NEW YORK STATE OF OPPORTUNITY.
Justice Center for the Protection of People with Special Needs

ANDREW M. CUOMO
Governor

DENISE M. MIRANDA
Executive Director

September 2, 2020

Dr. Li-Wen Lee
Associate Commissioner
Division of Forensic Services
NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Anthony J. Annucci
Acting Commissioner
NYS Department of Corrections
And Community Supervision
The Harriman State Campus-Building 2
1220 Washington Avenue
Albany, NY 12226-2050

Re: [redacted] Justice Center Oversight Action

Dear Dr. Lee and Acting Commissioner Annucci:

The Justice Center for the Protection of People with Special Needs (the Justice Center) is required to oversee compliance with the Special Housing Unit (SHU) Exclusion Law and monitor the quality of corrections-based mental health care for inmate/patients (Chapter 1 of the Laws of 2008). To meet this mandate, we are conducting ongoing quality of mental health care reviews as well as SHU Exclusion Law compliance reviews to assess if the Office of Mental Health (OMH) programs within the Department of Corrections and Community Supervision (DOCCS) facilities conform to the requirements of the SHU Exclusion Law.

On May 8, 2020, the Justice Center's Forensic Unit initiated a remote review of the Five Points Correctional Facility's Special Housing Unit (SHU) to review the quality of mental health care provided to inmate/patients in accordance with the SHU Exclusion Law, OMH policies, and DOCCS directives. The attached review details the Justice Center's findings and recommendations.

The Justice Center looks forward to your response to the attached findings and recommendations by October 2, 2020. Please direct any correspondence or concerns related to this review to me at denise.miranda@justicecenter.ny.gov. Thank you for your continued cooperation.

Sincerely,

Denise M. Miranda, Esq.
Executive Director

Cc: Davin Robinson, Deputy Director, Outreach, Prevention & Support
Melissa Finn, Unit Director, Forensics
Kathryn Farley, Facility Review Specialist, Forensics
Dr. Anne Sullivan, M.D., Commissioner, OMH
Danielle Dill, Acting Executive Director, CNYPC
William Vertoske, Forensic Services Program Administrator 2, OMH
Laurie Turnbull, OMH
Maureen Morrison, OMH
Meaghan Bernstein, Director of CBO Risk Management OMH
Bryan Hilton, Associate Commissioner, DOCCS

NOTE: All correspondence related to this matter will be available for public inspection under Article 6 of the Public Officers Law. Material which will be required to be kept confidential or which is protected from disclosure under the Public Officers Law or other laws will be redacted prior to such disclosure.

Review of Justice Center Oversight Action
Five Points Correctional Facility – Special Housing Unit (SHU) Compliance/ Quality of Care
JC#: [redacted]

On May 7, 2020, the Justice Center for the Protection of People with Special Needs (the Justice Center) conducted a remote SHU Review of the Five Points Correctional Facility (CF) to review the quality of mental health care provided to inmates, and determine compliance with the SHU Exclusion Law, Office of Mental Health (OMH) policies, and Department of Corrections and Community Supervision (DOCCS) directives.[1] The census of the SHU at the time of the visit was 67 inmates and 21 were on the mental health caseload. [2] There were no inmate/patients in the Five Points CF SHU that met the SHU Exclusion Law criteria for the definition of serious mental illness during our review.

In addition to reviewing the OMH clinical case record, DOCCS SHU folders, and the DOCCS guidance records, Justice Center staff members also requested any exceptional circumstances documentation for the current census for a time-period of six months.

Compliance Determination:

To assess compliance, the Forensic Unit reviewed the records of 20 inmates and/or patients to determine whether the facility was in compliance with the conditions of the SHU Exclusion Law:

1. *Upon placement of an inmate into segregated confinement at a level one or level two facility, a Suicide Prevention Screening Instrument shall be administered by staff from the Department or the Office of Mental Health who has been trained for that purpose;*

2. *Within one business day of the placement of such an inmate into segregated confinement at a level one or level two facility, the inmate shall be assessed by a mental health clinician;*

3. *If an inmate with a serious mental illness is not diverted or removed to a residential mental health treatment unit, such inmate shall be reassessed by a mental health clinician within fourteen days of the initial assessment and at least once every fourteen days thereafter;*

4. *Inmates with serious mental illness who are not diverted or removed from segregated confinement shall not be placed on a restricted diet, unless there has been a written determination that the restricted diet is necessary for reasons of safety and security. If a restricted diet is imposed, it shall be limited to seven days, except in the exceptional circumstances where the joint case management committee determines that limiting the restricted diet to seven days would pose an unacceptable risk to the safety and security*

[1] Correction Law §§137(6)(d) and (e), 401.
[2] Three inmates in the SHU and on the mental health caseload were excluded from the Justice Center's sample as they were pending disciplinary hearings or on Administrative Segregation status.

of inmates or staff. In such case, the need for a restricted diet shall be reassessed by the joint case management committee every seven days; and,

5. *All inmates in segregated confinement in a level one or level two facility who are not assessed with a serious mental illness at the initial assessment shall be offered at least one interview with a mental health clinician within fourteen days of their initial mental health assessment, and additional interviews at least every thirty days thereafter, unless the mental health clinician at the most recent interview recommends an earlier interview or assessment.*

The Justice Center's review found there were no inmate/patients placed on exceptional circumstances during the review period. Based upon our review, the Justice Center has made a determination that the Five Points CF SHU was **NOT** in compliance with the SHU Exclusion Law for the following reasons:

- Inmate/patient [redacted] (DIN: [redacted]) was admitted to the SHU on March 17, 2020. He was not seen for a SHU/LTKL Intake Mental Health Assessment until March 20, 2020.

- Inmate/patient [redacted] (DIN: [redacted]) was moved from Long-Term Keep Lock (LTKL) to the SHU on March 5, 2020. He was not seen for a SHU/LTKL Mental Health Assessment until March 9, 2020.

- Inmate/patient [redacted] (DIN: [redacted]) was moved from Long-Term Keep Lock (LTKL) to the SHU on March 5, 2020. He was not seen for a SHU/LTKL Mental Health Assessment until March 9, 2020.

Quality of Mental Health Care

The Justice Center also reviewed the quality of corrections-based mental health care provided to 20 individuals in the SHU. In an effort to complete a thorough evaluation, Justice Center staff requested private interviews and 12 individuals chose to speak with the Justice Center. The Justice Center also examined clinical documentation, DOCCS SHU folders, Guidance Records, and reviewed the DOCCS Sign-In Logbook and Unit Activity Logbook. The findings from this review are outlined below.

Justice Center Findings

1. **Inmate/patient [redacted] (DIN: [redacted]) was transferred from the Downstate CF Forensic Diagnostic Unit (FDU) to the Great Meadow CF without being cleared by OMH.[3]**

   [redacted] was admitted to the Downstate CF FDU on [redacted] 2019 mid-transfer between the Mid-State CF Step Down Unit (SDU) and Upstate CF SHU. He remained in

[3] Forensic Diagnostic Unit – an observation unit for inmates with severe mental illness

the RCTP until [redacted] 2019 when he was released to the SHU. Since his MHSL was changed from a 3 to a 2 during his admission, [redacted] was ineligible for transfer to Upstate CF. He remained in the SHU until [redacted] 2019 when he expressed suicidal ideations to OMH nursing staff and was admitted to the FDU. [redacted] stayed in the FDU overnight and was transferred to Great Meadow CF on Friday, [redacted] 2019. His Termination-Transfer Progress note indicates that "He was transferred by DOCCS staff; however, he was NOT cleared for transfer by OMH staff." [4]

2. **Inmate/patient [redacted] (DIN: [redacted]) missed his mental health callouts due to facility wide security issues.[5]**

[redacted] attended a scheduled session with his primary therapist on December 6, 2019. On January 6, 2020 and January 8, 2020, it was documented in [redacted] OMH clinical case record that his individual sessions were cancelled due to facility wide security issues. [redacted] refused his next callout with mental health on January 29, 2020. However, a progress note dated January 29, 2020 stated "Pt. was recently seen on _____ by primary therapist….Mental status done today indicated the patient is lucid, rational and aware. He was Ox3. No indication of delusion behavior or overt thought disorder." There is no evidence that [redacted] was seen cell side after he refused his call out on January 29 until he attended his next scheduled session on February 5, 2020.

3. **Inmate [redacted] (DIN: [redacted]), a MHSL 6, was evaluated on five occasions by the Psychiatrist and it was documented he had a primary diagnosis of [redacted].**

[redacted] psychiatric progress notes indicated that [redacted] had a primary diagnosis of [redacted].[6] Although it is noted that [redacted] believed his concerns were medical in nature and denied mental health issues, it was also documented that he would have benefited from medications and that his judgment and insight was poor. According to documentation received by the Justice Center, there is no evidence that [redacted] was admitted to mental health services after receiving that diagnosis.

4. **The Comprehensive Suicide Risk Assessment (CSRA) of inmate/patient [redacted] (DIN: [redacted]) was not updated per policy.[7]**

On [redacted] 2020, security staff observed that [redacted], a MHSL 3, was bleeding from his hands. After being medically evaluated, he was admitted to the RCTP for psychiatric decompensation, paranoia and reports that he shoved his fingers in a razor. After his

[4] Termination-Transfer Progress Note dated November 22, 2019

[5] In December 2019/January 2020, [redacted] was a Mental Health Service Level (MHSL) 4. He was changed to a MHSL 3 in March 2020 after being prescribed [redacted] for [redacted].

[6] March 12, 2020, March 16, 2020, March 26, 2020, April 9, 2020 and April 20, 2020

[7] CNYPC CBO Policy #9.16 – Comprehensive Suicide Risk Assessment Form, states, " As clinically indicated: That is, when significant changes occur relevant to suicide risk (e.g., new or strengthened risk factors such as disciplinary sanctions, different type or increased severity of self-harm, suicide attempt; loss of protective factors such as terminated relationship), or to an inmate-patient's Treatment Plan goal related to suicide (including the closing/discontinuing of a goal)"

discharge from the RCTP on [redacted] 2020, [redacted] was readmitted to the RCTP five times in [redacted] and [redacted] 2020 for suicidal thoughts or threats of self-harm. [redacted] CSRA, dated January 15, 2020, was never updated to include the RCTP admissions and behaviors. In addition, it notes that his MHSL is a 4, even though he received a MHSL change to a 3 on February 12, 2020.

5. **There is no documentation to support that inmate/patient [redacted] (DIN: [redacted]) was assessed for admission to the RCTP following his transfer to the Great Meadow CF SHU, even though he was admitted to the Downstate FDU the night prior to his transfer for suicidal ideations.**

   On [redacted] 2019, [redacted], a MHSL 2, was transferred from the Downstate CF one day after he was admitted to the FDU for statements of suicidal ideation. The Termination-Transfer Progress Note recommended that [redacted] be assessed for admission to the RCTP "due to transfer on a watch." According to documentation received by the Justice Center, there is no indication or notations referencing his FDU stay, suicidal ideations or need for assessment, instead [redacted] only received a SHU/LTKL Intake Mental Health Assessment on November 22, 2019. The Assessment indicates the he refused a private interview and "denied needing services today."

6. **Inmate/patient [redacted] (DIN: [redacted]) was not seen by a primary therapist per policy at Downstate CF.**[8]

   [redacted] entered reception at the Downstate CF on October 18, 2019 as a MHSL 3. He was seen by a primary therapist on November 15, 2019 for completion of his core history and treatment plan. A Primary Therapist Progress Note from that session stated he would be seen again in four weeks. Per documentation received by the Justice Center, [redacted] was not seen again by a primary therapist until January 23, 2020.

7. **Inmate/patient [redacted] (DIN: [redacted]) mental health callout was cancelled by the administration at the Sullivan CF RCTP.**

   [redacted] was transferred to the Sullivan RCTP from the Shawangunk CF on [redacted] 2020 after reporting suicidal ideation and threatening self-harm. According to [redacted] RCTP Observation/Dorm Initial progress notes, he was admitted to the RCTP for suicidal ideations and threats to kill himself. On [redacted] 2020, he was not seen by mental health in the RCTP after all callouts were cancelled by administration. [redacted] was seen the following day and returned to the Shawangunk CF following his discharge on [redacted] 2020.

[8] CNYPC CBO Policy #9.30- Progress Notes, states, "Within 2 weeks of transfer* into Level 1 and 2 facilities for active patients with a mental health level of I, II, or III. Monthly thereafter."

Justice Center Findings

1. The Justice Center requests that DOCCS provide an explanation regarding [redacted] transfer from the Downstate CF FDU to the Great Meadow CF SHU on a Friday and without the clearance of OMH. It's imperative that DOCCS communicate with OMH on emergency psychiatric transfers to ensure the wellbeing of the inmate/patients.

2. The Justice Center requests clarification from DOCCS as to why mental callouts were cancelled twice in one week. DOCCS should also assess how to ensure inmates and/or patients are seen by mental health appropriately when there are facility wide security issues. Please provide the Justice Center with any safeguards and/or plans put into place to avoid this in the future.

   The Justice Center also requests that OMH Unit Chief review the January 29, 2020 progress note, and the conflicting information provided within that progress note. Specifically, that it was documented that a mental status was done without the inmate/patient even present. In addition, CBO CNYPC Policy #9.30-Progress Notes should be reviewed with all staff to ensure that all documentation is current and accurate.

3. Please provide the Justice Center with an update regarding [redacted] mental health status as well as his current diagnosis. If he has since been admitted to OMH services or determined ineligible, please provide appropriate documentation.

4. The Comprehensive Suicide Risk Assessment (CRSA) is an essential document in an inmate/patient's clinical record and should be updated when there are any significant changes in an inmate/patient's life, particularly when relevant to suicide risk.

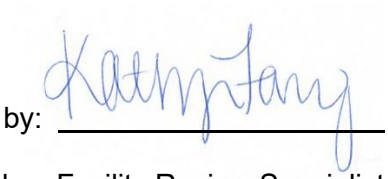
   According to the Justice Center's previous Five Points CF report of findings, dated June 2018, it was recommended that staff be retrained in CNYPC CBO Policy #9.16 - Comprehensive Suicide Risk Assessment Form. As requested in that report, the Justice Center again recommends that the Five Points CF Unit Chief complete frequent quality assurance checks given the findings of this review and the review completed in April 2018.

5. In order to provide quality care to inmates/patients, it's extremely important that staff at the Great Meadow CF review the Termination-Transfer Progress Note upon an inmate/patient's arrival as the progress note contains the most recent information as well as any recommendations from the sending facility.

   The Justice Center requests clarification regarding [redacted] transfer and that the Clinical Director review [redacted] clinical file to determine if the Great Meadow SHU was an appropriate placement given his presentation at that time. If there is any additional documentation relating to [redacted] RCTP assessment, please include that with your response.

6. For inmates/patients to be appropriately evaluated and assessed during reception, time frames should be adhered to. Due to the amount of movement within the DOCCS system, it is crucial to meet with inmates quickly and assess their mental status as incarceration can be stressful. OMH Staff at the Downstate CF should be retrained in CBO CNYPC Policy #9.30-Progress Notes to ensure that inmate/patients are being seen within the appropriate time frames.

7. Inmate/patients in the RCTP require a heightened level of care from mental health staff. It's critical that these inmates are seen appropriately and routinely for mental health callouts. The Justice Center requests clarification from DOCCS as to why all callouts were cancelled by administration at the Sullivan CF.

Review conducted by: 

Kathryn Farley, Facility Review Specialist

SEP 28 2020

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHRISTOPHER TAVELLA, Ph.D.
Executive Deputy Commissioner

September 25, 2020

Denise M. Miranda, Esq.
Executive Director
Justice Center for the Protection of People with Special Needs
161 Delaware Avenue
Delmar, New York 12054

Dear Ms. Miranda:

We received your letter dated September 2, 2020 in response to the Justice Center's remote review of the Five Points Correctional Facility Special Housing Unit (SHU) to determine the quality of mental health care provided to inmate-patients, and determine compliance with the SHU Exclusion Law, the Office of Mental Health's (OMH) policies, and the Department of Corrections and Community Supervision's (DOCCS) directives. This review was conducted remotely on May 8, 2020 as a result of the COVID-19 pandemic.

Below are the Justice Center's findings and recommendations, from the above-referenced review, and OMH's response to each. The related documentation is enclosed. Please note that the documentation includes protected health information and thus should not be redisclosed.

Per your letter, you have determined that the Five Points Correctional Facility (CF) was not in compliance with the SHU Exclusion Law for the following reason:

> "Inmate/patient [redacted] (DIN: [redacted]) was admitted to the SHU on March 17, 2020. He was not seen for a SHU/LTKL Intake Mental Health Assessment until March 20, 2020… Inmate/patient [redacted] (DIN: [redacted]) was moved from Long-Term Keep Lock (LTKL) to the SHU on March 5, 2020. He was not seen for a SHU/LTKL Mental Health Assessment until March 9, 2020… Inmate/patient [redacted] (DIN: [redacted]) was moved from Long-Term Keep Lock (LTKL) to the SHU on March 5, 2020. He was not seen for a SHU/LTKL Mental Health Assessment until March 9, 2020."

OMH Response: CNYPC CBO Policy #6.0 – Special Housing Unit Services in MHSL 1 Facilities was reviewed with Five Points CF clinical staff.

OMH would like to highlight that the Justice Center's findings occurred during a global pandemic and at a time when Five Points CF was experiencing a significant staffing shortage. Despite that, issues were only found for three inmate-patients from a census of 67 individuals in the SHU and LTKL, and out of 20 records reviewed by the Justice Center. As such, OMH would like to note that we disagree with the Justice Center's finding of noncompliance.

Recommendation #1:
"The Justice Center requests that DOCCS provide an explanation regarding [redacted] transfer from the Downstate CF FDU to the Great Meadow CF SHU on a Friday and without the clearance of OMH. It's imperative that DOCCS communicate with OMH on emergency psychiatric transfers to ensure the wellbeing of the inmate/patients."

OMH Response:
OMH defers to DOCCS regarding this recommendation.

Recommendation #2:
"The Justice Center requests clarification from DOCCS as to why mental callouts were cancelled twice in one week. DOCCS should also assess how to ensure inmates and/or patients are seen by mental health appropriately when there are facility wide security issues. Please provide the Justice Center with any safeguards and/or plans put into place to avoid this in the future.

The Justice Center also requests that OMH Unit Chief review the January 29, 2020 progress note, and the conflicting information provided within that progress note. Specifically, that it was documented that a mental status was done without the inmate/patient even present. In addition, CBO CNYPC Policy #9.30-Progress Notes should be reviewed with all staff to ensure that all documentation is current and accurate."

OMH Response:
OMH defers to DOCCS regarding the first half of this recommendation. Regarding the January 29, 2020 progress note, [redacted] ([redacted]) told the clinician, in person, that he was refusing the mental health callout. As such, the clinician was still able to complete a mental status exam based on their interaction even though a full clinical session could not be conducted. The Regional Forensic Program Administrator (FPA) has reviewed this process with the Unit Chief. It is OMH's determination that a review of CNYPC CBO Policy #9.30 – Progress Notes is not indicated.

Recommendation #3:
"Please provide the Justice Center with an update regarding [redacted] mental health status as well as his current diagnosis. If he has since been admitted to OMH services or determined ineligible, please provide appropriate documentation."

OMH Response:
[redacted] does not carry a mental health diagnosis and therefore remains a MHSL 6. The psychiatrist who assessed him during his hunger strike erroneously documented a mental health diagnosis. This was addressed by the Unit Chief in April 2020.

Recommendation #4:
"...According to the Justice Center's previous Five Points CF report of findings, dated June 2018, it was recommended that staff be retrained in CNYPC CBO Policy #9.16 – Comprehensive Suicide Risk Assessment Form. As requested in that report, the Justice Center again recommends that the Five Points CF Unit Chief complete frequent quality assurance checks given the findings of this review and the review completed in April 2018."

OMH Response:
CNYPC CBO Policy #9.16 – Comprehensive Suicide Risk Assessment Form was reviewed with Five Points CF clinical staff.

Recommendation #5:

"In order to provide quality care to inmates/patients, it's extremely important that staff at the Great Meadow CF review the Termination-Transfer Progress Note upon an inmate/patient's arrival as the progress note contains the most recent information as well as any recommendations from the sending facility.

The Justice Center requests clarification regarding [redacted] transfer and that the Clinical Director review [redacted] clinical file to determine if the Great Meadow SHU was an appropriate placement given his presentation at that time. If there is any additional documentation relating to [redacted] RCTP [Residential Crisis Treatment Program] assessment, please include that with your response."

OMH Response:
As noted by the Justice Center, [redacted] ([redacted]) transfer from the Downstate FDU to the Great Meadow SHU occurred without OMH clearance or advance knowledge. As such, Downstate CF OMH staff did not have opportunity to complete a Termination/Transfer Progress Note (TTPN) prior to transfer. They did so immediately after learning of his transfer and submitted it to Great Meadow CF OMH staff, who received the TTPN after [redacted] had already been placed in the SHU and assessed by the SHU Coordinator. Despite these unique circumstances, the Great Meadow CF Unit Chief used this opportunity to review with clinical staff the importance of ensuring they have received and reviewed a TTPN for newly transferred inmate/patients.

Additionally, OMH staff conduct suicide risk assessments at every clinical contact. As such, it was determined that [redacted] did not require RCTP level services upon his arrival at Great Meadow CF SHU. Furthermore, there was no negative effects of his SHU placement and he presented as stable at the time of the placement as well as during subsequent private callouts and daily SHU rounds.

Recommendation #6:
"For inmates/patients to be appropriately evaluated and assessed during reception, time frames should be adhered to. Due to the amount of movement within the DOCCS system, it is crucial to meet with inmates quickly and assess their mental status as incarceration can be stressful. OMH Staff at the Downstate CF should be retrained in CBO CNYPC Policy #9.30-Progress Notes to ensure that inmate/patients are being seen within the appropriate time frames."

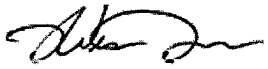
OMH Response:
CNYPC CBO Policy #9.30 – Progress Notes was reviewed with Downstate CF clinical staff.

Recommendation #7:
"Inmate/patients in the RCTP require a heightened level of care from mental health staff. It's critical that these inmates are seen appropriately and routinely for mental health callouts. The Justice Center requests clarification from DOCCS as to why all callouts were cancelled by administration at the Sullivan CF."

OMH Response:
OMH defers to DOCCS regarding this recommendation.

We thank you for bringing your concerns to our attention.

Sincerely,



Li-Wen Lee, M.D.
Associate Commissioner
Division of Forensic Services

cc: Danielle Dill, Psy.D., Acting Executive Director, CNYPC
William Vertoske, Associate Director, Corrections Based Operations, CNYPC
File

NEW YORK STATE | Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

September 14, 2020

Denise M. Miranda, Esq.
Executive Director
NYS Justice Center for the Protection
of People with Special Needs
161 Delaware Avenue
Delmar, NY 12054

Re: [redacted] Justice Center Oversight Action

Dear Ms. Miranda:

This is in response to the New York State Justice Center's review of the quality of corrections- based mental health care for incarcerated individuals in Special Housing Unit (SHU) as well as compliance with the SHU Exclusion Law for the site visit conduct on May 8, 2020 at Five Points Correctional Facility.

Recommendation: The Justice Center requests that DOCCS provide an explanation regarding [redacted] transfer from the Downstate FDU to the Great Meadow Correctional Facility SHU on a Friday and without the clearance of OMH. It's imperative that DOCCS communicate with OMH on emergency psychiatric transfers to ensure the wellbeing of the inmate/patients.

Response: Upon further investigation OMH had not discharged at indicated and was not consulted about the transfer. This has been referred to the Office of Special Investigations (OSI) because this does not align with our policies. Incarcerated individuals are supposed to be cleared by OMH for discharge or consulted with OMH if an emergency transfer is required.

Incarcerated individual [redacted] was transferred to Five Points Sex Offender program on February 4, 2020.

Recommendation: The Justice Center requests clarification from DOCCS as to why mental health callouts were cancelled twice in one week. DOCCS should also assess how to ensure inmates and/or patients are seen by mental health appropriately when there are facility wide security issues. Please provide the Justice Center with any safeguards and/or plans put into place to avoid this in the future.

Response: The facility had a major security risk issue that led to the facility being locked down for four days and modify operation on the fifth day. All staff were made aware of the security precautions initiated and when the lockdown ceased. Office of Mental Health (OMH) have the discretion to resubmit any incarcerated individual for callout following such security issues. If during such security matters if

OMH needs to see an incarcerated individual in crisis, arrangements are made. Staff are notified when they can make rounds in the housing units during such a lockdown to check on incarcerated individuals.

Recommendation: Inmate/patients in the RCTP require a heightened level of care from mental health staff. It's critical that these inmates are seen appropriately and routinely for mental health callouts. The Justice Center requests clarification from DOCCS as to why all callouts were cancelled by administration at the Sullivan CF.

Response: In following up on your finding, upon looking at the logbook and working with staff there seems to be an inaccuracy. RCTP callouts were not cancelled on January 29, 2020. Incarcerated individual [redacted] refused his callout on this day. Other incarcerated individuals in RCTP attended their private interviews on January 29, 2020.

Thank you for the opportunity to comment on your report. I look forward to continue working productively with the Justice Center to improve the services for our population.

Sincerely,

B. Hilton

Bryan Hilton
Associate Commissioner

cc: Kathryn Farley, Facility Review Specialist, Justice Center