

The Office of Children and Family Services (OCFS) is pleased to submit written testimony highlighting our agency's suicide prevention work within state-operated juvenile justice facilities as well as the suicide prevention activities conducted by agencies OCFS oversees, including voluntary foster care agencies, detention facilities, and county agencies throughout the state.

## **Background**

OCFS oversees and administers our state's child welfare and juvenile justice systems, including residential juvenile justice facilities and community-based diversion or prevention services. OCFS licenses community-based residential services, licenses and oversees detention facilities, and operates aftercare services for youth returning to the community after a juvenile justice placement. OCFS operates the Statewide Central Register of Child Abuse and Maltreatment (SCR) and oversees and regulates the child welfare system, which includes prevention services, foster care and adoption, and independent living. With this wide-ranging portfolio, OCFS has proactive policies, procedures, and partnerships in place targeting suicide prevention.

## **Services for youth provided or overseen by the Division of Juvenile Justice and Opportunities for Youth (DJJOY)**

Access to mental health programs and services is critical in the juvenile justice system. OCFS provides and supports youth mental health services to proactively prevent suicide through community-based prevention, residential placement services, and supportive services in aftercare.

OCFS delivers services to youth and their families in the 13 DJJOY residential programs and regional Community Multi-Service Offices (CMSO), which support aftercare. Youth receive education, medical care, mental health treatment, vocational training, recreational services, and ministerial services through DJJOY programming.

DJJOY has a comprehensive mental health and substance abuse treatment infrastructure – both critical to suicide prevention. The New York Model of care is trauma-responsive, providing a treatment response to trauma-driven behaviors, including self-injury, aggression, and mood dysregulation. On-staff social workers, psychologists, psychiatrists and clinical supervisors provide care and receive regular training and supervision to enhance and maintain their skills. Direct care staff are trained (upon hire and annually thereafter) to identify signs of self-injury or self-abuse. All DJJOY staff understand the often-multiple mental health, substance abuse, and trauma-related issues youth face, and the importance of working together for effective treatment.

All youth are assessed at intake for risk of self-harm, and routinely thereafter and receive individual and group treatment based upon these assessments. Each youth has an assigned licensed clinician who is responsible for providing a clinical formulation, contributing to the youth's treatment plan, and coordinating the youth's mental health treatment while in care. Youth receive additional psychiatric assessment and treatment as necessary.

OCFS' Suicide Risk Reduction and Response Policy defines and distinguishes between suicide threats, gestures and attempts. Facility Administrators assess facilities for physical plant risks and remediation. Any staff member can elevate supervision status for any youth. Youth who are

at risk for self-injury receive 24-hour visual supervision and one-to-one staff supervision. All staff must be alerted to the youth's needs and supervision requirement. Youth are removed from heightened supervision only by a licensed mental health professional.

### *Mental Health Services Following Release from Placement*

DJJOY with other state agencies, including the Office of Mental Health (OMH), the Office for Persons with Developmental Disabilities (OPWDD), and the Office for Alcoholism and Substance Abuse Services (OASAS) provides case-by-case consultation and staff training, system-level consultation and service development, individual youth treatment planning, and individual youth release planning.

Discharge planning begins on day one and involves the youth's family. Upon release, OCFS establishes community treatment for youth and families. Facility-based support teams and community-based aftercare staff communicate regularly. Each youth receives an aftercare plan with specific post-release requirements (if indicated) for ongoing mental health, substance abuse, or other specialized treatment services.

For youth with significant ongoing mental health needs, OCFS partners with an OMH-certified Residential Treatment Facility for intensive mental health care. Youth transitioning to this program begin the transition while still in OCFS custody. OCFS is steadfastly committed to meeting the mental health needs that must be addressed to accomplish the positive pro-social outcomes that keep kids out of the juvenile and adult criminal justice systems.

Studies have shown that teenagers in the adult criminal justice system are as much as 36 times more likely to commit suicide than their counterparts in juvenile facilities. By implementing the Raise the Age law to move 16- and 17-year-olds out of the adult criminal justice system, New York has taken a monumental step in suicide prevention for this population.

### **Prevention Services overseen and regulated by OCFS for youth in Juvenile Detention**

OCFS oversees locally-administered pre-adjudication detention programs statewide. Detention programs are required to have a suicide prevention policy. Physical plants must minimize the risk of suicide or self-harm. Each youth is assessed at intake and receives a classification to determine the potential for self-injury and suicide. All detention staff receive mandatory suicide risk training before employment, and an annual refresher. If a youth in detention is identified to be at risk of suicide, constant staff supervision is required.

With the creation of specialized secure detention programs, OCFS developed regulations requiring access to mental health screening, assessment and treatment. All specialized secure detention facilities are required to have psychiatrists on site at least weekly and on-call at all times, and to have a master's level, qualified mental health professional on staff. All youth must be screened at intake for mental health concerns, and any issues addressed. Detention facilities must also have a relationship with a local hospital to address crises. Detention facilities are encouraged to adopt a trauma-responsive approach to care and custody.

## **Services for youth overseen and regulated by the Division of Child Welfare and Community Services**

OCFS operates Regional Offices that oversee voluntary agencies (VAs) and local Departments of Social Services (local districts) that provide child welfare residential and community-based services, including foster care, certifying and approving certain foster homes, and casework services. Mental health and care plans, assessments and case plans are documented in the CONNECTIONS software system. Foster care agencies provide trauma-informed clinical services based upon each youth's needs, including group and individual counseling, individual and family therapy, specialized services for sexualized behaviors, and substance abuse.

County-based and OCFS-regulated child abuse fatality teams engage in proactive suicide prevention, including public awareness initiatives, trainings, and targeted community outreach.

### *Transition of Foster Children to Medicaid Managed Care*

OCFS, with the Department of Health (DOH), OMH, OASAS and OPWDD, has been actively engaged in the redesign of the Medicaid-funded children's behavioral health system. Youth in residential foster care have transitioned to Medicaid Managed Care, opening access to new services being phased in throughout the year, including counseling, supports in activities of daily living, supports in improving family and interpersonal relationships, and rehabilitative services aimed at improving children's developmental functioning as determined by their treatment plan.

On behalf of OCFS, we thank you for this opportunity to highlight the important work we are doing to combat suicide and provide robust suicide prevention services to vulnerable youth that interface with our state's child welfare and juvenile justice systems.