Central New York Psychiatric Center
Corrections Based Operations
Reception Process

Peter J. Russell, Director of Corrections Based Operations
CNYPC
Satellite and Mental Health Units

Satellite Units: 15
Mental Health Units: 13

Updated 5/2014
Reception Centers & Sites

- Auburn
- Elmira
- Clinton
- Bedford Hills
- Ulster
- Downstate
- Albion
- Wende

Reception Centers
Receiving Sites

Updated 5/2014
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
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.

<table>
<thead>
<tr>
<th>Inmate's Name:</th>
<th>Sex:</th>
<th>DQB:</th>
<th>DIN:</th>
<th>Date:</th>
<th>Time:</th>
<th>Current Conviction(s)</th>
</tr>
</thead>
</table>

Name of Facility: Name of Screening Person: Inmate showed serious psychiatric problems during prior incarceration: YES NO Prior Mental Health Level:

CHECK APPROPRIATE COLUMN FOR EACH QUESTION.

<table>
<thead>
<tr>
<th>OBSERVATIONS OF TRANSPORTING OFFICER:</th>
<th>Column A</th>
<th>Column B</th>
<th>General Comments/Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transport officer believes that inmate may be a suicide risk. If YES, notify Mental Health and Area Supervisor.</td>
<td>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL DATA:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inmate has experienced a significant loss within the last 6 months (e.g., loss of relationship, death of a close family member).</td>
<td>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inmate held a position of respect in the community (e.g., professional, public official) and/or alleged crime is shocking in nature. If YES, notify Mental Health.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Inmate has psychiatric history (received counseling regularly, taking psychotropic medications recently, on a 10-day outcount).</td>
<td>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Inmate is thinking about killing himself. If YES, notify Mental Health and Area Supervisor.</td>
<td>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Inmate has previous suicide attempts (check wrists, neck and head for signs of self-mutilation).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Inmate has recently received distressing news of legal situation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Inmate feels there is nothing to look forward to in the future. (Expresses feelings of hopelessness).</td>
<td>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEHAVIOR/APPEARANCE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Inmate show signs of depression (e.g., crying, withdrawn).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Inmate appears overly anxious, afraid or angry.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Inmate's hygiene appears to be deteriorating.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Inmate is acting and/or talking in a strange manner (e.g., cannot focus attention, hearing or seeing things – things which are not there).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Inmate has been giving away property.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. a. Inmate is apparently under the influence of alcohol or drugs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If YES, is inmate incoherent or showing signs of withdrawal or mental illness. If YES to either (a) or (b), notify the Watch Commander/Medical and Mental Health.</td>
<td>***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CRIMINAL HISTORY: 15. Now to Corrections (first bid and county time).

Actions:
- If any box marked with *** is checked, make an immediate (emergency) phone referral to Mental Health and notify the Watch Commander.
- If any of the other YES boxes are checked in the Behaviors/Appearances section, make a regular (non-emergency) referral to Mental Health.

Mental Health notified? ○ Yes ○ No
If yes, type of Mental Health Notification? ○ Regular (Non-Emergency) Referral ○ Immediate (Emergency) Phone Referral
If regular referral, how was notification made? ○ Phone ○ In-Writing ○ In-Person

If Immediate (emergency) referral name and title of clinician contacted is required:

  Name: ____________________________  Title: ____________________________

  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 33.16, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Distribution: White = OMH "If no OMH referral was "required" or the facility does not have OMH staff, white copy to guidance unit. Canary - Watch Commander Pink = Medical
# CNYPC Mental Health Screening - Structured Interview

Inmate Name:  
DIN:  
DOB:  
CJ:  

<table>
<thead>
<tr>
<th>Date Inmate Arrived at Reception</th>
<th>Date Screened</th>
</tr>
</thead>
</table>

## SECTION I: PROVIDE ADDITIONAL INFORMATION FOR ANY YES ANSWERS IN SECTION II BELOW.

### A: History
1. Have you been in a hospital for emotional or mental health problems within the past five years?  
2. Have you ever received outpatient treatment for emotional or mental health problems?  
3. Have you ever exhibited suicidal behavior?  
4. Do you have a history of violent behavior?  
5. Have you ever been the victim of physical, emotional or sexual abuse?  
6. While in school, were you ever in special education classes?  
7. Have you ever had a serious injury to your head or experienced seizures?  
8. Have you ever committed or been charged with a sexual offense?  
9. Have you received SSDI for mental illness in the past?  

### B: Current Status
10. Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?  
11. Are you currently experiencing suicidal thoughts?  
12. Do you currently use illegal drugs and/or alcohol?  
13. Do you know today’s date?  
14. Do you know what prison you’re in at this time?  
15. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?  
16. Do you currently feel that other people know your thoughts and can read your mind?  

### C: Emotional Response to Incarceration
17. Have there currently been a few weeks when you felt like you were useless or sinful?  
18. Have you currently lost or gained as much as two pounds a week for several weeks without even trying?  
19. Have you or your family or friends noticed that you are currently much more active than you usually are?  
20. Do you currently feel like you have to talk or move more more slowly than you usually do?  

### D: Intellectual Functioning
21. Were you ever described as a slow learner, developmentally disabled or learning disabled?  

## SECTION II: Additional information

### SECTION III: Comments/Impressions (check all that apply):
- Language barrier  
- Under the influence of drug or alcohol  
- Difficulty understanding questions  
- Non-cooperative  
- Other (specify)  

### SECTION IV: Suicide Prevention Screening Guidelines completed?
- Yes  
- No  
- Number of items endorsed  
- Presence of significant warning signs of imminent suicide risk -- IS PATH WARM?  
  (If Yes, additional interview and assessment necessary)

### SECTION V: DISPOSITION  
Note: In Section I, if inmate answered YES to any of items 1, 10 or 11, or YES to at least two of items 15-20, or if you feel it is necessary for any other reason, a full evaluation should be completed.
- Inmate not in need of mental health services -- no further screening necessary  
- Inmate may be in need of further mental health services -- a full evaluation is necessary  
- Inmate admitted to mental health services  

Printed name and title of person completing screening:  
Signature of person completing screening:  

---

cc: DOCS Sr. Guidance Counselor – Yellow Copy  
DOCS Facility Medical Director - Pink Copy  

OMH-PHI
**Central New York Psychiatric Center**

**SCREENING/ADMISSION NOTE (OUTPATIENT)**

<table>
<thead>
<tr>
<th>Section I: Screening Visit 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Complaint</strong> (Include person(s) providing information):</td>
</tr>
<tr>
<td><strong>History of Present Illness:</strong></td>
</tr>
<tr>
<td><strong>Mental Status:</strong></td>
</tr>
</tbody>
</table>

**Assessment of Suicide Risk:** Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present:

If suicide risk warning signs are present, describe the effect on patient's functioning & plan to address in treatment:

**Disposition:**

- [ ] No Indication for active mental health services
- [ ] Active Screen for further assessment
- [ ] Admit to mental health services (Complete Section IV)

**STAFF SIGNATURE:**

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section II: Screening Visit 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening Assessment</strong> (include reason for assessment/and updates/changes to mental status):</td>
</tr>
</tbody>
</table>

**Assessment of Suicide Risk:** Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present:

If suicide risk warning signs are present, describe the effect on patient’s functioning & plan to address in treatment:

**Disposition:**

- [ ] No Indication for active mental health services
- [ ] Active Screen for further assessment
- [ ] Admit to mental health services (Complete Section IV)
## Reception Intake Evaluations

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

<table>
<thead>
<tr>
<th>Sending Facility:</th>
<th>Date: 04/03/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Alias, Last Name:</td>
<td>First:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>DIN:</td>
</tr>
<tr>
<td>04/28/1983</td>
<td></td>
</tr>
<tr>
<td>In Custody Since:</td>
<td>NYSID</td>
</tr>
<tr>
<td>01/23/2014</td>
<td></td>
</tr>
</tbody>
</table>

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

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: / / /  
Title: Deputy               | Tel: (585)753-4139 OR 4137 OR 4140  

Security Review:  
Name:                      | Signature:  
Title:                     |
R/O Anxiety Disorder, No symptoms?
HEALTH TRANSFER INFORMATION PURSUANT TO SECTION 801 (a) CORRECTION LAW

NAME: [Last] [First] [MI] 10/30/1983 [DOB] [NYSID/DIN/Class/Movement]

Medications: List or attached profiles:

NAME: Trazodone

DOSE: 100 mg

ROUTE: Tabs PO

FREQUENCY: qhs

MEDICAL SECTION COMPLETED BY:

Print Name/Title/Location/Phone w/extension 1 ext / 04/07/2014 Date

MENTAL HEALTH INFORMATION:

1. Is the inmate currently receiving mental health services? ☐ No ☐ Yes. If yes, list diagnoses:
   - Axis I:
   - Axis II:
   - Axis III:
   - Current psychiatric symptoms:

2. Is the inmate on psychiatric medication(s)? ☐ No ☐ Yes. 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? ☐ No ☐ Yes

4. Is the inmate assaultive? ☐ No ☐ Yes. If yes, provide history:

5. Is the inmate currently on a suicide watch? ☐ No ☐ Yes Date
   Has the inmate recently been on suicide watch? ☐ No ☐ Yes Date
   Has the inmate made a suicide attempt during this incarceration? ☐ No ☐ Yes Date
   Has the inmate engaged in self-injurious behavior? ☐ No ☐ Yes Date
   If “Yes” to any of the above, briefly describe:

6. Has the inmate ever been psychiatrically hospitalized? ☐ No ☐ Yes

7. Any psychiatric hospitalizations during this incarceration? ☐ No ☐ Yes
   If “Yes” to either, hospital and date (Attach discharge summary)

MENTAL HEALTH SECTION COMPLETED BY:

Print Name/Title/Location/Phone w/extension ext / 04/07/2014 Date

MH Medication?

Not a patient?

Not on MH meds?
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

Meds Listed

MEDICATIONS:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effexor XR</td>
<td>100</td>
<td>PO</td>
<td>QD</td>
</tr>
<tr>
<td>Temazepam</td>
<td>25</td>
<td>PO</td>
<td>QHS</td>
</tr>
</tbody>
</table>

MEDICAL SECTION COMPLETED BY:

Print Name/Title/Facility/Phone w/extension

Date: 12/20/14

MENTAL HEALTH INFORMATION:

1. Is the inmate currently receiving mental health services? □ No □ Yes. If yes, list diagnoses:
   - Axis I: ____________
   - Axis II: ____________
   - Axis III: ________
   Current psychiatric symptoms:

2. Is the inmate on psychiatric medication(s)? □ No □ Yes. If yes, list medication, dose, frequency, and compliance.
   If injectable, indicate last date given: (Compliant with medication)

3. Is the inmate currently in specialized housing for inmates with mental health illnesses? □ No □ Yes

4. Is the inmate assaultive? □ No □ Yes. If yes, provide history:

5. Is the inmate currently on a suicide watch? □ No □ Yes Date __/__/____
   Has the inmate recently been on a suicide watch? □ No □ Yes Date __/__/____ To: __/__/____
   Has the inmate made a suicide attempt during this incarceration? □ No □ Yes Date __/__/____
   Has the inmate engaged in self-injurious behavior? □ No □ Yes Date __/__/____
   If "Yes" to any of the above, briefly describe:

6. Has the inmate ever been psychiatrically hospitalized? □ No □ Yes

7. Any psychiatric hospitalizations during this incarceration? □ No □ Yes
   If "Yes", hospital and date (Attach discharge summary):

MENTAL HEALTH SECTION COMPLETED BY:

Print Name/Title/Facility/Phone w/extension

Date: 12/20/14

COPYIES: White – Receiving Facility; Canary – Intramit Facility; Pink – Receiving OMH Unit Chief; Gold – Sending Facility

HEALTH TRANSFER INFORMATION FORM – PAGE 2

3515ECOC (009)

12/02/14
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