



BEHAVIORAL HEALTHCARE
SERVICES FOR YOUTH IN THE
SUFFOLK COUNTY
CORRECTIONAL FACILITY

Suffolk County Criminal Justice Coordinating Council
Sheriff Vincent F. DeMarco, Chair



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Behavioral Healthcare Services for Youth in the Suffolk County Correctional Facility

A Study Conducted by the

**Suffolk County, NY
Criminal Justice Coordinating Council (CJCC)**

Sheriff Vincent F. DeMarco, Chair

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Table of Contents

forward & Executive Summary	3
Summary Of Major Findings	4
Introduction.....	5
Mental Health In Jails And Prisons.....	5
What Works For Treating Persons In The Criminal Justice System	7
Mental Health Assessment For Youth In Custody	7
Suffolk County Jail Mental Health Unit.....	9
The Present Study.....	11
Methodology.....	12
Subject Population	12
Data Collection	12
Data Analysis.....	12
Results.....	13
Description Of Subject Population.....	13
Discussion And Recommendations	23
Conclusion	31
References.....	32
Appendix I	34

FORWARD & EXECUTIVE SUMMARY

Resolution No. 113 by the Suffolk County Legislature authorized the Suffolk County Criminal Justice Coordinating Council (CJCC), in collaboration with the Sheriff's Youth Reentry Task Force and the Suffolk County Department of Health Services Division of Community Mental Hygiene, to study the county's current system for delivering behavioral health services to incarcerated youth. According to the Substance Abuse and Mental Health Services Administration (2007), *"behavioral health" is used as an umbrella term that encompasses both mental health status and substance use and abuse. Consequently, in these contexts, "behavioral health problems" refer to difficulties that an individual may have in either or both of these areas.*"

The resolution further directed the CJCC to prepare a report analyzing behavioral health service delivery and to provide recommendations to improve service delivery and continuity of care during and after incarceration. The following report contains the CJCC's findings and recommendations.

The aim of this study was to describe Suffolk County's current system for delivering behavioral healthcare services to youth held in the Suffolk County Correctional Facility. Suffolk County's correctional system is comprised of two sites, one jail in Riverhead and another in Yaphank. The average daily inmate population varies day to day, but the average for the month of March in 2014 was 1,399.

For purposes of this study, youth were defined as those inmates between 16 and 19 years of age. In most other states, only the 18 and 19 year olds are considered to be youth. New York and North Carolina are the only two states in the nation where individuals 16 and over are considered adults in the criminal justice system, and therefore eligible for remand to jail or prison. This study includes youth from 16 to 19 years of age who entered the jail from March 1, 2012 through March 31, 2013. Demographic and criminal history characteristics were examined for a total of 838 inmates and of those, 191 (23%) were seen by the Jail Mental Health Unit for substance use and mental health services.

SUMMARY OF MAJOR FINDINGS

- A total of 838 youth between the ages of 16 and 19 entered the Suffolk County Correctional Facility from March 1, 2012 through March 31, 2013.
- Of the 838 youth, 191 (23%) were seen by the Jail Mental Health Unit for substance use and mental health services.
- 85% of the youth were male.
- Approximately 50% of the youth were in jail for the first time.
- 25% spent less than 6 days in the jail.
- 25% spent 1 day or less in the jail.
- Property crimes (34%) were the most common top charge for the youth in custody.
- 59% of youth seen by the Jail Mental Health Unit were identified as substance users.
- 25% of the youth seen by the Jail Mental Health Unit were diagnosed with adjustment/ conduct /impulsive /disruptive/oppositional/and attention deficit disorders.
- Approximately 10% of the youth seen by the Jail Mental Health Unit were diagnosed with mood or depressive disorders.
- 69% of the youth seen by the Jail Mental Health Unit identified marijuana as their primary drug of choice.
- 13% of the youth seen by the Jail Mental Health Unit identified heroin and 9% other opiates as their primary drugs of choice.

INTRODUCTION

Mental Health in Jails and Prisons

“Deinstitutionalization,” a policy that began in the 1970s involving the movement of people with mental illness from hospital settings to community based treatment, resulted in an overwhelming increase in demand for services in hospital emergency rooms and correctional facilities.

According to a recent report by the Treatment Advocacy Center and the National Sheriffs’ Association, the number of people with serious mental health issues in correctional facilities now exceeds the number of persons in state psychiatric hospitals by a factor of ten (Treatment Advocacy Center, 2014).

Large jails across the country, such as in Chicago, New York and Los Angeles, are among the largest providers of mental health services. Often these services provide little more than crisis management and suicide prevention.

According to the National Mental Health Association, the prevalence of mental health disorders for all youth in the United States is approximately 22%, and that number is close to 60% for incarcerated youth (National Mental Health Association, 2004).

Younger incarcerated males can show almost double the rate of mental illness than older incarcerated males. According to the Campaign for Youth Justice (UCLA School of Law, 2014) the rate of psychiatric disorders in incarcerated juvenile males is 64% compared to 35% for incarcerated adult males. In a study of comorbid psychiatric disorders among juvenile detainees, those with major mental disorders had significantly greater odds (1.8–4.1) of having substance use disorders (Teplin, 2003). The study authors recommend that “mental health professionals who screen incoming youth detainees should anticipate that at least 1 in 10 youth

Council of State Governments Justice Center - Estimated Proportion of Adults with Mental Health, Substance Use, and Co-Occurring Disorders in U.S. Population and Under Correctional Control and Supervision*

	General Public	State Prisons	Jails	Probation and Parole
Serious Mental Disorders	5.4%	16%	17%	7–9%
Substance Use Disorders (Alcohol and Drugs) — Abuse and/or Dependence	16%	53%	68%	35–40%
A Co-occurring Substance Use Disorder When Serious Mental Disorder Is Diagnosed	25%	59%	72%	49%
A Co-occurring Serious Mental Disorder When Substance Use disorder Is Diagnosed	14.4%	59.7%	33.3%	21%

* Reprinted from *Adults With Behavioral Health Needs Under Correctional Supervision* (2012). https://www.bja.gov/Publications/CSG_Behavioral_Framework.pdf

will have a major mental disorder (psychosis, manic episode, or major depressive episode) and a substance use disorder, rates as high as adult detainees” (Teplin, 2003). Youth held in adult jails are also more susceptible to violence, beatings, sexual assault and 36% more likely to attempt suicide (National Prison Rape Elimination Commission, 2014; UCLA School of Law, 2014).

The number of adults with mental health, substance use and co-occurring disorders in the criminal justice system is significantly greater than in the United States general population. Across jails, prisons, probation and parole, the proportion of offenders with mental illness and substance use disorders is significantly higher than what is found in the general population (Council of State Governments, 2013).

- 17% of jail inmates have a serious mental illness compared to 5.4% for the general population.
- 68% of jail inmates have a substance use disorder compared to 25% for the general population.
- 33% of jail inmates have co-occurring disorders as compared to 14.45% for the general population (Council of State Governments, 2013).

What Works for Treating Persons in the Criminal Justice System

Corrections programs throughout the country have been increasingly adopting effective models to reduce crime and recidivism; most of which focus on effective treatment of substance abuse, mental illness, and other risk factors such as deficiencies in education, employment and housing.

The “Risk-Need-Responsivity Model” (RNR) for the treatment of persons with behavioral health needs in the criminal justice system is based upon a set of principles which connect behavioral health needs to the risk of reoffending (Bureau of Justice Assistance, 2012). These principles help inform treatment professionals to identify best practices for appropriate intervention. The RNR model helps to inform treatment professionals by identifying those areas where appropriate interventions would likely result in recidivism reduction.

Mental Health Assessment for Youth in Custody

In Suffolk County, when a person is first arrested and held in custody, they are arraigned in court, usually within 24 hours of the arrest. Suffolk County Probation staff will interview the person prior to arraignment to collect demographic information, employment status, residence, family status and ties to the community – information that is verified, when possible, by a family member or friend. During the face-to-face interview with the arrestee, questions about health, substance use and mental health are asked. This information is then provided to the judge,

The Risk-Need-Responsivity (RNR) Model*

The underlying principles of the RNR model are:

Risk Principle: Match the intensity of individuals’ treatment to their level of risk for reoffending.

Research shows that prioritizing supervision resources for individuals at moderate or high criminogenic risk can lead to a significant reduction in recidivism among this group.

Conversely, intensive supervision interventions alone for individuals who are at a low risk of recidivism will do little to actually change the individuals’ likelihood of committing future criminal acts, and may even be harmful. High-intensity supervision for low-risk people is an ineffective use of resources to reduce reoffending. All persons with significant behavioral health needs should have access to comprehensive and effective services.

Need Principle: Target criminogenic needs—those dynamic factors that contribute to the likelihood of reoffending.

The need principle states that individuals will have criminogenic and noncriminogenic needs. Treatment and case planning should prioritize the core criminogenic needs that can best be changed through treatment, supervision, or other services and supports. Research indicates that the greater the number of criminogenic needs addressed through interventions, the greater impact the interventions will have on the likelihood of recidivism.

Responsivity Principle: Address individuals’ barriers to learning in the design of treatment interventions.

The responsivity principle highlights the importance of reducing barriers to learning by addressing learning styles, reading abilities, cognitive impairments, and motivation when designing supervision and service strategies. Accordingly, the presence of a mental disorder may need to be addressed to accommodate individuals’ level of processing so they can learn from service providers and comply with the conditions of their supervision or release.

****Excerpt from Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery (Bureau of Justice Assistance, 2014)***

the assistant district attorney and defense counsel, who will reference it when making determinations regarding release or the setting of bail. Arrestees who then enter the jail will be screened by the Jail Classification Unit and Jail Medical Unit.

The Jail Classification Unit will administer a Psychiatric History-Suicide Screening and Behavior and Appearance Screening when a person enters the jail and the Jail Medical Unit will administer a general screen for mental health issues. Additionally, inmates can put in a request to see a mental health clinician at any time.

The components of this general mental health screening include, but are not limited to:

- *history of psychiatric hospitalization and outpatient treatment*
- *history of suicidal behavior and current status of suicidal ideation*
- *current emotional response to incarceration*
- *observation for signs of victimization*
- *history of cerebral trauma or seizures*
- *current status of psychotropic medications*
- *current drug or alcohol use*

Indicators for a mental health referral include, but are not limited to:

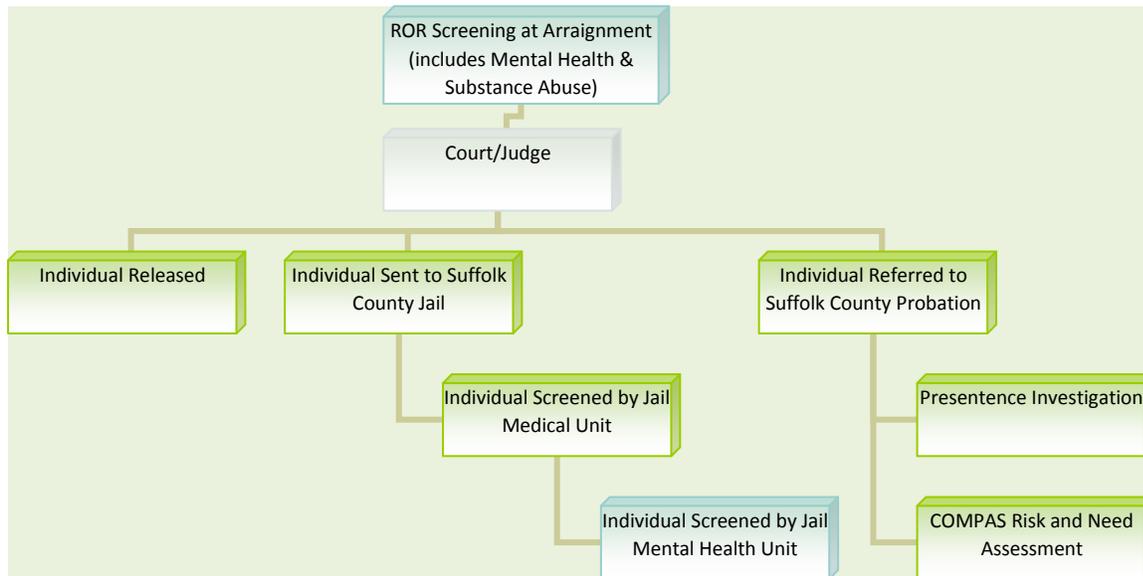
- *exhibits acute symptoms of mental illness*
- *juvenile status*
- *suicide risk*
- *on psychotropic medications*
- *appears anxious or depressed*
- *and/or history of psychiatric hospitalization within the last 5 years*

Prior to sentencing, the courts can order a pre-sentence investigation to be conducted by the Probation Department. This report includes information about an offender's mental health status and history. The Probation Department also conducts a risk and need assessment, known as COMPAS (Correctional Offender Management Profiling for Alternative Sanctions), for those under supervision by Probation. This risk/need assessment tool is used to determine an offender's risk for re-arrest, and will identify the factors most closely associated with that risk, such as anti-social attitudes and associates, mental illness and substance abuse.

Figure 1. shows the points in the system when offenders can be screened for mental health.

Figure 1. Screening For/Accessing Mental Health Services

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility



Suffolk County Jail Mental Health Unit

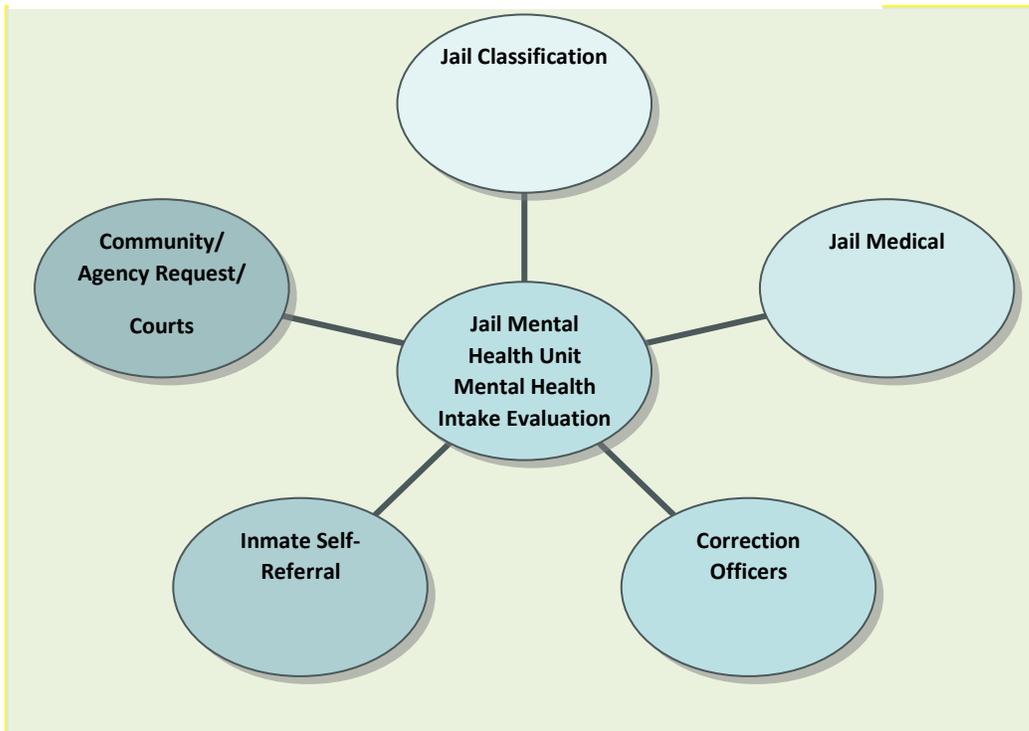
After inmates are screened by the jail classification unit and by the medical unit upon entry, they may also be seen by the mental health unit if a referral is made by classifications, medical, correctional staff, court, or the inmates themselves. Inmates with a positive screening at either Classification or Medical are referred to the Jail Mental Health Unit. All referrals from Classification and the Jail Medical Unit will be triaged by the Jail Mental Health Clinic Administrator and assigned to a clinician to complete a mental health assessment. If a mental health need emerges after the screening process, inmates have the opportunity daily to request mental health care.

The Jail Mental Health Unit offers a range of mental health services that are made available to all inmates who require care to help alleviate symptoms, attain appropriate functioning and prevent relapse. Currently, across both facilities, the Jail Mental Health Unit employs 1 full-time Psychiatrist; 3 full-time Nurse Practitioners of Psychiatry; 4.25 FTE Social Workers; 3 full-time Drug Counselors; 1.4 FTE Supervising Psychologists; and 1 full-time Clinic Administrator. Inmates receiving basic mental health services are seen as clinically indicated in an environment that prevents them from being stigmatized or ostracized for their mental health needs. Inmates requesting mental health services are seen by clinical staff in a timely manner. Inmates may be seen weekly, bi-weekly, monthly, and as needed in crisis situations. The Jail Mental Health Unit provides a range of services, including:

- a. Diagnostic evaluation
- b. Crisis intervention
- c. Short and long term supportive therapy
- d. Medication therapy
- e. Special jail housing arrangements
- f. Referrals for services provided at the jail
- g. Daily monitoring of inmates on suicide watch
- h. Transitional Case Management
- i. Court Ordered psychiatric evaluations (390.30 exams, 730 competency exams)
- j. Discharge planning for substance abuse services
- k. Hospitalizations (508CPL and 402CPL)

A primary focus of the Jail Mental Health Unit is an effective suicide prevention program. Suicide is the leading cause of preventable deaths in jails and correctional facilities and the risk is higher during the first 24 hours of incarceration as inmates face the reality of being detained (Tripodi, 2007). The Division of Community Mental Hygiene seeks to reduce the number of suicides, suicide attempts, and other self-injurious behavior for the inmate population through its mental health assessment and treatment services. The program seeks to identify those individuals who are at-risk of harm to themselves and apply the appropriate level of intervention and clinical response necessary to ensure the inmate's safety. Inmates observed by correctional staff or medical staff to be potentially suicidal, or who attempt suicide during their incarceration, are referred immediately to the Jail Mental Health Unit for care. Figure 2., shows the sources of inmate referrals to the Jail Mental Health Unit for screening and assessment.

Figure 2 Referrals to Mental Health Unit



The Present Study

The aim of this study is to describe Suffolk County’s current system for delivering behavioral healthcare services to youth held in the Suffolk County Correctional Facility. This study selected all inmates, 16 to 19 years of age, who entered the jail from March 1, 2012 through March 31, 2013. This study examined the demographic and criminal history characteristics of 838 inmates. The study also identified the total number of 16 to 19 year olds who were seen by the Jail Mental Health Unit during this same time period. A total of 191 (23%) youth were identified as being seen by the Jail Mental Health Unit for substance use and/or mental health services. In addition to demographic information, the behavioral health characteristics for this identified group were examined.

METHODOLOGY

Subject Population

The Suffolk County Correctional System is comprised of two facilities. The average daily number of inmates varies. The average monthly population for March of 2014 was 1,470 inmates ages 16 and up. All inmates between the ages of 16 and 19, entering the jail from March 1, 2012 through March 31, 2013, were included in this study. A total of 838 inmates ages 16 to 19 entered the jail during this period. This study examined the demographic, behavioral health, and criminal history characteristics of these 838 inmates.

Data Collection

The Sheriff's Office database includes socio-demographic characteristics (gender, race/ethnicity, age, educational level, and employment status) and criminal history characteristics (offense category, number of prior incarcerations, and number of days in custody for the current stay).

All inmate behavioral health information collected by the Suffolk County Jail Mental Health Unit is managed by the Suffolk County Department of Health. The Jail Mental Health Unit uses the *NextGen* electronic health records system to maintain their data.

Identifying information from each inmate who was incarcerated in a Suffolk County correctional facility between March 1, 2012 and March 31, 2013 was checked against identifying information in the Department of Health records to determine if the inmate had been seen by the Jail Mental Health Unit during that time period. All records of inmates seen by the Jail Mental Health Unit meeting these criteria were selected. The two databases were then merged, and all names, addresses, phone numbers, and other identifying information were removed.

Data Analysis

The data from the Suffolk County Sheriff's Office electronic database and the data from the electronic database maintained by the Suffolk County Department of Health were merged into an Excel file. All identifying information about the inmates was removed to be HIPAA compliant and the final dataset was then entered into SPSS Statistics 22 software for further analysis.

RESULTS

Description of Subject Population

Socio-Demographic Characteristics

A total of 838 inmates between the ages of 16 and 19 were included for this study (see Table 1.). Those inmates 18 and 19 years of age made up almost three quarters (72.9%) of the sample. Males represented 85% of the inmates between 16 and 19 years of age.

Just over one half (54%) of the inmates were White; 38% were Black and 8% were categorized as 'other' or 'unknown'. Approximately one quarter (26%) identified as Hispanic. Most of the youth were not working (40.3%), or students (19.2%). Many had completed 11th or 12th grade (68.5%) although the number that graduated high school was not recorded. A small number (4%) had some college.

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Table 1. Demographic Characteristics Of The Incarcerated Youth Population

<u>Characteristics</u>	<u>Number</u>	<u>%</u>
Age		
16	78	9.3
17	149	17.8
18	266	31.7
19	345	41.2
Total	838	100
Gender		
Female	123	15
Male	714	85
Total	837	100
Education		
Less Than 9th Grade	17	2.4
9th Grade	58	8.3
10th Grade	116	16.7
11th Grade	239	34.3
12th Grade	238	34.2
Some College	28	4
Total	696	100
Race		
Black	320	38.2
Unknown/Other	65	7.8
White	453	54.1
Total	838	100
Hispanic Ethnicity		
Hispanic	219	26.1
Non-Hispanic	492	58.7
Unknown	127	15.2
Total	838	100
Employment		
Unknown	138	16.5
Laborer	177	21.1
None	338	40.3
Other	24	2.9
Student	161	19.2
Total	838	100

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

Criminal History Characteristics

Approximately 50% of the youth were in jail for the first time and the other half had been in jail on one or more occasions in the past. Many of the youth in the sample spent less than a week in the jail.

Number of Days Spent in Jail

- 25% spent 1 day or less (for several hours)
- 25% spent 6 days or less
- 25% spent 51 days or less
- 25% spent 52 days or more (up to 1.5 years)

Youth in the Suffolk County Correctional Facility were charged with a range of crimes (see Table 2. in the Appendix for a list of all top charges). The specific charges were categorized into types of crimes (see Table 3. below and Figure 3.). Property crimes were the most common types of crimes (34%). In addition to their top charge, 33% (280) of the youth had a second criminal charge (see Table 4.); 14% (120) had three charges; 7% (60) had four charges; and 7% (60) had five or more charges.

Figure 3.

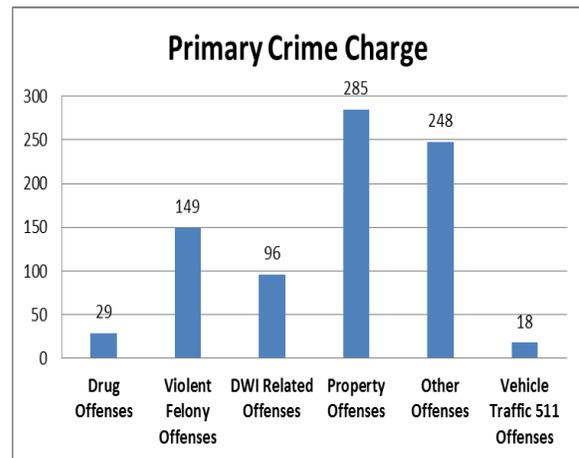


Table 3. Crime Category Top Charge *

	Frequency	Percent
Drug Offenses	29	3.5
Violent Felony Offenses	149	17.8
DWI Related Offenses	96	11.5
Property Offenses	285	34.0
Other Offenses	248	29.6
Vehicle Traffic 511 Offenses	18	2.1
Total	825	98.4
Unknown	13	1.6
Total	838	100.0

Table 4. Crime Category Second Charge

	Frequency	Percent
Drug Offenses	24	2.9
Violent Felony Offenses	43	5.1
DWI Related Offenses	4	.5
Property Offenses	77	9.2
Other Offenses	122	14.6
Vehicle Traffic 511 Offenses	10	1.2
Total	280	33.4
None	558	66.6
Total	838	100.0

Property Crimes

Property crimes represented the largest category of crimes for the youth in custody. A quarter of convicted property and drug offenders in the local jail had committed their crimes to get money for drugs, compared to 5% of violent and public order offenders. Among state prisoners in 2004 the pattern was similar, with property (30%) and drug offenders (26%) more likely to commit their crimes for drug money than violent (10%) and public-order offenders (7%) (Bureau of Justice Statistics, 2007).

Behavioral Health Referral Status

Of the 838 youth who entered the jail during the one year time period, 191 (23%) were seen by the Mental Health Unit. The initial appointment types were for behavioral health (86%) which includes mental health and/or substance abuse or substance use only (14%). See Table 5.

Table 5. Initial Clinic Appointment Type

	Frequency	Percent
Behavioral Health	164	86
Substance Abuse	27	14
Total	191	100.0

Following the initial appointment, about 76% (118) of those individuals were seen for follow-up services. The number of times seen ranged from 2 to 18 times for one youth. Of the 118 youth seen for follow-up, most (92) were seen between 2 and 6 times by clinic staff. The types of follow-up services included:

- counseling/support/care management (84 youth)
- medication services (35 youth)
- monitoring on suicide watch (32 youth)

Mental Health Diagnosis

Licensed mental health practitioners used The Diagnostic Statistical Manual of Mental Disorders - DSM-IV™ criteria to diagnose the inmates who had mental health cases opened (see adjacent box for DSM IV criteria and the new DSM-5 criteria).

Most of the 156 youth seen by clinic staff were identified primarily as substance users (59%) receiving a range of substance use related diagnoses. The second most common group of diagnoses included adjustment/ conduct /impulsive /disruptive/oppositional/and attention deficit disorders (25%). Approximately 10% were diagnosed with mood or depressive disorders (see Table 6.).

Table 6. Axis 1 Primary Diagnosis Category

	Frequency	Percent
Depressive/Mood Disorders	16	10.3
Substance Abuse Dependence	92	59.0
Adjustment/Conduct/Impulse/ Disruptive/Oppositional/ Attention Deficit Disorders	39	25.0
Other	9	5.8
Total	156	100.0

DSM IV Axis I and Axis II

The Diagnostic Statistical Manual of Mental Disorders (DSM) is published by the American Psychological Association that provides standardized criteria for the classification of mental disorders. The DSM categorizes psychiatric into five axes, and attempts to consider the “whole person”. Clinical disorders are listed on Axes I-III. This study documents Axis I and Axis II diagnoses. Axis I refers to All psychological diagnostic categories except mental retardation and personality disorder, and Axis II represents Personality Disorders and mental retardation. Common Axis I disorders include depression, anxiety, bipolar disorder, ADHD, and schizophrenia. Some Common Axis II disorders are borderline personality disorder, narcissistic personality disorder, and obsessive compulsive disorder. The version of the DSM used was DSM IV, which was first published in 1994 and revised in 2000. The DSM-IV was replaced by the DSM-5 in May 2013.

Differences Between DSM-IV and DSM-5

The DSM-5 eliminates the multi-axial system for Axes I-III. There are now separate notations for psychosocial factors and disability formerly Axes IV and V. The DSM-5 re-orders disorders according to the age they're most likely to appear, beginning with neurodevelopmental disorders that occur most often in childhood and ending with disorders associated with old age. DSM-5 takes into account “Lifespan,” and actively addresses age and development as part of diagnosis and classification. DSM-5 moves toward dimensional measures. For example, with the new autism spectrum disorder, clinicians can chose between three levels of severity in the dimensions of social communication and interaction and repetitive behavior and interests. The new DSM will also have a greater emphasis on gender and culture. Finally the APA is committed to more frequent updates of the DSM and to make it a living document. (American Psychiatric Association, 2014)

In 2012, the CJCC (Suffolk County , 2012) reported on the mental health diagnoses for inmates of all ages in the jail. Those findings indicated that 20% of the total jail population had a mental health diagnosis. That is consistent with the finding from this study where 156 (19.5%) of youth were diagnosed with an Axis I disorder.

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

One difference in the finding from this report and the 2012 study is in the type of diagnoses. In the 2012 study, psychotic disorders accounted for 8% of the diagnoses, while no youth in this study were diagnosed with psychoses. This is due to the onset of psychosis usually occurring in early adulthood.

A little more than half of the youth (87) had a second Axis I mental health diagnosis (Table 7.). Again, most were diagnosed with a substance use disorder (52.9%). For the youth who had two Axis I diagnoses, Table 8. illustrates the specific primary and secondary diagnoses each of the 87 youth received.

Table 7. Axis 1 Second Diagnosis Category

	Frequency	Percent
Depressive/Mood Disorders	21	24.1
Substance Abuse Dependence	46	52.9
Adjustment/Conduct/Impulse/ Disruptive/Oppositional/ADHD	19	21.8
Other	1	1.1
Total	87	100.0

A small number of youth (21) received a third Axis I diagnosis with 11 diagnosed with a substance disorder, 9 with adjustment and conduct related disorder, and 1 with a mood disorder.

Of the 156 youth diagnosed with an Axis I disorder, only 5 received an Axis II personality disorder diagnosis as well.

Table 8. Primary and Secondary Diagnosis

		Axis 1 Second Diagnosis Category					
		Depressive/ Mood Disorders	Substance Abuse Dependence	Adjustment/ Conduct/ Impulse/ Disruptive/ Oppositional /ADHD	Other	Total	
Axis 1 Primary Diagnosis Category	Depressive/Mood Disorders	0	7	2	0	9	
	Substance Abuse Dependence	16	27	15	0	58	
	Adjustment/Conduct/ Impulse/Disruptive/ Oppositional/ ADHD	5	12	2	1	20	
Total		21	46	19	1	87	

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Medications Prescribed

A small number of youth (39) were prescribed psychotropic medications with the exception of 6 who were prescribed antihistamines, often to aid them with sleep problems. Others (26), were prescribed anti-depressants (see Table 9.). Table 10. shows the medications prescribed for the specific diagnoses. A few youth (17) were taking two medications.

Table 9. Primary Medication Taken

	Frequency	Percent
Anti-Depressants	26	66.7
Anti-Seizures	4	10.3
Anti-Psychotics	2	5.1
Opioid Antagonists	1	2.6
Antihistamine	6	15.4
Total	39	100.0

Table 10. Primary Medication Taken and Primary Diagnosis Category

		Axis 1 Primary Diagnosis Category				
		Depressive/Mood Disorders	Substance Abuse Dependence	Adjustment/Conduct/Impulse/Disruptive/Oppositional/ADHD		Total
Primary Medication Taken	Anti-Depressants	5	12	6		23
	Anti-Seizures	1	3	0		4
	Anti-Psychotics	0	0	2		2
	Opioid Antagonists	1	0	0		1
	Antihistamine	2	2	1		5
Total	9	17	9		35	

Alcohol and Substance Use

Of all the youth seen by the staff at the Jail Mental Health Unit, 59.8% reported that they used alcohol (see Table 11) and 81.5% defined themselves as having used a substance (see Table 12). These findings are consistent with the estimated 68% of jail inmates identified as using substances (Council of State Governments, 2014).

Table 11. Use of Alcohol

	Frequency	Percent
No	70	40.2
Yes	104	59.8
Total	174	100.0

Table 12. Use Of Any Substance

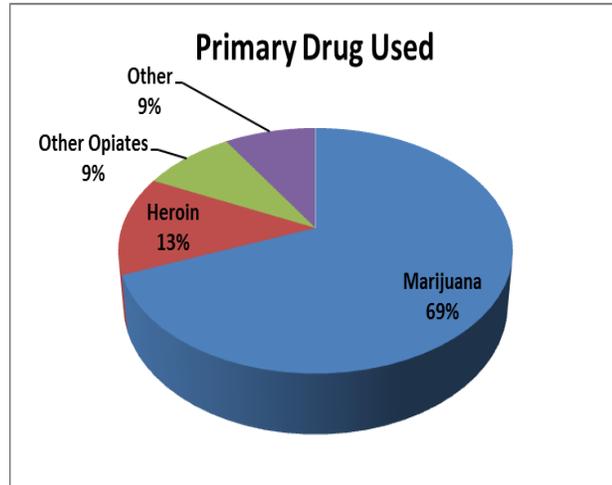
	Frequency	Percent
No	33	18.5
Yes	145	81.5
Total	178	100.0

Nationally, 1 in 7 (14%) people ages 12 and over has an addiction (Center on Addiction and Substance Abuse, 2014). The Centers for Disease Control 2011 Youth Risk Behavior Survey reported that among high

school students, 39% drank alcohol and 22% binge drank (Centers for Disease Control, 2011).

69% of the youth in this study identified marijuana as their primary drug, 13.1% reported using heroin and 9% reported using other opiates (Figure 4.). 79 of the 100 youth using marijuana reported using it daily or weekly. Of the 19 youth using heroin, 14 used it daily and of the 14 opiate users, 10 used them daily. Table 13. shows the substances used and the frequency of use for the youth in this study.

Figure 4.



The 2011 CDC's Youth Risk Behavior Survey reported that nationally, among high school students, 23% reported using marijuana, 2.9% reported using heroin, and 6.9% reported using crack/cocaine. In addition, 29.3% of the youth in this study reported using cigarettes. This is higher than the Centers for Disease Control's national estimates of cigarette smoking which is 14% (Centers for Disease Control, 2011). Many of the youth (66) also reported using a second drug in addition to the primary drug used (see Table 14).

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Table 13. Primary Drug of Use and Frequency of Use

		Frequency of Use for Primary Drug						
		Unknown	Daily	Weekly	Monthly	Occasionally	Tried	Total
Primary Drug of Use	Marijuana	4	58	21	3	11	3	100
Category	Heroin	4	14	1	0	0	0	19
	Other Opiates	0	10	2	0	1	0	13
	Other	1	9	2	0	1	0	13
Total		9	91	26	3	13	3	145

Table 14. Second Drug of Choice Category

	Frequency	Percent
Marijuana	21	31.8
Heroin	2	3.0
Other Opiates	14	21.2
Other	29	43.9
Total	66	100.0

Relationships between Substance Use Mental Health and Inmate Socio-Demographic Characteristics

There were few differences between youth in relation to their gender, race and ethnicity and mental health diagnosis, substance use, and type of visit to the Mental Health Clinic (see tables 15, 16, and 17). The only significant differences were between a youth's race and mental health diagnosis and substance use. Youth who identified as White were more likely to have depressive disorders and substance use diagnoses while youth identifying as Black were more likely to have Adjustment/Conduct/Oppositional/ and other related diagnoses.

Youth who identified as White were more likely to use heroin and 'other', while youth identifying as Black were more likely to use marijuana.

***Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility***

Table 15. Relationships Between Mental Health Diagnosis and Inmate Characteristics

<u>Characteristics</u>		<u>Primary Mental Health Diagnosis</u>			
Gender		<i>Depressive/ Mood Disorders</i>	<i>Substance Abuse Dependence</i>	<i>Adjustment/ Conduct/ Other</i>	Significance
	Female	12.9	64.5	22.6	NS
	Male	9.6	57.6	32.8	
Race*	Black	7.5	45.3	47.2	P=.004
	White	12.0	67.0	21.0	
Ethnicity	Hispanic	7.0	53.5	39.5	NS
	Non-Hispanic	12.4	62.9	24.8	

Table 16. Relationships Between Substance Use and Inmate Characteristics

<u>Characteristics</u>		<u>Substance Used</u>			
Gender		<i>Marijuana</i>	<i>Heroin</i>	<i>Other Drugs</i>	Significance
	Female	69.2	23.1	7.7	NS
	Male	68.9	10.9	20.2	
Race*	Black	92.1	0.0	7.9	P=.001
	White	59.2	18.4	22.3	
Ethnicity	Hispanic	82.1	5.1	12.8	NS
	Non-Hispanic	62.6	17.2	20.2	

***Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility***

Table 17. Relationships Between Type of Clinic Visit and Inmate Characteristics

Characteristics	Clinic Visit		Significance
	<i>Behavioral Health Visit</i>	<i>Substance Abuse Visit</i>	
Gender			
Female	91.7	8.3	NS
Male	84.5	15.5	
Race			
Black	92.2	7.8	NS
White	82.9	17.1	
Ethnicity			
Hispanic	86.5	13.5	NS
Non-Hispanic	84.8	15.2	

Discussion and Recommendations

Individuals with behavioral health disorders (mental and/or substance use disorders) continue to be over-represented in the criminal justice system. Nationally 17% of inmates in local jails have a mental health disorder and 68% have a substance use disorder. Since only 191 of the 838 youth in this study were seen by the mental health clinic, we can only surmise that this population would mirror national figures. Arrest and recidivism rates continue to inhibit the recovery paths for these individuals, creating stress for their families, and adversely affecting the safety of the public and government spending. Policy makers and researchers agree that a transformation from reliance on incarceration to an emphasis on increasing the ability to supervise and treat individuals in the community is necessary. For this shift to be successful, a cross-systems approach is essential. A key component to this approach occurs during transition from jail to the community; with a successful transition, individual outcomes are improved and public safety is enhanced (Council of State Governments, 2013).

One of the findings in this study shows that many of the youth may spend very little time in the correctional facility; sometimes as little as a few hours. The importance of screening and assessment at all entry points in the criminal justice system is a key factor for ensuring good planning for persons with mental illness. The transitional nature of persons in local jails must be considered when using the “Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison” (Council of State Governments, 2013) in any comprehensive plan for addressing mental illness.

Some of these guidelines include screening for benefits; the development of jail and community partnerships to assist with the transition; developing MOUs with county social service agencies; and implementing the Risk-Needs-Responsivity Model. “It is in everyone’s best interest for jails to develop community partnerships to ensure timely access to benefits upon release” (Council of State Governments, 2013). Additionally, there are many barriers that prevent inmates from having a successful transition out of jail, and in getting access to services quickly following release. To ensure that success follows the careful implementation of these guidelines, these barriers need to first be addressed.

There are several factors that contribute to successful re-integration including employment, family support, financial and housing stability, and involvement in substance use/mental health treatment (Centers for Disease Control , 2001). Young people who enter the system often have a family background that includes abuse or neglect; unmet mental health and substance abuse needs; low family income; a limited or uneven history with the health care system, and probable eligibility for public insurance programs (National Academy for State Health Policy 2013). All of these factors come with their own challenges, each creating barriers for inmates being released to successfully re-integrate. Additionally, many of these challenges play against one other—an individual with a criminal record may have difficulty establishing employment to pay for a place to live and without a stable address, the individual may not be able to secure employment or enroll in mental health/substance use treatment. Courts and community providers need to have a better understanding of these struggles and work together to increase the likelihood of successful re-integration for the formally incarcerated.

One recently developed program intended to link incarcerated youth to services upon release into the community was the creation of the Sheriff’s Youth Tier Initiative and Youth Reentry Task Force which were launched simultaneously in September 2011 with the mission of promoting the successful transition of incarcerated youth, between the ages of 16 to 21, from jail

***Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility***

to community life. To date, the program has served more than 150 youth. Participation in the program is voluntary and participants are selected based on a demonstrated desire to improve their lives and prior conduct within the jail. Male participants in the program are housed on a separate tier which holds 15 inmates. Officers on the tier are expected to guide and mentor the youth, enforce rules and encourage greater self-discipline. Young females, ages 16 to 23, are screened for case management services and placed in a variety of self-improvement and educational groups. While there is no separate housing area for the female incarcerated youth, they receive similar services to those provided to the males participating in the program during their period of incarceration, and post-release support services as well.

During their period of incarceration, the youth are assessed for needs to help transition them to the appropriate services upon release. While on the tier, youth attend high school and/or GED classes and participate in a variety of rehabilitative programs. These include mentoring, substance abuse and mental health treatment, anger management, education, life skills, violence and gang prevention, meditation and writing workshop. Some of the organizations providing services to the youth include Eastern Suffolk BOCES, Council for Unity, Stony Brook Hospital, Hope House Ministries, North Shore Youth Council, LICADD, HerStory, Sunshine Prevention Center and Family Service League.

Case Management Services are provided through Social Work Interns from Stony Brook University's School of Social Welfare. Participants are connected to resources and services through community-based organizations for case management, housing, educational and vocational services. Timothy Hill Children's Ranch in Riverhead and Hope House Ministries in Port Jefferson both provide housing for the youth upon release from the facility. The parents and guardians of the participating youth are invited to a monthly dinner meeting at the H.B. Ward Technical Center in Riverhead and guest speakers are invited to present topics of interest to the group. Representatives from the Sheriff's Office attend each meeting to encourage ongoing communication with the families of the youth in the program.

Recommendation 1:

Create Forensic Case Management and Community-Based Service Programs specific to the needs of inmates with behavioral and substance use needs returning to the community.

The period immediately following release from a correctional setting is the most critical for individuals with mental health and substance use disorders. Ideally, interventions should begin in the jail and continue with a community-based provider post-release; therefore case managers are a necessity to engage an inmate prior to release, develop a plan, and provide support in the community post release (Council of State Governments, 2013). If case managers were available to begin the work of engaging the inmates and gaining their trust and confidence prior to release, a more comprehensive plan could be devised with the full cooperation and consent of the inmate which could be carried out in the community. This would increase the odds that a successful transition would occur (Council of State Governments, 2013).

Specialized community supervision programs such as Forensic Assertive Case Management Treatment (FACT) or Forensic Intensive Case Management (FICM) are evidence-based practices that would be beneficial to meet the needs of those Suffolk County residents being released from county correctional facilities with mental health and co-occurring substance use disorders.

FACT or FICM teams coordinate with the criminal justice system while also providing a variety of supportive services to individuals in their homes and communities. Services include mental health and substance abuse treatment, employment and education support, housing assistance, crisis services and rehabilitation. FACT services can be a condition of parole, probation, and/or paired with a diversion court which provides the “legal leverage” to prevent individuals from dropping out of treatment.

Individuals with mental health and/or substance abuse problems have multi-faceted needs requiring more intense interventions. Even with the support of a case management program and community-based services, some individuals being released from the county jails will require a more intensive level of community supervision. Diversion Courts such as Mental Health (Behavioral Health) Courts and Drug Courts are specifically designed to accommodate the needs of this population and should be expanded to allow for increased participation.

Recommendation 2:

Create transitional discharge service planning/community coordination for inmates with behavioral and substance use needs returning to the community, specific to this age group.

The majority of the youth in this study were in the jail for 6 days or less indicating that the jail is a place of transition. Many of the services that are currently provided by the Jail Mental Health Unit focus on short-term stabilization and crisis management/diversion. These essential services are intended to alleviate an inmate's symptoms of mental illness and sustain their ability to function safely in the jail environment. Based on the data collected from this current study as well as the 2012 "One Day Snapshot" Report, it is imperative that discharge planning/community coordination begin as soon as possible; however, without sufficient staffing, crisis management and short-term stabilization needs are prioritized over discharge planning and community coordination needs.

Currently, the Jail Mental Health Unit has a contracted Transitional Case Management Team providing this discharge planning/community coordination service to meet the needs of the adult population. Due to the multifaceted needs involved for transition aged youth, a more specialized program is crucial. Making the transition from adolescence to stable adulthood is already a considerable challenge for young people. For youth/adolescents with mental health and/or substance use issues and involvement in the criminal justice system, a myriad of factors exist, making this transition increasingly difficult. During the transition period, youth with serious mental health conditions are at increased risk for the onset of new psychiatric disorders and there is a discontinuity of and inadequacy in services for transition-aged youth. In general, the child system and adult system are not well connected and there are few transition services available between systems. In addition to being connected to effective services, research suggests that transition aged youth require significant support from their families; yet, for various reasons, families are less able to provide sufficient support to their young adult child. (Davis, 2006). Transition aged youth and their families would benefit considerably from a transitional discharge planning/community coordination program with staff that is able to understand and navigate multiple systems to connect youth to resources, as well as provide support and a safety net to the individual and their family.

Recommendation 3:

Increase collaboration between the Jail Mental Health Unit, Courts, and Probation to expand the use of diversion courts, community programs and alternative programs specific to those with behavioral health needs.

It is our contention that an increase in collaboration between the Jail Mental Health Unit, the Suffolk County Courts and Suffolk County Probation would help to increase the number of referrals and participation in both the diversion courts and alternative to incarceration programs.

Individuals with high criminogenic risk (the likelihood individuals will commit additional crimes or violate conditions of release) will continue to need intensive supervision and monitoring paired with appropriate treatment (Council of State Governments, 2013). These individuals can benefit from a diversion court and/or other alternative to incarceration programs designed to target criminogenic needs including alcohol and substance use treatments, mental health treatment and employment services. Diversion Court programs are coordinated efforts across the judicial, law enforcement, social services, mental health, substance use treatment and other systems that utilize a system of rewards and consequences to motivate and support offenders to address mental health and/or substance use disorders.

With the expansion of diversion courts and community programs, there will be an increased need for case management services to link individuals to outpatient services as well as assist with meeting inmates' other needs to help transition individuals out of the jail and back into the community.

Recommendation 4:

Ensure inmates retain or obtain health benefits after being incarcerated and maintain those benefits upon release.

An inmate's health coverage status adds another layer of complexity to the transition back into the community and connection with community services. The incarcerated youth population may fall into various categories: uninsured, insured under their parents' health coverage or enrolled in Medicaid. In addition to those individuals who did not have benefits in place prior to their arrest, at the time of release, many inmates face the issue of their benefits

(social security, health insurance, etc.) having been terminated while they were incarcerated. Social Security benefits are suspended if an individual is admitted for more than 30 continuous days to a jail or prison and benefits cannot be reinstated until the month following the month the individual is released. Additionally, Part B Medicare (medical insurance) will terminate if an individual is not paying the monthly premiums while incarcerated. Part B Medicare can only be re-instated during a general enrollment period, which is January through March of each year and will not begin until July 1 of that year. Losing benefits poses a challenge to inmates with mental illness. This vulnerable population, often struggling with addiction, lack of transportation and support, homelessness, and interpersonal struggles, are less equipped to deal with the complications of the re-enrollment process (Wakeman, 2009). Without social security and/or health benefits, housing cannot be secured and enrollment in community programs becomes much more difficult for the individual and case management providers. Additionally, covering the cost of medications, treatment and/or hospitalization can be prohibitive.

With the expansion of the Affordable Care Act, many individuals will become eligible to enroll in either Medicaid or a plan available through the state-based health insurance exchange. It is an opportune time to get juvenile-justice involved youth and their families enrolled in health care coverage; however, at the same time, these reforms are adding to the existing complexities of eligibility options (National Academy for State Health Policy, 2013). The National Association of Counties (NACo) recognizes that eligibility determination and enrollment in health coverage is outside of the traditional scope of functions within a county jail; however, they urge counties to develop a process to enroll individuals in jail pending disposition of charges who fall into the eligibility category for exchange plan coverage or Medicaid. It is NACo's belief that it would be beneficial for county jails to provide this service due to the fact that a substantial number of individuals are cycling through the jails as a result of untreated mental health and substance abuse problems. Enrolling individuals in appropriate health insurance plans will increase the likelihood that these individuals will obtain behavioral health care and therefore reduce re-arrest rates and the overall burden on county jails (National Association of Counties, 2012). An increase in staff knowledgeable about the intricacies of benefits would be necessary for this recommendation to be implemented. The staff at the Suffolk County Correctional Facility is currently working with the County Health Department to coordinate with non-profit healthcare navigators to enroll eligible inmates into health insurance plans prior to their release.

With the addition of case management staff in the jails, eligible individuals could be identified during discharge planning and be enrolled in health insurance plans prior to their release through jail health care navigators. The additional staff could also facilitate more collaboration with the courts, case managers, Probation, and attorneys aiding individuals with mental illnesses to more expeditiously link inmates to programs and appropriate levels of community supervision, which would reduce unnecessary jail bed use and keep any existing benefits in place.

Recommendation 5:

Explore safe and secure housing options for inmates released from incarceration and for individuals with criminal histories.

Youth exiting the jail are often discharged with lack of support back to families struggling with domestic violence, substance abuse, unresolved mental health issues and poverty (Youth Reentry Task Force, 2009). Often returning home is not an option for various reasons and the stigma due to the nature of some crimes (sex offenses and violent offences) creates barriers to finding safe, affordable housing. Secure housing can greatly reduce a former inmate's criminal involvement and prevent homelessness; however, finding housing is one of the biggest challenges faced by individuals with a criminal history. Specialized housing options are a great resource for individuals being released with multi-faceted needs; however, they are in high demand and there is a scarce supply, limiting an inmate's ability to take advantage of this resource.

The Fortune Society, a New York City agency, has developed an effective solution to this problem, and a similar program would be beneficial on Long Island for offenders with and without a history of incarceration. Their Castle Gardens Development provides low-threshold access to supportive emergency, phased-permanent, and permanent housing; therefore, meeting short term and long term needs of the clients.

Evidence suggests that supportive housing for formerly incarcerated individuals makes neighborhoods safer, promotes family reunification and is more humane and cost-effective than re-incarceration. The Fortune Society's programs saved the City and State of New York over \$8 million in one year, which equates to approximately \$22,000 per day.

Recommendation 6:

Explore employment/education options for inmates released from incarceration and for individuals with criminal histories.

Another one of the biggest challenges inmates face when being released from jail is finding employment. Inmates returning from incarceration face significant personal and structural barriers to finding employment including lack of job skills/experience, weak connections to stable employment opportunities, and employment discrimination. Juveniles and young adults may be incarcerated during a key developmental phase of adolescence. Lacking the necessary skills to cope with adult responsibilities when they are released, many youth face unemployment and school re-enrollment challenges upon release. Transitional and/or Forensic Case Managers can assist youth with reintegration into school, entrance into the workforce or in mastering independent life skills, all of which are protective factors that will help these individuals build resiliency and positive development to divert them from delinquent and other problematic behaviors (Youth Reentry Task Force, 2009).

Conclusion

Recent research suggests that with appropriate evidence-based interventions, treatment providers can have a substantial impact on recidivism and recovery. Ultimately, successful collaboration between the behavioral health and criminal justice systems will ensure that available resources are used to improve outcomes for individuals, and to make our communities safer (Council of State Governments, 2013). Since the lack of housing poses an issue for individuals accessing services, housing must be made a priority. With the availability of a transitional housing development, like Fortune Society's program mentioned earlier, individuals would have a place to make these connections to case managers and community agencies, receive services, and begin their journey of recovery. With increased communication between the Courts, Probation, Social Services, and Jail Mental Health Unit staff, individuals with mental illness can be identified, their needs assessed, and a plan put in place in a timely manner to begin to meet their needs. In order to improve outcomes for individuals and communities, it is necessary to increase the availability of resources; specifically housing, specialized case management services, and the expansion of diversion courts and effective alternative to incarceration programs.

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Appendix I

SCREENING/ASSESSMENT FORMS

Probation ROR Screening;

Jail Medical Screening;

Jail Mental Health Unit Screening

Probation COMPAS Risk Need Assessment

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Probation ROR Screening

Suffolk County Dept. of Probation ROR Report Page 1

Charges:	Date _____
	NYSID# _____ SCPDPIN # _____ Precinct # _____
	Return Date _____ Disposition _____

Name: _____ D.O.B.: _____ Age: _____ Male/Female

AKA: _____ Y / N Interpreter: _____

Address: _____ How Long: _____

Town: _____ P
h
o
n
e Landline: _____

Lives with: _____ Cell: _____

Relationship: _____ Prior Address: _____

How long: _____ Time In Suffolk: _____ Place of Birth: _____

Returning Home / If not, will reside at _____

With: _____ Phone: _____

Marital Status Married Divorced Single Widowed Separated Other

Spouse's Name: _____ Phone: _____

Address: _____

Probation, Judge _____ Parole I.C.E.

Requests Lawyer / Has lawyer assigned: _____

Has/Will Get Private Attorney Name: _____

Mental Health Evaluation recommended Y / N Does defendant expect someone at arraignment (DK=No)

Comments: _____

Probation/Parole Officer recommendation: _____

R.O.R. - Eligible Ineligible Borderline SCORE: _____ Based on interview only

Verified Residence Verified Family Ties Verified Employment Status

Conflict w/Residence Conflict w/Family Ties Conflict w/ Employment Status

Legal Aid - Eligible Ineligible _____ Total Income: \$ _____

Individual(s) contacted: _____ Investigator: _____

Form # 40-4

23-0805.01.. 08/11

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Suffolk County Dept. of Probation ROR Report Page 2

FAMILY COMPOSITION

of Children _____ **Resides with** _____ **Address** _____ **Age** _____

Parent(s): _____ **Address:** _____ **Phone:** _____
F- _____

M- _____

Contact Name: _____ **Relationship:** _____ **Address:** _____ **Phone:** _____

EMPLOYMENT OR SCHOOL/FINANCIAL INFORMATION

Military Service Branch _____ **Years** _____ **Discharge Type** _____

PRESENT JOB Full time Part time Retired Disabled Unemployed

Employer/school: _____ **Telephone:** _____

Address: _____

Job Title / Student: _____ **Length of time at above :** _____ **Salary \$** _____

PRIOR JOB Full time Part time Retired Disabled Unemployed

Employer/School: _____ **Telephone:** _____

Address: _____

Job Title/Student: _____ **Time at above:** _____ **Salary \$** _____

Other Sources of Income: Public Assistance or Unemployment Social Security Income
 Medicare/Medicaid TANF Compensation/ Or Disability (SSI,SSD)
 Food Stamps Social Security Pension Insurance
 Veterans Benefits Other Pension Spouse/Parent Income \$ _____

Assets: **Bank \$** _____ **Make/ Year of Car** _____ **Car Loan (Monthly) \$** _____

Liabilities: **Mortgage/Rent (Monthly) \$** _____ **Y / N Is Child Support Court Ordered**

Child Support \$ _____ **Other Income \$** _____

Form # 40-4

23-0605.02.. 08/11rv

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Suffolk County Dept. of Probation ROR Report Page 3

Verified Criminal Justice History Currently on/off Probation/Parole Office: _____

Name of Officer: _____ Phone: _____ On for: _____

SPO: _____ Phone: _____

Case # _____ Closed: F _____ M _____ Fam/Crim Ct _____ VOP _____ Prob: _____ Parole _____

of Warrants _____ # of open cases _____ Last Incarceration _____ Time Served _____

Self-Disclosed Criminal History: Y / N Ever arrested outside Suffolk County: _____

Earliest arrest: _____ Last arrest before this one _____

Convictions: # of Misdemeanors _____ # of Felonies _____

Drug and Alcohol

Y / N Are you now or have you ever been in a Drug or Alcohol Program If Yes, Inpatient or Outpatient

Where: _____

When: _____ How Long: _____ Y / N Requests alcohol or drug treatment

Y / N Recommend for Alcohol/Substance Abuse Screening

Mental Health

Y / N Any Mental Health Issues If Yes: Last Date Treated: _____ Inpatient or Outpatient

Where: _____ How long: _____

Y / N Requests Treatment Y / N Recommend for Mental Health Screening

Medication(s)

Y / N Are you on medication If yes, for what condition: _____

What medications: _____

Tattoos/Brandings/Markings

Additional Information:

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Suffolk County Dept. of Probation ROR Report Page 4

ROR Branch Rating Sheet

Name: _____

To be considered, defendant needs:

1. A Suffolk, Nassau, Queens, or Brooklyn address where they can be reached, **AND**
2. A total of **5 points** from the following rating scale categories:

<i>Unverified</i>	<i>Verified</i>	
		Residence (Steady residence in Suffolk, Nassau, Queens, Brooklyn)
3	3	1 year at present residence
2	2	1 year total between present and last residence OR 6 months at present residence
1	1	6 month total between present and last residence OR 5 years or more in Suffolk, Nassau, Queens, or Brooklyn
0	0	Less than 6 months in present and prior residence; OR less than 5 years living in Suffolk, Nassau, Brooklyn, or Queens; OR None of the above/Conflicting Info
		Family Ties/Contact
3	3	Living in established family home AND has regular contact with immediate family members
2	2	Lives in established family home
1	1	Does not live in established family home AND has regular contact with immediate family members
0	0	None of the above/Conflicting Info
		Employment
3	3	Steadily employed in present job for 1 or more years
2	2	Steadily employed in present job for 4 months OR steadily employed in present AND prior job for 6 months OR Homemaker OR Retired
1	1	In present job less than 4 months AND job is still available; OR is unemployed for less than 3 months AND was employed for 9 or more months steadily in last job
1	1	Is currently on Public Assistance, Unemployment Insurance, SSI, SSD, Retired
		School
3	3	Presently attending school regularly
2	2	Out of school less than 6 months AND employed OR in training program
1	1	Out of school less than 3 months AND unemployed AND not in training program
0	0	None of the above/Conflicting Info
		Prior Record of Arrests
2	2	No convictions
0	0	1 Misdemeanor conviction OR Youthful Offender Adjudication
-1	-1	2 Misdemeanor OR 1 Felony conviction
-2	-2	3 or more Misdemeanor OR 2 or more Felony convictions
0	0	Not Verified/ Conflicting Info
		Discretion
+1	+1	Cooperative, over 65 years old, attending hospital or treatment program
-1	-1	Uncooperative, under the influence of alcohol or drugs Warrants
_____	_____	Total Points Verified and Unverified

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

Jail Medical Screening

Intake - Patient Questionnaire X

TB Screen Details

No **Yes**

1. Have you ever been told you have: diabetes heart disease asthma
 hepatitis blood transfusion high blood pressure seizure activity
 infectious disease psychiatric disorder AIDS HIV STDs TB
 chickenpox
 Other:

2. Do you suffer from: chronic cough blood in sputum lethargy/weakness
 night sweats bleeding disorder head injury loss of consciousness
 fever frequent headaches weight loss loss of appetite

3. Do you take prescription medications?
 (Note name, strength, dose, and frequency) (Double-click grid to enter) Clear

Date Asked	Medication	Last Taken	Doctor I

4. Do you currently have any wounds? "spider bites"? boils? Where?
 Where?

5. Have you been hospitalized by a physician within the last year?
 Last PE: Last hospitalization:

6. Have you: been treated for mental health been hospitalized for mental health
 currently been self-injurious considered suicide attempted suicide

Female Questions
Diabetic Questions

No **Yes**

7. Do you have a painful dental condition? Last dental exam: ago

8. Do you wear dentures? Are they with you? No Yes

9. Do you wear glasses or contacts? Are they with you? No Yes

10. Do you wear a prosthesis? Left Right

11. Do you use drugs or alcohol? Details

12. Are you allergic to any medications, food, plants, etc? Update

Ingredient/Allergen	Comment	Reaction
PEANUT OIL		
SULFAMETHOXAZOLE	BACTRIM	Hives
TRIMETHOPRIM	BACTRIM	Hives
CLONAZEPAM	KLONOPIN	Joint pain
SULFAMETHOXAZOLE	BACTRIM	Hives

13. Have you fainted or had a head injury in the last 72 hours?

OK
Cancel

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

M Suicide Bh Screening
✕

SUICIDE POTENTIAL SCREENING

1. Arresting or transporting officer believes subject may be suicide risk. no yes
2. Lacks close family/friends in community. no yes
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). no yes
4. Worried about major problems other than legal situation (terminal illness). no yes
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover). no yes
6. Has psychiatric history (psychotropic medication or treatment). no yes
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame. no yes
8. Expresses thoughts about killing self. no yes
9. Has a suicide plan and/or suicide instrument in possession. no yes
10. Has previous suicide attempts. (Note methods and dates). no yes
11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). no yes
12. Shows signs of depression (crying, emotional flatness). no yes
13. Appears overly anxious, afraid or angry. no yes
14. Appears to feel unusually embarrassed or ashamed. no yes
15. Is acting and/or talking in a strange manner. (Cannot focus attention; hearing or seeing things not there). no yes
16. History of substance abuse treatment? no yes
17. Is apparently under the influence of alcohol or drugs. no yes
18. If YES to #17, is individual incoherent or showing signs of withdrawal or mental illness. no yes

COMMENTS: (Comment on all "YES" responses). TOTAL YES's

Document additional information

PSYCHIATRIC SCREENING

History of in or out pt mental health tx? no yes
 When Where

History of sex offenses? no yes
 History of victimization? no yes
 History of violent behavior? no yes
 History of cerebral trauma or seizure? no yes

Marital status

Family /Significant Other Supportive no yes
 Employed no yes

Highest grade completed?

Level of Cognitive Functioning high average borderline limited

CURRENT MENTAL STATUS

Alert, oriented x disoriented

<p>Affect</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate</p> <p><input type="checkbox"/> Flat</p> <p>Mood</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Elated</p> <p><input type="checkbox"/> Depressed <input type="checkbox"/> Terrified/Crying</p> <p>Speech</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Pressured</p> <p><input type="checkbox"/> Slurred</p>	<p>Appearance</p> <p><input type="checkbox"/> Neat and Clean <input type="checkbox"/> Disheveled</p> <p><input type="checkbox"/> Dirty</p> <p>Hallucinations</p> <p><input type="checkbox"/> Patient Denies <input type="checkbox"/> Audio</p> <p><input type="checkbox"/> Visual <input type="checkbox"/> Tactile</p> <p><input type="checkbox"/> Olfactory</p> <p>Activity</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> No Eye Contact</p> <p><input type="checkbox"/> Unable to sit still <input type="checkbox"/> Slow</p> <p>Delusion</p> <p><input type="checkbox"/> Not Apparent <input type="checkbox"/> Grandeur</p> <p><input type="checkbox"/> Paranoia</p>
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SUICIDE POTENTIAL SCREENING
 If any yes response to bolded questions, the total yes responses are 4 or greater or the credibility of the patient is questioned, contact Security and place the patient on suicide observation. Notify Mental Health Staff.

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

Jail Mental Health Unit Screening

06/02/2014 03:14 PM : "BH - Intake 1" x

Alert 

History **Meds/Family Hx** **BH Exam** **Assessment/Plan**

New Intake **Home Address** **Screening Summary**

Reason(s) for visit depression F/U History of present illness: depression [HPI Detail](#) [Today's HPIs](#) [All HPIs](#) [Comments](#)

Additional information

Current outpatient treatment None Day treatment After care Psychopharm therapy Psychotherapy

Social history [Cultural Activities](#) [Add Social History](#) [Add Additional Social Hx \(Confidential\)](#) **Suicide Screening** [Add](#)

Psychiatric history Detailed document Reviewed, no changes Patient reports no relevant med/surg/psych HX

#	Diagnosis/Event	Date	Year	Management	Date	Year	Outcome

Psychiatrist name: Phone number: () - Signed consent for communication with PCP? No Yes

Therapist name: Phone number: () - Signed consent for communication with PCP? No Yes

Detailed document Reviewed, no changes

Med/Surg/Interim Hx Reviewed, updated Not reviewed Last update/detailed doc: [Add](#)

#	Disease	Date	Year	Management	Encounter	Date	Year	Outcome
		//				//		

[Next](#)

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

06/02/2014 03:14 PM : "BH - Intake 1"
06/02/2014 03:14 PM : "Social History Adult" x

Pediatric/adolescent Social History 1

 Confidential information

Detailed document
 Reviewed, updated
 Reviewed, no change
 History unobtainable
 Last update/detailed doc: 06/02/2014

Primary language spoken:
 Language spoken at home:
 Country of birth:
 Hand dominance: Right Left Ambidextrous

Education/employment/occupation/military experience

Education: Details
 Degree obtained:
 From what country?:

Employment	Occupation	Restrictions	Emp Status	Retire Date
<input type="text"/>				

Occupational hazards:
 Military experience? No Yes

Marital status/family/social support
Secondary Residence

Current status:
 Previously widowed? No Yes
 Previous divorce? No Yes
 Has children? No Yes

Residence: Add

Comments:

Who comprises your support network?
 Add

Comments:

Tobacco

Uses tobacco: No Yes Former

Previous tobacco cessation attempts? No Yes
 Passive smoke exposure? No Yes

Tobacco Cessation

Method used in prior tobacco cessation attempts:

Acupuncture
 Counseling
 Prescription medication
 Other: Page Down

Cognitive behavioral therapy
 Hypnotherapy
 Over the counter medication

Update

Encounter Date:Time	Type	Years	Per Day	Pack Yrs	Use Status	Date	Counseled by
06/02/2014 03:14 PM		.00		.00		/ /	

Alcohol

Drinks alcohol: No Yes Formerly

Type:
 Frequency:
 Amount:
 Last drink:

Caffeine

No Yes

Sleep patterns

Changes in sleep patterns: No Yes Details

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

06/02/2014 03:14 PM : "BH - Intake 1" / 06/02/2014 03:14 PM : "Social History Adult" X

Navigation

Sleep patterns — Changes in sleep patterns: No Yes [Details](#)

Lifestyle — [Cultural Practices](#)

Activity level:

Health club member: Now Previously Never

Type of exercise:

Exercise frequency: Hours/week:

Hobbies/activities: Hours/week:

Diet history:

Animals in the home: No Yes

Religious/spiritual —

Do you have a religious affiliation? No Yes

Do you practice your religion? No Yes

Do you have spiritual beliefs? No Yes

Is religion/spirituality an important part of your life? No Yes

Does patient agree to transfusion? No Yes

Home environment/safety —

Smoke detectors in home? No Yes

Carbon monoxide detectors in home? No Yes

Falls in the last year? No Yes Number/falls

Radon in the home? No Yes Treated Untested

Pool/spa at home: No Yes

Home heating:

Firearms at home? No Yes [Firearms](#)

Seat belt use? No Yes [Page Down](#)

Recent travel —

Out of state

Out of country

Travel exposure

Advance directives in place —

Date reviewed: / / Number of times discussed: Effective date of directive: / / [Details](#)

None Refused Do not resuscitate Living will Do not place on life support

Durable power of attorney Healthcare proxy:

Comments:

[Confidential information](#)

[Page Up](#)

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

06/02/2014 03:14 PM: 'BH - Intake 1' 06/02/2014 03:14 PM: "M Confidential" x

Include confidential information in the social history document with patient permission

Alcohol use

Age started: Years
 Sought treatment for alcohol abuse: No Yes
 Involved in a 12-step program? No Yes
 Have you had withdrawal problems, seizures or blackouts from alcohol or drugs? No Yes
 Emergency medical attention required due to intoxication: No Yes
 Family HX of alcoholism: No Yes

Drug use/abuse (Click Type below and enter all that apply.)

Uses drugs: No Yes Formerly Age started: 0 Years Cultural Activities
 Type: Freq: Route: Quit:
 Type: Freq: Route: Quit:
 Type: Freq: Route: Quit:
 Sought treatment for drug abuse: No Yes Additional drugs
 Outpatient Inpatient
 Involved in a 12-step program? No Yes
 Emergency medical attention required due to drug use: No Yes
 Family HX of drug abuse: No Yes

Psychiatric history

History of suicidal thoughts: No Yes History of homicidal thoughts: No Yes
 Diagnosed with psychiatric problem: No Yes

Psychiatrist name: Phone number: () -
 Therapist name: Phone number: () -
 Consent for communication between psychiatrist & PCP: No Yes
 Consent for communication between therapist & PCP: No Yes
 Family HX of psychiatric problems: No Yes

[Page Down](#)

Abuse/domestic violence history

Offender: Type: Physical Sexual Verbal Detail
 History of child abuse: No Yes
 1. Physical Sexual Verbal
 2. Physical Sexual Verbal
 Were you ever placed in a girls'/boys' home, foster home, or group home? No Yes
 History of domestic violence: No Yes Perpetrator:
 Perpetrator in home: No Yes
 Restraining order in place: No Yes
 Have you ever been convicted of a sexual offense? No Yes

Incarceration history

Crime Convicted	Facility	Incarcerated From	To	Probation From	To

History of incarceration: No Yes i
 Duration of incarceration: // to // Crime convicted of:
 Duration of probation: // to // Facility type: Save

Sexual practices

Sexually active: No Yes Previously Orientation: # of current partners:
 Practices safe sex: No Yes Sometimes Detail: # of lifetime partners: 0
 Birth control:
 Birth control methods discussed:

STI

HIV status: Negative Positive Not tested i
 History of STIs:
 Risk factors for STIs:

Provider comments

Page Up

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

M Suicide Bh Screening
X

SUICIDE POTENTIAL SCREENING

1. Arresting or transporting officer believes subject may be suicide risk. no yes
2. Lacks close family/friends in community. no yes
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). no yes
4. Worried about major problems other than legal situation (terminal illness). no yes
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover). no yes
6. Has psychiatric history (psychotropic medication or treatment). no yes
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame. no yes
8. Expresses thoughts about killing self. no yes
9. Has a suicide plan and/or suicide instrument in possession. no yes
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12. Shows signs of depression (crying, emotional flatness). no yes
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14. Appears to feel unusually embarrassed or ashamed. no yes
15. Is acting and/or talking in a strange manner. (Cannot focus attention; hearing or seeing things not there). no yes
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17. Is apparently under the influence of alcohol or drugs. no yes
18. If YES to #17, is individual incoherent or showing signs of withdrawal or mental illness. no yes

COMMENTS: (Comment on all "YES" responses). TOTAL YES's i

Document additional information

PSYCHIATRIC SCREENING

History of in or out pt mental health tx? no yes
 When Where

History of sex offenses? no yes
 History of victimization? no yes
 History of violent behavior? no yes
 History of cerebral trauma or seizure? no yes

Marital status

Family /Significant Other Supportive no yes
 Employed no yes

Highest grade completed?

Level of Cognitive Functioning high average borderline limited

CURRENT MENTAL STATUS

Alert, oriented x disoriented

<p>Affect</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <p>Mood</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Elated <input type="checkbox"/> Depressed <input type="checkbox"/> Terrified/Crying <p>Speech</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred	<p>Appearance</p> <input type="checkbox"/> Neat and Clean <input type="checkbox"/> Disheveled <input type="checkbox"/> Dirty <p>Hallucinations</p> <input type="checkbox"/> Patient Denies <input type="checkbox"/> Audio <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <p>Activity</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> No Eye Contact <input type="checkbox"/> Unable to sit still <input type="checkbox"/> Slow <p>Delusion</p> <input type="checkbox"/> Not Apparent <input type="checkbox"/> Grandeur <input type="checkbox"/> Paranoia
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SUICIDE POTENTIAL SCREENING
 If any yes response to bolded questions, the total yes responses are 4 or greater or the credibility of the patient is questioned, contact Security and place the patient on suicide observation. Notify Mental Health Staff.

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

06/02/2014 03:14 PM : "BH Intake - 2 - M" x

Alert

History **Meds/Family HX** BH Exam Assessment/Plan

Medications (Active and inactive - in medication module) [Patient Education](#)

*	Medication	Sig Description

Allergies No known allergies [Add](#)

Encounter Date/Time	Ingredient/Allergen	Brand Name	Reaction

Medications by patient report (Other, not in meds module - double click to enter)

Date	Medication	Verified By	Comments

Nutritional status

Number of meals per day:

Decreased appetite No Yes Duration:

Timeframe: Amount:

Weight gain No Yes lbs

Weight loss No Yes lbs

Task Med Verification to: MHP staff Psychiatry Review

Family History Detailed document Reviewed, no changes Reviewed, updated No relevant family history Last update/detailed: [Add](#)

*	Diagnosis	Family Member	Name	Age	Comment

Interactions with family members: Supportive Strained Dysfunctional No family Estranged [Comments](#)

Family resources/strengths:

Comments: [Genogram](#)

[Previous](#)
[Next](#)

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

06/02/2014 03:14 PM : "BH - Intake 3" x

Alert 

History Meds/Family HX BH Exam Assessment/Plan

Client strengths/coping skills/resources/support network [Comments](#)

How does the client handle anger?

How does the client handle sadness?

Who comprises the client's current support network? [Add](#)

What are the client's resources?

Significant life events

History of trauma:

History of emotional abuse:

Risk issues: [Add](#)

History of pain:

Where does client see self in 5 years?

[Previous](#)

Significant life events (continued)

What was the best time in the client's life?

How does client rate his/her life now on a scale of 1-10, where ten is best?
 1 2 3 4 5 6 7 8 9 10

Mental status

Safety contract in place [Safety Contract](#) [Mental Status Exam](#)

Biopsychosocial formulation

[Next](#)

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

06/02/2014 03:14 PM : "BH - Intake 4" x

Alert

History
Meds/Family HX
BH Exam
Assessment/Plan

Today's assessment
[Add or Update Assessment](#)
[Add Common Assessment](#)

Axis:	Assessment:	Code:	Status:	
Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	Axis III (diagnosis): Clear Add Axis III (reported by patient):
	Details: <input type="text"/>			<input type="text"/>
Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Details: <input type="text"/>			
Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	Axis IV
	Details: <input type="text"/>			<input type="radio"/> None <input type="radio"/> Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme <input type="radio"/> Catastrophic
Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	Problems related to: <input type="checkbox"/> Accessing health care <input type="checkbox"/> Education <input type="checkbox"/> Finances <input type="checkbox"/> Housing <input type="checkbox"/> Legal system/crime <input type="checkbox"/> Occupation <input type="checkbox"/> Primary support group <input type="checkbox"/> Social environment <input type="checkbox"/> Other: <input type="text"/>
	Details: <input type="text"/>			Comments: <input type="text"/>
Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	Axis V Global Assessment of Functioning (GAF) Scale
	Details: <input type="text"/>			Current GAF: <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

[Additional Assessments](#)

Plan/instructions
[Treatment Plan](#)
[Add Plan/Instructions](#)
i
[My Plan](#)

Client will be referred for medication evaluation: No Yes Not yet determined [Task](#)

Plan comments:

Status	Order	Reason	Timeframe	*	Diagnosis Code

[Previous](#)
[Patient Plan](#)
[Chart Note](#)

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

Probation COMPAS Risk Need Assessment

COMPAS PROBATION RISK AND NEED ASSESSMENT QUESTIONNAIRE

OFFENDER NAME: _____ NYSID: _____ STATUS: _____
 RACE: _____ SEX: _____ DOB: _____
 DATE OF ASSESSMENT: _____ MARITAL STATUS: _____
 SCALE SET: Full COMPAS Assessment v2 AGENCY/COUNTY NAME: _____

PART ONE: CRIMINAL HISTORY / RISK ASSESSMENT

CURRENT CHARGES

What offenses are covered by the current charges: *(check all that apply)*

<input type="checkbox"/> Homicide	<input type="checkbox"/> Arson	<input type="checkbox"/> Property / Larceny
<input type="checkbox"/> Assault	<input type="checkbox"/> Weapons	<input type="checkbox"/> Fraud
<input type="checkbox"/> Robbery	<input type="checkbox"/> Drug Sales	<input type="checkbox"/> DWI / DWAI
<input type="checkbox"/> Sex Offense (with force)	<input type="checkbox"/> Drug Possession	<input type="checkbox"/> AUO
<input type="checkbox"/> Sex Offense (without force)	<input type="checkbox"/> Burglary	<input type="checkbox"/> Other

1. Do any of the current offenses involve domestic violence?
 Yes No
2. What offense category represents the most serious current charge?
 Misdemeanor Non-Assault Felony Assaultive Felony
3. Was there any degree of physical injury to a victim in the current offense?
 Yes No
4. Based on your judgment, after reviewing the history of the offender from all known sources of information (*PSI, police report, prior supervision, victim, etc.*) does the defendant demonstrate a pattern of violent behavior against people resulting in physical injury?
 Yes No
5. If yes, does the defendant demonstrate a pattern of violent behavior against people resulting in physical injury involving family or household members (*spouses / significant others, children, elders*)?
 Yes No
6. What is the number of other pending warrants holds or charges (*include criminal, family court and Immigration Customs Enforcement (ICE) actions*)?
 None 1 2 3 4+
7. Was this person under Probation or Parole supervision at time of current offense?
 Probation Parole Both Neither

OFFENSE HISTORY (DO NOT INCLUDE CURRENT OFFENSE)

8. Indicate the number of adult/JO arrest, JD petitions, and convictions/adjudications (*including JD and YO*). Count each arrest date or petition date once, regardless of the number of arrest charges or level, in each category.

	Number of Arrests or Petitions	Number of Convictions or Adjudications
Total Felony and Misdemeanor Offenses		
All Felony Offenses		
Adult Violent Felony Offenses (<i>see note</i>)		
Juvenile Felony		
Juvenile Violent Felony (<i>see note</i>)		

Note: Record the number of assaultive type felony arrest or convictions. Assaultive offenses are defined as crimes of violence which have the potential to result in personal injury, whether or not such injury actually occurs (*i.e. robbery, homicide, sex offense with force, felonious assaults, arson of occupied dwelling, etc.*)

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

9. How many times has the offender been sentenced to jail or prison in the past?
 0 1 2 3-7 8-12 13+
10. Was the offender ever placed by a court into a juvenile residential facility? (*Not including foster care*)
 Yes No Unknown
11. Record the number of previous arrests for each of the following offense types (*DO NOT include the current offense*): **An arrest can count in more than one category.**

Offense Types	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+
Homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Offense (with force)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Offense (without force)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Possession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property / Larceny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DWI / DWAI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What was the age (*in years*) of the offender when he or she was first arrested for a criminal / delinquency offense?
 Age _____.
13. How many times has the offender been arrested while other charges were pending?
 0 1 2 3+
14. How many times has the offender been on probation or parole?
 0 1 2 3 4 5+
15. How many times has the offender been arrested while on probation or parole?
 0 1 2 3+
16. How many times has the offender's probation or parole been revoked?
 0 1 2 3 4 5+

PART TWO: NEEDS ASSESSMENT

A. ASSOCIATES / PEERS

17. The offender has peers and associates who: (*check all that apply*)
- | | |
|---|--|
| <input type="checkbox"/> Use illegal drugs | <input type="checkbox"/> Lead law-abiding lifestyles |
| <input type="checkbox"/> Have been arrested | <input type="checkbox"/> Are gainfully employed |
| <input type="checkbox"/> Have been incarcerated | <input type="checkbox"/> Are involved in pro-social activities |
| <input type="checkbox"/> None | |
18. What is the gang affiliation status of the offender?
 Current gang membership
 Previous gang membership
 Not a member but associates with gang members
 None
19. Does the offender have a criminal alias, a gang-related or street name?
 Yes No

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

20. Does unstructured idle time contribute to the opportunity for the offender to commit criminal offenses?
 Yes Unsure No

21. Does offender report boredom as a contributing factor to his or her criminal behavior?
 Yes Unsure No

B. FAMILY

22. Are the offender's family or household members able and willing to support a law abiding lifestyle?
 Yes Unsure No

23. Is the offender's current household characterized by: *(check all that apply)*

Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Mental Health Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Substance Abuse Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

24. With whom or where does offender currently reside or plan to reside while under supervision?
 Spouse
 Parent or person who raised the probationer
 Children
 Other relative
 Boy/ Girl friend *(relationship less than 1 year)*
 Boy/ Girl friend *(relationship greater than 1 year)*
 Friend(s)
 Alone
 Residential treatment program
 Other

25. What kind of relationship does the offender have with parents / caretakers or immediate family?

A. Gets / got along well with them?
 Yes No Unsure N/A, no parents / contact

B. Can rely on parents / caretakers / family when in trouble?
 Yes No Unsure N/A, no parents / contact

C. In contact with them regularly?
 Yes No Unsure N/A, no parents / contact

26. Was the offender's family of origin characterized by?

Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance Abuse Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. FINANCIAL STATUS

27. Is the offender's income adequate to meet his or her basic needs?
 Yes Unsure No

28. Does the offender appropriately manage their income to adequately handle their financial responsibilities?
 Yes Unsure No

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

D. LEISURE / RECREATION

29. Does the offender frequently engage in impulsive high risk or sensation seeking behavior?
 Yes Unsure No

E. RESIDENTIAL STABILITY

30. Does the offender: *(check one)*
 Own residence
 Rent with lease
 Rent without lease (month to month)
 Stay with others
 Have no home or verifiable address

31. How many times has the offender moved in the last twelve months?
 0 1 2 3 4 5+

32. How many years has the offender lived in the community or neighborhood?
 Less than 1 year 1 2 3 4 5+

F. SOCIAL ENVIRONMENT

33. Do any of the following characterize the area immediately surrounding the offender's residence *(check all that apply)*:
 Drug availability
 Gangs
 Weapons
 Violent crime
 Most people are employed in regular jobs
 It's safe at night
 People look out for each other
 People are law abiding

G. VOCATION

34. Employment Status: *(check one)*
 Full-time
 Part-time
 Unemployed, actively seeking employment
 Unemployed, failing to seek employment
 Not in labor force: student, inmate, disabled, retired, homemaker, etc.
35. Does the offender have skills that can lead to or assist in maintaining gainful employment?
 Yes Unsure No
36. Has the offender been steadily employed for the past five years?
 Yes Unsure No

H. EDUCATION

37. Educational Background: *(check one)*
 Did not finish high school
 Currently attending high school
 GED
 High school diploma
 Currently attending college
 Associates Degree
 Bachelors Degree
 Graduate Degree (MA, MS)
 Professional Degree (MD, JD / LLM, Ph.D., etc)

Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County Correctional Facility

I. MENTAL HEALTH

38. Has the offender ever been or is the offender currently in treatment for any of the following: *(check all that apply)*

Aggression / Anger Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disruptive Disorder (ADHD, Conduct Disorder)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suicidal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bipolar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schizophrenia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Mental Health related	<input type="checkbox"/> Yes	<input type="checkbox"/> No

39. Has the offender ever been prescribed psychotropic drugs?
 Yes No

40. Is the offender currently taking prescribed psychotropic drugs?
 Yes No

41. Does the offender have a history of suicide attempts or depression?
 Yes No

42. Was the offender ever assessed as developmentally disabled or mentally retarded?
 Yes No

J. SUBSTANCE ABUSE

43. Substance Abuse Treatment History: *(check all that apply)*

Drug / Alcohol Treatment		
Outpatient	<input type="checkbox"/> Formerly <input type="checkbox"/> Currently 90 days or more	<input type="checkbox"/> Currently Less than 90 days <input type="checkbox"/> Never
Inpatient	<input type="checkbox"/> Formerly <input type="checkbox"/> Currently 90 days or more	<input type="checkbox"/> Currently Less than 90 days <input type="checkbox"/> Never

44. Abuse History *(check all that apply)*:

Tobacco	<input type="checkbox"/> Formerly	<input type="checkbox"/> Currently	<input type="checkbox"/> Never
Alcohol	<input type="checkbox"/> Formerly	<input type="checkbox"/> Currently	<input type="checkbox"/> Never
Marijuana	<input type="checkbox"/> Formerly	<input type="checkbox"/> Currently	<input type="checkbox"/> Never
Hard / Illegal Drugs (<i>Heroin, Cocaine, Crack, Meth, etc.</i>)	<input type="checkbox"/> Formerly	<input type="checkbox"/> Currently	<input type="checkbox"/> Never
Injected Drugs	<input type="checkbox"/> Formerly	<input type="checkbox"/> Currently	<input type="checkbox"/> Never

45. If offender has used drugs how old was he / she at first use? *(Leave blank if age is unknown)*

	Age at First
Marijuana	
Alcohol	
Tobacco	
Hard / Illegal Drugs (<i>Heroin, Cocaine, Crack, Meth, etc.</i>)	

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

K. CRIMINAL ATTITUDES THINKING

46. The defendant / probationer: *(Check all that apply)*
- Understands true extent of harm caused by his / her actions
 - Admits wrongdoing
 - Expresses remorse
 - Has empathy for victim
 - Is willing to make reparation / pay restitution
 - Is willing to perform community service
 - Is acceptant of / participates in treatment
 - Accepts consequences
 - None of the above
47. The defendant / probationer: *(Check all that apply)*
- Minimizes wrongdoing
 - Blames victim / others
 - Blames the Criminal Justice System
 - Thinks conviction / sentence is unfair
 - Excuses own behavior
 - Reinterprets the facts to own benefit
 - Justifies behavior as being the only option
 - None of the above

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Appendix II

Table of Specific Crimes

Table 2. Specific Crimes by Category		Drug Offenses	Violent Felony Offenses	DWI Related Offenses	Property Offenses	Other Offenses	Vehicle Traffic 511 Offenses	Total
Crime Name	AGG CONTEMPT-VIOL OP	0	0	0	0	1	0	1
	AGG DWI: .18 NO PRIO	0	0	2	0	0	0	2
	AGG HARASS-2	0	0	0	0	4	0	4
	AGG UNLIC OPER 2ND	0	0	0	0	0	1	1
	AGG UNLIC OPER 3RD	0	0	0	0	0	3	3
	AGGR UNLIC OPER 1ST	0	0	0	0	0	1	1
	AGGR UNLIC OPER 2ND	0	0	0	0	0	4	4
	AGGR UNLIC OPER 3RD	0	0	0	0	0	1	1
	AGGRAVATED UNLIC OPE	0	0	0	0	0	2	2
	ARR FUG W/O WNT	0	0	0	0	1	0	1
	ARSON IN 5TH DEGREE	0	0	0	0	2	0	2
	ARSON-2	0	1	0	0	0	0	1
	ASSAULT-1	0	4	0	0	0	0	4
	ASSAULT-2	0	24	0	0	0	0	24
	ASSAULT-3	0	0	0	0	17	0	17
	ASSLT WHILE CONF IN	0	0	0	0	1	0	1
	BRIB PUB SERV 3	0	0	0	0	1	0	1
	BURGLARY 1	0	0	0	6	0	0	6
	BURGLARY 2	0	0	0	71	0	0	71
	BURGLARY 3	0	0	0	29	0	0	29
	CONSPIRACY 2	0	0	0	0	2	0	2

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Table 2. Specific Crimes by Category	Drug Offenses	Violent Felony Offenses	DWI Related Offenses	Property Offenses	Other Offenses	Vehicle Traffic 511 Offenses	Total
CONSPIRACY 5	0	0	0	0	1	0	1
COURT APPEAR ONLY	0	0	0	0	1	0	1
CPCS-2	0	0	2	0	0	0	2
CPCS-3	0	0	14	0	0	0	14
CPCS-4	0	0	10	0	0	0	10
CPCS-5	0	0	8	0	0	0	8
CPCS-7	0	0	21	0	0	0	21
CPSP 3	0	0	0	13	0	0	13
CPSP 4	0	0	0	16	0	0	16
CPSP 5	0	0	0	13	0	0	13
CRIM CONTEMP HARASS	0	0	0	0	5	0	5
CRIM CONTEMPT-1	0	0	0	0	18	0	18
CRIM CONTEMPT-2	0	0	0	0	25	0	25
CRIM IMPERS-2ND	0	0	0	0	1	0	1
CRIM MISCHIEF-2	0	0	0	6	0	0	6
CRIM MISCHIEF-3	0	0	0	6	0	0	6
CRIM MISCHIEF-4	0	0	0	26	0	0	26
CRIM POS WEAP-2	0	2	0	0	0	0	2
CRIM POS WEAP-3	0	4	0	0	0	0	4
CRIM POS WEAP-4	0	8	0	0	0	0	8
CRIM POSS MAR-5	15	0	0	0	0	0	15
CRIM POSS WEAP-2	0	2	0	0	0	0	2
CRIM TAMPER 3	0	0	0	0	1	0	1
CRIM TRESPASS-3	0	0	0	3	0	0	3
CRIMINAL SEX ACT 2ND	0	0	0	0	2	0	2
CRIMINAL SEXUAL ACT1	0	0	0	0	3	0	3
CRIMINAL TRESPASS 2	0	0	0	1	0	0	1

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Table 2. Specific Crimes by Category		Drug Offenses	Violent Felony Offenses	DWI Related Offenses	Property Offenses	Other Offenses	Vehicle Traffic 511 Offenses	Total
	CRIMINAL TRESSPASS 2	0	0	0	3	0	0	3
	CRM OBSTR BREATH/PRS	0	0	0	0	7	0	7
	CSCS-2	1	0	0	0	0	0	1
	CSCS-3	3	0	0	0	0	0	3
	CSCS-5	1	0	0	0	0	0	1
	DECLAR OF DELINQUENC	0	0	0	0	4	0	4
	DISORD CONDUCT	0	0	0	0	4	0	4
	DWAI COMB DRUG/ALCOH	0	0	1	0	0	0	1
	ENDAN WEL CHILD	0	0	0	0	3	0	3
	ESCAPE-3	0	0	0	0	1	0	1
	FALSE PERSONATION	0	0	0	0	5	0	5
	FALSE REPORT INCD 2	0	0	0	0	2	0	2
	FLEE OFFCR IN MV 3RD	0	0	0	0	6	0	6
	FORCIBLE TOUCHING	0	0	0	0	1	0	1
	FORGERY-1	0	0	0	0	1	0	1
	FORGERY-2	0	0	0	0	3	0	3
	FORGERY-3	0	0	0	0	1	0	1
	FUG/JUS-OUT-F-	0	0	0	0	1	0	1
	GANG ASSAULT 2D	0	1	0	0	0	0	1
	GRAND LARCENY 2	0	0	0	1	0	0	1
	GRAND LARCENY 3RD DE	0	0	0	6	0	0	6
	GRAND LARCENY 4	0	0	0	26	0	0	26
	GRAND LARCENY:AUTO O	0	0	0	1	0	0	1
	HARASSMENT 2ND	0	0	0	0	9	0	9
	HARRASMENT 2ND	0	0	0	0	1	0	1

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Table 2. Specific Crimes by Category	Drug Offenses	Violent Felony Offenses	DWI Related Offenses	Property Offenses	Other Offenses	Vehicle Traffic 511 Offenses	Total
HINDER PROSEC 2	0	0	0	0	1	0	1
IMIT CONTRL SUB 1st	1	0	0	0	0	0	1
INTIM VIC/WIT 3	0	0	0	0	1	0	1
LEAV ACC W/O ID PRIO	0	0	0	0	1	0	1
LEAVE SCENE PROP DAM	0	0	0	1	0	0	1
LOITERING-1	0	0	0	0	2	0	2
MENACE POL/PEACE OFF	0	0	0	0	2	0	2
MENACING 2ND	0	0	0	0	16	0	16
MENACING 3RD	0	0	0	0	2	0	2
MURDER 2	0	4	0	0	0	0	4
OBS GOVT ADMN 2	0	0	0	4	0	0	4
OP MV DRUGS 1ST	0	0	17	0	0	0	17
OP MV INTOX 1ST	0	0	20	0	0	0	20
OP VEH IMP ALC	0	0	1	0	0	0	1
OP VEH REG SUSP	0	0	0	0	1	0	1
PETIT LARCENY	0	0	0	41	0	0	41
POS FORG INST-1	0	0	0	6	0	0	6
POS FORG INST-2	0	0	0	4	0	0	4
POS FORG INST-3	0	0	0	1	0	0	1
POSS HYPO INST	3	0	0	0	0	0	3
POSS MARIJNA 2	1	0	0	0	0	0	1
POSS MARIJNA 4	1	0	0	0	0	0	1
POSS MARIJNA 5	1	0	0	0	0	0	1
POSS MARIJUANA	2	0	0	0	0	0	2
POSS SEXUAL PERFORM	0	0	0	0	1	0	1
PROSTITUTION	0	0	0	0	2	0	2
PUBLIC LEWDNESS	0	0	0	0	1	0	1

**Behavioral Healthcare Services for Incarcerated Youth in the Suffolk County
Correctional Facility**

Table 2. Specific Crimes by Category	Drug Offenses	Violent Felony Offenses	DWI Related Offenses	Property Offenses	Other Offenses	Vehicle Traffic 511 Offenses	Total
RAPE - 2ND DEGREE	0	8	0	0	0	0	8
RAPE- 2ND DEGREE	0	1	0	0	0	0	1
RAPE-1	0	4	0	0	0	0	4
RECK ASLT CHLD	0	0	0	0	1	0	1
RECK ENDANG 1	0	0	0	0	3	0	3
RECK ENDGR PROP	0	0	0	0	1	0	1
RECKLESS DRVG	0	0	0	0	2	0	2
RESIST ARREST	0	0	0	0	10	0	10
REVOKE PAROLE/RELEAS	0	0	0	0	3	0	3
RIOT-1	0	0	0	0	2	0	2
ROBBERY 1	0	51	0	0	0	0	51
ROBBERY 2	0	30	0	0	0	0	30
ROBBERY 3	0	0	0	0	11	0	11
SENTENCE VIOL	0	0	0	0	41	0	41
SEXUAL ABUSE 1	0	3	0	0	0	0	3
SEXUAL ABUSE-2	0	1	0	0	0	0	1
SEXUAL MISCONDT	0	0	0	0	2	0	2
TRESPASS	0	0	0	1	0	0	1
UNAUT USE VEH-3	0	0	0	0	0	6	6
UNLAW IMPRIS 2	0	0	0	0	1	0	1
VIOL FCA VIOL	0	1	0	0	0	0	1
YOUTHFUL OFFENDER	0	0	0	0	6	0	6
Total	29	149	96	285	248	18	825