



August 29, 2013

Dear Colleagues,

Please see the following updated information regarding the New York Justice Center.

Attachment 1: There is a new secure process for sending investigative materials to OMH Central Office
The Microsoft Exchange Hosted Encryption Service is an easy method to send encrypted files to Central Office. Sending encrypted files to OMH Central Office begins by requesting an MS Encryption Account Setup E-Mail from your Central Office Clinical Risk Manager contact. When you receive the email, open it and follow the directions to initialize your encryption account (registration takes 2 minutes) and reply to the sender with the requested attachments. Some attachments may be too large to send in a single transmission and will need to be compressed or split into multiple files. Please refer to the OMH link for a demonstration of how this works: <http://omh.ny.gov/omhweb/dqm/jc/index.html>

Attachment 2: The Justice Center has recently revised the Process for Requesting SCR Checks for Subjects/Suspects in Abuse and Neglect Cases
The new policy is attached for your reference. Basically, when cases of alleged abuse or neglect are assigned to your organization for investigation, the investigator must request that the Justice Center conduct a search in the Statewide Central Register (SCR) for any known subjects/suspects in the case. The Justice Center has created a SCR Search specific e-mail box for submitting these requests.

Please direct any additional questions to Keith.McCarthy@omh.ny.gov

Thank you for your attention to this matter.

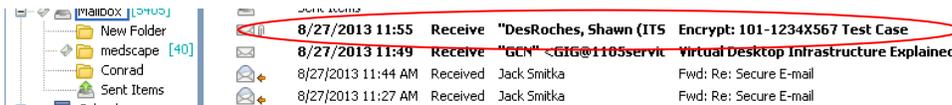
Marcia L. Fazio
Deputy Commissioner
Division of Quality Management



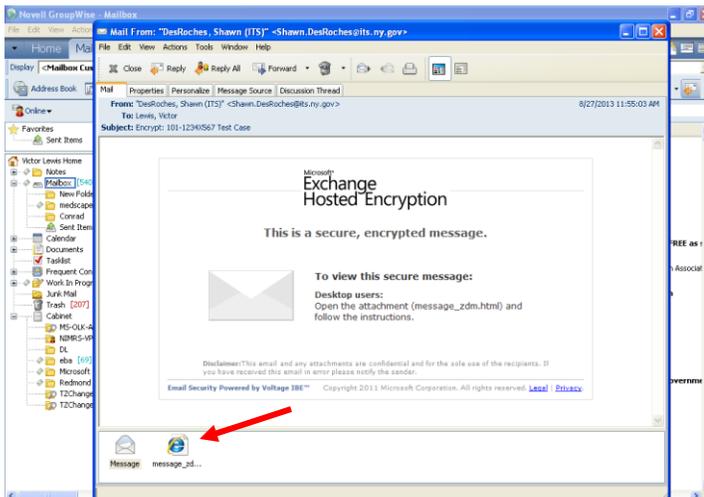
Sending Investigative Materials to OMH Central Office

OMH is offering facilities the Microsoft Exchange Hosted Encryption Service as an easy method to send encrypted files to Central Office. Sending encrypted files to OMH Central Office begins by requesting an “MS Encryption Account Setup E-Mail” from your Clinical Risk Manager. When you receive the email, open it and follow the directions to initialize your encryption account (registration takes 2 minutes) and reply to the sender with the requested attachments. Some attachments may be too large to send in a single transmission and will need to be compressed or split into multiple files.

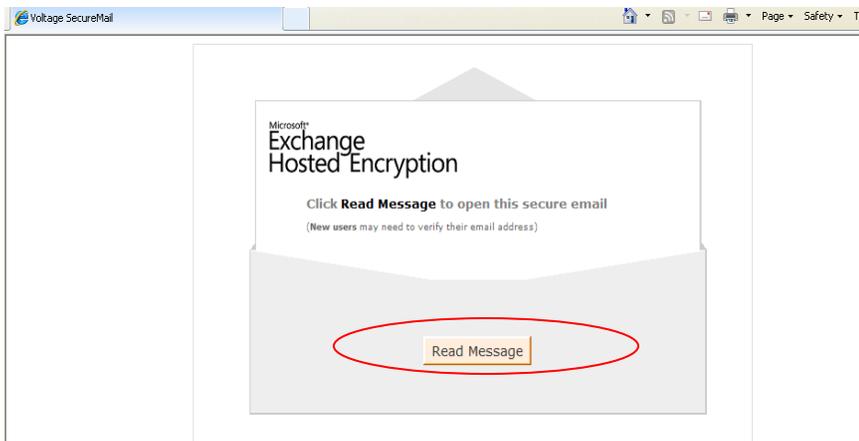
Step 1. Your Clinical Risk Manager will send you an email with the word “Encrypt” in the subject field. Open the email.



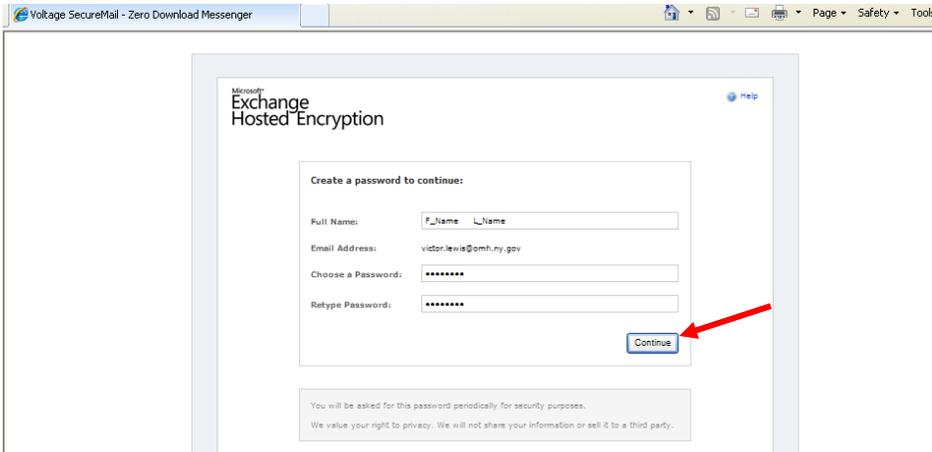
Step 2. Open the attachment.



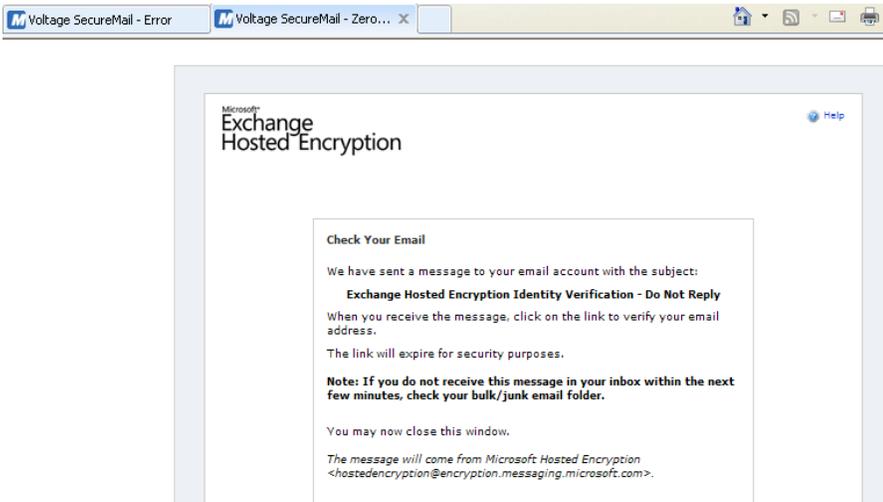
Step 3. Click on the “Read Message” button



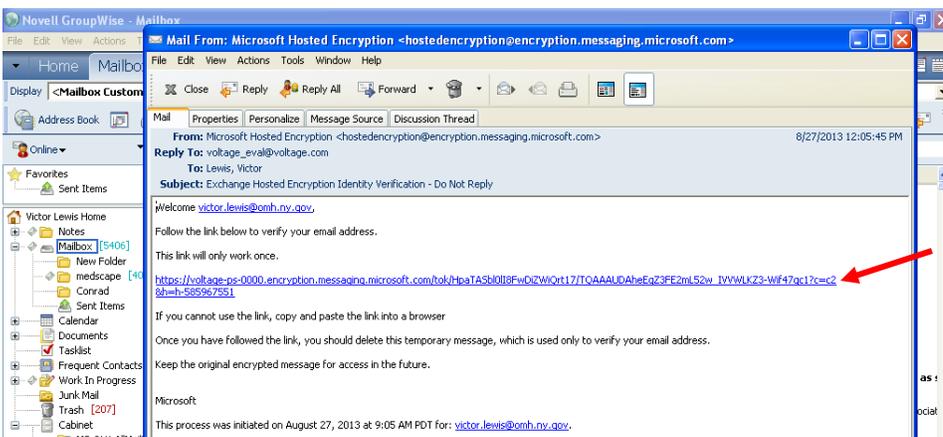
Step 4. This is where you create your password for access to encrypted files. Fill in the fields as directed. Then Click on the “Continue” button.



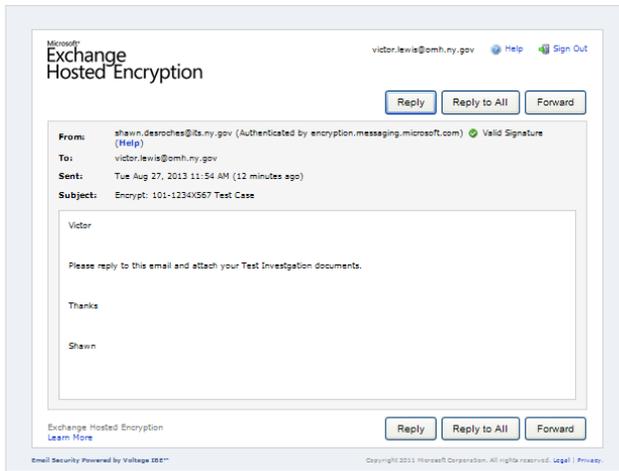
A link will be sent to your email address.



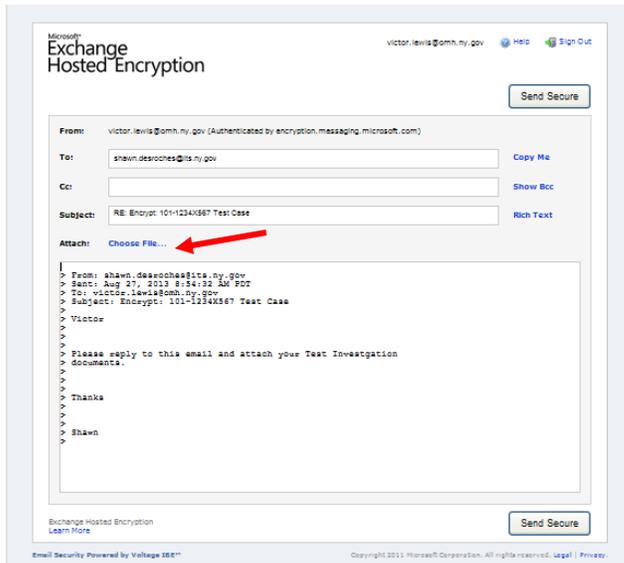
Step 5. Locate and open the email and Click on the link



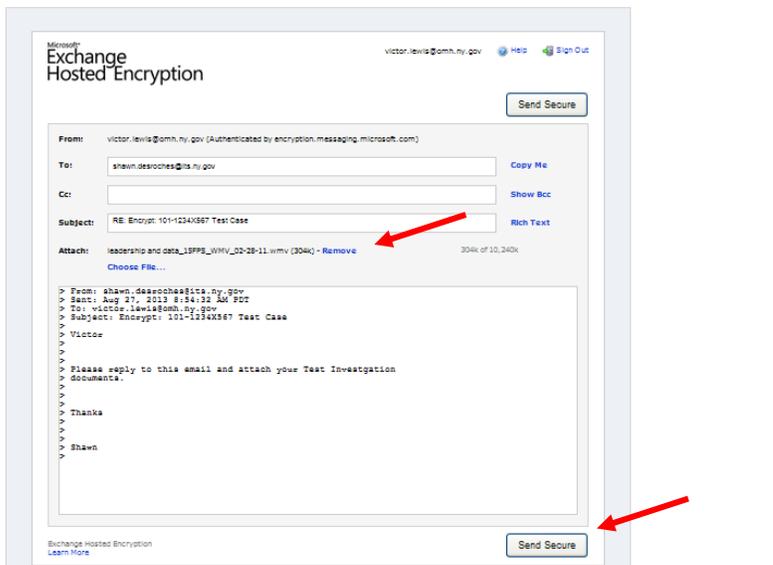
Step 6. The email will be from your Clinical Risk Manager.



Click on Reply. Then locate and attach the requested files. Then Click on “Send Secure” button



Click on “Send Secure”





Memorandum

TO: Marcia Fazio, OMH
 FROM: Jay Kiyonaga, Executive Deputy Director JK
 DATE: August 15, 2013
 SUBJECT: REVISED: Process for Requesting SCR Checks for Subjects/Suspects in Abuse and Neglect Cases

When cases of alleged abuse or neglect are assigned to your Agency for investigation, or further delegated by you to a private provider, the investigator must request that the Justice Center conduct a search in the Statewide Central Register (SCR) for any known subjects/suspects in the case. In order to ensure that the Justice Center responds timely to the investigator's request to search the SCR, the Justice Center has created a SCR search specific e-mail box for submitting these requests. **Please forward this memorandum to all Agency investigators of cases of alleged abuse or neglect, as well as any private providers who may also be leading such investigations.**

Please find the updated SCR Check Request Form attached, which also includes a link to the new e-mail address for submitting requests. Effective immediately, this form must be sent to the Justice Center at subjectsearchs@justicecenter.ny.gov to request that the Justice Center search the SCR for known subjects/suspects of allegations of abuse or neglect. Additional guidance for Investigators is included below.

Purpose of the SCR Check Request Form

The purpose of this form is to enable authorized investigators at the Department of Health (DOH), Office of Mental Health (OMH), and Office for People with Developmental Disabilities (OPWDD) to request that the Justice Center conduct a search of the Statewide Central Register (SCR) database for indicated reports of child abuse or maltreatment against any individual who is the subject/suspect of a report of abuse or neglect to the Vulnerable Persons Central Register (VPCR) pursuant to NY Social Services Law § 492(3)(c)(iv). In addition, this form is to be used by any investigators from private providers who have been delegated investigative responsibility by one of the State agencies previously identified.

When to Submit an SCR Check Form

This form must be completed for each case of alleged abuse or neglect that involves one or more known subjects/suspects as soon as the information required in the form is known or discovered. Additional requests to search the SCR should be sent to the Justice Center if new subjects/suspects are identified during the course of the investigation.

The Justice Center's Role Once the Form is Submitted

The Justice Center will conduct a search for the known subject/suspect(s) in the SCR. Based on the findings, The Justice Center will note that a search has been completed and upload any pertinent information into the relevant case file within the VPCR. To ensure the security of the SCR check results, the Justice Center will:

- For State agency led investigations, notify the investigator that requested the SCR check that the information is available for review in the VPCR.
- For private provider led investigations, notify the provider's Criminal Background Check/Staff Exclusion List Authorized Contact and send him/her the results of any indicated reports. To ensure that the Authorized Contact is aware the request is being made and is able to properly route the response from the Justice Center, it is recommended that the investigator copy the Authorized Contact on the email to the Justice Center.

Required action by the investigator if the SCR check produces an indicated report

In accordance with statute, the investigator must then contact OCFS, Local Social Services District or the agency that investigated the indicated report to gather the information contained in such report(s). Information obtained in the indicated report is not itself proof that the subject/suspect committed the act alleged in the report to the Justice Center, but may be used in consideration with other evidence. All such information must be included in the investigation file in the VPCR but does not need to be referenced in the investigator's narrative report unless deemed relevant to the investigator's findings.

Please contact subjectsearchs@justicecenter.ny.gov with any further questions regarding the SCR search process.

Attachment

Cc: Jeff Wise
Robin Forshaw
Tony Bruno

NEW YORK STATE
Justice Center for the Protection of People with Special Needs

STATEWIDE CENTRAL REGISTER (SCR) CHECK
For Agency Use Only to Investigate Allegations of Abuse or Neglect

ALL INFORMATION MUST BE COMPLETE. PLEASE TYPE AND EMAIL FORM TO mailto: subjectsearchs@justicecenter.ny.gov

<p>The purpose of this form is to enable authorized investigators at the Department of Health (DOH), Office of Mental Health (OMH), and Office for People with Developmental Disabilities (OPWDD)—or investigators at private providers designated by DOH, OMH, or OPWDD to conduct the investigation—to request that the Justice Center conduct a search of the Statewide Central Register (SCR) database for indicated reports of child abuse or maltreatment against any individual who is the subject/suspect of a report of abuse or neglect to the Vulnerable Persons Central Register (VPCR) pursuant to NY Social Services Law § 492(3)(c)(iv). This form must be completed for each case of alleged abuse or neglect that involves one or more known subjects/suspects as soon as the information required below is known or discovered. Additional requests to search the SCR should be sent to the Justice Center if new subjects/suspects are identified during the course of the investigation. Additional instructions for completing this form are on the back/next page.</p>				<p>JUSTICE CENTER USE ONLY</p>	
				<p>REQUEST RECEIVED DATE: / /</p>	
				<p>REQUEST COMPLETE DATE: / /</p>	
				<p>REQUEST ASSIGNED TO:</p>	
AGENCY CODE:	CASE SERIAL NUMBER (OPWDD may use MASTER INCIDENT #):	INVESTIGATION START DATE: / /	DATE SCR CHECK REQUESTED: / /		
PRIMARY INVESTIGATOR NAME (FIRST LAST):		PRIMARY INVESTIGATOR E-MAIL:	PRIMARY INVESTIGATOR PHONE NUMBER (Area Code): () -		
INVESTIGATOR EMPLOYED BY PRIVATE PROVIDER? (Y / N)	IF INVESTIGATOR EMPLOYED BY PRIVATE PROVIDER, PLEASE PROVIDE NAME OF PROVIDER/FACILITY				

Justice Center Suspect Information
Complete this section for each known Suspect. Add additional forms if there are more than 2 suspects in your case.

Suspect # 1

SUBJECT/SUSPECT FIRST NAME		SUBJECT/SUSPECT LAST NAME		SUBJECT/SUSPECT ALIAS (OPTIONAL)		SUBJECT/SUSPECT ALIAS 2 (OPTIONAL)	
SEX (M/F)	DATE OF BIRTH / /	EMPLOYER NAME		EMPLOYER SAME AS PROVIDER (Y/N)	VPCR PROVIDER ID #		
EMPLOYER STREET ADDRESS			SUITE/UNIT #	EMPLOYER CITY		EMPLOYER STATE	EMPLOYER ZIP
CURRENT HOME STREET ADDRESS			APT/UNIT #	CITY		STATE	ZIP
PREVIOUS HOME STREET ADDRESS (If known)			APT/UNIT #	CITY		STATE	ZIP

Suspect # 2

SUBJECT/SUSPECT FIRST NAME		SUBJECT/SUSPECT LAST NAME		SUBJECT/SUSPECT ALIAS (OPTIONAL)		SUBJECT/SUSPECT ALIAS 2 (OPTIONAL)	
SEX (M/F)	DATE OF BIRTH / /	EMPLOYER NAME		EMPLOYER SAME AS PROVIDER (Y/N)	VPCR PROVIDER ID #		
EMPLOYER STREET ADDRESS			SUITE/UNIT #	EMPLOYER CITY		EMPLOYER STATE	EMPLOYER ZIP
CURRENT HOME STREET ADDRESS			APT/UNIT #	CITY		STATE	ZIP
PREVIOUS HOME STREET ADDRESS (If known)			APT/UNIT #	CITY		STATE	ZIP

NEW YORK STATE
Justice Center for the Protection of People with Special Needs

STATEWIDE CENTRAL REGISTER (SCR) CHECK
For Agency Use Only to Investigate Allegations of Abuse or Neglect
INSTRUCTIONS FOR USING THIS FORM

This form must be completed for **each** case of alleged abuse or neglect that involves one or more known subjects (suspects) as soon as the information required is known or discovered. The form includes space to request an SCR search for up to two suspects. If your case has more than two alleged suspects please use additional forms to request the search. Additional requests to search the SCR should be sent to the Justice Center if new suspects are identified during the course of the investigation.

Please refer to the following guidelines to complete the SCR Check form as part of the Justice Center investigations process. If you have additional questions please contact the Justice Center at subjectsearchs@justicecenter.ny.gov.

Required information	Description
Agency Code	The State Agency abbreviation (e.g. DOH, OMH, OPWDD) for your Agency
Case Serial Number	The Case Serial Number is the numeric serial number assigned to the investigation case record in the VPCR system, found in the case header.
Investigation Start Date	The date that the investigation began. This should generally correspond to the "Created Date" field in the VPCR system.
Date SCR Check Requested	The date you are requesting the SCR check (i.e. today's date)
Primary Investigator Name (First Last)	The first and last name of the primary investigator assigned to the case (i.e. your name)
Primary Investigator E-Mail	The email address of the primary investigator assigned to the case
Primary Investigator Phone Number	The phone number of the primary investigator assigned to the case
Suspect First and Last Name (Mandatory)	Provide the known first and last name of the suspect
Suspect Alias(es) (Optional)	Optionally, fields are provided to list any known alias(es) or nicknames that the suspect uses
Sex of the Suspect (Mandatory)	Indicate whether the suspect is known to be Male (M) or Female (F)
Suspect Date of Birth (Mandatory)	Indicate the date of birth of the suspect. This information should be available from HR/employment records
Employer name	The name of the suspect's employer. This should generally correspond to the provider/facility where the alleged incident occurred.
Employer same as provider (Y/N)	In some instances the suspect may be employed by a contractor or third party service provider at a provider or facility, and not the provider/facility itself. Indicate whether the suspect's employer is the same as the provider/facility where the incident occurred.
VPCR Provider ID #	The Provider ID number found in the VPCR provider record
Employer Address	Enter the street number and name for the Suspect's employer. A space is also provided to include the Suite or Unit number for the employer's address. The city, state and zip should also be provided
Suspect's Current Home Address (Mandatory)	Enter the street number and name for the Suspect's current address. A space is also provided to include the Apt or Unit number for the suspect's address. The city, state and zip should also be provided. This information can be available in HR/employment records
Suspect's Previous Home Address (Optional)	Enter the street number and name for the Suspect's previous address if known. A space is also provided to include the Apt or Unit number for the suspect's address. The city, state and zip should also be provided. This information may be available in HR/employment records but is not mandatory if unknown.