

**NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
RECEPTION/SUICIDE PREVENTION SCREENING GUIDELINES**

Ref. Dir. #4101

This form is designed for use at all reception and intake centers. At all reception/intake sites, DOCCS will make inmates available for OMH to conduct a suicide screening on the day of the inmate's arrival. If OMH is not available, DOCCS Health Services staff will be responsible for completing Form 3152RC. In cases where DOCCS Health Services staff completes the suicide screening, OMH is responsible for additionally screening the inmate for suicidal risk within 48 hours of the inmate's arrival.

Inmate's Name:	Sex:	DOB:	DIN:	Date:	Time:	Current Convictions(s)
Name of Facility:	Name of Screening Person:			Inmate showed serious psychiatric problems during prior incarceration: YES _____ NO _____		
				Prior Mental Health Level: _____		

CHECK APPROPRIATE COLUMN FOR EACH QUESTION.

	Column A YES	Column B NO	General Comments/ Observations
OBSERVATIONS OF TRANSPORTING OFFICER:	***		
1. Transport officer believes that inmate may be a suicide risk. If YES, notify Mental Health and Area Supervisor.			
PERSONAL DATA:			
2. Inmate has experienced a significant loss within the last 6 months (e.g., loss of relationship, death of a close family member).			
3. Inmate held a position of respect in community (e.g., professional, public official) and/or alleged crime is shocking in nature. If YES, notify Mental Health.	***		
4. Inmate has psychiatric history (received counseling regularly, taking psychotropic medications recently, on a 10-day outcount).			
5. Inmate is thinking about killing himself. If YES, notify Mental Health and Area Supervisor.	***		
6. Inmate has previous suicide attempts (check wrists, neck and head for signs of self-mutilation).			
7. Inmate has recently received distressing news of legal situation.			
8. Inmate feels there is nothing to look forward to in the future. (Expresses feelings of hopelessness).	***		
BEHAVIOR/APPEARANCE:			
9. Inmate shows signs of depression (e.g. crying, withdrawn).			
10. Inmate appears overly anxious, afraid or angry.			
11. Inmate's hygiene appears to be deteriorating.			
12. Inmate is acting and/or talking in a strange manner (e.g., cannot focus attention, hearing or seeing things – things which are not there).			
13. Inmate has been giving away property			
14. a. Inmate is apparently under the influence of alcohol or drugs.			
b. If YES, is inmate incoherent or showing signs of withdrawal or mental illness. If YES to either (a) or (b), notify the Watch Commander/Medical and Mental Health.	***		
CRIMINAL HISTORY:			
15. New to Corrections (first bid and county time).			

Actions:

- If any box marked with *** is checked, make an immediate (emergency) referral to Mental Health and notify the Watch Commander.
- If any of the other YES boxes are checked in the Behaviors/Appearances section, make a regular (non-emergency) referral to Mental Health.

Mental Health notified. Yes No
 Type of Mental Health Notification? Regular (Non-Emergency) Referral Immediate (Emergency) Referral

If regular referral, how was notification made? phone in-writing in-person

Name and title of clinician contacted: _____
 Name Title

- If for any other reason you feel there is a problem with the inmate, notify Mental Health and call the Watch Commander.

The source of a mental health referral is protected from disclosure under Mental Health Law, Section 33.13 and 33.18, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Distribution: White - OMH *If no OMH referral was "required" or the facility does not have OMH staff, white copy to guidance file.
 Canary - Watch Commander
 Pink - Medical