

**COUNTY OF MONROE
OFFICE OF THE SHERIFF
ROCHESTER, NEW YORK**

GENERAL ORDER JAIL BUREAU	DATE OF ISSUE January 15, 2026	EFFECTIVE DATE January 15, 2026	NO. 031-26
SUBJECT: GENERAL ORDER Mental Health Protocols		DISTRIBUTION Jail Bureau Personnel	AMENDS
Reference: 9NYCRR Part 7010, NYS Correction Law Article 16 & Sections 402 & 508, NYSSA 38, 113, 125, 136, 139, 155, 157, 165			RESCINDS 031-20

Purpose: To define policy and establish protocol governing the identification and treatment of suicidal incarcerated individuals (IIs) and incarcerated individuals with mental health illnesses within the Monroe County Jail (MCJ) or the Andrew P. Meloni Star Academy (MSA).

Policy: The Monroe County Sheriff's Office (MCSO) shall implement, maintain and observe a systematic procedure that will enhance identification of suicidal IIs and IIs with mental health illnesses. These procedures will be consistent and in compliance with the New York State Commission of Correction, the Contract Medical/Mental Health Provider, the New York State Department of Mental Health and other relevant laws, rules and regulations of the State of New York.

* **Definitions:** Mental Health Emergency: Circumstances where IIs are at substantial and/or imminent danger to self or others due to mental illness.

Mental Health Non-Emergency: Situations where an II is displaying mental health illnesses who without staff intervention may de-compensate and/or become a suicide risk.

* Constant Supervision: Uninterrupted personal visual observation of II's by facility staff responsible for the care and custody of such II's without the aid of any electrical or mechanical surveillance devices. Facility staff shall provide continuous and direct supervision by permanently occupying an established post in close proximity to the II under supervision which shall provide staff with a continuous clear view of the II under supervision and the ability to immediately intervene in response to situations or behavior observed which threaten the health or safety of II's or the good order of the facility.

I. Prevention Administration

A. The Sheriff and Jail Bureau Medical/Mental Health Contract Provider have established a written service agreement for a comprehensive mental health program for IIs held in MCJ or MSA. The purposes of this service agreement are to:

1. Identify, stabilize and/or treat IIs who are suicidal or who have mental health illnesses in a timely manner to reduce the incidence of suicide or self-harm.
2. Provide appropriate access to mental health services for the stabilization of mentally ill or suicidal IIs.
3. Ensure that sentenced and non-sentenced mentally ill IIs have appropriate access to inpatient care to prevent de-compensation among locally incarcerated or detained IIs with a history of mental illness.

4. Provide for continuity and transition of care for mentally ill IIs upon release from either MCJ or MSA facilitated by the Medical/Mental Health Provider.
 5. Ensure that communication is maintained between the Contract Medical/Mental Health Provider and the Rochester Psychiatric Center to assure prompt evaluation, treatment and follow up of an II.
- B. The prevention program will be reviewed on an ongoing basis to implement changes in policy, procedure or current law. Cooperation and coordination of community resources will be sought to allow input and information sharing regarding the program. Participation from MCSO staff and the Medical/Mental Health Provider will ensure that a comprehensive and uniform guideline for program changes, evaluation, planning and operation is ongoing.
 - C. The MCSO, with input from the Contract Medical/Mental Health Provider's Physician, will develop procedures that ensure suicidal IIs and IIs with mental health illnesses can access emergency medical and mental health services. Services will include, but not be limited to medical and psychiatric inpatient services, non-emergency mental health services, referral procedures and appropriate forms that enable IIs to request access to such services.
 - D. Training shall be conducted, documented and maintained in accordance with **MBGO-039 All Bureau Training Unit**. The Training Unit will assure that staff assigned to II supervisory duties receives training in the identification, safety and general welfare of IIs who may be suicidal or who may have mental health illnesses.

II. Administrative Report

The Jail Bureau Medical/Mental Health Provider will forward a statistical report to the Office of Sheriff and on an annual basis identifying the following:

- A. Number of IIs screened during admission procedures.
- B. Number of II mental health referrals to mental health facilities.
- C. Number of II transferred, pursuant to NYS Correction Law, Section 402, 504 and 508.
- D. Number of suicides and attempted suicides.
- E. Any other relevant statistical information regarding IIs with mental health illnesses.

III. Suicide Prevention Booking Procedures

- * A. Upon entry into Pre-Booking Area, the Booking Control Deputy will research the II's mental health history in PF.Monroecounty.gov.
- * B. When an II enters custody on a sealed indictment, the booking supervisor will ensure that the on-duty mental health professional and booking registered nurse are notified. The II will be placed on medical segregation for mental health reasons until the indictment has been unsealed and the II is cleared by a mental health professional. In addition, the booking supervisor will ensure that the Mental Health Director is notified of intake via email.
- C. In accordance with current booking procedures, as specified in **JBGO-034 City and County Prisoner Booking and Release Procedures**, booking staff shall screen all IIs during the initial booking process in one-on-one interviews. Booking staff will review any documents accompanying the II for information relating to past or current mental health illnesses, prescribed medications or court orders for a mental health exam. Booking staff will assess the II for physical handicaps and consider any other relevant information regarding the II's

physical and mental condition.

- D. Booking staff will complete the appropriate Suicide Prevention Screening Guideline Form and Medical Receiving Screening Form in their entirety and give both to the Central Booking supervisor for review. The Central Booking supervisor will complete each question in the sections at the bottom of the form (i.e., Supervisor Notified, Supervision Instituted and Detainee referred to Medical/Mental Health). This section must always be completed regardless of the score in the "YES" column.
- E. Booking staff will notify the Central Booking Supervisor, who in turn will be responsible for notification of the duty nurse and sergeant/shift supervisor under the following circumstances:
1. The II scores as "high risk" ("8" or higher in column A or answers "yes" to any of the "immediate referral categories" on the Suicide Prevention Screening Guideline Form).
 2. IIs who score less than an "8" but have had thoughts of self-harm or suicide or have made attempts of self-harm or suicide in the past.
 3. IIs whose condition, illness, behavior, or verbal statement(s) reflect intent to attempt suicide, no matter how insignificant at the time, or if the II is in a semiconscious or unconscious state, which will require staff to immediately place the II on constant supervision.
 4. IIs who have prescribed mental health medications in their personal property.
 5. IIs who appear to be under the influence of alcohol and/or drugs sufficient enough to be a threat to themselves or others or a risk of alcohol or drug withdrawal.
 6. IIs who have been issued court orders for mental exams, suicide observation or medical and/or mental health treatment.
- Note: Upon evaluation, a determination will be made if the II is a suicide risk. Appropriate level of supervision will be instituted accordingly. If the duty nurse determines that a mental health illness exists, a referral for mental health services will be made.
- F. All notifications made to the shift supervisor, duty sergeant and duty nurse shall be documented in the central booking operations electronic log. Log notations will contain the II's name, nature of illness or injury, and the staff member(s) notified.
- G. IIs deemed a threat to themselves regarding attempted suicide/suicide risk will require staff to place the II on constant supervision. The duty sergeant and nurse will be notified immediately and initiate the following actions:
- * 1. County IIs housed will be relocated to appropriate housing on constant supervision provided a staff member is seated directly in front of the cell maintaining constant supervision.
 2. A Notification of Segregation (NOS) will be completed whenever an II is placed on a Constant Supervision
 - * 3. II's will be strip searched, changed into a uniform without metal buttons and only

allowed jail issued footwear. If there is a concern for the II's safety, they will be dressed into a safety gown.

4. A NYSCOC reportable incident will be generated anytime an II is given a safety smock for more than seven (7) days in any 30-day period. A state reportable must also be completed upon reissue of clothing.
5. IIs on constant supervision will be allowed out of their cells for a recreation, shower and telephone use as indicated on their issued Notification of Segregation.
6. A NYSCOC reportable incident will be generated for deprivation of essential services depriving them of their exercise for more than seven (7) days in any 30-day period. A state reportable must also be completed upon a reinstatement of the exercise.
- * 7. Un-Arraigned (UA) incarcerated individuals requiring constant supervision will be relocated to the appropriate housing provided a staff member is seated directly in front of the cell maintaining constant supervision. Security staff will notify the appropriate law enforcement agency should the Un-arraigned II need to be transported for further mental health evaluation as deemed appropriate by the duty nurse or shift supervisor.

Note: U/A IIs who are arrested pursuant to 9.39, 9.41 and 12.09 of the Mental Hygiene Law, a Uniform Mental Hygiene Information Form will be filled out anytime that a U/A is transported to a hospital for further evaluation. The MCSO will submit any Incident and/or Addendum Reports as required in **MBGO-066 Mental Hygiene Intervention**.

8. While under constant supervision, security staff will position themselves directly in front of the cell, unless circumstances dictate otherwise. The II may receive one (1) jail uniform or safety smock, a mattress, and safety blanket with approval from a supervisor and clinical input from the Contract Medical Provider.
 9. Anytime an II is placed under constant supervision, an incident report will be completed. This report shall include the name of the member who evaluated and placed the II on constant supervision, if the II was changed into a safety gown, and, the reason(s) that necessitated the II's placement in a gown. Each II placed under constant supervision shall be evaluated on an individual basis to determine if in fact removal of clothing and placement in a smock is necessary.
- H. When an II is placed under constant supervision, the II must remain under constant supervision until they are evaluated by the mental health staff. Neither Jail security staff, nor medical staff can authorize the termination or removal of an II from constant supervision once it has been initiated.
1. Following an II being placed under constant supervision, medical/mental health staff will review the Suicide Prevention Screening Form regarding the II who has been placed under constant supervision.
 2. An Assessment Team comprised of Mental Health, Medical and Security Staff (including a shift command officer, duty sergeant and reception & classification staff) will meet at least once daily to evaluate any II placed under constant supervision. The team will determine whether an II is continued under constant supervision or

cleared. If an individual II is continued under constant supervision and currently in a safety gown, the team will determine whether continuance in a safety gown is appropriate. If an II is cleared for general housing, the completed referral form will be placed in the II's medical chart noting that the II has been removed from constant supervision.

* Note: If an un-arraigned II is on constant supervision and released from custody, the on-duty command officer with the advice and recommendation of the assigned mental health professional, will make the final determination to release the un-arraigned II to the community or to the hospital for further observation.

- I. In accordance with 9NYCRR Part 7003.3 orders for additional supervision (Constant Supervision) must be recorded. The duty sergeant will ensure that a Constant Supervision Logbook is initiated each time an II is placed on constant supervision. The logbook will contain the following information:
 1. The reason for such order.
 2. The date and time the order is in effect.
 3. The name(s) of the staff member issuing the order.
 4. The actual dates and times the additional supervision was performed.
 5. The name of the staff member conducting the supervision.
 6. Notes pertaining to the observations of condition or behavior will include but not limited to, events and activities including both verbal and non-verbal behaviors.
 7. The date and time the supervision was terminated and the name of the authority issuing the order.
- J. Completed Suicide Prevention Forms will be forwarded to the following areas:
 1. One (1) copy will be sent along with the Medical Screening Form to the Reception, Evaluation and Classification Unit (REC).
 2. One (1) copy will be forwarded to the Medical/Mental Health Provider.
- K. Staff assigned to the REC unit will document any special orders or restrictions relative to II personal or special housing needs issued during booking by the duty nurse/medical department prior to II placement in general housing. REC staff will determine appropriate housing assignments in accordance with current procedures set forth in **JBGO-027 Incarcerated Individual Classification** and 9NYCRR Part 7013.
- L. If an II is diagnosed with mental health illnesses that require health care beyond the capabilities of the Medical/Mental Health Provider, such treatment will be coordinated with local and/or state treatment services/facilities.

IV. Security Staff Supervision of IIs with Mental Health Needs

- A. IIs at MCJ or MSA identified, (in accordance with section VII of this order) with mental health illnesses and/or needs will be provided with appropriate supervision in accordance with

9NYCRR Part 7003 and **JBGO-047 Security and Supervision.**

B. Security staff will observe all IIs in general population. The housing area supervisor, duty sergeant/shift supervisor, REC Unit supervisor and duty nurse will be notified immediately of IIs whose condition, illness, behavior, or verbal statement(s) exhibit signs of the II beginning to decompensate will be documented in the housing area's electronic log.

* C. If a sealed indictment is lodged on an II who is already in custody, jail records staff will notify the on-duty mental health professional and booking registered nurse. The II will be placed on medical segregation for mental health reasons until the indictment has been unsealed and the II is cleared by a mental health professional. In addition, jail records will notify, via email, the Mental Health Director of the intake. When a sealed indictment is unsealed by the court, jail records staff is required to notify the on-duty Mental Health Director.

D. If deemed necessary to increase the II's supervision, the reception supervisor will be notified and the II will be relocated to appropriate housing. If the increased supervision requires the II to be placed on Constant Supervision, the II will be relocated to a constant supervision cell and an incident report will be generated.

Note: A 'Constant Supervision' activity note type will be entered into the housing unit's electronic log, the II's status will be updated, as well as documented in the Constant Supervision Logbook whenever a constant supervision detail is initiated. This is to include per whose authority and any medical ordered restrictions. Upon termination of constant supervision, it will also be documented as per whose authority, date and time.

E. Reception staff will also place a note regarding the IIs suicidal statement(s) and status in the Chronological Notes. When the II is cleared by mental health, Reception staff will again be notified and will remove the suicide hazard from the classification and make a second chronological note that mental health has cleared the II and label the II as a past suicide risk as previously noted.

* F. Referral Procedures: The housing supervisor will ensure that IIs requiring additional/constant supervision or treatment due to mental illness or mental health concerns, are provided with the same. Immediate notification will be made to the Contract Medical Provider to report and verify the information through verbal and visual contact with the II. IIs who have been evaluated by the duty nurse and are believed to be a threat to themselves will be referred for emergency services as deemed appropriate by the Contract Medical Provider. IIs, either arraigned or un-arraigned, who are housed at either MCJ or MSA who appear to be physically incapacitated, incoherent, ill or suffering from mental illness will be examined and evaluated immediately by a duty nurse.

1. In situations where an II requires emergency mental health treatment, the following protocol will apply:

a. Any time Jail, medical staff, or mental health staff makes a visual observation, or has information that an II may harbor thoughts of self-harm or suicide, harm to staff or other IIs or by answering affirmatively that they are presently considering self-harm or suicide, the II will be placed in an observation cell under constant supervision. The II will not be removed until they are either evaluated by mental health staff or committed to a mental health facility at the direction of mental health staff or the Contract Medical Provider.

- b. Render first aid, if necessary, until relieved by qualified emergency medical personnel.
- c. Contact Mental Health Provider for an evaluation of II.
- d. IIs that require immediate mental health treatment will be transported to the psychiatric emergency department of a local hospital in accordance with the agreement set forth between the Department of Mental Health and the Office of the Sheriff. The Contract Medical Provider will prepare a Hospital Referral Form along with the Urgent Medical Assessment Form detailing the nature of the emergency and any specific observations made by staff that prompted the referral. This form will be sent with security staff to the psychiatric emergency department. The Contract Medical Provider will also notify the psychiatric emergency department staff of the impending arrival.
- e. IIs requiring immediate emergency mental health treatment will remain under constant supervision. The duty sergeant/shift supervisor will assign staff accordingly to provide security during transport and hospitalization as per **JBGO-013 Incarcerated Individual Transport Treatment**.

- * 2. When an II is requiring non-emergency mental health treatment or is requesting to speak with mental health, the deputy will ask the II if they are having thoughts of suicide, self-harm or harm to others. If the II is not experiencing these thoughts the II will be instructed to fill out a sick call slip to speak with mental health. If the II is having thoughts of suicide, self-harm or harm to others the II will be placed on a constant supervision following the guidelines set forth in JBGO-031 Mental Health Protocols. In either situation a log note will be entered into the current jail management system.

V. Pre-Release Transitional Care Coordination

The Medical/Mental Health Provider will ensure in transitional care coordination IIs with identified mental health illnesses to seek and continue appropriate mental health treatment upon their release from custody and facilitate transportation, if necessary. A listing of local referral agencies shall be compiled and periodically updated.

VI. Restraints

Restraints will only be utilized for the purposes for which they are intended and in accordance with **JBGO-042 Incarcerated Individual Movement/Restraint Procedure**.

VII. Identification of IIs with Mental Health Illnesses

- A. Routine Examinations: During routine examinations, medical staff will observe IIs for indications of mental disorders, self-harm and/or suicide potential.
- B. Crisis Examinations
 - 1. Medical staff will promptly evaluate IIs who are referred by staff as being suicidal or experiencing mental health related illness. These evaluations will be conducted as soon as possible and within a time period consistent with the urgency of the referral.
 - 2. Medical staff completing crisis examinations will consider/review the following:

- a. Past mental health history of the II and psychotropic medications prescribed if applicable.
 - b. Precipitating factors of any unusual behavior either reported or observed.
 - c. Recommendations prescribed by the Contract Medical Provider for procedures to be followed by Security Staff to ensure the II's safety and management.
3. Medical staff will make one or more of the following determinations upon concluding the crisis examination:
- a. Determine that the II does not require mental health services and answer any questions regarding the criteria for referrals and discuss trends and/or illnesses with referrals with the shift supervisor. This will include why a referral was not recommended.
 - b. Determine that the II requires emergency mental health services and provide for immediate care as directed and initiate inpatient commitment procedures in accordance with Section 402 and/or 508.3 of the NYS Correction Law.
 - c. Determine that the II requires non-emergency mental health services and provide the necessary assistance to facilitate this referral.
 - d. Determine that the II requires mental health services due to a developmental disability and refer the II to the appropriate program for assessment and facilitate assistance as necessary.
4. Medical staff will notify the duty sergeant regarding the disposition along with all required actions and/or precautions.
5. Medical staff will consult, as necessary, with mental health personnel regarding the identification, management and treatment of any II believed to be in need of crisis services.
6. Medical staff will maintain appropriate documentation in accordance with departmental directives with respect to all mental health interventions made with an II.

VIII. Treatment of IIs with Mental Health Illness

- A. The Medical Provider will have the primary treatment responsibility for IIs who are addicted to and intoxicated by drugs and/or alcohol or who have symptoms of alcohol or narcotic withdrawal.
- B. Medical staff will advise the duty sergeant to provide additional supervision for any II whose condition, illness or injury is such that increased supervision is warranted. The need for such increased supervision will be documented in the area log, along with necessary explanatory and instructive information.
- C. Medication

1. Medical staff will ensure that all prescribed psychotropic medication is administered in accordance with the prescribing physician's stated directions.
2. Medical staff will closely monitor the condition of any II who receives psychotropic medication and will advise the prescribing physician when an II:
 - a. Refuses to take prescribed medication after 72 hours of consecutive refusals.
 - b. Appears to be deteriorating or suffering from adverse side effects.
3. Medical staff will advise the duty sergeant/shift supervisor of potential medication side effects.
4. When an II is due to be released, staff will check with medical/mental health to determine if the II is on any medication. Staff will ensure the II receives such medication before being released. IIs with stored medications will be handled in accordance with **JBGO-018 Incarcerated Individual Property Storage Area** and 9NYCRR Part 7010.

IX. Documentation

A. Mental Health Records

1. A complete health record file will be maintained for each II to document accurately, in a manner consistent with established medical procedures, health care services received by an II while in custody. Only qualified medical or mental health personnel shall collect and record health history, vital signs and other health appraisal data onto the approved record forms that comprise the file.
2. All mental health records shall be maintained separately from facility II records, but will be maintained as part of the medical chart and will be available only as prescribed by law. All access to II patient's mental health records will be limited to medical/mental health staff requiring information for providing clinical services to the II.
3. The Sheriff or their designee will have access to an II's medical/mental health records when they believe information contained therein may be relevant to the overall safety, security or good order of the facility.
4. The Sheriff or their designee will have access to an II's medical/mental health records in order to answer complaints/grievances and/or litigation.

B. Institutional Record Keeping

1. Medical staff will ensure that entries relative to mental health concerns are placed in facility logs. All significant actions taken on behalf of IIs believed to be in a state of crisis will be recorded in a manner that protects patient confidentiality but which also makes other staff members aware of the actions and other critical information. Mental health entries will include, but not be limited to the following:
 - a. Medical staff distribution of psychotropic medications.

- b. Medical staff checks on the condition of the II, noting the time of check, name of person making the observation, and the condition of the II.
 - c. Special instructions or information for security staff.
 - d. Completed receiving screening forms.
 - e. Prescribed medications and their administration.
 - f. Referrals initiated to mental health or an outside agency.
2. Security Staff Entries in Constant Supervision Logs: At a minimum, security staff constant supervision documentation regarding high-risk IIs will contain, but not be limited to:
- a. Officer observations of II verbal statements or behavioral signs that seem indicative of suicidal intent or serious mental health illnesses which will include observations made during admission and all supervisory checks.
 - b. Facility actions taken to assist IIs who are believed to be suicidal or mentally ill. These actions will include:
 - i. Notifications by admissions and security staff to shift supervisors regarding IIs with mental health illnesses.
 - ii. Service referrals for high-risk IIs.
 - iii. Special instructions by shift supervisors regarding active, constant, or more frequent supervision or precautions for managing high-risk IIs.
 - iv. Medication refusals or requests for increased dosages of medications prescribed for a mental health problem.
 - v. II suicides or suicide attempts.
 - vi. II admissions, while in custody, to a psychiatric inpatient program for drug or alcohol abuse or admissions to a medical inpatient unit.
3. The jail physician, physician's assistant, or nurse practitioner will have access to an IIs confinement record when the provider believes that information contained therein may be relevant to the IIs' health or medical condition.

X. Interagency Notification

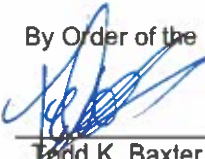
- A. The Medical Provider will prepare all required mental health related information that accompanies an II with mental health illnesses who is being transferred.
- B. The Medical/Mental Health Provider will prepare a written summary of possible medication and/or treatment needs that may be required by the II in transit. This summary will address the following:

1. Medication needs of the II during transit.
 2. Special medical needs or illnesses.
 3. Psychiatric illnesses, especially suicidal tendencies.
 4. Handicapping conditions that may require special procedures during transport.
- C. Not with-standing the requirements above, unless otherwise provided by law or administrative regulation having the force of law, written authorization by the II will be necessary for the transfer of health records and information. This includes, but is not limited to, health record information transmitted to specific and designated physicians or medical facilities in the community.

XI. Planning and Coordination

- A. As directed by the Jail Superintendent, the Medical/Mental Health Provider will provide and maintain all statistical data and other relevant information necessary to evaluate the effectiveness of the procedures contained herein pertaining to the Local Forensic Suicide Prevention Crisis Service Model.
- B. At the direction of the Jail Superintendent, designated Jail Security and the Medical/Mental Health Provider will review these procedures and recommend changes to improve the delivery of crisis care in the jail.

By Order of the Sheriff,



Todd K. Baxter