

CHS Briefing on Implementation of Death Report Recommendation and Constant Supervision

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A. CHS Briefing - Implementation of Death Report Recommendation

1. Processes to ensure consistent identification, documentation, and referral of individuals requiring hospital-level care

Current CHS systems, procedures, and policies for hospital-level care referrals

- CHS has systems, procedures, and policies in place to ensure patients are appropriately referred to hospital-level care; it is within this structure that individual providers make clinical decisions about each patient.
- **CHS policy:** Patients who require a higher level of care than offered in the jail setting should be immediately transferred to an acute psychiatric hospital for evaluation and possible admission.

How CHS identifies individuals requiring hospital-level care

- Mental health providers consider a wide range of indications for hospital referral, including:
 - patients presenting an imminent danger to self or others due to symptoms of mental illness (a “mental health emergency”),
 - and an inability to care for basic needs in the jail setting due to symptoms of mental illness.

How CHS ensures hospital referrals are consistent

■ Education

- CHS provides its mental health staff training on referral procedure; education about involuntary hospital admission criteria; and various guides, handouts, and policies.

■ Collaboration

- Providers review level of mental health care during every clinical encounter and discuss care decisions during treatment team meetings.
- All mental health clinicians, clinical supervisors, mental health unit chiefs, psychiatric providers, and medical providers may make a hospital referral.

■ Supervision

- Providers who are uncertain about whether a patient would benefit from hospitalization consult with a supervisor or on-call administrator.
- Ongoing clinical supervision is provided to managers and direct care providers to ensure adherence to policies and procedures.

How CHS ensures consistent documentation

- Mental health providers are expected to document their review of a patient's level of mental health care for every clinical encounter.
- CHS has developed a new standardized risk assessment template for all clinical encounter notes.
- CHS mental health supervisors monitor consistency of clinical documentation of medication adherence, stability, and self-care.

Hospital admission is ultimately determined by hospital providers, not CHS staff

- CHS staff refer patients to either NYC Health + Hospitals/Bellevue or Elmhurst for assessment for acute psychiatric hospital admission, but it is ultimately hospital providers, not CHS staff, who determine whether referred patients are admitted to the hospital.

B. CHS Briefing – Constant Supervision

1. Role in assessment, placement, and removal decisions for individuals under Constant Supervision

Suicide watch

- For patients who endorse thoughts of suicide or have caused physical self-injury and do not require hospitalization, CHS will immediately initiate a suicide watch.
- Suicide watch entails constant observation of an individual by an assigned DOC officer, with minimum of twice-daily visits by CHS Mental Health staff, and additional safety precautions implemented by DOC.
- Any patient placed on suicide watch must either reside in or be moved to a housing area where suicide watch can be accommodated.

Assessing a patient's need for suicide watch

- During medical intake, CHS screens every patient and refers individuals with potential mental health needs to the Mental Health Service for evaluation and treatment, which may include suicide watch.
- CHS staff can refer patients to the Mental Health Service for evaluation anytime there is concern for risk of self-harm or suicide, and they complete regular suicide risk assessments for all patients receiving mental health services.
- DOC can also immediately initiate constant observation if staff observe a patient at risk of self-injury or suicide.

CHS suicide watch procedures

- CHS' Mental Health Service intensively treats and monitors patients under suicide watch to reduce risk of injury.
- Patients in restrictive housing units undergo clinical rounding daily and are referred to Mental Health as appropriate, including if evidence of suicidal ideation arises.
- Patients who continue to be at high risk of serious self-injury while on suicide watch are considered for referral to the hospital.

Discontinuing suicide watch

- The sole authority to discontinue a suicide watch resides with Mental Health Service, regardless of who initiated the watch.
- Discontinuation of a suicide watch must be approved by a CHS supervisor and clinical justification must be documented in the patient's medical record.