

 Corrections and Community Supervision DIRECTIVE	TITLE		NO. 9209
	Releases to Civil Psychiatric Centers		DATE 01/18/2019
SUPERSEDES DOP P&P Manual Item 9206.03	DISTRIBUTION A	PAGES PAGE 1 OF 2	DATE LAST REVISED
REFERENCES (Include but are not limited to) Directives #8700, #8710, #9010; Corrections Law 402; Mental Hygiene Law; Executive Law §259-L (1), (2), & (3); HIPPA Law	APPROVING AUTHORITY 		

- I. PURPOSE:** To instruct Department of Corrections and Community Supervision (DOCCS) staff in ensuring continuity of supervision and care of parolees who have been committed to civil psychiatric centers.
- II. POLICY:** In order to enhance community protection and to provide for the treatment of parolees who need psychiatric care, DOCCS staff will make note of inmates/parolees who have been identified by the Office of Mental Health (OMH) as civil commitments to psychiatric centers and will ensure that the cases are appropriately assigned for supervision.
- III. DEFINITION**
Civil Commitment: Transfer of inmate-patient parolees from prison or Central New York Psychiatric Center (CNYPC) to OMH civil psychiatric centers pursuant to Corrections Law 402 or Mental Hygiene Law.
- IV. PROCEDURE**
- A. Pre-Release
1. Offender Rehabilitation Coordinator (ORC)
 - a. Upon learning that an inmate will be released to a civil psychiatric center, facility staff will:
 - (1) Assemble a Community Preparation package, in accordance with Directive #8700, "Community Preparation – Case Assignment and Release Investigation Process," to include the most recent psychiatric evaluations, if one has not already been prepared and sent, advising the area office/bureau of the eventual or immediate release of the inmate to a civil psychiatric center located in a jurisdiction covered by that area office/bureau.
 - (2) If a Community Preparation package has already been prepared and sent, facility staff will notify the area office/bureau via email that the inmate is being released to a civil psychiatric center and will include the release date, when known, and the name and telephone number of the civil psychiatric center.
 - (3) If a Mental Health Discharge Summary has been received from the Office of Mental Health, facility staff will forward a copy to the area office/bureau where the Community Preparation is assigned.

NOTE: Executive Law, Section 259-L (1), (2), and (3) requires that the Commissioners of DOCCS and of OMH shall at all times provide, upon request, copies of psychiatric records to DOCCS staff, as may be necessary, to enable them to perform their duties. DOCCS staff must comply with the provisions of the HIPPA Law and Mental Hygiene Law Section 33.13 requiring signed releases.

- b. The Offender Rehabilitation Coordinator will conduct the pre-release interview, during which time the inmate will be given [Form #CS3010](#), "Certificate of Release to Parole Supervision," for signature, in accordance with Directive #8700. Staff will ensure that special reporting instructions are included under Rule #1 of the Conditions of Parole as well as in the Case Management System (CMS).

NOTE: If the inmate refuses to sign the Certificate of Release, the inmate will not be released. Facility staff will notify the Office of Mental Health and will make other notifications as per Directive #8710, "Certificates of Release to Community Supervision," to include the area office/bureau where the Community Prep is assigned.

B. Post-Release

1. Parole Officer (PO)

- a. Upon release from prison, the PO will conduct the Arrival Report with the parolee at the psychiatric center and will identify a contact person at the center.
- b. The PO will request a signed consent from the parolee allowing hospital staff to contact the PO in the event that the parolee is to be released, is allowed furloughs, or escapes/absconds from the hospital. The consent will also allow hospital staff to provide information on the parolee's status and mental health condition to DOCCS staff while the parolee is under supervision.
- c. The PO will visit the parolee while residing at the psychiatric center at least once per month to verify the parolee's presence at the hospital. The PO will also make monthly contact with the parolee's case manager at the hospital.
- d. The PO will contact hospital staff to discuss discharge planning and request engagement of DOCCS Re-Entry staff to assist with any problematic discharge issues.
- e. Upon the parolee's discharge from the hospital, the PO will, as necessary, transfer the case to the appropriate area office/bureau that covers the approved residence.
- f. All efforts must be documented in CMS.

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
CERTIFICATE OF RELEASE TO COMMUNITY SUPERVISION

SENTENCE: Choose an item

RELEASE TYPE: Choose an item

INMATE ACCOUNT BALANCE: Enter Balance. RESTITUTION/SURCHARGES: Click or tap here to enter text.

NYSID: Click or tap here to enter text DIN: Click or tap here to enter text

Click or tap here to enter text, now confined in Click or tap here to enter text Correctional Facility who was convicted of:

CRIME/COUNTS	SENTENCE	COUNTY	COURT	SENTENCING DATE	JUDGE

has agreed to abide by the conditions to which Choose an item has signed Choose an item name below, and is hereby granted Choose an item , by virtue of the authority conferred by New York State Law.

Maximum Expiration Date: Click here to enter a date

PRS Maximum Expiration Date: Click here to enter a date

Post-Release Supervision Period (years/months/days): Click or tap here to enter text

It is hereby directed that Choose an item be released and placed under legal jurisdiction of the Department of Corrections and Community Supervision until the Community Supervision End Date of Click here to enter a date.

Date of Release: Click here to enter a date

Parole Eligibility Date: Click here to enter a date

Board of Parole: Click or tap here to enter text.

Board Decision Date: Click here to enter a date

Approved Residence Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

I, Click or tap here to enter text., understand I will be subject to Community Supervision. I fully understand that my person, residence and property are subject to search and inspection. I understand that Community Supervision is defined by these Conditions of Release and all other conditions that may be imposed upon me by the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.

Assigned Bureau: Click or tap here to enter text.

Assigned Bureau Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Bureau Phone Number: Click or tap here to enter text.

Assigned Parole Officer: Click or tap here to enter text.

Assigned Senior Parole Officer: Click or tap here to enter text.

Emergency/After Office Hours & Weekends, contact the Community Supervision Operations Center (CSOC) (212) 239-6159

2. I will make office and/or written reports as directed.
3. I will not leave the State of New York or any other state to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty

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COPY TO COMMUNITY SUPERVISION AREA OFFICE COPY TO FACILITY IRC

Type Department ID Number & Name

to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.

- 5. I will reply promptly, fully and truthfully to any inquiry of or communication by my Parole Officer or other representative of the Department of Corrections and Community Supervision.
- 6. I will notify my Parole Officer immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
- 7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
- 8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
- 9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
- 10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from Community Supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my Community Supervision.
- 11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.

12. Special Conditions:

13. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of the Certificate of Release.

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

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