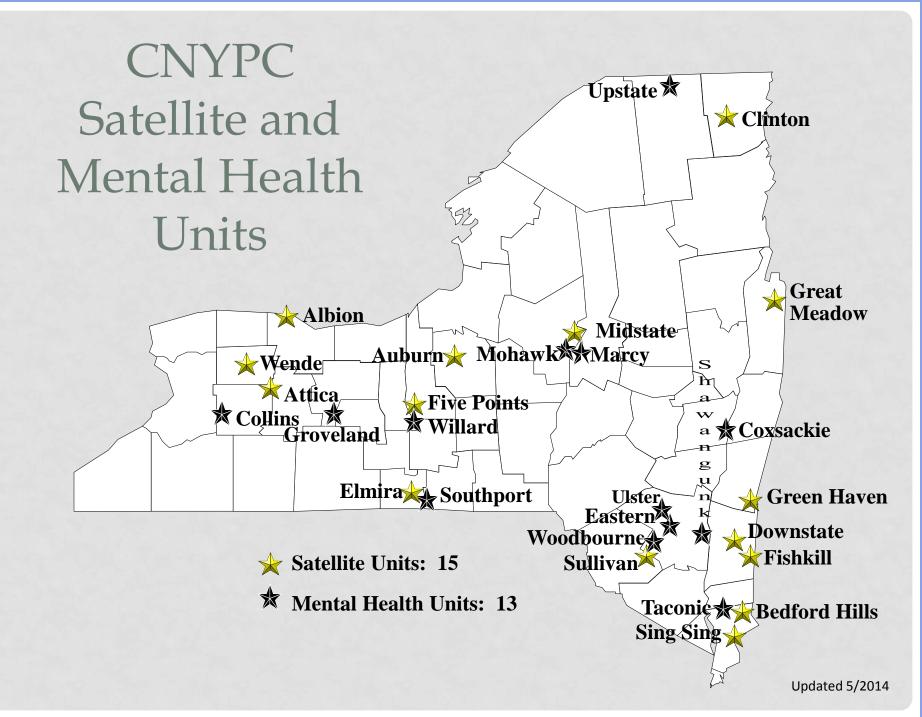
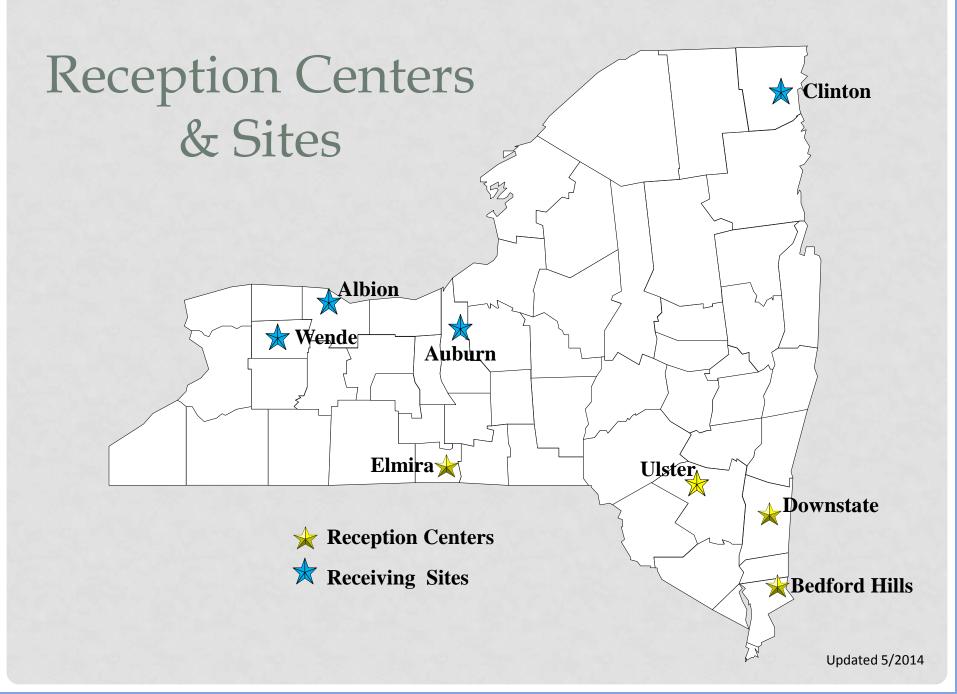
Central New York Psychiatric Center Corrections Based Operations Reception Process

Peter J. Russell, Director of Corrections Based Operations





Reception Intake Process

- Transfer of Custody
- ID with fingerprint scanner
- Pat frisk and BOSS chair
- Strip frisk/delousing/shower
- Hair and beard shaved*
- Sign for rule book, net bag, property
- Given suicide prevention and PREA handouts
- ID cards
- Medical and Mental Health Interviews
- Housing: Security, Medical and/or MH needs

Mental Health Screening Process

- Suicide Screening Guidelines
- CNYPC Mental Health Screening- Structured
 Interview
- Mental Health Screening/Admission Form



FORM 3152RC (8/12) Ref. Dir. #4101 STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

RECEPTION / SUICIDE PREVENTION SCREENING GUIDELINES

This form is designed for use at all reception and intake centers. At all reception/intake sites, DOCCS will make inmates available for OMH to conduct a suicide screening on the day of the inmate's arrival. If OMH is not available, DOCCS Health Services staff will be responsible for completing Form 3152RC. In cases where DOCCS Health Services staff completes the suicide screening, OMH is responsible for additionally screening the inmate for suicidal risk within 48 hours of the inmate's arrival. Please note that in cases of a regular (non-emergency) referral to Mental Health, an additional Form #3150, "Mental Health Referral" is not required. The #3152RC non-emergency referral form will function as the mental health form.

Inm	ate's Name:	Sex:	DOB:	DIN:		Date:	Time:	Current Conviction(s)
Name of Facility:		Name o	Name of Screening Person:		Inmate showed serious psychiatric problems during prior Incarceration: YES NO Prior Mental Health Level:			
C	HECK APPROPRIAT	E COLUN	IN FOR	EACH QUE	ESTIO	N.		
-0653382 -059755 -059755 -059755		49999999999999999999999999999999999999	619799-00-00-00-00-00-00-00-00-00-00-00-00-0			Column A YES	Column B NO	General Comments/ Observations
ОВ 1.	SERVATIONS OF TRANSPO Transport officer believes the Mental Health and Area Sup	hat inmate ma		cide risk. If YE	S, notify	***		
PE	RSONAL DATA:							
2.	Inmate has experienced a soft relationship, death of a c	ignificant loss lose family me	within the ember).	last 6 months (ə.g., loss			
3.	Inmate held a position of re- official) and/or alleged crim Health.							
4.	Inmate has psychiatric h psychotropic medications re				, taking			
5.	Inmate is thinking about killi Supervisor	ng himself. If	YES, notify	Mental Health	and Area	***		
6.	Inmate has previous suicide of self-mutilation).	e attempts (ch	eck wrists,	neck and head	for signs	i		
7.	Inmate has recently receive	d distressing	news of lea	al situation.				
8.	Inmate feels there is nothin feelings of hopelessness).				xpresses	***		
BE	HAVIOR/APPEARANCE:							
9.	Inmate show signs of depre	ession (e.g., c	ying, withd	rawn).				
10.	Inmate appears overly anxi	ous, afraid or	angry.					
<u> </u>	Inmate's hygiene appears t							
	Inmate is acting and/or ta attention, hearing or seeing	lking in a st	ange man		not focus			
13.	Inmate has been giving aw			2				
	a. Inmate is apparently u		nce of alco	hol or drugs.				
	 b. If YES, is inmate incol illness. If YES to either and Mental Health. 	nerent or sho	wing signs	of withdrawal of				
	IMINAL HISTORY: New to Corrections (first bid	d and county	ime).					
•	ions:							
ы я	Commander.							ental Health and notify the Watc (non-emergency) referral to Menta
	Mental Health notified?			Yes			🗌 No	
	If yes, type of Mental Health	Notification?		Regular (Non-	Emeraer	ncv) Referral		ediate (Emergency) Phone Referral
	If regular referral, how was			Phone	-	Writing	🗌 In-Pe	(, , , , , , , , , , , , , , , , , , ,
If im	mediate (emergency) referra					0		
	mediate (emergency) referra	a name and t	as or onnio	an contacted is	oquil oc			

Name

If for any other reason you feel there is a problem with the inmate, notify Mental Health and call the Watch Commander.

The source of a mental health referral is protected from disclosure under Mental Health Law, Section 33.13 and 33.18, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Title

Distribution: White - OMH *If no OMH referral was "required" or the facility does not have OMH staff, white copy to guidance file. Canary - Watch Commander Pink - Medical

CNYPC Mental Health Screening - Structured	Inmate Name:	DIN:			
	DOB:	C#:	C#:		
Interview	Dob Date Screened:				
Date Inmate Arrived at Reception:	Date Screened:	VERS DI SECTION IL DEL ON			
SECTION I: PROVIDE ADDITIONAL INFO	RMATION FOR ANY YES ANSW	wers in section if below.	Yes N		
 A: History 1. Have you been in a hospital for emotional 2. Have you ever received outpatient treatr 	nent for emotional or mental health				
3. Have you ever exhibited suicidal behavio					
4. Do you have a history of violent behavio					
 Have you ever been the victim of physica While in school, were you ever in specia 					
 While in school, were you ever in special Have you ever had a serious injury to you 					
8. Have you ever committed or been charge					
9. Have you received SSI/SSDI for mental					
B: Current Status		· · · · · · · · · · · · · · · · · · ·			
10. Are you currently taking any medication problems?		for any emotional or mental health			
11. Are you currently experiencing suicidal			0.01		
 Do you currently use illegal drugs and/or Do you know today's date? 	r alconol?				
13. Do you know today's date? 14. Do you know what prison you're in at th	is time?				
15. Do you currently believe that someone c		oughts into your head or taking			
thoughts out of your head?		into your nout of untilig	ا السر		
16. Do you currently feel that other people k	now your thoughts and can read yo	our mind?	D I		
C: Emotional Response to Incarceration					
17. Have there currently been a few weeks w			D I		
18. Have you currently lost or gained as muc			D		
19. Have you or your family or friends notic			D (
20. Do you <i>currently</i> feel like you have to ta	lk or move more slowly than you u	sually do?			
D: Intellectual Functioning	·				
Were you ever described as a slow learned	er, developmentally disabled or lea	ming disabled?			
CECTION II. A JARAN I Information					
SECTION II: Additional information					
SECTION II: Additional information					
SECTION II: Additional information					
SECTION II: Additional information					
SECTION II: Additional information			-		
SECTION II: Additional information					
SECTION II: Additional information					
SECTION II: Additional information					
SECTION III: Comments/Impressions (a	Difficulty understanding ques	stions			
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol		stions	* *		
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify):	 Difficulty understanding ques Non-cooperative 	stions			
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening O	 Difficulty understanding ques Non-cooperative 	stions			
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening (Yes No Number of items endorsed	Difficulty understanding ques Non-cooperative Guidelines completed?				
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening C Yes No Number of items endorsed_ Yes No Presence of significant warn	Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk				
SECTION III: Comments/Impressions (a Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening (Yes No Number of items endorsed_ Yes No Presence of significant warn (If Yes, additional interview	Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary)	IS PATH WARM?			
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening (Yes No Number of items endorsed Yes No Presence of significant warn (If Yes, additional interview SECTION V: DISPOSITON Note: In Section	 Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary) on I, if inmate answered YES to a 	IS PATH WARM? any of items 1, 10 or 11, or YES to	at least two		
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening O Yes No Number of items endorsed Yes No Presence of significant warm (If Yes, additional interview SECTION V: DISPOSITON Note: In Section of items 15-20, or if you feel it is necessary	 Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary) on I, if inmate answered YES to a for any other reason, a full evalu 	IS PATH WARM? any of items 1, 10 or 11, or YES to nation should be completed.	at least two		
SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening O Yes No Number of items endorsed_ Yes No Presence of significant warm (If Yes, additional interview SECTION V: DISPOSITON Note: In Section of items 15-20, or if you feel it is necessary Immate not in need of mental health service	 Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary) on I, if inmate answered YES to a for any other reason, a full evalut s – no further screening necessary 	IS PATH WARM? any of items 1, 10 or 11, or YES to lation should be completed.	at least two		
SECTION III: Comments/Impressions (a Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening C Yes No Number of items endorsed Yes No Presence of significant warm (If Yes, additional interview SECTION V: DISPOSITON Note: In Section of items 15-20, or if you feel it is necessary Inmate not in need of mental health service Inmate may be in need of further mental he	 Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary) on I, if inmate answered YES to a for any other reason, a full evalut s – no further screening necessary 	IS PATH WARM? any of items 1, 10 or 11, or YES to lation should be completed.	at least tw		
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SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening (Yes No Number of items endorsed_ Yes No Presence of significant warm (If Yes, additional interview SECTION V: DISPOSITON Note: In Section of items 15-20, or if you feel it is necessary Inmate not in need of mental health services Inmate admitted to mental health services	 Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary) on I, if inmate answered YES to a for any other reason, a full evalution is no further screening necessary 	IS PATH WARM? any of items 1, 10 or 11, or YES to lation should be completed. necessary	at least tw		
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SECTION III: Comments/Impressions (Language barrier Under the influence of drug or alcohol Other (specify): SECTION IV: Suicide Prevention Screening (Yes No Number of items endorsed_ Yes No Presence of significant warm (If Yes, additional interview SECTION V: DISPOSITON Note: In Section of items 15-20, or if you feel it is necessary Inmate not in need of mental health services Inmate admitted to mental health services	 Difficulty understanding ques Non-cooperative Guidelines completed? ing signs of imminent suicide risk and assessment necessary) on I, if inmate answered YES to a for any other reason, a full evaluation s – no further screening necessary alth services – a full evaluation is non- ening: 	IS PATH WARM? any of items 1, 10 or 11, or YES to lation should be completed. necessary	at least two		

308 MED (MH)6/11	Patient's Name:					
Central New York Psychiatric Center	C# No.:					
SCREENING/ADMISSION NOTE (OUTPATIENT)	Date of Birth:	Date of Birth:				
(OUTPATIENT)	Unit Name:					
	DIN No.:					
Section I	: Screening Visit 1					
Chief Complaint (Include person(s) providing inf	formation):					
History of Present Illness:						
Mental Status:						
Assessment of Suicide Risk: Describe suicide ris Individual) which are present or indicate none are pre		RM, Prison Based or				
If suicide risk warning signs are present, describe th treatment:	ne effect on patient's functioning & plar	n to address in				
Disposition:						
No Indication for active mental health services						
Active Screen for further assessment Admit to mental health services (Complete Sec	tion IV)					
STAFF SIGNATURE:		DATE:				
STATT SIGNATORE.		DATE.				
Section II	: Šcreening Visit 2					
Screening Assessment (include reason for assess	sment/ and updates/changes to mental	status):				
-		,				
Assessment of Suicide Risk: Describe suicide ris Individual) which are present or indicate none are p		RM, Prison Based or				
If suicide risk warning signs are present, describe th treatment:	ne effect on patient's functioning & plar	to address in				
Disposition:						
No Indication for active mental health services						
Active Screen for further assessment						

Reception Intake Evaluations

Reception Facility	Structured Interview Only	Full MH Screening- Not Admitted	Full MH Screening- Admitted to Services	Total Intake Screenings
Bedford	705	175	653	1,533
Clinton	321	17	118	456
Downstate	5,202	980	2,975	9,157
Elmira	2,651	606	615	3,872
Ulster	5,005	222	344	5,571
Wende	1,846	391	634	2,871
Total	15,730	2,391	5,339	23,460

Information Available to Reception Staff

- Custodial Transfer Information Sheet
- Health Transfer Information Sheet



STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES

Custodial Transfer Information {Pursuant to Section 601A of Correction law)

	Date: 04 /03 / 2014		
First Name:	,!	MI	
First:			
DIN:			
NYSID			
	First: DIN:	First Name:	

Known	Physical or Mental Problems:	Yes	No (See Medical)	
	Immediate Medical Attention Required	NO	Potential Victims	
-	Medication Refer to medical	YES	Enemies (Location)	
NO	Escape / Att. Escape / Hostage Taking		Work Performance	
NO	Assaultive Toward Staff / Inmates		Arson (Custody)	
NO	Drugs, Weapons, Other Serious Contraba	nd NO	Restrictions	
NO	Self-injury / Self-injury Attempt <i>Refer to medical</i>	NO	Other	
NO	Central Monitoring Case		·	

Explain any item checked above to assist receiving staff that deal with inmate. NO PROBLEMS DURING THIS INCARCERATION.

Adjustment to Confinement:	🖾 Good	Fair	Poor -
Prepared by:	Signature:	An	
Title: Deputy	Tel: (585)753-	4139 OR 4137 C	DR 4140

Security Review:	
Name:	Signature:
Title:	

Form 3610 (Rev. 5/84)

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IMS Training Group, 1314

	NEW YORK STATE COMMISSION OF CORRECTION HEALTH TRANSFER INFORMATION PURSUANT TO SECTION 601 (a) CORRECTION LAW
	Name: (Last) (First) (MI) (DOB) NYSID/DIN/Class & Movement
	Medications: List or attached profiles: NAME DOSAGE ROUTE FREQUENCY
	ME Print Name/Title/Facility/Phone w/extension Date
O Anxiety Disorder No symptoms?	MENTAL HEALTH INFORMATION: 1. Is the inmate currently receiving mental health services? • Axis I: • Axis I: • Axis II: • Current psychiatric symptoms:
	2. Is the inmate on psychiatric medication(s)? The DYes. If yes, list medication, dose, frequency, and compliance. If injectable, indicate last date given:
	3. Is the inmate currently in specialized housing for inmates with mental health illness? A. Is the inmate assaultive? A. Is the inmate assaultive? A. Is the inmate assaultive?
	5. Is the inmate currently on a suicide watch? Dif OYes Date/ Has the inmate recently been on a suicide watch? Dif OYes Date/ Has the inmate made a suicide attempt during this incarceration? Dif OYes Date/ Has the inmate made a suicide attempt during this incarceration? Dif OYes Date/ Has the inmate engaged in self-injurious behavior? Dif of the above, briefly describe: Dif of the above, briefly describe:
	6. Has the inmate ever been psychiatrically hospitalized? ANO DYes 7. Any psychiatric hospitalizations during this incarceration? ANO DYes If "Yes" to either, hospital and date (Attach discharge summary)
	MENTAL HEALTH SEVANDN COMPLETED BY: 0 MOC 100 778 1 Full 1325 14 Print Name/ Hile/Facility/ Findle # W.CARINSION COPIES: White - Receiving Facility; Canary - Intransit Facility; Pink - Sending Facility HEALTH TRANSFER INFORMATION FORM - PAGE 2

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NAM	E: 4 (Last)	/Einsti		0/30/1983	····		
		(First)	(MI)	DOB	NYS	ID/DIN/Class&Mc	ovement
Medi NAM	cations: List or attached pro		175 ML 2 200 ML				
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MED	CAL SECTION COMPLET	En BV.					
C	1· _ ·				<u>1_e</u>	x/_04,	/07/2014
	Name/Title/Facility/Phone w						Date
MEN	TAL HEALTH INFORMA	ATION:					
1. 15	the inmate currently receiv	ing mental health servi	ces? 🛛 No 🗖 Ye	s. If yes, list dia	agnoses:		
a patient?		ta hyöföldi alda ona ta anan ka öldöt ölden soma värannin fast vara on vara s					
	Axis III:						
	Current psychiatric syr	mptoms:		**************************************	نى بىرى يېرى بىرىنىيە بىلىكى بىلىكى تىغانلىك ۋەلىكە تەكە تىكى بىرى يېرىكى بىلىكى بىل		
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	x &			**************************************		******	
2. is	the inmate on psychiatric r	nedication(s)?	No F1 Yes Ifves list m	redication doe	o france o	rd compliance	
11	the inmate on psychiatric r injectable, indicate last dat		No 📋 Yes. If yes, list m				****
n MH meds?	the inmate on psychiatric r injectable, indicate last dat		No 📋 Yes. If yes, list m				
11	the inmate on psychiatric r injectable, indicate last dat						
11	the inmate on psychiatric r injectable, indicate last dat						
n MH meds?	injectable, indicate last dat	te given:					
n MH meds?	injectable, indicate last dat	te giver:		wess?			
n MH meds?	injectable, indicate last dat	te giver:	nates with mental health illr	wess?			
n MH meds?	injectable, indicate last dat	te given: cialized housing for inn ☑ No □ Yes. If ye	nates with mental health illr	Ness?			
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n MH meds?	injectable, indicate last dat the inmate currently in spe the inmate assaultive? the inmate currently on a s as the inmate recently bee	te given:	nates with mental health illr is, provide history: No Yes No Yes No Yes	Ness? Date Date	⊠ No []	Yes To:	
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n MH meds? 	injectable, indicate last dat the inmate currently in spe the inmate assaultive? the inmate currently on a s las the inmate recently bee as the inmate made a suici as the inmate engaged in s "Yes" to any of the above, as the inmate ever been ps by psychiatric hospitalization	te giver:	nates with mental health ill is, provide history:	Ness? Date Date Ø	No 🗋 Yes	Yes To: Date Date	07/2014

NEW YORK STATE COMMISSION OF CORRECTION HEALTH TRANSFER INFORMATION PURSUANT TO SECTION 601 (a) CORRECTION LAW

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	HEALTH IKA	<u>NSFER INFORMATIO</u>	N PURSUANT J	IU SECTION	BOT (a) CORRECTION LAW
	Name.	34793MD			
~	(Last)	(First)	(MI)	(DOB)	NYSID/DIN/Class & Movement
	Medications: List or atta	had profiles.			
	NAME	DOSAGE	ROI	UTE	FREQUENCY
	FAFERYOV XR	<u>n</u> sma	V.	か	$\langle \chi \rangle$
	Traza dano.	TADAM	<u></u>	20	(a) Fit
Meds Listed	Kemeron	- Email	¥	20	
	-	:	·····	·······	
	MEDICAL SECTION	COMPLETED RV-			1 Includ
	3_			(0 12/2/114
	Print Name/Title/Facility	/Phone w/extension			Dâte
$R = 2 \pi$	MENTAL HEALTH I	TODIMATION.			
			*	1 Hore is	•• ••
\sim		tly receiving mental healt	h services?	lo 🖾 Yes. If ye	es, list diagnoses:
and and	· Axis I: Hde	astment Dlo un	in Anviel	mi Alcon	of Dependonce By Hx
	Axis II:i Axis III:				
		atric symptoms:	-Contrase!	Dry Maid	ad Health due to
	12 to setter 1			Lod Dia	hipms, End Jecout
Details	DSULL IND	The Ura Din	·····	the state	
	2. Is the inmate on psy	chiatric medication(s)?, C	⊒No Ö⊒fYes. If ye	s, list medicatio	n, dose, frequency, and compliance.
	If injectable, indicate	e last date given:	m anno	Mant W	Thrushing me
South State			. //		
	·				
	3. Is the inmate current	tly in specialized housing	for inmates with r	nental health ill	ness? DNo DYes
		. /			
~	4. Is the inmate assaul	tive? ⊠No ⊡Yes. If yes,	, provide history:		
(in the second s					······
1. J. B. 1997				·	
		tly on a suicide watch?	MNO DY		
a a a a a a a a a a a a a a a a a a a	Has the inmate rece	ntly been on a suicide wa	itch? 🖾 No 🗅	Yes Dai	e <u>////</u> To: <u>////</u>
		le a suicide attempt during		n?	No 🛛 Yes Date//
	has the initiate mat	le a suicide allempt dunné	g uns incarceratio	112	
	Has the inmate enga	aged in self-injurious beha	avior?		SNo DYes Date//
	If "Yes" to any of the	above, briefly describe:			
				f	
	6. Has the inmate ever	been psychiatrically hosp	pitalized?	o 🖳 Yes	
	7. Any psychiatric host	pitalizations during this ind	carceration?	o Yes	
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	Utical the	spital and date (Attach dis	2012700	Sittes	67
and the second					·
\bigcirc	MENTAL HEALTH S	SECTION COMPLETE	\mathbf{D} BY: $\mathbf{h} \sim \mathbf{h}$	II and a second	- marine Alislik
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	Frint Name/ I the/Fachit	-		1	
	COPIES: White – Rec		transit Facility; Pu ANSFER INFOR		MH Unit Chief; Gold – Sending Facility M – PAGE 2

26115000 (7/00)

Mental Health Extended Orientation-Elmira

For those inmates presenting with increased suicide risk or victimization

- Housed in separate area
- Increased security rounds
- Increased contact with mental health staff
- Not moved to general population until recommended by mental health staff