DEPARTMENT OF CORRECTIONS

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:**