

## Short-term Crisis Beds MHJ Telephone Referral Form

**Registry Line: (416) 248-4174 / Fax: (416) 248-2784**

*The Mental Health and Justice Safe Bed Network is conducting an evaluation to examine service users' experience of the program and whether the program impacts their well-being. It will also compare program outcomes and examine the effects of reducing the maximum length of stay in the Safe Beds Program from 30 days to 15 days. **Effective February 15, 2020, the maximum length of stay will be 15 days.***

**Basic Eligibility Criteria: (Check boxes that apply)**

- Homeless or potentially homeless individuals - Currently residing: \_\_\_\_\_
- Individuals with **serious mental illness** - Diagnosis: \_\_\_\_\_
- Current Charges/Convictions:** \_\_\_\_\_
- Past Charges/Convictions:** \_\_\_\_\_

### Referring Worker

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Program: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone(s) #: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Priority referral source?  Yes  No

### Person in Crisis/Referred Client

Name: \_\_\_\_\_ D.O.B (D/M/Y): \_\_\_\_\_  
 Gender Identity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_

### Presenting Issues (y/n)

### Safety Risks

		Risks	Current (up to 5 years)	History (5 years or more)
ADL		Violence		
Financial		Verbal Aggression		
Legal		Weapons		
Experienced Trauma or Trauma Problems w Relationships		Sexual Assault or Sexually Acting Out		
Substance Abuse		Self-Harm		
Specific Symptoms of SMI		Suicide		
Threat to Self/Others		Property Damage		
		Arson		

- Currently incarcerated and won't be released if client isn't admitted into a Safe Bed:  Yes  No
- Currently in hospital and won't be released if client isn't admitted into a Safe Bed:  Yes  No
- Does the client have issues with mobility:  Yes  No Physical/Medical Concerns: \_\_\_\_\_
- Does the client have an Access Point MHJ Housing Application:  Yes: ID# \_\_\_\_\_  No  Unknown
- Does the client provide explicit consent to share personal health information to facilitate a referral:  Yes  No

### Name Search

**Client Name Found in:**  Pirouette  Registry  Treat  None  
**Previous SB admission:**  Yes  No If yes, where/when: \_\_\_\_\_  
**Was there a discharge due to "Incident" documented:**  Yes  No If yes, briefly describe: \_\_\_\_\_  
**Was the last SB admission greater than 30 days ago?**  Yes  No  
**Safe Bed Location Available @:**  Cota  Gerstein  Reconnect  CMHA **Bed#:** \_\_\_\_\_

**Date Referral Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Registry Staff Name:** \_\_\_\_\_