
	Corrections and Community Supervision DIRECTIVE		TITLE Strict and Intensive Supervision and Treatment (SIST) Arrival Report and Initial Interview	NO. 9219
				DATE 03/14/2022
SUPERSEDES DIR# 9219 Dtd. 02/01/19	DISTRIBUTION A B	PAGES PAGE 1 OF 8	DATE LAST REVISED	
REFERENCES (Include but are not limited to) Directives #9010, #9025, #9206, #9402; Mental Hygiene Law Article 10; OMH Community Service Plan;		APPROVING AUTHORITY 		

- I. **DESCRIPTION:** To instruct Parole Officers in taking and documenting Arrival Reports and conducting the first in-depth interview with respondents released to Strict and Intensive Supervision and Treatment (SIST) pursuant to Mental Hygiene Law (MHL) Article 10, also known as the “Sex Offender Management and Treatment Act.”
- II. **POLICY:** In order to enhance public safety and to assist respondents in addressing difficulties in controlling behavior related to sexual offending, the Parole Officer (PO) of record, or the Senior Parole Officer (SPO) or their designee, will conduct and document an *Arrival Report and Initial Interview* with the respondent on the date of release to SIST unless the respondent is currently under the supervision of the Department. Exceptions may occur if the Court that imposed SIST provides other instruction, in which instance the *Arrival Report and Initial Interview* will occur in accordance with the Court’s instruction.
- III. **DEFINITIONS**
 - A. Arrival Report: The first in-person contact a respondent has with a PO after release to SIST or parole supervision. This contact is expected to be made in person, except in the most exigent circumstances when other arrangements may be sufficient with approval from the Bureau Chief. In all cases, the report will be documented on [Form #CS4027](#), “Arrival/Assignment Report,” and documented in the Case Management System (CMS).
 - B. Initial Interview: The first interview between the PO of record and the new respondent. Among other topics related to supervision, [Form #CS9641](#), “Initial Interview/Final Individualized Supervision and Treatment Plan for SIST,” is to be completed, reviewed, and discussed with the respondent during this interview.
 - C. Respondent: Person subject to MHL Article 10.
 - D. SOMU: Sex Offender Management Unit – Department of Corrections and Community Supervision (DOCCS).
 - E. NYS OAG: New York State Office of the Attorney General.
 - F. NYS OMH: New York State Office of Mental Health.
 - G. NYS OPWDD: New York State Office for Persons with Developmental Disabilities.
- IV. **PROCEDURE**
 - A. Pre-Release Case Processing: Assigned DOCCS Supervising Offender Rehabilitation Coordinator (SORC), Offender Rehabilitation Coordinator (ORC), or PO:

1. DOCCS staff, as assigned, will coordinate with the Court, SOMU, NYS OMH, NYS OPWDD, and/or NYS OAG to finalize and provide reporting instructions and transportation assistance as required to respondents being released to SIST. Arrangements will be made so that respondents will be directed to report on the date of release and make an Arrival Report to the assigned PO or designee.
2. SOMU will provide assigned staff with a copy of the signed and entered Order and Conditions of SIST.
3. The assigned PO will provide notice of the respondent's release to the local Department of Social Services if the respondent will be homeless upon release to SIST.

B. Arrival Report

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

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

2. The PO shall review the following information and complete [Form #CS9219A](#), "SIST Arrival Report Checklist." The completed checklist must be signed and dated by the PO and SPO and placed in the case folder.
 - a. Review reporting instructions to support and/or determine respondent compliance.
 - b. Review the Order and Conditions of SIST with the respondent and obtain respondent signature or a re-signed copy of the SIST conditions for filing in the case folder.
 - c. Review with the respondent any parole, conditional release, or post-release conditions of supervision, and special conditions that may also apply to the case.
 - d. Administer GPS monitoring in accordance with SIST policy.
 - e. Verify identification status (birth certificate/social security card, NYS Driver or Non-Driver license).
 - f. Take digital photo(s) ensuring any scars or tattoos are taken. A copy of each photo taken must be printed and placed in the case folder.
 - g. Take one set of original fingerprints to be maintained in the case folder.
 - h. Review with the respondent the program to which they were released and ascertain if there are any changes.
 - i. Read and review parental notification, [Form #CS9601B](#), "Post-Release Notice Regarding Requests for Parental Contact," if applicable (not for SIST only cases).
 - j. Review the "SIST Community Service Plan," (see Attachment A) prepared by OMH, with the respondent.

- k. Review OMH Discharge Plan and any follow-up appointments, if applicable.
- l. Advise of any other program, treatment, or employment appointments and sign related consents for release of information.
- m. Review any Orders of Protection against, or in favor of, the respondent.
- n. Review with the respondent their financial situation and resources, including the obligation to pay supervision fees if these are not subject to waiver or are not applicable.
- o. File any required Form DCJS-3231, "Sex Offender Change of Address Form," (see Attachment B) with the Sex Offender Registry, with the respondent's signature.
- p. Complete [Form #CS9305A](#), "Notice of Polygraph Examination Requirements and Procedures," if one was not completed.
- q. Inform the respondent of the date, time, and location of the next scheduled report, and the name and contact information for the assigned PO/SPO or other PO who will take the report.
- r. Verify accuracy of CMS annotations for approved residence (F17 screen), next report date, special conditions (F6 screen), and physical description (F6 screen).
- s. If required, ensure that any required notice of person likely to present themselves as homeless has been filed with the local Department of Social Services.
- t. Complete, print, and file [Form #CS4027](#) (CMS4027), "Arrival/Assignment Report," (available on F15 print menu of CMS) if require.;

NOTE: The Arrival/Assignment Report is also available through the Elmira Print Shop and is listed as [Form #CS4027](#).

- u. Enter the requested information on the line provided for nicknames and distinguishing scars.
- v. The PO conducting the Arrival Report will enter the date, place, and time the report was completed, along with the next report date.
- w. The PO conducting the Arrival Report will have the releasee sign the Arrival/Assignment Report and distribute as indicated on the form.

C. Conducting the Initial Interview

1. During the interview, the PO will develop an Individualized Supervision and Treatment Plan and review the following:
 - a. Residence, address, and phone number.
 - b. Name, age, sex, contact information, employment information, and other occupants of the residence.
 - c. Employment and/or vocational educational program, if applicable.
 - d. Prescribed medications, supply, and prescriptions, as applicable.
 - e. Medical/mental health concerns and referral, if needed.

- f. Substance abuse history and referral to treatment program, if needed.
 - g. Gambling and/or domestic violence history, and referral to treatment program, if needed.
 - h. Supervision concerns, attitude, and pattern of behaviors.
 - i. Right to petition the Court for SIST modification or termination; early discharge/termination from supervision (parole sentenced cases) and Certificate of Relief/Good Conduct, if applicable.
 - j. Supervision fee obligation and methods of payment, if applicable.
 - k. Directive #9402, "Parole Grievance Program."
2. The PO will complete [Form #CS9641](#), "Initial Interview/Final Individualized Supervision and Treatment Plan for SIST," for supervisory approval within 14 days of release and updated every six months thereafter. The CMS activity code "IN" must be entered in the contact when the Initial Interview is completed. The plan has a validation process that reliably predicts the respondent's risks and needs for community re-entry and Community Supervision. The interventions are targeted to factors that relate to the respondent's criminal behavior and/or sexual offending behavior.



KATHY HOCHUL
Governor

Office of Mental Health

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Acting Executive Deputy Commissioner

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

PAROLE SUPERVISION CONTACT INFORMATION

Parole Officer:	Street:
Phone Number:	City:
Alternate Number:	State:
Reporting Location - Follow the instructions of your Parole Officer at the time of release.	

DIAGNOSES

Mental Health Diagnoses	Comments
DSM-5	
Describe cognitive/developmental impairments:	

MEDICATION

Currently prescribed medications?	
Currently prescribed anti-androgen?	
History of court-ordered medication over objection?	

OFFENSE AND VICTIM PROFILE

Case Conceptualization:
Dynamic Risk Factors per the NYS Article 10 Evaluation:
Static 99 Score:
Victim Alerts

Gender info:

Age info:

Relationship info:

Victim Comments:

CASE MANAGEMENT**MENTAL HEALTH TREATMENT**

Symptom/Risk Factor to be Addressed in Treatment	
History of self-harm/suicidal ideation:	
History of violence towards others/homicidal ideation:	
History of Assisted Outpatient Treatment (AOT) order:	
Other: (please describe)	

SEX OFFENDER TREATMENT

Treatment Recommendations	
Recommended frequency of individual sessions/week (minimum)	
Recommended frequency of group sessions/week (minimum)	

SUBSTANCE ABUSE TREATMENT

Brief substance abuse history:
Reason for substance abuse evaluation/treatment:

DATE COMPLETED:

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

Respondent's Signature: _____ Date: _____

DCJS-3231 (5/14)

DCJS USE ONLY		LOCAL USE ONLY		New York State SEX OFFENDER CHANGE OF ADDRESS FORM Please Type or Print all Information				NYSID No.						
1. Sex Offender's Name (Last, First, Middle)				2. Date of Birth Mo. Day Yr.		3. Height		4. Weight		5. Hair		6. Eyes		
Address Data	7. Former Address (Street No., Street Name, Building No., Apt. No.)				8. City, State, Zip				9. County		10. Date Moved Mo. Day Yr.			
	11. New Residence Address (Street No., Street Name, Bldg No., Apt. No., etc.)				12. City, State, Zip				13. County		14. Home Phone Number ()			
Employer Data	15. Name of Current Employer #1				16. Actual Employment Address (Street No., Street Name, etc.)				17. City, State, Zip		18. County			
	19. Name of Current Employer #2				20. Actual Employment Address (Street No., Street Name, etc.)				21. City, State, Zip		22. County			
Higher Education Data	23. Name of Institution of Higher Education <input type="checkbox"/> Attending <input type="checkbox"/> Employed At <input type="checkbox"/> Enrolled At								24. Anticipated Dates of Attendance, Employment, or Enrollment From Mo. Day Yr. To Mo. Day Yr.					
	25. Street No., Street Name, Building No., Dept. No.													
	26. Address of Institution of Higher Education (Include City, State, Zip)								27. County		28. <input type="checkbox"/> I am no longer attending, employed at or enrolled at an institution of higher education.			
Motor Vehicle Data	29. Complete the information below for all vehicles to which the offender has access													
	Owner's Name		License Plate No.		Issuing State		Vehicle Yr.		Make		Model		Color	
	Owner's Name		License Plate No.		Issuing State		Vehicle Yr.		Make		Model		Color	
Internet Data	30. If Sex Offender subscribes to an internet account, list name(s) of internet service provider(s)				31. User Screen Name(s)				32. E-Mail Address(es)					
If the sex offender is currently incarcerated, please complete the following:														
Name of Facility						Inmate ID No.				Anticipated Release Date Mo. Day Yr.				
Notifying Officer						Notifying Agency Name				Agency Telephone No. ()				
Notifying Officer's Signature										Date Mo. Day Yr.				
<p>"I acknowledge that the information on this form is true and accurate. Offering false information or failing to provide required information is a crime."</p> <p>Sex Offender's Signature _____ Date _____</p>														

Sex Offender must sign and date this form and follow the instructions on the back of this form.

White Copy - DCJS

Yellow Copy - Agency

Pink Copy - Offender

Goldenrod Copy - Supervising Agency