

# Westchester County

Data-sharing Initiative

# Westchester County Department of Community Mental Health Single Point of Access for Services

## Data Entry

Single Point of Access

Case Management and Outreach

## Update Referrals

Case Management Referrals

High Risk Meeting

Residential Referrals

High Risk Meeting - Remove From Follow Up

## Reports

Case Management Reports

High Risk Reports

Forensic Reports

Homeless Outreach Reports

Outreach and Case Management Reports

Residential Reports

Exit the Menu

Exit the Program

# SINGLE POINT OF ENTRY

Find a person:  **ADD A PERSON**

## DEMOGRAPHIC INFORMATION

First Name	Last Name	DOB	Age	Social Security #	Medicaid #
Address City State Zip Telephone Current Living Situation Date Housed:					
Record: 1 of 1					
Gender	Ethnicity	Marital Status	Primary Language	English Proficiency	
Male	Black (Non-Hispanic)	Single, never m.	English	Good	
Citizenship	Education	Employment Status	Custody Status of Children	Legal Status	
Some college, but no degree	No Employment	No Children	Currently Incarcerated-jail		

## FINANCIAL INFORMATION

Social Security	SSI/SSD	Public Assistance	VA Benefits
		Currently Receives	
Medicaid	Medicare	Food Stamps	Pension
Currently Receives			
Earned Income	Workers Compensation	Unemployment	Private Insurance
Trust Fund	Medication Grant	Other	Representative Payee

## REFERRAL INFORMATION

Referral Source	Referral Source Type	Contact	Telephone	Fax
DCMH	CSP Mental Health Prc	Joanna Young	995-4625	995-5172
Request for Housing	AOT Inquiry			

## SERVICES

Health	Education	MICA Treatment Program	Psychiatric Day Program
			Planned
Vocational Services	Mental Health Housing Program	Club House	Psychiatrist/Clinic
Planned	Planned		Planned
Substance Abuse Treatment	AA/NA	Case Management	Other Program
Planned	Planned	Planned	

## DIAGNOSIS AND MEDICATIONS CHARACTERISTICS SUBSTANCE ABUSE INFORMATION

Axis I:	Schizoaffective DO	Current Medications and Dosage:	<a href="#">Go To The Physician's Desk Reference</a>
Axis Ib:	R/O Schizoaffective DO	Paxil, Trazedone, Respidal	
Axis Ic:	Polysubstance dependence	Level of Support	
Axis II:	deferred	None-Independent	
Axis III:	Migraine	Functional Medical Problems:	
Axis IV:	Homeless		
Axis V:	50		

**EXIT TO MENU**

Message Insert Options Format Text

Cut Copy Paste Format Painter Clipboard

10.5 A A B I U ab A Basic Text

Address Book Check Names Names

Attach File Attach Item Business Card Include

Calendar Signature

Follow Up Permission High Importance Low Importance Options

ABC Spelling Proofing

To...  
Cc...  
Send

Subject: This is an IMH ALERT. There is a new inmate that matched DCMH. Please acknowledge it.

The referenced inmate below was admitted and matched DCMH data.

JID:  
Name: MICHAEL M  
If you would like more information, please contact Technical Services Unit of Department of Correction at 914-231-1232 or send e-mail to DOC-TechnicalServices@westchestergov.com.

To acknowledge now, please sign into IMH application here: <http://imh>



# IMH : Inmate Mental Health Data Exchange

Westchester  
gov.com

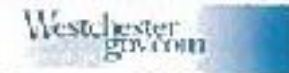
APRIL-28-2014 10:51 AM  
Version 2.0

User Id:	<input type="text"/>
Password:	<input type="password"/>
<input type="button" value="Login"/>	

Westchester County



# IMH - Inmate Mental Health Data Exchange



APRIL-08-2014 10:53 AM

- Admissions
- Referrals
- Report

[VIEW ALL ADMIT](#)
[VIEW ALL LIST](#)
[SEARCH](#)

MARK GIULIANO IS SIGNING ON.

[Log Out](#)

Matched List from 04/08/2014, Not Acknowledged

JID	LAST NAME	FIRST NAME	DOB	BOOK NO	BOOK DATE	ALIAS
[REDACTED]	[REDACTED]	ALEX	[REDACTED]	[REDACTED]	04/26/2014	✓
[REDACTED]	[REDACTED]	MICHAEL	[REDACTED]	[REDACTED]	04/26/2014	✓
[REDACTED]	[REDACTED]	WARREN	[REDACTED]	[REDACTED]	04/26/2014	✓
[REDACTED]	[REDACTED]	JAMES	[REDACTED]	[REDACTED]	04/26/2014	✓
[REDACTED]	[REDACTED]	ANDREW	[REDACTED]	[REDACTED]	04/26/2014	✓
[REDACTED]	[REDACTED]	REGINALD	[REDACTED]	[REDACTED]	04/26/2014	✓
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/26/2014	✓

[PRINT LIST](#)

Report

MARK GIULIANO IS SIGNED ON.

[Log Out](#)

Matched list from DCNH, Not acknowledged

JID	LAST NAME	FIRST NAME	DOB	BOOK NO	BOOK DATE	ALIAS
[REDACTED]	[REDACTED]	ALEX	[REDACTED]	[REDACTED]	04/26/2014	
[REDACTED]	[REDACTED]	MICHAEL	[REDACTED]	[REDACTED]	04/26/2014	
[REDACTED]	[REDACTED]	WARREN	[REDACTED]	[REDACTED]	04/26/2014	
[REDACTED]	[REDACTED]	LUIS	[REDACTED]	[REDACTED]	04/26/2014	
[REDACTED]	[REDACTED]	ANDREA	[REDACTED]	[REDACTED]	04/26/2014	
[REDACTED]	[REDACTED]	REGINALD	[REDACTED]	[REDACTED]	04/26/2014	

PRINT LIST

**JAIL DATA**

JID: [REDACTED]	Name: [REDACTED]	DOB: [REDACTED]	Book Date: 04/26/2014
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
HOMELESS IN YONKERS 1 HUDSON AV 40 FERRIS ST	YONKERS	NY	10711
	YONKERS	NY	10718
			RES
			RES



DATA

**DCNH DATA**

Name: [REDACTED]

<b>DCNH Address</b>	<b>Living Situation</b>
40 FERRIS STREET, ART 3F YONKERS NY 10711	PRIVATE RESIDENCE WITH FAMILY
	INPATIENT PSYCH UNIT

**Diagnostic/Medications**

<b>Clinical Disorders:</b>	SCHIZOPHRENIA PARANOID TYPE	<b>Alcohol Use Disorders:</b>	NO ALCOHOL USE
<b>Substance Use Disorders:</b>		<b>Personality Conditions:</b>	DEFERRED
<b>Acute Conditions and Physical Disorders:</b>	ACUTE BARTITIS	<b>Psychosocial/ environmental factors:</b>	NON-COMPLIANCE
<b>Global Assessment of Functioning:</b>	0	<b>Current Medications:</b>	ALPHEGAL 2MG BID 2000PT TIME

ACKNOWLEDGE NOW

PRINT

## Record View From CORRECTION

## Names and Aliases

NAME (Last, First)	SEX	BIRTH DATE	A.D.#
<del>XXXXXXXXXX</del>	M	<del>XXXXXXXXXX</del>	145
<del>XXXXXXXXXX</del>	M	<del>XXXXXXXXXX</del>	Working Name



## Record Status Active

Current Housing Location 03-14-005

## Alerts

ALERT ID	DESCRIPTION	STATUS	EXPIRY DATE
2014-04-26	PSYCH - PSYCHIATRIC DISORDERS	ACTIVE	Unknown
2014-04-26	PSYCH - SUICIDAL	ACTIVE	Unknown
2013-05-06	VIOL REGISTRATION - Child Registration	INACTIVE	2013-05-18
2012-02-19	KEEP LOCKED - Guilty - Keep Lock Sentence	INACTIVE	2013-03-10
2012-02-07	UNLOCKED PENDING BOARD - UNLOCKED PENDING BOARD	ACTIVE	2013-03-10
2013-01-10	PSYCH - PSYCHIATRIC DISORDERS	ACTIVE	Unknown
2013-01-10	PSYCH - PSYCHIATRIC DISORDERS	INACTIVE	2014-01-16
2006-02-24	PSYCH - PSYCHIATRIC DISORDERS	ACTIVE	Unknown
2004-02-24	PSYCH - PSYCHIATRIC DISORDERS	INACTIVE	2003-01-02
2005-01-05	DNA-SAMPLE ON FILE - DNA-SAMPLE ON FILE	ACTIVE	Unknown
2005-01-05	ORDER OF PROTECTION - ORDER OF PROTECTION	ACTIVE	Unknown
2005-01-05	PSYCH - PSYCHIATRIC DISORDERS	INACTIVE	2005-03-13
2003-05-06	PSYCH - SUICIDAL	ACTIVE	Unknown
2003-05-06	PSYCH - SUICIDAL	INACTIVE	2003-01-02
1994-11-11	UNRECORDED DISRUPTIVE - DISRUPTIVE (UNRECORDED)	ACTIVE	Unknown
1999-11-12	PAROLEE - ASSAULTIVE	ACTIVE	Unknown
1999-10-31	PSYCH - SUICIDAL	ACTIVE	Unknown
1999-10-31	PSYCH - SUICIDAL	INACTIVE	2005-03-26

## Known Identifiers

ID TYPE	ID	LAST MODIFY DATE
REN NUMBER	<del>XXXXXXXXXX</del>	1999-09-24
FILE CENT RECORD STORENUM	<del>XXXXXXXXXX</del>	2008-12-28
ID	<del>XXXXXXXXXX</del>	2010-01-21
SEE III	10 002106	1999-10-21



### Known Profiles

PROFILE	DESCRIPTION	LAST MODIFY DATE
-HAIR COLOR	BLACK	2002-06-06
EYE COLOR	BROWN	2002-06-06
ETHNICITY	HISPANIC	2002-06-06
RACE	HISPANIC	2002-06-06
RACE	BLACK	1999-12-07
-HAIR COLOR	BROWN	1999-12-07
ETHNICITY	null	1999-12-07
EYE COLOR	null	1999-12-07
-HAIR COLOR	null	1999-12-07
Height	5'11.5 in.	Unknown
Weight	160 lbs	Unknown

### Known Addresses

ADDRESS	LAST MODIFY DATE	Telephone
<del>XXXXXXXXXXXXXXXXXXXX</del>	Unknown	
<del>XXXXXXXXXXXXXXXXXXXX</del>	Unknown	
<del>XXXXXXXXXXXXXXXXXXXX</del>	Unknown	
<del>XXXXXXXXXXXXXXXXXXXX</del>	Unknown	
<del>XXXXXXXXXXXXXXXXXXXX</del>	2014-04-28	
<del>XXXXXXXXXXXXXXXXXXXX</del>	2009-03-28	
<del>XXXXXXXXXXXXXXXXXXXX</del>	2007-04-06	

### Known Gang Affiliations

ALERT DATE	DESCRIPTION	STATUS	EXPIRE DATE
NO DATA FOUND			

### Bookings

BOOKING#	BOOKED	RELEASED	RELEASE REASON	STATUS	20140501	CHARGES	1000
ORDERS	ORDER TYPE	COURT	ISSUED	JUDGE	STATUS	EXPIRES	
	WRIT-WARRANT	NEW YORK CITY WARRANT SQ-AC		Daly	A		
	CHARGES STATE						
	PVI	220.03 - CRIMINAL POSS CONTROLLED SUBSTANCE 7					
	SENTENCE START						
	NO DATA FOUND						
ORDERS	ORDER TYPE	COURT	ISSUED	JUDGE	STATUS	EXPIRES	
	WRIT-WARRANT	NEW YORK CITY WARRANT SQ-AC			A		
	CHARGES STATE						
	PVI	220.03 - CRIMINAL POSS CONTROLLED SUBSTANCE 7					
	SENTENCE START						
	NO DATA FOUND						

### Bookings

CHARGES STATE

PHL 220.03 CRIMINAL POSS CONTROLLED SUBSTANCE 7

OFFENSE

SENTENCE START  
NO DATA FOUND

EXPIRES

DCSC-AGED

ORDERS	ORDER TYPE	COURT	DATE	JUDGE	STATUS	START DATE
	APR2-RAP SHEET	YONKERS	1996-11-09	DICKERSON	1	1996-11-10

CHARGES STATE

PHL 220.06 CRIMINAL POSS CONTROLLED SUBS (AMLS)

OFFENSE

SENTENCE START  
NO DATA FOUND

EXPIRES

DCSC-199200

Visitors

NAME (Last, First)	RELATION	ADDRESS	TEL	LAST VISIT DATE
[REDACTED]	Father	25 HIGHLAND AVE W. YONKERS NY	[REDACTED]	2000-03-01
[REDACTED]	Mother	[REDACTED]	[REDACTED]	2000-10-20
[REDACTED]	Daughter	[REDACTED]	[REDACTED]	2013-02-20
[REDACTED]	Father	19 ST JOSEPH AVE YONKERS NY	[REDACTED]	2000-08-30
[REDACTED]	Father	5 WINDOVER PARK LA 27 WHITE PLAINS	[REDACTED]	2000-10-21
[REDACTED]	Daughter	1504 LEOLA AVE EASTON ON FLOSON NY	[REDACTED]	2017-02-20
[REDACTED]	Lawyer	ATTORNEY	[REDACTED]	2002-06-19
[REDACTED]	Probation	[REDACTED]	[REDACTED]	1994-12-31
[REDACTED]	Father	17 CENTRAL ST. OTHER PA	[REDACTED]	2000-04-19
[REDACTED]	Father	15 HIGHLAND GLEN YONKERS NY	[REDACTED]	2000-08-10
[REDACTED]	Legal Aid	[REDACTED]	[REDACTED]	1999-12-10
[REDACTED]	Mother	[REDACTED]	[REDACTED]	2002-07-11

Additional Contacts

NAME (Last, First)	RELATION	ADDRESS	TEL
[REDACTED]	Mother	51 YORKERS AVE YONKERS NY	[REDACTED]
[REDACTED]	Appt	[REDACTED]	[REDACTED]

Scars, Marks And Tattoos

LOCATION	TYPE	DESCRIPTION
BACK	TATTOO	freder
BACK	TATTOO	freder
BACK	TATTOO	freder
UPPER ARM	TATTOO	REAPER ,BACK