

Florida Department of Corrections
Close Management Referral Assessment

To: **Mental Health at** _____ **Date:** ____ / ____ / ____
From: **Institutional Classification Team**
Re: **Close Management Referral**

Inmate: _____ DC# _____ is being considered for placement in Close Management.

Please provide information about her/his mental functioning and level of mental health care required, by checking the appropriate space below.

Institutional Classification Supervisor or Designee

MENTAL HEALTH RECOMMENDATIONS

Date Received: ____ / ____ / ____

- Inmate is classified S-1 and present mental status evaluation (clinical interview) indicated no significant mental or emotional impairment. Inmate may be placed at any Close Management institution.
- Inmate is classified S-2 and present mental status evaluation (clinical interview) indicated signs of mild to moderate mental or emotional impairment. Inmate may be placed at any Close Management institution that provides mental health services to S-2 inmates. Mental health staff will provide necessary care.
- Inmate is classified S-3 and present mental status evaluation (clinical interview) indicated inmate is mentally/behaviorally stable. Inmate may be placed at any Close Management institution that provides mental health services to S-3 inmates. Mental health staff will provide necessary care.
- Inmate is classified S-3 and present mental status evaluation (clinical interview) indicated signs of mild to moderate mental and/or behavioral instability. Inmate may be placed at any Close Management institution that provides mental health services to S-3 inmates. Mental health staff will provide necessary care.
- Inmate shows present symptoms that require inpatient mental health care, and s/he has been referred for admission to an infirmary isolation room, transitional care unit, or crisis stabilization unit.
- Inmate refused the clinical interview. Based on review of the mental health record, observational data and review of pertinent collateral information, the inmate:
 - may be placed in a Close Management institution consistent with her/his S-grade.
 - requires referral for admission to an infirmary isolation room, transitional care unit, or crisis stabilization unit.

Date: ____ / ____ / ____

Clinician signature and stamp

(Behavioral Specialist may sign for S-1/S-2 inmates; Senior Behavior Analyst or Psychiatrist signature required for S-3 inmates.)