
	Corrections and Community Supervision DIRECTIVE		TITLE Releases to Civil Psychiatric Centers as Two Physician Commitment	NO. 9209
				DATE 10/20/2020
SUPERSEDES DIR # 9209 Dtd. 01/18/19	DISTRIBUTION A	PAGES PAGE 1 OF 3	DATE LAST REVISED	
REFERENCES (Include but are not limited to) Correction Law 402; Mental Hygiene Law Article 9; Executive Law §259-L (1), (2), & (3); HIPPA Law; Directives #4305, #8700, #8710, #9010		APPROVING AUTHORITY 		

- I. **PURPOSE:** To provide guidelines to Department of Corrections and Community Supervision (DOCCS) staff for the assignment and supervision of cases determined to be mentally ill who will be civilly committed to a psychiatric facility as a two physician commitment (2PC).
- II. **POLICY:** In order to enhance community protection and more effectively supervise parolees identified as being in need of inpatient psychiatric care, DOCCS staff will monitor inmates/parolees who have been ordered committed to a psychiatric facility and ensure that they are appropriately assigned and supervised while civilly confined.
- III. **DEFINITION**
Civil Commitment: Transfer of inmate-patient parolees from prison or Central New York Psychiatric Center (CNYPC) to Office of Mental Health (OMH) civil psychiatric centers pursuant to Corrections Law 402 or under Article 9 of the 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) Initiate the community preparation process (if this was not done previously) to ensure proper assignment to the area office that oversees the psychiatric facility where the inmate is to be committed. If the case is already assigned to a different area office, facility staff will email the Bureau Chief, Senior Parole Officer (SPO), and Parole Officer (PO) for both locations and advise the inmate will be civilly committed to a designated psychiatric hospital and request the case is transferred to the appropriate area office. Facility staff will proceed, in accordance with Directive #8700, "Community Preparation – Case Assignment and Release Investigation Process," and send the most recent psychiatric evaluation(s) and OMH Discharge Summary (if not already sent) to the assigned Bureau staff.
 - (2) Once a release date has been arranged, facility staff will advise the assigned Bureau of the release date and ensure appropriate transportation arrangements are in place (via direct transport).

- (3) Provide the name, complete address, phone number and contact person of the psychiatric hospital to assigned Bureau staff. If no previous community prep has been assigned, facility staff will enter this information into the Case Management System (CMS) when the case is being 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. Upon receiving approval from assigned Bureau staff and once a release date is confirmed, the ORC/SORC will conduct the pre-release interview, during which time the release address, reporting instructions and all conditions of release on [Form #CS3010](#), "Certificate of Release to Parole Supervision," are reviewed and explained as necessary. This form will be explained as necessary and signed by the inmate, as well as the ORC or SORC. Staff will ensure that special reporting instructions are included under Rule #1 of the Conditions of Parole as well as in the CMS.

NOTE: If the inmate refuses to sign the Certificate of Release, the inmate will not be released. Facility staff will notify the OMH 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 within 24 hours at the psychiatric center and will identify a contact person at the center.
- b. The PO will prepare a Release of Information (ROI) form to be reviewed and signed by the parolee which will allow hospital staff to contact DOCCS in order to discuss the parolee's diagnosis, level of participation, progress in treatment, and eventual discharge plans. The ROI must also provide that psychiatric hospital staff contact assigned DOCCS staff in the event the parolee escapes/absconds from the facility, is allowed furloughs, or attends outside appointments.
- c. The PO will visit the parolee while residing at the psychiatric center at least once per month to verify the parolee is still a resident at the hospital. The PO will also make monthly contact with the parolee's case manager or other hospital representative.
- 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, assigned staff will, as necessary, transfer the case to the appropriate bureau that covers the approved residence.
- f. All efforts must be documented in the CMS.

Applicable to releases to Community Supervision on or after July 8, 2020

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 RELEASE FUNDS: 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 Facility who was convicted and/or adjudicated of:

CRIME/COUNTS	SENTENCE	COUNTY	COURT	SENTENCING DATE	JUDGE

has agreed to abide by the conditions to which they have signed their name below, and is hereby granted release, 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 Click or tap here to enter text 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 or by the next available business day after my release, make my arrival report to the Community Supervision Office indicated below. I will make office and/or other reports thereafter as directed by my Parole Officer.
- 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

Additional Reporting Instructions.
2. 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.
3. I will not abscond, which means intentionally avoiding supervision by failing to maintain contact with my Parole Officer and failing to reside at my approved residence.

☐ ORIGINAL TO CENTRAL FILES ☐ INMATE COPY

☐ COMMUNITY SUPERVISION FOLDER (GREY FOLDER) ☐ COPY TO FACILITY IRC

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4.

I will permit my Parole Officer to visit me at my residence, will permit the search and inspection of my person, residence and property, and will discuss any proposed changes in my residence, employment or program status with my Parole Officer.
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 any time I am in contact with, or arrested by, law enforcement. I understand, like every member of the public, I have a right to seek the assistance of law enforcement at any time.
7.

I will not act in concert with a person I know to be engaged in illegal activity.
8.

I will not behave in such a manner as to violate the provisions of any law to which I am subject which provides for a penalty of imprisonment, nor will my behavior threaten the health and safety of myself or others.
9.

I will not own, possess, or purchase a shotgun, rifle, or firearm of any type including any imitation firearm. I will not own, possess or purchase any deadly weapon or use any dangerous instrument, as those terms are defined under Article 10 of the Penal Law. Further, I will not possess a dangerous knife or razor without the permission of my Parole Officer.
10.

In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to contest 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.

I will fully comply with the instructions of my Parole Officer.
13.

I will fully comply with those special conditions set by my Parole Officer, a Member of the Board of Parole or an authorized representative of the Board or the Department of Corrections and Community Supervision. I understand that special conditions are additional conditions, set on an individualized basis, meant to be reasonably tailored to my circumstances and aimed toward my rehabilitation. I will fully comply with the following special conditions:
Special Conditions.

I fully understand that a violation of any condition of release in an important respect may result in the revocation of my period of Community Supervision. I hereby certify that I understand and have received my Certificate of Release to Community Supervision.

Signed the_____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____