

**Mental Health Screening for Step-Down Management Program
Placement Consideration**

Today's Date:

Incarcerated Person's Name:	OID:
Unit/Room/Cell:	Facility: Select A Facility

Screening based upon (Check all that apply):

- Review of available mental health records.
- Review of past functioning in restrictive housing.
- Face-to-face assessment conducted on this date:

Mental Health Status:

Serious Mental illness (SMI): Yes No

History of:

Suicide Concerns: Yes No

Self-Harm: Yes No

Danger to Others Related to Mental Health: Yes No

Knows how to access mental health services: Yes No

Summary of mental health needs or concerns related to step-down management program placement:

Mental Health Staff Name:	Signature and Date:
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