

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE NEW YORK STATE OFFICE OF MENTAL HEALTH

AND

THE NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES

MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING entered into this *21st* day of *July*, 1999, between the New York State Department of Correctional Services (hereinafter referred to as "DOCS") and the New York State Office of Mental Health (hereinafter referred to as "OMH").

WHEREAS, New York State Correction Law (CL) Section 401 mandates that the Commissioner of DOCS, in cooperation with the Commissioner of OMH, establish mental health programs for inmates of DOCS, that the Commissioner of OMH be responsible for the administration and operation of these programs and that all mental health services be provided by employees of OMH and that nothing in this Memorandum of Understanding shall be construed as altering this statutory requirement; and

WHEREAS, New York State Correction Law, Section 402 provides for the commitment of inmates of DOCS to Central New York Psychiatric Center (CNYPC) and that nothing in this Memorandum of Understanding shall be construed as altering this statutory requirement; and

WHEREAS, the mission of CNYPC is: To improve the level of functioning for incarcerated mentally disabled offenders and to ensure continuity of mental health services upon release; and

WHEREAS, OMH operates a network of outpatient programs of CNYPC within DOCS correctional facilities, such programs providing varying levels of mental health services and ensuring access to mental health services by all inmates; and

WHEREAS; OMH provides clinical services to inmates in all Intermediate Care Programs operated by DOCS; and

WHEREAS; OMH funds the personal services and non personal services for OMH programs within DOCS facilities with the exception of the Intermediate Care Programs and DOCS funds capital construction within DOCS facilities and security staff for OMH programs and funds OMH personal services for all Intermediate Care Programs; and

WHEREAS; OMH and DOCS are governed by different statutes, regulations, policy and procedure; and

WHEREAS; OMH and DOCS recognize that they have the mutual goals of ensuring that DOCS facilities remain safe and that DOCS inmates receive the highest quality of mental health care, and that they must work cooperatively to achieve these goals;

NOW THEREFORE, OMH and DOCS agree as follows:

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I. SERVICES

- A. Overview of OMH Services - Central New York Psychiatric Center is a JCAHO (Joint Commission on Accreditation of Healthcare Organizations) accredited OMH psychiatric center which provides both inpatient and outpatient services to the inmates of DOCS correctional facilities. Inpatient services are provided at the inpatient psychiatric hospital located in Marcy, New York. Outpatient services, consistent with a community mental health center model, are provided at DOCS correctional facilities throughout New York State through a system of Satellite and Mental Health Units each with a corresponding catchment area of correctional facilities.

OMH and DOCS mutually agree upon the amount and level of mental health services required at each correctional facility. Each correctional facility is classified according to the level of mental health services available at that facility.

Inmates are assessed to determine the level of mental health services they will require and are assigned to facilities which have at least the identified level of services needed. Inmates may be assigned to a more secure facility than their security classification would require should there be an overriding mental health service need.

B. Satellite Units

1. Current Satellite Unit Locations

- a. Attica Correctional Facility
- b. Auburn Correctional Facility
- c. Bedford Hills Correctional Facility
- d. Clinton Correctional Facility
- e. Downstate Correctional Facility
- f. Elmira Correctional Facility
- g. Great Meadow Correctional Facility
- h. Green Haven Correctional Facility
- i. Sing Sing Correctional Facility
- j. Sullivan Correctional Facility
- k. Wende Correctional Facility

2. Satellite Unit Staffing

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- a. Full time psychiatric staff to provide psychiatric services.
 - b. Full time non-medical clinical staff to provide mental health services
 - c. Full time psychiatric nursing staff to provide psychiatric nursing services
 - d. A full time Unit Chief
 - e. A full time Nurse Administrator
 - f. Clerical staff to provide necessary support services and to manage all OMH records.
3. DOCS Support of Satellite Unit Physical Plant and Program Requirements
- a. Sufficient beds to meet the needs of the Satellite Unit facility and the corresponding catchment facilities
 - b. Sufficient clinical program space, staff office space and staff conference space to meet the needs of the program and staff requirements
 - c. Adequate equipment and supplies to support program requirements.
4. Satellite Unit Program Components
- a. Residential Crisis Treatment Programs - A Residential Crisis Treatment Program (RCTP) consists of mental observation cells and a dorm area where inmates can be admitted, observed and treated 24 hours a day. These inmates receive services from psychiatrists, non-medical clinical staff, psychiatric nurses, and recreation staff. Security is provided by DOCS correction officers. These inmates are either returned to their respective prison milieu or committed to the inpatient unit of CNYPC, depending on each inmate's mental health needs.

Inmates in correctional facilities without Satellite Units who require emergency psychiatric services beyond the capacity of the facility in which the inmate resides will be transferred to a Satellite Unit under DOCS Directive 4301 and will be

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admitted to the Residential Crisis Treatment Program for evaluation and treatment.

- b. **Outpatient Services** - Outpatient services are similar to mental health clinic services in the community. OMH staff provide screening and assessment of inmates in response to referrals from DOCS staff, self referrals and referrals from other sources. Inmates are provided individual and group therapy and psychiatric services. Outpatient services also include the evaluation of inmates for DOCS programs such as Work Release, Program Committee and Family Reunion Program, and the evaluation of inmates referred by the Division of Parole.
- c. **Discharge Planning** - Discharge planning services are provided to inmates who are seriously and persistently mentally ill or whose mental illness raises the possibility of community risk. Pre-Release Coordinators are located at all Satellite Units and most Mental Health Units. A formal Memorandum of Agreement with the Division of Parole exists which enables OMH to secure the release of information necessary to plan for identified patients' discharge needs and to work cooperatively with the Division of Parole. Such discharge planning efforts enable CNYPC to adhere to its Mission.
- d. **Consultative Services** - Satellite Unit staff also provide consultative, mental health services to those correctional facilities in the Satellite Unit's catchment area which have no full-time mental health staff.
- e. **Services for Intermediate Care Programs** - Intermediate Care Programs (ICP) are similar to day treatment and residential programs which exist in the community. Since the correctional facility is the inmates' community, ICPs are located in regular housing units in nine of the correctional facilities with Satellite Units. ICPs are DOCS programs that are jointly staffed by DOCS and OMH. These programs serve those inmates in the correctional facility who are unable to function in the general prison population due to the effects of a mental illness. The goal of the ICP is to provide each

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inmate the support, treatment and skill training necessary to return to the general prison population.

C. Mental Health Units

1. Mental Health Unit Locations

- a. Albion Correctional Facility
- b. Arthur Kill Correctional Facility
- c. Coxsackie Correctional Facility
- d. Eastern Correctional Facility
- e. Fishkill Correctional Facility
- f. Groveland Correctional Facility
- g. Midstate Correctional Facility
- h. Southport Correctional Facility
- i. Shawangunk Correctional Facility
- j. Taconic Correctional Facility
- k. Upstate Correctional Facility
- l. Woodbourne Correctional Facility

2. Mental Health Unit Staffing

- a. A minimum of eight hours of psychiatric services per week
- b. Two full time non-medical clinicians or the full time equivalent
- c. A Unit Chief
- d. Adequate clerical staff to provide necessary support services and to manage all OMH records

3. DOCS Support of Mental Health Unit Physical Plant and Program Requirements

- a. Adequate secure, supervised housing for inmates in crisis while arrangements are made for transfer under DOCS Directive 4301

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- b. Sufficient clinical program space, staff office space and conference space to meet the needs of the program and staff requirements
 - c. Adequate equipment and supplies to support program requirements.
4. Mental Health Unit Program Components
- a. Outpatient Services - Outpatient services are similar to mental health clinic services in the community. OMH staff provide screening and assessment of inmates in response to referrals from DOCS staff, self referrals and referrals from other sources. Inmates are provided individual and group therapy and psychiatric services. Outpatient services also include the evaluation of inmates for DOCS programs such as Work Release and Program Committee, and the evaluation of inmates referred by the Division of Parole
 - b. Discharge Planning - Discharge planning services are provided to inmates who are seriously and persistently mentally ill or whose mental illness raises the possibility of community risk. Discharge Planning Coordinators are located in most Mental Health Units.
 - c. Consultative Services - Mental Health Unit staff also provide consultative, mental health services to those correctional facilities in the Mental Health Unit's catchment area which have no full-time mental health staff.
- D. Catchment Facilities with Psychiatric Services
- 1. These are correctional facilities in the catchment area of a Satellite or Mental Health Unit which have limited on site mental health services including a part-time psychiatrist.
 - 2. Facility Locations
 - a. Adirondack Correctional Facility
 - b. Bayview Correctional Facility
 - c. Collins Correctional Facility

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- d. Franklin Correctional Facility
 - e. Greene Correctional Facility
 - f. Marcy Correctional Facility
 - g. Mt. McGregor Correctional Facility
 - h. Ogdensburg Correctional Facility
 - i. Oneida Correctional Facility
 - j. Otisville Correctional Facility
 - k. Riverview Correctional Facility
 - l. Ulster Correctional Facility
 - m. Walkkill Correctional Facility
 - n. Washington Correctional Facility
3. Facility Staffing
- a. A minimum of four hours of psychiatric services per week, and a minimum of eight hours of non-medical clinical staff time per week
 - b. Adequate DOCS nursing staff time to pass all psychiatric medications.
4. DOCS Support of Physical Plant and Program Requirements
- a. Adequate secure, supervised housing for inmates in crisis while arrangements are made for transfer under DOCS Directive 4301
 - b. Sufficient office space (shared or separate) for OMH staff to provide clinical services
 - c. Adequate equipment and supplies to support program requirements.
5. Facility Program Components
- a. Outpatient Services - Outpatient services are similar to mental health clinic services in the community. OMH staff provide screening and assessment of inmates in response to referrals from DOCS staff, self referrals and referrals from other

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sources. Inmates are provided individual and group therapy and psychiatric services. Outpatient services also include the evaluation of inmates for DOCS programs such as Work Release and Program Committee, and the evaluation of inmates referred by the Division of Parole.

E. Catchment Facilities with OMH Non-Medical Clinical Services

1. These are correctional facilities within the catchment of a Satellite or Mental Health Unit which have limited on site mental health services. Such facilities do not have the services of a psychiatrist on site.

2. Facility Locations

- a. Beacon Correctional Facility
- b. Butler ASACTC
- c. Butler Correctional Facility
- d. Cape Vincent Correctional Facility
- e. Cayuga Correctional Facility
- f. Chateaugay ASACTC
- g. Edgecombe Correctional Facility
- h. Fulton Correctional Facility
- i. Gouverneur Correctional Facility
- j. Gowanda Correctional Facility
- k. Hale Creek Correctional Facility
- l. Hudson Correctional Facility
- m. Lakeview Shock Incarceration Correctional Facility
- n. Lincoln Correctional Facility
- o. Livingston Correctional Facility
- p. Mohawk Correctional Facility
- q. Monterey Shock Incarceration Correctional Facility
- r. Moriah Shock Incarceration Correctional Facility
- s. Orleans Correctional Facility
- t. Parkside Correctional Facility
- u. Taconic Correctional Facility
- v. Watertown Correctional Facility
- w. Wyoming Correctional Facility

3. Facility Staffing

- a. At least four hours of non-medical clinical services per week

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4. DOCS Support of Physical Plant and Program Requirements
 - a. Sufficient office space (shared or separate) for OMH staff to provide clinical services
5. Facility Program Components
 - a. Outpatient Services - Outpatient services are similar to mental health clinic services in the community. OMH staff provide screening and assessment of inmates in response to referrals from DOCS staff, self referrals and referrals from other sources. Inmates are provided individual and group therapy and psychiatric services. Outpatient services also include the evaluation of inmates for DOCS programs such as Work Release and Program Committee, and the evaluation of inmates referred by the Division of Parole.

F. OMH Services to DOCS

1. Evaluation of Inmates for DOCS Programs
 - a. DOCS may refer inmates being considered for DOCS programs such as Family Reunion, Work Release, Furlough, etc. to OMH for evaluation. In order for OMH to conduct an evaluation the referral source must specify the reasons why a mental status report is needed to make a decision.
 - b. When an evaluation is conducted OMH will provide a written report to the referral source. Such reports will contain information about the inmate's mental status including any known information regarding imminent danger to self or others.
2. Evaluation of Inmates Returned from Escape or Abscondence:
 - a. By policy DOCS places any inmate returning to incarceration from an escape attempt or following absconding on a Suicide Watch as a precaution against self harm.

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- b. Before the complete of the next business day, i.e., Monday-Friday excluding holidays, an appropriate OMH staff member will commence a suicide risk assessment of the inmate. The OMH Satellite Unit will then make appropriate recommendations to the Superintendent.

- 3. OMH Staff Participation in DOCS Disciplinary Hearings
 - a. Participation as a Fact Witness
 - (1) Testimony as a fact witness is limited to events or conditions which were actually observed by the OMH staff member. There is no requirement of confidentiality when OMH staff appear in disciplinary proceedings as a fact witness, as long as they are only asked to testify to observed events and are not asked to render clinical opinions or divulge clinical information.
 - (2) The Unit Chief or designee will be notified in advance when an OMH staff member is called as a fact witness. The Unit Chief will be informed of the allegations and issues in the matter.

 - b. OMH Consultation in the Disciplinary Hearing Process
 - (1) When the issue of an inmate's mental status is raised during the DOCS disciplinary hearing process by the inmate, the hearing officer or others, the hearing officer should request OMH consultation in the hearing process.
 - (a) All such consultations are to be made through the Unit Chief or designee.
 - (b) The Unit Chief or designee will assign a staff member to provide the necessary consultation to the hearing officer. OMH consultations will be

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recorded on a confidential tape without the inmate being present.

- (c) The hearing officer may solicit information concerning the inmate's mental status at the time of the offense or at the time of the hearing. The OMH clinician will provide information regarding the inmate's mental status to the hearing officer. The OMH clinician may not offer an opinion regarding the inmate's fitness to proceed in the hearing or an opinion as to whether or not the inmate's mental status contributed to the commission of the alleged infraction.
- (d) Clinical information obtained during this consultation is protected from further disclosure under Section 33.13 of the NYS Mental Hygiene Law. Since all clinical information is presumptively confidential under this statute, any further disclosure to the inmate or other persons is generally prohibited. The information may only be disclosed, if at all, in accordance with the provisions of Section 33.13.

4. Identification of Mental Health Service Needs

- a. For all inmates evaluated by OMH during the Reception and Classification process, a determination is made of the kinds of mental health services each inmate may require upon transfer to a general confinement facility. Additionally, the mental health needs of inmates are reviewed by OMH staff at the time of transfer to a facility, at the time of screening or admission, at the time of treatment plan review, at the time of discharge from services or upon request from DOCS. When an inmate's mental health service needs change OMH will notify DOCS in writing.

5. Inmate Hunger Strike

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- a. Referrals for psychiatric evaluations of inmates who refuse to eat will be processed as follows:
 - (1) An OMH clinician will examine the patient to assess his/her mental status and to determine if the patient's self destructive behavior (refusal to eat) is the result of a mental disorder. If the patient is mentally ill, the Unit will be responsible for initiating appropriate mental health treatment.
 - (2) If the inmate's refusal to accept nutrition is not assessed as being a function of a serious mental illness, a written report of the clinician's findings will be submitted by the Unit Chief to the Superintendent and the Facility Health Services Director.

6. Special Housing Unit (Disciplinary) Services
 - a. OMH will assess, monitor the mental condition and provide supportive services to patients housed in disciplinary Special Housing and will arrange for the transfer of patients from the unit who, because of significant and disabling mental disorder, are unable to be housed at that time in the Special Housing Unit.

 - b. The following procedures will apply to Satellite Unit and Mental Health Unit facilities:
 - (1) Evaluations
 - (a) Interviews - Within one business day of an inmate's admission to the disciplinary Special Housing Unit, an OMH clinician will conduct a personal interview with each newly admitted inmate and prepare a report as specified in the OMH Uniform Case Record Manual.
 - (b) For patients admitted for mental health service, treatment will be administered according to

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treatment planning procedures specified in the OMH Uniform Case Record manual.

- (c) Inmates not admitted for services will be screened every 90 days according to the standards of the American Correctional Association. More frequent screening of inmates with psychiatric histories may be done at the discretion of clinical staff or upon referral from DOCS personnel.

(2) SHU Clinical Rounds

- (a) Each Unit Chief will ensure an OMH staff presence in the disciplinary Special Housing Unit at the rate of a minimum of one hour per week for each ten inmates housed in the SHU of Satellite Unit facilities.
- (b) The Unit Chief of Mental Health Units will ensure an OMH staff presence in the disciplinary SHU of a minimum of five hours per week.
- (c) Special Housing Unit rounds will be scheduled with sufficient time allotted for responding to inmate interview requests, consultation with Correction Officers, medical staff and the SHU corrections counselor, . . .
- (d) The OMH presence in the SHU may be adjusted appropriately in accordance with the daily census of the SHU.

c. All other facilities receiving OMH services:

- (1) OMH services to these facilities will follow the American Correctional Association standards. The ACA standard requires that a mental health evaluation must be completed on each inmate admitted to a SHU within 30 days of admission and every 90 days thereafter. This examination will be documented

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according to guidelines listed in the OMH Uniform Case Record manual.

- (2) OMH will, additionally, provide necessary direct clinical services upon receiving a referral regarding an inmate residing in the SHU of these facilities.

G. DOCS Services to OMH

1. Security

a. Transportation

- (1) All patients admitted to CNYPC inpatient services from and discharged to a DOCS facility will be transported by DOCS personnel. DOCS will transport inmates to CNYPC within 24 hours of the completion of the commitment per CL 402(9). All patient transports should arrive at their destination (CNYPC or a correctional facility) prior to 3:00 p.m. on the day of transport, if at all possible.
- (2) All inmates being released from incarceration from a correctional facility who are to be committed to a civil psychiatric center will be transported to that institution by DOCS personnel on the day the inmate is released. Inmates committed to a civil psychiatric hospital from CNYPC will be transported by OMH.

- b. DOCS will provide access to private interview rooms for evaluations and treatment provided to inmates housed in SHU or an SHU-200 on a case by case basis in consultation with a security supervisor regarding issues of safety and security.
- c. Security staff assigned to OMH Satellite Units will take the necessary steps to ensure that all inmates who have appointments with OMH staff appear for their appointments.
- d. Security staff assigned to OMH Satellite Units will establish and take appropriate security measures on the Satellite Units

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to minimize the possibility of risk to staff or other inmates, for example, routinely pat frisking all inmates entering the Satellite Unit.

2. Health Services

- a. CNYPC Medical Clearance - CNYPC does not have the capacity to provide 24-hour acute care medical and nursing services. When an inmate at CNYPC is identified as requiring such services he/she must be transferred to an area medical hospital. Therefore, prior to the commitment of an inmate to CNYPC from a correctional facility, DOCS Facility Health Services at each facility will be responsible for conducting all necessary medical assessments to ensure that the inmate is medically cleared for transfer to CNYPC. Documentation of such assessments by DOCS medical personnel will be made using an instrument mutually agreed upon by the Associate Commissioner and Chief Medical Officer of DOCS and the Clinical Director of CNYPC.
- b. 4301 Medical Clearance - When an inmate is to be transferred per DOCS Directive 4301 to a Satellite Unit, the Facility Health Services Director, or designee, of the sending facility will ensure that all relevant medical information regarding the inmate is made available to the OMH Satellite Unit and is conveyed to Facility Health Services at the receiving facility. Additionally, the Facility Health Services Director, or designee, will ensure that the inmate has no medical needs that would prevent transport or which cannot be met by the receiving facility while the inmate is housed in the Satellite Unit.
- c. Suicide Attempt Medical Clearance - When an inmate has attempted suicide by any method, e.g., by hanging, by overdosing on medication or toxic substances, by ingesting caustic substances or by swallowing sharp or pointed objects (confirmed by X-Ray) the inmate will be evaluated by a DOCS physician to determine if placement and treatment in the medical unit is required.

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- d. When an inmate is transferred to a Satellite Unit per Directive 4301 the sending facility's Health Services unit will ensure that an adequate supply of all medical and psychotropic medication is provided to the receiving facility.
 - e. Upon request by an OMH Discharge Planning Coordinator, DOCS Facility Health Services will provide the results of a physical examination completed within the previous six months. Included in this report will be the results of a TB test completed within the previous six months. These are reports required by certain mental health aftercare providers in order to consider any mental health services for mentally ill inmates upon release to the community.
 - f. TB Testing of Staff - DOCS will provide TB testing of OMH employees in the outpatient units. OMH employees are expected to adhere to DOCS policies regarding the administration of such testing.
- 3. Administrative Services - DOCS will ensure OMH has access to facility visitor log books for the purpose of auditing the time and attendance of OMH Forensic Extra Service Program providers.
 - 4. Maintenance and Support Services - DOCS will maintain the physical environment of the space allocated to OMH in each correctional facility. ☑ ☑
- H. Collaborative Services Between DOCS Health Services and OMH
- 1. It is recognized and accepted by DOCS and OMH that NYS CL Section 401 establishes the Office of Mental Health as being responsible for the provision of all mental health services. Further it is recognized and accepted that DOCS Health Services is responsible for the provision of all physical health services. Thus, in order to treat the whole person it is recognized that there must be close cooperation between DOCS Health Services and OMH. Such cooperation must involve frequent, effective communication throughout all levels of the two departments and must involve coordinated health care delivery both in individual cases and at the system level. Regular conferences regarding collaboration on

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issues and the care of individual patients should occur at each facility.

2. As outlined in the November 26, 1996, memorandum from the Director of Central Pharmacy (DOCS) to Facility Pharmacists DOCS pharmacists will "honor prescriptions written by the OMH psychiatrists for inmate patients that are transferred to other facilities". In order to fill these prescriptions the Facility Pharmacists must have the psychiatrist's name, signature, and DEA number on file. Prescriptions may be faxed at the time of transfer if all of the information described previously is present and legible. OMH will be responsible for providing and updating a list of all CNYPC inpatient and outpatient psychiatrists.
3. DOCS and OMH will jointly develop a protocol for ensuring that inmates who have made a serious suicide attempt (such as one by hanging, drug overdose or self-inflicted head injury) are monitored medically for an appropriate period in a medical unit.

II. PATIENT MANAGEMENT

OMH and DOCS staff have a joint responsibility to provide for the safe, humane and effective management of DOCS inmates who are also OMH patients. In all OMH units this responsibility is carried out through consultation and cooperation between staff of the two agencies. Patient management includes those activities and practices designed to control the environment of the patient in order to enhance the effectiveness of the patient's clinical treatment. This section includes procedures which assure the patient's safety, health, welfare and access to mental health services, programs and resources in the prison environment. An inmate's health or confinement status will not prevent access to mental health services.

A. Referral and Admission to CNYPC Inpatient Services

1. Admissions to CNYPC will be initiated by OMH staff in accordance with CL Section 402.
2. Inmates with known serious medical problems will be cleared for travel in writing by the Facility Health Services Director or qualified designee. Additionally, the Facility Health Services Director, or qualified designee, will communicate any special medical needs, by telephone, to the Office of the Clinical Director at CNYPC and by

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appropriate documentation in the inmate's Ambulatory Health Record. Inmates with medical problems requiring inpatient hospital care for their medical condition should not be sent to CNYPC.

3. At the time of commitment to CNYPC, DOCS and OMH staff at the sending facility will ensure that the inmate's Guidance Unit Folder, Ambulatory Health Record, mental health record and any other pertinent data accompany the inmate to CNYPC.
4. While inmates are in the custody of OMH at CNYPC, DOCS will assume the following responsibilities:
 - a. Inmate Disability Pay. DOCS will continue to pay inmates at the rate specified in DOCS Directive 4802 Section III.B.2 except for inmates who were in disciplinary confinement status prior to transfer to CNYPC.
 - b. Clothing. DOCS will provide each inmate with one complete set of clothing.
 - c. Inmates transferred to CNYPC will arrive with articles limited to personal effects and legal mail. Their property bags will remain at the sending facility.

B. Discharge from CNYPC Inpatient Services

1. DOCS will determine to which correctional facility an inmate will return upon discharge from CNYPC. Prior to discharge, if clinically indicated, the Executive Director or Clinical Director of CNYPC may recommend to DOCS Bureau of Mental Health Services, in writing, that an inmate not be returned to the sending facility or may recommend a specific alternate facility, including a DOCS Regional Medical Unit. The DOCS Bureau of Mental Health Services will then decide on a placement and notify CNYPC of the decision.
2. If an inmate is discharged to a correctional facility, DOCS will provide transportation. If an inmate is discharged to a civil psychiatric center, CNYPC will provide transportation.
3. Upon an inmate being paroled, reaching his/her Conditional Release Date or reaching his/her Maximum Expiration Date while the inmate

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is at CNYPC, DOCS will provide the inmate with \$40.00 and a suit of clothing.

4. In order to comply with Criminal Procedure Law 380.50, it is necessary that CNYPC and DOCS ensure the timely provision to a victim of notification of an inmate's release. This is accomplished through the following procedure:
 - a. CNYPC staff will maintain a list of all inmates scheduled to be discharged by parole, conditional release or maximum expiration.
 - b. Thirty days prior to the release or discharge of any inmate, CNYPC staff will review the legal folder to determine if a "Victim Request - Notice of Inmate's Release" (form 3617) is in the legal folder. The sealed, confidential envelope will be opened and the material will be copied and mailed in an envelope marked **CONFIDENTIAL** to the Inmate Record Coordinator of the facility from which the inmate was admitted to CNYPC.
 - c. The original "Victim Request - Notice of Inmate's Release" form will be placed back in the original envelope, resealed and refiled in the inmate's legal file. **THIS IS A CONFIDENTIAL FORM NOT AVAILABLE FOR DISCLOSURE TO THE INMATE.**
 - d. The sending facility Inmate Record Coordinator will utilize the copied "Victim Request - Notice of Inmate's Release" to follow the existing procedures for notifying victims as defined in Directive 4036. The copied "Victim Request - Notice of Inmate's Release" together with a copy of the notification letter should be kept in a secure location until the return of the legal file. At that time both the "Victim Request - Notice of Inmate's Release" form and the letter of notification should be placed in the envelope with the original "Form" and the envelope should be re-sealed.

C. Referral To CNYPC Outpatient Programs

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OMH and DOCS agree that each correctional facility will have in place a referral procedure which assures that inmates who may be in need of mental health services are identified and referred to OMH. The agencies further agree that inmates identified and referred will be screened for services by OMH and, when appropriate, treated and/or referred to affiliated programs in a timely manner and in accordance with their clinical need.

1. Referrals will be accepted from the following persons:
 - a. DOCS personnel - Security, medical, civilian staff.
 - b. Mental Health Service Providers - Other OMH Units, mental health service providers from local jails or private providers.
 - c. Self referrals.
 - d. Others - family, friends, legal counsel, social agencies.
2. Referral Format
 - a. OMH will provide a referral form for use at each DOCS facility where there is an OMH presence.
 - b. Telephone referrals - Telephone referrals will be evaluated by an OMH clinical staff member to assess their priority. Such referrals must be followed up with a written referral.
3. Response to Referrals
 - a. The Unit Chief or designee will review, assess, prioritize and schedule all evaluations and referrals. The criteria used in setting response time priorities for referrals will include such factors as:
 - (1) Dangerousness to self or others.
 - (2) Inability to function in the general population.
 - (3) Any known history of mental disorder or known history of psychiatric treatment.

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- (4) Active patients newly transferred from another Satellite or Mental Health Unit.

4. Reception Center Referrals

- a. CNYPC staff in Reception Centers will accept referrals as indicated previously.
- b. Many inmates coming into the DOCS system from local jails are in large part unknown or arrive with minimal clinical information. Therefore, OMH staff in Reception Centers will actively seek to identify those inmates who may be in need of service. Having determined that an inmate is in need of services, OMH staff will communicate in writing the inmate's mental health service needs to DOCS to ensure that the inmate will be transferred to a correctional facility with appropriate OMH resources to meet the inmate's treatment needs.
- c. Mental Health units in reception centers will have in place systems to identify at-risk inmates arriving from local jails. Such systems will include:
 - (1) A computer search of OMH treatment history.
 - (2) A computer search of DOCS history.
 - (3) A review of medical documentation accompanying the inmate.
 - (4) A review of non-medical documentation accompanying the inmate. e.g. Pre-Sentence Report, court orders, security transfer documents.
 - (5) Referrals from DOCS staff responsible for processing newly arrived inmates.
- d. The system to identify at-risk inmates may be administered by CNYPC staff alone or in conjunction with DOCS staff.

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D. Emergency Psychiatric Transfers To Satellite Unit Facilities Under DOCS Directive 4301

Directive 4301 provides for the emergency transfer of an inmate to a Satellite Unit facility from any other facility when the inmate needs emergency mental health evaluation or treatment not available at the inmate's sending facility.

E. Non-Emergency Psychiatric Transfers To Satellite Unit Facilities Under DOCS Directive 4301

Directive 4301 provides for the transfer of a mentally ill inmate to a Satellite Unit facility from any other facility when the inmate is in need of services only available at a Satellite Unit facility, but such need is not an emergency.

F. Admission to OMH Service - All inmates admitted for OMH services must have a documented diagnosis or mental disorder as defined by DSM IV.

G. DOCS and OMH agree that within the constraints defined by DOCS' security directives all inmates who are OMH patients will be treated in the least restrictive environment.

H. One of the clinical settings used by OMH at facilities with Satellite Units is the Residential Crisis Treatment Program (RCTP). The RCTP consists of dormitory beds and observation rooms, separate from the general population, which provide a secure, structured environment for patients who are a danger to self or others due to mental disorder. Services of this program include: screening and assessment, crisis intervention, medication evaluation, medication stabilization, individual psychotherapy, and the completion of examinations for commitment proceedings under CL Section 402.

1. RCTP Observation Rooms - An RCTP observation room is defined as a room or cell located in the RCTP in which a patient is housed for purposes of monitoring behavior in order to assess and treat his/her mental condition. Such housing should be used with least restrictive principles of treatment in mind and at least one hour of recreation outside of the cell per 24 hour period will be allowed unless prohibited by DOCS directives or contraindicated by the inmate's behavior.

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- a. RCTP observation rooms will be used to house patients requiring assessment of dangerousness, patients who are deemed to be dangerous to self or others, patients who are in acute psychiatric distress and patients who engage in grossly inappropriate and/or impulsive behavior.
- b. During normal business hours, only the Unit Chief, the psychiatrist or the Unit Chief's designee can order that an inmate be admitted to an observation room in the RCTP. This does not alter the authority of the Superintendent to place inmates in whatever housing location he/she decides is in the best interests of the safety and security of the facility.
- c. During other than normal business hours, an OMH nurse can admit an inmate to an observation room in consultation with the psychiatrist, the Unit Chief or the Unit Chief's designee.
- d. During those hours when there is no OMH staff on duty, the Watch Commander may place an inmate in an observation room. An inmate placed in an observation room in this manner will be evaluated by OMH staff during the first shift following the admission to determine whether admission to RCTP is appropriate.
- e. A patient admitted to an RCTP observation room will be given at least:
 - (1) a blanket
 - (2) undershorts or pants and a shirt, or
 - (3) hospital pajamas
 - (4) footwear
 - (5) a mat or mattress
 - (6) personal hygiene articles and toiletries will be available as needed
- f. If any or all of these six normally permitted amenities are restricted by an OMH clinician that clinician will enter the reasons for the restrictions in the patient's UCR and will provide written notification of such restrictions to the security staff assigned to the RCTP. All such restrictions will be

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terminated as soon as the restrictions are no longer clinically indicated.

- g. When an inmate who has been admitted to an observation room is determined to be in need of a continuous watch as a suicide precaution, a member of the OMH clinical staff may order such watch. This watch will remain in effect until removed by the Unit Chief or designee or psychiatrist. For further information on suicide watches see Suicide Watches and Interval Watches in Item B of this section.
 - h. Only the Unit Chief, the psychiatrist or the Unit Chief's designee can discharge an inmate from the observation room.
2. RCTP Dormitory - An RCTP dormitory is defined as a room located in the RCTP in which a group of patients may be housed for purposes of monitoring behavior in order to assess and treat his/her mental condition. Such housing should be used with least restrictive principles of treatment in mind and at least one hour of recreation outside of the room per 24 hour period will be allowed unless prohibited by DOCS directives or contraindicated by the inmate's behavior.
- a. The RCTP dormitory will be used to house patients experiencing an acute crisis, patients requiring a respite and/or patients requiring temporary, supervised housing while awaiting appropriate placement to meet their mental health service needs.
 - b. During regular business hours, only the psychiatrist, the Unit Chief, or the Unit Chief's designee may admit an inmate to the dormitory.
 - c. During other than regular business hours an OMH nurse may admit an inmate to the dormitory in consultation with the psychiatrist, the Unit Chief or the Unit Chief's designee.
 - d. Only the Unit Chief, the psychiatrist or the Unit Chief's designee can discharge an inmate from the dormitory.

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- e. OMH Responsibilities to Inmates Placed in Non-RCTP Observation Rooms - In some correctional facilities DOCS maintains observation rooms or cells which it designates for the use of OMH patients. These cells are not located on the RCTP and are not staffed by OMH personnel. DOCS retains the right to place inmates in these beds as well as allowing OMH to do so.
 - (1) OMH staff may only place or retain patients in these beds when no space is available in the RCTP.
 - (2) When an OMH staff member places or retains a patient in such an observation bed the patient will be visited daily by OMH staff and the continued need for observation will be evaluated.
 - (3) When OMH is notified by DOCS that an inmate has been placed in a non-RCTP observation room, OMH staff will evaluate the patient within one day of receiving the referral and will complete all required UCR documentation.

- I. Discharge from CNYPC Outpatient Services
 - 1. Discharge criteria for inmates who are on the active CNYPC outpatient caseload:
 - a. If the inmate has achieved all of the goals of treatment and can maintain himself/herself at an acceptable level of functioning within a correctional environment consistent with the inmate's current DOCS security without further intervention by OMH staff.
 - b. If the inmate is being released from incarceration.
 - c. If the inmate refuses OMH services and does not presently require placement in a RCTP observation room or commitment to CNYPC.

- J. Referral and Admission to the Intermediate Care Program (ICP)

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1. Inmates may be referred to the Intermediate Care Program in the same manner as to OMH in general.
 2. Admission criteria for the ICP include:
 - a. The inmate must have a mental disorder as defined by DSM IV; and
 - b. Due to that disorder the inmate is functioning marginally in the general population of the correctional facility, e.g., does not participate in programs, is withdrawn from social interactions or lacks basic social or self-care skills.
 3. Admission procedures for the ICP are:
 - a. An admission/discharge committee consisting of the DOCS Senior Counselor, the OMH Clinical Coordinator and the DOCS ICP First Officer will review and act on all referrals for admission.
 - b. When the committee disapproves admission, the reason for rejection will be documented and forwarded to the referring staff and the DOCS Bureau of Mental Health Services
 - c. For inmates who are accepted, a transfer to the ICP will be processed through DOCS Classification and Movement per DOCS Directive 4302.
- K. Discharge from ICP
1. The admission/discharge committee will determine when an inmate has reached the goals set for his/her participation in the ICP and will forward a discharge recommendation to the DOCS Bureau of Mental Health Services.
 2. The DOCS Bureau of Mental Health Services will act upon the admission/discharge committee's recommendation within two weeks.
- L. Suicide Watches and Interval Watches
1. Definitions:

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- a. Suicide Watch - A suicide watch is a form of special observation of an inmate believed to be at risk of suicide. Such belief may be based on statements or behavior of the inmate as observed or reported by OMH or DOCS staff. A suicide watch may take one of two forms:
 - (1) One-to-One Suicide Watch - In cases where there is a single inmate to be watched, the watch will consist of direct, continuous visual observation of the inmate by a Correction Officer.
 - (2) One-to-Multiple Suicide Watch - In cases where there are more than one inmate to be watched (to a maximum of four), the watch will consist of a Correction Officer making continuous rounds between the cells with direct visual observation of one of the inmates at all times.
- b. Interval Watches - Interval watches are forms of special observation of a patient determined by treating staff not to be suicidal, but for whom there appears to be a clinical need to observe the patient and document the patient's behavior more often than at the frequency of the required Corrections Officer rounds for that housing area. The length of the interval between observations is set by the clinical team, for example, a Five-Minute Watch or a Fifteen-Minute Watch.
- c. Level of Amenities - This refers to the type and amount of cell furnishings, amount of personal belongings and clothing, and the type of privileges (e.g., the use of eating utensils, and the use of writing materials) which will be allowed a patient on a suicide watch. At no time will a patient on a suicide watch be without at least a mattress, a blanket and pajamas or underclothing, without written justification. Such written justification will be entered into the progress notes and must be reviewed every 24 hours by the psychiatrist, Unit Chief or designee.

2. Suicide Watches

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- a. When an inmate engages in behavior which is imminently dangerous to himself or herself, or when an inmate threatens either explicitly or implicitly to engage in such behavior, a member of the OMH clinical staff may place the inmate on a suicide watch. This decision will be based on his/her clinical judgement. When a suicide watch is ordered the Superintendent and/or his designated staff will be notified.
- b. During those times when no OMH staff are on site the decision to place an inmate on a suicide watch may be made by a DOCS staff member approved by the local facility. The Unit Chief must insure that there are procedures in place for DOCS to notify the OMH Unit Chief or designee when OMH staff are next on site. The Unit Chief, or designee, will ensure that the inmate is evaluated by an OMH clinician at the beginning of the next business day.
- c. The primary location for conducting a suicide watch will be the OMH RCTP. Should the unit be occupied by inmates unable to be moved, DOCS security staff will determine an alternate location at which to conduct a needed suicide watch.
- d. The amenities of an inmate on suicide watch will consist of at least a mattress, a blanket and pajamas or underclothing. At the discretion of the psychiatrist, Unit Chief or designee, additional amenities (other than a blanket, mattress and pajamas or underclothing) may be provided to the inmate. All identified amenities will be given to the inmate within 15 minutes of his being placed on a suicide watch, even in those cases where the watch is ordered by DOCS staff, unless the psychiatrist, Unit Chief or designee determine that there is substantial risk that the inmate will use the amenities to engage in self harm. If an inmate subsequently uses any of these items in a way harmful to himself or herself, the OMH Unit Chief, the Unit Chief's designee, or the OMH psychiatrist (or in their absence, the Watch Commander) may order such item(s) removed.
- e. The Corrections Officer conducting a suicide watch will record in a special log the behavior and condition of the inmate at 15

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minute intervals or whenever a significant change in behavior or condition occurs.

- f. At facilities housing Satellite Units OMH staff will evaluate an inmate on suicide watch at least once every shift between the hours of 7 a.m. and 11 p.m., seven days a week. Inmates on suicide watch in facilities not housing Satellite Units will be evaluated by OMH staff on those shifts that OMH staff are employed. The results of such evaluations will be entered into the case record.
- g. A psychiatrist or Unit Chief will review the continued need for a suicide watch at least once every regular business day.
- h. A suicide watch may only be discontinued by the OMH psychiatrist, OMH Unit Chief or designee. When the suicide watch is discontinued, the Superintendent and/or a designated staff member will receive notification of the discontinuation of the watch.

3. Interval Watches

- a. Interval watches may be employed for the following reasons.
 - (1) As a result of an OMH treatment team decision that a patient presently on a suicide watch is no longer suicidal but should be observed regularly to monitor any changes in behavior. This provides information regarding the patient's behavior and response to treatment so that subsequent decisions may be made regarding further changes in the level of observation of the patient.
 - (2) As a result of the OMH treatment team decision that a patient, not determined to be suicidal, is exhibiting behavior that demonstrates decreased behavioral control, gross impulsivity or rapid decompensation of functioning. This provides information to the treatment team about the patient's subsequent treatment needs and enables the treatment team to determine if a greater level of observation of the patient is required.

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- (3) The decision to place a patient on an interval watch will be based on the clinical judgement of the treatment team. When an interval watch is ordered the Superintendent and/or his designated staff will be notified.
- (4) The Correction Officer conducting an interval watch will record in a special log the behavior and condition of the inmate at regular intervals set by the treatment team for each interval watch or whenever a significant change in behavior or condition occurs.
- (5) OMH staff will evaluate an inmate on an interval watch at least once every shift between the hours of 7 a.m. and 11 p.m., seven days a week. The results of such evaluations will be entered into the case record.
- (6) A psychiatrist or Unit Chief will review the continued need for an interval watch at least once every regular business day.
- (7) An interval watch may only be discontinued by the OMH psychiatrist, Unit Chief or designee. The Superintendent and/or a designated staff member will be notified when an interval watch is discontinued.

III. ADMINISTRATION

A. OMH Units and OMH Staff

1. All OMH units and OMH staff within DOCS facilities are under the auspices of the OMH and under the supervision of Central New York Psychiatric Center. Additionally, all OMH staff must adhere to the DOCS policies which relate to the security of the facility.
 - a. All OMH programs and OMH employees within DOCS facilities are subject to the policies and procedures of CNYPC.

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- b. In the event that DOCS takes action with respect to OMH employees (e.g., barring them from a facility), prompt, advance notification will be given to the Executive Director of CNYPC and the Director of the DOCS Bureau of Mental Health Services.
 - c. Satellite and Mental Health Units are administered by OMH Unit Chiefs who are responsible for the clinical and administrative operation of the unit and for maintaining day-to-day relations with local DOCS staff. These Unit Chiefs are also responsible for the supervising mental health services at the facilities within their unit's designated catchment area.
 - d. OMH Unit Chiefs will regularly participate in the meetings of the DOCS Executive Teams in their facilities at the discretion of the Superintendent.
 - e. New OMH employees will, within one month of their employment, receive a CNYPC orientation at CNYPC. At that time they will be fingerprinted as a requirement of their employment.
2. OMH will provide staffing coverage according to the following guidelines:
- a. Satellite Units - Psychiatric nursing coverage will normally be present seven days a week for the day and evening shifts. In the event this coverage cannot be provided due to staffing vacancies or other unanticipated causes, OMH will seek to provide adequate nursing coverage through the use of overtime, Extra Service and staff re-assignments. Other staff will usually be on site Monday to Friday during the day shift unless alternative work schedules have been established to provide staff coverage at other times for specific program reasons. The Unit Chief will keep appropriate DOCS staff informed of the unit's staffing schedule.
 - b. Mental Health Units - Full time staff will usually be on site Monday to Friday during the day shift unless alternative work schedules have been established to provide staff coverage at other times for specific program reasons. Part time staff

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including psychiatrists will work regularly scheduled hours to be established by the Unit Chief in keeping with the identified service needs of the facility. The Unit Chief will keep appropriate DOCS staff informed of the unit's staffing schedule.

- c. All Other Facilities Receiving OMH Services - Part time OMH staff will be assigned to the facility by the Unit Chief of the Satellite or Mental Health Unit responsible for the each given facility. The schedules of such staff will be established by the Unit Chief in keeping with the identified service needs of the facility. The Unit Chief will keep appropriate DOCS staff informed of the unit's staffing schedule.

B. DOCS Staff and Staffing Levels

1. All DOCS staff working with OMH programs or providing care and custody to inmates receiving OMH services are under the auspices of the DOCS and under the supervision of their respective DOCS facility.
 - a. Security Staffing
 - (1) Security staffing involving CNYPC:
 - (a) DOCS will provide coverage for inmates not admitted to CNYPC or discharged from CNYPC during extended hospital stays.
 - (b) Adequate security coverage will be provided as needed on a case by case basis for central monitoring cases (CMC) who are out to court from CNYPC.
 - (2) Security Staffing for Satellite Units - DOCS will provide adequate security staff as indicated by the DOCS Deputy Commissioner for Facility Operations. All Correction Officer posts will be bid positions in accordance with established DOCS contractual agreements with the appropriate bargaining unit for

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security staff and will include relief posts and , as necessary, escort coverage. Security staff will consist of:

- i) Day Shift - not less than three Correction Officers
- ii) Evening Shift - not less than three Correction Officers
- iii) Night Shift - not less than two Correction Officers

- (3) Security Staffing for Intermediate Care Programs - DOCS will provide adequate security staff as indicated by the DOCS Deputy Commissioner for Facility Operations. All Correction Officer posts will be bid positions in accordance with established DOCS contractual agreements with the appropriate bargaining unit for security staff and will include relief posts and , as necessary, escort coverage. Security staff will consist of:

- i) Day Shift - not less than three Correction Officers
- ii) Evening Shift - not less than three Correction Officers
- iii) Night Shift - not less than two Correction Officers

b. Program Staffing

- (1) The superintendent shall assign a designee who will be responsible to work with Satellite Unit staff.
- (2) DOCS funds OMH items assigned to ICPs. ICP staffing patterns will be mutually agreed upon by OMH and DOCS with subsequent approval by the Division of the Budget.

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- (3) DOCS will assign DOCS program staff to each ICP. Such staff will generally consist of a Senior Counselor who is the administrator of the program and a Correction Counselor.

c. Medical Coverage

When OMH nurses and psychiatrists are not on site at a Satellite Unit, DOCS medical personnel will provide emergency care and treatment to OMH patients as needed and have access to OMH records pursuant to Mental Hygiene Law Section 33.13.

C. Staff Training

1. The OMH Unit Chief on site, to the extent possible, will make staff available to conduct in-service training for DOCS staff. In facilities with Satellite Units and ICPs, OMH will provide orientation to Correction Officers who are newly posted to the unit.
2. OMH will provide to DOCS security staff assigned to Satellite Units yearly training on OMH issues.
3. Yearly training on OMH issues will be provided to security staff regularly assigned to the Special Housing Unit.
4. OMH will provide training to all appropriate DOCS employees on the confidentiality of patient information as governed under Mental Hygiene Law Section 33.13.
5. Upon request OMH will provide training on OMH issues to DOCS employees regularly assigned to conduct Tier III inmate disciplinary hearings.
6. OMH and DOCS will jointly provide Suicide Prevention Program training to all OMH and DOCS staff required to receive such training.

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7. DOCS will provide sufficient relief Correction Officers to allow security staff to participate in the training described in Items 2 and 3 of this section.
8. DOCS will provide orientation to new OMH employees within its facilities. The training will include, but not be limited to, safety and security within the facility and DOCS policy and procedure. In addition, DOCS will provide a copy of the DOCS Employee Manual to each OMH employee at the time of orientation. OMH employees will be required to sign a receipt for the DOCS Employee Manual.
9. OMH will provide training to DOCS staff on mental health issues in other areas as needed or requested.

D. Collaboration Between DOCS and OMH

1. The Commissioners of DOCS and OMH agree to meet yearly early in the budget cycle.
2. OMH and DOCS agree that coordination of budget initiatives will occur, resulting in a shared budget strategy and methodology for linking OMH service resources to DOCS inmate service needs. OMH and DOCS agree to continue to share program information and plan to coordinate new initiatives associated with the opening of additional correctional facilities to serve the needs of mentally ill inmates. This will enable OMH and DOCS to coordinate deployment of resources and to request appropriate staffing resources to meet inmate mental health needs.
3. OMH and DOCS will mutually agree upon capital projects necessary to support all mandated OMH services to DOCS inmates.
4. The Director for the OMH Bureau of Forensic Services and the Executive Director of CNYPC will meet with the Director of Mental Health for DOCS or designee on a bi-annual basis to discuss deficiencies that were noted as a result of the statement of conditions process conducted by OMH staff.
5. DOCS and OMH will confer prior to either agency making any changes in departmental or facility policies which directly affect the

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provision of OMH services and/or inmate access to mental health services.

6. OMH and DOCS will confer prior to either agency taking any action with respect to opening or closing OMH programs or any changes in the Mental Health Service Level of DOCS facilities.
7. DOCS and OMH will engage in a joint effort to develop, monitor and change mutual policy and procedures to govern programs, program management and sharing of patient information.
8. OMH and DOCS will provide reciprocal support one agency to the other when each agency seeks accreditation through their respective accrediting bodies.
9. DOCS and OMH will prepare and distribute a joint policy governing dispute resolution. Such policy will provide a mechanism for the resolving of disputes arising at any level of the two agencies.

E. Information Sharing

1. OMH to DOCS

a. Inmate-patient information:

- (1) Pursuant to Mental Hygiene Law 29.27(l), the Director of CNYPC will notify the Commissioner of DOCS upon the release of an inmate-patient from CNYPC. The Commissioner of DOCS has designated the DOCS Bureau of Mental Health Services to receive such notice.
- (2) The Bureau of Mental Health Services will provide DOCS Division of Classification and Movement with notices of all CNYPC discharges.
- (3) The day before the discharge of an inmate-patient from CNYPC, CNYPC will contact the receiving facility's Inmate Record Coordinator and provide the inmate-patient's name, DIN, and date of arrival. CNYPC will

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also contact OMH staff at the receiving facility and provide all pertinent information from the discharge summary.

- (4) Upon discharge of an inmate-patient from CNYPC, CNYPC will provide OMH staff at the receiving facility with copies of the inmate-patient's CNYPC Discharge Summary, the inmate-patient's physical examination and laboratory reports as well as a listing of the diagnosis and medications upon discharge. This information will then be forwarded by the OMH outpatient staff to the Facility Health Services Director.
- (5) When an inmate transferred to a Satellite Unit in accordance with DOCS Directive 4301 is discharged OMH will provide DOCS with a written report of recommendations for management and treatment at the facility to which the inmate is sent.

b. Mandated OMH Reporting to DOCS

- (1) The following situations require either automatic reporting to DOCS staff or reporting upon a request from DOCS. The consent of the patient is not required in these cases.
 - (a) Active patients - The Unit Chief will provide the Superintendent a roster of all active mental health patients in the facility twice a month. This roster will include the current Mental Health Service Level designation for each patient, as well as an indication of whether the patient is receiving medication.
 - (b) Changes in Mental Health Service Needs - Whenever an inmate's mental health service needs change, OMH will notify the Guidance Unit in writing. This enables the Guidance Unit to have up-to-date information regarding the type of facility the inmate requires, relative to mental health services.

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- (c) Consultation - OMH staff will consult, upon request, with appropriate DOCS staff, regarding the mental health status of any patient on the OMH caseload, in need of such information for the purpose of making a determination regarding an inmate's health care, security, safety or ability to participate in programs.
 - (d) Dangerous Patients, Security Risks - The Unit Chief will notify the Superintendent of patients who are dangerous or who are determined by OMH staff to be a security risk.
 - (e) Transfers - Upon transfer of an inmate who requires psychiatric medication to a facility lacking full-time OMH staff, the OMH staff from the sending facility will contact the DOCS medical department in the receiving facility and provide information regarding medications and any necessary precautions.
 - (f) Medicated Patients
 - i) OMH will provide DOCS with a copy of all Doctor's Orders for medication prescribed by OMH psychiatrists for inclusion in the DOCS Ambulatory Health Record.
 - ii) OMH will make its clinical records available to DOCS medical personnel who provide mental health intervention when OMH staff members are not on site. The Unit Chief will obtain documentation of such intervention for inclusion in the OMH record.
- c. OMH will provide access for DOCS to its current E-mail system via a secure interface with the DOCS mainframe.

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- d. Confidentiality - The confidentiality of patient information is governed by Mental Hygiene Law Section 33.13. OMH will, as indicated previously, provide training to appropriate DOCS employees (those who are provided with patient information) on their responsibilities under Section 33.13.

2. DOCS to OMH

- a. E-mail - DOCS will provide access to OMH to the DOCS E-mail system through a secure interface between the two agencies' mainframes.
- b. DOCS will provide OMH with limited electronic access to inmate information (specific information necessary for the provision of mental health services to inmates)
 - (1) Read only access to FPMS
 - (2) Access to information about released inmates for program evaluation and performance improvement purposes
- c. PSR and Medical information as per law.
- d. DOCS will provide OMH access to the DOCS Tele-medicine system for:
 - (1) Case conferences
 - (2) DOCS and OMH consultation
 - (3) Training
 - (4) Discharge Planning
 - (5) Psychiatric consultations (not including admission decisions to CNYPC)
- e. DOCS will notify the inpatient hospital or the OMH outpatient unit if a patient is an inmate who requires special security considerations.

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- f. DOCS will provide OMH with Unusual Incident Reports regarding inmates for whom OMH must prepare a psychological autopsy or conduct an investigation of a major incident.
 - g. DOCS will allow the placement of OMH Logs in the lobby area of facilities at which OMH staff provide services through the Forensic Extra Service Program.
 3. OMH and DOCS will jointly develop a protocol for the reciprocal release of identifying information and risk levels of inmates required to register as sexual offenders so that each agency can engage in appropriate program planning and development, treatment planning and risk assessment.
- F. Plan for OMH Records to Accompany Inmates upon Transfer

OMH and DOCS will jointly develop a plan for DOCS to transport OMH patient records at the time of transfer of inmates who are active OMH patients.
- G. Joint Programs and Program Development
 1. OMH and DOCS will jointly assess mental health service needs and work collaboratively to develop appropriate programs to address identified needs.
 2. Current Program Initiatives:
 - a. Co-occurring Disorders
 - (1) DOCS and OMH agree to coordinate services to inmates with co-occurring psychiatric and substance abuse disorders. A joint agency task force will be charged with developing recommendations for:
 - (a) Co-ordination between OMH and ASACTC program.

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- (b) Joint training programs for OMH and ASACTC staff to address treatment issues related to co-occurring disorders.
- (c) Development of MICA programming for inmates in ICPs or for patients who, due to psychiatric functioning, are not able to participate in DOCS ASACTC programs.
- (d) Development of MICA capacity for Willard Drug Treatment Center

b. Discharge Planning

DOCS and OMH will join with the Division of Parole in developing procedures to facilitate discharge planning particularly in the area of providing community mental health housing providers with improved access to interview inmates under consideration for their programs. Procedures may include the use of teleconferencing or the transfer of an inmate to an appropriate facility to facilitate discharge planning.

c. Work Release

- (1) DOCS and OMH will jointly develop programs to ensure that inmates in work release facilities have access to mental health services. Such programs will include, but not be limited to, the provision of mental health services by OMH staff and the use of contractual service paid for by OMH.
- (2) DOCS and OMH agree that DOCS will provide personal service funding for a mental health service provider employed by OMH in the New York City area. This service provider will provide mental health services to inmates participating in area work release programs.

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3. DOCS and OMH agree to develop protocols for the identification and coordination of services to inmates who may be subject to new program initiatives enacted by statute.

H. Program Evaluation/Performance Improvement Activities

1. DOCS and OMH agree to share data, facilities and programs for budgetary and service need forecasting.
2. Upon request OMH and DOCS will share data about inmates for program evaluation purposes. Such data will include, but is not limited to, demographic data about inmates, number of inmates being served by OMH, OMH staffing information, CNYPC inpatient admission and discharge numbers and general OMH caseload statistics for specific correctional facilities.
3. DOCS will confer with OMH prior to implementing any evaluation of OMH programs and OMH affiliated programs. Any information obtained in this manner will be shared with OMH.

I. Incident Reporting and Investigating

1. OMH staff have an obligation to report and investigate any incident involving an OMH patient.
 - a. Major incidents will be reported immediately to the facility Superintendent and to OMH as outlined in the CNYPC Outpatient Services Policy Manual.
 - b. When an OMH employee is involved in a major incident (e.g., a patient related incident or a violation of DOCS policy and procedure) OMH must conduct an investigation. In those cases where DOCS is investigating such incidents concurrently, the agencies will cooperate in the investigation and share information as appropriate.
 - c. When a DOCS employee is involved in a major incident, OMH will cooperate with the DOCS investigation and appropriately share information.

J. Dispute Resolution

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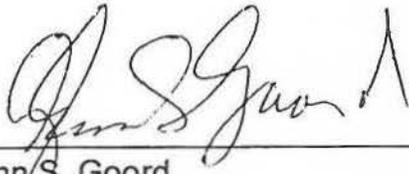
1. Facility Level Operational Dispute Resolution
 - a. Operational issues arising at the facility level will be resolved through discussions between the OMH Unit Chief and the DOCS Deputy Superintendent - Programs. In the case of health service issues, such issues will be resolved through discussions between the Facility Health Service Director and the OMH Unit Chief. If necessary, the Superintendent will be involved.
 - b. Operational issues not resolved at the facility level will result in the dispute resolution being taken to the agency level.
2. Agency Level
 - a. Operational issues brought up from the facility level or statewide MOU issues will be resolved through discussions/negotiations between the DOCS Director of Mental Health Programs and the CNYPC Director of Operations. If necessary, the CNYPC Executive Director will be involved as will the DOCS Deputy Commissioner of Program Services.

IV. Implementation of MOU

- A. OMH and DOCS will be responsible for instructing their respective staffs at the facility level of the terms and conditions of this **MEMORANDUM**.
- B. The terms of this **MEMORANDUM** shall be in effect for a period not to exceed seven (7) years from the date of the signing of this agreement.
- C. If mutually agreed upon by DOCS and OMH this **MEMORANDUM** may be amended at any time during its term.
- D. Exactly six months prior to the termination of this **MEMORANDUM**, the DOCS Bureau of Mental Health Services and CNYPC will forward a report in writing to their respective Commissioners regarding the implementation of this **MEMORANDUM** and its efficacy, and will include in that report any recommendations concerning the continuation, modification or substantial alteration of the terms of this **MEMORANDUM**.

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- E. During the final six months of the term of this **MEMORANDUM**, OMH and DOCS will consult with each other, and based on such consultation and examination of both reports to the Commissioners, will attempt to reach mutual agreement on the continuation or modification of this **MEMORANDUM**.



Glenn S. Goord
Commissioner
NYS Department of Correctional Services



James L. Stone, MSW, CWS
Commissioner
NYS Office of Mental Health

Dated: July 21, 1999