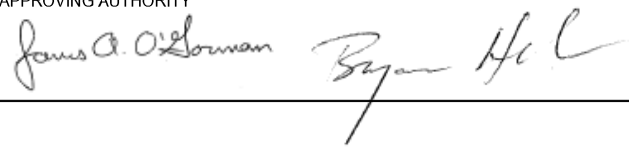
 <p>NEW YORK STATE Corrections and Community Supervision</p> <p>DIRECTIVE</p>	TITLE		NO. 4308
	Residential Crisis Treatment Programs (RCTP)		DATE 01/02/2018
SUPERSEDES	DISTRIBUTION A	PAGES PAGE 1 OF 16	DATE LAST REVISED
REFERENCES (Include but are not limited to) Directives #2203, 4059, 4091, 4101, 4422, 4423, 4301, 4309; PREA Standards	APPROVING AUTHORITY 		

- I. PURPOSE:** To establish statewide standards for operation of Residential Crisis Treatment Programs (RCTP) and the Forensic Diagnostic Unit (FDU) at Downstate Correctional Facility. Unless otherwise provided, the provisions contained herein apply to designated facilities with RCTPs only.
- Set forth herein, is the minimum standards for inmates admitted to RCTPs. These inmates shall be housed in designated areas to address their mental health crisis needs.
- II. BACKGROUND:** The Department shares responsibility with the Office of Mental Health (OMH) for the prevention of inmate suicide and delivery of certain mental health services through a collaborative working relationship with OMH as set forth in the Memorandum of Understanding (MOU). Through mutual respect and cooperation, each agency will be able to fulfill its respective role in ensuring the safety of staff and inmates in DOCCS facilities, and ensuring that our inmates receive a heightened level of care. Placing inmates on suicide precautions must be reasonable and commensurate with the inmate's level of suicide risk. In these settings, the Office of Mental Health provides short-term clinical services for inmates in crisis at facility-based RCTPs.
- III. ADMISSIONS AND OPERATIONS:** When an inmate is determined to be exhibiting signs or symptoms of significant psychiatric decompensation, or behavior that suggests he or she is at increased risk for self-harming or suicidal behavior, an admission to RCTP or a designated RCTP overflow cell or room, is required.
- A. Admission Procedure**
- Whenever an inmate is admitted to RCTP, a security supervisor will be present. The inmate shall be subjected to a metal detector search (with a hand held scanner, B.O.S.S. chair and/or the cell sense) and strip frisked. RCTP observation cells are not to be used as strip frisk cells. The strip frisk will be conducted in a separate, private designated area prior to being moved into the RCTP cell. DOCCS [Form #1140-SHU](#), "Report of Strip Frisk on Admission to SHU or MHU cell/room," shall be completed upon admission to the MHU cell/room or the overflow cell. Except as outlined in Section III-C-4, OMH will complete [Form #MedCNY455](#), "Central New York Psychiatric RCTP Monitoring Chart," and post it outside of the RCTP cell. Please note that [Form #MEDCNY455](#) is only utilized in Satellite Units.

2. A DOCCS Registered Nurse (RN) will complete a medical assessment of all inmates admitted to RCTP upon arrival. This assessment must include: vital signs, a review of [Form #3290](#), "Emergency Admission Referral Form (EARF)," if applicable, and any subsequent documentation on the AHR (Ambulatory Health Record). The RN must also review all current medication orders, allergies, pending medical consultations, and appointments. All DOCCS and OMH medication is to be distributed 1:1 while the inmate is in an RCTP cell, dorm, or overflow cell in accordance with DOCCS Directive #4301, "Mental Health Satellite Services and Commitments to CNYPC."
3. All admissions to an RCTP cell must be documented in the unit activity log book utilizing the RCTP Admissions Stamp (see Attachment A). Admission to an overflow cell must also be documented in the activity logbook assigned for the overflow cell location utilizing the RCTP Admissions Stamp.
4. Each cell shall be heated and lighted adequately for comfort. The temperature readings will be recorded in Fahrenheit at the beginning of each shift by the Officer assigned to maintain the unit activity log book. The temperature readings should be between 68-72 degrees. During rounds, the area supervisor will ensure that the temperature is recorded properly in the unit activity log book. If the temperatures are consistently below the identified range, notification will be made to the Director of DOCCS Bureau of Mental Health.

Note: The temperature need not be recorded in the event the units are void of inmates.

B. RCTP Unit Activity/Suicide Watch Log Book Entries

1. In accordance with Directive #4091, "Logbooks," a common-sense approach will prevail when deciding whether to make a log book entry. Any error should be in favor of over documentation. Prior to an inmate being placed into an Observation Cell, a thorough search of the cell shall be performed and a notation in the log book documenting the outcome of that search will be made. At a minimum, the notations in the unit activity log book will include the criteria listed in Directive #4091, Section III-"Entries." Additionally, all clinical and cell side contacts and refusals will be recorded in the RCTP unit activity log book documenting the time, name(s), and title(s) of the clinical contact(s).
2. In accordance with Directive #4101, "Inmate Suicide Prevention," a separate suicide watch log book will be maintained to keep a record of Suicide Watches. The log book shall be a chronological listing of each Suicide Watch that occurs during a given calendar year. Entries in the Suicide Watch Log will include the criteria listed in Directive #4101, Section V-I, Suicide Watch Log, 1 through 12.

C. Suicide Watches

1. Suicide Watches may be initiated to monitor inmates who, by their words or observed behavior, appear to be an imminent threat to themselves. Suicide Watches serve to maintain good order and safety within a facility and also facilitate management and assessment of inmates with acute mental illnesses.

2. Any member of the OMH clinical staff may place an inmate on a Suicide Watch. In the absence of OMH staff, the highest-ranking member of the Medical staff (MD, PA, NP, RN) and/or the Watch Commander, may place an inmate on a Suicide Watch. During regular business hours, the Watch Commander shall contact the Superintendent or Acting Superintendent to determine if an inmate requires a Suicide Watch. After regular business hours, the Watch Commander shall notify the Officer of the Day (OD) to determine if an inmate requires a Suicide Watch. The Unit Chief must ensure that there are procedures in place for DOCCS to notify the OMH Unit Chief or designee when OMH staff is not on site, by providing a contact number to the Watch Commander. The Unit Chief, or designee, will ensure that an OMH clinician evaluates the inmate at the beginning of the next business day.
3. Based on the physical characteristics of the cells at a particular location, the facility Watch Commander, in consultation with the Deputy Superintendent for Security (DSS), will determine the appropriate Correction Officer to inmate ratio should there be a need to provide a suicide watch for more than one inmate. The ratio will never exceed one Correction Officer providing constant and simultaneous observation of two inmates. When an inmate is on a suicide watch, direct, constant visual observation of the inmate will be maintained by a Correction Officer. One-on-two watches should always be utilized unless the physical layout or particular location is not conducive for the watch. In cases where there are two inmates to be watched, the watch will consist of one Correction Officer simultaneously observing both inmates at all times. Inmates on a one-on-two suicide watch must be placed in adjacent RCTP cells. Correction Officers assigned to a suicide watch should be of the same gender as the inmate being watched. Cross-gender coverage of an inmate on a suicide watch is permissible if exigent circumstances exist. Exigent circumstances means; any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of the facility. Any inmate on a suicide watch must be under direct, constant visual observation.
4. If DOCCS places an inmate on suicide watch in the absence of OMH staff, DOCCS will not be required to complete the [Form #MEDCNY455](#), "Central New York Psychiatric RCTP Monitoring Chart." However, a notation will be made in the Suicide Watch Log Book of who authorized the watch, amenities that have been issued, and when the watch was initiated. An e-mail reporting the initiation of a watch by DOCCS must be sent via Outlook to the Unit Chief by the Watch Commander. OMH staff will be responsible for completing the form at the beginning of the next mental health shift and make any necessary adjustments based on clinical assessment to include any additions or subtractions to the minimum observation cell items issued.
5. A Suicide Watch may only be discontinued by the OMH Psychiatrist, OMH Unit Chief, or other OMH designee. When a Suicide Watch is discontinued, the Watch Commander will be notified immediately. The Watch Commander shall record the time and name of the person authorizing the discontinuation of the Suicide Watch in the Watch Commander's Log, and notify the Officer of the Day.
6. All documentation must be recorded in both; the Suicide Watch Log Book, and the RCTP unit activity logbook.

- D. Special Watches: Inmates placed in RCTP observation cells who are not on a Suicide Watch, are considered to be on a Special Watch. The Correction Officer must make 15 minute rounds, observing each inmate and documenting the round in the unit activity log book. In addition to the required rounds, there are video monitors at the Officer's station which allow the Officers to observe the inmate in each cell. Additionally, if there are any inmates housed in the RCTP Dorm, the Correction Officer must make 15 minute rounds observing each inmate and documenting the round in the unit activity log book. In accordance with Directive #2230, "Guidelines for Assignment of Male and Female Corrections Officers," observation shall be conducted by a Correction Officer of the same gender as the inmate. All behaviors and actions by inmates in the cells observed by the Officer will be documented in the unit activity logbook.
- E. Amenities
1. Amenities and privileges shall be commensurate with the suicide risk level as determined on a case by case basis by OMH. Withholding amenities should never be used as a punishment and/or as an attempt to change perceived manipulative behavior. Amenities should not be utilized as a default to increase isolation, which is detrimental to an inmate. DOCCS will consult with OMH if there is a security concern with certain amenities (e.g. contraband and suicide watch).
 2. Upon initial admission to an RCTP observation cell, OMH will assess and designate appropriate amenities that are commensurate with the suicide risk and level of self-injurious behavior. These amenities *may* include the following:
 - a. 2 tear resistant mats;
 - b. 1 safety smock;
 - c. 1 pair of rubber sandals (*for in and out of cell use*);
 - d. 1 tear resistant mattress;
 - e. Toilet paper as needed;
 - f. Female inmates may be provided with underwear, bra and feminine hygiene items; panty liners, sanitary pads and/or tampons if needed. Transgender inmates will be provided with appropriate undergarments, to include underwear and bra that have been medically approved, for the gender in which they identify with;
 - g. 1 pair of state issued green pants;
 - h. 1 state issued green shirt;
 - i. 1 state issued green sweatshirt;
 - j. 1 pair of state issued socks;
 - k. Personal hygiene products to be issued include: soap, wash cloth and feminine hygiene items (if needed);
 - l. Toothbrush & toothpaste (offered after every meal);
 - m. Eating utensil with meal or Eco Security Utensil as approved by the OMH Unit Chief or the DSS after consultation with the OMH Unit Chief;
 - n. Hearing Aids (must be approved by DSS in consultation with OMH);
 - o. Glasses (must be approved by DSS in consultation with OMH); and
 - p. Dentures (must be approved by DSS in consultation with OMH).

3. OMH staff, upon assessment, have the discretion to designate amenities beyond the basic items as outlined above. DOCCS should consult with OMH if there are security concerns with certain amenities (e.g. contraband and suicide watch).
4. If an inmate is placed into an RCTP observation cell in the absence of OMH, the following basic amenities shall be issued:
 - a. 2 tear resistant mats;
 - b. 1 safety smock;
 - c. 1 pair of rubber sandals (*for in and out of cell use*);
 - d. 1 tear resistant mattress;
 - e. Toilet paper as needed;
 - f. Feminine undergarments; and
 - g. Female hygiene products; panty liners, sanitary pads or tampons (*as needed*).
5. If OMH staff determine that an inmate's clothing needs to be removed for reasons of safety, the inmate will at a minimum, be issued a safety smock and safety blanket. After business hours, the Officer of the Day can order the removal of any amenity based on safety and security concerns. The removal of clothing and/or any other amenities must be documented on the amenities sheet, the Watch Commander's Log, and in the unit activity log book to include this authorization.

F. Privileges

1. Providing inmates with certain privileges allows for a better assessment of the level of suicidal risk. It is an opportunity for OMH staff to gauge an inmate's reaction and coping mechanism by receiving such privileges.
2. All inmates housed in the RCTP shall be allowed privileges (e.g., scheduled family visits, telephone calls, mail privileges, etc.) unless the inmate has loss of privileges as a result of a disciplinary sanction.
3. Restriction of privileges (showers, visits, telephone calls, mail, etc.), and removal of clothing (excluding belts and shoelaces) should be avoided whenever possible, and only utilized as a last resort for periods in which the inmate is physically engaging in self-destructive behavior or poses an unacceptable risk to the safety and security of staff and/or the facility.
4. Any restriction of privileges must be approved by the DSS or the OD in consultation with the Unit Chief. Any restriction of privileges based on security concerns needs to be documented in the unit activity logbook. The notation must include the name/title of the staff person who authorized the removal or restriction of the privileges and the justification/reason for the denial.
5. Any loss/restriction of privileges or deprivations will be documented on the privileges tracker (Attachment C). The tracker is to be completed and maintained on the unit by the Area Supervisor.

G. Meals

1. Inmates housed in the RCTP will be provided meals of the same type as the meals available to inmates in general population and in sufficient quantity to be nutritionally adequate.

2. All food items will be delivered to the inmates in Styrofoam trays. Meals will be delivered upon receipt from the food services area and in a manner that will ensure receipt of the food in an appropriate condition.
3. For behavior that threatens the safety of staff, inmates, or the security of the facility, a Special Management Meal may be ordered by the Superintendent or his or her designee. [Form #2190](#), "Special Management Meal Order," shall be completed as required. Any meat served to inmates in RCTP must have the bones removed. This will be done by food service personnel in the kitchen, prior to being served to the RCTP inmates. In the event a portion with bone is observed or suspected, the food service personnel will be notified and a boneless portion will be sent.
4. As an added safeguard, security personnel will visually inspect all food trays arriving to the RCTP to ensure bones, tin foil, and all other contraband has been removed.

Note: Security staff will not debone the meat portion, they will request a boneless portion from the food service staff.

H. Eco Security Utensil

1. The Eco Security Utensil is a product that is designed to prevent inmates from attempting self-harm with a regular eating utensil. It is an approved item to be issued to inmates on a suicide watch only when it has been determined that the inmate cannot be issued a regular eating utensil.
2. The Eco Security Utensil may only be issued with the approval of either the OMH Unit Chief, or the DSS in consultation with the Unit Chief, and shall be documented on the RCTP amenities sheet and in the unit activity log book

Note: Facilities shall have sufficient quantities of Eco Security Utensils on hand should the need arise for use.

I. Hunger Strike

1. A Hunger Strike is defined as an inmate's voluntary failure to eat nine (9) consecutive meals, regardless of whether or not the inmate has declared that he or she is on a hunger strike. Any voluntary failure to eat must be documented in the unit activity log book. A hunger strike will be considered ended when the inmate eats at least two (2) meals per day for three (3) consecutive days and the provider has determined (by evaluation, vital signs, lab tests, etc.) that the inmate is stable OR when the Facility Health Services Director (FHSD) or designee, in consultation with the Regional Medical Director (RMD), determines that the inmate's current intake and nutritional status is adequate to maintain the inmate's health.
2. Once an inmate has met the above criteria, hunger strike protocols must be followed in accordance with Directive #4309, "Inmate Hunger Strike."

J. Movement/Restrictions/Restraints

1. Upon initial assignment to an RCTP cell, inmates will be escorted in full restraints until assessed by an OMH clinician. Once the assessment is completed, the clinician and/or Unit Chief may request that the DSS limit the type of restraints used for that inmate during routine non-emergency escorts. The DSS shall take the OMH assessment, as well as the inmate's threat level into consideration prior to determining the required restraints when this inmate is removed from his or her

cell for a routine, non-emergency escort. An inmate being placed in RCTP should not automatically be restrained as those inmates housed in Segregated Confinement.

2. If an inmate requires restraints (has current SHU or KL sanctions, has an approved restraint order, etc.) he or she shall be placed in restraints upon exiting the observation cell. In order to accommodate the restraint procedure, the inmate will be required to place his or her hands through the feed-up hatch. Except in an emergency situation, the presence of a security supervisor will be required whenever an inmate, who requires restraints, is removed from his or her cell. If the inmate is not currently presenting with any security concerns, has no current disciplinary sanctions and/or approved restraint orders, the presence of a security supervisor is not required and the use of restraints may not be required for out of cell movement (In accordance with Section III-J-1 above).
3. When it has been determined that an inmate requires restraints during routine escorts, (other than due to current SHU or KL sanctions, and/or approved restraint orders) and is likely to be restrained for extended periods (i.e. interview, clinical contact, medical appointment, etc.), the on-duty clinician or medical staff, in consultation with the on-site security supervisor, may request the restraints be removed while the inmate is at the point of service. If the inmate will be secured in a RESTART chair with leg irons, the handcuffs and waist chain will be removed. For facilities with purpose-built secure interview rooms, the inmate will be unrestrained while secured in the room.
4. For escorts of a shorter duration (i.e. to/from showers), the inmate may be handcuffed behind the back without a waist chain unless on an approved restraint order. Restraints shall be removed to accommodate a scheduled shower. In accordance with PREA standards, female inmates shall be handcuffed in the front for escorts to and from the shower.

K. Deprivation Orders

1. Personal Hygiene
 - a. Showers
 - (1) Inmates in RCTP must be offered showers at least three times per week for a minimum of ten minutes per shower, exclusive of the time it takes to go to and return from the shower area. The use of shampoo is permitted. The offering of showers must be documented in the unit activity logbook.
 - (2) A determination to deny a shower due to a threat to the safety and security of staff, or to the facility may be made by the DSS (or OD during non-business hours) in consultation with OMH. This determination is to be documented on [Form #2187](#), "Deprivation Order," and recorded in the unit activity log book.
 - (3) If OMH denies a shower for clinical reasons, as indicated on the amenities sheet, an entry must be made in the unit activity log book and, if applicable, in the suicide watch log book. The entry must include the name and title of the OMH clinician who made the determination for the restriction.

2. Shaves: Shaving equipment will be issued on a single use basis and must be returned after each use. Use of soap is permitted. Shaving equipment will only be available to inmates who have been in the RCTP for at least four (4) consecutive days. The issuance of shaving equipment must be approved by the DSS or the OD in consultation with the Unit Chief.

Note: Facilities will develop a policy for shaving which could include the use of electric razors in place of the issuance of single use razors.

L. Correspondence

1. Any inmate that has been in the RCTP for over four (4) consecutive days may be given incoming mail. This mail should only be given to the inmate after OMH has made a determination that receipt of such mail is not contraindicated for mental health reasons.
2. Any incoming mail must be appropriately processed including inspection for contraband and removal of all staples, paper clips, or any other metal items before it is given to the inmate.
3. All other correspondence procedures will be handled in accordance with Directive #4422, "Inmate Correspondence Program."

M. Visits

1. Inmates who have been in RCTP for over seven (7) consecutive days may receive a non-contact visit. If clinically appropriate, OMH may make a request for a visit prior to the inmate being in RCTP for seven consecutive days. Except as a result of a loss of visits sanction at a Superintendent's proceeding, no inmate shall be deprived of the visiting privileges available. Visits will be held in a designated area and in accordance with each facility policy, procedures, and visiting schedule. All visits must be approved by the facility Superintendent, or designee, in consultation with the facility Unit Chief. Religious events, Family Festivals, and Family Reunion Program visits are not allowed for those in the RCTP.
2. Visits for inmates in the RCTP shall be in accordance with any special precautions deemed necessary or appropriate by the Superintendent of the facility. Such special precautions may include, but are not limited to, denial of visiting with a specified visitor or visitors and/or other special precautions to maintain the safety, security, and good order of the Department or its correctional facilities. No employee shall be permitted to monitor the content of conversation between an inmate and his or her legal or spiritual advisor.

Note: If an inmate is currently under the Exposure Control protocols, the Exposure Control Suit must be worn during the visit and such visit should be held in a non-contact visiting area.

3. A determination to deny a visit due to a threat to the safety and security of staff or facility must be made by the Superintendent or designee. This determination must be documented in the unit activity log book to include the name/title of the staff person who authorized the restriction and the justification/reason for the denial.
4. All inmates approved for a visit should be afforded the opportunity to take a 10-minute shower prior to the visit, and be dressed in state-issued greens unless there are specific security concerns.

N. Telephone Calls

1. Inmates who have been in the RCTP for over seven (7) consecutive days may make a telephone call. All calls must be made in accordance with Directive #4423, "Inmate Telephone Calls." Except as a result of a loss of phone sanction at a Superintendent's proceeding, no inmate shall be deprived of telephone privileges. Telephone calls will be held in a designated area and in accordance with each facility's policy, procedures, and phone call schedules. OMH may make a request for an emergency phone call to be approved by the Superintendent or designee.
2. All recommendations for telephone calls must be made to, and approved by, the facility Superintendent, or designee in consultation with the Unit Chief. Phone calls will be permitted on the unit, which will be monitored by the Officer assigned to that unit. All calls will be made at the expense of the inmate. Prior to the call, DOCCS Offender Rehabilitation Coordinator (ORC) must ensure that the contacted individual is not on a negative correspondence list and that there are no active orders of protection.
3. A determination to deny a phone call, due to a threat to the safety and security of staff or facility, must be made by the Superintendent or designee in consultation with OMH. This determination must be documented in the unit activity log book to include the name/title of the staff person who authorized the restriction and the justification/reason for the denial.

- O. Library Services: A library supply cart will be maintained on the RCTP. The Office of Mental Health will be responsible for checking, re-supplying, and rotating the available materials. The RCTP Officer will be responsible for the distribution, collection, and frisking of the materials. Each inmate may be allowed to possess two (2) books and one (1) magazine at a time. The materials may be exchanged twice per week.
- P. Laundry Services: Laundry services will be conducted in conjunction with the facility laundry RCTP schedule. Laundry will be collected/distributed by the RCTP Officer utilizing the net bags stored on the unit. At no time should the net bags remain inside the observation cell.
- Q. Mental Health Services: All inmates in an RCTP cell must be offered out-of-cell private interviews by OMH staff. Interviews must take place in a confidential space each business day. Inmates are permitted to refuse out-of-cell private interviews. However, should circumstances warrant inmate attendance in a private interview for clinical assessment, the Unit Chief must make a request to the Superintendent, or designee, that security measures be taken, up to and including a use of force if necessary, to mandate that an inmate be brought from RCTP for a private interview. The Unit Chief or designee, will indicate the rationale for this request and the potential risk to the inmate should he or she not comply with an out-of-cell interview, such as the inability to assess acute dangerousness and current mental status, and/or in collaboration with DOCCS medical staff, the physiological health and hydration status. In addition, an entry will be made, utilizing stamp, "RCTP Contact Record," (see Attachment B), whenever an inmate is taken out of their observation cell for a mental health interview. The entry should indicate the reason, i.e. interview with mental health staff, as well as the time the inmate is taken out and then returned to their observation cell. If the inmate is on a suicide watch, the same entry will be made in the suicide watch log book.

1. In addition to daily private interviews, OMH nursing staff will conduct rounds in the RCTP at least one time per shift and provide inmates with any psychotropic medications that are prescribed. In the event that an inmate requires emergency STAT medications to decrease an escalation of acute dangerous behavior in an Observation Cell, OMH staff will notify the Superintendent, or designee, that an order was received by a psychiatric practitioner or designee. In the absence of an available OMH practitioner and after all efforts are made to contact OMH, an order can be given by a DOCCS medical practitioner to safely administer the medications.
 2. Inmates who are in the RCTP dorm are offered a private interview in a confidential space as clinically necessary by the OMH Treatment Team. Private interviews for inmates in an observation cell or a dorm bed are always in accordance with an individual treatment plan that will focus on suicide prevention and reducing self-harming behavior while transitioning the inmate to a less restrictive housing unit.
- R. Religious and Guidance Counseling
1. Counseling by a member of the facility's Ministerial Services staff will be provided upon written or verbal request of the inmate. A designated member of the Ministerial Services staff will be required to make a minimum of one round per week in the RCTP. Attendance at congregated religious services will not be permitted.
 2. If an inmate makes a verbal request to see a member of the facility's Ministerial Services staff, a notation in the unit activity log book shall be made. The notation must include the time the request was made and who from Ministerial Services was contacted.
- S. Grievance: A staff representative of the Inmate Grievance Resolution Committee will visit the RCTP a minimum of once per week, or more often if necessary or requested to do so by the area supervisor in charge of the RCTP, to interview inmates and investigate any grievances.
- T. Prison Rape Elimination Act (PREA): Any allegations of sexual abuse must be reported to the Watch Commander in accordance with the agency's policy and procedures on reporting sexual abuse (*Informed consent is not needed for an incident that occurred in an institutional setting*).
- U. Treatment Team Meetings: The area supervisor shall be present at OMH Treatment Team meetings during the discussion of RCTP inmates. Although the area supervisor will attend, unit security staff are encouraged to relay/share pertinent information regarding the inmates to the area supervisor for inclusion in the meeting. The sharing of information and collaboration between DOCCS and OMH staff is critical in ensuring the proper treatment, safety, and discharge plan for the inmates. Security staff should provide information to OMH staff regarding inmates eating, sleeping, and behavioral patterns. OMH staff should provide information regarding medication compliance, signs/symptoms of psychiatric decompensation, and upcoming RCTP discharges and admissions.
- V. Discharge Procedure
1. Transfers out of an RCTP observation cell or dorm can occur when:
 - a. The crisis precipitating the transfer to RCTP has been resolved; or

- b. The psychiatric assessment suggests the patient is capable of meaningfully participating in programming and that return to a lower level of care represents the least restrictive and appropriate means of treatment; or
 - c. The psychiatric assessment determines the need for an increased level of treatment, e.g. transfer to CNYPC.
2. OMH staff may utilize the dorm or other designated area, for transitional placement of an inmate from an observation cell in order to further observe the inmate's mental status and overall ability to function in a less restrictive environment prior to discharge from the RCTP.
3. The decision as to whether an inmate is removed from the RCTP cell and placed in the RCTP dorm will be made by the Unit Chief or designee, and reported to the DSS for his or her review.
4. The DSS after receiving this recommendation, will examine the inmate's record considering information such as the reason for disciplinary confinement, the length of said confinement, how many and what type of inmates are currently residing on the dorm, and any other pertinent related information necessary that would impact on the inmate's movement from an RCTP cell to the RCTP dorm or other designated area.
5. A determination to deny access to the RCTP dorm due to a threat to the safety and security of staff or facility must be made by the DSS. This determination is to be documented in the unit activity logbook.
6. Any inmate that has been sent to Downstate Correctional Facility in preparation for upcoming release to the community, or to be civilly committed should be housed on 1D unless otherwise directed by the Office of Classification and Movement and/or the Downstate Correctional Facility Superintendent. These inmates should have full amenities and privileges unless OMH has determined there is substantial risk for self-harming or self-injurious behavior. If there are security concerns with placement in 1D, the Downstate Correctional Facility Superintendent can place the inmate in another designated area until their eventual release.

W. Response to Suicide Attempts

1. Any Correction Officer who discovers an inmate engaging in self-harm shall immediately survey the scene to assess the severity of the emergency. The Correction Officer shall remain at the scene and: alert other staff to call for Medical staff, retrieve the housing unit's emergency response bag (that includes a first aid kit, pocket mask, face shield, or Ambo-bag), retrieve the AED, and begin standard first aid and/or CPR as necessary per Directive #4059, "Response to Health Care Emergencies." All local procedures and resources shall be designed to ensure that an emergency response can be achieved anywhere in a facility within three minutes.
2. The determining factor when deciding whether or not to open a cell without a supervisor physically present will be the belief that sufficient staff (minimum of two) and equipment, if necessary, are available to safely handle the situation, while not compromising the security of the unit.
3. Following notification of an emergency in the RCTP and the opening of a cell under those circumstances, a supervisor must report to the area immediately to take charge of the situation.

X. Observation Wrap

1. The Observation Wrap was designed as an alternative for inmates that have attempted self-harm with the safety smocks. It is only authorized to be utilized when the RCTP safety smock poses a significant risk to the inmate, e.g., the inmate attempts self-harm using the straps from the safety smock, etc.
2. It can only be issued with the approval of either the OMH Unit Chief or the DSS in consultation with the OMH Unit Chief. The approval for its use should be documented in the suicide watch log book. At no time, should an inmate be left without at least the Observation Wrap or other appropriate garments.

Y. Wheelchair Use

1. In cases where an inmate uses a wheel chair and is in an RCTP cell, the following guidelines should be followed:
2. A determination must be made if the inmate is in one of the following three-wheel chair categories:
 - V801- wheelchair required; independent with activities of daily living
 - V802- wheelchair required; not independent with activities of daily living
 - V803- wheelchair use; long distance
3. Inmates who are in the V801 category will have the wheelchair which is assigned and stored on the unit, placed in the handicap accessible RCTP cell for use by the inmate. The wheelchair will be inspected daily by the Correction Officer who will log the results in the unit log book. The Area Sergeant will be notified immediately if the wheelchair has been tampered with or removed from the unit.
4. Inmates who are in the V803 category will have their assigned wheelchair maintained on the unit, outside of the RCTP cell. When an inmate is moved outside of the cell for long distances, the wheelchair must be made available for use. This will be logged by the Correction Officer in the unit log book.
5. If an inmate is in the V802 category, consideration should be made to place the inmate in an infirmary bed on a special watch, not in an RCTP cell.

Z. Cell Inspections and Preventative Maintenance

1. In order to ensure the availability of observation cells for inmates when appropriate, observation cells are to be inspected by maintenance staff on a monthly basis and the inspection must include the following items:
 - a. Paint: All painted surfaces (ceiling, floors, walls, and bunks) are to be in good condition; check for any peeling, loose, or chipped paint.
 - b. Caulk: All caulk is to be the flexible, pick proof type (Pechora Synflex, type #6 sealant), and caulked surfaces are to be in good condition; check for any missing or peeling caulk.
 - c. Floor: Surface treatment is to be in good condition; check for any peeling, loose, or chipped floor surface.
 - d. Woven stainless steel mesh: Woven mesh is to be in good condition and permit visibility; check for paint deposits that have diminished the visibility through the mesh.
 - e. Rust: Check for any rust that has developed on any surface in the cell.

- f. Lighting fixtures, plumbing fixtures, and cameras: Check for correct operation, missing pieces, broken parts, and functionality.
 - g. Concrete and expansion joints: Check for spalling of concrete and verify the integrity and adhesion of expansion joints.
2. To limit any cell takedowns, deficiencies are to be documented in accordance with department regulations and corrected immediately. Documentation of corrective action must be noted in the MP2 system once completed.

Any questions regarding standard corrective and/or technical services should be directed to your facilities planner.

- AA. Training: An annual, mandatory eight-hour training program has been developed for staff assigned to, or working in an RCTP. Participants for the training shall include: the DSS, Captain, Watch Commanders, Area Sergeant, RCTP Correction Officers from all three shifts, RCTP ORCs, Nurse Administrator, DOCCS medical nursing and any other staff who regularly work in the RCTP, including OMH staff.

Additionally, any new staff that are awarded a bid in the RCTP must review the RCTP video which will demonstrate a basic understanding of the procedures and admissions in the RCTP. Subsequent to viewing the video, a training form must be signed and submitted to appropriate regional training staff.

RCTP Admissions Stamp

NAME _____ DIN # _____

DATE _____ TIME _____

TYPE OF WATCH: _____ LOCATION OF WATCH _____

WHO AUTHORIZED WATCH _____

CELL FRISKED BY _____ RESULTS OF FRISK _____

STRIP FRISK BY _____ RESULTS OF STRIP FRISK _____

INMATE IS TO BE ISSUED THE FOLLOWING ITEMS UNLESS DEPRIVED BY DOCTOR

MATTRESS OR MATS (2) _____ SMOCK _____ FOOTWEAR _____

OTHER ALLOWED ITEMS _____

SUPERVISOR @ ADMISSION _____

WATCH ENDED: DATE _____ TIME _____

AUTHORIZED BY _____

INMATE MOVED TO: _____

RCTP OMH Contact Record

RCTP contact record

Date: _____ OBS cell #: _____

Inmate name: _____

DIN #: _____

Out of cell interview with:

*Inmate refusal to be interviewed shall be recorded above

Cell side contact with:

Start time: _____ End time: _____

Privileges Tracker

NAME:			
DIN:			
PRIVILEGES:	YES/NO:	EXPIRATION DATE:	COMMENTS:
Loss of Phone:			
Loss of Recreation:			
Loss of Visits:			
DEPRIVATIONS:			
Approved for Showers:			
Approved for Razor:			
Approved for Eco Security Utensil:			
OTHER:			
Restraints Required:			
Currently on a Hunger Strike:			
Currently on a Suicide Watch:			
Currently on a Contraband Watch:			
Wheelchair Required:			

SPECIAL MANAGEMENT MEAL ORDER

Initial Start Date:
Start Meal:

_____ Correctional Facility

Name:	DIN:
Cell Location:	

In accordance with 7 NYCRR Section 304.2, I am recommending that you be placed on the Special Management Meal because I have determined that a threat to the safety or security of staff, inmates, or State property exists for the following specific reason(s):

Recommended by: (Print) _____ (Signature) _____ (Date) _____

Superintendent's Decision: APPROVED DISAPPROVED

REVIEWED BY:

Print Name	Signature	Title	Date

NOTICE TO INMATE: You may write to the Deputy Superintendent for Security or his/her designee to make a statement as to the need for continued imposition of this Special Management Meal Order.

TO: MEDICAL DIRECTOR:
 The above named inmate is being considered for a Special Management Meal. Please examine the inmate's ambulatory health record to determine if such meal would jeopardize the inmate's health.

Medical Recommendation: This inmate is medically approved for the Special Management Meal.
 This inmate's medical condition renders the Special Management Meal inappropriate.

REVIEWED BY:

Print Name	Signature	Title	Date

TO: AREA SUPERVISOR/WATCH COMMANDER/DEPUTY SUPT. SECURITY: The above named inmate has been placed on a Special Management Meal Order. He or She is to be evaluated daily for the need to continue this order. Fill out this portion of the form daily.

	DATE	Reason(s) for continuing this order (based on current evaluation):
2.		Recommended by _____ Approved by: _____
3.		Recommended by _____ Approved by: _____
4.		Recommended by _____ Approved by: _____
5.		Recommended by _____ Approved by: _____
6.		Recommended by _____ Approved by: _____
7.		Recommended by _____ Approved by: _____

FORM 1140 (7/11)
Ref: Dir.#4910

REPORT OF STRIP SEARCH OR STRIP FRISK

DATE: _____
TIME: _____

INMATE NAME: _____	DIN#: _____	FRISK LOCATION: _____
BASIS OF SEARCH/FRISK: GIVE REASONS _____		
<input type="checkbox"/> PROBABLE CAUSE _____ <input type="checkbox"/> OTHER _____		
TYPE OF SEARCH		
<input type="checkbox"/> STRIP SEARCH _____ <input type="checkbox"/> STRIP FRISK _____		
AUTHORIZED BY _____		SIGNATURE _____
NAME/RANK OF PERSON(S) CONDUCTING FRISK:		
1) _____ 2) _____		
-- If Other Staff are Present, List Name/Rank, and Explain Why Their Presence was Necessary and Who Authorized Their Presence:		

RESULTS OF SEARCH _____		

WAS FORCE REQUIRED TO COMPLETE THE SEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO		
		SIGNATURE _____
Orig. IRC (Inmate File) cc: Captain (Retain 1 Yr.) cc: DSS		

FORM 1140-WRF (7/11)
Ref: Dir.#4910

**REPORT OF STRIP FRISK ON ADMISSION
RESTRICTION/SECURE UNIT**

DATE: _____
TIME: _____

INMATE NAME: _____	DIN#: _____	FRISK LOCATION: _____
TO BE COMPLETED BY THE PERSON(S) CONDUCTING THE FRISK/ SEARCH.		
NAME/RANK OF PERSON(S) CONDUCTING FRISK:		
1) _____ 2) _____		
-- If Other Staff are Present, List Name/Rank, and Explain Why Their Presence was Necessary and Who Authorized Their Presence:		

RESULTS OF SEARCH _____		

WAS FORCE REQUIRED TO COMPLETE THE SEARCH? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Orig. IRC cc: Captain cc: DSS		SIGNATURE _____

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_____ Correctional Facility

DEPRIVATION ORDER

INMATE'S NAME: _____ **DIN:** _____ **Cell Location:** _____

In accordance with 7 NYCRR Section 305.2, on this date of _____ you are being deprived of the following specific item(s), privilege(s) or service(s): _____

because it is determined that a threat to the safety or security of staff, inmates, or State property exists and for the following specific reason(s): _____

Recommended by: _____, Sergeant Authorized By: _____, Date: _____
(DSS, OD or Other Authorized Staff)

Daily Review	Date	Cell #	Reason(s) for continuing this order (based on current evaluation):
DAY 2.			
			Recommended by (Sgt.): _____ Authorized by: _____
DAY 3.			
			Recommended by (Sgt.): _____ Authorized by: _____
DAY 4.			
			Recommended by (Sgt.): _____ Authorized by: _____
DAY 5.			
			Recommended by (Sgt.): _____ Authorized by: _____
DAY 6.			
			Recommended by (Sgt.): _____ Authorized by: _____
DAY 7.			
			Recommended by (Sgt.): _____ Authorized by: _____

After seven (7) days, deprivation orders will be reviewed and can be renewed by the Superintendent.

SUPERINTENDENTS REVIEW:

COMMENTS: _____

RENEW: YES NO SIGNATURE: _____ DATE: _____

NOTICE TO INMATE:
You may write to the Deputy Superintendent for Security or his or her designee to make a statement on the need for continuing this deprivation order.

Notes: Upon signature (authorization) copy and deliver to the inmate.
For any deprivation order issued pursuant to § 305.2(e), the appropriate OMH form must be attached as soon as possible upon completion by the approving clinical professional.

Cc: Superintendent, Office of Mental Health (caseload inmates), SHU Sergeant Housing Unit, Guidance Unit, Inmate

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMERGENCY ADMISSION REFERRAL FORM (EARF)

FORM 3290 (7/15)

INMATE NAME: _____ DIN: _____ OMH Level: _____

Approval obtained from _____ on _____ for 4301 transport
OMH Clinician Name/Title DATE

to _____ Correctional Facility, from _____ Correctional Facility

To Be Completed by DOCCS Medical Staff (MD/PA/NP/RN)

CURRENT BEHAVIOR (Check all that apply)

Danger to self – specify _____

Danger to others – specify _____

PAST HISTORY (Check all that apply)

Suicidal/Self Harm Previous psychiatric contact _____

Homicidal/Assaultive Psychiatric hospitalization/treatment _____

A Behavior Problem Other _____

Medical Issues? No Yes if yes, specify _____

Allergies? No Yes if yes, specify _____

Physical Issues? No Yes if yes, specify _____

Current Medications – Medical and Psychiatric (include stat/PRNS within last 24 hrs.)

_____	_____
_____	_____
_____	_____

Two (2) day supply of medications attached to inmate record for transport? Yes No

If not, why? _____

Medically cleared for transport? Yes No If no, why? _____

Cleared by whom? _____ MD/PA/NP/RN (circle one)

Print Name of DOCCS Medical Staff

EARF form (Inmate Information) to receiving facility Satellite Unit and Medical Unit

Faxed to Satellite Unit? Yes No

Faxed to Medical Unit? Yes No

Faxed to what number? _____

Faxed to what number? _____

On _____ at _____ am/pm

On _____ at _____ am/pm

By whom? _____

By whom? _____

OMH Staff Name/Title

OMH Staff Name/Title

Follow up phone call to OMH Satellite Unit by _____ DOCCS Medical Staff

Received by _____ OMH Staff on _____ at _____ am/pm

OMH Staff Name/Title

Form completed by DOCCS staff _____ Name/Title Date: _____

Form attached to DOCCS Medical Record? Yes No

Patient Name:	DIN:	C#:	Unit:
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Transfer to Observation cell: Date: _____ Time: _____	Transferred to Observation cell from: (Circle one): GP, SHU, ICP, TrICP, BHU/TBU/RMHU, 4301, CNYPC/Other	Transfer Initiated by: <input type="checkbox"/> OMH Staff Daytime Hours <input type="checkbox"/> OMH Nurse (Off Hours) <input type="checkbox"/> DOCCS Staff
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Reason for Transfer: Threat of Self-Harm Assaultive Psychiatric Decompensation
 Self-Injurious Behavior Other Mental Health Reason

Type of Observation (Select only one): <u>Started</u>	<u>Ended</u>																														
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;"></th> <th style="width:15%;"><u>Date</u></th> <th style="width:15%;"><u>Time</u></th> <th style="width:15%;"></th> <th style="width:15%;"><u>Signature</u></th> </tr> <tr> <td>Suicide Watch</td> <td>_____</td> <td>_____</td> <td>am /pm</td> <td>_____</td> </tr> <tr> <td>Regular 15 Minute Rounds</td> <td>_____</td> <td>_____</td> <td>am /pm</td> <td>_____</td> </tr> </table>		<u>Date</u>	<u>Time</u>		<u>Signature</u>	Suicide Watch	_____	_____	am /pm	_____	Regular 15 Minute Rounds	_____	_____	am /pm	_____	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;"></th> <th style="width:15%;"><u>Date</u></th> <th style="width:15%;"><u>Time</u></th> <th style="width:15%;"></th> <th style="width:15%;"><u>Signature</u></th> </tr> <tr> <td>Suicide Watch</td> <td>_____</td> <td>_____</td> <td>am /pm</td> <td>_____</td> </tr> <tr> <td>Regular 15 Minute Rounds</td> <td>_____</td> <td>_____</td> <td>am /pm</td> <td>_____</td> </tr> </table>		<u>Date</u>	<u>Time</u>		<u>Signature</u>	Suicide Watch	_____	_____	am /pm	_____	Regular 15 Minute Rounds	_____	_____	am /pm	_____
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Suicide Watch	_____	_____	am /pm	_____																											
Regular 15 Minute Rounds	_____	_____	am /pm	_____																											

Patient has been provided the following minimum observation cell items listed below unless not approved for clinical/safety reasons.

MINIMUM OBSERVATION CELL ITEMS	Not Approved For Clinical/Safety Reasons		Given	
	Date	Initials	Date	Initials
One (1) specialized tear resistant smock	<input type="checkbox"/>		<input type="checkbox"/>	
Two (2) specialized tear resistant safety mats	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized tear/fire resistant mattress	<input type="checkbox"/>		<input type="checkbox"/>	
Paper Slippers	<input type="checkbox"/>		<input type="checkbox"/>	
Soap (Return following use)	<input type="checkbox"/>		<input type="checkbox"/>	
Toothbrush (Return following use)	<input type="checkbox"/>		<input type="checkbox"/>	
Toothpaste (Return following use)	<input type="checkbox"/>		<input type="checkbox"/>	
Eating Utensil (Return following use)	<input type="checkbox"/>		<input type="checkbox"/>	
Shower per DOCCS Schedule	<input type="checkbox"/>		<input type="checkbox"/>	
Feminine Hygiene items (If needed)	<input type="checkbox"/>		<input type="checkbox"/>	
ECOSECURITY UTENSIL (Given In lieu of Eating Utensil; Requires approval of Unit Chief and/or UC and DSS)	<input type="checkbox"/>		<input type="checkbox"/>	
OBSERVATION WRAP (Given In lieu of Smock; Requires approval of Unit Chief and/or UC and DSS)	<input type="checkbox"/>		<input type="checkbox"/>	

Based on clinical determination, indicate those additional amenities provided with dates and initials.

ADDITIONAL OBSERVATION CELL ITEMS	Given		Not Approved For Clinical/Safety Reasons		Given	
	Date	Initials	Date	Initials	Date	Initials
Extra specialized tear resistant safety mat	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Mail/Reading Material (Without Staples)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pen (Bendable)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Writing Paper	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pajamas	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Underwear	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Shirt/Pants (State Greens)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Socks	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Blanket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other: (Specify)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Transferred Out of RCTP Observation Cell: Date: _____ Time: _____	Signature: _____ Title: _____ Psychiatrist/NP or Unit Chief/Designee
---	--