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.
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.).
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
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).
行为检查清单

列出以下可能表明需要精神卫生转诊的行为特征（圈出相应的项目）。

1. 显示行为变化；
2. 表达自杀企图或试图自杀；
3. 计划实施身体伤害，企图或实际上实施该行为。这可能通过口头或书面沟通表达；
4. 无法入睡，尤其是在晚上，醒来的时机异常，早上的早晨和沉思；
5. 安排个人物品，通常是习惯性混乱；
6. 任何迹象表明旅行计划，例如打包个人物品，讨论旅行安排等，当这种旅行不切实际时；
7. 放弃珍贵的物品，例如，穿着衣物，书籍，图画，香烟，军品等；
8. 拒绝在锁闭期间锁闭；
9. 隐藏或试图隐藏，从更正官员或观察员的视野；
10. 表面看起来在说话，实际上没有人；
11. 频繁的喊叫，哭泣和/或尖叫；
12. 试图以身体碰撞身体的各个部分来伤害自己；
13. 抱怨症状（s），疾病（es）和/或疾病（s）；
14. 表达信念，有人或某人正在或作在个人的安全，认为他们或某人正在被审问，谈论，窥探或可疑的可疑；
15. 见到幻觉/妄想，如看或听不存在的物体或声音；
16. 不寻常的记忆丧失；
17. 显示不好的个人卫生或外表，不剃须，洗澡或更换衣服；
18. 表现强烈的内疚感；
19. 悲伤；
20. 不断争吵，与其它囚犯；
21. 紧张（受惊吓）或处于恐慌状态；
22. 任何不寻常的行为或行为，应引起注意，以引起精神卫生工作人员的注意。

其他：（解释）

________________________________________

________________________________________


监督官员的评估和建议

________________________________________

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Supervisor’s Name:  
Shield Number:  
Date:  

Response From Mental Health Services On Reverse Side
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                          MSG#: 2000-006286
TO:                                              SENT: 08/22/00    1840 HRS
SUBJ: CORRECTED DATA

TELETYPING 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 EFFECED 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 TELETYPING ORDER.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
HA/CA
FROM: CHIEF'S ORDER  
TO : 
SUBJ: 

TELETYPANE 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

***** IMMEDIATE ATTENTION *****

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.


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 TELETYPANE. THIS TELETYPANE ORDER IS TO BE READ AT 30 CONSECUTIVE ROLL CALLS.

AUTHORITY:
FROM: CHIEF'S ORDER
TO: 
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 INFRACED INMATES (MHAU II) 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.


AUTHORITY:
CHIEF OF DEPARTMENT
RMG/FM
FROM: CHIEF'S ORDER                MSG#: 2013-006920
TO :                              SENT: 11/25/13    1247 HRS
SUBJ:
-----------------------------------------------------------------------------

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.


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
*** IMMEDIATE ATTENTION ***

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 TELTYPE 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 TELTYPE IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
ACTING COMMISSIONER
CHIEF OF DEPARTMENT
MM/BJ
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 “COUTNS” 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 TELETYPETE IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.