

### § 19-2524 Mental Health Review of GRRS

Defendant Name:		DHW Review Date:
DOB:	Gender:	DHW Reviewer:
Assigned PSI/PO:	GRRS author:	Sentencing Judge:

§19-2524

As part of the standard §19-2524 process to determine if the defendant referenced above needs additional mental health examination and/or treatment, a licensed masters level mental health clinician at the IDHW Central Office reviewed the GRRS report to determine if mental health symptoms were present. It should be noted that if any other assessments have been completed they are not available for review as part of this screening unless they have been uploaded into the WITS (electronic records) system.

#### Treatment and Mental Health History

Does the defendant self-report any mental health symptoms? Yes  No

Does the defendant report any homicidal or suicidal ideation? Yes  No

Does the defendant self-report a previous mental health diagnosis by a community provider? Yes  No

Does the defendant have any prior mental health treatment? Yes  No

Is the Defendant currently prescribed any mental health medications? Yes  No

Does the defendant have any past or current victimization? Yes  No

Does the defendant have any prior assessments or treatment history available within the WITS electronic record system? Yes  No

After review does the defendant require additional Mental Health Evaluation? Yes  No

#### Initial Plan of Treatment Recommendations

Area of Concern (Describe the MH concern identified in review)

1. Need (Describe) the needs for reducing concern
  - a) Recommendation (describe the specific treatment recommendation
  - b) Recommendation
2. Need
  - a) Recommendation

Area of Concern (Describe the MH concern identified in review)

1. Need (Describe) the needs for reducing concern
  - c) Recommendation (describe the specific treatment recommendation
  - d) Recommendation
2. Need
  - b) Recommendation

\_\_\_\_\_  
Name, Credentials

\_\_\_\_\_  
Date