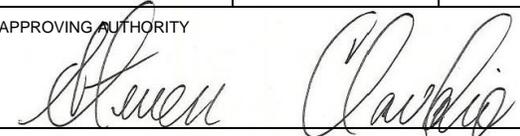


 <b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>	TITLE		NO. 9219
	<b>Strict and Intensive Supervision and Treatment (SIST) Arrival Report and Initial Interview</b>		DATE 12/1/2016
SUPERSEDES DIR #9219 Dtd. 9/9/2015	DISTRIBUTION A B	PAGES PAGE 1 OF 7	DATE LAST REVISED
REFERENCES (Include but are not limited to) Directives #9104 and #9206; Parole Manual Items 9201.00, 9202.00, 9204.09; MHL Article 10; OMH Community Svc Plan	APPROVING AUTHORITY 		

- I. DESCRIPTION:** To instruct Parole Officers in taking and documenting arrival reports and conducting the first in-depth interview with respondents released to Strict and Intensive Supervision and Treatment (SIST) pursuant to Mental Hygiene Law (MHL) Article 10, also known as the “Sex Offender Management and Treatment Act.”
- II. POLICY:** In order to enhance public safety and to assist respondents in addressing difficulties in controlling behavior related to sexual offending, the Parole Officer (PO) of record, or the Senior Parole Officer (SPO) or designee, will conduct and document an *Arrival Report and Initial Interview* with the respondent on the date of release to SIST unless the Court that imposed SIST provides other instruction, in which instance the Arrival Report and Initial Interview will occur in accord with the Court’s instruction.
- III. DEFINITIONS**
- A. **Arrival Report:** The first in-person contact a respondent has with a PO after release to SIST. In all cases, the report will be documented in the Case Management System (CMS) on Form CMS4027, “Arrival/Assignment Report.”
- NOTE: The “Arrival/Assignment Report” is also available through the Elmira Print Shop and is listed as [Form #4027CS](#).
- B. **Initial Interview:** The first interview between the PO of record and the new respondent.
- C. **Respondent:** Person subject to MHL Article 10.
- D. **SOMU:** Sex Offender Management Unit – Department of Corrections and Community Supervision (DOCCS).
- E. **NYS OAG:** New York State Office of the Attorney General.
- F. **NYS OMH:** New York State Office of Mental Health.
- G. **NYS OPWDD:** New York State Office for Persons with Developmental Disabilities.
- IV. PROCEDURE**
- A. **Pre-Release Case Processing**
1. Assigned DOCCS Supervising Offender Rehabilitation Coordinator (SORC), Offender Rehabilitation Coordinator (ORC), or PO:
    - a. DOCCS staff as assigned will coordinate with the Court, SOMU, NYS OMH, NYS OPWDD, and/or the NYS OAG to finalize and provide reporting instructions and transportation assistance as required to respondents being released to SIST. Arrangements will be made so that respondents will be directed to report on the date of release and make an Arrival Report to the assigned PO or designee.

- b. SOMU will provide assigned staff with a copy of the signed and entered Order and Conditions of SIST.
- c. Assigned PO will provide notice of the respondent's release to the local Department of Social Services if the respondent will be homeless upon release to SIST.

B. Arrival Report

1. The Bureau Chief (BC) will ensure that necessary arrangements are made so staff are prepared for a respondent's arrival and can promptly interview the respondent upon the arrival. The PO of record, or other PO designated by the BC, will take the Arrival Report.

NOTE: In cases where the respondent is currently under supervision by the Department and he or she is ordered to SIST, a new Arrival Report need not be prepared; only the SIST Initial Interview must be completed.

2. The PO shall:
  - a. Review reporting instructions to support and/or determine respondent compliance;
  - b. Review the Order and Conditions of SIST with the respondent and obtain respondent signature or a re-signed copy of the SIST conditions for filing in the case folder;
  - c. Take a minimum of three (3) photographs and three (3) original sets of fingerprints of the respondent if required;
  - d. Review with the respondent any parole, conditional release, or post-release conditions of supervision, and special conditions that may also apply to the case;
  - e. Review with the respondent their financial situation and resources, including the obligation to pay supervision fees if these are not subject to waiver or are not applicable;
  - f. Administer GPS monitoring in accord with SIST policy;
  - g. Review with the respondent the program to which they were released and ascertain if there are any changes;
  - h. Review the "SIST Community Service Plan," (see Attachment A), prepared by OMH, with the respondent;
  - i. Inform the respondent of the date, time, and location of the next scheduled report, and the name and contact information for the assigned PO/SPO or other PO who will take the report;
  - j. File any required change of address form (DCJS Form 3231) with the Sex Offender Registry, with the respondent's signature;
  - k. Ensure that any required notice of person likely to present themselves as homeless has been filed with the local Department of Social Services; and
  - l. Complete and file Form CMS4027, "Arrival/Assignment Report," (available on F15 print menu of CMS).

NOTE: The Arrival/Assignment Report is also available through the Elmira Print Shop and is listed as [Form #4027CS](#).

C. Conducting the Initial Interview

1. During the interview, the PO will develop an Individualized Supervision and Treatment Plan and review the following:
  - a. Residence, address phone number;
  - b. Name, age, sex, contact information, employment information, and other occupants of the residence;
  - c. Personal documentation;
  - d. Victim concerns, Orders of Protection;
  - e. Sex Offender Registry obligations, if applicable;
  - f. Employment and/or vocational educational program, if applicable;
  - g. "SIST Community Service Plan" and treatment placements (sex offender treatment, substance abuse, mental health, etc.) as provided by OMH (see Attachment A) and ordered by the Court and/or the Board of Parole, as applicable;
  - h. Prescribed medications, supply, scripts, as applicable;
  - i. Medical/mental health concerns and referral, if needed;
  - j. Substance abuse history and referral to treatment program, if needed;
  - k. Gambling and/or domestic violence history and referral to treatment program if needed;
  - l. Motor vehicle/license status;
  - m. Conditions of SIST and/or conditions of parole, conditional release, or post-release supervision/special conditions, if applicable;
  - n. Complete and send polygraph referral form, as applicable;
  - o. Supervision concerns, attitude, pattern of behaviors;
  - p. Report schedule and how to contact the PO;
  - q. Right to petition the Court for SIST modification or termination; early discharge/termination from supervision (parole sentenced cases) and Certificate of Relief/Good Conduct, if applicable;
  - r. Supervision fee obligation, methods of payment, if applicable; and
  - s. Respondent grievance process (method to follow if respondent has a complaint about the PO).
2. The PO will complete [Form #9641CS](#), "Initial Interview/Final Individualized Supervision and Treatment Plan for SIST," for supervisory approval within 14 days of release and updated every six (6) months thereafter. The CMS activity code "IN" must be entered in the contact when the Initial Interview is completed. The plan has a validation process that reliably predicts the respondent's risks and needs for community re-entry and community supervision. The interventions are targeted to factors that relate to the respondent's criminal behavior and/or sexual offending behavior.



**Office of  
Mental Health**

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Commissioner

MARTHA SCHAEFER  
Executive Deputy Commissioner

**SIST COMMUNITY SERVICE PLAN  
Pursuant to MHL 10.11(a)**

OMH recommends the following course of community based treatment

In accordance with Mental Hygiene Law §10.11(a) and the Court's order, the Office of Mental Health (OMH) has evaluated the appropriateness of this individual to be released to the community on Strict and Intensive Supervision and Treatment (SIST). OMH has identified community based treatment services that are essential for safe placement in the community and approves this service plan with referrals to community providers for the delivery of the requisite level of sex offender treatment services.

The Respondent currently has the following identified needs which are addressed in this service plan: *Please list current needs.*

OR

OMH does not recommend Strict and Intensive Supervision and Treatment

In accordance with Mental Hygiene Law §10.11(a) and the Court's order, the Office of Mental Health (OMH) has investigated the availability of relevant community based treatment services essential for safe placement in the community. OMH has determined that such services do not exist as (Respondent's Name) needs can only be addressed in an in-patient sex offender treatment setting which, to our knowledge, is not available anywhere in New York State, with the exception of OMH's two secure treatment facilities.

Due to the Respondent's current need for xxxxxxxx (please provide a snapshot of reasons why the Respondent needs to remain in the treatment facility), it is necessary that he remain within the secure in-patient treatment setting where he will continue to receive the care and treatment necessary to help him develop the pro-social skills, patterns of thinking, knowledge, and relapse prevention strategies to enable him to eventually transition back into the community safely.

**OFFENDER DATA**

Name:	D.O.B.:
Proposed Address	SORA Level:
County:	
Street:	NYSID:
City:	DIN:
State:	Current Location:
Zip:	Facility Contact:



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**PAROLE SUPERVISION CONTACT INFORMATION**

Parole Officer:	Street:	
Phone Number:	City:	
Alternate Number:	State:	Zip:
<b>Reporting Location – Follow the instructions of your Parole Officer at the time of release.</b>		

**DSM-IV DIAGNOSES**

Axis I:	
Axis II:	
Axis III:	
Describe cognitive/developmental impairments:	None known or noted.

**MEDICATION**

Currently prescribed anti-androgen:	<input type="checkbox"/> yes	<input type="checkbox"/> no
History of court-ordered medication over objection?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Current Medication (Name, Dose, Frequency)</b>	<b>Condition/Purpose</b>	

**OFFENSE AND VICTIM PROFILE**

Case Conceptualization:
Case Review Team identified risk factors:
Static 99 Score:
<b>Victim Alerts</b>
Description of victim(s) and offense patterns:
Inpatient Treatment Update:

**SEX OFFENDER TREATMENT**  YES  NO

<i>[If not recommending SIST, please indicate such here by checking "Yes" and then write "Although OMH does not recommend Mr. XXX for release to SIST, if the Court orders Mr. XXX to SIST sex offender treatment would be needed to safely manage him in the community." If recommending SIST, please delete this row from the table.]</i>
<b>Treatment Recommendations</b>
Recommended frequency of individual sessions/week (minimum):
Recommended frequency of group sessions/week (minimum):
<b>Identified Treatment Provider(s)</b>
Provider Name:
Address:
Phone Number:
<b>Appointment date &amp; time to be determined upon final order of SIST.</b>



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**MENTAL HEALTH TREATMENT**  YES  NO

*[If not recommending SIST, please indicate such here by checking "Yes" if mental health treatment would be needed and then write "Although OMH does not recommend Mr. XXX for release to SIST, if the Court orders Mr. XXX to SIST mental health treatment would be needed to safely manage him in the community." If recommending SIST, please delete this row from the table.]*

**Symptom/ Risk Factor to be Addressed in Treatment**

<input type="checkbox"/> History of self-harm/suicidal ideation	Describe:
<input type="checkbox"/> History of violence towards others/homicidal ideation	Describe:
<input type="checkbox"/> History of Assisted Outpatient Treatment (AOT) order	
<input type="checkbox"/> Other (please describe):	

**Additional Comments:**

**Identified Treatment Provider(s)**

Provider Name:  
 Address:  
 Phone Number:

*Appointment date & time to be determined upon final order of SIST.*

**Case Management Provider (if applicable)**

Provider Name:  
 Address:  
 Phone Number:

*Appointment date & time to be determined upon final order of SIST.*

**SUBSTANCE ABUSE TREATMENT**  YES  NO

*[If not recommending SIST, please indicate such here by checking "Yes" if substance abuse treatment would be needed and then write "Although OMH does not recommend Mr. XXX for release to SIST, if the Court orders Mr. XXX to SIST substance abuse treatment would be needed to safely manage him in the community." If recommending SIST, please delete this row from the table.]*

**Brief substance abuse history:**

<input type="checkbox"/> Referral for substance abuse evaluation	Reason:
--	---------

**Identified Treatment Provider**

Provider Name:  
 Address:  
 Phone Number:

*Appointment date & time to be determined upon final order of SIST.*

**Anger Management**  YES  NO

*[If not recommending SIST, please indicate such here by checking "Yes" if anger management groups would be needed and then write "Although OMH does not recommend Mr. XXX for release to SIST, if the Court orders Mr. XXX to SIST anger management groups would be needed to safely manage him in the community." If recommending SIST, please delete this row from the table.]*



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<b>Identified Provider</b>
Provider Name:
Address:
Phone Number:
<i>Appointment date &amp; time to be determined upon final order of SIST.</i>

**DATE COMPLETED**

**I acknowledge that I will actively participate in all aspects of treatment as identified in this service plan.**

Respondent's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_