

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

Referral to: ☐ JHCC ☐ MBCC

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

Referring facility: _____

Inmate Name	ODOC #	DOB	Race
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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):

- | | | |
|--------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Thought | <input type="checkbox"/> Mood | <input type="checkbox"/> Perception |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> 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 _____