

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

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. Please note that in cases of a regular (non-emergency) referral to Mental Health, an additional Form #3150, "Mental Health Referral" is not required. The #3152RC non-emergency referral form will function as the mental health referral.

Inmate's Name:	Sex:	DOB:	DIN:	Date:	Time:	Current Conviction(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. Escorting Officer observed bizarre behavior or behavior that may be a sign of suicide risk.			
PERSONAL DATA:			
2. Have you experienced a significant loss within the last 6 months (e.g., loss of relationship, death of a close family member)?			
3. Did you hold a position of respect in community (e.g., professional, public official) and/or was your alleged crime shocking in nature?	***		
4. Have you ever received Mental Health or psychiatric services, or have you ever been diagnosed with a mental disorder (received counseling regularly, taking psychotropic medications recently)?			
5. Have you been thinking about killing yourself?	***		
6. Have you ever tried to commit suicide?	***		
7. Have you recently received distressing news of legal situation?			
8. Do you feel you have anything to look forward to in the future?		***	
9. Do you feel you can adjust to this incarceration?		***	
BEHAVIOR/APPEARANCE:			
10. Inmate has visible scars/marks of self-mutilation.	***		
11. Inmate shows signs of depression (e.g. crying, withdrawn).			
12. Inmate appears anxious, scared, irritable, or angry.			
13. Inmate appears to have poor hygiene (e.g. smells, debris in hair).			
14. Inmate is having trouble following direction or responding appropriately.			
15. Inmate appears to be under the influence of alcohol or drugs, is incoherent or otherwise acting in an abnormal manner.	***		
CRIMINAL HISTORY:			
16. New to Corrections (first bid and county time).			

Actions:

- If any box marked with *** is checked, make an immediate referral to Mental Health and notify the Watch Commander.
- If the inmate refuses to answer any of the screening questions where *** is marked, note that fact in the comments section and make immediate referral to OMH.
- If any other YES boxes are checked in the Behaviors/Appearances section, make a regular referral to Mental Health.

Mental Health referral needed Yes No

If yes, type of Mental Health Notification Regular Referral Immediate Phone Referral

If regular referral, how was notification made? Phone In-writing In-Person

If immediate referral name and title of clinician contacted is required:

_____ 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 and information provided on the referral may be protected from disclosure under Section 33.13 and 33.16 of the Mental Hygiene Law, if such disclosure could be detrimental to the referral source, to the patient, or other persons.