

MENTAL HEALTH UNIT (MHU), INTERMEDIATE CARE HOUSING UNIT (ICHU) OR HABILITATION PROGRAM (HP) REFERRAL FORM

Referral to: JHCC MBCC

For: MHU (Medium) MHU (Maximum) ICHU HP

Referring facility: _____

Inmate Name ODOC # DOB Race

Current mental health service level classification: B C2 C1 D

Reason for referral: _____

Referral Priority: High Medium Low

Current behavior: _____

Recent intervention and assistance provided: _____

This inmate suffers from a substantial disorder of (check all that apply):

- Thought Mood Perception
- Orientation Memory

That grossly impairs (check all that apply):

- Judgment
- Behavior
- Capacity to recognize reality
- Ability to meet the ordinary demands of life

Due to their mental illness, the inmate is (check all that apply):

- A substantial risk of harm to themselves
- A substantial risk of harm to others
- Gravely disabled such that they are unable to care for themselves so that their health and/or safety is endangered
- Gravely disabled such that they are incapable of participating in any treatment plan which would offer the opportunity to improve their condition and would experience physical suffering and/or further deterioration

DSM Diagnoses: _____

Inmate has history of involuntary medication: Yes No

If yes, which one: Emergency Non-emergency Both

Significant mental health history: _____

Significant medical history: _____

Significant substance use history: _____

Please rate the following factors:

- | | | | | |
|--|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Medication adherence | <input type="checkbox"/> N/A | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good |
| Adjustment to incarceration | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | |
| Level of family support | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | |
| Suicide risk | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | |
| Self-injury risk | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | |
| Risk of violence toward others | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | |
| Predatory risk toward others | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | |
| Risk of victimization from others | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | |
| Level of motivation for secondary gain
(e.g., in debt, target of other inmates) | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | |

Comments on above factors: _____

Describe potential or actual problems in the following adaptive behavior areas:

Interpersonal relationships (inmate/staff/family): _____

Self-care/health management: _____

Obtaining rights or privileges: _____

Employment (pre-incarceration, during incarceration, plans post-incarceration: _____

Independent living (pre-incarceration, plans post-incarceration: _____

Current Days Remaining: _____

Administered test of intellectual functioning? Yes No

If yes, what test? _____

Date test administered: _____

Results: _____

Highest grade completed: _____

SSI/SSDI recipient prior to incarceration? Yes No Don't know

Medicaid recipient prior to incarceration? Yes No Don't know

Referred by

Date