Name:	OID:
Unit/Room/Cell:	Facility/Site: Select A Facility

SDMP Multidisciplinary Placement Staffing

Staffing Date:

Mental Health Status:

Are any factors checked "yes" on the incarcerated person's mental health profile in COMS? ☐ yes ☐ no

If YES, notify the mental health supervisor for completion of the mental health screening (301.088B). mental health screening (301.088B) filed in IP's Mental Health Record.

Physical Health Status:

Are any disabilities or special needs checked in the incarcerated person's health profile in COMS?

☐ yes ☐ no

If YES, which ones:

Program Needs:

CD Treatment	☐ yes	☐ no	☐ refused	☐ completed
SO Treatment	☐ yes	☐ no	☐ refused	☐ completed
Education (ABE/GED)	☐ yes	☐ no	☐ refused	☐ completed
Career/Technical	☐ yes	☐ no	☐ refused	☐ completed

Team members:

Team Discussion:

Documents reviewed in Discussion:

☐ Annual Review (date) ☐ Incident Reports (date)

☐ NOV (number) ☐ Other (be specific)

Incarcerated person Input Summary:

Team Recommendation: ☐ **Refer** to SDMP ☐ **Do Not refer** to SDMP

Comments:

Incarcerated Person Name:	OID:

Warden Placement Approval:

☐ **Support** placement on SDMP
☐ **Do not support** placement on SDMP.

Signature: _____ Date:

Name Printed:

If SMI, signatures required: ☐ N/A

Mental Health Placement Approval:

☐ **Support** placement on SDMP
☐ **Do not support** placement on SDMP.

Signature: _____ Date:

Name Printed:

Deputy Commissioner, Facilities/designee Program Placement Approval:

☐ **Support** step-down management program placement
☐ **Do not support** step-down management program placement

Signature: _____ Date:

Name Printed: