



Suicides Persist In New York's Prisons and Jails

The state Commission of Correction investigated at least 90 inmate suicides at state prisons amid deficient mental health and substance abuse services

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GUILDERLAND — Maryanne Rappaport immediately knew it was her son when a local television news station provided the description of a man sought by police for an alleged robbery. The suspect had the same lip piercing, gauge earrings and distinct hairstyle and, most of all, she hadn't been able to reach him at the Albany shelter where he had been living.

She was faced with a choice: turn in her son, a struggling heroin addict, and hope that his incarceration would keep him out of further trouble, or ignore what she believed to be a desperate cry for help. She went to the Guilderland Police Department the next day.

"I told them that he threatened to kill himself if I ever turned him in to the police, so I said, 'Please, whatever you do, don't tell him that,'" Maryanne Rappaport said.

Adam Rappaport was arrested on Oct. 15, 2014. Three days later, the 29-year-old hanged himself in his cell at the Albany County jail after a series of law enforcement and jail processing missteps that had arguably failed to account for his suicidal risk. In the years since his death, his mother has been left with one haunting regret: trusting that law enforcement officers would keep him safe.

Adam Rappaport is not alone in having his incarceration end with suicide. The New York Commission of Correction concluded investigations on at least 90 inmate suicides at state prisons and local jails between 2016 and 2021, according to records provided to the Times Union.

A common thread emerging from the fatal incidents is a pattern of inadequate mental health services and shoddy supervision that preceded the deaths. In the case of Adam Rappaport, who died in the custody of the Albany County Sheriff's Office, the family's attorney, Kevin A. Luibrand, said everything that could have gone wrong did.

When Adam Rappaport was arrested and arraigned in Guilderland Town Court, a judge determined that he suffered from a severe drug addiction and required a full mental health evaluation. He was transferred from the custody of Guilderland police to the Albany County jail the next day, but the town police did not inform jail officials that Rappaport had exhibited behavior indicating a suicide risk while in their custody, county officials said. He was processed without being evaluated by a mental health professional and placed in the general population where the safeguards normally used for someone at high risk of harming themselves are not in place.

In addition, a town police officer, in spite of Maryanne Rappaport's request, had allegedly told Adam Rappaport that his mother had turned him in, which had exacerbated his depression.

A lawsuit later filed by Maryanne Rappaport against the county and the jail's private health care administrator said that Adam had been experiencing severe withdrawal from the equivalent of 20 bags of heroin he injected the prior day.

Three days after her son's arrest, Maryanne Rappaport remained hopeful that he was on the road to recovery. But at the jail, he draped a blanket over his cell door, a common violation that went unpunished and prevented the officers conducting security rounds from viewing him as required. Instead, according to Luibrand, correction officers yelled out his name and awaited his response from behind the blanket while he was forming a makeshift noose.

The lawsuit, which the county and Correctional Medical Care settled last year for \$175,000, alleged that Guilderland police failed their legal obligations by omitting information regarding Adam's mental health issues and heroin usage when he was brought to the jail. The civil complaint also said that the three daily withdrawal checks Adam was supposed to receive at the jail never occurred.

"It's always going to hurt because they just didn't listen," his mother said. "I totally trusted them. ... I was so stupid."

She is not alone in her grief. In 32 of the suicides the Commission of Correction investigated between 2016 to 2021, the individual died in the custody of local jail officials, including many whose deaths occurred before they went to trial.

'A series of ... compounding errors'

On Nov. 4, 2020, officers at Five Points Correctional Facility in the Finger Lakes region distributed razors to inmates preparing to shower. Six minutes after the completion of the security round, where it was documented that staff had retrieved all the personal hygiene items, 54-year-old Richard Wright was found face down in his cell bleeding from a self-inflicted laceration to his neck.

The commission's mandatory review found inconsistencies in the documentation of Wright's medication and concluded that a lack of psychiatric services had been provided to him prior to his death. Those breakdowns occurred despite escalating behaviors that included a "bizarre escape attempt that prompted his transfer to Five Points," according to the commission's final report.

In the case of 57-year-old Steven Hamm, who hanged himself in September 2018 at the Nassau County jail, the commission found "a series of compounding systemic errors that went unrecognized, uncorrected and resulted in serious lapses in the medical and mental health care provided." In the nine days he was in the custody of the Nassau County Sheriff's Office, health care providers failed to adequately calculate Hamm's drug withdrawal score or properly document his use of psychiatric medication, among other missteps. The board opined that without those lapses his death may have been prevented.

Jose Rivera-Perez, 31, hanged himself in September 2021 at the Chautauqua County Jail after having multiple psychiatric medication changes ordered by a health care provider without consultation from a psychiatrist. The state commission's investigation of his death noted "significant lapses in the continuity of care pertaining to his mental health and psychiatric care," and said his diagnosis was incorrect due to a failure to properly review Rivera-Perez's mental health history and other medical records.

The deaths underscore an arguable crisis that has infiltrated correctional facilities across the nation. And it's a phenomenon that has continued to grow more fatal over the past decade; from 2001 to 2019, the number of suicides increased by 85 percent in state prisons, 61 percent in federal prisons and 13 percent in local jails, according to Bureau of Justice Statistics data from the U.S. Justice Department.

The Commission of Correction has concluded investigations on nine suicides in 2020 and 2021, but cases that have not been closed are not listed. The Correctional Association of New York, a nonprofit organization authorized under state law to monitor the New York prison system and report its findings to the Legislature and public, reported that there were 16 inmate suicides at state prisons in 2021.

The state Office of Mental Health asserts that safety fears, despondency at being denied parole or the prospect of disciplinary sanctions are all factors that commonly contribute to incarcerated individuals contemplating or dying by suicide. While empirical evidence is scarce, some experts believe the pandemic exacerbated mental anguish among prisoners due to increased isolation, confinement to cells during outbreaks and separation from loved ones as visitations were suspended.

While Black men are disproportionately impacted by incarceration, a report from the Bureau of Justice Statistics revealed that white inmates in jails die by suicide more than five times as often as Black inmates from 2015 to 2019.

'An unsafe environment'

More than a decade ago, Nicholas Brooks considered ending his life after being convicted of killing his girlfriend. Before a judge sentenced him to 25 years to life in prison, he had been held at Rikers Island, New York City's largest jail and a facility plagued with issues of corruption, violence, neglect and inmate fatalities.

Half of the inmates at Rikers Island were reported to have a mental health diagnosis in the previous fiscal year, according to a September report from the New York City mayor's office. The New York Times reported that there were at least 12 confirmed or suspected suicide or overdose deaths at Rikers between Jan. 1 and Nov. 4 of 2022 with more than half of those individuals having had a known history of mental health issues.

"A lot of these guys that are coming in, myself included, have some sort of issue and we're dealing with trauma so the worst place to put us is an unsafe environment where our trauma is just getting worse and worse. It's scary. It's a loud place, tons of violence, fights every day," said Brooks, who is incarcerated at Sullivan Correctional Facility, a state prison in Sullivan County.

He paints a vivid picture of the abuse he claims runs rampant at facilities like Rikers, from overlooked violations of prisoners' civil rights to a deep-seated culture of violence and apathy. "They don't see us as human beings," he said.

Drug addiction places many prisoners at an especially high risk of suicide, with 85 percent of the nation's prison population having an active substance abuse disorder or a conviction for a crime involving drugs, according to the National Institute on Drug Abuse. When incarcerated, drug users who undergo a sudden transition to abstinence after years of dependency often experience withdrawal symptoms that can lead to psychological distress. The U.S. Food and Drug Administration issued an advisory in 2019 on the risk of suicide among individuals addicted to opiates whose medication is abruptly discontinued or decreased.

Frustration regarding the treatment of those grappling with addiction has placed mounting pressure on prisons and jails where advocates say the focus is to punish rather than rehabilitate. Correctional facilities have expanded drug treatment programs in recent years — but with overdose deaths spiking in prisons and jails statewide, some say more treatment options are warranted, including prescription drugs that help alleviate addiction.

Young adults have the highest numbers of suicides in New York's prisons and jails

That age group had 40 percent of the suicides documented by the state Commission of Correction between 2016 and 2021.

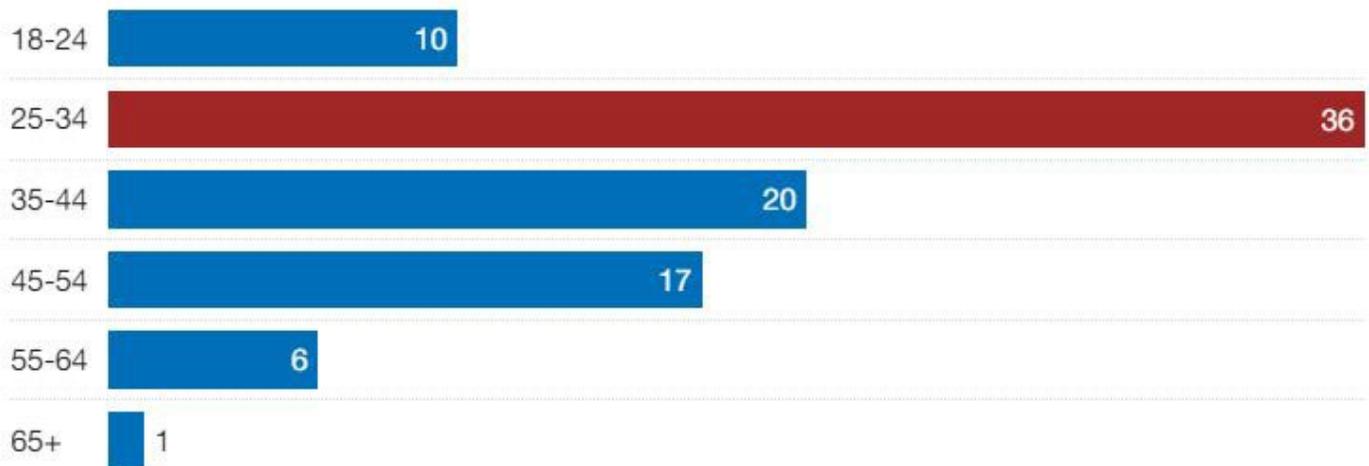


Chart: Alexandra Harris and Melissa Manno/Times Union • Source: New York State Commission of Correction

Mental health care at state prisons is provided by the state Office of Mental Health through the Central New York Psychiatric Center, which delivers a range of services, including placing inmates in a crisis treatment program where they are under constant suicide watch.

Prisons and jails have become de facto mental health providers for marginalized communities, with more than 8,000 incarcerated individuals in New York receiving those mental health services according to the state. Still, many of those in confinement complain that the state's penal system is rife with barriers to access to the mental health intervention they require.

Elmira Correctional Facility reported six suicides in 2021, more than any other state prison, Correctional Association of New York Director Sumeet Sharma said. Four of those occurred in housing locations designed to provide treatment for someone with serious mental illness. Last April, the organization visited the prison and found a mental health crisis that "poses serious risk" to the maximum-security facility's population.

In conducting interviews with those housed in the general population, the association's data revealed that 51 percent of respondents reported having attempted to hurt themselves at Elmira or previously during their incarceration. The report also said that 56 percent of respondents reported getting the mental health care they needed at the prison.

The conditions at Elmira underscore the operational strains felt by correctional facilities statewide, including an exodus of jail and prison staff transitioning to jobs that come without a lingering threat of violence.

"There seems to be difficulty filling out counseling staff, mental health staff, teachers and program staff which puts an additional burden on officers to respond to emergencies as they're happening and to take care of things they might not be trained in or particularly have the background to respond to," Sharma said.

Suicide in solitary

No sheets or clothing and little privacy. A small cell with a thin plastic mattress, a smock and a correction officer repeatedly shining a flashlight in his face. That is what Brooks described as he recalled his time in solitary confinement, or, in New York prison jargon, special housing units.

"It's dehumanizing," he said.

The widespread practice used in U.S. prisons to isolate inmates, often for disciplinary infractions, has long been linked to higher rates of suicide and incidents of self-harm.

After his first time in solitary, where he was placed after telling a clinician he was depressed, Brooks said he subsequently would lie about his mental health to avoid being returned to isolation.

"They put you in a position where they punish you for being honest. They make it seem like they want to help but you can't be honest with them because you don't want to go through that experience ever again," said Brooks, who detailed his battle with depression in a story titled "You Shouldn't Have Used the D-Word" for The Marshall Project, a nonprofit news organization covering the U.S. criminal justice system.

Of the 688 suicide attempts that occurred in New York prisons between January 2015 and April 2019, 43 percent were in solitary confinement units, according to the #HALTsolitary campaign. The suicide rate in special housing units is five times higher than for New York prisons overall, the report states.

Dante Taylor had spent four months in "keeplock," a confinement status where clinical records show he made a prior suicide attempt, according to a lawsuit filed against Wende Correctional Facility by Taylor's family. The lawsuit alleges that in the hours prior to his suicide, the 22-year-old was beaten by correction officers after he ingested a synthetic cannabinoid and began acting violently. An examination of the incident by the state corrections department's Office of Special Investigations concluded excessive force was used by officers.

The Commission of Corrections identified a pattern of delays in providing Taylor with mental health services despite his being on a confinement status that "warrants closer mental health attention," as well as a failure to refer him to an appropriate substance abuse program and provide a comprehensive suicide risk assessment. Those breakdowns occurred before his release from a mental health unit back into the facility's general population.

Cases like Taylor's have prompted a push to curtail what advocates refer to as punitive segregation. In 2021, former Gov. Andrew M. Cuomo signed the Humane Alternatives to Long-Term (HALT) Solitary Confinement Act. The law, which went into effect last March, prohibits inmates from being locked in solitary beyond 15 days and bars the practice entirely for people with physical or mental disabilities.

But there have been challenges in enforcing the law, as well as ongoing debate regarding who it applies to. Some published reports say hundreds of people have continued to be sent to special housing units despite having known disabilities.

Death before conviction

When Matthew Leombruno was arrested in April 2018 and held at the now-shuttered Greene County Jail in Catskill, the Coxsackie native placed multiple distressing phone calls to his daughter. During one call, according to the commission's final report, Leombruno told her: "I am not going to do this," adding, "tell (redacted) to take care of the kids. ... I am getting out of here one way or another. ... It's not going to be good."

On the day of Leombruno's death, Sgt. Christopher Statham received a call from a family member of the inmate who recounted a concerning telephone conversation from earlier that night. Statham indicated in a written statement that he determined mental health staff didn't need to be notified for an immediate evaluation since Leombruno never explicitly stated he was going to "kill himself."

Hours later, a jail officer found Leombruno hanging in his cell. Two days later, he was pronounced dead.

From 2016 to 2021, at least 32 suicides that were investigated by the state occurred at county jails, where individuals are often detained while awaiting trial or to serve short-term sentences. Two occurred at police station holding cells where individuals are kept while awaiting arraignment or a preliminary hearing.

Nationwide, pre-trial detainees face a greater suicide risk than their convicted cohorts; from 2001 to 2019, suicides accounted for 5 to 8 percent of deaths among state and federal prisoners compared to 24 to 35 percent of deaths among local jail inmates, according to a study by the U.S. Bureau of Justice Statistics. The report further cites the first weeks of incarceration as especially high risk, with 66 percent of suicides at local jails occurring within the first month of incarceration (and 44 percent within the first week).

Experts point to the trauma of arrest and a loss of freedom as contributing to heightened suicidal ideation among jail detainees. And while some incidents are arguably unpreventable, cases like Leombruno's raise questions about whether local jails institute the proper training and policies to assess risks and prevent suicides.

Months prior to Leombruno's arrest, Greene County Jail was named one of the five worst jails in the state, according to a report from the state Commission of Correction that cited the facility's unsafe and unsanitary conditions. The jail was closed weeks after his death due to unstable infrastructure and has since reopened at a new facility in Coxsackie. In 2019, Leombruno's family filed a federal lawsuit alleging negligence and wrongful death by the county, but it's unclear whether policies and training have been revised to better recognize and respond to suicide risk. The Greene County Sheriff's Office did not respond to a request for a statement.

While prisons are administered by the state's corrections department, jails are generally operated by local law enforcement authorities and, since they're designed for short-term incarceration, they typically lack the programming available for inmates serving sentences longer than one year.

Efforts are ongoing to ensure timely crisis intervention and follow-up care for jailed inmates with serious mental illness. The Commission of Correction and the Office of Mental Health have collaborated to develop a suicide screening model that includes an immediate risk assessment and suicide prevention screening required upon an individual's admission, a commission spokeswoman said. County correction officers are required to undergo eight hours of suicide prevention training, and all local departments with lockups can also have staff take the daylong course, according to the state Division of Criminal Justice Services.

"You can only prevent what you know about, so we put all this training out there so everybody knows what signs to look for, but sometimes people are really good at hiding those signs," said David Poole, a sergeant at the Albany County jail.

Filling in the gaps

New Yorkers with mental illness are far more likely to be incarcerated than hospitalized. Some advocates say the solution to inmate suicide is simple: reduce the number of people with mental illnesses who are swept behind bars.

Some see great promise in the state's mental health court system, which offers community-based services in place of a conventional trial and incarceration. The decades-old program has expanded in recent years to reduce incarceration among individuals who commit low-level crimes. There are at least 42 mental health courts in the state, according to the state Bar Association, including the Westchester Misdemeanor Wellness Court that launched last month.

Judges are now able to direct cases to the treatment-based courts, and advocates are also pushing for the passage of the Treatment Not Jail Act, which would limit the ability of courts to incarcerate individuals with mental illnesses by establishing a judicial diversion program in every county.

Correctional Association Director Jennifer Scaithe said making dramatic improvements to conditions inside prisons could also help change the narrative. She pointed to the New York City Correction Department's Clinical Alternative to Punitive Segregation program, which keeps severely mentally ill inmates out of solitary confinement by providing a range of activities and interventions, including art therapy and community meetings.

Lawmakers are being called on to provide additional funding to retain and hire more mental health staff to meet the high demand. With upstate New York closing six prisons last year due to inmate numbers dropping, proponents of "decarceration" say the millions of dollars saved from the closures should be funneled into community mental health programming and substance abuse treatment.

If such programs were available to Adam Rappaport, he could still be alive today, his mother says.

"The thing about suicide is that it totally shatters everything," Maryanne Rappaport said. "It's like you have to start over with all of these little pieces and try to pick up all that broken glass."