



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 <b>04/08/99</b>		*TERMINATION DATE / /		
CLASSIFICATION <b># 4018R</b>		SUPERSEDES <b>Directive #4018</b>	DATED <b>07/18/83</b>	DISTRIBUTION <b>A</b>
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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#### 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

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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

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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:

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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 (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.I. 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 UNTILL FRIDAY, JANUARY 4, 2008.

AUTHORITY:  
CHIEF OF DEPARTMENT  
RMG/FM