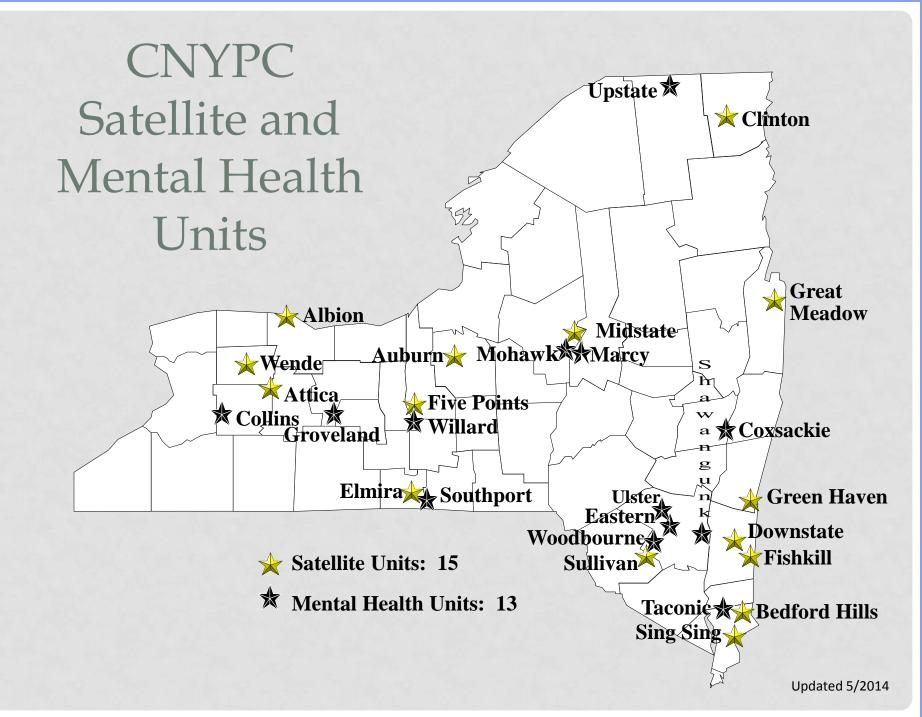
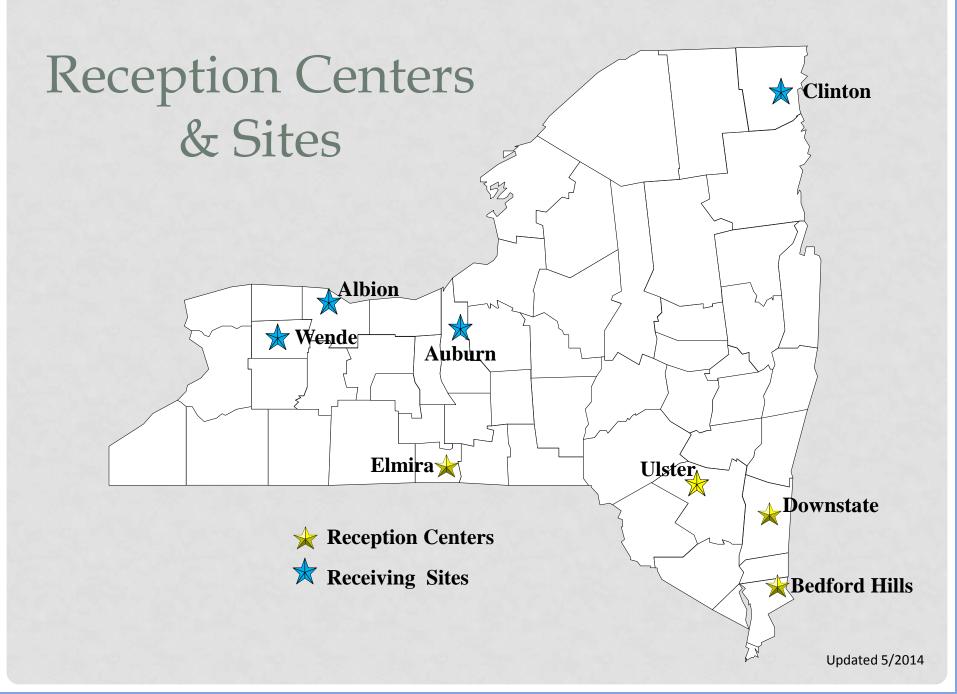
Central New York Psychiatric Center Corrections Based Operations Reception Process

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 | | |
| 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 (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 | | |
| 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 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 two | | |
| 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)

τ

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 |

R/

| 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 | | | | |
| | Trazodione | DOSAGE | ROUTE Altabs PO | FREQUEN | | 1. 11. Welferson (10. , 10 at many deviles a units) | |
| ledication ? 🔰 | | 0 | | <u> </u> | A | | - - |
| | | | | | | | |
| Limit de la constante de la consta | | | | | | | |
| | | 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - | | | | | |
| 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 | | |
| _ | | | | | | | |
| | 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? | | | |
| n MH meds? 3. Is 4. Is 5. Is | injectable, indicate last dat the inmate currently in spe the inmate assaultive? the inmate currently on a s | te giver: cialized housing for inn Ø No 🗋 Yes. If ye suicide watch? | nates with mental health illr is, provide history: Mo 🖸 Yes | vess? Date | | Yes | |
| 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: | |
| n MH meds? 3. Is 4. Is 5. Is H | injectable, indicate last dat the inmate currently in spe the inmate assaultive? the inmate currently on a s as the inmate recently bee las the inmate made a suici | te given: cialized housing for inn [2] No [] Yes. If ye suicide watch? In on suicide watch? ide attempt during this i | nates with mental health illr is, provide history: ☑ No □ Yes ☑ No □ Yes ☑ No □ Yes | Ness? Date Date Date | No 🗋 Yes | Yes To: Date | |
| n MH meds? 3. Is 4. Is 5. Is H | 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 | te giver: clalized housing for inn | nates with mental health illr is, provide history: ☑ No □ Yes ☑ No □ Yes ☑ No □ Yes | Ness? Date Date Date | ⊠ No [] | Yes To: Date | |
| n MH meds? 3. Is 4. Is 5. Is H | injectable, indicate last dat the inmate currently in spe the inmate assaultive? the inmate currently on a s as the inmate recently bee las the inmate made a suici | te giver: clalized housing for inn | nates with mental health illr is, provide history: ☑ No □ Yes ☑ No □ Yes ☑ No □ Yes | Ness? Date Date Date | No 🗋 Yes | Yes To: Date | |
| n MH meds? 3. Is 4. Is 5. Is H | 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 | te giver: cialized housing for inn I No I Yes. If ye suicide watch? n on suicide watch? ide attempt during this i self-injurious behavior? briefly describe: | nates with mental health illr is, provide history: No Yes No Yes No Yes incarceration? | vess? Date Date Date 꼬 꼬 | No 🗋 Yes | Yes To: Date | |
| n MH meds? 3. Is 4. Is 5. Is H H H H ff 6. H. | injectable, indicate last dat the inmate currently in spe the inmate assaultive? the inmate currently on a s as the inmate recently bee las the inmate made a suici as the inmate engaged in s "Yes" to any of the above, | te giver: | nates with mental health ill is, provide history: | Ness? Date Date Ø | No 🗋 Yes | Yes To: Date | |
| n MH meds? 3. Is 4. Is 5. Is H H H H ff 6. H. | 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 | |
| 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 | |
| | | | | | Roberts 12 100 Kick of Stores |
| | 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 |
| | Frint Name Littere | W MAADA II WUAXTANGICO | | | |
| | 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