



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION

DIRECTIVE



<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED		SUBJECT		
EFFECTIVE DATE 04/08/99		*TERMINATION DATE / /		
CLASSIFICATION # 4018R		SUPERSEDES Directive #4018	DATED 07/18/83	DISTRIBUTION A
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		AUTHORIZED BY THE COMMISSIONER		
 WILLIAM J. FRASER, CHIEF OF DEPARTMENT SIGNATURE		 BERNARD B. KERIK SIGNATURE		

I. PURPOSE

To provide procedures that will ensure early identification and assessment of inmates with possible emotional disorders, and the prompt referral of these inmates to Mental Health Services.

II. PROCEDURE

A. MENTAL HEALTH REFERRAL LOGBOOK:

A mental health referral logbook shall be maintained in each facility's Central Control Room. The logbook shall contain the following information:

1. Name/number of the referred inmate;
2. Date/time/tour of referral;
3. Name/shield number of supervisor making the referral;
4. Reason(s) why the inmate was referred - state briefly;
5. Disposition;
6. Any other pertinent information.

- B.** Whenever a Correction Officer observes or is informed of an inmate exhibiting behavior that may necessitate mental health intervention or a notation has been made on the inmate's commitment papers indicating the need for mental health evaluation or treatment, the Correction Officer shall immediately notify his/her area supervisor.

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III. PROCEDURE (cont.)

- C. After making the notification, the Correction Officer shall initiate a referral to Mental Health Services by completing the top part of form #4018R (Referral of Inmate to Mental Health Services). The behavioral characteristics displayed by the inmate shall be indicated by circling the appropriate item(s) on the Behavioral Checklist. If the behavior displayed is not listed, the behavior shall be described in the space provided on the form; upon completion, the Correction Officer shall submit the form to his/her area supervisor for endorsement and further processing.
- D. In addition to completing form #4018R, the Correction Officer shall enter the following information in the housing area logbook:
1. Name, number and cell location of the inmate concerned;
 2. Brief description of the behavior observed;
 3. Name/shield number of the supervisor notified;
 4. Date/time notified;
 5. Name/shield number of the reporting officer.
- E. Upon receiving notification that an inmate may be in need of Mental Health Services, the area supervisor shall ascertain the urgency of the situation and take appropriate action. The supervisor's assessment of the referral and the disposition of handling same, can be carried out by giving oral instruction to the reporting officer or by promptly responding to the area concerned. The assessment should also include interviewing the subject inmate (if feasible), the officer, and any other appropriate parties. In any event, the supervisor shall complete the lower part of form #4018R.
- F. After completing the lower part of form #4018R, the supervisor shall submit the original to Mental Health Services and forward a copy to the designated area of the institution for filing and future reference. In the event that mental health staff is unavailable, form #4018R shall be submitted to the medical staff. If required, the inmate will be taken to the medical clinic.
- G. After submitting form #4018R to mental health or medical services, the supervisor shall make the appropriate entries in the Mental Health Referral Logbook (see paragraph II.A.).

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II. PROCEDURE (cont.)

- H. Upon completion of the evaluation, Mental Health Services shall prepare a summary of their findings as outlined on the reverse side of form #4018R. Mental Health services shall retain a completed copy of form 4018R for their files; additionally, a copy shall be forwarded to medical services and to the Central Control Room, where the Mental Health Referral Logbook is maintained. The designated person shall then forward a copy of the completed form to the office of the Deputy Warden for Programs. The Programs Office shall ensure that the completed Mental Health referral form #4018R is filed in the inmate's folder in the General Office.
- I. The Mental Health Referral Logbook shall be reviewed on each tour by the Tour Commander in order to ensure that inmates were evaluated by the Mental Health Staff in a timely manner. This logbook will be signed by the Tour Commander at the completion of each tour.
- J. All inmates who were referred to Mental Health Services should receive an evaluation no later than forty-eight (48) hours following the referral (emergency cases excluded). This does not preclude examination and/or treatment by the medical staff.

Note: In the interim, between referral and evaluation (depending on the severity of the case), it may be necessary to place the inmate under special observation and/or effect a change of location.

- K. In the event that an inmate is not evaluated/treated within the prescribed period, the Tour Commander shall ensure that the subject inmate is seen as soon as practicable; additionally, a written report shall be submitted to the Head of the Institution (through channels), outlining the reason(s) why the inmate was not seen within the prescribed period. Any information relative to the inmate's safety and/or the security of the institution should be promptly reported to the Deputy Warden for Security.

III. REFERENCE

- A. Directive #4016, MENTAL HEALTH REFERRAL OF INMATES AWAITING DISCIPLINARY ACTION, dated 10/25/82.
- B. Rule & Regulation 7.05.090

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	CLASSIFICATION # 4018R		
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IV. ATTACHMENT

Form #4018R, REFERRAL OF INMATES TO MENTAL HEALTH SERVICES, dated 4/7/99.

V. SUPERSEDES

Directive #4018, REFERRAL OF INMATES TO MENTAL HEALTH SERVICES, dated 07/18/83 (as amended).



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



**REFERRAL OF INMATES TO
MENTAL HEALTH SERVICES**

Side
1 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Book and Case Number:

Location:

Date:

Name/Shield Number of Reporting Officer:

Name/Shield Number of Supervisor Notified:

BEHAVIORAL CHECKLIST

Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item[s]).

1. Showing radical changes in behavior;
2. Expressing a desire to commit suicide and/or attempting suicide;
3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication);
4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding;
5. Arranging personal belongings in order, after habitual disorder;
6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible;
7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.;
8. Continually refusing to lock-out during lock-out periods;
9. Hiding or attempting to hide, from view of the correction officer/observation aide;
10. Appearing to be talking to someone when , in fact, no one is present;
11. Frequent displays of shouting, crying and/or screaming;
12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures;
13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexisting;
14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously;
15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist);
16. Unusual loss of memory;
17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.;
18. Exhibiting strong feelings of guilt;
19. Being depressed;
20. Constantly fighting and arguing with other inmates;
21. Being alarmed (frightened) or in a state of panic;
22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff.

Other: (explain) _____

SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION

Supervisor's Name:

Shield Number:

Date:



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



**REFERRAL OF INMATES TO
MENTAL HEALTH SERVICES**

Side
2 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Number:

SUMMARY OF MENTAL HEALTH EVALUATION/RECOMMENDATION

1. REASON FOR REFERRAL: _____

2. RELEVANT FINDINGS: (include potential for suicidal and/or violent behavior) _____

3. RECOMMENDATIONS: (include special housing needs and precautions as needed) _____

Signature of Summary Prepared By:

Title:

Date:

DISTRIBUTION:

- 1 copy retained by Mental Health
- 1 copy to Medical Services
- 1 copy to Facility Administration

FROM: CHIEF'S ORDER
TO :
SUBJ: CORRECTED DATA

MSG#: 2000-006286
SENT: 08/22/00 1840 HRS

TELETYPE ORDER NO. HQ -03482-1 CORRECTED DATA

DATE AUGUST 23, 2000

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM ROBERT DASH, CHIEF OF CUSTODY MANAGEMENT

SUBJECT DISCHARGING OF MENTAL OBSERVATION INMATES FROM D.O.C. CUSTODY

1. EFFECTIVE IMMEDIATELY, THE FOLLOWING PROCEDURES SHALL BE IN EFFECT WHEN DISCHARGING BOTH SENTENCED AND DETAINEE INMATES WHO WERE ASSIGNED TO MENTAL HEALTH HOUSING.

2. PRIOR TO THE DISCHARGE OF ALL SENTENCED INMATES, THE FACILITY MUST PRODUCE THE INMATE TO MENTAL HEALTH STAFF TO RECEIVE AN EVALUATION.

3. THE DISCHARGING OF SENTENCED INMATES FITTING THIS CRITERIA SHALL TAKE PLACE BETWEEN 1000-1300 HOURS.

4. PRIOR TO THE DISCHARGE OF DETAINEE INMATES EFFECTED BY PAYMENT OF BAIL OR COURT ORDER, THE FACILITY WILL PRODUCE THE INMATE TO MENTAL HEALTH STAFF FOR EVALUATION.

5. IF DETERMINED BY MENTAL HEALTH STAFF THAT THE INMATE IS A DANGER TO HIM/HERSELF OR OTHERS, UPON WRITTEN ORDER OF A PSYCHIATRIST, THEY SHALL BE TRANSPORTED TO ELMHURST HOSPITAL FOR A CIVIL COMMITMENT AND PSYCHIATRIC EVALUATION.

6. SINCE THE DEPARTMENT CANNOT CONTROL THE TIME OF DETAINEE DISCHARGES, THIS PROCEDURE SHALL BE IN EFFECT TWENTY-FOUR (24) HOURS A DAY.

7. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THE APPROPRIATE STAFF MEMBERS ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
HA/CA

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2003-001461
SENT: 02/18/03 1446 HRS

TELETYPE ORDER NO. HQ -00517-0

DATE FEBRUARY 18, 2003
TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS
FROM GARY M. LANIGAN, FIRST DEPUTY COMMISSIONER
SUBJECT BRAD H SETTLEMENT

******* I M M E D I A T E A T T E N T I O N *******

1. PLEASE BE ADVISED THAT ALL STAFF WHO WORK IN MEDICAL AND MENTAL HEALTH CLINICS, PUNITIVE SEGREGATION AREAS, INTAKE AREAS, AND LAW LIBRARIES, WILL BE EXPECTED TO KNOW THE FOLLOWING TERMS OF AGREEMENT IN THE BRAD H SETTLEMENT.
2. A FAIRNESS HEARING WILL BE CONDUCTED ON APRIL 2, 2003. PRIOR TO THE FAIRNESS HEARING, DOC HAS POSTED COPIES OF THE CLASS NOTICE, THE SUMMARY NOTICE (IN ENGLISH AND SPANISH), AND THE COMMENT SHEET IN EACH OF THE FOLLOWING AREAS: MENTAL HEALTH AND MEDICAL CLINICS, PUNITIVE SEGREGATION AREAS, INTAKE AREAS, AND EVERY LAW LIBRARY.
3. COMMENT BOXES HAVE BEEN PLACED IN THE LAW LIBRARY FOR CLASS MEMBERS TO COMMENT REGARDING THE SETTLEMENT AGREEMENT. IN THE EVENT THAT AN INMATE DOES NOT WISH TO PLACE HIS COMMENT IN THE COMMENT BOX, SELF ADDRESSED STAMPED ENVELOPES WILL BE AVAILABLE IN EACH LAW LIBRARY.
4. SUPPLIES OF THE CLASS NOTICE, THE SUMMARY NOTICE, AND COMMENT SHEETS WILL BE MAINTAINED IN EACH LAW LIBRARY AND PROVIDED TO CLASS MEMBERS AND SIGNIFICANT OTHERS UPON REQUEST.
5. A COPY OF THE SETTLEMENT AGREEMENT WILL BE AVAILABLE IN EVERY LAW LIBRARY.
6. STAFF WILL ENSURE THAT COPIES OF THE NOTICE MATERIALS ARE AVAILABLE IN EVERY MENTAL HEALTH AND MEDICAL CLINIC, PUNITIVE SEGREGATION AREA, INTAKE AREA, AND LAW LIBRARY.
7. PLEASE BE ADVISED THAT ALL STAFF WORKING IN THE AFOREMENTIONED UNITS MUST BE AWARE OF THE NOTICE MATERIALS AND HAVE ACCESS TO COPIES OF THE NOTICE MATERIALS FOR DISTRIBUTION TO CLASS MEMBERS.
8. FACILITIES AND COMMANDS ARE TO ENSURE THAT ALL APPROPRIATE STAFF ARE APPRISED OF THE CONTENTS OF THIS TELETYPE. THIS TELETYPE ORDER IS TO BE READ AT 30 CONSECUTIVE ROLL CALLS.

AUTHORITY:

FROM: CHIEF'S ORDER

MSG#: 2007-008330

TO :

SENT: 10/18/07

1723 HRS

SUBJ:

TELETYPE ORDER NO. HQ -02618-0

DATE OCTOBER 18, 2007

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM CAROLYN THOMAS, CHIEF OF DEPARTMENT

SUBJECT SUICIDE ALERT

1. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO REMIND ALL STAFF THAT DURING THIS TIME OF YEAR, INDIVIDUALS WHO ARE INCARCERATED MAY EXPERIENCE SEVERE DEPRESSION, WHICH CAN RESULT IN SUICIDE ATTEMPTS.

2. ANY INMATE WHO EXHIBITS ANY OF THE FOLLOWING SUICIDAL DANGER SIGNS SHALL BE REFERRED TO THE AREA SUPERVISOR AND THE FACILITY'S MEDICAL/MENTAL HEALTH STAFF. STAFF SHALL USE THE MENTAL HEALTH REFERRAL FORM AS PER, DIRECTIVE NO. 4018R.

3. THE FOLLOWING SYMPTOMS ARE TO BE OBSERVED:

- A. DEPRESSION (REMAINS DEPRESSED FOR THREE (3) DAYS OR MORE);
- B. PREVIOUS SUICIDE ATTEMPTS;
- C. SUICIDAL THREATS (VERBAL OR GESTURES);
- D. RADICAL CHANGES IN BEHAVIOR;
- E. FINAL PREPARATIONS (PACKING HIS/HER BELONGINGS, GIVING AWAY COMMISSARY, PERSONAL ITEMS, SENDING ALL CLOTHING HOME, ETC.);
- F. INMATES WHO SPEAK OF VISITING DEAD RELATIVES OR WHO COMPLETELY DISROBE IN FRONT OF MEMBERS OF THE OPPOSITE SEX, SHOULD ALSO BE REFERRED;
- G. INMATES WHO HAVE NOT MADE PHONE CALLS, RECEIVED VISITS OR MAIL.

4. IN ADDITION, INMATES IN THE FOLLOWING CLASSIFICATION GROUPS SHOULD BE CONSIDERED AS HIGH RISK FOR SUICIDE ATTEMPTS:

- NEW ADMISSION;
- MENTAL OBSERVATION;
- ADOLESCENT;
- PUNITIVE SEGREGATION, MENTAL HEALTH ASSESSMENT UNIT FOR INFRACTED INMATES (MHAUII) AND INTENSIVE TREATMENT UNIT (ITU);

- CLOSE CUSTODY;
- MAXIMUM SECURITY AND CAPITAL DEFENDANTS; AND
- MEDICAL ISOLATION AND AN INMATE WITH SEX RELATED CHARGES.

5. EACH FACILITY SHALL ENSURE THAT:

- A. THE "F.A.T.A.L. SUICIDE PREVENTION" POSTERS, IN SPANISH AND ENGLISH, ARE MADE AVAILABLE TO STAFF, VISITORS AND INMATES. THESE FLYERS SHALL ALSO BE POSTED CONSPICUOUSLY IN THE FACILITY'S VISIT AREAS, CLINICS, INTAKES AND HOUSING AREAS.
- B. DURING ROLL CALL INSPECTION, SUPERVISORS SHALL ENSURE THAT EVERY OFFICER DISPLAYS THE DOC MEMOBOOK CARD "DESCRIBING DANGER SIGNS OF INMATES AT HIGH RISK OF SUICIDE". THESE CARDS CAN BE OBTAINED AT THE PRINT SHOP.

6. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT ALL SUPERVISORY STAFF ASSIGNED TO THEIR RESPECTIVE COMMANDS ARE APPRISED OF THE CONTENTS OF THIS TELETYPE TO BE READ AT CONSECUTIVE ROLL CALLS COMMENCING MONDAY, OCTOBER 22, 2007 UNTIL FRIDAY, JANUARY 4, 2008.

AUTHORITY:
CHIEF OF DEPARTMENT
RMG/FM

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-006920
SENT: 11/25/13 1247 HRS

TELETYPE ORDER NO. HQ -02530-0

DATE NOVEMBER 25, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT HOLIDAY SUICIDE ALERT

1. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO REMIND ALL STAFF THAT INDIVIDUALS WHO ARE INCARCERATED MAY EXPERIENCE SEVERE DEPRESSION, WHICH CAN RESULT IN SUICIDE ATTEMPTS.

2. ANY INMATE WHO EXHIBITS ANY OF THE FOLLOWING SUICIDAL DANGER SIGNS SHALL BE REFERRED TO THE AREA SUPERVISOR AND THE FACILITY'S MEDICAL/MENTAL HEALTH STAFF. STAFF SHALL USE THE MENTAL HEALTH REFERRAL FORM (FORM NO.4018R) AS PER, DIRECTIVE NO. 4018R, ENTITLED, "REFERRAL OF INMATES TO MENTAL HEALTH SERVICES", DATED 04/08/99.

3. THE FOLLOWING SYMPTOMS ARE TO BE OBSERVED:

- A. DEPRESSION (REMAINS DEPRESSED FOR THREE (3) DAYS OR MORE);
- B. PREVIOUS SUICIDE ATTEMPTS;
- C. SUICIDAL THREATS (VERBAL OR GESTURES);
- D. RADICAL CHANGES IN BEHAVIOR;
- E. FINAL PREPARATIONS (PACKING HIS/HER BELONGINGS, GIVING AWAY COMMISSARY, PERSONAL ITEMS, SENDING ALL CLOTHING HOME, ETC.);
- F. INMATES WHO SPEAK OF VISITING DEAD RELATIVES OR WHO COMPLETELY DISROBE IN FRONT OF MEMBERS OF THE OPPOSITE SEX, SHOULD ALSO BE REFERRED; AND
- G. INMATES WHO HAVE NOT MADE PHONE CALLS, RECEIVED VISITS OR MAIL.

NOTE: INMATES EXHIBITING RADICAL CHANGES IN BEHAVIOR (FOR EXAMPLE; FREQUENT DISPLAYS OF SHOUTING, CRYING, SCREAMING OR ANY UNUSUAL ACTION OR BEHAVIOR SHOULD BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE AREA SUPERVISOR. A MENTAL HEALTH REFERRAL SHALL BE PREPARED AND THE INMATE SHALL BE ESCORTED TO THE MENTAL HEALTH AREA FOR EVALUATION.

4. IN ADDITION, INMATES IN THE FOLLOWING CLASSIFICATION GROUPS SHOULD BE CONSIDERED AS HIGH RISK FOR SUICIDE ATTEMPTS:

- NEW ADMISSION;
- MENTAL OBSERVATION;
- ADOLESCENT;
- PUNITIVE SEGREGATION;
- GENERAL POPULATION - ESCORT;
- MAXIMUM SECURITY AND CAPITAL DEFENDANTS;
- MEDICAL ISOLATION AND AN INMATE WITH SEX RELATED CHARGES;
- ADMINISTRATIVE ESCORT; AND
- ANY ADDITIONAL SPECIAL HOUSING AREA.

5. EACH FACILITY SHALL ENSURE THAT THE:

- A. THE "F.A.T.A.L. SUICIDE PREVENTION" POSTERS, IN SPANISH AND ENGLISH, ARE MADE AVAILABLE TO STAFF, VISITORS AND INMATES. THESE POSTERS SHALL ALSO BE POSTED CONSPICUOUSLY IN THE FACILITY'S VISIT AREAS, CLINICS, INTAKES AND HOUSING AREAS.
- B. DURING ROLL CALL INSPECTION, SUPERVISORS SHALL ENSURE THAT EVERY OFFICER DISPLAYS THE DOC MEMOBOOK CARD "DESCRIBING DANGER SIGNS OF INMATES AT HIGH RISK OF SUICIDE". THESE CARDS CAN BE OBTAINED AT THE PRINT SHOP.

6. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT ALL SUPERVISORY STAFF ASSIGNED TO THEIR RESPECTIVE COMMANDS ARE APPRISED OF THE CONTENTS OF THIS TELETYPE. THIS TELETYPE IS TO BE READ AT EVERY ROLL CALL THROUGH THE HOLIDAY SEASON: COMMENCING TUESDAY, NOVEMBER 26, 2013 UNTIL THURSDAY, JANUARY 2, 2014.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
MM/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2014-001968
SENT: 04/01/14 1819 HRS

TELETYPE ORDER NO. HQ -00765-0

DATE APRIL 01, 2014

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM MARK J. CRANSTON, ACTING COMMISSIONER
EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT SUICIDE PREVENTION POLICIES

****** I M M E D I A T E A T T E N T I O N ******

1. THE FOLLOWING EXCERPTS FROM DIRECTIVE #4015, ENTITLED, "COURT ORDERED PSYCHIATRIC EXAMINATION AND/OR SPECIAL OBSERVATION," DATED 12/1/83 AND DIRECTIVE #4521, ENTITLED, "SUICIDE PREVENTION," DATED 12/10/03 ARE BEING PROVIDED FOR YOUR INFORMATION, GUIDANCE, AND STRICT COMPLIANCE.

DIRECTIVE #4015 "COURT ORDERED PSYCHIATRIC EXAMINATION AND/OR SPECIAL OBSERVATION"

SECTION II. PROCEDURE:

- B. UPON BEING NOTIFIED THAT THE COURT HAS ORDERED A PSYCHIATRIC EXAMINATION PURSUANT TO ARTICLE 730 OF THE CPL OR DIRECTED THAT SPECIAL OBSERVATION (SUICIDE WATCH) BE INITIATED, THE AREA SUPERVISOR SHALL ENSURE THAT THE INMATE'S ACCOMPANYING CARD (FORM #236), REFLECTS THE FOLLOWING INFORMATION IN THE REMARKS SECTION:
 - a. NAME OF THE JUDGE WHO ORDERED THE ACTION;
 - b. DATE;
 - c. REASON.

- D. UPON RECEIVING THIS NOTIFICATION, THE SUPERVISOR SHALL TAKE PROMPT ACTION TO ENSURE THAT THE INMATE IS EVALUATED BY A MEMBER OF THE HEALTH STAFF. IN ADDITION, A COPY OF THE COURT ORDERED PSYCHIATRIC EXAMINATION SHALL BE GIVEN TO A MEMBER OF MENTAL HEALTH STAFF. THIS SHALL IN NO WAY

DELAY THE INMATE BEING SEEN BY MENTAL HEALTH. **THE SUPERVISOR SHALL ALSO COMPLETE A MENTAL HEALTH REFERRAL FORM AS PER THE PROVISIONS OUTLINED IN DIRECTIVE #4018R, AND INITIATE SPECIAL OBSERVATION FORM #103.**

DIRECTIVE 4521 "SUICIDE PREVENTION"

SECTION IV., PROCEDURES, PARAGRAPH B. & C.4:

B. SUICIDE PREVENTION SCREENING

SCREENING AND ASSESSMENT WHEN INMATES ENTER A FACILITY ARE CRITICAL.

1. ALL COURT DIVISIONS WILL COMPLETE THE STATE OF NEW YORK COMMISSION OF CORRECTION OFFICE OF MENTAL HEALTH (NYSCOCMH) FORM #330
2. ALL FACILITY INTAKE AREAS WILL COMPLETE FORM #330 FOR ANY INMATES WHO ARE NOT PROCESSED THROUGH THE COURT DIVISION, SUCH AS STATE TRANSFERS, DIRECT POLICE CASES, DIRECT PAROLE CASES, ETC.
3. THE ORIGINAL FORM #330 WILL BE ATTACHED TO THE ARRAIGNMENT FORM #239AR AND BECOME A PERMANENT PART OF THE INMATE'S LEGAL FOLDER. A COPY WILL BE FORWARDED TO MEDICAL STAFF FOR COMPLETION AND WILL BE INCLUDED IN THE INMATE'S MEDICAL FOLDER.
4. ALL CHECKS IN COLUMN "A" WILL BE TOTALED IN THE SPACE PROVIDED. THE SCREENING OFFICER WILL NOTIFY A SUPERVISOR IMMEDIATELY IF FORM #330 INDICATES:
 - a. A TOTAL SCORE OF 8 OR MORE;
 - b. ANY SHADED BOXES ARE CHECKED; OR
 - c. THE SCREENING OFFICER FEELS THAT NOTIFICATION IS APPROPRIATE.
5. INDICATION OF POTENTIAL SUICIDE WILL RESULT IN AN IMMEDIATE REFERRAL TO MENTAL HEALTH STAFF.

CORRECTION OFFICERS CONDUCTING ADMISSION SCREENINGS SHALL BE RESPONSIBLE TO ENSURE THAT A FORM #330 IS FILLED OUT COMPLETELY IN ACCORDANCE WITH DEPARTMENT POLICY FOR ALL NEWLY ADMITTED INMATES.

C. SUICIDE PREVENTION PROCEDURES FOR COURT DIVISIONS

CORRECTION OFFICERS ASSIGNED TO COURT DIVISIONS PERFORM ROUTINE TOURS OF THEIR ASSIGNED POSTS, OBSERVING ALL INMATES IN THEIR CUSTODY FOR UNUSUAL INCIDENTS, BEHAVIOR OR CONDITIONS AT A MINIMUM OF EVERY 15 MINUTES. DURING TOUR OF INSPECTION, STAFF MUST REMAIN ALERT FOR ANY BEHAVIOR DISPLAYED BY AN INMATE THAT MAY INDICATE HE/SHE IS MENTALLY ILL OR SUICIDAL.

4. UPON THE ARRIVAL OF THE SUBJECT INMATE TO HIS/HER HOUSING FACILITY HE/SHE SHALL BE ESCORTED **WITHOUT DELAY** TO THE CLINIC FOR A MENTAL HEALTH EVALUATION IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN DIRECTIVE 4018R "REFERRAL OF INMATES TO MENTAL HEALTH SERVICES".

2. CORRECTION OFFICERS SUPERVISING AND ESCORTING INMATES ON SUICIDE WATCH SHALL CONSTANTLY REMAIN IN LINE-OF-SIGHT OF INMATES IN THEIR CHARGE IN ACCORDANCE WITH THE PROVISIONS OF DIRECTIVE #4521.

3. ALL COURT AND INTAKE SUPERVISORS ARE INSTRUCTED TO REVIEW THE CONTENTS OF THIS TELETYPE ORDER WITH THEIR STAFF AND POST IT IN THEIR RESPECTIVE AREAS TO ALLOW STAFF TO REFER TO IT FOR GUIDANCE AND INSTRUCTION AS NEEDED.

4. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THIS TELETYPE IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
ACTING COMMISSIONER
CHIEF OF DEPARTMENT
MM/BJ

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2014-002960
SENT: 05/20/14 2122 HRS

TELETYPE ORDER NO. HQ -01162-0

DATE MAY 20, 2014

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM WILLIAM CLEMONS, CHIEF OF DEPARTMENT

SUBJECT INMATE OBSERVATION AIDE PROGRAM

****** I M M E D I A T E A T T E N T I O N ******

1. THE FOLLOWING EXCERPT FROM DIRECTIVE #4017R, ENTITLED, "INMATE OBSERVATION AIDE PROGRAM" ARE BEING PROVIDED FOR YOUR INFORMATION, GUIDANCE, AND STRICT COMPLIANCE.

DIRECTIVE #4017R "INMATE OBSERVATION AIDE PROGRAM"

SECTION III. DEPLOYMENT OF OBSERVATION AIDES:

D. OBSERVATION AIDES SHALL ONLY PERFORM THOSE DUTIES THAT ARE RELATED TO THEIR ASSIGNMENT. THEY SHALL NOT FUNCTION AS "HOUSEKEEPING AIDES", "FOOD HANDLERS" OR ASSIST IN THE TAKING OF "COUNTS" OR ASSIST IN FACILITATING INMATE TELEPHONE CALLS OR ANY ASSIGNMENTS NOT RELATED TO OBSERVING INMATES FOR POTENTIALLY SUICIDAL BEHAVIOR.

2. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THIS TELETYPE IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
ST/CR