ОМН-РНІ	CORE HISTORY	Patient's Name	"C"/Id. No.	
	(INPATIENT)	Saunders, Kevin	01-51-81	
Date Started:	4/9/03	Sex: male Date of Bir	th: 5/1/56	
Updated:	9/21/04			
Updated:	10/6/05			
Updated:	9/13/06			
Updated:	9/17/07			
Instructions: Complete within five (5) days of admission to the extent possible. Update as needed. Include signature, title and date for all new entries.		Facility/Agency Name: Elmira Psychiatric Center Unit/Ward No. Adult Services Unit 020		

- 1. ALERTS List risk factors including danger to self/others, CPL status, physical health conditions/needs, allergies, etc.
- 1. Patient is a Track III CPL patient 330.20.
- 2. History of fire setting.
- 3. History of violent and threatening behavior.
- 4. History of marijuana abuse/dependence.
- 5. History of noncompliance with medication.
- 6. Allergic to ampicillin.

Updated 9/21/04: All previous alerts remain in effect.

1. Patient is on CPL 330.20 status. Patient's court retention expires on 11/22/04.

Updated 10/6/05: All previous alerts remain in effect.

1. Patient is on CPL 33020 status. Patient's court retention expires 11/22/05.

Updated 9/13/06: All previous alerts remain in effect. Patient continues on a 330.20 status. Patient's Retention Order expires 11/22/07.

Updated 9/17/07: All previous alerts remain in effect. Kevin continues on a 330.20 CPL status and the treatment team has applied for a conditional release. The current retention order expires on 11/22/07.

2. HISTORY

Source of Information: mother, exwife (Anne Marie Whealan) and previous record from Cayuga Medical Center.

Updated 9/21/04: Patient, previous records from EPC and previous record from Rochester Forensic Unit.

Updated 10/6/05: All the above information remains in effect.

Updated 9/13/06: All the above information is still in effect.

Updated 9/17/07: Interview with patient. Interview with housemate, Alice Richardson.

A. Legal/Criminal Procedure Law (CPL) Status (Include civil litigation with treatment implications; arrests and circumstances; current/pending charges; convictions; periods of incarceration, probation, parole; conditions of CPL status)

Patient is here on a 2PC Status from Cayuga Medical Center. Patient is also on a Track III CPL Status. Patient was charged with burglary in the 2nd degree, arson in the 3rd degree, criminal mischief in the 2nd degree and criminal content in the 1st degree six years ago at which time he spent approximately 30 days in the county jail and was bailed out by his mother. At that point he was referred to Rochester PC Forensic Unit where he spent three months. At this time he is being seen at EPC Clinic by Dr. Belsare and Janet Stevens as part of the conditions of his release. Patient has recently violated the order of conditions. He has been noncompliant with the teams recommendations of prescribed medications therefore the order of conditions has been extended for five more years.

Updated 9/21/04: Patient is currently here on CPL status. He has an Order of Conditions which exists for four more years and his court retention status expires on 11/22/04. No new legal charges at this time.

Updated 10/6/05: The patient is here on a CPL status. He has an Order fo Condition which exist for three more years and his court retention expires on 11/22/05. No new legal charges at this time.

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Updated 9/13/06: The patient is on Track 3 CPL 330.20 Status. He has an Order of Conditions which exist for two more years. His Court Retention Order is set to expire on 11/22/07. No new legal charges at this time.

Updated 9/17/07: Correction from previous Core Histories: According to current EPC Forensics Coordinator, Kevin is a Track I CPL patient, not a Track III. There have been no new legal charges during the past year.

B. Mental Health

Include the following:

- Known MH/MR Diagnosis
- Previous MH/MR treatments including precipitating events, dates, providers, medications, and outcomes. (Attach the Movement History from DMHIS, if available)
- Family history of mental illness
- Lethality history including violence to self or others
- Sexual history including abuse/exploitation as victim or abuser, high risk behaviors for HIV.
- History of physical abuse/neglect as victim or abuser
- History of serious incidents

Diagnosis:

Axis I Psychotic Disorder NOS

Gender Identity Order Marijuana Dependence

R/o Hallucinogen Intoxication

R/o Alcohol Abuse

R/o Bipolar Disorder, Manic with Psychotic Features

Axis II Personality Disorder NOS with Borderline and Narcissistic Features

Axis III deferred

Axis IV Interaction with legal system

GAF at admission 3, GAF in past year 55 Axis V

Updated 9/.21/04: Diagnosis:

Axis I 296.44 Bipolar Disorder Most Recent Episode Manic with Psychotic Features

305.00 History of Cannibis Abuse

301.9 Personality Disorder NOS Axis II History of essential hypertension Axis III Axis IV Interaction with the legal system

Axis V Current GAF Score 60, Past Year GAF 30

Previous Treatments: Patient was transferred from EPC on 5/23/03 to RRFU. At that time RRFU reports that the patient did adjust to the unit well. He was compliant with all unit regulations and he did deny any physical problems. They report that his sleep, appetite and hygiene were good. He did report some mild anxiety related to his legal situation, however he denied any panic attacks. Patient continued to refuse medications and RRFU informed the patient that they would be seeking Treatment Over Objection. At that point the patient reconsidered and informed the doctor that he would try a low dose of an antipsychotic medication. That was on August 29th, 2003. Since that time he has been taking Risperidone. He has tolerated the medication well and reports himself that he is feeling better, reports a decrease in anxiety and he also reports the ability to sleep better. Patient was also involved in therapeutic and recreational groups when at RRFU. In particular he has gained insight into his cannibis abuse and he was an active participant in MICA groups. Prior to his last admission here at EPC in April 2003 patient was being seen by Janet Stevens and Dr. Belsare at the EPC Outpatient Clinic. Patient was noncompliant with their recommendations for prescribed medications and at that point his Order of Conditions was extended for five more years. Patient was transferred to the EPC Outpatient Clinic from Tompkins County Mental Health for noncompliance with their treatment as well. At that point patient was not taking medication and lacked insight into his illness and lack insight into the need for ongoing psychiatric treatment. The patient has several hospitalizations prior to being seen by Tompkins County Mental Health. He was hospitalized at Cayuga Medical Center on 4/27/02. He remained there until 5/2/02/ He was admitted to due to psychiatric

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decompensation. The patient presented at the Cayuga Medical Center ER on 4/4/03. He was at that time accompanied by his house mate, Alice Richardson. She reports that he had been increasingly agitated since a forensic review at the EPC Outpatient Clinic. At that point he was transferred to EPC and was admitted.

Family History of Mental Illness: Patient denies any family history of mental illness.

Lethality History: Patient has been lethal in the past. He assaulted a staff member during his stay here back in April 2003. In addition he has a criminal history outlined above in the Criminal Section. Patient's exwife reports that he had been physically aggressive with her in the past as does his current house mate Alice Richardson. She reports when decompensated and off of his medications he can become very agitated and threatening.

Sexual History Including Abuse: Patient reports that in February of 1993 he was raped by a male acquaintance of his wife. Patient admits that he and his wife had an agreement for an open marriage, that both of them were free to participate in sexual relationships outside of the marriage. Patient reports that the person who raped him was initially sexually involved with his wife. Prior to the patient has had sexual encounters with males. After being submitted to unconsensual sexual contact with this individual he became extremely concerned about contracting HIV. He was later tested and testing was negative.

History of Physical Abuse: Patient has been physically abusive to others when decompensated.

History of Serious Incidents: Patient's most serious incident occurred in 1997 when he went to the home of his exgirlfriend and burned down her trailer. Reports indicate he was dressed in a long evening dress with stockings and high heel shoes. He was in possession of four kitchen knives. Patient reports that he was using the knives as protection. Patient reports that he did put on some of Susan's clothes, who is his ex-girlfriend, when he broke into the trailer. He reports that he did not want to hurt her, that he only wanted to talk to her, however he did use lighter fluid and used his own lighter to set the trailer on fire. He did flee the scene and was later picked up by the police. When off psychiatric medications patient does have the potential to be lethal to either himself or others.

Updated 10/6/05: All above information remains in effect.

Diagnosis as per the most recent Psychiatric Assessment of 9/23/05 in the chart is:

Axis I 296.44 Bipolar I Disorder Recent Episode Manic

305.0 History of Cannibis Use

Axis II 301.9 Personality Disorder NOS

Axis III History of hypertension, left should pain and numbness of upper arm

Axis IV Interaction with legal system
Axis V Current GAF 60, Past GAF 30

Client has been a patient at EPC since 9/14/04. He was transferred here on a CPL status 330.20 from the Rochester Regional Forensic Unit for ongoing psychiatric treatment and safe discharge into the community. Currently he is on court retention status. He is seen regularly by his treatment team which consist of his psychiatrist, psychologist, social worker and his drug addiction counselor. He was evaluated by the hospital Forensic Committee which reviews his privileges and makes requests to the Bureau of Forensic Services in Albany. The patient has Levels II, III and IV privileges and an application presented for escorted off ground furloughs was recently approved. He started going out with staff 1:1 into the community and followup reports have been good. He is medication compliant and cooperates with blood work. He attends psychotherapy four days a week. He is cooperative with individual therapy by the treating psychiatrist and his social worker. Patient has been pleasant and appropriate without psychotic symptoms, aggression, agitation or verbal threatening. The patient continues to progress in his recovery, however, during the past year he has remained guarded and only recently has begun to initiate contact with peers. He minimizes his substance abuse issues and doesn't see himself as chemically dependent. It was not until his treatment team met with him July and strongly recommended that he utilize his Level III privileges in hopes of improving his interpersonal relationship skills that he began to use them. Patient has made a verbal commitment to comply with his Order of Conditions upon discharge.

Updated 9/13/06: Diagnosis as per the most recent Psychiatric Assessment of 9/23/05 in the chart is:

Axis I 296.44 Bipolar I Disorder Recent Episode Manic

305.0 History of Cannibis Abuse

Axis II 301.9 Personality Disorder NOS

Axis III History of hypertension, left shoulder pain and numbness of upper arm

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Axis IV Interaction with legal system
Axis V Current GAF 60, Past GAF 30

The patient continues to be seen by his treatment team which consists of a psychiatrist, psychologist, social worker and drug and alcohol counselor. Patient was granted unescorted furloughs on June 23, 2006. According to his Furlough Order it is stated that he can have unescorted furloughs for up to 80 hours a week and up to three days at the Seneca SOCR Home. He is to participate in the continuing day treatment program (SOCS Program). The patient has had several furloughs to the SOCR Home along with unescorted day passes into the community. These furloughs have gone well. The patient has conducted himself in a proper manner and has interacted well with staff and peers. There have been no issues arising from these furloughs. Patient also submits to random drug screens which have shown negative results. The patient continues to state that he recognizes that he has a mental illness and is committed to continuing treatment and remaining medication compliant within the community. He also intends on maintaining his abstinence from alcohol and drugs when he has been discharged. The patient is encouraged to participate/engage in treatment and at times patient can be complacent about these goals. A consultant from the Division of Forensic Services, Dr. Belfry, met with the treatment team to discuss Mr. Saunders progress. In addition Dr. Belfry interviewed with Mr. Saunders and performed testing. In particular Psychopathy Test. Dr. Belfry will be submitting a report to the Division of Forensic Services with his recommendations. The treatment team is awaiting the outcome of this report.

Updated 9/17/07: Current diagnosis:

Axis I: Bipolar I Disorder, Recent Episode Manic

History of Cannabis Abuse

Axis II: Personality Disorder NOS
Axis III: History of hypertension

Left shoulder paint and numbness of upper arm

Axis IV: Interaction with legal system

Axis V: Current GAF - 60 Past Year GAF - 30

Mr. Saunders continues to be compliant with treatment and medications. He currently has 13 day furloughs at the Seneca Falls CR, then returns to EPC for his injection. While at the CR, Kevin attends the Seneca Ontario Community Services day treatment program. Kevin was recently granted permission by DFS to begin having unescorted furloughs to his home. Kevin went on day visits four times weekly for approximately one month and recently began to have overnights in his home. While home, Kevin has utilized his time in cleaning the premisis, working on his computer company, updating his resume, going to church, and attending support groups such as AA and Marijuana Anonymous. The treatment team has submitted an application to the hospital forensics committee requesting conditional discharge for Saunders. The committee approved the request and will forward it to Albany DFS.

C. Alcohol and Drug Use/Abuse

Include the following:

Patterns of use (substances, quantity, frequency)

(If any of the following are present, an Alcohol and Drug Use/Abuse Evaluation is indicated.)

- Functional impairment (interference with work, relationships, etc.)
- Physical/psychological effects (shakes, nausea, paranoia, delusions, suicidal behavior)
- Known diagnoses
- Previous treatments (dates, providers, and outcomes)
- Family history of use/abuse.

Patient reports that he uses marijuana daily and that he drinks, as he describes, socially. There is no known previous treatment for alcohol or drug abuse. No family history of alcohol or drug abuse per patient's mother. Patient does carry a diagnosis of Alcohol dependence, r/o Alcohol Abuse and Hallucinogen Intoxication.

Updated 9/21/04: Patient reports that in the past he used marijuana daily and he does admit that he used marijuana to self-medicate. At times in the past he has minimized his abuse. Currently he is involved in the addiction awareness program and he did attend MICA groups while inpatient at RRFU. He seems to have gained some insight into how his cannibis abuse is related to his illness. He will continue to attend groups related to his substance use while here at EPC. Patient

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denies any previous treatment for cannibis abuse and denies any family history of use and/or abuse.

Updated 01/6/05: All information contained above remains in effect. Patient has attended to SOAR Addiction Awareness Group and AA. He is able to verbalize an increased insight and awareness of the negative affect drugs and alcohol have had on his life, however he continues to minimize his chemical dependency.

Updated 9/13/06: All of the above information remains in effect with the exception regarding patient's attitude towards chemical dependence. Patient has demonstrated a greater awareness regarding the effect of his chemical dependence and is committed to remaining abstinent.

Updated 9/17/07: No new information. Kevin submits random drug screens which have always been negative for all substances.

D. Physical Health (Summarize major physical health care issues or refer to Physical Examination and Assessment)

Patient refused to identify Health Care Proxy at the time of admission and was revisited by team social worker he reports that he already has a Health Care Proxy. Patient has a family history of high blood pressure, stroke and cancer. Patient's father died 25 years ago from a stroke. Please see Physical Exam and Assessment for further information in this area. Updated 9/21/04: Please see Physical Exam and Assessment for further information in this area. The patient has named Alice H. Richardson as his HCP.

Updated 10/6/05: Please see the most recent Physical Assessment of 9/15/05 in the chart.

Updated 9/13/06: Please see the most recent Physical Exam and Assessment for current information.

Updated 9/17/07: Please see the most recent Physical Exam and Assessment.

E. Childhood/Developmental (Include any developmental milestones)

Patient's mother reports that patient reached developmental milestones within normal limits. She reports that he was a bright child and that he always did well in school. She also reports that he maintained relationships with his older brother and with peers. Patient's mother does not recall any unusual behavior during his childhood. Patient's mother reports that he finished high school and went on to college.

Updated 9/21/04: No new information.

Updated 10/6/05: No change. Updated 9/13/05: No change.

Updated 9/17/07: No change.

F. Family History/Interpersonal Relationships (Include persons in supportive and/or dependent relationships)

Patient was born in Little Rock, Arkansas. He parents were married until his father passed away 25 years ago from a stroke. Patient has one brother who is four years his senior. Patient maintains a relationship with his mother and his brother. Mother continues to live in Little Rock and brother lives in California. Patient was married to Anne Marie Whealan in 1988. They were divorced after seven years of marriage and have a fifteen year old daughter together. Her name is Rachel. He has joint custody of his daughter and mother reports that the daughter stays with the patient 3-4 times a week. Patient's exwife is part of patient's support system. They remain friends and have joint custody of the daughter. Patient also has one other female friend. He reports this is a platonic relationship. She currently lives with him in his home in Ithaca, NY. Patient's mother reports that she is also part of his support system as is his brother, however they have not seen the patient in approximately six years.

Updated 9/21/04: Patient continues to report both his mother and brother as a significant source of support however his mother resides in Arkansas and his brother does reside in California. Patient also maintains a relationship with his exwife, Anne Marie Whelan. In addition he sees his daughter Rachael on a regular basis. Patient has one other known peer support, Miss Alice Richardson, who is also his house mate. He reports that this relationship is strictly platonic and that there is no romantic relationship occurring between he and Alice.

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Updated 10/6/05: No change. Updated 9/13/06: No change. Updated 9/17/07: No change.

G. Ethnic/Cultural Identification (Estimate the patient's overall level of acculturation. Consider length of time in U.S., language proficiency, family background, etc. Note if a Cultural Evaluation is indicated)

Patient moved to the area in the late 70's. Patient is fully acculturated, there are no barriers to treatment.

Updated 9/21/04: Patient moved to this area in the late 1970's. He is fully acculturated and there are no barriers to his treatment here at EPC.

Updated 10/6/05: No change. Updated 9/13/06: No change. Updated 9/17/07: No change.

H. Religious/Spiritual Beliefs and Practices

Patient identifies himself as a Unitarian, however when speaking with patient's exwife she reports that he also participates in some pagan rituals. Patient did not report this as part of his spiritual beliefs and/or practices. At this time there appears to be no barriers to treatment of the patient here at EPC.

Updated 9/21/04: Patient continues to identify himself as a Unitarian. He does not regularly engage in celebrating his religion. There are no barriers to his treatment here at EPC.

Updated 10/6/05: No change. Updated 9/13/06: No change.

Updated 9/17/07: Kevin has recently been attending the Unitarian Universalist Church in Ithaca, NY. There remains no barriers to treatment.

I. Military History (Include service branch, where patient served, combat experience, if wounded and any service-connected experiences frightening to the patient)

None. Updated 9/21/04: No change. Updated 10/6/05: No change. Updated 9/13/06: No change. Updated 9/17/07: No change.

J. Living Arrangement (Include with whom the patient lives, housing patterns/stability, and desire and ability to return)

Social Security Number	431-88-9647	
Address (parent's if C & Y)	1668 Trumansburg Rd., Ithaca, NY 14850	
Phone #	607-277-5808	
Parent, spouse or significant other		
Is spouse or parent employed?		
If yes, Employer name:		

Patient currently lives in Ithaca, NY. Patient has one female roommate. In addition patient's daughter usually stays with him 2-3 nights a week. At this time the patient has expressed a desire to return to his home in Ithaca when he is ready for discharge.

Updated 10/6/05: No change. Updated 9/13/06: No change.

Updated 9/17/07: No change.

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OMH-PHI CORE HISTORY (INPATIENT) K. Work/Financial (Include special training/skills and job history; source and amount of income) INSURANCE INFORMATION Yes No If yes, Number TPHI (Third Party Health Insurance) MEDICARE Patient's Name "C"/Id. No. 01-51-81 No. If yes, Number

If working, Current employer:

MEDICAID

self-employed, runs Databeast from his home.

He describes himself as a computer programmer. He reports that he developed this program in the early 80's while working as a fellow at Cornell University. Patient has a website and reports that he earns approximately \$25,000/year from his employment. He has no employees. He runs the company on his own.

Updated 9/21/04: Patient continues to run Databeast, his own business, which he has had for many years. Patient reports that he was able to use his lab top while at RRFU in order to maintain his website and continue to sell his computer programs. Patient reports that a friend of his also is assisting him in running his business. He does not have any employees and he continues to run the company on his own, for the most part, with some help from a male friend. Patient hopes to continue using his lab top while he is here at EPC to keep his business up and running. Patient does not have any health insurance.

Updated 10/6/05: No change. Updated 9/13/06: No change.

Updated 9/17/07: Mr. Saunders continues to run Databeast, his computer business, and since being able to have unescorted furloughs home, has been able to field some of the business calls that come in. He plans to work on an upgrade to the computer program. Over the last year, business has dropped, and Mr. Saunders has not made a great deal of money. Mr. Saunders plans to seek employment in the community in order to increase his income and to obtain health insurance. Additionally, Mr. Saunders is applying for medication grant programs and the NY Healthy Families program to assist with the cost of medication.

L. Education (Include highest grade/degree)

Patient graduated from Little Rock High School and attended the University of Texas in Austin. After he finished college he accepted a fellowship at Cornell University which subsequently resulted in his moving to Ithaca, NY in the last 70's or early 80's.

Updated 9/21/04: No change. Updated 10/6/05: No change. Updated 9/13/06: No change. Updated 9/17/07: No change.

M. Use of Leisure Time (Include current skills, talents, aptitudes and interests)

Patient is a musician. He reports that he plays the guitar and that he used to be in a band. Patient reports that he also enjoys watching movies in his free time.

Updated 9/21/04: No change. Updated 10/6/05: No change. Updated 9/13/06: No change.

Updated 9/17/07: Mr. Saunders enjoys working on his computer business, play the drums and the guitar, reading, and watching movies. He attends several support groups weekly and attends church on occasion.

N. Other Agency Involvement (Include past or present involvement with human service agencies other than mental health and criminal justice agencies)

EPC Outpatient Clinic, Dr. Belsare and Janet Stevens.

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Updated 9/21/04: None. Updated 10/6/05: No change. Updated 9/13/06: No change. Updated 9/17/07: No change.

Staff Signature

Date 9/17/07

Title:

t:9/17/07clf

Cara Fraser, LMSW I

d:2/9/03 t: 4/11/03 cts

d:9/21/04t:9/27/04 cts d:10/6/05t:10/6/05cts d:9/13/06t:9/13/06cts

Meghan Lawrence, SW II Sherry Hultzman, SWA III Colleen Larrison, SW I Cara Fraser, LMSW I

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