹⁶ Many return to Rikers late in the day, exhausted, hungry, and frustrated; short tempers can trigger violence. DOC also struggles to get people routinely from Rikers to medical appointments and treatment in the boroughs, when the care is not available on Rikers.

Officers and civilian staff are asked to grapple with an incredibly challenging population without adequate support, training, or tools. Due in part to mismanagement, many staff work grueling hours, including mandatory overtime.¹⁷ There are not enough captains to properly supervise correction officers. Not enough staff are assigned to steady posts on steady teams.

Staff are harassed and assaulted by incarcerated people, often with few repercussions. For instance, someone who harms an officer can remain on the same housing unit, requiring the officer to see the person day in and day out. In turn, discipline of staff who commit misconduct or use excessive force is haphazard and frequently delayed, if it occurs at all. Discipline – or lack thereof – varies significantly between the different jails.

DOC recruitment is vastly outpaced by attrition. The best recruiters to the job used to be staff themselves bringing in their families and friends. Many fewer recommend working for DOC today.

A significant number of staff told us they no longer see Rikers as a place to make a career. Between January 2022 and October 2024, 2,325 officers left the Department, while 557 officers graduated from the academy.¹⁸ 262 of those new officers left within two years.¹⁹ 262 of those new officers left within two years. While around 100 new officers will shortly graduate from the Correction academy, approximately 1,500 officers will become eligible for retirement by the end of 2026.²⁰

Three-quarters of incarcerated people return straight from the chaos of Rikers to our communities,²¹ often worse off than when they went to jail. Inadequate re-entry planning and services compound the damage from Rikers.²² This leads to reoffending: **1/3 of people** are reincarcerated at Rikers within a year, and has a destabilizing effect on families and communities.

All this costs New York City taxpayers over \$400,000 per incarcerated person per year.²³ It is hard to imagine a worse investment.



Source: Ted Shaffrey/AP

II. NYC Must Move to a Safer Borough-Based System, and Add 500 Secure Psychiatric Treatment Beds – Outside the Jails

II. New York City law mandates Rikers close by August 31, 2027.

To replace Rikers, NYC is building a borough-based system with 4,500 jail and secure treatment beds in City hospitals. That system will be safer, better delivery services, and save money. However, more specialized capacity is needed.

To provide the system with necessary elasticity and flexibility to best distribute people, and ensure people get the care they need in an appropriate setting, especially people charged with crimes who are so severely mentally ill that they cannot comprehend what is happening in court. 500 new secure psychiatric treatment beds – outside the jails – are necessary. This would effectively expand the total system that will replace Rikers to to 5,000 beds.

A. NYC's Original 2019 Plan to Close Rikers

In 2019, New York City **adopted a plan** to close Rikers and replace it with four modern jails in the boroughs – one in every borough but Staten Island – and a **pioneering model** of secure treatment beds at three Health + Hospitals facilities – Bellevue, Woodhull, and North-Central Bronx Hospitals – known as outposted therapeutic housing units.

Alongside this plan, New York City enacted **legislation** and **zoning changes** mandating that the Rikers jails close completely by August 31, 2027. After that date, it will be illegal to incarcerate anyone on Rikers.

By agreeing to close Rikers, the City answered the calls of formerly incarcerated people, their families, people who have worked on Rikers, prosecutors, judges, faith & community leaders,

and countless others, including our late member, **Herb Sturz**, who first proposed shifting from Rikers to borough-based jails decades earlier.

The City also recognized that per the NYC Department of Design and Construction, rebuilding the decrepit jails on Rikers would cost 8%-15% more than building borough-based jails, and would take years longer.²⁴ This is due to: necessary environmental remediation and landfill stabilization; the island's isolation and single bridge on and off; and the presence of active jails, which would limit construction hours and require a staggered schedule to maintain sufficient capacity during construction. Construction on Rikers would also continue the negative impacts of Rikers' isolation, bring none of the benefits of the borough-based system, and end the prospect of Renewable Rikers.

B. NYC's Current Facilities Plan to Replace Rikers

The City's current plan calls for 4,500 total beds: 4,160 jail beds in four 1,040 bed facilities, one each in Manhattan, the Bronx, Brooklyn, and Queens.²⁵ Given the need for operational and

security flexibility, sound correctional practice dictates that 4,500 correctional beds reasonably hold no more than 4,100 to 4,200 people at any one time.

Three of the jails are being built on the footprint of long-standing, but dilapidated jails next door to courthouses. The fourth, in the Bronx, is going up on the site of an NYPD tow pound.²⁶ 20% of the jail beds, or roughly 830 beds, will be “therapeutic,” dedicated to people with serious mental illnesses, physical illnesses, addiction treatment needs, and intellectual and other developmental disabilities.²⁷

Under the plan, all incarcerated women will be housed in the Queens facility, separate from men. The City is planning 450 beds for women.

There will also be approximately **360 total outposted therapeutic housing units** at NYC Health + Hospitals sites, including 104 beds at Bellevue, approximately 100 at North-Central Bronx, and about 155 at Woodhull Hospital. These beds will provide people with serious physical illnesses access to specialty care available only in hospitals, like cancer treatment and dialysis. Today, those people must be

regularly bussed back and forth from Rikers; however, between October and December 2024, **Correctional Health Services reports** that only 38% of people were seen as scheduled at off-island specialty clinics. 37% were not produced by DOC. A portion of the outposted units will also provide treatment for people with serious mental illness.

The new jails and outposted therapeutic are being designed to be safer and to increase service delivery. They will have clear sightlines, smaller housing units, centralized officer stations to permit direct supervision, more space for rehabilitative programming, education, and health care, staff break rooms, natural light, and direct access to recreation areas – all lacking on Rikers. Proximity to courts will allow easier production of people to hearings, helping cut time in jail and reduce the jail population. More central locations with solid public transit links will facilitate visits from families, attorneys, service providers, clergy, and volunteers.

C. Changes in Jail Population and Planned Jail Capacity Since 2017

Since the City first agreed to close Rikers in 2017 and replace it with a borough-based system, the planned capacity of the system and projected population have changed considerably in reaction to State laws (primarily bail reform and the Less Is More Act), post-COVID crime rates, and other policy shifts and choices that have impacted the size of the jail population.

In 2018, the de Blasio Administration proposed a closure plan with **6,000 jail beds for 5,000 people**.²⁸ In September 2019, the **Administration reduced that to 4,000 people**, based on expectations surrounding bail reform legislation passed earlier that year and a consistent pattern of jail population reduction over the preceding decades. Indeed, from the early 1990s until 2019, New York City simultaneously reduced crime and incarceration by roughly 70%. This

success was built on a range of advances, from focused policing, to developing some of the best diversion programs in the country, to improving public space.²⁹

The plan adopted in October 2019 was **smaller still**, in significant part to meet **neighborhood demands** that the jails be smaller and as a result of additional investments in supervised release to bolster bail reform: 3,544 jail beds and **250 outposted beds**, which combined were to house no more than 3,300 people, a number which has proven unrealistic in the timeframe required for the closure of Rikers Island.³⁰

COVID deeply disrupted the crime and incarceration trajectory of the prior three decades in New York City, and laid bare major gaps, especially around mental illness. At the same time, the legal landscape shifted. In 2020,

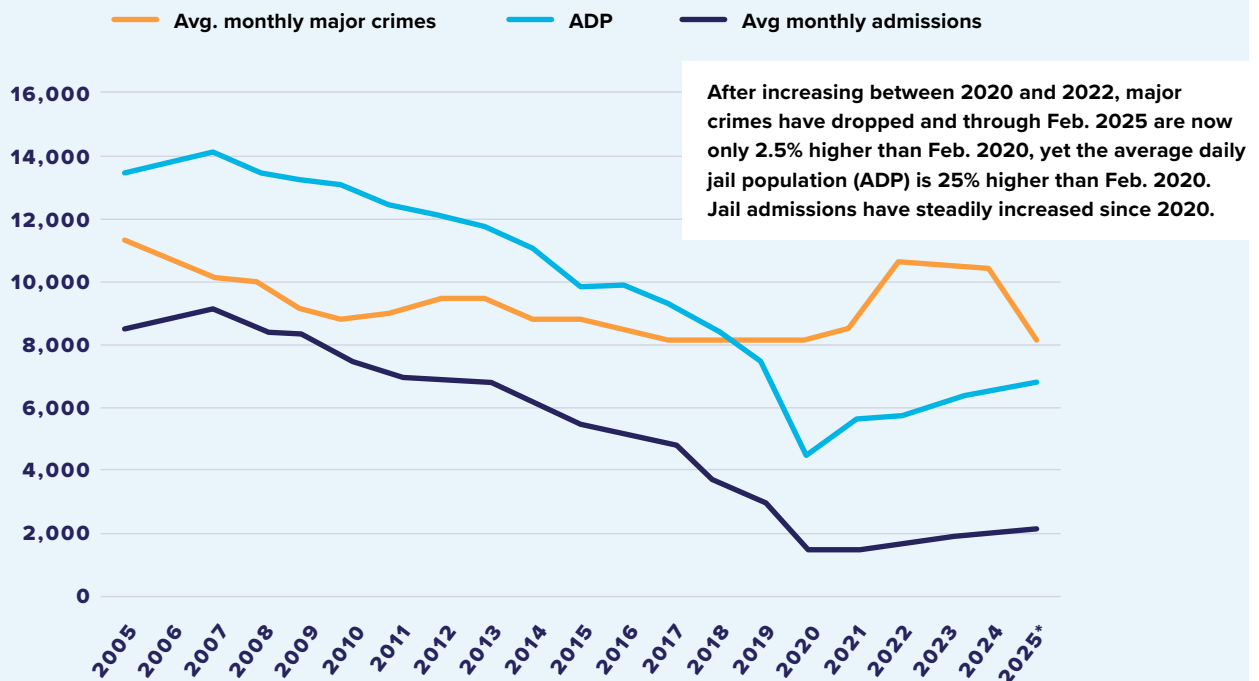
bail reform went into effect, then has been amended multiple times.³¹ In September 2021, Governor Hochul **signed the Less Is More Act into law**, which significantly altered the use of incarceration to respond to alleged technical violations of parole rules.³² Both reforms significantly reduced segments of the incarcerated population, as discussed in the endnotes.

When COVID struck in March 2020, stakeholders worked closely together to rapidly reduce the jail population for health safety reasons, reaching a low not seen in decades: 3,809 people on April

29, 2020. Soon after, the jail population began to rise. By February 2022, it was 5,700. Today, it stands over 6,800, a level that must be reduced.

Starting in 2020, every major category of crime rose in New York City, as did arrests, including for lower-level offenses.³³ However, since the summer of 2024, major crime has been decreasing steadily and significantly.³⁴ Today, it stands only 2.5% higher than it was in February 2020.³⁵ The jail population, in contrast, has yet to plateau or decline, driven by an increase in jail admissions and inordinately long pretrial stays.

CHANGE IN MAJOR CRIMES, AVERAGE DAILY JAIL POPULATION & JAIL ADMISSIONS, 2005-2025

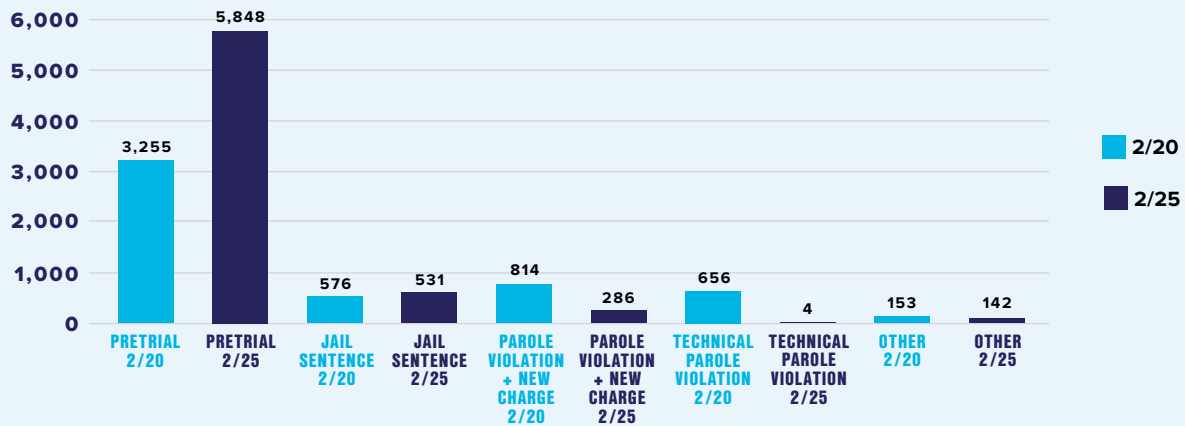


* 2025 data through end of February.

Sources: NYC Mayor's Office of Criminal Justice, *Summary Data File, Crime*, available at https://criminaljustice.cityofnewyork.us/wp-content/uploads/2025/02/Crime_thruJan2025.xlsx; NYPD Press Release, *NYPD announces crime continues to decline in February 2025, shatters 30-year shooting record* (March 3, 2025), available at <https://www.nyc.gov/site/nypd/news/pr535/nypd-crime-continues-decline-february-2025-shatters-30-year-shooting-record>; Data Collaborative for Justice, *New York City Jail Population Tracker*, available at <https://nyc-jail-population-tracker.datacollaborativeforjustice.org/>; Vera Institute of Justice, *New York Criminal Legal System Data Hub – Jail*, available at <https://www.vera.org/ny-data-hub/Jail#top>; Data Collaborative for Justice, *New York City Jail Population Tracker*, available at <https://nyc-jail-population-tracker.datacollaborativeforjustice.org/>; NYC Department of Correction, [DOC Data Dashboard](#) (visited Feb. 20, 2025).

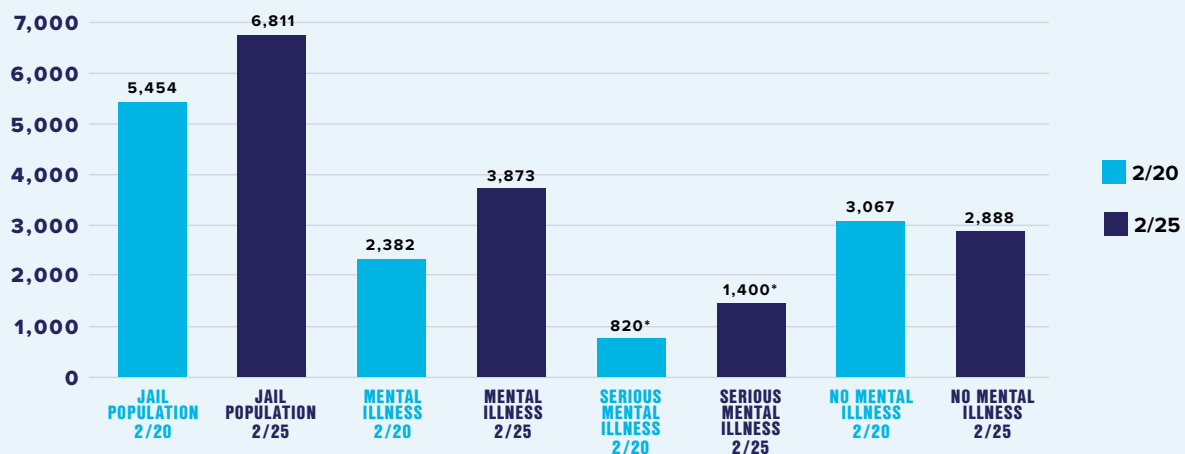
Since February 2020, the makeup of the jail population has changed significantly, with major increases in the pretrial population, and increases in the prevalence of mental illness generally and serious mental illness in particular.

REASONS FOR INCARCERATION: FEBRUARY 2020 (5,454 PEOPLE) VS. FEBRUARY 2025 (6,811)



Sources: Data Collaborative for Justice, *New York City Jail Population Tracker*, available at <https://nyc-jail-population-tracker.datacollaborativeforjustice.org/>; Vera Institute of Justice, *New York Criminal Legal System Data Hub – Jail*, available at <https://www.vera.org/ny-data-hub/Jail#top>.

JAIL POPULATION BY MENTAL ILLNESS, FEBRUARY 2020 VS. FEBRUARY 2025



*Serious mental illness included within mental illness category.

Sources: Data Collaborative for Justice, *New York City Jail Population Tracker*, available at <https://nyc-jail-population-tracker.datacollaborativeforjustice.org/>; Correctional Health Services, *CHS Patient Profile for Individuals in the New York City Jail System* (December 2024), available at <https://hhinternet.blob.core.windows.net/uploads/2025/01/correctional-health-services-patient-profile-metrics-december-2024.pdf> (reporting 21% of jail population has a serious mental illness); NYC Mayor's Management Report Preliminary Fiscal 2020 (Jan. 2020), available at https://www.nyc.gov/assets/operations/downloads/pdf/pmmr2020/2020_pmmr.pdf (reporting 15% of jail population has a serious mental illness); NYC Mayor's Management Report (Sep. 2020), available at https://www.nyc.gov/assets/operations/downloads/pdf/mmr2020/2020_mmr.pdf (reporting 15% of jail population has a serious mental illness).

BOROUGH-BASED FACILITY PLANS

A little over a year ago, the Adams Administration officially **added 600 jail beds** to the borough-based plan, 150 at each of the four jails. As the footprint of the buildings could not legally be expanded, the Administration made space by cutting over 500 therapeutic beds in the jails. In addition, some of the remaining therapeutic units will now be double-tiered, which is not considered best practice for that type of unit. The Administration also **increased the number**

of beds for women from 126 to 450, all at the Queens jail (reducing the number of men's beds in Queens commensurately). Meanwhile, design changes at the request of the Department of Correction and correction unions have shrunk available space in the outposted therapeutic housing units, leading to a 10% cut in the number of those hospital-based beds.³⁶ The end result is a plan to build 4,160 jail beds and around 360 secure treatment beds in City hospitals.

ORIGINAL NEW YORK CITY FACILITIES PLAN, 2019-2022

3,944
TOTAL BEDS

3,300
PROJECTED JAIL POPULATION



4 BOROUGH JAILS
All but Staten Island

886
BEDS IN EACH
(3,544 total)

45%
THERAPUTIC BEDS
IN EACH JAIL

126
BEDS FOR WOMEN
IN QUEENS JAIL

394
SECURE HOSPITAL BEDS

114
BEDS IN BELLEVUE

160
BEDS IN WOODHULL

120
BEDS IN NORTH-CENTRAL BRONX

CURRENT NEW YORK CITY FACILITIES PLAN, 2023-PRESENT

4,520
TOTAL BEDS

4,200
PROJECTED JAIL POPULATION³⁷



4 BOROUGH JAILS
All but Staten Island

1,040
BEDS IN EACH
(4,160 total)

20%
THERAPUTIC BEDS
IN EACH JAIL

450
BEDS FOR WOMEN
IN QUEENS JAIL

~360
SECURE HOSPITAL BEDS

104
BEDS IN BELLEVUE

~150
BEDS IN WOODHULL

~105
BEDS IN NORTH-CENTRAL BRONX

Construction costs for this new system have risen significantly since 2019, reflecting post-COVID construction inflation in New York City, from an estimated \$8.7 billion to \$15.5 billion.³⁸ The City has commendably allocated additional capital funds and secured additional borrowing capacity from Albany to cover this rise in costs.

The path since the passage of the plan to close Rikers in 2019 has been complicated and often filled with disappointments and delays that in many regards were avoidable. Multiple factors have played a role, both within the control of elected officials, and not. We must continue to

publicly build out an in-depth historical record of what led us to today, including to help current and future leaders learn from missed opportunities and failures of attention, focus, and will that have resulted in a plan that is significantly behind schedule and has many more people in jail than is necessary for public safety. What is clear is that when there has been appropriate political and policy support, and focus on implementation, the plan has and will continue to move forward. The hallmarks of leadership from here on out must be urgency and prioritization with a clear North Star: close the jails on Rikers forever as soon as possible.

D. Independent Rikers Commission's Population Projections

Our Commission analyzed various investments and reforms proven to improve individual outcomes and reduce reoffending, including suggested improvements. We estimated the impact the investments and reforms would have on the jail population, exploring both full and partial implementation scenarios. It came clear to us that a range of combinations of those steps can help New York City safely and smartly improve outcomes, increase public safety, and reduce the jail population. We discuss in the body of the report the steps we believe elected officials and stakeholders should prioritize. Additional opportunities are listed in Appendix A.³⁹

Overall, we project that thanks to just-begun case processing reforms by the Office of Court Administration and targeted investments focused on serious mental illness, addiction, and reoffending – discussed in detail below – the New York City jail population will be approximately 4,500 people.⁴⁰

Our projections are based on our best efforts to conservatively model the impact of these strategies, guided by available historical and current data, but we caution that actual outcomes will depend heavily on funding and implementation. Furthermore, our estimates

should be reassessed regularly as the reforms take hold and investments are phased in over time. Appendix B provides more detail on our projections and the underlying data.

None of this is guaranteed. We freely admit that our projections are both science and art; the best educated guesses we can make under current circumstances. It is clear from experience that properly funded, properly staffed interventions with reasonable caseloads can make real progress. Returns on these investments should be incremental, but should be compounding. For instance, the more engagement, treatment, and housing opportunities there are for people who cycle in and out of Rikers – especially if they extend beyond the life of a person's criminal case – the more likely years of distrust and calcified complexities will be broken down, and the less frequently people will commit crimes and return to jail.

Equally, if stakeholders and leaders do and invest too little, not only will New York City be less safe, but the jail population will also decline less. The steps we lay out in this report require strong, persistent leadership and attention by whatever set of leaders are in office in New York City over the next several

years. Closing Rikers must be a top priority, with keen attention to the various strands of policy and action that will make that possible. The harm Rikers visits upon New Yorkers within its

walls and outside them is too great to allow for drift or anything less than a laser-like focus on its complete closure and elimination.

SUMMARY OF JAIL POPULATION PROJECTIONS FOR IMMEDIATE PRIORITY REFORMS & INVESTMENTS	
IMMEDIATE PRIORITY REFORMS & INVESTMENTS	PROJECTED IMPACT (# OF PEOPLE IN JAIL)
Meet mental health & addiction treatment needs of people cycling into jail; while protecting public safety, ensure no one is jailed who could be safely supported in the community <ul style="list-style-type: none">→ Expand use of Electronic Monitoring→ Expand Supervised Release Intensive Case Management Pilot citywide→ Expand Treatment Courts' capacity & eligibility→ Expand use of proven Alternatives to Incarceration & Re-entry Programs→ Expand use of 6-A Work Release Program	750
Shorten Length of Jail Stays <ul style="list-style-type: none">→ Faster criminal case processing→ Speed up mental competency assessments (730 exams) & transfers to State hospitals for people found incompetent	1,550
TOTAL REDUCTION IN NUMBER OF PEOPLE IN JAIL	2,300
STARTING POPULATION	6,800⁵
POST-REFORM & INVESTMENT JAIL POPULATION	4,500

E. Need for Additional, Specialized Capacity Outside the Jails

4,500 people would fill 100% of the capacity of the City's planned borough-based system. While that might permit Rikers to close, it is not a sustainable population, as it denies DOC the ability to move people easily for security or programmatic purposes. It also fails to provide any leeway should the population rise for unforeseen reasons, nor will it ensure people get the care they need in an appropriate setting, especially people charged with crimes who are so severely mentally ill that they cannot comprehend what is happening in court. In 2024, almost 700 such people were in Rikers.⁴¹

Therefore, we propose that the system be expanded from 4,500 beds to 5,000 beds overall by adding 500 secure forensic psychiatric treatment beds, primarily for people who are so severely mentally ill that they cannot comprehend what is happening in court. These beds should be healthcare-focused beds, outside the jails.

Ideally, they would be located at a State facility in or near New York City. While we are recommending a State facility as the most feasible site for these beds, the City and State

should work together to develop an operational and staffing plan, including consideration of legal requirements for the population housed

within and supporting any necessary policy change as required.

F. Fewer Jail Beds Will Be Needed for Women

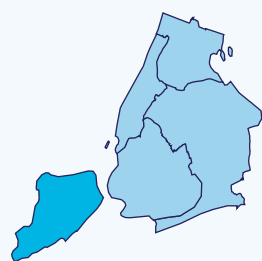
All incarcerated women will be housed at the Queens facility. Originally, that jail was slated to have 126 beds dedicated to women. Mayor Adams increased that number to 450 (reducing the number of men's beds in Queens commensurately). There are 430 women incarcerated on Rikers today, 83% with a mental illness and 35% with a serious mental illness. We project that with the reforms and targeted investments outlined below,

combined with the [our Commission's gender-specific recommendations](#) from 2021, it is very reasonable to forecast that 225 women would remain.⁴² Therefore, the City could cut the number of planned jail beds for women to about 250, while maintaining operational flexibility. The excess space created could be redesigned or otherwise separated to house men, as needed.

INDEPENDENT RIKERS COMMISSION'S FACILITIES PLAN

5,000
TOTAL BEDS

4,500
PROJECTED JAIL
POPULATION



4 BOROUGH
JAILS
(All but Staten Island)

1,040
BEDS IN EACH
(4,160 total)

250
BEDS FOR WOMEN
IN QUEENS JAIL

~360
SECURE
HOSPITAL BEDS

104
BEDS IN BELLEVUE

~150
BEDS IN WOODHULL

~105
BEDS IN NORTH-
CENTRAL BRONX

500
SECURE
FORENSIC
PSYCHIATRIC
TREATMENT
BEDS

Ideally at a State facility
in or near New York City

III. Despite Urgency, Borough-Based Facilities Are Delayed & Must Be Sped Up

III. Despite the urgency of the present situation, New York City will not meet the 2027 closure deadline, primarily because the borough-based system will not be ready. Still, NYC can build the jails at least a year faster than the city currently plans, speeding the closure of Rikers and easing the burden on local neighborhoods.

To our deep disappointment, and despite the urgency, New York City cannot reasonably meet the 2027 closure deadline: while construction on the borough-based jails and hospital-based beds is proceeding, every facility is significantly behind schedule.

Even so, **until an agreement can be reached between the City Council and the Administration on a path forward that assures progress toward closing Rikers on all necessary fronts, the law mandating closure will – and should – remain in place.**⁴³

A. Jail Delays and Opportunity to Speed Up Construction by At Least a Year

The Brooklyn jail is slated for completion in 2029, the Bronx in 2031, and Queens and Manhattan in 2032. Our Commission has strongly urged the City to do all it can to safely speed up the projects, notwithstanding the challenges COVID and market conditions have wrought. The longer construction lasts, the longer Rikers stays open, and the greater the burden on the neighborhoods around the jails.

Two key opportunities remain to be fully seized that could speed up the jails construction by at least one year.

Per the Department of Design and Construction, the City could speed up jail construction by around one year if it took full advantage of the design-build process being used. Under design-build, architects and construction firms work as a unit from the start of a project. On other local design-build projects, such as those run by the Port Authority, that team approach allows work on foundations and building exteriors to begin even while interior designs are being finalized. But as the jails are the first major City project using design-build, the City has decided to finish all design work, inside and out, before any construction takes place.⁴⁴ That decision adds roughly one year to the timeline for each jail (though we are pleased that there is now some

simultaneous construction occurring in Brooklyn). Following the Port Authority model (ideally, with the Port Authority's guidance) might add some financial risk for the City, but the risk of keeping Rikers open for an additional year is greater still. Furthermore, given the phased construction of the four jails, lessons learned from the Brooklyn jail, which is the furthest along, can be used to mitigate risk and speed construction for the other three jails.

The jails can also likely also be further sped up by using a process called value engineering, which has been used for decades by the NYC Office of Management and Budget for large, complicated construction projects. Under value engineering, the City would engage outside experts to conduct a top-to-bottom review of construction, timeline, and program plans for the new facilities. Value engineering has reduced construction costs by up to 15% on other projects and shaved months off the completion dates. After our Commission's repeated requests, the Department of Design and Construction has told us that value engineering will be used for the Manhattan jail.⁴⁵

B. Outposted Therapeutic Housing Unit Delays and Necessity to Staff Up Quickly

The three sets of outposted therapeutic housing beds were all originally meant to have been completed by 2024. Construction on the first set of about 100 beds at Bellevue has just been finished, two years later than initially expected. Woodhull and North-Central Bronx Hospitals likely will not be ready until 2028.

Our Commission is deeply concerned that to date, the Department of Correction has yet to commit the staff necessary to open the Bellevue beds, contending the personnel are needed on Rikers.⁴⁶ This threatens to keep some of the most ill people in Rikers distant from the specialized care they routinely need – and to continue to

significantly burden jail-based staff with having to transport people back and forth to the hospital. We urge the Department to immediately reorganize staff as necessary to ensure the Bellevue outposted units open within the next few months, after correctional and health care staff have had the opportunity to properly train together on the new units.

As each new borough-based facility opens, proportionate space on Rikers should be permanently shuttered, decommissioned, and transferred to the Department of Citywide Administrative Services, as required pursuant to the Renewable Rikers Act.



Bellevue Outposted Therapeutic Housing Units' Outdoor Recreation Area

Source: Bellevue Community Advisory Board

IV. NYC Jail Population is Artificially Inflated Above What's Necessary for Safety

IV. The current jail population is over 6,800 people, including 440 women. Significant population reductions are necessary and possible as the jail population is artificially inflated beyond what is necessary to ensure public safety – and beyond the reasonable capacity of the borough-based system.

Jail should be a last resort, and no one should be in jail a day longer than necessary. That is not true of incarceration in Rikers today. **Instead, the Rikers population is artificially inflated above what is necessary for public safety by two main factors: the number of people incarcerated with serious mental illness and the inordinate amount of time it often takes to resolve people's cases.** The result is a population of over 6,800 people, significantly more than would reasonably fit in the new borough-based system.

The population is up 525 people from 1 year ago (465 of them pretrial and 56 serving a City sentence), and up 835 people from 2 years ago (672 of them pretrial and 74 serving a City sentence).⁴⁷ That rise is deeply concerning for many reasons, including the tremendous strain it puts on jail staff, service delivery, and treatment at Rikers.

With insufficient treatment options for mental illness in the community, and more people needing those services post-COVID, people with serious mental illness are more likely to become destabilized, which can lead to criminal activity and arrest. Judges and district attorneys have repeatedly told us they often feel faced with two very poor options: 1) releasing someone with serious mental illness who needs treatment and stability without realistic options for either, and therefore taking an inordinate risk the person will re-offend; or 2) incapacitating that person in the chaos of Rikers, understanding they will likely exit in worse shape.

The end result is that **Rikers is the second largest psychiatric facility in the United States.** 57% of people at Rikers have a mental illness, including 83% of incarcerated women. 21% have a serious mental illness (1,400 people), including 35% of women.⁴⁸ In 2023, over 600 people at Rikers were so severely mentally ill that they could not comprehend what was happening in their criminal case or assist in their defense.⁴⁹

84% of people at Rikers are held pre-trial, waiting for their day in court. Once locked up, their cases too often crawl along. These case delays do more than bloat the jail population. They also force crime victims to wait inordinately for answers and accountability.

Recent history shows us that safe, smart population reduction is possible when it is made a priority by the City and other stakeholders, with sustained, focused attention on making it a reality. Now is the time to double-down on what worked for many years, adapted and improved to meet our current realities, and to fill those gaps.

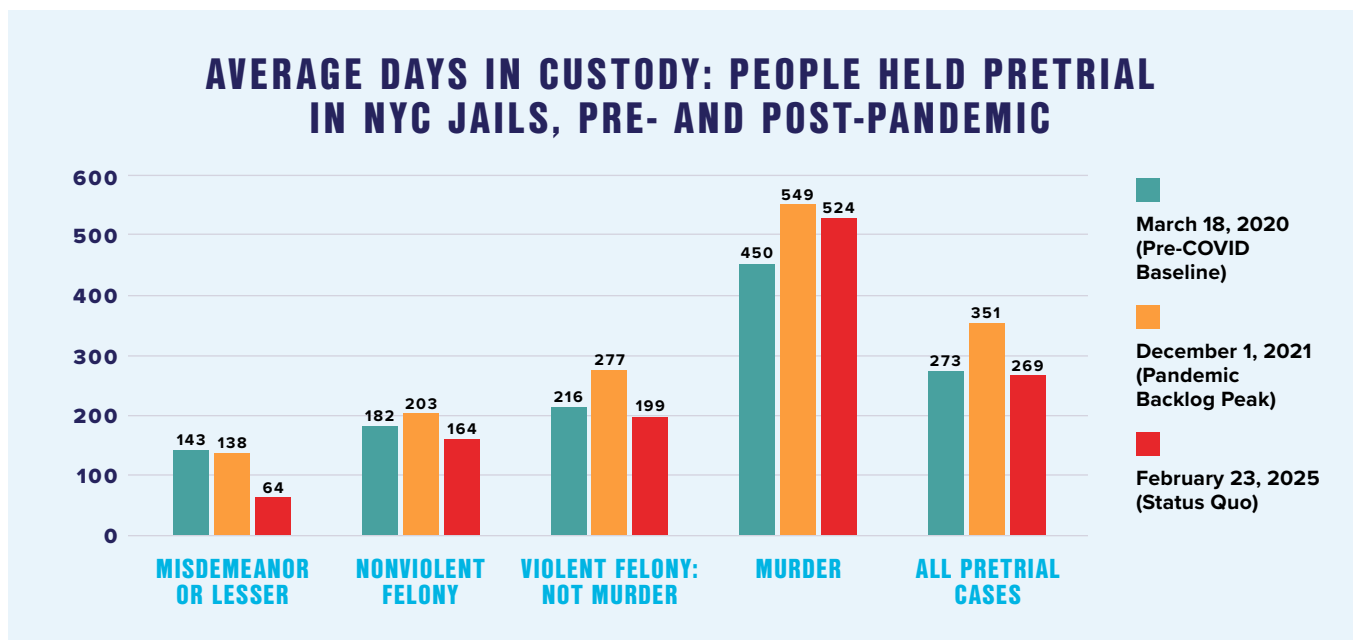
On the following pages, we present a path to reducing the jail population that will enable us to close Rikers and, beyond that, contribute to a fairer, safer NYC over the long term. Special attention should be paid to women and gender non-conforming people, who make up 6% of the jail population, and have unique needs. Our 2022 report, [A Path to Under 100](#), outlines our recommendations specific to them, which we reiterate here.

V. Safely Right-size Jail Population, Part 1: NYS Office of Court Administration Initiative to Speed Up Criminal Cases

V. Our Commission has long advocated for speeding up cases, both as a matter of justice and a means to safely reduce jail population. The New York State Office of Court Administration has answered the call and is undertaking serious, comprehensive case processing reforms that should speed up cases significantly. We project that within 3-5 years, faster cases can safely reduce the population by 1,200 to 1,600 people (and conceivably up to 2,000 people).

Since our first report in 2017, our Commission has called out the major negative impact that criminal case delays have on Rikers and the administration of justice. The average criminal case for someone locked up at Rikers takes an unacceptably long time to resolve. As of February 23, 2025, the average person being held pre-trial had been at Rikers for 269 days and counting⁵⁰ Over 1,400 people at Rikers have been jailed pre-trial for more than a year (65% with a mental illness). 500 of those people have been jailed pretrial for over two years (70% with a mental illness), and almost 200 for more than three years (71% with a mental illness).⁵¹ People with mental illness stay 70% longer on average than people without.⁵²

Even before COVID, indicted felony cases took almost 50% longer in New York City than the rest of New York State.⁵³ COVID made things dramatically worse, particularly for people facing violent felony charges (now 69% of the jail population), as seen in the following chart. COVID forced courts to shut down entirely, then operate at reduced capacity for an extended period, including just a handful of trials between 2020-2022. While with the exception of murder cases, courts in NYC have dealt with the COVID backlog, COVID-era court personnel vacancies, from clerks, to court reporters, to court officers, further hinder case processing.



Source: Data Collaborative for Justice (analysis of Department of Correction Data)

The New York State Office of Court Administration (OCA), under the leadership of Chief Judge Rowan Wilson and Chief Administrative Judge Joseph Zayas, has laudably answered the call. OCA has begun a **comprehensive revamp of criminal case processing** for people in NYC jails. This includes establishing clear case schedules, meeting with both sides between key court dates to ensure progress, and setting firm trial dates. While prior OCA leaders established pilot projects or tackled backlogs and major case delays in certain boroughs, this is the most far-reaching plan in court history and Chief Judge Wilson and Judge Zayas deserve enormous credit for the first top-to-bottom, citywide initiative aiming to permanently change how cases operate.

We project that moving cases to their natural conclusions at more reasonable speeds will result in 1,200 to 1,600 fewer people will be in jail, and conceivably as many as 2,000 fewer people.

Our projections are based on the courts on average shortening the longest cases to appropriate goals. Hitting the following goals would mean almost 1,400 fewer people in jail on any given day, while increasing procedural justice:

- ➔ **Misdemeanor charges:** average of 90 days (for cases taking over 90 days now); ~190 beds saved
- ➔ **Non-violent felony charges:** average of 180 days (for cases taking over 180 days now); ~300 beds saved
- ➔ **Violent, non-homicide felony charges:** average of 365 days (for cases taking over 365 days now); ~570 beds saved
- ➔ **Homicide charges:** average of 730 days (for cases taking over 730 days now); ~310 beds saved

Goals like this are in line with those proposed by the **National Center for State Courts**, which calls for resolving **75 percent of indicted felonies within 90 days, 90 percent within 180 days** (New York's official standard), and **98 percent within one year**. The New York City Comptroller's office estimated that applying those standards could **reduce the jail population by around 1,700 people** on any given day. These goals should be able to be met even if the discovery statute is amended, as Governor Hochul has proposed.

Our confidence in the OCA initiative's likely success is due in part to the strong performance of a case processing pilot project by the Center for Justice Innovation in 2019 in Brooklyn, which instituted some of the same steps being implemented today. Though the pilot project was less comprehensive in approach and available personnel than OCA's current initiative, it still managed to increase the number of felony cases resolved within 180 days by 70% for people in jail.⁵⁴ If even that more limited 2019 pilot were expanded citywide, we project it would reduce the jail population by over 900 people.

The ability of the OCA initiative to reach its maximum potential depends on relevant stakeholders' full cooperation. This includes:

- ➔ The NYC Police Department fully staffing its discovery liaison units, which work to ensure police timely hand over all required evidence to prosecutors, while easing the burden on beat officers and detectives. Legislation like **A825/S613** (Lasher/Myrie), which would give prosecutors direct access to police databases, would also help.
- ➔ Fully and rapidly implementing technology to facilitate the review and transfer of evidence between NYPD, district attorneys, and defense lawyers (both institutional providers and 18B lawyers). Tens of millions of dollars have been allocated to district attorney and

public defender offices for this technology over the past several years, but only now is it starting to be implemented.

- DOC ensuring incarcerated people have the technological capability to securely review the evidence in their cases, such as via the tablets DOC provides.
- The Office of the Chief Medical Examiner and the NYPD crime lab providing testing on a timely basis, helped by hiring and retention incentives where necessary.
- The Governor and State Legislature providing OCA additional funds to fully staff, implement, analyze, and publicly report on the case processing initiatives. That should include an expansion of the number of judges or court personnel, if justified.

Over time, we expect that OCA's innovations will speed up more than just the longest of cases, as the different approach has a ripple effect and expectations and operations shift. For instance, cases that today are resolved after several months of incarceration by a person being diverted to a treatment program or taking a plea, might reach resolution more quickly thanks

to case conferencing with a court attorney or expedited motion practice. Cases could be further sped up via quicker assessments for potential diversion and to determine whether people are so severely mentally ill that they cannot understand what is happening in the courtroom or assist in their defense. For instance, per Correctional Health Services (CHS), on average it takes CHS psychiatrists 31 business days to complete competency assessments after they have been ordered by the courts. Speeding that up to 10 business days would mean almost 90 fewer people in jail. Legislative reforms to the mental competency process should also be explored.

Finally, as discussed below, expanding over time the continuum of community-based programs and services for people with serious mental illness and addiction, especially for homeless people, will provide judges with strong, appropriate diversion options, also helping speed up case resolutions.

Thus, it is conceivable that the full panoply of case processing reforms, once fully instituted, could reduce the jail population by up to 2,000 people.



Source: Beбето Matthews/AP

VI. Safely Right-Size Jail Population

Part 2: Priority Investments and Reforms

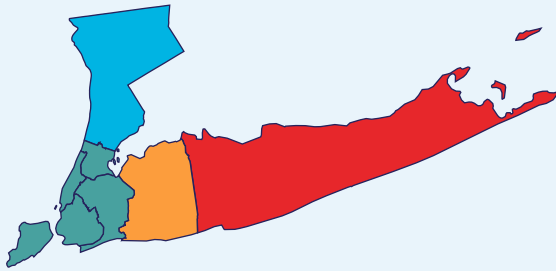
VI. To close Rikers, New York City – with assistance from New York State – must prioritize meeting the mental health and addiction treatment needs of people cycling into jail, and, while protecting public safety, surgically ensure no one is jailed who could be safely supported in the community.

It is clear from our research and data analysis that there are multiple paths to safely reduce the jail population – and ensure we can close Rikers. The following investments should be prioritized and started to be phased in

immediately. We project that the following combination of steps by New York City, in close partnership with New York State, will result in an incarcerated population of 4,500 people or fewer.

A. Double electronic monitoring capacity to 800 people citywide

2023 PRETRIAL USE OF ELECTRONIC MONITORING (EM)⁵⁵



■ NYC: 153,666 arraignments; 59 placements on EM pretrial = 0.00038%
■ Westchester: 8,608 arraignments; 143 placements on EM pretrial = 1.7%
■ Suffolk: 31,336 arraignments; 454 placements on EM pretrial = 1.4%
■ Nassau: 21,904 arraignments; 1,163 placements on EM pretrial = 5.3%

Stakeholders in the justice system have agreed that there is a population of people held in New York City's jails that have an appropriate risk profile to be safely released to community supervision, with the additional oversight provided by electronic monitoring. Notably, courts in NYC use electronic monitoring far less than surrounding counties for people who are pre-trial, awaiting their day in court.

We are pleased that in November 2024, the Adams Administration added **\$5.3 million to the budget specifically for electronic monitoring expansion**. This will increase the number of people that can be supervised on electronic monitoring from 200 to 400, with a laudable focus on ensuring there are enough NYC

Sheriff deputies (who operate local electronic monitoring) to provide proper monitoring and supervision.

Over the next three years, NYC should double its electronic monitoring capacity to 800 people.⁵⁶ Those 400 additional bracelets would cost \$10.6 million to operate annually.

As this expansion moves forward, the City together with the Courts, should study the impact of electronic monitoring on re-arrests, compliance with conditions of release (such as house arrest or participation in treatment or programming), job maintenance, and appearance rates for court dates. There should also be rigorous analysis conducted to ensure that the people released under electronic monitoring

are only people who would otherwise be jail bound, to guard against legitimate concerns of net widening of supervision of people who would have been released otherwise, with less onerous conditions. Additionally, to maximize

effectiveness, the electronic monitoring program should pair monitoring with robust community-based supports and case management, rather than just monitoring alone.

B. Expand Supervised Release's Intensive Case Management pilot citywide to connect more people with serious mental illness and addiction issues with services, ensure they come to court, and head off the commission of more crimes.

A relatively small core group of people commit a disproportionate number of lower-level crimes in New York City. In 2024, 3,316 people were arrested and prosecuted five or more times.⁵⁷ 43% of those charges were for misdemeanor larceny, theft, burglary, or fraud; 14% for felony larceny, theft, burglary, or fraud; and 12% were for misdemeanor assault.⁵⁸ Similarly, the Mayor's Office of Criminal Justice found that in 2022, 8% of people arrested citywide were responsible for 60% of petit larceny arrests and 57% of felony burglary arrests.⁵⁹ They were also eight times less likely to show up to court hearings than those who aren't repeatedly charged with crimes.⁶⁰

Many of these people are addicted to drugs and alcohol, often have suffered abuse, may have a serious mental illness, and frequently have deep suspicion about government systems and services. They may have limited access to resources and support, especially after COVID disrupted access to support networks. **While jail as a last resort is appropriate for some of these people, many have already spent time at Rikers; that did not stop the reoffending cycle. A multi-pronged approach is needed.**

One example is pre-trial Supervised Release Intensive Case Management (ICM). Traditional pre-trial supervised release, which reminds people of their court dates and has case workers check in with people and offer them services, has a [solid record](#). However, it has proven often insufficient for this high-needs group. To address this, the Mayor's Office of Criminal Justice has funded two Supervised Release ICM

lots to provide intensive case management and connection to services, therapy, and treatment for people with serious mental illness and addiction issues who are released pre-trial.

A control group study is expected to provide at least preliminary results this Spring. Initial indications, with low caseloads, are positive.⁶¹ So long as those results bear out, and as even relatively incremental gains with this population are beneficial, the City should expand Intensive Case Management to all boroughs. **Per the Mayor's Office of Management and Budget, such an expansion would cost roughly \$46 million.**

We also urge the City to provide funding so caseworkers can continue to work with participants for at least 90 days after their criminal case is resolved. People's needs do not end simply because their case does.



Source: Seth Wenig/AP

C. Expand Treatment Courts for people with serious mental illness and addiction issues, and expand access to and eligibility for those courts.

Treatment courts specialize in working with people with serious mental illness and addiction issues to direct them to care and support. After thorough assessments, and with the cooperation of district attorneys, judges and health care professionals craft comprehensive treatment plans that at once hold people accountable and put them on a path to better health. Often, but not always, defendants plead guilty in exchange for a promise that if they adhere to treatment for a set period, the charges will be dismissed or reduced.

Problem solving courts have strong track records, including for people facing serious felony charges.⁶² However, they have also limited capacity. For instance, 575 people at Rikers with a serious mental illness have a

case in Manhattan.⁶³ Yet, mental health court in Manhattan is funded to handle only 50 cases at a time. Capacity should be increased.

State legislation known as the **Treatment Court Expansion Act** is being negotiated with the goal of increasing access to and eligibility for these courts. Any remaining issues in the bill should be resolved swiftly.

In addition, justice system players repeatedly told us that to maximize the problem-solving courts' success, more specialized housing and residential treatment options, willing to work with this often-challenging population, must be created.

D. Expand proven alternative to incarceration and re-entry programs, with a focus on mental illness, addiction, and preventing reoffending.

NYC has some of the best diversion programs in the country. They should be used to their maximum potential. New York City's diversion programs work to:

- hold accountable people charged with violent & non-violent crimes
- link people to treatment, housing & community-based support, aiming to address the root causes of crime
- cut reoffending, improve outcomes, and increase safety

These programs are not a guarantee of success, but they have a much better track record at combatting reoffending than Rikers – at far less cost. On average, 33% of people released from Rikers return within 1 year.⁶⁴ That number rises to 36% for people with mental illness.⁶⁵ Rikers costs an average of more than \$400,000 per incarcerated person per year.

→ **Nathaniel ACT, run by CASES:** An ATI program with an integrated mobile mental health treatment team for people with serious mental illness charged with serious crimes, CASES reports that the program reduces homelessness by 70% and psychiatric hospitalizations by 50%. Two years after completing court supervision, no Nathaniel ACT clients had new violent felony convictions and 94% had no new felony convictions. The program costs about \$31,000 per client.⁶⁶ About half the funding comes from Medicaid. The program was recently expanded, but those new slots are expected to be filled completely in short order.

→ **The Women's Project:** The Women's Project at Wildcat/Fedcap provides women and gender-expansive people who would otherwise be incarcerated with individually-tailored plans and connections to housing,

social services, food, job training, employment and healthcare. The program has no charge restrictions and actively seeks to work with people with challenged backgrounds and high risk of rearrest. The overwhelming majority of participants have suffered physical, sexual and/or emotional violence, with very significant numbers having serious mental illness diagnoses and lack of stable housing. In 2024, the Women's Project served 58 participants; of the women released from Rikers, 70% accessed behavioral health treatment, 88% secured stable housing, and nearly a quarter became employed. 88% of these released persons successfully remained out of Rikers, with 94% avoiding a violent felony rearrest. The total cost of the Project for 2024 was \$1,170,000, or slightly over \$21,000 per participant.

- **Fountain House:** Fountain House provides community and support in New York City to over 2,000 individuals with severe mental illness (and only the most severe mental illnesses), 40% of whom have a history of homelessness, 30% have a history of substance use disorder, and 25% a history of incarceration and justice system involvement. In doing so, Fountain House has reduced crisis interventions and emergency room visits, leading to medical cost savings for high-need users of over \$9,000 per year.

Similarly, Fountain House doubles the rate of employment for participants, reduces reoffending to 5%, increases stable housing placements, and reduces key social drivers such as loneliness, relative to other people with serious mental illness. Fountain House's new pilot programs with Fortune Society, in the Extended Care Unit of Bellevue Hospital, and with the Time Square Alliance for long-term engagement of unsheltered people with serious mental illness, all show significant early signs of success. Fountain House's services cost an annual average of \$8,000 per client.⁶⁷

To ensure the continued success of diversion and other violence and crime prevention programs, the City must continue to tackle contract processing and payment delays. Many non-profits cannot afford to provide services while waiting for months for City reimbursement. The City could also offer management and organizational training and support for newer, smaller non-profits, perhaps via the Department of Small Business Services.

Additionally, the success of ATIs and re-entry programs would be enhanced by the ability to access transitional and supportive housing beds, which the City has already pledged to bring online.

E. Expand the 6-A Work Release Program to provide robust re-entry supervision and support for people serving city sentences (sentences of less than a year) to lower reoffending.

To help end the cycle of reoffending, we propose the City make greater use of **Article 6-A of New York Correction Law**. Under 6-A's authority, the Department of Correction has put a small number of people serving a sentence of less than a year, known as a City sentence, who meet relatively narrow criteria, on a work release program for the tail end of their sentence – a soft, supervised landing back in the community.⁶⁸

Under 6-A, instead of locking someone up for a 4-8 month sentence⁶⁹ and releasing them with no supervision and often no support, people are released with supervision and check-in requirements, and with connections to programs. Individuals who fail to comply with the release conditions or get arrested can be immediately re-incarcerated. As part of the program:

- DOC completes an individualized transition plan with each participant, identifying critical reentry needs such as housing and employment.
- Each person who requires housing is provided with a safe residence.
- Each person is paired with a designated community provider.
- DOC transports each person to the community-based provider for intake or to the transitional housing residence.
- Participants must maintain weekly contact with a dedicated case manager, who provides guidance and support, and appropriately connects people with additional community-based services and providers.⁷⁰

Over the past several years, DOC has had strong success using 6-A. Of the 115 people released under 6-A between 2022 and 2024, only 6 were returned to Rikers for failure to comply with their conditions of release – and all of those were in 2022.⁷¹ Of the 6, only 1 was returned on a new charge.⁷²

In the early days of COVID, DOC used 6-A to review individual cases and release 296 people who had been sentenced to jail, under monitoring by supervised release providers. Those 296 people made up 55% of all people serving City sentences at the time.⁷³ 54% had been convicted of a felony and 46% of a misdemeanor.⁷⁴

The evidence indicates that operating the 6-A program on this sizable scale – even on an emergency basis with all the constraints of COVID – did not jeopardize public safety. After six months, of the 296 people released, 9% (26 people) had been re-arrested, and 4% (13 people) had been returned to Rikers.⁷⁵ Less than 1% (2 people) was re-arrested on a violent felony.⁷⁶ During those 6 months, supervised

release agencies made more than 400 referrals of participants to community-based supportive services.⁷⁷ Housing was the number one need (40%).⁷⁸ However, providers reported that agency closures due to COVID sometimes prevented linking people to community resources, which likely hindered fuller success by the cohort.⁷⁹ A longer-term forthcoming study, which tracked released people for two-years, found no significant differences in overall re-arrest, felony re-arrest, or violent felony re-arrest rates between 6-A participants released during the pandemic and a similarly situated comparison group sentenced to jail in 2018.⁸⁰

Despite this success, in 2024 DOC used 6-A for only 43 people, out of 2,745 people who served City sentences over the course of the year.

We recommend careful expansion of the 6-A program. Release decisions should be individualized. **However, it is very likely that more people, especially people convicted of non-domestic violence misdemeanors and non-violent felonies, who have followed jail rules (both while held pre-trial and while serving their sentence), could be released under 6-A with low risk to the public. 6-A offers a better chance at reducing reoffending than the status quo.** Electronic monitoring could be introduced where appropriate as an additional security measure.⁸¹

The newly re-established Local Conditional Release Commission is also a strong vehicle to craft smart re-entry plans for people serving sentences, who can then be released under the watch of the Department of Probation.

Finally, allowing people to earn merit time credits off their sentences for successfully participating in educational, vocational, and rehabilitative programs would encourage attendance, promote good conduct, advance rehabilitation, and help reduce the jail population. There is a strong body of research showing that these programs reduce reoffending and incarceration, while

saving money.⁸² Legislation introduced in prior years in Albany would allow New York City and other jurisdictions to establish jail-based merit credit programs.⁸³ Under the bill, people could

earn and bank credits while held pretrial, which would be applied if and when they are convicted and sentenced.

F. Open 500 new secure forensic psychiatric treatment beds, ideally at a State facility in or near New York City, primarily for people so severely mentally ill that they are not competent to stand trial. This will raise the total number of beds in the new system replacing Rikers to 5,000.

In 2024, almost 700 people were jailed on Rikers who were so profoundly mentally ill that they could not comprehend what was happening in court or assist in their defense.⁸⁴ On average, it takes months for people who are not competent to be assessed by two psychiatrists, known as a 730 exam, for a court to rule on competency, and then if they are found not competent, for a State psychiatric hospital bed to open up for treatment and education sessions about the court process. If a person is found incompetent, their criminal case is put on hold.

People then remain at that state hospital until doctors deem them “restored to competency” and send them back to Rikers for their criminal case to resume.⁸⁵ However, once returned to Rikers, where some of the supports and treatments available in state hospitals are not available, many decompensate and re-enter the competency assessment and restoration process, while their cases linger.

There are multiple bottlenecks in this process. First, per Correctional Health Services, 730 exams take an average of 31 business days, or 43 calendar days, to complete. People often miss their appointment because officers are not available to transport them. Compounding the delays, there is simply no room in the State forensic psychiatric hospitals that restore people to competency, Kirby and Mid-Hudson.⁸⁶ Only once someone gets discharged from one of those two hospitals back to Rikers will another person from Rikers be admitted. But, the beds do not have high turnover; at least half the patients have been in the forensic hospitals over a year (50% for Kirby, 57% for Mid-Hudson).⁸⁷ As a result, people languish at Rikers for an average of 79 days waiting for a bed to open up. That puts a tremendous burden on Rikers staff, who as discussed elsewhere in this report, often lack adequate training and support to work with this difficult population.⁸⁸

MENTAL COMPETENCY BOTTLENECKS

200

PEOPLE

Number of people at Rikers undergoing competency assessments

43

CALENDAR DAYS

Average time to complete court-ordered competency assessment

115

PEOPLE

Number of people at Rikers found incompetent and now waiting for State hospital bed

79

CALENDAR DAYS

Average time between finding of incompetence and transfer to State hospital

Source: Correctional Health Services, Fall 2024

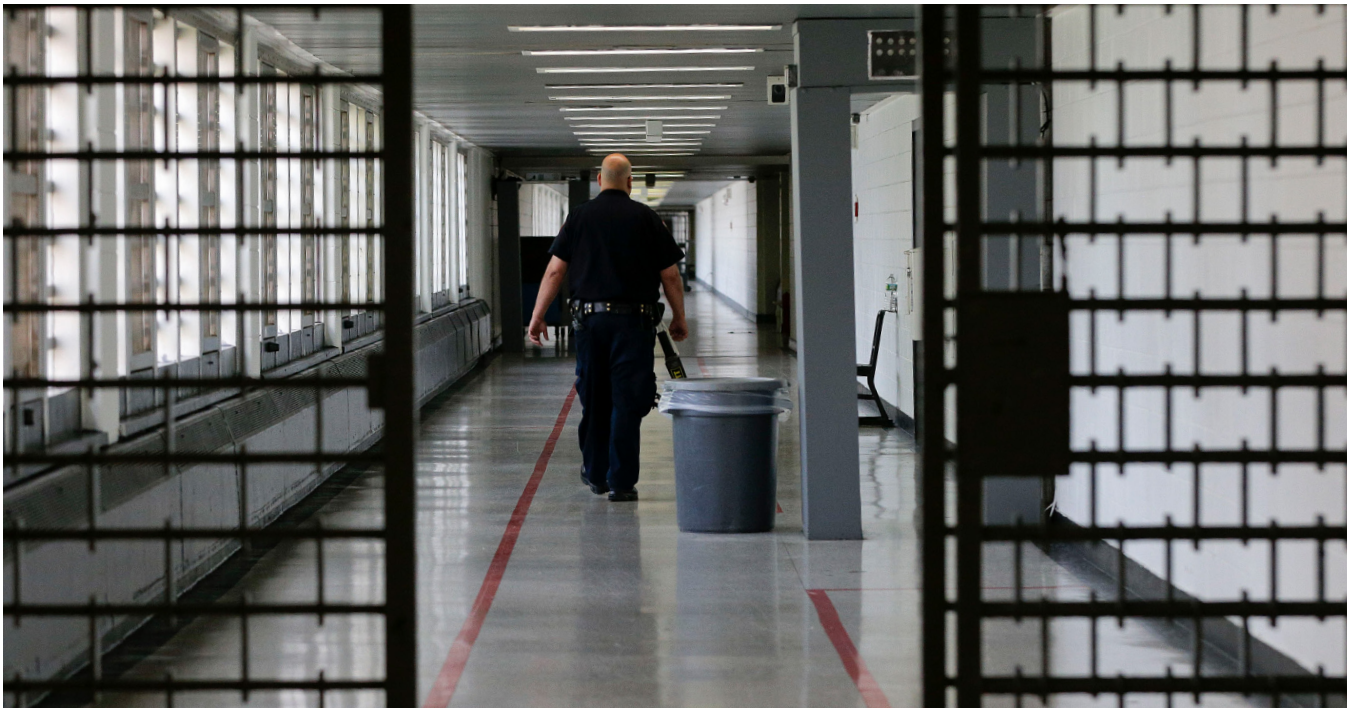
To end this unacceptable situation, **we propose 500 new secure forensic psychiatric treatment beds primarily for this very ill population, ideally at a State facility in or near New York City.** As mentioned, this would effectively raise the total capacity of the system replacing Rikers to 5,000 beds. We believe these beds will provide the capacity that is necessary to meet the needs of this population in an appropriate setting, while enhancing safety.

We envision assessments, intensive treatment, and step-down care all taking place in the units. By taking transportation challenges out of the equation, and concentrating staff to perform assessments, the 730 assessments could happen more quickly. Similarly, because the person would already be in a facility capable of providing restoration services, stepped up care could begin immediately. Once the person is restored to competency, people could remain in the same treatment facility, rather than be transferred to the jails, allowing for continuity of care. At that point, every effort should be

made to swiftly resolve people's criminal cases, to avoid decompensation and repeating the 730 cycle.

To her great credit, **Governor Hochul has proposed funding 100 additional forensic inpatient beds on Wards Island in her FY26 budget proposal.** We fully support that proposal and urge the Governor and Legislature to phase in 400 more forensic psychiatric treatment beds over the next three years. Ideally, these beds would be at or on the grounds of a State facility in or near New York City. We envision these beds would be run by health care authorities, who also provide security, as Kirby and Mid-Hudson do now.

As each tranche of these beds are brought on-line, the size and makeup of the incarcerated population should be re-assessed to determine what additional approaches or investments might be necessary. We also recommend exploring all legal options to make care in these beds eligible for Medicaid reimbursement.⁸⁹



Source: Julie Jacobson/AP

VII. Phase in Investments to Fill Gaps in Treating Serious Mental Illness and Addiction, and Combat Reoffending

VII. To create a safer, more sustainable system long-term, the City should phase in targeted investments to fill gaps in the continuum of treatment, specialized housing, and support that people with serious mental illness and addiction need to stabilize and avoid criminal activity in the first place and after release from jail.

The lack of safe, appropriate community-based alternatives to Rikers, especially housing and residential treatment for people with serious mental illness and addiction issues, means judges often feel they have no choice but to send someone to Rikers rather than release them to a shelter or the streets, where they are unlikely to adhere to treatment. Jailing these people temporarily incapacitates them, but that rarely breaks the reoffending cycle. Often, the destabilization of Rikers exacerbates people's challenges, while costing about \$1,100 per day.

It is time for a better path. The judicious use of jail should be coupled with a robust continuum of treatment, specialized housing, and support needed for people with serious mental illness and addiction, built out strategically and methodically over the next several years. Improvements and investments in such programs are critical to preventing the inflow and return of people who should not and would not be in the justice system if the right mix of services and support were available.

Thankfully, New York City is not starting from scratch – far from it. We already have a solid base of many of the services and supports that are necessary, and both the State and City have paid increasing attention to these matters in recent years. But there are clear gaps that everyone would benefit from filling with proven solutions.

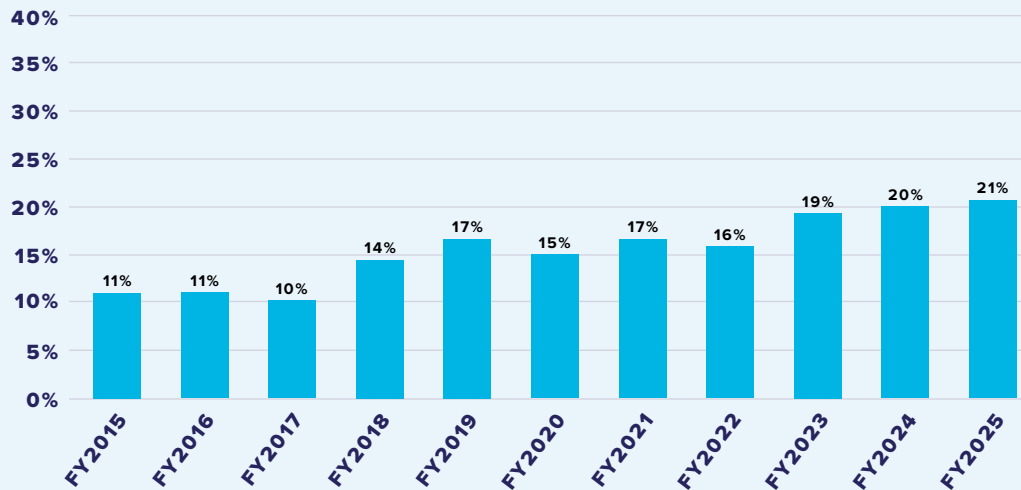
As Professor John J. Dilulio, Jr. wrote over 30 years ago: “the prevalence and severity of crime depend mainly on factors affecting individuals long before most are taken into custody. ... [They] do not depend mainly on what justice practitioners do.”⁹⁰ At the same time, as Professor Dilulio also wrote, “[u]nquestionably, the justice system affects crime and recidivism rates.” Therefore, as the [Sequential Intercept Model](#) teaches, our justice system should use each touch point with someone charged with a crime to try to intervene and divert them where appropriate.

TARGET POPULATION FOR KEY INVESTMENTS: People with Serious Mental Illness, Drug and Alcohol Addiction

As mentioned earlier in this report, with insufficient treatment options for mental illness in the community, Rikers has become the default: 57% of the people there have a mental illness, including 83% of women. **21% have a serious mental illness**, up from **11% in FY 2015 and 15% in FY 2020**. **1,400 people** at Rikers have a

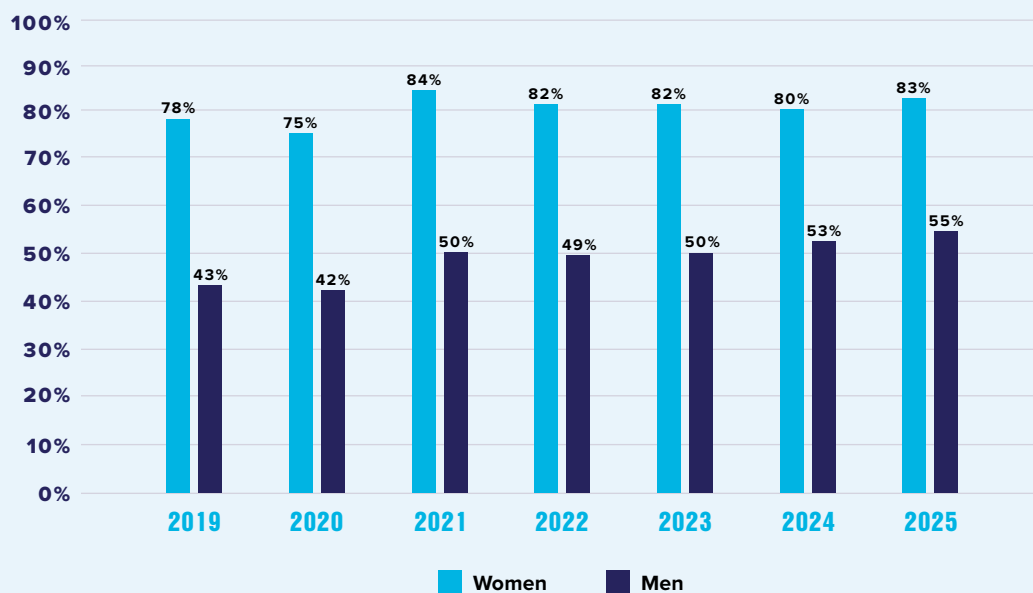
serious mental illness, up from **1,160** in February 2023.⁹¹ About 300 people in Rikers are so profoundly ill that they are unable to comprehend what is happening in their cases or assist in their defense, or have exhibited behavior so concerning that a judge has ordered that their competency be assessed.

PERCENT OF PEOPLE WITH SERIOUS MENTAL ILLNESS IN NYC JAILS



Source: [New York City Council](#).

PERCENT OF WOMEN AND MEN NEEDING MENTAL HEALTH SERVICES IN THE NYC JAIL POPULATION



Source: Data Collaborative for Justice (analysis of Department of Correction data).

Note: Each year is represented by one snapshot data point; it is not always the exact same date but is consistently within the given year's first 90 days.

People with mental illness on average stay in jail 70% longer than people without.⁹² The longer they stay, the more profound their illness often becomes, and the more they tend to be involved in serious incidents inside the jails. Missed medical appointments are a major problem.⁹³ In just six months in 2023, the **Department of Correction reported over 550 attempted suicides and instances of self-injurious behavior.** Over the past three years, at least 19 people have reportedly died by suicide, drug overdose, and other causes related to mental health at Rikers.

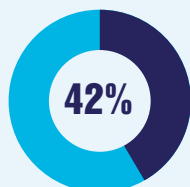
Yet, most staff lack specialized mental health training. Nor did most contemplate working with an increasingly ill population when they signed up to work in the jails.

The vast majority of people at Rikers with a serious mental illness come straight back to our communities. Frequently, they are destabilized, worse off than when they went in. The result: **35% of people with serious mental illness return right back to Rikers within just one year.** Not just rearrested – back in Rikers.

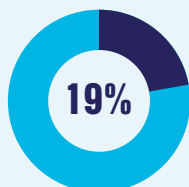
Meanwhile, almost 1,900 people at Rikers have alcohol use disorder (6 or more drinks per day), and 1,600 have an opioid use disorder.⁹⁴ Almost 900 are receiving drug treatment (13% of the population). Only 1% are receiving alcohol use disorder treatment.⁹⁵ 25% are homeless.⁹⁶

There is significant overlap between these categories. Per Correctional Health Services:

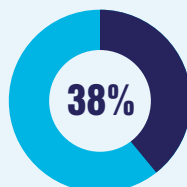
PERCENT OF PEOPLE WITH SERIOUS MENTAL ILLNESS WHO ALSO:



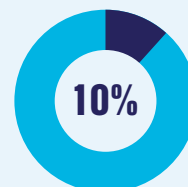
Report
Homelessness



Have an opioid
use disorder
history



Have an
alcohol use
disorder history



Have both an opioid
use and an alcohol use
disorder history

Our Commission has not attempted to create a comprehensive mental health plan for New York City – that is beyond our remit, though progress on a broader mental health approach is highly relevant to safely reducing the jail population.⁹⁷ We have focused on recommendations that should have the biggest impact on the relatively small population of people with serious mental illness and addiction who commit a disproportionate number of crimes, and land in jail. Our proposals build on existing, proven efforts which are not yet at scale.⁹⁸

Success will require leadership on multiple levels. That includes advocating for targeted investments, even when the competition for dollars is fierce. It will also require the political bravery to fight for the fair distribution of essential services and treatment facilities, with all neighborhoods doing their part (even as those facilities must do all they can to be good neighbors – and be held accountable when they do not). Ultimately, it is inconsistent to support the closure of Rikers, and all the benefits that will bring, yet oppose locating needed housing, services, or treatment. Neighborhoods that

already have more such siting – like those housing the new borough jails, or with a plethora of shelters – should receive community-led

investments that improve quality of life, from economic development to parks to affordable housing to healthcare access.

We encourage Council members, Borough Presidents, Community Boards and New Yorkers generally to welcome local siting of housing and services for people with justice involvement. We know that will take political courage. However, every neighborhood must do its part. Groups like the Fortune Society provide excellent models for how to engage the surrounding community to dispel myths and build positive relationships.

The public safety and fiscal impact of programs targeted to serve these individuals will be incremental, but should be compounding. Over time, meeting people where they are, whether that be inpatient treatment, outpatient treatment, supportive housing, vocational training, etc. will help avoid emergency room visits and shelter stays, arrests, lost wages, harm to and costs for victims, justice system and incarceration costs, and crime and disorder's drag on the economy.

As investments are phased in over the next several years, the City should regularly assess the efficacy of the programs and the City agencies and non-profits providing the services. To do so properly and fairly, the City must ensure that non-profits are paid sufficient rates to recruit and retain staff, and to track and analyze data and results. Non-profits must also be paid on time. Despite taskforces and repeated reform pledges by City leaders, NYC still often takes a year or more to pay these vital agencies. It is hard to achieve change when you can barely make payroll. Meanwhile, **poor-performing** agencies infrequently get the support they need to improve. Few are cut off when they fail to do so.

Again, this continuum would be alongside incarceration, allowing for the selection of the right approach for the person at that moment. Given the deep-rooted challenges people who cycle in and out of jail often have, treatment and support will not work for everyone, and for those for whom it does, it may take several tries. Not everyone will willingly engage with services.⁹⁹ Some people will continue to commit crimes – even if hopefully fewer and fewer – while going through this process. How much patience and tolerance to have pending treatment has no easy answer, and must be considered on an individual basis.

The following targeted investments will help fill the gaps in the continuum of treatment, specialized housing, and support that people with serious mental illness and addiction need to stabilize and avoid criminal activity. We envision these would be phased in over the next few years. Other similar investments, which will also fill key gaps, are listed in Appendix A.

A. Open 250 residential treatment beds in the community for people with serious mental illness and with co-occurring addictions

Critical gaps in the continuum of care exist today. For instance, studies show that for people with serious mental illness, the biggest factor in whether they might commit a violent crime is whether they have co-occurring substance use.¹⁰⁰ Yet, there is only one residential program in all of New York City specializing in treating this population, [Harbor House](#). It has a months-long waiting list. We estimate that 100 additional treatment beds for this population would cost City taxpayers roughly \$2.5 million per year as Medicaid will cover most operating costs.

Relatedly, judges have indicated they would be inclined to release more people with serious mental illness pending trial or in lieu of a jail or prison sentence if there were at least a semi-secure residential treatment option. No such facility yet exists, though one is slated to open in 2025: [Hope House](#), developed and

funded by the Greenburger Center. This pilot facility in the Bronx will have 16 beds for people charged with felonies who have a serious mental illness.¹⁰¹ Hope House will require people to plead guilty and agree to up to two years of in-patient treatment at the facility. They will be subject to electronic monitoring with 24-hour security on-site. People will be arrested and returned to court if they leave the program. If they complete the program, they will not be subject to any further incarceration.

Should this model prove successful, we would support similar facilities in each borough. We also recommend exploring whether a similar residential treatment option could be developed for people who are pre-trial but who do not wish to plead guilty. All such facilities should include discharge planning.

B. End waitlists for mobile mental health treatment teams

New York City and State run various mobile mental health treatment teams to try to provide care to people in the community with serious mental illness. Rather than a patient coming to an office or clinic for treatment, the mobile treatment teams go to the person, including searching for homeless people living on the street or in the subways. Many of the most ill people on the streets are initially reluctant to seek or cooperate with treatment. Some deny they have a mental illness or need treatment at all, which is actually a symptom of serious mental illness known as anosognosia. Mobile treatment teams work to establish relationships and move people toward treatment.

When fully funded and staffed, mobile treatment teams have shown significant success. For instance, one study found they reduced rates of incarceration about 30% in the first year participants were engaged with intensive mobile treatment teams.¹⁰² They cost roughly \$44,000 per person per year.¹⁰³ Again, the average cost of Rikers is \$400,000 per person per year.

Unfortunately, the teams currently have a waitlist of over 1,300 people.¹⁰⁴ We propose that the State and City together determine how to eliminate those waitlists, including for instance by ensuring that the non-profit providers have sufficient funding to recruit and retain staff.

C. Expand and strengthen supportive housing to stabilize and support people with serious mental illness, including by integrating evidence-based, community-focused supports and behavioral health services.

JUSTICE INVOLVED SUPPORTIVE HOUSING

Supportive housing – permanent housing with wrap-around services for homeless people with serious mental illness – has been found to be effective in reducing jail stays and increasing positive health outcomes. In 2023, a 10-year retrospective control-group study was released of NYC’s FUSE supportive housing program for people with an intense history of cycling between incarceration and homelessness. Most had health, mental health, and/or substance use issues. The study found that over the 10 years, 87% of the people placed in FUSE had no jail stays, vs. 37% of the control group.¹⁰⁵ Emergency room visits declined 23% and hospitalizations 19%.¹⁰⁶

Those results lead not just to better outcomes, but to significant fiscal savings. For instance, the average hospitalization costs \$108,270 per month.¹⁰⁷ The average supportive housing bed costs roughly \$4,500 per month, or \$55,000 per year, per the Corporation for Supportive Housing.¹⁰⁸

As of February 2024, 460 people at Rikers had been approved for supportive housing, after what can be a burdensome screening process.¹⁰⁹ This is surely an undercount of the number of people there who need supportive housing.¹¹⁰ In 2022, the Corporation for Supportive Housing released an estimate that over **2,500 people cycling into Rikers annually need supportive housing**. However, most cannot access it, due to limited supply and the city’s overly restrictive eligibility criteria, which effectively bar people who have been in jail over 90 days from most supportive housing.¹¹¹ The average length of stay at Rikers is 98 days.¹¹²

A City program called Justice Involved Supportive Housing (JISH) permits people with

the highest rates of jail and shelter use to access to supportive housing even if they spend more than 90 days in Rikers. However, there are only 120 JISH units citywide, well short of the need.

In 2019, the City agreed to add 380 more JISH units, bringing the total to 500. However, since then, the City has offered to pay non-profits an unrealistic rate for rent and services. As a result, not a single one of those units has come online.

In the FY25 City budget, the Council successfully won increased funding for the 125 existing JISH units for the next three years. That will help ensure they are properly maintained and staffed. But no additional money was added to the pool for the long-promised 380 additional units.

Based on our conversations with supportive housing and mental health care providers, clinicians, and program participants, we recommend that moving forward the City develop a cohort of “JISH-plus” beds. These beds would offer:

- ➔ congregate, single-occupancy units
- ➔ an accordion of services flexible enough to meet tenants’ evolving needs (usually more intensive at the outset)
- ➔ onsite clinical care
- ➔ an integrated **clubhouse community**¹¹³

Peers should be integrated throughout. People with lived experience are often able to build relationships and facilitate conversations and ease treatment. Peer counselor positions also add a career path for people with serious mental illness, who can have major challenges in finding steady employment.

We project that bringing the long promised 380 JISH units online, though as JISH-plus units, would cost roughly \$70,000 per unit, or \$26.6 million.

The Health and Hospitals Corporation (H+H) is also commendably working with the Fortune Society to create **58 supportive housing units** at Jacobi Hospital in the Bronx. This will be the

first supportive housing project in New York City for formerly incarcerated people with complex medical needs. The Mayor and his team have stood strongly for the project, known as **Just Home**, in the face of fierce neighborhood opposition, at town halls and otherwise.

BRIDGE TO HOME

Another pipeline project that would fill a critical gap is Bridge to Home, **announced by the City** in January 2025, for people with serious mental illness who are ready for discharge from NYC Health + Hospitals but have nowhere to go. For 6-12 months, Bridge to Home will provide 100 single rooms, structured recreation, and individualized, comprehensive behavioral health care on-site, including substance use disorder

treatment. H+H expects the intervention will reduce unnecessary emergency room visits and inpatient hospitalizations, decrease street homelessness and reliance on shelters, and lower interactions with the criminal justice system. People will then be placed in appropriate permanent housing. H+H expects to open the beds in FY27, at an annual cost of \$13 million.

D. Provide robust jail-based rehabilitative, education, and re-entry programming for all incarcerated people.

Jail-based programming is proven to reduce violence in jail and re-offending upon release.¹¹⁴ NYC law mandates that DOC provide at least five hours of programming every business

day to people in custody.¹¹⁵ New York City must meet this goal, and should go further to reduce idleness and ensure people are prepared as well as possible for their release.



What we see is these services bringing down idleness in the jails.

When our program was in the units, we realized there's no stabbings, no fights.

- PROGRAM PROVIDER WHO WAS ALSO FORMERLY INCARCERATED ON RIKERS¹¹⁶

Today, DOC falls far short. That is due in part to the 2022 decision to slash \$17 million in non-profit contracts. Those providers reported to the Commission that they collectively served 1,500 people every weekday: 90-150 minutes of programming per day in each of almost 200 housing areas in seven different jails.¹¹⁷ Participants were also able to continue

programming with the agencies in the community after their release. In the aftermath of these cuts, both group and individual sessions dropped significantly; and fewer of those in custody enrolled in workforce development programs. DOC did recently release RFPs to restore \$14 million for programming, substance use counseling, and re-entry. This is a positive

move, but not sufficient as even before the 2022 cuts, less than five hours of programming per day was offered.

To ensure sufficient and continuous support for programming, we recommend the City Council

mandate that a specific percentage of the DOC budget be set aside for programming. This will help to ensure that programming continues to be prioritized.

E. Provide re-entry planning and access to services for the 74% of people at Rikers who return straight to our communities, with a special focus on people with serious mental illness and who are receiving drug treatment.

In 2024, 17,000 times someone was released from Rikers straight to our communities – about 1,400 discharges a month.¹¹⁸ Each time that happens is an opportunity to ensure the person is on a better path than what led them to Rikers. Not everyone will need help or intensive services. But it should be available to anyone who would benefit. Re-entry planning is particularly important for people who have been receiving treatment inside the jails for serious mental illness and drug addiction, including medication assisted treatment, or else whatever progress may have been made will swiftly be lost, to the detriment of the individual and public safety.

Yet, too often, people are released from Rikers **without an adequate re-entry plan or support**, even when mandated by court order, as is the case for people receiving treatment for mental illness, or by law, as is the case for people serving City sentences.¹¹⁹ The goal must be to reduce the 33% of people released from Rikers who end up right back in jail (not just re-arrested, but back in jail) within one year.¹²⁰

In 2017, **the City pledged to provide re-entry services to everyone leaving Rikers**. It is not clear how close the City has come to meeting that pledge since, but unquestionably there is a major gap in doing so today.

An example was highlighted recently by a federal monitor appointed to oversee treatment of and discharge planning for people with serious

mental illness. The monitor reported that a 21 year-old man diagnosed with schizoaffective disorder and an IQ of 72 had been arrested during his hospitalization at a state psychiatric hospital.¹²¹ His social worker at Rikers noted that “Due to the class member’s cognitive limitations and lack of adaptive functioning he is unable to actively participate in discharge planning services.... It is unclear where he will live in the community.” Still, no one made efforts to contact his parents or to get information from South Beach Hospital in Staten Island about his prior inpatient treatment, beyond confirming his medications. The young man was ultimately released to his mother’s home without services in place, and he was reincarcerated two months after release.¹²²

The 6-A program’s current approach to re-entry – discussed above – should be the model for everyone leaving Rikers and heading back to our communities, particularly individualized transition plans, placement in housing when needed, and transportation to service providers.¹²³

Filling the gaps in re-entry planning will have to be phased in. DOC has recently released an RFP for re-entry services. However, until the contracts are put in place, it is unclear how many people will be served by the providers. A place to start would be the 530 people who are serving City sentences, for whom re-entry planning is legally mandated. Their release dates are more predictable than people held pretrial, which should allow other challenges to be addressed

in a more controlled setting, before expansion to the broader pretrial population. As early as possible, people should be provided a holistic assessment as to the medical and other needs. From there, caseworkers should develop a housing, employment, educational, and health

care plan for anyone who needs the help. Certified peer specialists should be integrated into this process, connecting with people before release, then assisting them through the re-entry process.

F. Grow the pipeline of future health care and correctional workers necessary to sufficiently staff the continuum of care and security we need.

Every reasonable effort should be undertaken to grow the pipeline of future workers needed for this continuum. Our City and State face major shortages in workers trained for and willing to do the jobs we need for health care and corrections, as is the case around the country. From psychiatric nurses to correction officers, significant vacancy rates are hurting service delivery. Many treatment and service programs have trouble keeping caseloads reasonable. Existing correctional staff work exorbitant overtime (though that is in large measure due to poor staffing practices by the Department of Correction), leading to exhaustion and undue stress.

Yet, our goal has to be more than filling existing vacancies. Over the next several years, we need to expand treatment and service capacity. Creative solutions are needed to recruit, train, and retain the workforce necessary for the continuum of care and security necessary for public safety. Retaining people will be in part a function of salaries, in part helping people deal with the intense nature of the job, and in part ensuring programs and institutions are run effectively.

The City Council recently established a program at CUNY to encourage people to embark on social work careers, and H+H has stood up a robust loan repayment assistance program. Other ideas that have been raised to us, which are worth exploring:

- ➔ Starting recruitment as early as middle and high school, with incentives to enter key fields, including internships, apprenticeships, subsidized education/training, bonuses, and loan repayment assistance.
- ➔ Providing benefits to people who stay in employment for 3-5 years, such as small business loans, downpayment/mortgage assistance, and full TAP benefits (regardless of prior TAP usage). People who stay in their positions longer could qualify for advanced training/certificates/degrees, greater financial incentives, etc.
- ➔ Opening new training programs and schools, possibly in neighborhoods hardest hit by crime, or in existing facilities like SUNY-Downstate.

VIII. Revamp Department of Correction Operations and Culture

VIII. Department of Correction operations and culture must be revamped to improve safety for everyone in the jails, reduce deaths of incarcerated people, enhance service delivery, and end excessive violence and lawlessness. The work must begin immediately so today's problems are not shifted to the borough-based system. Change must be pursued regardless of receivership. Any receiver must work to hasten Rikers' closure.

Newer, safer facilities in much better locations, and a reasonably smaller jail population, are essential to safety and better outcomes. But they are not enough. For everyone involved, not least the general public, jail management and operations must improve dramatically. Three quarters of people in Rikers return straight to our communities. Their treatment and experience in Rikers directly impacts how they act when they return – and the likelihood they will commit another crime.

Few things at Rikers work well. A sense of lawlessness pervades, putting everyone on edge and emboldening misconduct, assault, and more. In finding the City in contempt in *Nunez*, a Federal judge recently wrote:

[T]he current rates of use of force, stabbings and slashings, fights, assaults on staff, and in-custody deaths remain extraordinarily high, and there has been no substantial reduction in the risk of harm currently facing those who live and work in the Rikers Island jails. ... Worse still, the unsafe and dangerous conditions in the jails, which are characterized by unprecedented rates of use of force and violence, have become normalized despite the fact that they are clearly abnormal and unacceptable.

...

Since the entry of the Consent Judgment [in 2015], DOC staff have routinely failed

to follow basic security protocols and have instead relied on poor security practices. The security failures and poor staff practice—both of which have continued unabated for years—contribute to both the high levels of use of force and the overall levels of violence in the jails.

[S]upervisory failures at multiple levels of uniform leadership have been and remain a consistent and pervasive source of dysfunction within DOC. ... [T]hese failures contribute to chaos and violence in the jails, harm to incarcerated individuals, and excessive use of force...¹²⁴

As of the drafting of this report, the Federal Court is considering seizing control of the jails and appointing a receiver to take some measure of control of the Department. Whether or not the Court takes that rare step, and no matter who is in charge of the jails, no one can reasonably question the need for dramatic change in how DOC operates.

Rikers struggles to deliver basic services to incarcerated people. Anything that requires leaving a housing area, such as visiting a medical clinic or hospital, meeting with a lawyer or family member, going to recreation, or attending school requires an officer to escort the person. Due to staffing issues, including mismanagement, escorts are often unavailable.¹²⁵ That means people cannot access the services they need. That not only delays people's cases

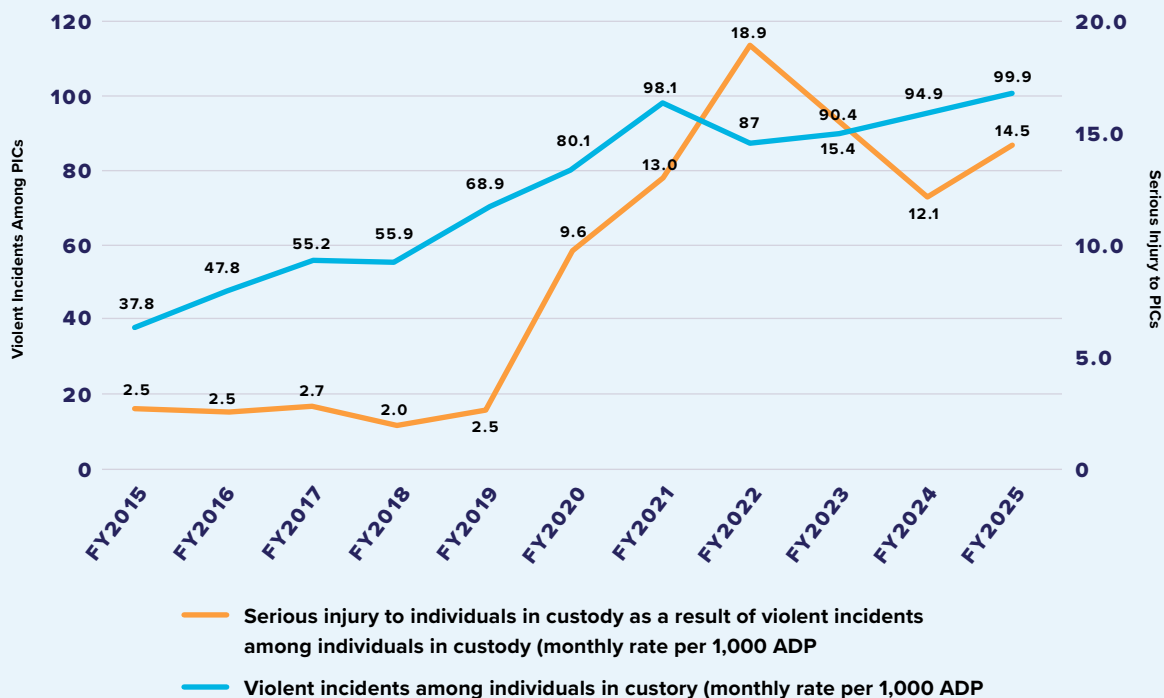
and prevents them from receiving medical care, but it leads to frustration, and at times to violence. Certain people were allowed to move unescorted in the past (with officers stationed at key points along the way), a common practice outside New York City; however, Rikers stopped doing this years ago due to security concerns.

The artificial inflation of the jail population adds to the challenges facing DOC. Not only are more escorts needed for more people, but having to house this many people requires operating more jails and housing areas. For instance, the Department recently re-opened parts of the Anna M. Kross Center, the largest jail on Rikers. The jail was closed in July 2023 after then-DOC

Commissioner Louis Molina testified more than once that the building was beyond reasonable repair, including about 800 cell doors that did not lock properly.¹²⁶

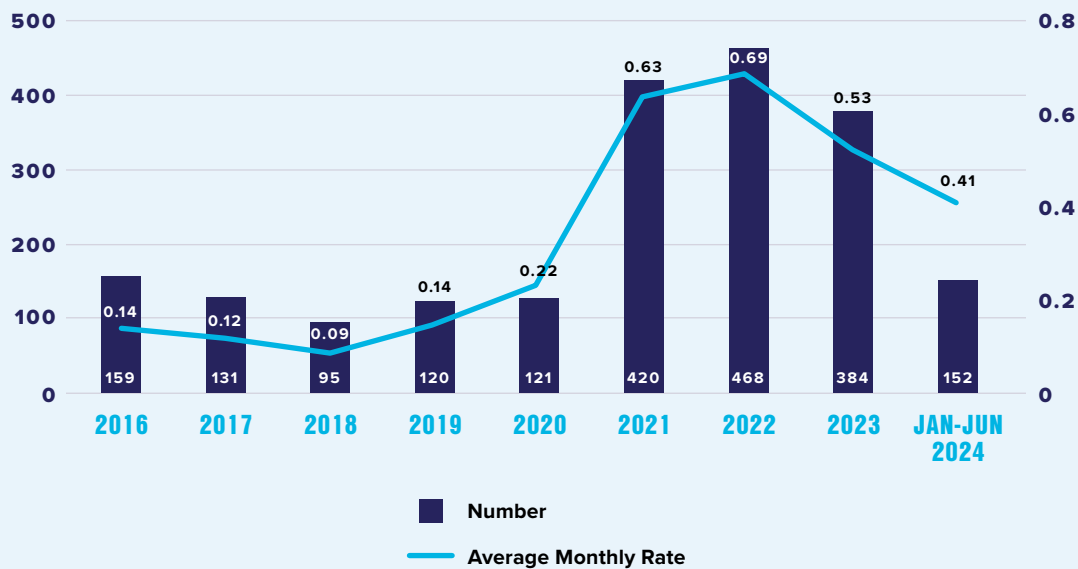
The inflated population also stretches line staff and supervisors even more thinly, adding to the need for overtime. The deteriorating physical plant at Rikers is also a source of major concern. Even though the Rikers jails will be closed within a few years, it is unacceptable to subject incarcerated people and staff to unsafe conditions in the meantime. Therefore, any urgent repairs must be undertaken to ensure people are safe and in habitable conditions.

MONTHLY VIOLENCE AND SERIOUS INJURY AMONG PEOPLE IN CUSTODY 2015-2025



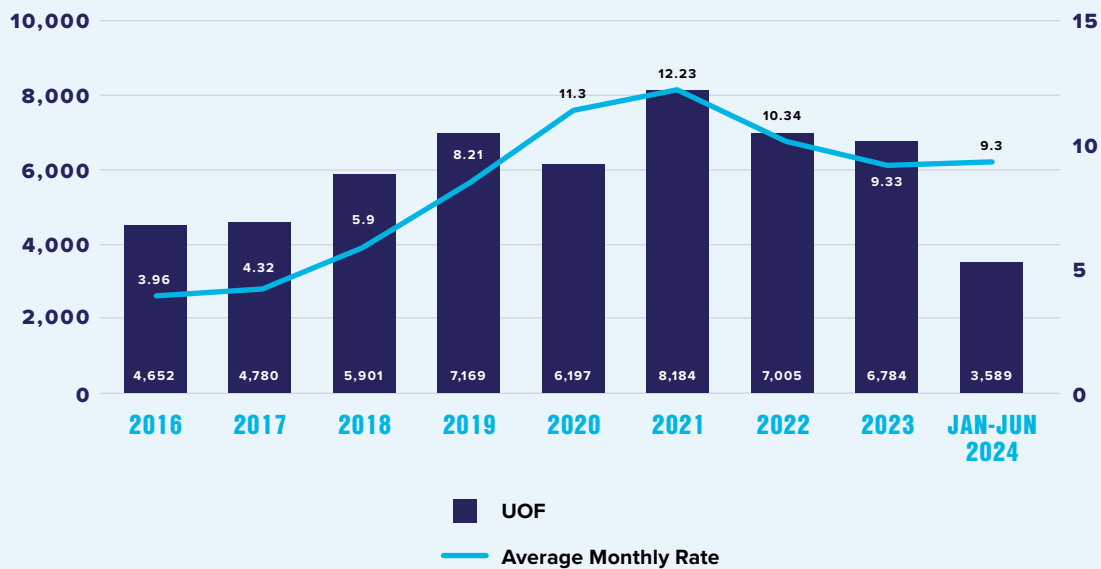
Source: New York City Council, [Report on the Fiscal 2026 Preliminary Plan and the Fiscal 2026 Preliminary Capital Commitment Plan for the Department of Correction](#)

SYSTEMWIDE NUMBER AND RATE OF STABBING/SLASHING, 2016-JUNE 2024



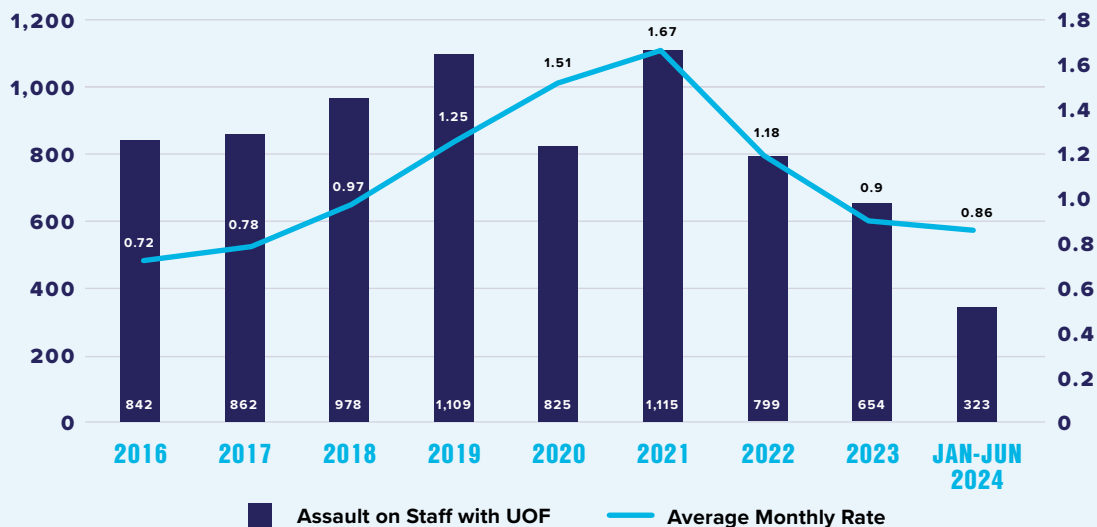
Source: [Status Report by the Nunez Independent Monitor](#), November 2024

SYSTEMWIDE NUMBER AND RATE OF UOF, 2016-JULY 2024



Source: [Status Report by the Nunez Independent Monitor](#), November 2024

SYSTEMWIDE NUMBER AND RATE OF ASSAULTS ON STAFF WITH UOF 2016-JUNE 2024



Source: [Status Report by the Nunez Independent Monitor](#), November 2024

A. Change is Required Across the Department of Correction

From our first report, the Commission has called out the importance of culture change and the urgent need to start this work immediately, rather than waiting until the new borough-based facilities are opened. Reform must span recruitment, training, supervision, assignments,

scheduling, operations, and staff support, not to mention DOC's spoken and unspoken cultural norms. Success for these and other efforts will depend on the buy-in of DOC staff, and of incarcerated people. The well-being of both is deeply and inextricably intertwined.



Centering the voices of staff and people incarcerated is crucial This means actually having solution-focused discussions with both groups where the problems that exist are laid out and collectively solutions are developed. When people see themselves in the answer and when people feel like they are a part of creating something, they are more likely to protect it.

This democratic style of leadership allows for changes to take root even when there is a different leader who is put in place, because the staff are going to outlast the person who is in charge. Sadly, many incarcerated people will also outlast the people who are in charge.

- **NNEKA JONES-TAPIA,**
FORMER WARDEN OF COOK COUNTY JAIL, CHICAGO¹²⁷

We support a focus on four key areas, as outlined by Commission members Dr. Michael Jacobson and Margaret Egan and their colleagues in their [blueprint for changing the culture of DOC](#):

- ➔ **Strengthening accountability through strong management and performance measurement**
- ➔ **Reenvisioning key policies and practices**
- ➔ **Revamped recruitment and hiring efforts that ensure new staff members share the new vision for the department**

➔ **Enhanced education, training, and support for staff**

Fortunately, the Department can build off a core of strong uniformed, civilian, and health care staff and leaders, and a range of home-grown ideas and programs that have shown promise. This includes on-going attention to steady staffing and increased programming with young adults at RNDP, recently-released RFPs for programming, drug counseling, and education, and Crisis Intervention Training to help staff work with people with serious mental illness.



Source: Ted Shaffrey/AP

INCORPORATING THE PERSPECTIVES OF STAFF IN PLANNING AND DESIGNING FOR THE FUTURE OF CORRECTIONS

In developing the recommendations for this report, Commission staff and members met with both correctional union representatives and facility staff. SSEU Local 371 and SEIU 1199 both graciously assisted us with setting up opportunities to hear directly from their membership who work on Rikers Island. Across the board, it was clear that staff desire a mechanism for input into the new facilities and the future of corrections overall. While staff weighed in on a number of diverse topics that are touched on throughout the report, a few representative quotes of issues that came up consistently are reflected below:

On the need to address problems at Rikers today while planning long-term

“What happens to Rikers now, before 2029? Are we operating under the mindset that Rikers Island is crashing? We have no AC here now; the facilities are falling apart. How will repairs work in the meantime?”

On the challenges of a larger jail population and the need for dedicated mental health beds

“For this to be effective, courts have to move cases along faster and more efficiently As we prepare for this transition, what are we doing to reduce the jail population?”

“You need your own jail just for mentally ill patients, staffed with mental health professionals... . Psych hospitals around the city have been closed. With the high rate of mental health patients in general, not even (just) incarcerated people, there’s a need to reopen those kinds of psych facilities.”

On programming

“We need a GED program, culinary programs, and different kinds of education...when creating programming spaces, these rooms should not just be four walls. They should have a blackboard, something to write on, and some sort of projector. Classrooms should have access to YouTube, and other ways to present educational content. It is important for the guys to have these resources that aren’t on the tablets they’re currently using, especially for visual learners.”

Although union representatives were clear that meeting with the Commission did not indicate that they supported the plan to close Rikers Island overall, we were deeply grateful to have the opportunity to hear their perspectives and, critically, to hear directly from many staff who work on the island. It was also clear that staff had many legitimate questions about the future of corrections and the implications of the plan for their livelihoods and place of work. Future planning should continue all efforts to engage with both union representatives and staff directly to ensure that their perspectives are heard and that they have as much information as possible on these issues which will impact their lives significantly.

B. Transform a Current Jail into a Laboratory for Reform and a Model Jail

Given the scope of the problems at Rikers, and the almost constant drumbeat of crisis, it can be hard to know where to start. We strongly suggest that within the next six months, one of the existing jails on Rikers should be transformed into a laboratory for reform and ultimately a model jail. Policies and practices for this facility should be jointly developed by a range of actors, from correction officers, health care and civilian staff, and their unions, to currently and formerly incarcerated people and their families, service providers, attorneys, etc. Input, training, and support could be procured from jail and prison systems outside New York City, and from experts like those at [AMEND](#) and [Chicago Beyond](#). DOC could also learn from other bureaucracies in New York City. For instance, the Sanitation Department, Fire Department, and NYC Health + Hospitals have much better track records

at ensuring essential posts are fully staffed. Private businesses like logistics, shipping, and transportation companies could also provide guidance about responsive staffing.

Providing adequate resources and a reasonable timeframe to test what works best will be key. Private funding could be harnessed to spur innovation. DOC could undertake micro-experimentation where different approaches are tested out simultaneously in different housing units. Any laws or union contracts that prevent experimentation should be amended or renegotiated as needed. The best ideas should be instituted permanently, as part of making that jail a model facility. Those successes should then be methodically expanded to other jails, with fidelity and adequate staffing and resources.

Ideas to explore and implement in this model jail, alongside a full complement of programming and services, include the following, which once honed can be rolled out across Rikers and then in the borough facilities:

- **Assign staff to work steady assignments on steady teams with steady supervisors.** This will enable correction officers to build trusted relationships with each other and with their supervisors, and to better understand the incarcerated people in their care. That will reduce miscommunication, inconsistent expectations, and stress.
- **Mentor correction officers, captains, and other supervisors,** especially newly hired or promoted staff.¹²⁸ Mentors could be hired from outside DOC, at least until a steady roster of mentors is developed.
- **Provide incentives & rewards for staff for good performance,** including de-escalation, and tie promotions and preferred assignments to good performance. Union contracts and civil service law may have to be altered to permit this.
- **Provide incarcerated people with opportunities to earn privileges for good behavior and participation in programming.** The goal should be to incentivize compliance with rules and re-entry preparation.
- **Ensure swift, certain, consistent, graduated discipline for staff and incarcerated people.** This approach is proven to be the soundest practice when trying to deter and limit misconduct; it is more effective than the uncertain prospect of a harsh punishment.

- **Try out 10-hour shifts, fewer days a week,** rather than current 8-hour shifts. Studies performed to date indicate officers serving 10-hour shifts have higher quality of work life, get more sleep, and work significantly less overtime.¹²⁹
- **Offer [Crisis Intervention Training \(CIT\)](#) to many more staff.** CIT teaches officers and health care staff to operate as a team to effectively work with people with serious mental illness. The ranks of CIT-trained staff have been greatly depleted since COVID.
- **Provide leadership training for captains and other supervisors.** These front-line supervisors are essential to change. Whether natural leaders or not, everyone could use tips on how to be a strong supervisor and mentor.
- **Establish regular performance evaluations by people's direct supervisors** and tie the evaluations into decisions on promotions, specialized, and awarded posts.
- **Provide incarcerated people with more individual choice and responsibility,** similar to the [64-bed unit](#) at Pennsylvania's SCI Chester and modeled after some European approaches to incarceration. For instance, residents in the SCI Chester unit order groceries and cook in a communal kitchen, alongside officers. While its long-run effects remain under study, it appears to have raised the quality of life for both incarcerated people and officers, helping reduce violence and disorder. Among the promising impacts: breaking down the divide between officers and incarcerated people and replacing it with a feeling of shared goals: supporting people for life after incarceration.¹³⁰

When successful, a model jail can create champions among even the most initially skeptical staff members, and provide tangible, concrete evidence that conditions can and do improve. It is not necessary for the facility or units selected to be high-performing to begin with. To the contrary, these models are more powerful when they transform the most violent or otherwise dysfunctional places into safe, humane ones where staff want to work and people in custody are stable and can make real progress.

C. Transform the Department into a High Reliability Organization

When we speak of culture, and the need for change at Rikers, we mean the spoken or unspoken beliefs, values, assumptions, and expectations that drive an organization and how its members think and act. At Rikers, as with many organizations, there is not one monolithic culture or one way of operating. Instead, due in part to frequent changes in leadership and focus, individual jails have fragmented into siloed subcultures. An officer moving from one facility to another at Rikers may experience disparate leadership priorities, overtime policies, personnel assignments, discipline, and more. This can lead to lack of trust, poor

communication, and lack of clarity around key performance expectations, such as use of force.

DOC should aim to stabilize and standardize its approach across all facilities by becoming a **High Reliability Organization** (HRO). HROs are complex, high-stakes organizations that could easily be prone to disaster yet largely avoid accidents and mistakes (think well-run hospitals or military branches). Critically, staff in HROs learn their roles and then can perform relatively interchangeably. Transfer between units should not require learning a different approach to the same issues.

HROS ARE CHARACTERIZED BY FIVE KEY PRINCIPLES

- ➔ **Preoccupation with failure:** attend to near misses, and continuously monitor for failures of all sizes, as even small problems can lead to much larger ones if not addressed.
- ➔ **Reluctance to simplify:** recognize that problems may have multiple causes, and avoid using simplistic explanations and convenient categories at the expense of deeper investigation of circumstances and processes.
- ➔ **Sensitivity to operations:** ensure situational awareness of events and processes as they unfold.
- ➔ **Commitment to resilience:** ensure systems can react quickly and adapt as needed when failures or errors occur to ensure functionality even when setbacks occur.
- ➔ **Deference to expertise:** ensure that the people most knowledgeable are directly engaged in decision-making and problem-solving, regardless of their position in the hierarchy.

This approach would enable the Department to continuously grow and adapt; promote more inclusive, effective decision-making that is grounded in staff expertise and conditions on the ground; and enable the Department

to learn from past performance and avoid making the same mistakes. Given the size and scope of DOC, it may make sense to roll out standardization and lessons learned in phases, jail by jail.

D. Pursue Correctional and Health Care Accreditation

DOC should also work to secure correctional and health care accreditation. Organizations like the National Commission on Correctional Health Care (NCCHC) do more than set minimum standards, they set ambitious goals for strong organizations. A [recent control group study](#) found U.S. jails that earned NCCHC accreditation

improved significantly.¹³¹ Mortality dropped over 85% in the six months after NCCHC completed its certification process. Staff communicated better, felt better trained and more valued at work. Returns to jail dropped 13% three months after release and 21% after six months.¹³²

E. Staff Wellness and Support

Correction officers and other jail-based staff have incredibly stressful, often thankless jobs. After all, when the most challenging, dangerous people are arrested and taken off the streets, it is the staff at Rikers that have to handle them and try to keep everyone safe.

Work-related stress can negatively impact officers' health, their work performance, and the lives of their families. Officers are required to work overtime frequently, disrupting their personal lives, denying them adequate rest and time off, and increasing the chance of burnout. Staff are subjected to frequent violence, and must be hyper vigilant even when nothing is happening. The more tired and stressed staff are, the more likely they will make mistakes or react badly in critical situations.

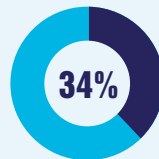
Working as a correction officer can take a tremendous toll: according to the New York State Office of Mental Health, the average life expectancy for an officer is 16 years shorter than that of the average American.¹³³ **34% of correctional staff in security roles have post-traumatic stress disorder (PTSD), 36% experience depression, and 25% of correctional staff experience both PTSD and depression.**¹³⁴ Officers need proper support to maintain their

own mental health, particularly in the wake of traumatic events, or they are more likely to burn out, harm themselves, or harm others in their personal and professional lives.

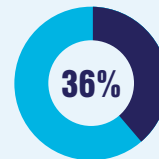
We recommend providing officers and other staff with mental health support that goes beyond access to the DOC CARE team. Some officers told us they feel CARE team services are not confidential and may negatively impact their careers. Connecting staff to impartial service providers not affiliated with DOC may allay those fears and encourage greater use.

In addition, we recommend that DOC create standard operating procedures to connect officers to care immediately after they are involved in a traumatic incident. Providing officers with the space and support to process their experience will help mitigate the worst effects of trauma and lower the chance that the stress they experienced impacts colleagues, incarcerated people, or loved ones. We were pleased to see DOC open a staff wellness center at one of the jails on Rikers recently, including a “serenity room” for use after stressful events.¹³⁵ We look forward to the promised expansion to other facilities.

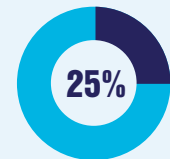
The New York State Office of Mental Health reports regarding correction officers:



Have
PTSD



Experience
Depression



Experience
Depression + PTSD

F. Accountability and Discipline

Very few people feel the disciplinary process at Rikers is fair or effective. Officers, captains, and correction union leaders repeatedly told us they believe uniformed staff receive strict oversight and discipline, but incarcerated people face few consequences for their misconduct. Meanwhile, the Federal *Nunez* Monitor and advocates for incarcerated people frequently lament what they see as a poorly functioning employee disciplinary system that they feel holds too few staff accountable and delays accountability too often.

The result is the impression on all sides that misconduct will rarely be met with consequences. That perception leads to lawlessness, and emboldens people to act out, sometimes violently. That has to change.

Best practices suggest using incentives and rewards for positive behavior and swift, certain, graduated discipline for misconduct. Such an approach is proven more effective than deferred or potential severe punishment.¹³⁶

INCENTIVIZE POSITIVE BEHAVIOR

Staff should be recognized and rewarded for helpful initiative, de-escalation, and leadership. It should never be taken for granted how difficult de-escalation is, especially staying calm and patient enough to use various tools effectively. Successful efforts should be immediately praised and proportionately rewarded. Wherever possible, those efforts should be taken into account in promotion and specialized post decisions.

Similarly, incarcerated people should be able to earn privileges through good behavior, whether individually or by housing unit. People could then lose some or all such privileges for poor behavior, as part of graduated consequences. While the Department has tried this approach at times in the past, it has not been consistent across housing areas and jails. Nor has the Department been persistent, repeatedly allowing initiatives to wither.

IMPOSE SWIFT, CERTAIN, GRADUATED DISCIPLINE FOR MISCONDUCT

For more serious misconduct, the accused person, whether an incarcerated person or officer, should be immediately removed from the post or housing area where the misconduct occurred. Too often, someone who assaulted or

seriously harassed (including sexually) another person remains in place, reiterating the message that people can harm others without repercussion.

STAFF

On the staff front, the *Nunez Monitor* has found the Department of Correction “unable to promptly impose meaningful discipline,” adequately identify misconduct, or hold staff or supervisors accountable.¹³⁷ For instance, among incidents that occurred between January and June 2024, only 16% of the roughly 1,000 full investigations into potential improper uses of force were completed within the mandatory 120 days. Just 37 cases were referred for formal discipline, significantly fewer than the Monitor felt merited. At the end of June 2024, 567 investigations of uses of force remained pending from 2023, leaving the Monitor to conclude “the opportunity for timely discipline has clearly been lost.”¹³⁸

Even when investigations were completed, the Monitor found they were “often incomplete, inadequate, or unreasonable. Investigators often failed to complete necessary interviews with staff or persons in custody, did not identify all salient issues, disregarded objective evidence of misconduct, discredited allegations from people in custody without evidence, and recommended insufficient employee corrective action.”¹³⁹

Staff have also reported inconsistent disciplinary practices across different jails. They have stated those mixed messages create confusion about what is expected of them, and a sense of unfairness. DOC has pledged to address this, though it will require sustained attention.

INCARCERATED PEOPLE

Adjudication of misconduct allegations must be swift, but fair. When misconduct is found, it should be met with graduated, appropriate consequences, imposed immediately. If that entails imposition of restrictive housing, that unit should provide programming and treatment with the goal of addressing the underlying reasons for serious or violent misbehavior.

If prosecution is merited, people should be swiftly arrested and brought to trial. Today, those prosecutions often move slowly, even with significant camera coverage in the jails (provided the cameras are in good working order). Cooperation of incarcerated witnesses (and sometimes staff witnesses) can be hard to secure. Convictions often result in concurrent sentences. This can reinforce the impression that there is little consequence for violence in Rikers.

G. Deadlocking of People with Serious Mental Illness Cannot Be Tolerated

There has been much debate over the use of isolation at Rikers. Over the past several years, DOC has altered and limited the use of isolation significantly, placing restrictions for young people, people with serious mental illness, and now the population as a whole. Specialized housing units were developed, some of which are no longer used. Enhanced Supervision Housing is the current officially sanctioned iteration.¹⁴⁰

These changes are often blamed for the rise in violence at Rikers, which has gotten worse during the same time period. It is notable that even before solitary and isolation were restricted, the levels of violence at Rikers were already so egregious as to be unconstitutional, as the Federal Court in *Nunez* has pointed out repeatedly – and as the City agreed in reaching the *Nunez* consent judgment back in 2015.

Staff reportedly have begun to take measures into their own hands. In October 2024, allegations surfaced of an unacceptable practice called “deadlocking” of people with serious mental illness.¹⁴¹ Reports indicated that people with serious mental illness were being locked in their cells for days and

sometimes weeks straight, after some level of misconduct or perceived threat. Reasons given reportedly ran from assault to a person with serious mental illness looking at a correction officer “inappropriately and made her feel uncomfortable.”¹⁴² Deadlocking allegedly repeatedly took place in specialized units designated for people with serious mental illness, including to people so ill they were not competent to stand trial. State psychiatric hospitals are meant to take them, but they have no available space. So, the people are stuck in Rikers, often for months.

During the “deadlocking” period, people were reportedly not allowed out of their cells at all. As Correctional Health Services generally does not provide treatment through cell doors, that meant people often would not receive medication or treatment. Health care staff reported seeing people profoundly decompensate, including smearing their cells with feces.¹⁴³ Health care staff reportedly felt powerless to intervene, and DOC leadership claimed it had not known of the practice.¹⁴⁴ DOC has promised investigations, but their status is unclear. New DOC and CHS policies should be implemented to ensure deadlocking no longer occurs.¹⁴⁵

H. Recruitment and Retention

The Department of Correction has been facing unsustainable levels of attrition over the past few years. Between January 2022 and October 2024, DOC graduated 557 uniformed staff from the academy, but 2,325 left.¹⁴⁶ That includes 147 people who left after less than a year of service, and 62 who left after 1-2 years of service.¹⁴⁷ That indicates many of the new hires left relatively quickly. While we believe the Department will not need as many officers in the borough-based system, losing staff at the current rate will be extremely detrimental.

For years, recruitment of friends and relatives by existing officers and staff has been an essential piece of recruitment. However, staff told us that while they might have encouraged others to join near the outset of their career, given very difficult conditions in the jails, including the sense of lawlessness and perceived lack of accountability, they would not do so today.

DOC also used to rely heavily on a generous salary and a strong pension. However, research shows that most people are no longer looking for a career for life, so monetary rewards 20+

years down the line hold less appeal. Instead, the number one reason Gen Z and Millennials chose an employer is work-life balance, something too often absent among correctional staff.¹⁴⁸

It is time for innovative approaches. Not only should DOC consider changing shift schedules to allow employees to work condensed workweeks, but if DOC can position a career in corrections as a step on a broader professional journey, it may be able to attract more people

to the job. To do so effectively, New York City and New York State should work with unions and their members to develop educational and career support incentives for people who stay in key positions for three to five years. That could include TAP benefits and low-interest small business loans. People who stay in their positions longer could qualify for advanced training/certificates/degrees, greater financial incentives, etc.

I. Training

In 2023, the Department of Correction lowered educational requirements for new officers, eliminating the requirement that officers have at least 39 college credits.¹⁴⁹ DOC also cut the time spent training at the academy from six to three months, and extended the on-the-job training period.¹⁵⁰ In practice, this means new officers have less time to learn best practices before being thrust into challenging roles interacting directly with incarcerated people.

One such best practice is Crisis Intervention Training. Adapted in-house to train correction officers and health care staff side-by-side on how to best work with people with serious mental illness, the ranks of officers with CIT was

massively depleted during COVID. DOC should provide CIT more broadly to ensure a sufficient number of staff have the skills and resources they need to deal with the 21% of the Rikers population with a serious mental illness.

More broadly, DOC should also look outside the Department for training ideas. For instance, correction officers in Norway undergo two years of training and receive significant training not just in security, but also law, ethics, and social work. Meanwhile, job descriptions there focus on therapeutic and rehabilitative services. Closer to home, the Department of Probation has extended its training from 12 weeks to 5 months, and reports being pleased with the results.

J. Calibrate Staffing Levels to Support Safe, Efficient Facilities

The Department of Correction is budgeted for 7,060 uniformed staff, a level projected to extend out at least the next three fiscal years.¹⁵¹ Given DOC's attrition rates and difficulty hiring staff, it is very unlikely DOC will meet that budgeted number. Even if it could, DOC has not demonstrated that is the correct number of staff.

The Department of Correction should be able to produce up-to-date staffing plans for every facility and every specialized unit, taking into account the physical layouts, safety, and service

needs of the population. For example, jails like those at Rikers with longer hallways and bad sightlines need more staff than newer facilities designed with cells clustered around common areas.

Budget requests should be based off DOC's internal analyses. However, it is unclear that such analyses exist for all divisions of the Department. In fact, when the Federal Monitor hired a long-time correction expert to develop one (in the absence of DOC producing one

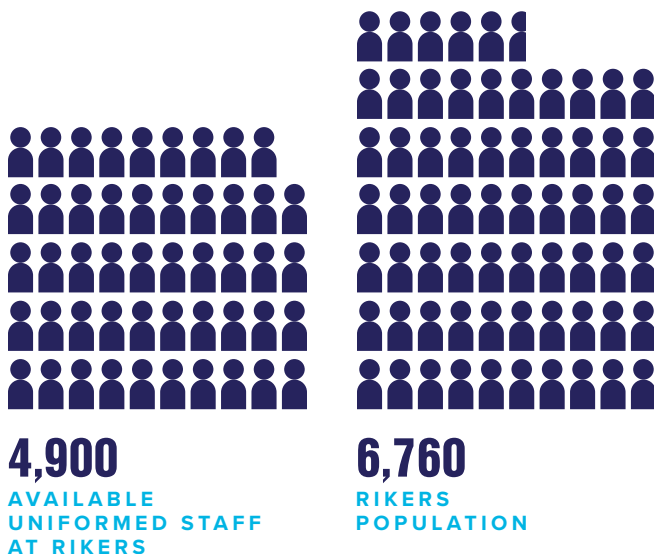
itself), the expert was flummoxed by the lack of information about staff assignments, and effectively concluded a proper analysis was not feasible.¹⁵² Now, apparently, the State Commission on Correction is doing an analysis, but only of one jail.¹⁵³ While welcome, that is not enough. And until that analysis is complete Department-wide, it is hard to understand how staffing and budget decisions are being made.

We recognize that measures like officer-to-incarcerated-person ratios are at best a rough proxy for adequate staffing. What works in one facility or jurisdiction may not work in another. Nor are most U.S. jails or prisons sufficiently staffed to provide real safety and services, so comparisons with those institutions may not be appropriate. However, the officer to incarcerated person ratio at Rikers is indicative of just how much money is being spent by DOC today – with very poor returns. DOC’s annual total budget is proposed to be \$2.875 billion in FY26, or more than \$400,000 per incarcerated person.¹⁵⁴

DOC has 6,021 uniformed staff for a jail population of 6,760—or a ratio of 0.89 correction officers for every incarcerated person.¹⁵⁵ That is one of the most richly staffed jails in the country. The average jail in the United States has 0.25 officers for every incarcerated person.¹⁵⁶

The Federal Bureau of Prisons is budgeted for 0.13 officers for every incarcerated person.¹⁵⁷ In Scandinavia, there is a ratio of 1 officer—or on occasion, even more—for every incarcerated person. However, officers there are often trained in social work and other therapeutic practices. They provide programming and support beyond supervision. In contrast, at Rikers, civilians not officers generally provide those services.

Even though Rikers is richly staffed on paper, that does not tell the full story. On a given day, 7% of staff are out sick, 5% are on modified status, barring them from working directly with incarcerated people, and another 6% are on some form of leave (vacation, FMLA, military service, etc.).¹⁵⁸ That leaves just over 4,900 uniformed staff actually available to work, a ratio of 0.73 officers for every incarcerated person. Uniformed staff who are available are often poorly allocated. For instance, some are assigned to what could be civilian roles, where they do not actually interface with people in custody. All this contributes to the paradox of understaffing in the facilities, where no matter how many people are available in theory, too few are around to escort people and consistently staff other necessary posts. That puts everyone in the jails at unnecessary risk.



0.73 TO 1

AVAILABLE UNIFORMED STAFF
FOR EVERY 1 INCARCERATED
PERSON AT RIKERS

K. Adequate Staffing in New Borough-Based Facilities and Operational Savings

Looking ahead to the borough-based jails and secure hospital beds, DOC must calibrate staffing to be efficient and effective. Each floor and operational plan should be carefully assessed and staff allocated as needed. Union contracts, State and City regulations must be considered, though arbitrary or outdated mandates should not be permitted to drive unreasonable staffing allocations.

As the new facilities' floor and operational plans are not available yet, it is difficult for our Commission to be precise as to staffing needs. That said, the new buildings should be much more efficient than Rikers. Instead of long corridors, blind spots, and deteriorating conditions, the modern jails to come will have safer, smarter layouts with few blind spots

(supplemented by large numbers of cameras), programming and medical space on many of the units or at least on the same floor, and recreation space in every unit. Furthermore, we project an average daily system-wide population of roughly 4,500 people, a significant decrease from today.

Therefore, we think it reasonable for DOC to be able staff the new system, using a direct supervision model, at a staffing ratio similar to its true ratio today: 0.72 officers for every incarcerated person. For a jail population of 4,500, that would mean 3,240 uniformed staff.

The number of civilian staff available to work in the jails could even remain the same as today: 1,746 budgeted positions.¹⁵⁹ Roughly 1,500 civilians are actually on payroll today.

L. Design State-of-the-Art Facilities that Encourage Positive Behavior

The importance of design goes well beyond the need to replace the crumbling, decrepit facilities on Rikers Island. Good design can facilitate better relationships between officers and people in custody, increase feelings of trust and respect, ensure adequate dedicated space to meet the needs of those working and held in the facilities, and allow for freedom of movement to the fullest extent possible.

In our first report, we laid out a series of key design principles that should be incorporated into the facilities; we briefly reiterate those principles here. At the same time, we stress the need to engage those directly impacted by the design in thinking through what these facilities should look like, including people currently or formerly in custody and their families, correctional staff, medical and civilian staff, service providers, parole officers, and defense attorneys.

Direct supervision should be central to the design of the new facilities, something DOC appears

to be pursuing, based on the jail designs made public to date. Direct supervision is exemplified by clear sightlines across central dayrooms that are surrounded by residential pods. This enables officers posted in the dayrooms to view everyone housed in the units at the same time, and breaks down both physical and metaphorical barriers between them. These units also should have direct access to outdoor recreation.

A direct supervision approach bolsters opportunities for officers to build constructive relationships with incarcerated people. This will help officers identify and meet the needs of those in their care, while also anticipating potential problems or conflicts. Importantly, direct supervision facilities reduce staffing needs, enabling officers to be deployed more judiciously and effectively.

The facilities themselves should be built around a town center accessible directly from housing units, designed to meet the medical,

mental health, programming, legal, and other needs of people in custody. The town centers should include clinical space for both physical and mental health providers, and a pharmacy where those in custody can readily receive their needed medications. Dedicated programming space that is flexible enough to accommodate multiple types of current and future programs and technologies is essential.

The facilities should utilize normalized fixtures and furnishings wherever possible. They should be designed to reduce noise, increase access to natural light, regulate temperatures, and generally provide comfortable, high-quality, and well-maintained spaces for both staff and people in custody. Using normalized, secure furnishings in place of steel can reduce noise and ease cold temperatures.

Visitation rooms should be comfortable, naturalized spaces that facilitate positive interactions between people in custody and their loved ones, including especially children. These units should be staffed by specially trained officers who have volunteered for

the position. Where physical visitation is not possible, increased use of technology can allow for more virtual visitation, including via tablet within individual cells.

Critically, current designs should be reviewed to ensure that there is full access to sufficient outdoor space – outside of just the housing units themselves – and sufficient daylight access through windows. Further, staff consistently identified that equally important to the borough jails' design, is the facilities' ability to function effectively. Designs should maximize ease of maintenance. There must also be commitment by the City to performing appropriate maintenance and repair. Particularly in a vertical environment, ensuring that elevator maintenance, for instance, and other repairs are prioritized and that facilities are not allowed to fall into a state of disrepair is essential.

Both the NYC Department of Correction and the New York State Commission of Correction, which approves plans for the new facilities, must make these design principles foundational to their design and approval process.

IX. Borough-Based System Will Save Over \$2 Billion Per Year Once Up and Running

IX. Once opened, the safer, more efficient borough-based system we recommend, with 5,000 total beds, will save New York City over \$2.4 billion annually in operating and overtime costs. In contrast, the City will owe \$1.24 billion in annual bond payments for the system's construction, a net savings of \$1.2 billion annually, once the new system is up and running.

Construction of a safer, more efficient borough-based system, including the 500 new locked forensic psychiatric beds we call for here, will be paid for by bonding out the costs over 30 years, much like a home mortgage. We estimate the savings from leaving behind the multi-billion dollar failure of Rikers will significantly outweigh the construction costs of bringing the system online – even with the major increases

in cost since the pandemic struck. **We project New York City will net \$960 million per year in savings, once the new borough system is fully operational and Rikers is closed, with potential for more.**¹⁶⁰ This coming fiscal year, the City has proposed spending \$2.87 billion on Rikers, or over \$400,000 per incarcerated person per year.¹⁶¹

**Total Annual Operating Savings in New Borough-Based System:
At Least \$2.4 Billion**

- **Operational savings:** Smaller staffing ratios and operational efficiencies made possible by smarter, safer design and more central locations for a smaller jail population will save \$2.09 billion a year, indexed for inflation, once the borough-based system is up and running in full.¹⁶²
- **Overtime savings:** If DOC could reduce overtime to even the average amount spent per uniformed staff person in the five years prior to COVID, NYC would save an additional \$357 million annually, indexed for inflation.¹⁶³
- **Health Care and Re-entry Savings:** New York State should apply for a Section 1115 Waiver for Medicaid to reimburse most treatment and re-entry preparation costs during the

last 90 days of a person's incarceration. As the average length of stay has averaged 96 days over the past six months, if approved, NYC could save tens of millions from the Correctional Health Services current budget \$300 million annual budget.¹⁶⁴ Those savings could be realized well before the borough jails are open. Even without a waiver, as of January 1, 2025, the City can bill Medicaid for medical treatment of incarcerated people under 21 and many former foster care youth up to age 26, for the entire duration of their incarceration. While the Department of Correction was not able to provide the number of qualifying formerly foster care youth in custody, over 330 18-20 year olds are in Rikers as of the time of publication.¹⁶⁵

Total Annual Debt Service Costs to Build Borough-Based System: \$1.24 Billion

→ **Capital costs for jails + secure outposted beds:** NYC has allocated \$15.5 billion in capital costs for 4 new borough facilities, and \$910 million for approximately 350 outposted beds.¹⁶⁶ This will require \$1.19 billion in annual debt service costs.¹⁶⁷

→ **Capital costs for 400 additional secure forensic psychiatric beds:** \$640 million in capital costs will be required.¹⁶⁸ This will require \$46 million in annual debt service costs.¹⁶⁹

As mentioned earlier in this report, the NYC Department of Design and Construction has estimated that rebuilding the decrepit jails on Rikers would cost up to 15% more than building borough-based jails, and would take years longer, adding to the reasons why remaining on Rikers is unacceptable.

FUNDING FOR DOC TRAINING ACADEMY

For many years, DOC officers trained primarily out of a Queens strip mall with poor facilities. That was unacceptable. Our Commission has called repeatedly for a new training facility. The City responded by setting aside \$225 million, which has been sitting dormant for four years as the City searched for an adequate site. Thankfully, since 2023, DOC has been able to use the state-of-the-art NYPD training academy

for classroom and fitness-related training. Jail-based training takes place on Rikers at a shuttered jail. We know of no reason DOC cannot continue to use the NYPD academy. That said, once Rikers closes, DOC will need new space for hands-on jail training. Wherever that is developed, it will not necessitate \$225 million. The money saved could be reallocated to pay for other aspects of the borough-based system.

X. Invest Deeply in Communities with Borough Jails

X. NYC should invest deeply in the neighborhoods housing the new borough jails, especially Chinatown and Mott Haven, including fulfilling the **2019 Points of Agreement**.

The communities around the new borough facilities are bearing a serious construction burden for the sake of us all. In Chinatown, Downtown Brooklyn, and Kew Gardens, new jails are being built on the footprint of old borough jails. In Mott Haven, the jail is going up on the site of a former NYPD tow pound. People in those neighborhoods must live through years of construction, often with extended hours. Many have urged that the jail be smaller. Fortunately, as our Commission found in 2019, the evidence clearly demonstrates that once built, **borough-based jails have had no observable impact on property values or crime rates.**

Many in these neighborhoods have urged that the jails be smaller. We closely examined that prospect, keeping in mind that Rikers absolutely must close. However, there is no reasonable way to significantly reduce the size of the borough jails without sacrificing needed bed space, or cutting vital medical clinic, rehabilitative programming, or recreation space. The only other option to substantially reduce the size of the four jails already being developed, would be to try to find a new site for at least a fifth borough-based jail, if not a sixth. Given the billions of dollars and years that would entail, the disruption to the design and construction processes already underway, and the very difficult political consequences of siting additional jails, this approach would effectively ensure Rikers remains open for years to come. We cannot in good faith recommend such a path.

We do strongly encourage the City to take all reasonable steps to ameliorate the construction and operational impact of the facilities.¹⁷⁰ For instance, as discussed earlier in this report, the City can shorten construction timelines by at least a year by starting the foundations and exteriors of the jails even as the interior designs are finalized, and using value engineering. The City could also lease nearby garage space for staff's personal vehicles (even while incentivizing staff to take public transportation).

Critically, the City should further invest in the vitality of these four communities, boosting neighborhood businesses, green spaces, and resources. That includes meeting all the promises made in the **2019 Points of Agreement**, entered into at the time the Council approved the jails. We also urge the Administration to continue regular engagement with the local communities, reporting to them regularly about construction progress, environmental and noise conditions, and ensuring that a wide swath of community members have access to any meetings or information being disseminated.

XI. Commit to and Start Master Planning for Renewable Rikers

XI. NYC should commit to transforming Rikers Island post-jails into a hub for essential yet difficult-to-site environmental infrastructure – a Renewable Rikers – which City feasibility studies confirm is the highest and best use of the land.

For our Commission’s initial 2017 report, we examined more than thirty redevelopment possibilities for Rikers Island after the jails close. Most options, like affordable housing or various forms of commercial development, had to be eliminated due to limitations that remain today: **Rikers is 80% decaying landfill, isolated from the rest of the city, and subject to atypical noise levels and strict height restrictions due to its proximity to LaGuardia Airport.**

An option rose to the fore, a way to convert the 413-acre island’s isolation from a challenge to a strength: **build essential, yet difficult-to-site infrastructure like a massive sewage treatment plant, composting, solar power, and battery storage.**¹⁷¹ That vision became the basis for Renewable Rikers, a goal endorsed by environmental and criminal justice organizations, faith groups, and impacted communities across the city.

Compelling evidence – including two feasibility studies completed by New York City in 2024 – demonstrates that Renewable Rikers is the highest and best use of the island after the jails close. The studies found that Renewable Rikers would create hundreds of jobs, generate millions of dollars of business, and save New York City \$10 billion in operational and repair costs for existing aging infrastructure.

Renewable Rikers would significantly advance New York City’s commitment to health, safety and equity, such as helping relieve long-disadvantaged South Bronx and Queens neighborhoods from the burdens of foul sewage treatment plants and raw sewage pouring into waterfronts when it rains significantly. New York City could reimagine existing sewage treatment

plants in those neighborhoods (and on Randalls Island), possibly adapting them to public use (like parks), or opening up waterfronts closed to the public for decades. Sites that have historically been a massive burden on surrounding neighborhoods could be engines for growth.¹⁷²

Renewable Rikers is also one of the only ways New York City can meet its essential clean air and clean water goals. New York City has set critical environmental goals that will be incredibly difficult to meet without the use of the 413 acres on Rikers. Those goals include eliminating compostable waste from landfills by 2030, transforming our electricity grid from 90% powered by fossil fuels to 100% powered by zero-emissions resources by 2040, becoming carbon neutral by 2050, and ending the flow of raw sewage into our rivers and bays when it rains by 2060. With the climate crisis worsening, we cannot afford to delay investments central to our city’s future. Renewable Rikers can set a standard for a justice-driven, comprehensive approach to climate adaptation.

In short, Renewable Rikers is a remarkable constellation of victories waiting to be seized. The City should fully embrace Renewable Rikers as the post-jails future of Rikers Island, and begin master planning.



Source: Independent Rikers Commission

A. Passage of the Renewable Rikers Act

In 2021, the City Council pushed forward the Renewable Rikers vision by passing a trio of bills known collectively as the Renewable Rikers Act. The bills:

- ➔ Established that by August 31, 2027, Rikers “shall no longer be used by the department of correction for the housing of incarcerated persons.”¹⁷³
- ➔ Created a Rikers Island Advisory Committee, including directly impacted people and City agency leaders, to evaluate and make recommendations regarding prospective uses of Rikers Island for sustainability and resiliency purposes.¹⁷⁷
- ➔ Required feasibility studies regarding potential wastewater,¹⁷⁵ renewable energy, and battery storage¹⁷⁶ infrastructure on Rikers.
- ➔ Mandated that every six months, the Mayor transfer from the Department of Correction (DOC) to the Department of Citywide Administrative Services (DCAS) any building or land on Rikers not in active use for the housing of incarcerated people or to provide direct services to them. The entire island has to be transferred from DOC to DCAS by August 31, 2027.¹⁷⁴

B. City Feasibility Studies Confirm Renewable Rikers Is Highest and Best Use for Rikers Island

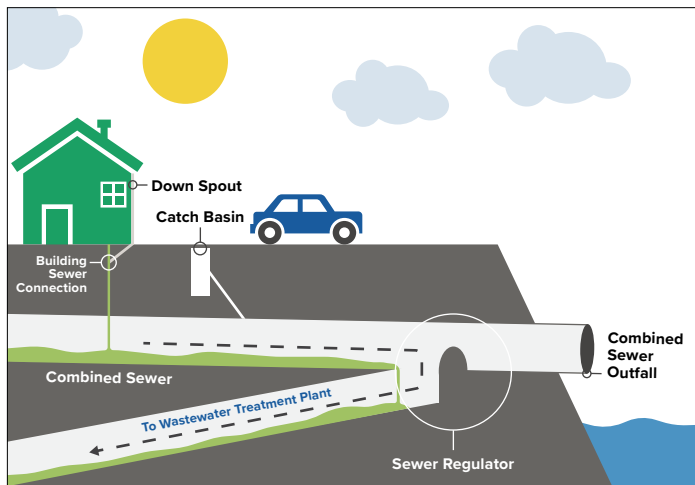
The mandated **wastewater** and **energy** feasibility studies were released by the NYC Department of Environmental Protection (DEP) and NYC Mayor’s Office of Climate and Environmental Justice (MOCEJ) in March 2024. **The Administration’s feasibility studies concluded that Renewable Rikers would be a massive benefit to New York City environmentally, economically, and budgetarily.**

Among the gains the feasibility studies identified:

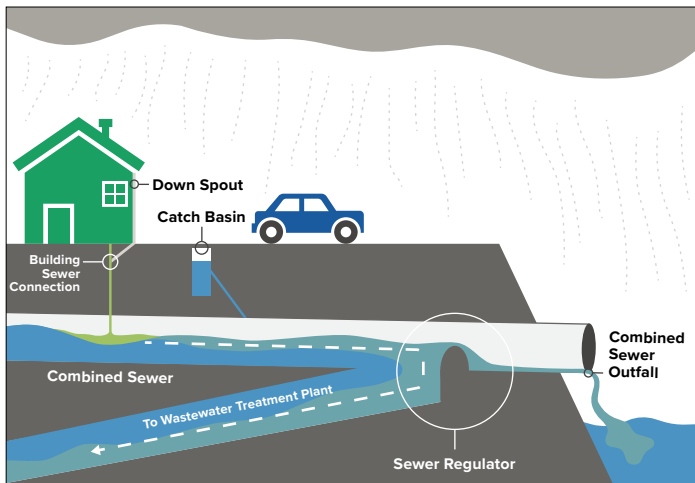
- ➔ **A modern wastewater treatment plant on Rikers could serve 3 million New Yorkers and treat as much sewage as four nearby decades-old, often-overwhelmed treatment plants combined**—Hunts Point, Wards Island, Bowery Bay, and Tallman Island.
- ➔ Those four plants are among **the oldest in the city**, built between **1937 and 1952**.
- ➔ The four plants need **\$34 billion** in upgrades and maintenance over the coming decades.
- ➔ For the very **same \$34 billion**, New York City could instead build a **state-of-the-art treatment plant on Rikers** that could do the same job much more efficiently.
- ➔ **A modern plant on Rikers would save taxpayers \$10 billion** in operating and maintenance costs vs. trying to sustain the four surrounding decades-old plants.
- ➔ **A modern treatment plant on Rikers could help slash the amount of raw sewage that pours into NYC’s waterways when it rains. That could transform waterfronts and majorly advance the goal of eliminating the flow of raw sewage into waterways by 2060.**
- ➔ While the four existing plants would likely be used in part as **pumping stations** (to send sewage via tunnels to Rikers) and to **hold runoff during storms**, their current **polluting, smelly operations could be significantly reduced**. Trucks that today lug out sludge from the plants would **no longer pollute neighborhoods**.
- ➔ **Rikers would be an excellent site to convert, generate, and store offshore wind and solar power, and compost waste**. Some of that power **could be sold to the grid, generating revenue for New York City**.
- ➔ **Renewable energy technologies on Rikers could reduce CO2 emissions by 7.5 million tons**—equivalent to taking 1.7 million cars off the road.
- ➔ Renewable Rikers would **create hundreds of construction and permanent green jobs**, adding **tens of millions of dollars** to our local economy.

C. Renewable Rikers Can Help Stop the Flow of Raw Sewage into NYC Waterways

About 60% of New York City has a combined sewer system, which collects wastewater and stormwater in a single pipe. When heavy rain overwhelms this system, raw sewage flows into the city's waterways. This poses severe public health risks, limits recreational water use, and triggers expensive legal mandates by New York State. Even though DEP has reduced combined sewer overflows (CSOs) by 85% since the 1980s, the City still releases 15 to 20 billion gallons of untreated sewage annually.¹⁷⁸ As climate change brings increased rainfall, rising sea levels, and more frequent extreme weather events, these challenges will only intensify.



Dry Weather Conditions in the Combined Sewer System



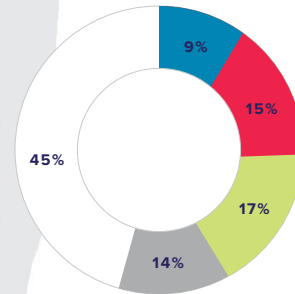
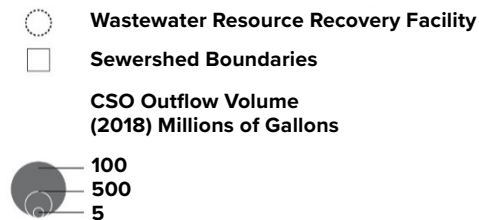
Wet Weather Conditions in the Combined Sewer System

Source: NYC Department of Environmental Preservation

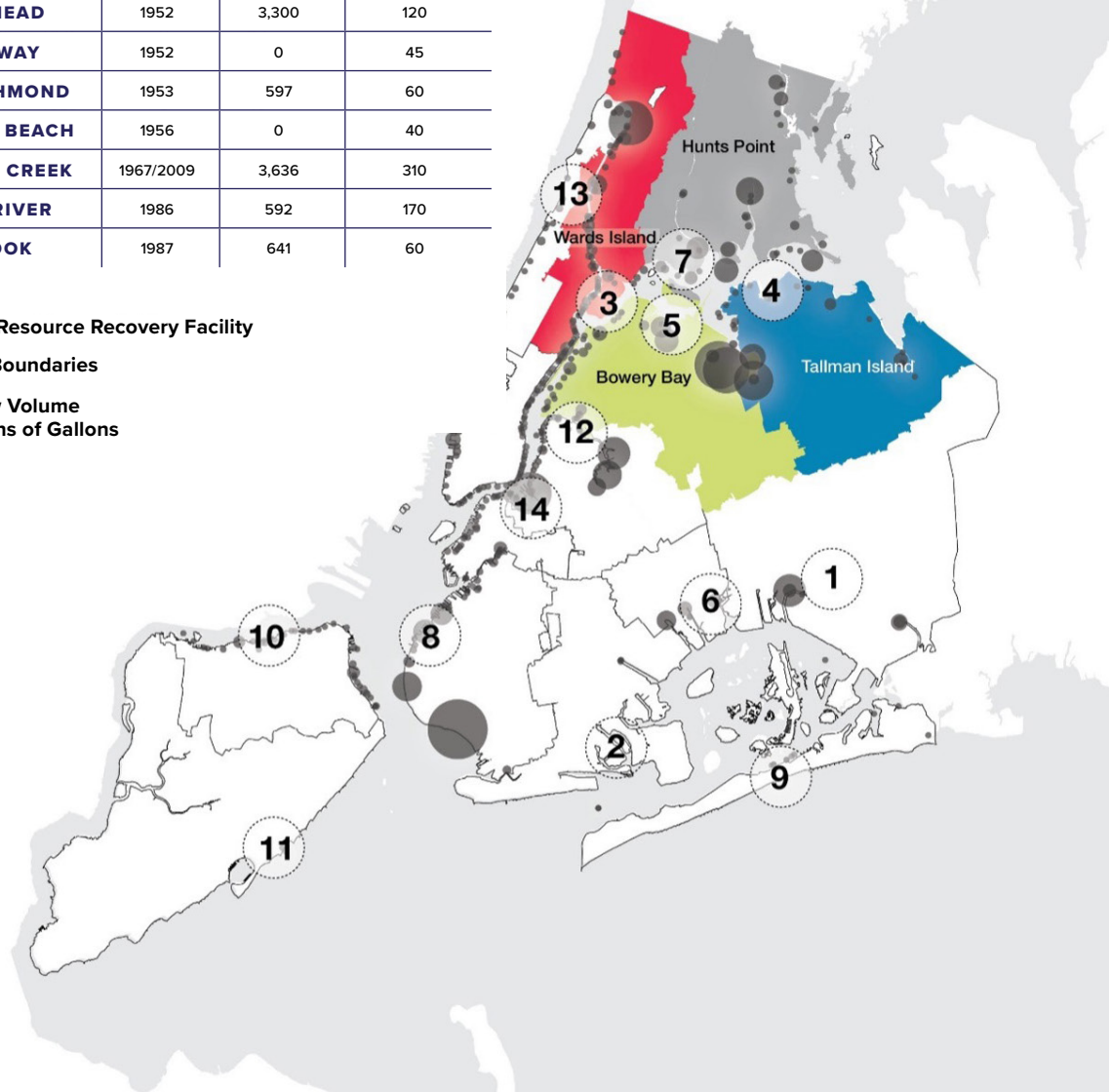
The four sewage treatment plants surrounding Rikers, all served by a combined sewer system, are outdated, overburdened, and disproportionately contribute to water pollution. Together, the plants process 39% of New York City's wastewater yet account for 55% of the total CSO volume.¹⁷⁹

MOST CSOS COME FROM PLANTS AROUND RIKERS

	WRRF	YEAR BUILT	CSO VOLUME 2018	CAPACITY (MGD)
1	JAMAICA	1903/1943	1,325	100
2	CONEY ISLAND	1935	0	110
3	WARDS ISLAND	1937	3,561	275
4	TALLMAN ISLAND	1939	2,112	80
5	BOWERY BAY	1939	4,178	150
6	26TH WARD	1944	782	85
7	HUNTS POINT	1952	3,381	200
8	OWL'S HEAD	1952	3,300	120
9	ROCKAWAY	1952	0	45
10	PORT RICHMOND	1953	597	60
11	OAKWOOD BEACH	1956	0	40
12	NEWTOWN CREEK	1967/2009	3,636	310
13	NORTH RIVER	1986	592	170
14	RED HOOK	1987	641	60



COMBINED SEWER OVERFLOW VOLUME (2018)



Source: [Regional Plan Association](#)

D. Renewable Rikers Can Help Avoid Redundant Construction

Strategic planning for Rikers will ensure maximum value for every dollar invested in stormwater management. A city-wide master plan to cut CSOs by 4 billion gallons by 2045 and virtually eliminate discharges by 2060 is already underway.¹⁸⁰ Including Rikers Island in this master plan could be transformative; the feasibility study found a treatment plant on Rikers could handle a peak of 1.4 billion gallons per day during a storm, much more than any existing plant in the city. As the DEP feasibility study notes, that capacity could be expanded even more by integrating it with CSO storage tunnels, detention basins, and high-level interceptors, which capture wastewater until plants have the capacity to handle it. This could offset costs for other planned investments

required under the City's Long-Term Control Plans for CSOs.¹⁸¹ Such an interconnected system also provides built-in redundancy, accommodating urban growth and increased demands without the need for isolated, costly overhauls.

For example, committing to master planning now could eliminate the need for some infrastructure investments, such as the \$1 billion Flushing Bay CSO tunnel currently planned to run beneath Astoria Boulevard and connect to the Bowery Bay treatment plant.¹⁸² By prioritizing integrated planning on Rikers Island, the City can avoid piecemeal, smaller-scale investments in the Upper East Bay that would ultimately prove more costly and likely less effective over time.

RENEWABLE RIKERS VS. AGING EXISTING SEWAGE TREATMENT PLANTS

FEATURE	EXISTING UPPER EAST RIVER WRRFS	NEW WRRF ON RIKERS ISLAND
YEARS OF OPERATION	● 72-87 years	● Brand new
SPACE CONSTRAINTS	● Almost completely built out	● Sufficient property for known needs and reserve
NEIGHBORHOOD IMPACTS	● The four WRRFs operate in densely populated residential and industrial communities or parkland – including Environmental Justice areas	● The new WRRF would benefit from the relative isolation of Rikers Island and would remove significant wastewater operations from the neighborhoods of the existing WRRFs
TRUCK TRAFFIC	● Trucks necessary for transporting biosolids and trash and for delivery of equipment, supplies and chemicals	● Reduced truck traffic due to reliance on marine transport as well as isolation from neighborhoods and parkland
ODOR CONTROL	● Odor control systems in place but aging and proximity to neighborhoods and parkland increases potential	● Reduced potential due to relative isolation from sensitive receptors and state of the art odor control technology
SOLAR ENERGY	● Small solar installation planned at the Wards Island WRRF	● Solar would be installed over all process tanks and roofing
BIOGAS UTILIZATION	● Some biogas utilization at some WRRFs of varying degrees	● Biogas utilization system will be designed into the new WRRF
STORMWATER MANAGEMENT	● Limited opportunities to modify the current collection system for expanded stormwater management beyond CSO storage tanks	● Multitasking infrastructure and a new build allows for increased stormwater capture upstream in the collections system and the use of existing WRRF sites for expanded flood protection
CSO REDUCTION	● 20 Million Gallon CSO Storage Tank planned to connect to the Bowery Bay WRRF, two other CSO storage tanks in operation that connect to the Tallman Island WRRF	● CSO capture and storage solution could be integrated into the design of the tunnel system and/or could reduce the size of a storage tunnel with multitasking infrastructure
RESILIENCY	● Some protective measures installed post-Superstorm Sandy – system is still vulnerable	● Resiliency would be part of the upfront design accounting for flood elevations and protection of below grade assets
ORGANICS CO-DIGESTION	● Co-digestion being evaluated at the Hunts Point WRRF	● Co-digestion fully integrated into the design
COMPOSTING	● None	● Co-location of 30-acre compost facility
BIOSOLIDS QUALITY	● Targeting Class B	● Class A – highest quality
DIGITAL TRANSFORMATION	● Limited and decentralized digital infrastructure	● Advanced technological capability built in – ranging from asset management to remote monitoring and automation

Source: NYC [DEP Feasibility Study](#) at 47

● Maximized benefit ● Moderate benefit ● Limited benefit

E. Existing Sewage Treatment Sites in the South Bronx, Queens, and on Randalls Island Could Be Transformed

Healthy waterways are some of New York’s best assets, driving economic development, tourism, and revitalization.¹⁸³ Long-inaccessible waterfront sites often associated with pollution are being reimaged, from the South Brooklyn Marine Terminal to the Gowanus Canal.¹⁸⁴ However, South Bronx and Queens neighborhoods near Rikers remain largely disconnected from their waterfronts, thanks in significant part to the sewage treatment plants there, which foul the water and the air. Renewable Rikers could change that.

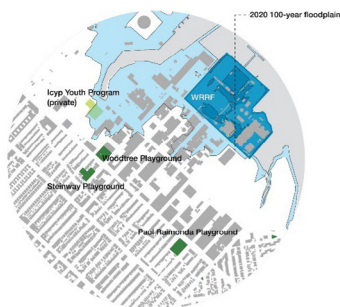
The four existing wastewater plants near Rikers together cover nearly 182 acres—larger than the total area of Roosevelt Island and Hudson Yards combined. DEP’s feasibility study suggests that the four facilities would remain open, with a quarter of the sites serving as pumping stations to transport waste and stormwater to Rikers, and the rest as retention basins to temporarily hold stormwater before processing. Even so, those sites would be much less smelly and less polluting. Many fewer trucks would be needed to service the sites.

Even if much if not all the sites would still be needed for water treatment, the massive

decrease in the noxiousness of the sites – and the major reduction in raw sewage pouring into the waterfronts – would open up the prospect of new public uses above (on platforms) or adjacent to the plants.

Each site presents unique planning opportunities that can be tailored to meet the specific needs of the surrounding neighborhoods. Hunts Point, for instance, could support expanded clean manufacturing and fortify food supply chains given its proximity to the city’s largest food distribution center and major freight routes. Similarly, Bowery Bay is situated in an industrial zone and could have a new future supporting the City’s clean energy transition. Randalls and Wards Islands, already home to various city facilities and recreational areas, could integrate additional public-facing uses. College Point is primarily residential, with Tallman Island as the only plant of the four that directly abuts residential lots, making it a good candidate for affordable housing or other climate-resilient community uses. A range of possibilities exists, and the City should collaboratively explore each site’s potential with impacted stakeholders.

Bowery Bay
37 acres



Hunts Point
46 acres



Tallman Island
31 acres



Wards Island
68 acres



Source: NYC Department of City Planning



Local and foreign examples can be illuminating. The capping of North River Wastewater Treatment Plant to create the 28-acre **Denny Farrell Riverbank State Park** in Harlem, and DEP's more recent **upgrade at Newtown Creek**, which offers waterfront access along the artfully designed Nature Walk, are two local case studies that should be considered.

Source: **Dattner Architects**



The **London Tideway Tunnel** in England, which will capture billions of gallons of sewage, integrates **parks (with art installations and kiosks)** at multiple points along the River Thames.¹⁸⁵



Source (top): <https://www.dattner.com/projects/view/riverbank-state-park/>

Source (bottom): Tideway, Public Open Spaces, <https://www.tideway.london/impact/open-spaces/>

F. Master Planning for Renewable Rikers is the Necessary Next Step

The next step toward realizing the Renewable Rikers vision is for New York City to expeditiously begin master planning. This would allow the City to flesh out the best combination of uses of the island, and better determine the full-range of benefits and costs. It will also make clearer the opportunities for development at the sites of existing sewage treatment plants.

We support locking in a schedule for and contours of master planning, including via legislation like [Int. 1038-2024](#), introduced by Councilmember Sandy Nurse. Such legislation could also be a vehicle to officially commit New York City to Renewable Rikers. That would not only be smart policy, but would permit the use of capital funds to demolish redundant structures on Rikers.¹⁸⁶ The City estimates that master planning would cost roughly \$10 million.

To date, despite the definitive findings from DEP and MOCEJ's feasibility studies, the Adams Administration has yet to agree to master planning for Renewable Rikers or to commit to the Renewable Rikers concept itself, citing high development costs.

While the scale of Renewable Rikers is undeniably ambitious, the project would actually save New York City billions of dollars. For instance, the Administration's feasibility study found that New York City has to spend \$34 billion *no matter what* to try to meet sewage treatment needs over the next several decades. That can either be spent trying to prolong four existing, aging sewage treatment plants or to build a state-of-the-art plant on Rikers. However, a brand new plant on Rikers would save taxpayers \$10 billion in long-term operating and maintenance costs. Meanwhile, the City's energy feasibility study found energy generation and storage on Rikers may be a money-maker, as the City should be able to sell clean power back to the grid.

The cost argument also fails to account for the economic benefits of Renewable Rikers. Not only would the plan create hundreds of jobs and generate millions of dollars of business across New York City, but it could open up waterfront land for public use and possibly development in the South Bronx, Queens, and on Randalls Island. When hiring moves forward for construction and permanent jobs, special attention should be made to recruiting and training people from those surrounding neighborhoods, and people who were previously incarcerated or worked on Rikers.

The City would not bear the cost of Renewable Rikers alone or anytime soon. Renewable Rikers could likely leverage a diverse array of State and Federal funding sources.¹⁸⁷ Costs will be spread over a 40-year implementation period, and would be paid for with bonds, further easing the impact of the major capital spending.

As the feasibility studies emphasize, the projected costs of Renewable Rikers are still conceptual; additional analysis is necessary to fully determine the required investment and the best possible financing pathways. That is why master planning is so critical – to determine the optimal scope of the project, to examine financing, and to delve more deeply into the economic, environmental, and equity benefits of Renewable Rikers.¹⁸⁸

Master planning must include consultation with and integration of recommendations by the Rikers Island Advisory Committee, which was created via the 2021 Renewable Rikers Act.¹⁸⁹ Under that law, the Advisory Committee is required to release its recommendations for using Rikers for sustainability and resiliency purposes by the summer of 2025.

G. Swift Transfer of Land on Rikers

Local Law 16 of 2021, part of the Renewable Rikers Act, mandates that every six months the Mayor transfer from DOC to DCAS “every portion of Rikers Island” that is “not in active use for the housing of incarcerated persons, or in active use for the providing of direct services to such persons.”

So far, the only transfers made were in December 2021, in the waning days of the de Blasio Administration. The transfer were: the James A. Thomas Center (JATC), Rikers’ first

permanent jail, which was closed over a decade ago; and 43 acres of vacant land on the eastern and northern sides of the island. No transfers have taken place since.

We urge the City to comply with this legal mandate and turn over any land or buildings that are no longer in active use by DOC. The Administration should also make public the evaluation of the buildings and land on Rikers it is required to undertake every six months under the law.

H. Planning for Demolition and Remediation

The City should develop a demolition timeline as part of the master planning process. Rolling demolition as jails close would allow for early geotechnical studies and environmental testing to proceed, helping identify potential challenges and ensure more accurate budgeting

and scheduling. This includes addressing whether areas might require special foundation treatments due to the island’s landfill history, as well as any risks posed by that landfill—such as methane emissions or carcinogens—that would require remediation.

I. Developing Interim Renewable Uses on Rikers Island

Renewable Rikers would be designed and built in phases over the next few decades. As that proceeds (as developed via master planning), the City could proactively utilize available land on Rikers for interim, modular, scalable projects to deliver near-future energy savings, waste reduction, enhanced environmental quality, and job creation. State and private funds could help pay the cost. Interim uses would demonstrate the City’s commitment to Renewable Rikers. As more jails are retired and the redevelopment progresses, these projects could be expanded, modified, or decommissioned based on long-term planning efforts.

For instance, the 43 acres of vacant land on Rikers that have already been transferred from

DOC to DCAS could be used today for modular, portable projects such as solar arrays and battery storage. Solar canopies could be put over existing parking lots. The power generated could be used to offset energy needs for the remaining jails (most of which is provided today by a fossil fuel-powered plant on Rikers itself). Rikers could expand its existing composting facility. Rikers is strategically located near three major marine waste transfer stations, Harlem River, 91st Street, and North Shore, which collectively handle over 30% of the City’s solid waste. Organic waste could be brought to Rikers by barge.

J. Public Reporting and Community Engagement

As planning and phased re-development of Rikers Island progresses, consultation with surrounding communities, especially those historically impacted by the jail system and nearby noxious infrastructure, will be critical. To ensure accountability and transparency throughout the redevelopment, the City should

establish a detailed planning schedule and provide regular progress reports to the City Council and the public. This reporting framework should include robust accountability measures, such as measurable success indicators, transparent decision-making processes, and consistent community engagement.



Source: Seth Wenig/AP

XII. Appoint Two Senior, Full-Time Officials Dedicated to Closure and Transformation

XII. Two Senior Point People must be appointed to lead the effort outlined here full-time: a full-time senior point person at City Hall whose sole mission is to close Rikers, and a full-time senior point person at DOC whose sole mission is preparing DOC to transition to the borough facilities.

Closing Rikers requires the cooperation and coordination of numerous City agencies and State partners to achieve major goals when it comes to construction, safe jail population reduction, remaking the Department of Correction, and planning for Renewable Rikers. A senior leader with real clout who is solely focused on closing Rikers is critical. To date, responsibility for closing Rikers has been diffuse and numerous senior officials have taken turns as the “point person.” The effort would benefit from having one strong leader who can oversee the various strands of the effort full-time, without being pulled away to deal with other aspects of their remit.

Legislation establishing such a position, perhaps confirmed by City Council, should be considered. Sufficient funding should be provided to ensure the leader can hire staff dedicated solely to this task, including for instance senior deputies focused on each key area, from safe population reduction, to new facilities, to DOC culture and operations, to Renewable Rikers.

We expect the senior point person would:

- ➔ Regularly bring together stakeholders at the City and State level to assess progress and coordinate action;
- ➔ Produce frequent public reports on the City’s progress toward and detailed data regarding the closure of Rikers; and
- ➔ Establish a schedule for the phased closure and demolition of jails on Rikers as the population is safely lowered and the new borough facilities open.

Similarly, the Department of Correction should have an internal senior official (likely at the Deputy Commissioner level), with a dedicated team, whose sole jobs are to prepare DOC for the transition to the borough-based system. That must run from updated training to staffing analysis and allocation to operational and cultural shifts, all with an eye toward ensuring the deep problems that exist today are not moved into the new facilities. That official’s progress should be part of the regular public reporting.

Our Commission would support any related role that the Council might play, including legislating these positions, confirming the Close Rikers point person to their position, holding regular oversight hearings, and convening or co-convening key stakeholders.



Source: John Moore/Getty

Conclusion

AT A CROSSROADS WITH A CLEAR CHOICE

Ultimately, when it comes to Rikers, our City has three choices before it.

- ➔ **Spend the money and political capital necessary to methodically and carefully build out facilities, fill service gaps, and remake the Department of Correction to increase public safety, improve individual outcomes, and safely lower the jail population, as outlined in this report. That will bring the Rikers jail complex to a necessary close and open up the land for transformation into Renewable Rikers.**
- ➔ **Fail to address public safety sufficiently and build even more jail capacity in the borough. That will invite vociferous opposition, drive up costs by billions, and keep Rikers open for years longer.**
- ➔ **Keep the disastrous public safety and fiscal failure that is Rikers open, subjecting staff and incarcerated people to horrendous, profoundly dangerous conditions indefinitely, dragging down attempts to increase safety in the City, and violating the law.**

Anything but number one would be an abdication of responsibility.

This blueprint provides the path to follow to succeed. Our Commission looks forward to working with all stakeholders in the immediate and longer-term to push this plan forward. We have little doubt of success. When New Yorkers set a goal, we meet it. And we will here.

Closing Rikers is a public safety issue, a fiscal responsibility issue, and a moral issue. The Rikers Island jails are accelerators of human misery that put staff and incarcerated people at profound risk, hurt public safety and our communities, cost billions, and disproportionately impact low-income Black and Brown communities. It is long past time to close the Rikers jails, once and for all removing that stain from the soul of our great city.



Source: Beбето Matthews/AP



APPENDIX A

APPENDIX A: ADDITIONAL METHODS TO SAFELY LOWER THE JAIL POPULATION

As mentioned in the body of this report, there are multiple paths to safely lower the jail population. We discuss several above, which we urge City and State leaders to prioritize and begin to invest in and phase in immediately. As those come on-line, their impact should be frequently and closely assessed to ensure progress toward safely and surgically removing people from the jail population who do not need to be there to ensure public safety.

The following additional programs, investments, and approaches complement the above recommendations, and provide further methods to safely and smartly address crime, and reoffending, and thereby lower the jail population. Other examples can be found in our Commission's prior reports,¹⁹⁰ and in the [Commission on Community Reinvestment & the Closure of Rikers Island](#).

1. **Open 500 no- to low-barrier emergency housing beds with services on-site**, including at least 250 beds dedicated to people with serious mental illness. During COVID, **800 emergency, low-barrier beds were opened** in hotels for people released from Rikers and State prisons who had nowhere safe to go. The facilities **provided services on-site**, including specialized locations to meet the needs of women, people with serious mental illness, and others. Hundreds of people were connected with services, transitional and permanent housing, secured employment, and reconnected with their families, while arrest rates were lower than City shelters.¹⁹¹ With more time to plan, these results could be improved upon.

As the pandemic ebbed, MOCJ has moved funding for those beds into transitional housing.¹⁹² While there is a substantial need for transitional housing (above and beyond the currently budgeted 1,000 beds), this reallocation has left very few emergency beds for people facing criminal charges. Thus, often the only housing option reasonably available for someone at arraignments (their first court appearance) is a shelter.



During the pandemic, we witnessed an unintentional social experiment. Street homeless clients with serious mental illness being served by our mobile treatment teams were offered housing in empty hotel rooms. Their overall wellness improved dramatically. **Not only did they have a safe and clean place to lay their heads at night – along with a phone, a shower, and a microwave – they had better engagement with treatment teams, easier access to medication, and no longer felt chronically criminalized.**

- JESSICA KLAVER, PH.D.,
CHIEF PROGRAM OFFICER, CASES

2. **Add 500 transitional housing beds with services on-site**, including at least 250 beds dedicated to people with serious mental illness.¹⁹³ The next step beyond emergency housing, transitional housing beds have proven successful at stabilizing people, enabling them to find jobs and permanent housing. The City currently funds 1,000 transitional housing beds, though not all are yet on-line. Strong local opposition from community members and elected officials has led to the Adams Administration canceling two leases for around 150 of the 1,000 budgeted beds. Even if all the beds were open, the need exceeds capacity. For instance, the Fortune Society operates 360 transitional beds, but reported to our Commission that it has a waitlist of 574 people.

All the currently open beds are for single adults (one of the canceled leases was for women and children). However, of the 1,900 people the Fortune Society screened for transitional housing last year, 1,100 had children, and of the 535 people Fortune housed, 275 had children. Yet, none were able to reunite with their children while in the housing. Studies demonstrate a positive connection between family reunification and lower rates of reoffending.¹⁹⁴ Everyone in transitional housing should be provided with discharge planning.

3. **Expand programs to connect people released from arraignments with services.** Every reasonable intercept point should be used to try to direct people returning to the community with appropriate services, such as mental health peers and treatment, drug detoxification and medically managed withdrawal, safe havens, and more. For instance, a pilot project in Manhattan operated by **CASES**, known as the Rapid Response Treatment Pilot (RRT), works in the arraignment parts to engage people, connect them with longer term services, and meet their immediate needs for food and clothing. While the average engagement with the program is only 13 days, it presents an important opportunity to engage a population with very complex lives. In the first year of the program, 97% of people engaging with RRT have avoided re-arrest while in the program. Two client stories provided by CASE follow, anonymized for privacy.

MATT

Matt is a 48 year-old man who has an extensive history of misdemeanor convictions. His mandates on supervised release were historically unsuccessful, as he had not shown up and therefore was not able to receive services and support. He reported being street homeless, was living with a serious mental illness, and admitted both using methamphetamine and being open to working on decreasing use. He was not recommended for ROR and was therefore placed back on supervised released. The supervised release representative in court looped in the RRT representative, who provided Matt with basic needs such as food and clothing and transitioned him to the office to complete his intake. RRT later facilitated his admission to Bellevue Hospital to receive an appropriately high level of care for schizophrenia.

JUAN

Juan is a 42 year-old man who was on supervised release for multiple matters. After completing a nine-month sentence at Rikers, Juan was arrested three times in the span of three months for possession of a controlled substance, petit larceny, and assault. Juan was ordered to supervised release, who then referred Juan to RRT due to his history and presumed need for reentry support. The RRT representative spoke to the client and was able to persuade him to go to the Bronx office together immediately. The following Friday, RRT escorted the client to the Common Pantry where he was able to collect groceries and begin the process of obtaining proper ID to help with benefits, after which Juan began meeting with his supervised release community team member as scheduled.

[Atlas programs](#), operated by United Way in conjunction with community partners, are another example. Atlas provides voluntary, non-court mandated programs such as family counseling for 14-27 years old at elevated risk of violence, trauma-informed cognitive-behavioral intervention, and paid, extended transitional employment for men 25 and older at the highest risk of serious violence involvement, including gun violence. Over the past two years, 91% of participants who have completed Atlas's family counseling had no pretrial VFO rearrest; 68% had no pretrial rearrest of any kind.¹⁹⁵

4. **Provide family reunification & wraparound support for 500 people recently released from jail, to reduce reliance on shelters and lower reoffending.** One example is the Osborne Association's [Kinship Re-entry Program](#). Based on the kinship foster care model, the program provides families \$500 per month, counseling, and peer-led support services to help them house returning loved ones. Recently released participants must enroll in a re-entry program. Osborne reports virtually zero re-arrests among the over 200 people who have participated since the program began in 2021.¹⁹⁶
5. **Provide at least 1,000 dedicated permanent housing vouchers for people leaving Rikers, or who are in emergency or transitional housing.** Today, most people don't qualify for housing vouchers unless they are in City shelters. Correctional Health Services and the Department of Homeless Services should collaborate to identify people who are homeless and connect them with housing vouchers before they leave Rikers. Today, those people are required to enter shelters, usually for months, before they qualify for a voucher. The NYC Office of Management and Budget projects 1,000 dedicated vouchers would cost the City \$30 million per year. In comparison, per the NYC Comptroller, it would cost almost \$50 million per year to house 1,000 people in NYC shelters.
6. **Provide incentives for landlords & brokers to accept formerly incarcerated people as tenants,** including assistance with minor repairs, paperwork, and deposits. While a new law, Fair Chance for Housing, went into effect on January 1, 2025, barring housing discrimination against someone who was incarcerated, that is unlikely to be enough – at least in the near term. Positive incentives should also be offered. These could include educational sessions and incentives for landlords and brokers to accept formerly incarcerated people with vouchers as tenants, including assistance with minor repairs and with the voucher bureaucracy. The City should explore ways to boost efforts like [AnthosHome](#), which works to place homeless people with vouchers in housing, some of whom have been in jail and prison.

7. **Provide early holistic assessments of incarcerated people.** Everyone incarcerated after their Supreme Court arraignment should be offered a holistic needs assessment within 14 days. That should include assessing people’s mental and physical health, substance use, potential intellectual disability, domestic violence and abuse histories—and those factors’ potential role in the alleged offense. Those assessments should then inform charging, detention, release, and plea decisions. The Center for Justice Innovation is working with the Mayor’s Office of Criminal Justice and court partners to provide early assessments to more people, though the program is in its early stages.
8. **Provide court and case explainers for incarcerated people, crime victims, and family members.** We heard repeatedly during our discussions and focus groups with stakeholders, including crime victims and currently and formerly incarcerated people and their families, that the criminal case process can be confusing and opaque. Court hearings often proceed quickly, in language that can sound like code. Along the lines of OCA’s successful [Court Navigator program](#) in Housing Court, system navigators could be available at arraignments, including Supreme Court arraignments, to speak with people facing charges, their families, and crime victims. System stakeholders could cooperatively develop standardized explainers for distribution. Any materials or explanations should take into account possible low literacy levels, dyslexia, intellectual or other developmental disabilities, and other relevant challenges.
9. **Establish Population Review Teams.** Used [successfully around the country](#), Population Review Teams bring all players in the justice system together to collaboratively examine individual cases, determine whether people can be safely diverted, or whether their cases can be resolved once and for all. In NYC, they could be borough-specific, and work across geographic lines when people have cases in multiple boroughs. Special attention should be paid to women, given their unique needs, and the frequency with which abuse they have suffered plays a role in their criminal cases.
10. **Clear warrants and I-Cards from day one of a person’s incarceration,** so no one is kept in NYC jails a day longer than necessary. Roughly 100 people at Rikers are held solely on warrants from other counties or states, or because the NYPD wants to question them as part of an open investigation. In the latter case, the NYPD provides DOC with what is called an I-Card, stating the police would like to interview the person. In either case, the person will be kept in DOC custody, even after their criminal case ends, until the warrant and I-Card are resolved. However, sometimes, those warrants are old, and the jurisdiction may no longer want the person at Rikers to be extradited to it. Other times, NYPD no longer needs to speak with the person. If either is the case, then the warrant or I-Card should be vacated and the person released.

Today, DOC staff start to examine the validity of warrants or I-Cards only after a person’s New York City case has been resolved. That leads to some people being held for days or weeks at Rikers based on a warrant or I-Card that is no longer valid. Therefore, we recommend that the Department of Correction screen people ordered jailed at Supreme Court arraignment for open warrants and I-Cards, and establish a process to contact the relevant jurisdiction to determine the status of the warrant and the NYPD to determine the status of the I-Card. In other words, as many such warrants and I-Cards should be resolved during the time someone is at Rikers dealing with their criminal case, rather than only once the case ends.

11. Ensure there are sufficient entry-level State prison beds for specialized populations, such as people receiving Medication Assisted Treatment, people with a serious mental illness, and transgender people. Today, those people can wait for weeks or months at Rikers after being sentenced until space opens up in State prison to receive them. New York City bears the cost of their incarceration, though the delay is no fault of the City's. **Until 2009**, New York State reimbursed New York City (and counties around the state) for anyone who remained at Rikers more than five days after being declared "state ready" – ready to transportation to prison.

12. Pass legislation permitting incarcerated people to earn merit time credits for participating in educational, vocational, and rehabilitative programs while in jail. Allowing people to earn merit time credits off their sentences for successfully participating in educational, vocational, and rehabilitative programs would encourage program participation, promote good conduct, and help reduce the number of people serving City sentences. There is a strong body of research showing that merit programs reduce reoffending and incarceration, while saving money.¹⁹⁷ Today, people in New York State prisons can earn time off their sentences, but people in Rikers cannot. Legislation like that **introduced last session** by Senator Cordell Cleare can help seize this currently missed opportunity.

13. Increase Support for Crime Victims. **Our Commission's recent survey of crime victims in New York City**, done together with the Alliance for Safety and Justice, found multiple failures to meet crime victims' needs. Poor, young, people of color, LGBTQ individuals, homeless people, and people with criminal histories are most vulnerable to becoming a victim of violent crime.

- ➔ Nearly one in 5 victims of violence (19%) lost a job or were demoted when they needed time off in the aftermath.
- ➔ More than one in four victims of violent crime (26%) feared losing housing or were evicted as a result of crime.
- ➔ Only 6% of victims of violent crime reported receiving compensation from New York State's victim compensation program.
- ➔ Less than a third (29%) of victims of any crime and only 37% of violent crime victims reported receiving any mental health support or counseling.
- ➔ Victims of violent crime were four times as likely to say that the criminal justice system was very unhelpful as they were to say it was very helpful.

About half of NYC victims surveyed overall (52%) and half of victims of violent crimes (50%) said that they did not report the most serious crime they experienced to law enforcement. Interestingly, this matches reporting rates nationally. Data from the National Crime Victimization Survey indicate that in both 2013 and 2023, approximately 53% of violent crimes went unreported nationally.¹⁹⁸

14. Expand residential drug treatment beds in the jails. According to Correctional Health Services, 23% of the jail population, or over 1,550 people, are addicted to opioids. 28% are addicted to alcohol, or 1,900 people. While Rikers has long been on the leading edge of medication-assisted drug treatment for incarcerated people, today, there are only two open units at Rikers dedicated to residential drug treatment: 50 beds for men and 50 beds for women. We understand that correctional staffing concerns prevent an expansion, and leaving a crucial intercept opportunity unseized.



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ENDNOTES

- 1 Official DOC records state only seven jails are open. However, an eighth jail is partially open: the Anna M. Kross Center (AMKC), the largest jail on the island, which the Department of Correction (DOC) officially closed in 2023 because it was in need of significant repairs, including hundreds of cell doors that did not lock properly. See testimony of then-DOC Commissioner Louis Molina before the New York City Council in [March 2023](#) and before the New York City Board of Correction in [July 2023](#). As the Rikers population has slowly risen over the past year and a half, DOC has slowly reopened hundreds of beds in AMKC. However, DOC has officially annexed those re-open units in AMKC to the next door jail, the West Facility. Therefore, AMKC is still technically considered closed.
- 2 Specifically, our [survey](#) found:
 - 75% of crime survivors support alternatives to incarceration such as diversion, mental health and drug treatment, and restorative justice.
 - 86% of all crime survivors support moving people who have mental illness and addiction issues into secure treatment facilities rather than jail.
 - 91% of crime survivors support speeding up trials so that defendants and victims wait less time for case resolution.
 - 65% of crime survivors support housing people awaiting trial in smaller jails near courthouses.
- 3 *Id.* Increasing support for crime victims must be a priority for New York City and State. Our survey found:
 - Nearly one in 5 victims of violence (19%) lost a job or were demoted when they needed time off in the aftermath.
 - More than one in four victims of violent crime (26%) feared losing housing or were evicted as a result of crime.
 - Only 6% of victims of violent crime reported receiving compensation from New York State's victim compensation program.
 - Less than a third (29%) of victims of any crime and only 37% of violent crime victims reported receiving any mental health support or counseling.
 - Victims of violent crime were four times as likely to say that the criminal justice system was very unhelpful as they were to say it was very helpful.
- 4 Due to the wildcat strikes across most New York State prisons from mid-February through early March, all transfers from Rikers to state prisons have been halted until March 31, leaving over 340 people who have been convicted and sentenced to state prison stuck at Rikers, a number likely to continue to grow until transfers resume. *Testimony of DOC before NYC Board of Correction* (Mar. 11, 2025), available at <https://www.nyc.gov/site/boc/meetings/20250311.page>. That is at least 200 more people than are typically held at Rikers awaiting transfer to state prison. Therefore, while as of March 14, 2025, there were 6,987 people in Rikers, a more realistic starting point for population projections is 6,800, roughly the same number as were in jail on February 23, 2025, the date of our jail population snapshot.
- 5 Again, due to the halt in transfers from Rikers to New York State prisons because of the wildcat strikes there, the Rikers population today is roughly 200 people higher than it would be absent the strikes. See n.4 above.
- 6 Only the Los Angeles County jail holds more people with mental illness.
- 7 See *Preliminary Mayor's Management Report Preliminary Fiscal 2020* (Jan. 2020), available at https://www.nyc.gov/assets/operations/downloads/pdf/pmmr2020/2020_pmmr.pdf (reporting that for the first four months of FY2020, on average 15% of the jail population, or 1,075 people, had a serious mental illness). In comparison, [in 2005](#), when there were 13,500 people in NYC jails, double the number today, 1,200 had a serious mental illness.
- 8 See Testimony of Justyna Rzewinski before the New York City Board of Correction (Oct. 8, 2024), available at <https://www.youtube.com/watch?v=mT9njFKspXI> (starting at 22:16); Jacob Kaye, *DOC boss denies knowing about Rikers' 'worst-kept secret'*, Queens Daily Eagle (Nov. 13, 2024), available at <https://queenseagle.com/all/2024/11/13/doc-boss-denies-knowing-about-rikers-worst-kept-secret>.
- 9 See Graham Rayman, *Mentally ill at Rikers often locked in cells for weeks, denied treatment*, NY Daily News (Oct. 8, 2024), available at <https://www.nydailynews.com/2024/10/08/mentally-ill-at-rikers-often-locked-in-cells-for-weeks-denied-treatment-exclusive/>; Graham Rayman, *Longer Wait for Help*, NY Daily News (Oct. 23, 2024), available at <https://www.yu.edu/sites/default/files/inline-files/article-OMH.pdf>.
- 10 NYC Department of Correction, [DOC Data Dashboard](#) (visited Feb. 20, 2025).
- 11 *Preliminary Mayor's Management Report (PMMR)*, Department of Correction (Jan. 2025), available at <https://www.nyc.gov/assets/operations/downloads/pdf/pmmr2025/doc.pdf>.
- 12 *Id.*
- 13 A 61st person incarcerated at Rikers died on March 16, 2025.

- 14 The lack of sufficient programming was exacerbated by DOC's decision in 2022 to cut its budget by ending \$17 million in contracts for non-profit programming providers. In March 2024, the City **announced** it would spend \$14 million for jail-based trauma-informed, substance misuse, and education programming, re-entry planning, and transportation to re-entry service providers. DOC released those RFPs in January 2025; they have not yet been awarded.
- 15 Court appearance data from NYC Department of Correction, **DOC Data Dashboard** (visited Feb. 20, 2025). Less than 2% of court appearances are by video conference.
- 16 See, e.g., NYC Council, *Committee Report and Briefing Paper of the Governmental Affairs Division: Oversight – Department of Corrections' [sic] Transportation of Detained Individuals to Court* (May 2023), available at <https://legistar.council.nyc.gov/View.aspx?M=F&ID=12028292&GUID=E10ABAE4-5B5F-49DD-A77E-672E78C53F1D>.
- 17 Graham Rayman, *NYC Correction Dept. set to order mandatory 12-hour tours for officers again*, NY Daily News (Feb. 21, 2025), available at <https://www.nydailynews.com/2025/02/21/nyc-correction-dept-order-mandatory-12-hour-tours-officers-again/>; *Status Report by the Nunez Independent Monitor* (Nov. 22, 2024), available at <https://tillidgroup.com/wp-content/uploads/2024/11/2024-11-22-18th-Monitors-Report-11-22-2024.pdf> at 249 (reporting DOC monthly spending on overtime was at its highest at any point since 2019, higher even than during the height of COVID when DOC experienced massive absenteeism); *Status Report by the Nunez Independent Monitor* (Apr. 18, 2024), available at <https://www.nyc.gov/assets/doc/downloads/Nunez/2024-04-18%20--%20Monitor's%20Report.pdf> at 47 (reporting "Security Team members [in restrictive housing] ... reportedly work overtime nearly every day, a fact that contributes to the reported exhaustion among the staff in the Department's most difficult-to-manage units"); id. at 220 ("Given the Department's problems with inefficient staff scheduling and deployment and abuse of leave benefits, overtime has become a routine strategy to increase staff availability on any given shift"). In Fiscal Year 2024, DOC spent \$263.6 million on overtime, almost double its original FY 2024 budgeted amount of \$132.7 million. As of December 2024, DOC had spent \$167.7 million on overtime, already more than the \$134.9 million that was originally budgeted for the entire fiscal year. See NYC Council, *Report on the Fiscal 2026 Preliminary Plan and the Fiscal 2026 Preliminary Capital Commitment Plan for the Department of Correction* (March 2025), available at <https://legistar.council.nyc.gov/View.aspx?M=F&ID=13786499&GUID=B4A87219-2C7D-443D-A365-3AFDC5E36A11>.
- 18 Data provided to the Commission by DOC.
- 19 *Id.* The 262 junior officers are included in the total of 2,325 officers who left the Department.
- 20 Data provided by Department of Correction Commissioner Lynelle Maginley-Liddie during testimony before NYC Council, Preliminary Budget Hearing, March 7, 2025, video available at <https://legistar.council.nyc.gov/Calendar.aspx#>.
- 21 NYC Mayor's Office of Criminal Justice, *Jail Population through January 2025*, available at https://criminaljustice.cityofnewyork.us/wp-content/uploads/2025/02/JailPop_thruJan2025.xlsx.
- 22 The **most recent report** by the federal court-appointed monitor in the *Brad H* case, which covers treatment and re-entry for people with mental illness at Rikers concluded in July 2024: "Delays in completing mental health assessments, [comprehensive treatment plans] and [discharge plans] resulted in large numbers of class members released without, or with significantly delayed, treatment and/or discharge plans." Fifty-Third Regular Report of the Compliance Monitors, *Brad H. v. City of New York* (June 28, 2024), available at https://mhp.urbanjustice.org/wp-content/uploads/sites/10/2024/07/Brad-H-53rd-report-final-2024_06_28-email.pdf at 62. The monitor reported that the Department failed to produce people to mental health appointments 52% of the time, and failed to produce people to re-entry services 30% of the time. *Id.* at 27.
- 23 NYC Office of Management and Budget, *Department of Correction Agency Expense Preliminary Budget Summary for Fiscal Year 2026* (Jan. 2025), available at <https://www.nyc.gov/assets/omb/downloads/pdf/jan25/perc1-25.pdf> at 40E. DOC's preliminary FY26 budget includes \$1,213,205,992 for DOC operations, fringe benefits of \$964,146,558, pensions of \$521,577,663, and debt service of \$168,867,055, for a total of \$2,867,797,268. *Id.* At a population of 6,800 people, that equates to roughly \$420,000 per incarcerated person for the year.
- 24 Independent Rikers Commission, *A More Just NYC* (April 2017) at 89, available at <https://www.morejustnyc.org/s/LippmanCommissionReportFINALingles.pdf>. In addition, the City would have to pay approximately \$920 million to demolish the existing jails on Rikers. In 2017, HR&A estimated that demolition of the jails on Rikers would cost approximately \$145 per square foot, or \$735 million total. We have adjusted that amount for inflation for the New York-Newark-Jersey City metropolitan area, pursuant to the **Bureau of Labor Statistics**. Furthermore, the City has already signed contracts or is committed to contracts totaling over \$15 billion for the borough jails.
- 25 Though our Commission initially recommended a fifth jail in Staten Island, Mayor de Blasio decided almost immediately that the City would not pursue a site there. https://www.silive.com/news/2017/04/no_new_jail_for_staten_island.html
- 26 The jail will be about two miles from Bronx Criminal Court. Rikers is about 8 ½ miles from the courthouse.

- 27 Were any of these sites converted into a forensic treatment facility instead of a traditional jail, as Mayor Adams recently floated, its design would have to be revised and its completion deadline will likely need to be pushed back.
- 28 Our Commission originally proposed **5,500 beds for 5,000 people**. We did not specify whether any of the beds should be therapeutic beds, nor contemplate outposted therapeutic housing units.
- 29 Proven public space improvements include **creating new green spaces, increased street lighting, revitalizing empty lots, and removing graffiti**.
- 30 The original announcement of the 250 OTxHUs stated their construction would permit 250 beds to be removed from the borough jails. **Mayor Announces Outposted Therapeutic Housing Units to Serve Patients in Custody with Serious Health Needs - NYC Health + Hospitals**. That would have decreased the total number of jail beds from 3,544 to 3,294. However, that proposal was never enacted and the original RFPs for the jails maintained 3,544 beds. In 2021, the number of outposted beds was **expanded to 393 beds**, bringing system-wide capacity to 3,937 beds.
- 31 Bail reform did significantly reduce the jailing of people charged with lower-level crimes, leading to a jail population reduction of almost 2,000 people. Center for Court Innovation, *COVID-19 and the New York City Jail Population: Summary of Major Trends* (November 2020), available at https://www.innovatingjustice.org/sites/default/files/media/documents/2020-11/COVID_NYC_jail-summary.pdf. But the community-based resources and supervision meant to go alongside the reforms have been too sparse to grapple with the profound and persistent mental health, substance use, and housing instability challenges many of these people have. COVID exacerbated these shortfalls, as many existing non-profits reduced services or shut their doors.

Partially in response, bail laws have been repeatedly amended to permit bail to be set more broadly, and therefore make more people eligible to be incarcerated pre-trial if they cannot afford to pay the bail amount. See Peter Sterne, *A (not so) brief guide to New York's bail reform evolution*, City and State (May 5, 2023), available at <https://www.cityandstateny.com/policy/2023/05/not-so-brief-guide-new-yorks-bail-reform-evolution/385379/>. For instance, in 2022 and 2023, judges were given the power to set bail for people charged with causing harm to people or property (such as retail theft) if they have a pending case also alleging harm to people or property – even if neither case on its own would be bail eligible. While public data is not available to precisely state how many people are now incarcerated due to this provision, according to DOC data, there are over 450 people at Rikers today who are held pretrial whose most serious charge standing alone would not be eligible for bail, making it likely they are incarcerated pursuant to this harm-to-harm provision. That includes 58 people being held with the highest charge of petit larceny (Penal Law § 155.25), 55 for grand larceny in the 3rd degree (Penal Law § 155.35), 93 for grand larceny in the 4th degree (Penal Law § 155.30), and 248 for burglary in the 3rd degree (Penal Law § 140.20). Analysis of NYC Open Data, *Daily Inmates in Custody*, as of March 6, 2025. For more information on bail reform and its impact, see, e.g., Data Collaborative for Justice, *Examining the System-Wide Effect of Eliminating Bail in New York City: A Controlled-Interrupted Time Series Study*, (October 2023), available at <https://datacollaborativeforjustice.org/work/bail-reform/examining-the-system-wide-effect-of-eliminating-bail-in-new-york-city-a-controlled-interrupted-time-series-study/>.

- 32 See New York State Department of Corrections and Community Supervision, *New York State Department of Corrections and Community Supervision Expedites Less is More Act Releases Ahead of September Deadline* (March 2022), available at <https://doccs.ny.gov/system/files/documents/2022/03/3.28.2022-lim-releases.pdf>. In February 2020, there were roughly 650 people jailed in Rikers for alleged technical parole violations, including missing curfew, failing a drug test, or absconding from parole. Vera Institute of Justice, *New York Criminal Legal System Data Hub – Jail*, available at <https://www.vera.org/ny-data-hub/Jail#top>. When COVID struck, parole authorities reduced that population to roughly 200 by May 2020. *Id.* In September 2021, when the Less Is More Act was signed into law, the population of people held on alleged technical parole violations had risen to over 270 people. *Id.* Today, on average, 15 or fewer people are in Rikers for alleged technical parole violations. *Id.* At the same time, the number of people on parole facing new charges at Rikers has also fallen significantly, from 800 people in February 2020 to fewer than 300 in February 2025. Data Collaborative for Justice, *New York City Jail Population Tracker*, available at <https://nyc-jail-population-tracker.datacollaborativeforjustice.org/>.
- 33 See NYC Mayor's Office of Criminal Justice, *Summary Data File, Crime*, available at https://criminaljustice.cityofnewyork.us/wp-content/uploads/2025/02/Crime_thruJan2025.xlsx; New York City Criminal Justice Agency Data Dashboard, *How many people are arrested and prosecuted in NYC each year?*, available at <https://www.nycja.org/people-prosecuted>
- 34 NYC Mayor's Office of Criminal Justice, *Summary Data File, Crime*, available at https://criminaljustice.cityofnewyork.us/wp-content/uploads/2025/02/Crime_thruJan2025.xlsx; NYPD Press Release, *NYPD announces crime continues to decline in February 2025, shatters 30-year shooting record* (March 3, 2025), available at <https://www.nyc.gov/site/nypd/news/pr535/nypd-crime-continues-decline-february-2025-shatters-30-year-shooting-record>.
- 35 NYC Mayor's Office of Criminal Justice, *Summary Data File, Crime*, available at https://criminaljustice.cityofnewyork.us/wp-content/uploads/2025/02/Crime_thruJan2025.xlsx (reporting 7,632 index crimes in February 2020); NYPD Press Release, *NYPD announces crime continues to decline in February 2025, shatters 30-year shooting record* (March 3, 2025), available

at <https://www.nyc.gov/site/nypd/news/pr535/nypd-crime-continues-decline-february-2025-shatters-30-year-shooting-record> (reporting 7,821 index crimes in February 2025).

- 36 More beds might be cut as designs are finalized.
- 37 This projected number reflects the number of individuals that the new facilities can hold, rather than the official forecasted projection of future jail populations.
- 38 Budget data provided to the Commission by the NYC Office of Management and Budget, and Correctional Health Services. As discussed elsewhere in this report, it is likely possible for the City to lower construction costs by using value engineering. On other projects, value engineering has reduced construction costs by up to 15% and also resulted in faster construction. The City has agreed to this process for the Manhattan jail, but declined to undertake it for the other facilities
- 39 Since 2017, we have produced an array of recommendations, with strong research backing, to make the criminal case process more efficient and fair, address the needs of people cycling into and out of Rikers, including specific populations such as women and gender non-conforming people, older adults (55+), and people facing first-time arrests who present demonstrably low-risk of re-offense and would experience unacceptable harm if incarcerated, offer better assessment tools to judges at arraignment and during the course of a case, expand the availability and use of intensive services and supervision for people released at arraignment, and increase public safety. We do not reiterate all those recommendations in this report, but urge stakeholders to read our prior reports, including: [Closing Rikers Island A Roadmap for Reducing Jail in New York City](#) (July 2021); [Path to Under 100: Strategies to Safely Lower the Number of Women and Gender-Expansive People in New York City Jails](#) (June 2022); [A Safer, More Effective Option Than Rikers: 1,500 Secure Treatment Beds for People with Serious Mental Illness and Addiction Issues](#) (October 2023).
- 40 This number is the midpoint of our estimate range, discussed further in Appendix B.
- 41 Data provided to the Commission by Correctional Health Services.
- 42 Given the different needs and backgrounds of women vs. men, particularly the larger prevalence of mental illness among women and the role of abuse in the allegations against incarcerated women, we believe that the various reforms and investments outlined here would have a disproportionately decarcerative impact for women, or roughly 1/2 more than men. In 2021, when the population of women in jail was 300, we released a [report](#) outlining how the women's population could be safely reduced to under 100 people. We stand by our earlier proposals and their effectiveness. However, we add a slightly larger range of likely outcomes and of course are starting from a larger initial population of 440. Therefore, we project a larger likely population.
- 43 It might be possible to find temporary swing space to close Rikers once at least three of the jails and all the secure hospital beds are open, but before the fourth jail – likely Manhattan – is finished.
- 44 Completing all the designs before any construction begins would permit the City to negotiate all construction pricing for the jail at one time, only as design nears completion, rather than in two phases (first for the foundation and exterior, and a second for the interior). The Department of Design and Construction has told our Commission it predicts either approach would cost roughly the same. However, they note that multiple negotiations increase the likelihood that a deal cannot be reached at some point, and that the design-build team could choose to walk away mid-project, even if that would mean leaving hundreds of millions, if not billions, of dollars on the table. While that may be true, the Port Authority could guide New York City on how to mitigate that risk, especially given the urgency to complete the jails.
- 45 We were told it was too late for the other jails. This is despite the fact that our Commission requested the use of value engineering several times before the Bronx and Queens jail contracts were approved and signed.
- 46 See, e.g., Testimony of Department of Correction Commissioner Lynelle Maginley-Liddie before NYC Council Committee on Criminal Justice, Preliminary Budget Hearing (March 7, 2025), video available at <https://legistar.council.nyc.gov/Calendar.aspx#>.
- 47 Vera Institute of Justice, *New York Criminal Legal System Data Hub – Jail*, available at <https://www.vera.org/ny-data-hub/Jail>.
- 48 Information provided by Correctional Health Services.
- 49 Data provided to Commission by Correctional Health Services.
- 50 Analysis of NYC Open Data, [Daily Inmates in Custody](#), as of Feb. 20, 2025.
- 51 *Id.*
- 52 Correctional Health Services, Local Law 58 Report (Feb. 3, 2025), available at <https://hhinternet.blob.core.windows.net/uploads/2025/02/City-Council-LL58-Report-2024-Q4.pdf>.

- 53 New York City Independent Budget Office, *Does It Take the Court System Longer in New York City to Process Indicted Felony Cases Than Elsewhere in the State?* (2019), available at <https://ibo.nyc.ny.us/iboreports/court-case-length-2019.pdf>.
- 54 Weill, J., Rempel, M., Rodriguez, K., & Raine, V., *Felony Case Delay in New York City: Lessons from a Pilot Project in Brooklyn* (2021), available at https://www.courtinnovation.org/sites/default/files/media/document/2021/Case_Delay_Policy_Brief_3.29.2021.pdf.
- 55 Office of Court Administration data, as analyzed by the Vera Institute of Justice. Between 2020 and 2023, judges in New York City put a total of 110 people on electronic monitoring pretrial.
- 56 Some of that additional capacity could also be used as part of an expansion of the 6A work release program, for people serving City sentences, as discussed below.
- 57 New York City Criminal Justice Agency, NYC Pretrial Data: *How many people are arrested and prosecuted in NYC each year?* (visited March 7, 2025), available at <https://www.nycja.org/people-prosecuted>. In 2018, this number was 2,618 people. In 2019, it was 2,343. *Id.*
- 58 *Id.* In contrast that year, 94,238 people were arrested and prosecuted once, with the most common charge being misdemeanor assault (33%). *Id.*
- 59 Deputy Mayor for Public Safety Philip Banks Holds Briefing on Public Safety in New York City, March 24, 2023, available at <https://www.youtube.com/watch?v=yOTZICFSAek>.
- 60 *Id.*
- 61 Site visit by Commission to pilot in Queens, operated by Criminal Justice Agency (November 2024).
- 62 Swern, Judge A., Lally, K., Yaeger, S., *Manhattan Drug Treatment Court 2023 Report to the Stakeholders* (2024), on file with authors. Rossman, S., Willison, J. B., Mallik-Kane, K., Kim, K., Debus-Sherrill, S., & Downey, P. M. *Criminal Justice Interventions for Offenders with Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn*, (2012) available at: [Criminal Justice Interventions for Offenders With Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn, New York \(urban.org\)](#). O'Keefe, K. (2006). *The Brooklyn Mental Health Court Evaluation: Planning, Implementation, Courtroom Dynamics, and Participant Outcomes* (2006), available at: [The Brooklyn Mental Health Court Evaluation: Planning, Implementation, Courtroom Dynamics, and Participant Outcomes | Center for Court Innovation](#).
- 63 41% of people at Rikers with a serious mental illness have a case in Manhattan. Data provided to the Commission by Correctional Health Services.
- 64 NYC DOC, *Annual Report on Mentally Ill Incarcerated Individuals and Recidivism, Calendar Year 2024*, available at [LL121 Report CY24.pdf](#).
- 65 *Id.*
- 66 New ACT teams must be approved by the State Office of Mental Health. Each team serves 68 people.
- 67 Data provided to Commission by Fountain House.
- 68 A sentence of a year or more is served in a New York State prison.
- 69 Good time credits generally cut people's sentence by 1/3; therefore, someone sentenced to serve a year is likely to serve 8 months.
- 70 Department of Correction, *Overview of the 6A Initiative Presentation* (Apr. 2024), provided to Commission.
- 71 Data in this section was provided to the Commission by the Department of Correction.
- 72 *Id.*
- 73 Center for Court Innovation, New York City Criminal Justice Agency, CASES, *The Early Release 6A Program Documented Results: Six Month Update* (September 22, 2020), available at https://www.innovatingjustice.org/sites/default/files/media/documents/2020-11/Early_Release_Outcomes_20201112.pdf.
- 74 *Id.*
- 75 *Id.*
- 76 Center for Court Innovation, *The Will to Decarcerate: COVID-19 and NYC's Early Release Program* (March 2022), available at https://www.innovatingjustice.org/sites/default/files/media/document/2022/COVID_19_Early_Release_Program.pdf.
- 77 *Id.*
- 78 *Id.*

79 *Id.*

80 Wada, C. & Pooler, T., *Community Supervision as a Jail Reduction Strategy: Key Findings from an Impact Evaluation of the NYC Early Release Program* (forthcoming in 2025; findings provided by authors to Commission).

81 Any expansion of 6-A must be done in cooperation with each local district attorney office and OCA. Prosecutors plea bargain with the understanding that an individual will serve an agreed-upon period of incarceration (minus good time credits), and judges sentence people with the same understanding. That time in custody is justified in part by the fact that a person is unable to engage in criminal activity that might harm the community while in custody. That said, most judges and prosecutors with whom we've spoken have been open to a reasonable expansion of 6-A.

82 Bernstein, D., & Staley, E. M., *Merit Time Program Summary: October 1997 - December 2006* (2007), available at: https://doccs.ny.gov/system/files/documents/2019/09/Merit_Time_Through_2006.pdf; Drake, E. K. Barnoski, R., & Aos, S., *Increased Earned Release from Prison: Impacts of a 2003 Law on Recidivism and Crime Costs, Revised* (2009), available at: https://www.wsipp.wa.gov/ReportFile/1039/Wsipp_Increased-Earned-Release-From-Prison-Impacts-of-a-2003-Law-on-Recidivism-and-Crime-Costs-Revised_Full-Report.pdf; Guzman, C., Krisberg, B., & Tsukida, C., *Accelerated Release: A Literature Review. National Council on Crime and Delinquency* (2008), available at: <https://www.voiceofsandiego.org/wp-content/uploads/2013/05/d8a54574-4dad-11df-bd7d-001cc4c03286.pdf>; Hamilton, Z., et al. (2021), *Op Cit.*; Lawrence, A., *Cutting Corrections Costs: Earned Time Policies for State Prisoners. National Conference of State Legislatures* (2009), available at: <https://www.ncsl.org/research/civil-and-criminal-justice/earned-time-policies-for-state-prisoners.aspx>

83 **NY State Senate Bill 2023-S210.**

84 Data provided to Commission by Correctional Health Services.

85 While “restoring a person to competency” often entails medicating the person (including involuntarily), and perhaps therapy, much of the focus is on teaching the person about the courtroom process and personnel. In other words, psychiatric treatment is secondary to getting the person to a place where they can understand better who the players are in the case against them. **Legislation has been introduced** to amend this approach.

86 OMH, September 2024 Monthly Report OMH Facility Performance Metrics and Community Service Investments, available at <https://omh.ny.gov/omhweb/transformation/docs/omh-monthly-report-sep-2024.pdf>.

87 *Id.*

88 Correctional Health Services is proposing State legislation to permit CHS to perform restoration in the jails, in jail wards in City hospitals, or in outposted units. While that process could in some instances speed up this process significantly, and take advantage of continuity of care that is paying dividends, permitting treatment over objection in the jails is fraught and would have to be navigated very carefully.

89 The judiciary should also explore whether orders mandating treatment might be better set for six months rather than the current default of one year.

90 <https://bjs.ojp.gov/content/pub/pdf/pmcjs.pdf>.

91 NYC Health + Hospital, Correctional Health Services (CHS), *CHS Patient Profile for Individuals in the New York City Jail System* (January 2025), available at <https://hhinternet.blob.core.windows.net/uploads/2025/03/correctional-health-services-patient-profile-metrics-january-2025.pdf>.

92 CHS, Local Law 58 Report (Feb. 3, 2025), available at <https://hhinternet.blob.core.windows.net/uploads/2025/02/City-Council-LL58-Report-2024-Q4.pdf>.

93 *Id.* <https://hhinternet.blob.core.windows.net/uploads/2024/07/chs-access-report-quarter-2-2024.pdf>. While there is no dispute that people at Rikers miss thousands of mental health and other appointments each month, the reasons for doing so are subject to dispute. Correctional Health Services reports that 29% of appointments are missed because they are not produced by correctional staff (which could be because no officer is available to escort the person or because of a security incident; incarcerated people cannot go to an appointment without an officer to escort them), and 6% of the time people refuse to attend their appointments. *Id.* In contrast, DOC reports that 55% of appointments are missed because people refuse to attend. https://www.nyc.gov/assets/doc/downloads/sharepoint/Medical_Non-Production_June_2024.pdf DOC does not report the number of appointments missed because of a failure to produce the person, instead lumping those incidents with times when people “choose[] to instead attend a work assignment, law library, school or religious services or when maximum clinic capacity has been reached”). *Id.* Failure to produce incarcerated people for medical appointments is the subject of active litigation. https://legalaidnyc.org/wp-content/uploads/2024/08/323_Ps_MOL_in_support_of_contempt_motion.pdf.

- 94 NYC Health + Hospital, Correctional Health Services (CHS), *CHS Patient Profile for Individuals in the New York City Jail System* (January 2025), available at <https://hhinternet.blob.core.windows.net/uploads/2025/03/correctional-health-services-patient-profile-metrics-january-2025.pdf>.
- 95 Treatment statistics provided by CHS to Commission.
- 96 NYC Health + Hospital, Correctional Health Services (CHS), *CHS Patient Profile for Individuals in the New York City Jail System* (January 2025), available at <https://hhinternet.blob.core.windows.net/uploads/2025/03/correctional-health-services-patient-profile-metrics-january-2025.pdf>.
- 97 For instance, deinstitutionalization in the 1960s ended the warehousing and mistreatment of people with serious mental illness, but failed to deliver the community-based care that was meant to replace it. In 1955, there were 93,314 residents in NYS-run psychiatric centers. In February 2024, there were 3,541. New York State Comptroller, *Mental Health: Inpatient Service Capacity* (March 2024), available at <https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf>. It cannot be the case that only 4% of those people, or their equivalents today, needed institutional care – the need did not evaporate. Governor Hochul, State and City leaders have laudably made increased investment in mental health care a top priority. Much more remains to be done.
- 98 Equally, it is beyond our remit to address crime-fighting generally. We do think it important to highlight that most violent crime remains centered in a few blocks of a few neighborhoods. Gang violence characterized by a tit-for-tat, seemingly endless cycle of retaliation, stubbornly persists. This was truly 35 years ago when the [Seven Neighborhood Study](#) was published, and 18 years ago when the [Million Dollar Block Study](#) was released. All too little has changed. As [Mayor Adams' Gun Violence Prevention Task Force](#) and [Every Block Counts](#) initiative have recognized, there is a tremendous need to focus resources, investments, and opportunity in the areas hit hardest by crime and incarceration. Just as we must be a city of second chances, we must do all we can to provide everyone with a first chance – something absent for too many today.
- 99 There is much debate among City and State leaders regarding legislation broadening the power to involuntarily hospitalize people with severe mental illness, to treat people who are otherwise resistant to care. While we do not take a position on such legislation, there has to be a pragmatic way to get these people into the care they need while preserving due process rights.
- 100 Eric Elbogen and Sally Johnson, *The intricate link between violence and mental disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions*, Arch Gen Psychiatry (2009 Feb); 66(2):152-61, available at <https://pubmed.ncbi.nlm.nih.gov/19188537/>; *The Link Between Mental Illness and Being Subjected to Crime in Denmark vs the United States*, available at <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2680801>. It is also reality that people with serious mental illness are [far more likely](#) to be the victims of violence than to perpetrate it.
- 101 The bed count of Hope House is a direct result of federal law that bars Medicaid from paying for care in a residential psychiatric facility with more than 16 beds. That restriction was created in 1965 to bolster deinstitutionalization from inhumane psychiatric facilities, but today unduly limits access to care. Proposed bi-partisan legislation, the [Michelle Go Act](#), would lift the Medicaid psychiatric in-patient payment restriction to 36 beds.
- 102 Colton, Jana, et al., *Reaching the Unreachable: Intensive Mobile Treatment, an Innovative Model of Community Mental Health Engagement and Treatment*, Community Mental Health Journal (March 2024), available at <https://www.cucs.org/wp-content/uploads/2024/03/Reaching-the-Unreachable-IMT-Whitepaper.pdf>
- 103 *Id.*
- 104 Data provided to Commission by NYC Council.
- 105 Corporation for Supportive Housing, *FUSE 10-Year Follow-Up Report* (April 2023), available at [FUSE-10-Year-Report-Initial-Findings.pdf \(csh.org\)](#).
- 106 *Id.* A study of supportive housing in Denver found that after three years, participants on average had 8 fewer police contacts (34% decline), 4 fewer arrests (40% decline), and spent 38 fewer days in jail (27% decline) than a control group. Participants' emergency room visits declined 40% and their use of detox services declined 65%. 77% remained in stable housing. Urban Institute, *Denver Supportive Housing Social Impact Bond Initiative* (July 2021), available at <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/publications>.
- 107 New York City Comptroller, *Housing First: A Proven Approach to Dramatically Reduce Street Homelessness* (June 2023), available at https://comptroller.nyc.gov/wp-content/uploads/2023/06/Brief-Report_Housing-First.pdf
- 108 Estimate as of October 2024, as provided to the Commission by the Corporation for Supportive Housing. This includes \$ 25,600 for services and \$28,000 for rent for a 1-bedroom apartment.

- 109 Data provided by Correctional Health Services.
- 110 A federal monitor overseeing discharge planning for people receiving mental health treatment at Rikers found that Rikers staff were processing only 80% of applications of people social workers believed to be eligible. *Fifty-Third Regular Report of the Compliance Monitors, Brad H. v. City of New York*, Index No. 117882/99 at 34 (June 28, 2024), available at https://mhp.urbanjustice.org/wp-content/uploads/sites/10/2024/07/Brad-H-53rd-report-final-2024_06_28-email.pdf. By another measure, the Monitor found that only 44% of people who were eligible for supportive housing had their applications handled appropriately at Rikers. *Id.* at 37.
- 111 Corporation for Supportive Housing, *Advancing Supportive Housing Solutions to Reduce Homelessness for People Impacted by the Criminal Legal System* (2022), available at: <https://www.csh.org/wp-content/uploads/2022/02/Reduce-Homelessness-for-People-Impacted-by-the-Criminal-Legal-System.pdf>. The Corporation for Supportive Housing estimated that of the 2,589 people who needed supportive housing, 777 people met the eligibility criteria for supportive housing, but 1,812 people did not because City regulations no longer considered them “chronically homeless,” a key eligibility criteria, once they were in Rikers for more than 90 days. *Id.* at 6.
- 112 CHS, Local Law 58 Report (Feb. 3, 2025), available at <https://hhinternet.blob.core.windows.net/uploads/2025/02/City-Council-LL58-Report-2024-Q4.pdf>.
- 113 Fountain House exemplifies the impact of clubhouses. Per the organization, 25% of Fountain House members are currently or were recently involved in the criminal legal system. Only 5% recidivate. Health care costs and hospitalizations for **Fountain House members are down by more than 20% compared to non-members with similar conditions**.
- 114 See, e.g., Linning, S., et al., Exploring the Correspondence Between General Correctional Programming and Inmate Misconduct Using a Time-Course Framework, *Int J Offender Ther Comp Criminol*. 2022 Feb; 66(2-3): 209–226, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8721553/>.
- 115 **NYC Administrative Code § 9-110** (“The commissioner of correction ... shall offer to all incarcerated individuals incarcerated for more than 10 days a minimum of five hours per day of incarcerated individual programming or education, excluding weekends and holidays.”).
- 116 Quote taken from focus group held by Commission in September 2024.
- 117 This includes data from five of the six non-profits whose contracts were cut.
- 118 Per data provided by DOC to the Commission, in 2024, 19,209 people were discharged from Rikers 23,429 times. Discharge data from the **Mayor’s Office of Criminal Justice** shows that in 2024, 74% discharges from Rikers are straight to the community. 14.5% of people at Rikers go to state prisons, while 11.2% go to federal or other institutions, including those outside New York State. The other 74% return straight from Rikers to NYC communities, including people who are able to pay bail after some period of incarceration (20%), are released by judges (27%), have a warrant lifted (7%), are diverted to a program (4%), or serve a City sentence and are then released (16%).
- 119 For instance, DOC fails to produce people with mental illness to re-entry planning appointments 30% of the time. *Fifty-Third Regular Report of the Compliance Monitors, Brad H. v. City of New York* at 26.
- 120 New York City Department of Correction, *Local Law 121 of 2016 Annual Report on Mentally Ill Incarcerated Individuals and Recidivism CY 2024*, available at <https://www.nyc.gov/assets/doc/downloads/pdf/LL121%20Report%20CY24.pdf>.
- 121 *Fifty-Third Regular Report of the Compliance Monitors, Brad H. v. City of New York* at 46.
- 122 *Id.*
- 123 Efforts should be made to ensure releases take place during business hours, whenever possible. That will maximize the chance a person being released connects with a service provider. Moving writ court to an early day in the week is one way that was suggested to us to ensure people are not released over the weekend, when many community-based providers are closed.
- 124 Opinion and Order on Motion for Contempt, *Nunez v. New York City Department of Correction et al.*, No. 11-CV-5845-LTS (Nov. 27, 2024), available at <https://www.nysd.uscourts.gov/sites/default/files/2024-11/Nunez%20-%20Contempt%20OpOrd.pdf> (internal citations to case record omitted).
- 125 For instance, Correctional Health Services reported that in the Fourth Quarter of 2024, incarcerated people were seen for scheduled appointments 58% of the time. 29% of the time, or 56,165 times, CHS reports DOC did not produce the person. 6% of the time, or 10,692 times, CHS was told the person refused and was able to verify that. Correctional Health Services, Local Law 58: CY 2024 Quarter 4 (October – December), available at <https://hhinternet.blob.core.windows.net/uploads/2025/02/City-Council-LL58-Report-2024-Q4.pdf>. Meanwhile, DOC reports that for December 2024 alone, the person refused 7,843 times, and only at most 3,984 times did DOC fail to produce the person (DOC lumps failures to produce with lockdowns,

people choosing to attend work or religious services, and other reasons someone may not attend an appointment). Department of Correction, *Monthly Report on Medical Appointment Non-Production December 2024*, available at https://www.nyc.gov/assets/doc/downloads/pdf/Medical_Non-Production_December_2024.pdf.

- 126 Testimony of then-DOC Commissioner Louis Molina before the New York City Council in **March 2023** and before the New York City Board of Correction in **July 2023**.
- 127 Nneka Jones Tapia, Vital City Panel, *How New York City Can Transform Jail Conditions* (September 24, 2024), available at <https://www.vitalcitynyc.org/articles/its-not-impossible-how-nyc-can-transform-jail-conditions-transcript>.
- 128 The **most recent report** from the Federal Monitor in the Nunez case highlights a promising example of how much strong management matters. The warden in the Enhanced Supervision Housing at the Rose M. Singer Center (RESH), Rikers' main restrictive housing program for people who have committed acts of serious violence in Rikers, has been making a difference with strong mentoring and training. The warden has reportedly worked intensively 1-on-1 with staff after incidents, reviewing video to walk through the entire scenario and determine how staff could have acted differently. The warden has also given hands-on training for staff in various security procedures. The Monitor reports that this mentoring and training is helping improve staff procedures and reduce violence in the unit. <https://tillidgroup.com/wp-content/uploads/2024/11/2024-11-22-18th-Monitors-Report-11-22-2024.pdf> at 32.
- 129 See, e.g., National Institute of Justice, *The Impact of Shift Length in Policing on Performance, Health, Quality of Life, Sleep, Fatigue, and Extra-Duty Employment* (2011), available at <https://www.policinginstitute.org/wp-content/uploads/2015/06/Amendola-et-al.-2011-The-Impact-of-Shift-Length-Full-Report-.pdf>. City law, such as Administrative Code Section 9-116, may have to be amended to permit this experimentation, as might union contracts. Notably, 10-hour shifts have proven more beneficial in terms of officers' quality of life and reduced overtime than 12-hour shifts.
- 130 See, e.g., Ben Seal, *How One Philadelphia Prison Could Change Incarceration in America*, City Life (Nov. 2, 2024), available at <https://www.phillymag.com/news/2024/11/02/chester-prison-little-scandinavia/>.
- 131 Marcella Alsan & Crystal Yang, *The Hidden Health Care Crisis Behind Bars: A Randomized Trial to Accredited U.S. Jails* (January 2025), available at https://www.nber.org/system/files/working_papers/w33357/w33357.pdf.
- 132 *Id.*
- 133 NYS Office of Mental Health, *Corrections Officers – CARES UP*, available at <https://nycaresup.com/resources/corrections/>.
- 134 *Id.*
- 135 DOC Press Release, *NYC Department of Correction Opens a New Staff Wellness Center on Rikers Island* (Jan. 10, 2025), available at https://www.nyc.gov/site/doc/media/wellness-center_n.page.
- 136 See, e.g., National Institute of Justice, *"Swift and Certain" Sanctions in Probation Are Highly Effective: Evaluation of the HOPE Program* (2012), available at <https://nij.ojp.gov/topics/articles/swift-and-certain-sanctions-probation-are-highly-effective-evaluation-hope-program#noteReferrer3>.
- 137 *Status Report by the Nunez Independent Monitor* (Nov. 2024), available at <https://tillidgroup.com/wp-content/uploads/2024/11/2024-11-22-18th-Monitors-Report-11-22-2024.pdf> at 133.
- 138 *Id.* at 125.
- 139 *Id.* at 101-102.
- 140 The federal court in *Nunez* recently found that:

While DOC opened RESH in June 2023 with extensive security protocols and programming engagement, an allocation of leadership positions precisely for the unit, specifically selected uniform and programming staff, a specialized training curriculum, and low staffing ratios, RESH still exhibits poor sanitation, inadequate staffing, pervasive contraband and weapons, and high levels of violence and fear. In 2023, RESH had the highest use of force rate of any facility, as well as high rates of stabbings, slashings, and fire-setting, due to poor plan implementation and problems with staffing and supervision.

Opinion and Order on Motion for Contempt, *Nunez*, at 13-14 (noting that in November 2024, "the Monitoring Team reported some improvements in the management and performance of RESH").
- 141 See Testimony of Justyna Rzewinski before the New York City Board of Correction (Oct. 8, 2024), available at <https://www.youtube.com/watch?v=mT9njFKspXI> (starting at 22:16).
- 142 Jacob Kaye, *DOC boss denies knowing about Rikers' 'worst-kept secret'*, Queens Daily Eagle (Nov. 13, 2024), available at <https://queenseagle.com/all/2024/11/13/doc-boss-denies-knowing-about-rikers-worst-kept-secret>.

- 143 See Graham Rayman, *Mentally ill at Rikers often locked in cells for weeks, denied treatment*, NY Daily News (Oct. 8, 2024), available at <https://www.nydailynews.com/2024/10/08/mentally-ill-at-rikers-often-locked-in-cells-for-weeks-denied-treatment-exclusive/>; Graham Rayman, *Longer Wait for Help*, NY Daily News (Oct. 23, 2024), available at <https://www.yu.edu/sites/default/files/inline-files/article-OMH.pdf>.
- 144 Jacob Kaye, *DOC boss denies knowing about Rikers' 'worst-kept secret'*, Queens Daily Eagle (Nov. 13, 2024), available at <https://queenseagle.com/all/2024/11/13/doc-boss-denies-knowing-about-rikers-worst-kept-secret>.
- 145 This should include mandatory reporting up the respective chains of command, and a requirement that whenever necessary immediate action be taken by senior leadership to ensure people receive care swiftly and safely. Any necessary disciplinary action should also be taken to end the practice.
- 146 Data provided to the Commission by the Department of Correction.
- 147 *Id.*
- 148 Deloitte, *2024 Gen Z and Millennial Survey*, available at <https://www2.deloitte.com/content/dam/Deloitte/ec/Documents/about-deloitte/deloitte-2024-genz-millennial-survey.pdf>.
- 149 Graham Rayman, *NYC no longer requires college credit for new officers at Rikers Island and other jails, Correction commissioner decides*, NY Daily News (Apr. 21, 2023), available at <https://www.nydailynews.com/2023/04/21/nyc-no-longer-requires-college-credit-for-new-officers-at-rikers-island-and-other-jails-correction-commissioner-decides/>.
- 150 Graham Rayman, *NYC Correction Dept. slashes academy training time for officers in half*, NY Daily News (Apr. 17, 2023), available at <https://www.nydailynews.com/2023/04/17/nyc-correction-dept-slashes-academy-training-time-for-officers-in-half/>.
- 151 NYC Office of Management and Budget, *January 2025 Financial Plan Detail Fiscal Years 2025 – 2029*, available at [January 2025 Financial Plan Detail Fiscal Years 2025 - 2029](#) at 69.
- 152 **Special Report of the Nunez Independent Monitor**, March 16, 2022 (“The level of dysfunction within the Department’s staffing framework is unmatched by any jurisdiction with which the Monitoring Team has had experience. The dysfunction is so profound and pervasive that even a basic post analysis identifying where staff should be and when is impossible to conduct at this time for the reasons outlined below.”).
- 153 In June 2024, the **Nunez Monitor reported**: “The Department, after a two-year delay, has finally begun planning for a post analysis as required by Action Plan § C ¶ 3 (viii), ordered in June of 2022. The purpose of the post analysis is to identify the specific posts that require a uniform staff member in order to operate the jails safely and efficiently.” (italics in original) In November 2024, the **Nunez Monitor reported**: “The Department requested that the State Commission on Correction (“SCOC”) conduct the post analysis required by Action Plan § C ¶ 3 (viii). The SCOC’s work on the post analysis began in October 2024 with a focus on one facility so that the Department and the SCOC could work together on this initial assessment before expanding it.”
- 154 NYC Office of Management and Budget, *Department of Correction Agency Expense Preliminary Budget Summary for Fiscal Year 2026* (Jan. 2025), available at <https://www.nyc.gov/assets/omb/downloads/pdf/jan25/perc1-25.pdf> at 40E.
- 155 DOC Data Dashboard, available at <https://www.nyc.gov/site/doc/about/doc-data-dashboard.page>. The latest staff headcount available is for January 2025 (6,021). For jail population, the latest available is for February 2025 (6,760). Given the jail population is shifting lately more than the staff headcount, which has stayed roughly the same since June 2024, we use the January staff and February population numbers.
- 156 *Federal Bureau of Justice Statistics, Jail Inmates 2023 – Statistical Tables* (Jan. 2025), available at <https://bjs.ojp.gov/media/document/ji23.pdf> at 32.
- 157 U.S. Department of Justice, *Federal Prison System Salaries and Expenses FY 2025 Performance Budget Congressional Submission*, available at <https://web.archive.org/web/20250203010921/https://www.justice.gov/jmd/media/1342136/dl?inline>.
- 158 DOC Data Dashboard, available at <https://www.nyc.gov/site/doc/about/doc-data-dashboard.page>. Generalized leave numbers provided by DOC to the Commission.
- 159 NYC Office of Management and Budget, *Budget Function Analysis for FY26* (Jan. 2025) at 163.
- 160 These estimates annualize cost/savings of the new correctional system over a thirty-year term. Actual benefits and costs will not run concurrently every year due to the delayed implementation of cost savings and upfront costs.
- 161 NYC Office of Management and Budget, *Department of Correction Agency Expense Preliminary Budget Summary for Fiscal Year 2026* (Jan. 2025), available at <https://www.nyc.gov/assets/omb/downloads/pdf/jan25/perc1-25.pdf> at 40E.

162 This presumes a ratio of .72 correction officers for every 100 incarcerated people. This is based on National Institute of Corrections guidance which has found that direct supervision jails like the ones being built have lower staffing costs than traditional facilities: “Operational costs were lower for the direct supervision cases. Staffing costs were . . . 33 percent lower for the direct supervision jail.” National Institute of Corrections, *Comparison of “Direct” and “Indirect” Supervision Correctional Facilities*, available at <http://static.nicic.gov/Library/007807.pdf>. Accordingly, we have estimated that the necessary uniformed officer to detainee staffing ratio in the new facilities could be decreased by at least 33 percent to a ratio of 0.72 uniformed officer for every 1 person in custody (0.72:1). We expect there will be approximately 4,250 people under DOC custody, out of a total systemwide population of 4,500 people. This is because we expect approximately 250 people will be housed in new psychiatric treatment beds for competency-related assessments and treatment. If the total population under DOC control were 4,500, the operating savings would be \$1.99 billion and the overtime savings would be \$350 million. If the total population under DOC control were 4,000, the operating savings would be \$2.18 billion and the overtime savings would be \$364 million. Inflation for operational savings is conservatively inflated using the five-year average CPI of 3.7% from 2020-2024 for the New York-Newark-Jersey City metropolitan area. This estimate annualizes the savings of the new borough-based system over a thirty-year term, to be consistent with debt service costs.

We note that true staffing estimates must be based on floorplans and operations matters, which are not yet available to us. We estimate there will continue to be roughly 1,700 civilian staff budgeted for the agency.

163 Here too, we conservatively calculate inflation using the five-year average CPI of 3.7% from 2020-2024 for the New York-Newark-Jersey City metropolitan area.

164 Average length of stay data is from New York City Comptroller’s Department of Correction Dashboard, available at <https://comptroller.nyc.gov/services/for-the-public/department-of-correction-doc/dashboard/> (visited Feb. 21, 2025). Under a Medicaid 1115 Waiver, the federal government would cover roughly 90% of the cost of most medical care in the last 90 days of a person’s incarceration. At least 11 other states have secured this funding to ensure people have sound re-entry plans and a warm handoff to community-based providers when people leave jail. New York State declined to submit such a Medicaid waiver application during the Biden Administration, leaving tens of millions of federal dollars on the table. That has forced New York City to fill the gap, but City spending is not enough to get the job done consistently. An infusion of Medicaid funds would help ensure continuity of psychiatric, medical, and addiction-related treatment for people being released from jail, and help head off reoffending. We urge New York State to act swiftly. We hope the traditional bi-partisan support for re-entry related programs, as exemplified by the First Step Act, will continue in the current federal administration.

165 NYC Open Data, Daily Inmates in Custody, available at <https://data.cityofnewyork.us/Public-Safety/Daily-Inmates-In-Custody/7479-ugqb/data> (as of March 8, 2025).

166 Post-COVID, the City has had to add billions of dollars in capital funds to the budget for the borough-based jails and the secure hospital beds. Construction has gotten significantly more expensive across the city, and these projects are no exception

As mentioned above, it is likely possible for the City to lower construction costs by using value engineering. This process has reduced construction costs by up to 15% and also resulted in faster construction. The City has agreed to this process in Manhattan, but declined to undertake it for the other facilities.

167 Approximate cost of debt service over a thirty-year time period is calculated as 6% of debt outstanding.

168 Cost projection is based on the per-bed cost for the 100 forensic psychiatric beds on Wards Island included in the FY 2026 New York State Executive Budget, available at <https://www.budget.ny.gov/pubs/archive/fy26/ex/book/briefingbook.pdf>.

169 Approximate cost of debt service over a thirty-year time period is calculated as 6% of debt outstanding.

170 As part of our work this past year, we met a number of times with representatives of the Brooklyn and Chinatown communities surrounding the local jails. The representatives raised numerous valid concerns about the jail demolition and construction. We reached out to the relevant community boards in the Bronx and Queens, both to the board chairs and the district managers seeking meetings, but never received replies.

In our discussions, among other topics, representatives from the Chinatown community raised concerns regarding the potential destabilization of surrounding tenements during the construction process. We urge the Administration to work with local property owners to thoroughly assess any potential danger to their buildings, to shore them up if necessary, and to develop a contingency plan should any neighboring buildings’ foundations become unstable. Generally, the Administration has attempted to be responsive to the community’s concerns. For instance, we appreciate that the Administration answered the community’s concerns and appointed an independent environmental monitor over the site, and has worked with the Charles B. Wang Community Health Center to find replacement clinical space after jail demolition made its old space untenable.

Brooklyn neighborhood representatives raised concerns about existing operational difficulties surrounding the NYPD's practices transporting people to the local courthouse, and the lack of a location for ambulances called to aid people in the local courthouse. Those challenges should be dealt with now, and a plan established for how to handle them when the borough jail opens.

Both communities also called for reform of the Department of Correction and intensive efforts to improve operations and reduce the levels of violence in the jails. We share their concerns and the urgency of the need to address them.

- 171 Our Commission also initially recommended exploring extending LaGuardia Airport onto Rikers. However, our internal analysis since then, combined with changed realities on the ground and the deepening climate crisis, have convinced us that Renewable Rikers is the much better option. We have also been swayed by the fact that the communities most impacted by Rikers strongly prefer Renewable Rikers.
- 172 Renewable Rikers would help NYC comply with New York State's landmark Climate Leadership and Community Protection Act. The Act mandates that 35-40% of public investment in climate infrastructure be directed toward disadvantaged communities.
- 173 [Local Law 16 of 2021](#).
- 174 *Id.*
- 175 [Local Law 31 of 2021](#).
- 176 [Local Law 17 of 2021](#).
- 177 [Local Law 16 of 2021](#).
- 178 City of New York, *PlaNYC: Getting Sustainability Done* (April 2023), available at <https://climate.cityofnewyork.us/wp-content/uploads/2023/06/PlaNYC-2023-Full-Report.pdf>.
- 179 The volume in millions of gallons of CSO discharged out of outfalls in 2018, as modeled by the Department of Environmental Protection, data compiled by [Open Sewer Atlas](#).
- 180 [PlaNYC: Getting Sustainability Done](#)
- 181 In 2012, New York City entered into ten water body specific Long Term Control Plans (LTCP) with the New York State Department of Environmental Conservation (DEC), requiring infrastructural investments to meet water quality standards. Of these ten LTCPs, six fall within the drainage areas served by the existing sewage treatment plants surrounding Rikers Island. As water quality standards become increasingly stringent—including the goal of eliminating combined sewer overflows by 2060—future LTCP investments could be streamlined and consolidated through planning for Renewable Rikers. See <https://www.nyc.gov/site/dep/water/citywide-long-term-control-plan.page>.
- 182 See *NY State CSO Consent Order for Flushing Bay*, available at <https://dec.ny.gov/environmental-protection/water/cso/nyc-cso>.
- 183 [New York City Comprehensive Waterfront Plan](#).
- 184 See, e.g., [Assessing New Yorkers' Access to NYC's Waterfront: New York City Waterfront Public Access Study](#) and the [New York City Comprehensive Water Plan](#) for case studies demonstrating economic development on city-owned sites.
- 185 London's public engagement strategies, including public art installations, incite curiosity and engagement—an approach that could inform Rikers planning and keep communities engaged during a lengthy, multi-phased process.
- 186 A subsequent purpose must be established before the City can use capital funds for demolition on Rikers.
- 187 This is likely to be the case even with the current uncertainty about federal spending under the Trump Administration, especially as funding for Renewable Rikers would not need to be secured until several years from now.
- 188 Historically, infrastructure planning treated waste, water, and energy as separate domains, leading to mono-functional infrastructure, often concentrating multiple noxious facilities in disadvantaged communities. Climate change has underscored the interconnectedness of these systems, highlighting the need for coordinated, centralized planning that can yield multifunctional benefits while minimizing the spatial and environmental footprint of such facilities. For instance, sewage treatment plants, among the highest energy consumers in the city, can be integrated with renewable energy and storage solutions. Biosolids generated by sewage treatment plants can be integrated into composting systems and provide energy, creating closed-loop designs. Facilities can be designed to incorporate public access, enhancing their value as community assets. Rikers provides a remarkable opportunity to enhance this symbiosis.
- 189 See [Local Law 16 of 2021](#).

- 190 These include: [Closing Rikers Island A Roadmap for Reducing Jail in New York City](#) (July 2021); [Path to Under 100: Strategies to Safely Lower the Number of Women and Gender-Expansive People in New York City Jails](#) (June 2022); [A Safer, More Effective Option Than Rikers: 1,500 Secure Treatment Beds for People with Serious Mental Illness and Addiction Issues](#) (October 2023).
- 191 Presentation by Exodus Transitional Community, available at [Bridging_The_Gap_Presentation.pdf](#)
- 192 The State Office of Mental Health also funds a few dozen transitional beds in New York City for people returning home from prison. See NYS Office of Mental Health, *Short-term Transitional Residence for Individuals Reentering the Community from Prison* (Dec. 2023), available at https://omh.ny.gov/omhweb/rfp/2023/strircp/sttr_reentry_final.pdf.
- 193 Approximately 300 existing transitional beds have a specialized focus on people with serious mental illness. The non-profit that runs those beds, Housing Works, estimates at least 250 more are needed.
- 194 Charles P. Muentner L. & Kjellstrand J, Parenting and incarceration: Perspectives on father–child involvement during reentry from prison, *Social Service Review*, 93(2), 218–261 (2019), available at <https://doi.org/10.1111/cfs.12714>; Dill LJ, Mahaffey C, Mosley T, Treadwell H, Barkwell F, & Barnhill S, “I want a second chance”: Experiences of African American fathers in reentry. *American Journal of Men’s Health*, 10(6), 459–465 (2016), available at <https://doi.org/10.1177/1557988315569593>; Bahr Stephen J., Armstrong Anita Harker, Gibbs Benjamin G., Harris Paul E., and Fisher James K., *The Reentry Process: How Parolees Adjust to Release from Prison* (2005), available at [Fathering 3 \(3\): 243–65](#); Visher, C. A., Bakken, N. W., & Gunter, W. D., Fatherhood, Community Reintegration, and Successful Outcomes. *Journal of Offender Rehabilitation*, 52(7), 451–469 (2013), available at <https://doi.org/10.1080/10509674.2013.829899>.
- 195 Data provided to the Commission by United Way.
- 196 Data provided to the Commission by the Osborne Association.
- 197 See note 81.
- 198 Bureau of Justice Statistics. (Percent of violent victimizations by reporting to the police, 1993 to 2023). Generated using the NCVS Dashboard (N-DASH) at www.bjs.ojp.gov. (Sept 20, 2024).



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