The Problem

Between 2005 and 2011, the average jail population in New York City decreased by 6 percent while the prevalence of inmates with mental health needs increased by 26 percent (Council of State Governments Justice Center, 2012). Approximately 15 percent of all individuals incarcerated in New York City jails self-report a history of treatment for mental illness, and 40 percent self-report active substance use (Physical Health Services, 2008).

Detainees in Rikers Island with a mental illness serve twice as much time (121 days vs. 61 days) as incarcerated individuals who do not have a mental illness, regardless of age, race, gender, and crime (Council of State Governments Justice Center, 2012).

Individuals with mental illness experience long delays in case processing due to limited community availability of alternatives to incarceration. Further, judges, prosecutors, and defense counsels have little information regarding criminogenic risk (likelihood of engaging in additional criminal activity) and behavioral health needs.

The Better Living Center

The Fortune Society has provided a variety of reentry services—housing; employment; family; education; and health, mental health, and substance abuse treatment—to formerly incarcerated individuals for more than 45 years and recognized long ago that many of their clients diagnosed with mental illness went without ongoing treatment. Some individuals were too embarrassed to seek treatment with other providers, but felt comfortable with The Fortune Society because of their engagement in various other services there and a pre-established feeling of safety and comfort with the staff. Other individuals simply could not get to mental health providers due to lack of transportation.

Regardless of an individual's reason for not seeking mental health treatment, their risk of recidivism increases greatly without the appropriate treatment. The Fortune Society’s innovative approach to addressing the problem of criminal justice-involved clients with mental illness not engaging in treatment was to create the Better Living Center (BLC) in July 2011 in Queens, NY.

The BLC is the only New York State Office of Mental Health–licensed Article 31 mental health clinic with services tailored specifically to the unique and complex needs of the justice-involved population. As a licensed provider, the BLC treats anyone with a history of court involvement who presents signs of mental illness. Approximately one-fourth of the BLC’s patients come from The Fortune Society’s Alternative to Incarceration (ATI) program.
The Fortune Society employs court advocates in the Bronx, Brooklyn, Manhattan, and Queens courthouses who work closely with judges, prosecutors, and defense attorneys to identify and divert defendants with mental illness out of the criminal justice system and into a community-based treatment program, where all of their needs will be recognized and met. The Fortune Society was recently awarded a new contract enabling it to expand and enhance the services the BLC provides to ATI clients.

The BLC accommodates this population of untreated clients by offering a holistic approach that incorporates evidence-based practices and provides clients with well-coordinated, culturally competent, life-improving services all under one roof. Absent such specialized and integrated care, many incarcerated individuals with a history of mental illness and/or substance abuse fall through the cracks upon release to the community and end up back in jail or prison relatively quickly after release.

The Fortune Society’s “one-stop model” addresses the barriers these individuals face upon returning to their homes by providing them with a smooth transition from incarceration back into the community. Because the BLC is physically embedded within The Fortune Society’s main service center, staff from other programs, including those who work directly with clients about to be released from incarceration, are able to escort individuals with mental health issues directly to the clinic. Staff from other units are also able to case-conference with BLC staff to collectively provide optimal, highly individualized services to all clients. These are crucial components of The Fortune Society’s model, as it is only through coordinated, culturally competent, centralized services that disconnected individuals released from incarceration are able to stabilize their lives upon reentry.

The BLC staff, including a licensed clinical psychologist (on call 24/7), two full-time social workers, a part-time psychiatrist, and an administrative assistant, are available to assist clients with all of their needs upon release from incarceration and help them overcome the barriers they encounter as they move forward with their lives. The BLC offers a safe environment, individualized treatment plans, and the therapy clients need to manage mental illness while making progress toward becoming productive members of society. Table 1 lists the various types of assessments and evaluations available at the BLC and the number of individuals served from its inception in July 2011 through May 2013.

### Funding

In 2010, when The Fortune Society decided it would open its own on-site licensed mental health clinic tailored specifically to the needs of the criminal justice population, it began seeking like-minded private funders. The Jacob & Valeria Langeloth Foundation was an excellent fit. Their mission is to extend the availability of programs that promote healing to underserved populations and to promote and support effective and creative programs, practices, and policies related to healing from illness; accident; and physical, social, or emotional trauma. In 2011, The Langeloth Foundation awarded The Fortune Society $200,000 to support the BLC’s start-up process. This funding proved instrumental in helping The Fortune Society to attract the attention of other funders, such as the David Rockefeller Fund, the Viola W.
Bernard Foundation, the Dammann Fund, and the Kenworthy-Swift Foundation. The Langeloth Foundation’s seed funding also enabled The Fortune Society to put in place the clinical infrastructure required to garner such notable government contracts as New York State Division of Criminal Justice Services’s Supervision and Treatment of Specialized Offenders and New York City Office of the Criminal Justice Coordinator’s Better Living ATI.

Keys to Success

- **Make your patients feel safe.** Formerly incarcerated individuals—especially those struggling with mental health issues—often feel unsafe, both inside and outside of jail or prison. Their mental health clinic needs to be a warm, welcoming place where they are assured that their physical and emotional safety is the utmost priority at all times.

- **Assemble a culturally competent staff that includes peer providers.** Justice-involved individuals suffering from mental health issues gain confidence and inspiration from being exposed to staff who have walked in their shoes and come out stronger at the other end. Likewise, they gain strength from clinicians who evince a deep understanding of and empathy toward the struggles they face.

- **Treat patients in the context of all their life issues.** Justice-involved people face a myriad of complex, interrelated issues upon release from incarceration and even well into their reentry processes. It is crucial that their mental health providers have the ability to connect them to the resources and services they need to heal all aspects of their lives and in a coordinated manner.

- **Ally your program with like-minded partners.** Providing mental health services to this particularly vulnerable and high-needs population is no small challenge and should not be done in a bubble. Mental health clinics that work intensively with the criminal justice population should seek out like-minded funders, health care organizations, and community-based service providers to share insights and maximize patient care.

Table 1. Better Living Center Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Time (minutes)</th>
<th>Individuals Served Unduplicated</th>
<th>Individuals Served Duplicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial assessment diagnostic and treatment plan</td>
<td>Social worker</td>
<td>up to 30</td>
<td>505</td>
<td>555</td>
</tr>
<tr>
<td>Psychotherapy sessions individual</td>
<td>Social worker</td>
<td>30–45</td>
<td>188</td>
<td>1182</td>
</tr>
<tr>
<td>Psychiatric evaluations</td>
<td>MD</td>
<td>60</td>
<td>302</td>
<td>321</td>
</tr>
<tr>
<td>Psychotherapy sessions individual and family</td>
<td>Social Worker</td>
<td>30–60</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Psychotherapy sessions group</td>
<td>Social Worker</td>
<td>60</td>
<td>41</td>
<td>221</td>
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<tr>
<td>Psychotropic Medication Treatment</td>
<td>MD</td>
<td>257</td>
<td>1165</td>
<td></td>
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<td><strong>TOTAL: July 1, 2011–May 31, 2013</strong></td>
<td>—</td>
<td>—</td>
<td>1303</td>
<td>3459</td>
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</tbody>
</table>
Future Directions

The Fortune Society believes that the BLC will continue to evolve as a model through which clients can realize their potential for self-empowerment and self-actualization, leaving behind the stereotypical roles of “perpetrator” and “victim.” The Fortune Society would like to partner with academic institutions to study mental health and characteristics inherent to incarcerated individuals in hopes of fostering a more universal understanding of the treatment needs of this underserved population.

References

