

G-52.4 Attachment A

Effective: 6/14/2019

Replaces: New

Reviewed: 4/2022

<p>TEXAS DEPARTMENT OF CRIMINAL JUSTICE INSTITUTIONAL DIVISION SERIOUSLY MENTALLY ILL (SMI) Sheltered Housing</p>	<p>REFERRAL FORM – INPATIENT CASELOAD INMATES AT ALL TDCJ FACILITIES Email to MHSL “SMI-SH REFERRALS”</p>
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Referral Date: _____ Unit: _____ Referring Clinician: _____

Inmate Name: _____ Inmate TDCJ #: _____ Custody Level: _____

What makes this inmate psychiatrically fragile or in need of sheltered housing? (e.g. risk of decompensation, risk of victimization, treatment noncompliance, behavior problems due to mental illness):

Yes	No	Question
		Is the inmate male?
		Is the inmate on the outpatient caseload?
		Is the inmate on the inpatient caseload?
		Is the inmate single cell restricted due to security?
		Does the inmate have multiple psychiatric inpatient admissions?
		Does the inmate have a serious chronic mental illness? Diagnosis: _____
		Is the inmate at risk of victimization?
		Is the inmate medically stable?
		Can the inmates' medical needs be met at the Montford Unit?
		Is the inmate independent in ADLs and NOT wheelchair dependent?
		Does the inmate have at least six months left to serve in sentence prior to release from TDCJ?
		Is the inmate at risk of decompensation due to treatment non-compliance?
		Does the inmate have a history of self-injurious behavior? If yes, last episode _____
		Does the inmate have a history of assaults? If yes, last episode _____
		Does the inmate have a history of water intoxication? If yes, last episode _____
		Does the inmate have an IQ less than 70? IQ: _____

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Disposition (this section is for administrative use only):

Referral **was / was not** forwarded to TDCJ Mental Health Services Liaison: Date: _____ Initials: _____

Reason (if not forwarded): _____

TDCJ has indicated patient was accepted and will be transported to Inpatient SMI-SH: **Yes / No**

Date Notified: _____ Transport Scheduled For: _____ Initials: _____

If Referral Cancelled: Date of Cancellation: _____ Cancelling clinician: _____

Reason for Cancellation: _____