

September 22, 2020

**Testimony of  
The NYS Office of Mental Health to  
NYS Senate Health and Crime, Crime  
Victims, and Corrections Committees**



**Office of  
Mental Health**

Good morning, I am Dr. Ann Sullivan, Commissioner of the New York State Office of Mental Health (OMH). Chairs Rivera and Sepulveda, and members of the respective Committees, I want to thank you for the invitation to testify in today's hearing.

### Background of Services

New York State Correction Law requires that the Department of Correction and Community Supervision (DOCCS), in cooperation with OMH, establish programs for the mental health treatment of inmates with mental illness. OMH currently provides services to a caseload of approximately 8,300 inmate-patients, of the total DOCCS census of around 36,800.

The spectrum of care and services provided by OMH staff in 30 locations statewide includes outpatient clinic services to general population inmates, and more intensive residential programming for inmates with serious mental illness provided through the Intermediate Care Program (ICP). There are over 800 ICP beds throughout State correctional facilities. Additionally, for inmates with serious mental illness and with disciplinary sanctions imposed by DOCCS, there are programs to engage inmate-patients and provide out-of-cell therapy on a daily basis.

There are also crisis management units (Residential Crisis Treatment Programs) and transitional programs to assist inmate-patients as they graduate from more intensive mental health treatment programs back to a correctional facility's general population. OMH also provides programs focused on community re-entry, preparing inmate-patients for the transition back to the community and to plan for their community needs. Additionally, OMH staff provide therapeutic behavioral care for incarcerated women at Bedford Hills. Inpatient mental health treatment for patients requiring hospital level care is provided at OMH's Central New York Psychiatric Center's (CNYPC) campus in Marcy, New York.

Statewide OMH staff provide treatment that includes psychopharmacology and therapeutic programming. OMH utilizes a multi-disciplinary team approach, inclusive of psychiatrists, nurse practitioners, psychologists, social workers, and nurses. Some correctional locations are supported by OMH's robust telepsychiatry service from CNYPC hub locations to the prisons.

### Challenges and Response During COVID

During the COVID crisis, OMH experienced several challenges to the delivery of treatment, similar to those experienced in other healthcare settings, as efforts were continuously required to adjust to the evolving guidelines from the CDC and New York State Department of Health (DOH) on managing the response to COVID. There were physical space challenges with limited program areas unable to accommodate social distancing and other environmental concerns. Specifically, this included staff offices that in some cases were too small to accommodate six feet of social distancing. The COVID pandemic also required OMH to navigate the issues that staff experienced as COVID impacted their communities, families, and personal lives as well. To overcome these challenges, OMH staff were able to work collaboratively with their DOCCS colleagues at the correctional facilities and central office levels. We rely on this collaborative relationship under normal circumstances and are appreciative of the ongoing cooperative efforts during this difficult period.

In spite of the challenges, mental health services for inmates and inmate-patients have continued throughout the pandemic. Changes were required to abide by DOCCS measures, per CDC and DOH guidelines, to minimize the potential spread of COVID, primarily by suspending group programming. Out-of-cell individual therapy continued to be offered for all patients. Daily

mental health clinician rounds were continued in mental health program housing areas. Access to crisis intervention and the crisis unit services were unchanged so that emergency services were always available, and individual sessions could be requested as before by inmates, current inmate-patients, or DOCCS staff. Similarly, access to hospital-level mental health care was maintained at CNYPC. OMH used various virtual online tools to allow clinicians and non-direct staff to connect with inmate-patients and for staff development activities.

To monitor the effect of service modifications, crisis service utilization, self-injury, and suicide attempts were tracked during the COVID crisis, and numbers in **all these categories were significantly decreased** from pre-COVID rates. In addition, throughout this time, OMH followed CDC and DOH guidelines for infection control and Personal Protective Equipment (PPE), in coordination with DOCCS.

### Suicide Prevention

Suicide prevention services remain a focus for OMH. A new Peer Supporter Program has recently begun at four pilot sites: Attica, Green Haven, Wende, and Bedford. All four sites have trained their first cohort of peer supporters, and they have begun offering services to inmate-patients being discharged from the crisis unit and returning to the general population.

Additional suicide prevention initiatives include ongoing work to update suicide risk assessment, increased suicide prevention messaging to all inmates and staff, and coordinated efforts with DOCCS to review systems-level interventions, review incidents, and develop improved interventions. OMH has implemented enhanced treatment strategies for inmate-patients identified as being at elevated risk for suicide, including weekly meetings with OMH staff to develop and improve safety/treatment plans as well as clinical and consultation support to treatment teams designed to mitigate risk for suicide.

### Future Objectives

At this point in time, OMH is working with DOCCS to evaluate the ability to utilize available space and comply with necessary precautions regarding social distancing requirements and space configuration to resume group programming.

The COVID epidemic created a high stress period for our inmate-patient population, both due to the epidemic itself, and to COVID's impact on inmate-patients' families in the community, including the possibility of loss of family members. It is anticipated the after-effects will be felt for years to come and understood that trauma is associated with a higher risk of suicide, among other detrimental impacts. Given this, part of OMH's ongoing work will be to help manage the trauma experienced during COVID through treatment and services. In order to accomplish this, efforts are underway to develop training to improve the ability of staff to identify inmate-patients who are experiencing the negative consequences of trauma. An accompanying effort will be to develop training focused on the identification and treatment of trauma-related disorders.

To support all of these efforts, OMH will continue to expand the role of telepsychiatry and develop additional ways to use technology to further support mental health treatment in correctional settings. OMH is looking forward to exploring these identified needs with DOCCS.

Again, thank you for this opportunity to testify today, I am available for any questions that you may have.