Rochester Psychiatric Center

PROVIDING TREATMENT FOR TODAY
AND HOPE FOR TOMORROW

Michael P. Zuber, Ph.D.
Executive Director

New York State Office of Mental Health

Joseph G. Coffey, M.P.A.
Director for Facility Administration

Geoffrey Poroseff, Ph.D.
Director of Treatment Services

Laurence Guttmacher, M.D.
Clinical Director

Christopher Kirisits, R.N. M.S.N.
Director of Nursing

Philip Griffin, M.P.A.
Interim Director for Quality Improvement

To: NYS Office of Temporary & Disability Assistance

Date: 6/25/09 Regarding: Kevin Saunders DOB 5/01/56

✓ The following information you requested is enclosed. This information has been disclosed to you from confidential records protected by Section 33.13 of the Mental Health Law and Federal regulations (45 CFR Parts 160, 164 prohibiting you from making any further disclosure of this information, unless specifically permitted by law. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure of information. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Any unauthorized further disclosure or failure to maintain confidentiality may subject you to penalties described in federal and state law.

____ Screening/Admission Note
____ Psychological Assessment
____ Psychiatric Assessment
____ Social History/Evaluation
✓ Discharge Summaries
____ Progress Notes
____ Physical Assessment
____ Lab Work
____ _____ Assessment
____ Other _____

____ The Patient cannot be identified. Additional information is needed:

____ Full name and known aliases
____ Date of Birth
____ Social Security Number
____ Approximate date of admission
____ Patient's maiden name
____ Other: _____

____ We are unable to release any information without a valid consent. The New York State Office of Mental Health mandates a consent must:

____ Specific description and date of information to be used/disclosed.
____ Specify the purpose or need for the information.
____ Name, Address, & title of Person/Organization/Facility/Program Disclosing Information.
____ Name, address, & Title of Person/Organization/Facility/Program to which this disclosure is to be made.
____ Expiration date, condition or event that relates to the individual or the purpose of the use/disclosure.
____ Be signed and dated by the person whose records are involved or by his/her legal representative, with proof of legal representative status.
____ Be signed by a witness and dated.
____ Please complete the enclosed Authorization to Release Information (OMH 11) consent form as noted above and return to us for processing.

____ We are unable to locate the medical records needed to answer your reply.

____ Please be advised that we have no record of hospitalization for the above named individual.

____ Please be advised that the information you requested is not contained in our medical records.

____ The charge for copying the requested information is $_____. Please make check payable to Rochester Psychiatric Center, Attention: HIM Department, and your request will be forwarded to you.

Health Information Management Services Representative: Audra Wilson

1111 Elmwood Avenue, Rochester, New York 14620-3005
Main Phone: (585) 241-1200 TDD Phone: (585) 241-1982 Fax: (585) 241-1424
A JCAHO Accredited Facility
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Discharge Summary/Service Plan-Part I

Facility Name: 15 Rochester PC
Unit/Ward: 58 RFU/058/PRP
Admission Screening Date: 05/23/2003

Patient's Name: SAUNDERS, KEVIN E
Case Number: 85274
State ID: 1804984
DOB: 05/01/1956 Gender: Male

Entered By: 15024 Bower, Lena M
Discharge Date: Tranfer - 9/14/04

1. History

A. Presenting Problem(s)
B. Evaluation Results
C. Diagnosis
D. Alcohol and Drug Use/Abuse
E. Mental / Physical Health
F. Medications
G. Laboratory and Other Results

Mr. Saunders is a 48-year-old, divorced, Caucasian male, who was admitted to the Rochester Regional Forensic Unit(RRFU) on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Court Judge, on 5/22/03. Patient was transferred to RRFU from Elmira Psychiatric Center(EPC) where he was hospitalized from 4/4/03 until the date of his transfer to RRFU on 5/23/03.

On 2/6/97, he was arrested and charged with the crimes of Burglary,2nd Degree; Arson, 3rd Degree, 2 counts; Criminal Mischief, 2nd Degree; and Criminal Contempt, 1st Degree. He had set fire to the trailer home of his former girlfriend, early on the morning of2/6/97. As a result of the fire, this trailer home as well as his girlfriend's car were destroyed On 6/14/97, Mr. Saunders was evaluated by Norman J. Lesswing, Ph.D., who found that Mr. Saunders was not criminally responsible for the above mentioned crimes. Patient was adjudicated as Not Responsible by Reason of Mental Disease by plea on6/28/97 in the court of Judge William C. Barrett, Tompkins County Court Judge. A CPL 330.20 Examination was ordered by the Judge on 8/4/97. It was recommended that patient be admitted for the examination and he was admitted to RRFU on1/30/98. Upon completion of330.20 Examination, patient was discharged in the community on3/31/98. Both examiners (Dr. R.P. Singh and Dr. John Kennedy) opined that Mr. Saunders did not suffer from dangerous mental disorder as this term is defined by CPL 330.20. On 5/7/98, Honorable William Barrett, Tompkins County Court Judge, decided that Mr. Saunders did not suffer from a dangerous mental disorder, however, recommended continued mental health treatment for defendant The Order of Conditions was issued and Mr. Saunders was ordered to attend an outpatient mental health treatment program as designated by the Commissioner of Office of Mental Health for the State of New York, or by his designee Initially Mr. Saunders was ordered in outpatient treatment at the Tompkins County Mental Health Center, however, due to ongoing noncompliance with and violations of his Order of Conditions, his treatment was transferred to the EPC Outpatient Clinic on5/8/02 by request of Mr. Anthony B. DeLuca, Commissioner, Tompkins County Mental Health Services

On 5/23/03, Mr. Saunders was transferred to RRFU/RPC from the Elmira Psychiatric Center pertinent to the Recommitment Order in accordance with Article 330.20 of CPL.

The First Retention Order was signed by the Honorable Richard A. Keenan, Monroe County Court Judge, on2/14/04. This one year Retention Order will expire on 11/22/04.

On 5/23/04, Mr. Saunders presented before the Hospital Forensic Committee on the request for transfer order to civil psychiatric facility. Application was approved by the Forensic Committee, as well as Bureau of Forensic Services

On 8/30/04, Honorable Richard Keenan, Monroe County Court Judge, signed the transfer order authorizing transfer of Mr Saunders from a secure facility to a nonsecure facility. On the same date, Honorable Judge Keenan signed the Order of Conditions and ordered Mr. Saunders to comply with this order for a period of five years from the date of the issuance of this order.

For details of past psychiatric history, alcohol and drug use, details of the instant offense, legal history, social history, and the

Discharge Summary/Service Plan-Part I

Facility Name: 15 Rochester PC
Unit/Ward: 58 RFU/058/PRP
Admission Screening Date: 05/23/2003

Patient's Name: SAUNDERS, KEVIN E
Case Number: 85274
State ID: 1804984
DOB: 05/01/1956 Gender: Male

circumstances surrounding Mr. Saunders' recommitment to RRFU, please refer to the Hospital Forensic Committee Summary, completed by the undersigned on 5/13/04.

2. Alerts

Date Noted	Date No Longer Pertinent	Alert
09/07/2004	[OPEN]	No

Behavior Type: Fire Setting
Description: intentional - history of

Comments: History of fire setting (instant offense); history of poor compliance with aftercare and treatment in the community; 330.20 CPL status; patient is allergic to Ampicillin.

3. Course of Treatment

A. Mental Health B. Physical Health C. Rehabilition D. Social Support

Upon his transfer to RRFU from EPC on 5/23/03, Mr. Saunders adjusted to the unit well. He was compliant with all unit regulations and denied any physical problems/complaints. Patient's sleep, appetite, and personal hygiene were good. He reported mild anxiety related to his legal situation, however, denied any panic attacks. In his initial interview with the undersigned on 5/27/03, Mr. Saunders expressed his frustration with OMH and mental health system. He called many of his past mental health care providers "incompetent" and "liars." Patient insisted that his psychotic decompensation in February 1997 was caused by the interaction of Trazodone and Prozac and was secondary to mCPP formed from Trazodone after he took Fluoxetine. Mr. Saunders' thought process was circumstantial with occasional tangentiality. He clearly indicated that he was not going to accept any antipsychotic or mood stabilizing medications. His physical examination was noncontributory. EKG revealed normal sinus rhythm. Urine toxicology screen was negative. Thyroid studies were within normal limits. RPR and Hep profile were non-reactive. Urinalysis was within normal limits. Lipid profile revealed mildly increased cholesterol - 206 (127-200), and mildly increased triglycerides - 205 (44-200). CBC with differential was within normal limits with exception of mildly increased WBC count - 12.5 (4.0-11.0). However, patient was afebrile and asymptomatic. Serum electrolytes were within normal limits. Liver function test was within normal limits with the exception of slightly increased alkaline phosphatase - 145 (38-126).

In individual sessions with nurses, social worker, and the undersigned, Mr. Saunders would frequently complain about being hospitalized and mistreated by OMH. Talking to Mr. Saunders during the first few weeks of his hospitalization was very difficult since he would not provide a direct answer to the questions asked, but would become circumstantial and occasionally tangential. His affect would be mostly appropriate with occasional angry undertones and mild hostility. Frequently Mr. Saunders would exhibit mannerisms, dramatic tone of voice, and body posturing. Overall, he would come across as very feminine. While discussing the circumstances surrounding his DUI arrest in 12/96, Mr. Saunders would come across as somewhat paranoid, insisting that he was set up by the police.

Mr. Saunders would refuse to recognize the fact that over the years he has been suffering from symptoms of psychotic illness and insist that his condition was "an acute rejection sensitivity." In our discussions on previous psychiatric evaluations completed by Drs. Singh, Kennedy, Lesswing, and Povinelli, Mr. Saunders would call Dr. Kennedy's and Dr. Povinelli's reports "bunch of junk" full of "misinterpretations and fabrications."

Despite the undersign's attempts to convince Mr. Saunders to accept antipsychotic medications, he kept refusing a

clinical trial of Zyprexa or Risperidone. Patient frequently talked about his psychotic decompensation in 1997 "caused by mCPP." He insisted "I'm a slow metabolizer....you have to order Cytochrome P450 Isoenzyme test on me..." When confronted, Mr. Saunders would easily become irritable and hostile.

On 6/27/03, patient was interviewed by Dr. Guttmacher, Chief of Psychiatry at RPC. Dr. Guttmacher's recommendation was "I would strongly encourage the use of medication. The aim of this would be to prevent recurrence and to perhaps help with the extent paranoid tinge. Olanzapine, which has FDA indications both for psychosis and for Bipolar Disorder, would be a logical first shot. There may also be the need for a thymoleptic such as Lithium or Valproate in addition. The severity of his episodes, his absent insight, and the developing recurrent nature of his illness, all argue for maintenance treatment."

Despite Dr. Guttmacher's and this writer's recommendation to accept antipsychotic medication, Mr. Saunders declined the offer.

There were no significant changes in Mr. Saunders' condition during the months of July and August. He continued to decline offered antipsychotic medications, exhibited poor insight in his condition, and decided to challenge the Recommitment Order in the court. Occasionally Mr. Saunders would become angry when informed by this writer that one of his diagnosis is Psychotic Disorder, NOS. Patient's response would be "I'm not psychotic, I am in touch with reality..." Occasionally his speech would become of increased volume. Patient would exhibit tense posturing while talking about development of psychotic symptoms in January 1997 due to prescribed Prozac and Trazodone. His thought process would remain circumstantial with occasional tangentiality.

Due to Mr. Saunders' ongoing refusal to accept proposed treatment with antipsychotic agents, on 8/18/03 this writer started an application for Treatment Over Objection. Patient was informed about this new development. On 8/29/03, Mr. Saunders informed the undersigned that he has decided to "try a low dose antipsychotic medication." After benefits, risks, and potential side effects of Zyprexa and Risperidone were explained to Mr. Saunders, he decided to take Risperidone.

Considering Mr. Saunders' concerns about "being a slow metabolizer," his initial dose of Risperidone was 0.25 mg. po qhs. Mr. Saunders tolerated it well, denied any side effects of Risperidone, and on 9/8/03, his daily dose was increased to 0.5 mg. po qhs.

As it was previously discussed with Mr. Saunders, his daily dose of Risperidone was slowly and gradually titrated to 2 mg. po qhs. Mr. Saunders denied any side effects, tolerated medication well, and reported significant decrease in his anxiety, as well as ability to sleep better.

On 6/21/03, 6/23/03, 6/30/03, 7/2/03, 7/14/03, 7/21/03, and 7/31/03, the psychological evaluation was conducted by Jane DeSmith, Ph.D. In the testing findings section of her report, Dr. DeSmith concluded: "Test data, behavioral observations (cited in Section III of this report), involving history of his condition (also cited in Section III of this report), indicate that this is a patient with a complex array of symptoms. This person is more organized in responding to structured situations, however, when performing unstructured tasks (Rorschach Inkblot, clinical interviews), this person has a tendency to become disorganized. At these times he becomes easily distracted and his behavior becomes guarded, suspicious, impulsive and negative symptoms present. This date is corroborated by unstructured clinical interviews. Data reflect series precipitating factors in the onset, an increase in worry and rumination, and an elevated frequency of frightening thoughts. Psychosis, although at times subtle, was pervasive across psychological

tests and testing situations. When stressors are minimal, this patient may withdraw into his dream world, putting his resentments aside and attempting to convey an air of well-being. If these efforts give way under the slightest pressure, regulating his angry dismay, stirring up his dejection and his feelings of being misunderstood and mistreated, leading him to act out momentarily and then to retreat again into fantasy or despondency. Data are significant for recurrent periods of more psychotic functioning. Data illustrate that Mr. Saunders is familiar with Rorschach content. Patient's with protocols such as this have a tendency to use material in their own best interest. The presence of thought disturbance is sufficient to warrant the consideration of psychiatric intervention."

Overall, after Mr. Saunders' acceptance of Risperidone, especially after accepting a higher dose of medication, patient was observed by many staff members as more relaxed and exhibiting no underlying hostility and anger. He also became more acceptive of his diagnosis and would openly discuss his past psychiatric history, as well as ask appropriate questions about his prognosis.

By 9/22/03, Mr. Saunders advanced to Level III of the unit's Behavioral Level System (highest level). Since then he has been appropriately utilizing Level III privileges. Mr. Saunders remained in good behavioral control and maintained appropriate interactions with other patients and staff. By the end of October 2003, patient was transferred to the first floor of RRFU (which is considered the rehabilitation floor compared to the second floor which is an acute stabilization unit).

Based on signs of improvement in patient's condition, his treatment team members unanimously agreed that Mr. Saunders was ready for participation in escorted furlough privileges and did not pose a significant risk for escape. On 11/12/03, patient presented before the Hospital Forensic Committee and the application for escorted furlough privileges was supported by the committee. It was also approved by the Bureau of Forensic Services. The application was presented before the Honorable Richard A. Keenan, Monroe County Court Judge, on 2/11/04. The Judge signed the Order for escorted furloughs and Mr. Saunders has been appropriately participating in escorted furloughs since 2/17/04.

It should be also noted that during this hospitalization Mr. Saunders has come to a better understanding of his legal situation and developed a better insight in his mental condition. Initially, after his admission to RRFU, he wanted to appeal the court's decision and challenge it in the Monroe County Court. Then he changed his mind and decided to wait until the expiration of a 6-month Retention Order. Later at the advice of his attorney and after starting medications, Mr. Saunders decided to postpone his court hearing for a few months. Later in the winter of 2004, patient initially wanted to go to the court and challenge his First Order of Retention, however, after consulting with his attorney, as well as discussing the situation with his treatment team, he came to the right decision and agreed that he still needed to be in highly structured, secure and supportive environment of RRFU. Patient did not challenge the application for the First Retention Order and it was signed by the Honorable Richard A. Keenan, on 2/11/04. This one-year Retention Order will expire on 11/22/04.

During the months of November and December of 2003, as well as January of 2004, Mr. Saunders continued to maintain Level III of unit's Behavioral System, usually attending between 21 and 23 programs/activities per week. He adjusted well to the first floor of RRFU. In November Mr. Saunders requested a laptop personal computer in order to continue to be productive in his occupation. He maintained frequent telephone contacts with his business associate in Ithaca. Patient's request for laptop computer was approved by the treatment team, as well as by the hospital administration. Patient was compliant with his psychotropic medication and denied any side effects. Mr. Saunders would usually present friendly on approach, however, would not initiate contacts with other patients or staff members.

Discharge Summary/Service Plan-Part I

Facility Name: 15 Rochester PC
Patient's Name: SAUNDERS, KEVIN E
Unit/Ward: 58 RFU/058/PRP
Case Number: 85274
Admission Screening Date: 05/23/2003
State ID: 1804984
DOB: 05/01/1956 Gender: Male

While in MICA groups Mr. Saunders was very slowly changing his opinion of his past use of cannabis. Initially, he would express an opinion that smoking pot helped him to work better and be more concentrated on his work. Eventually he has changed his point on use of cannabis and agreed with the group participants that he should no longer smoke marijuana. Mr. Saunders received his laptop computer on 12/3/03 and was appropriately using it in the evenings at the assigned times. Initially he used the laptop almost every day, but by the end of December his business related workload has declined. It was observed by the undersigned as well as by many treatment team members that Mr. Saunders' affect has changed by the end of December. Patient was described as more pleasant, friendlier, less anxious, and appropriately smiling while speaking. His thought process was organized and always on the topic of conversation. Patient also became much more acceptive of his mental illness compared to his statements given to the undersigned upon admission and the first few months at RRFU.

In February 2004, Mr. Saunders was excited about receiving his legal papers approving the furlough privileges. Patient was described as a very active participant in MICA groups. Nevertheless, his insight into the detrimental effects of cannabis was partial. Mr. Saunders maintained Level III of Behavioral System and was compliant with his medications and unit regulations. In the beginning of February, patient complained of mild anxiety and insomnia secondary to the upcoming court review of the application for the First Retention Order and escorted furloughs. He was offered and accepted a low dose of Ativan in order to alleviate his anxiety. It was a difficult decision for Mr. Saunders to make not to challenge the retention. Patient's decision was supported by his treatment team members and this writer. It was very important for Mr. Saunders in terms of showing improved judgment and better understanding of his treatment needs at that time.

There were no significant changes in Mr. Saunders condition during the months of March and April 2004. He remained compliant with his medications, as well as unit regulations. Patient appropriately utilized escorted furlough privileges. In individual sessions with the undersigned Mr. Saunders would frequently ask appropriate questions about his diagnosis and first warning signs of psychotic decompensation. Mr. Saunders would agree that he suffers from atypical Bipolar Disorder and needs to continue with the medications in order to avoid decompensation. Outside of the programs/activities, Mr. Saunders was superficially involved with other patients and staff. His interactions were appropriate, however, limited. When patient was advised by the staff to increase his interaction with other individuals at the Forensic Unit, Mr. Saunders indicated that he had very few peers that he felt comfortable conversing with. He further explained that he did not share much in common with the majority of his peers, however, would respond to interactions initiated by others.

On 4/15/04, patient met with the members of the treatment team for treatment plan review. Members of the treatment team unanimously agreed that Mr. Saunders was showing gradual improvement in his understanding of the nature of his mental illness and prodromal symptoms, as well as the need for ongoing treatment. However it was also noticed that Mr. Saunders' insight into his past use of cannabis was partial. In MICA groups Mr. Saunders would minimize the amount of cannabis that he has used in the past and contribute detrimental effects of cannabis to the extra chemicals that, in his opinion, were often added by dealers to the cannabis in order to increase profit. Nevertheless, based on the progress that Mr. Saunders has made during his stay at the Forensic Unit, it was treatment team members unanimous decision to initiate an application for patient's transfer to nonsecure psychiatric facility.

As it was previously mentioned, this application was approved and supported by the Hospital Forensic Committee and the Bureau of Forensic Services.

Discharge Summary/Service Plan-Part I

Facility Name: 15 Rochester PC
Patient's Name: SAUNDERS, KEVIN E
Unit/Ward: 58 RFU/058/PRP
Case Number: 85274
Admission Screening Date: 05/23/2003
State ID: 1804984
DOB: 05/01/1956 Gender: Male

There were no significant changes in Mr. Saunders' condition during the months of June, July, and August of 2004. Patient was compliant with unit regulations and all his medications. He maintained Behavioral Level III. Patient appropriately participated in escorted furlough privileges. Mr. Saunders' weekly attendance of groups/activities was beyond 20. On 6/12/04, Mr. Saunders enjoyed a visit with his daughter and ex-wife at the RRFU annual picnic. Among many core groups/activities was Symptom Management group. The group leader, Ms. Tessoni, SWS I, in her progress note reflected "He readily completes any homework assignments. He's learning more about his mental illness and at this time is able to state what medications he is taking, what symptoms they are prescribed for, and his diagnosis. Patient is also practicing for appointments with physicians by writing down questions in advance. Patient believes he has a mental illness and he reports that he wants to do everything possible to avoid relapse. Patient appears to be genuine and sincere in this regard."

By mid-August, in order to insure Mr. Saunders' compliance with his psychotropic medication upon release in the community, as well as in order to prevent relapse of his mental illness, this writer thoroughly discussed the benefits, risks, and side effects of long-acting intramuscular injectable Risperdal Consta. Mr. Saunders was interested in trying this treatment option and on 8/20/04 received the first injection of Risperdal Consta, 25 mg. IM. His oral Risperidone was continued as 2 mg. po qhs. Mr. Saunders tolerated injection well and agreed to continue with Risperdal Consta. Therefore, the second injection was administered on 9/3/04. The next injection is due on 9/17/04. As per protocol for initiation of long-acting Risperdal Consta, Mr. Saunders' oral Risperidone was discontinued on 9/11/04 with the last dose given in the evening of 9/10/04. Starting 9/11/04, Mr. Saunders does not need to continue with oral Risperidone. He can be maintained on biweekly injections of Risperdal Consta.

Overall as of the date of this report, Mr. Saunders has been compliant with all his medications and unit regulations, appropriately participates in escorted furlough privileges, and has not exhibited any signs of psychosis. He has been friendly upon approach and exhibits appropriate affect. Patient is aware of the court order and happily awaits transfer to the civil psychiatric facility.

Current medications:

1. Ativan, 0.5 mg. po qhs.
2. Risperdal Consta, 25 mg. IM q 2 weeks (next injection due on 9/17/04).

Physical Health: Mr. Saunders denies any significant physical problems/complaints besides moderate pain in his left and right shoulder joints upon exercising. He has been undergoing physical therapy. Overall, patient maintains good physical health. Upon admission to RRFU, he underwent physical examination, which was noncontributory. The standard battery of lab tests including CBC with differential, serum electrolytes, and thyroid function were within normal limits.

Annual physical examination was completed by Christopher Davis, M.D., on 7/5/04. It was noncontributory besides bilateral shoulder pain.

In spite taking antipsychotic medication, which is generally known for propensity to cause weight gain, since his admission to RRFU, Mr. Saunders has lost 24 pounds. As of 8/28/04, his body weight was 160 pounds. Mr. Saunders was able to achieve significant weight loss due to participation in exercise program and avoidance of high calorie diet.

Given Mr. Saunders' concerns about his liver function and the side effects of medications he was taking, the regular checks of liver function tests was performed. Results were generally within normal limits. In July 2004, the standard battery of lab tests was obtained including serum electrolytes, liver function test, serum lipid profile, and CBC with differential. All results were within normal limits besides slightly decreased RBC - 4.26; decreased hemoglobin - 13.3, and slightly decreased hematocrit - 39.3. Those results were considered to be not clinically significant. Patient's serum Risperidone level was periodically checked and as of 3/15/04 was 17, which correlated with low daily dose of medication.

During this hospitalization, Mr. Saunders' AIMS was checked every 90 days and was always 0.

Mr. Saunders has a long-standing history of tobacco smoking, however, as of 8/26/04, he has not been smoking secondary to introduction of the no smoking policy at RPC. Unfortunately, patient plans to resume smoking after his transfer to the civil hospital.

In June 2004, Mr. Saunders complained of bilateral shoulder pain, which was evaluated by Dr. Davis. Initially patient was prescribed Vioxx. However, Mr. Saunders denied any significant benefit and was prescribed Flexeril. Mr. Saunders did not notice significant improvement and complained of side effects such as constipation and sedation. At patient's request, medication was discontinued at the end of July and he was referred for physical therapy evaluation. Since the introduction of physical therapy, Mr. Saunders has reported some progress with increase in range of motion and slight decrease in pain. In Dr. Davis' opinion, Mr. Saunders' shoulder pain might be manifestation of somatization, however, he recommends the continuation of physical therapy.

4. Condition on Discharge

Mr. Saunders is a 48-year-old, short statured, Caucasian male looking his stated age. He is average build, wears eye glasses, mildly overweight, and has long gray, curly hair. He is usually casually clad in shirt and female design jeans. His personal hygiene is adequate. Upon approach Mr. Saunders is pleasant and polite. He maintains good eye contact. His speech is of normal rate, tone, and volume. In the past, especially when Mr. Saunders was anxious, his speech was characteristic for saying "uh," at the end of sentences. Recently it's been observed just minimally on those occasions when Mr. Saunders is mildly anxious. Patient describes his mood as "fine," and his affect is appropriate and euthymic. Mr. Saunders denies suicidal/homicidal ideation. He denies auditory/visual hallucinations. His thought process is logical and organized. He is able to stay on the topic of discussion. No delusions expressed. Mr. Saunders' impulse control has been fair. During hospitalization at RRFU, Mr. Saunders has developed significant insight in his mental illness and the need for treatment. For example, he agrees that he suffers from atypical Bipolar Disorder and believes that he should stay on psychotropic medication indefinitely in order to avoid relapses. He is quite fearful of developing another psychotic episode because he describes his previous psychotic experiences as "scary." Recently Mr. Saunders agreed to be switched to long-acting intramuscular injections of Risperdal Consta in order to ensure his compliance with medications, as well as relapse prevention. Mr. Saunders is also aware of detrimental effects of cannabis and the role that marijuana plays in exacerbation of symptoms of psychiatric illness. He insists that he is not going to use cannabis ever again.

5. Diagnosis

Axis I

Diagnosis: Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features 296.44

Discharge Summary/Service Plan-Part I

Facility Name: 15 Rochester PC
Unit/Ward: 58 RFU/058/PRP
Admission Screening Date: 05/23/2003

Patient's Name: SAUNDERS, KEVIN E
Case Number: 85274
State ID: 1804984
DOB: 05/01/1956 Gender: Male

Severity/Course Specifier:
Principal: No Provision: No
Comments: Currently in remission, atypical
Diagnosis: Cannabis Abuse 305.20
Severity/Course Specifier:
Principal: No Provision: No
Comments:
Diagnosis: Gender Identity Disorder in Adolescents or Adults 302.85
Severity/Course Specifier:
Principal: No Provision: No
Comments:

Axis II

Diagnosis: Personality Disorder NOS 301.9
Severity/Course Specifier:
Principal: No Provision: No
Comments:

Axis III

Diagnosis: Unspecified Essential Hypertension 4019
Severity/Course Specifier:
Principal: No Provision: No
Comments:

Axis IV

Problem Category: Problems related to interaction with the legal system/crime
Specific(s):
Comments:

Axis V

Last GAF: 0 Current GAF: 70 Time Frame: Current
Comments:

Discharge Summary/Service Plan-Part I

Facility Name: 15 Rochester PC
Unit/Ward: 58 RFU/058/PRP
Admission Screening Date: 05/23/2003

Patient's Name: SAUNDERS, KEVIN E
Case Number: 85274
State ID: 1804984
DOB: 05/01/1956 Gender: Male

6. Medications on Discharge

1. Ativan, 0.5 mg. po qhs.
2. Metamucil, 1 tbsp po bid (dissolved in 8 oz of water).
3. Risperdal Consta, 25 mg. IM q 2 weeks (next injection due on 9/17/04).

Overall since his admission to RRFU, Mr. Saunders has made significant progress in terms of understanding the nature of his illness and developing insight in his condition, as well as learning how to recognize and cope with the warning signs of psychotic decompensation. Mr. Saunders developed insight in his cannabis abuse and agrees that he should not be smoking pot in the future. Over the past year, patient has been compliant with all his medications, which in the past was a significant problem. For Mr. Saunders it was an anxiety provoking decision to accept psychotropic medications since in the past he had a bad experience with some of the medications. In particular Mr. Saunders believes that one of his previous psychotic decompensations was triggered by the combination of Prozac and Trazodone. Since the initiation of Risperidone, patient's affect and behavior have changed and usually he's been described by the staff members as friendly, pleasant, and polite. Unfortunately, Mr. Saunders' level of socialization with other peers and staff has been minimal. Nevertheless, Mr. Saunders continues to exhibit friendly attitude toward the staff and peers. He usually does not initiate interactions, but when approached comes across as an easy-going individual. Over the past year, patient has not exhibited any hostile, angry, or threatening remarks. At this time he is willing to continue working with his treatment team on the issues pertinent to his cannabis abuse and mental illness.

Upon transfer to Elmira Psychiatric Center, Mr. Saunders should be continued on his current medication since overall this regimen has been proven to be beneficial.

Mr. Saunders' Retention Order expires on 11/22/04. It is this writer's opinion, that given Mr. Saunders' significantly improved insight in his mental illness, as well as stable presentation and willingness to continue with current medications, by the time of the expiration of this order, patient will be ready to continue his treatment on the outpatient basis. In many discussions between Mr. Saunders and the undersigned, patient indicated that upon release in the community he will comply with the Order of Conditions and attend all assigned appointments, as well as continue his medication. Mr. Saunders has learned a good deal about his mental illness and is interested in prevention of potential relapses.

If patient continues to show stability while in less restrictive setting of the civil psychiatric facility, he should be discharged in the community for the continuation of an outpatient treatment.

Staff : 15024 Bower, Lena M Title : Clinical Authority Date :09/07/2004

Physician : 15146 Kashtan, Igor M Date :09/07/2004

Physician/Psychiatrist's Signature :

Confirmed By: 15146 Kashtan, Igor M Date: 09/13/2004

Title: Psychiatrist 1

Staff Signature:

RETURN IN FIVE DAYS TO
1111 ELMWOOD AVENUE
ROCHESTER, N.Y. 14620-3005

UNITED STATES POSTAGE
PITNEY BOWES
02 1M $ 00.61⁰
0004251204 JUN 26 2009
MAILED FROM ZIPCODE 14620

New York State Office of Temporary&
Disability Assistance
Division of Disability Determinations
PO Box 5540
Binghamton, NY 13902-9982