## OKLAHOMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH RECOMMENDATIONS FOR LOWER SECURITY

| 1.  | MH Classification: □ C1 □ C2   |        |    |
|-----|--|--------|----|
| 2.  | This evaluation is completed for consideration for lower security transfer for persons with MH classification of C1 or C2.   |        |    |
|     | Documentation of mental status sufficient to maintain behavioral stability in treatment compliance at lower security is required must meet all behavioral criteria for the considered security level in order to attain transfer recommendation. Evaluation result follows:                                |        |    |
| M   | INIMUM SECURITY (Inmate has access to on-site QMHP and medically monitored pill line. Inmate will live in open-dorm ousing. Supportive employment and training regarding basic activities of daily living (ADL's) will be available)   | YES    | NO |
| 00  | mate recognizes importance of personal responsibility for mental health treatment participation, although may need casional encouragement and/or increases in services to maintain compliance. The inmate has not had a period of ecompensation due to treatment non-compliance for at least six months. * |        |    |
| С   | ompletes activities of daily life with assistance and/or training *  |        |    |
| Α   | ble to maintain a facility-based job assignment *  |        |    |
| R   | equires medically supervised pill line *   |        |    |
| (k  | <b>OMMUNITY CORRECTIONAL CENTER</b> (Inmate has access to weekly on-site QMHP. Medications are "Keep On Person" (OP's). Inmate lives in open-dorm housing. Inmate is expected to work in community with some supportive services. dependent management of ADL's is expected).                              | YES    | NO |
| a   | mate recognizes importance of personal responsibility for mental health treatment compliance and is able to self-refer for dditional services on an as-needed basis. The inmate has not had a period of decompensation due to treatment non-ompliance for at least six months. *                           |        |    |
| Α   | ble to function adequately with weekly access to on-site QMHP. *   |        |    |
| С   | ompletes activities of daily life independently *  |        |    |
| Α   | ble to maintain a facility-based job assignment or supported employment in community *   |        |    |
| Α   | ble to self-administer and "Keep on Person" (KOP) all psychotropic medications *   |        |    |
| "N  | ALFWAY HOUSE (Inmate has access to off-site QMHP and should be able to function with monthly monitoring.<br>Medications are "Keep On Person" (KOP's). Inmate lives in open-dorm housing. Inmate is expected to work independently in ommunity. Independent management of ADL's is expected).               | YES    | NO |
| a   | mate recognizes importance of personal responsibility for mental health treatment compliance and is able to self-refer for dditional services on an as-needed basis. The inmate has not had a period of decompensation due to treatment non-ompliance for at least 12 months.                              |        |    |
| Α   | ble to function adequately with access to off-site QMHP and should be able to function with monthly contacts.  |        |    |
| С   | ompletes activities of daily life independently *  |        |    |
| Α   | ble to maintain independent employment in community *  |        |    |
| Α   | ble to self-administer and "Keep on Person" (KOP) all psychotropic medications *   |        |    |
| Thi | s evaluation was conducted for recommendations for lower security transfer in regards to mental status stability.  |        |    |
|     | Recommend <u>RETENTION</u> at <u>MEDIUM</u> level of security. Inmate requires additional support to maintain mental status, behavitability and treatment compliance.  | vior   |    |
|     | Recommend <u>RETENTION</u> at <u>MINIMUM</u> security facility. Inmate requires additional support to maintain mental status, behave stability and treatment compliance.   | vior . |    |
|     | Recommend <u>TRANSFER</u> to <u>MINIMUM</u> security facility. Inmate demonstrates mental status, behavior stability and treatment compliance sufficient to maintain adjustment at lower security housing.   |        |    |
|     | Recommend <u>TRANSFER</u> to <u>MINIMUM</u> security facility ONLY THOSE WITH FENCES. Inmate demonstrates mental statu behavior stability and treatment compliance sufficient to maintain adjustment at lower security housing.  | s,     |    |
|     | ecommend <u>RETENTION</u> at <u>COMMUNITY CORRECTIONAL CENTER.</u> Inmate requires additional support to maintain mental atus, behavior stability and treatment compliance.  |        |    |
|     | Recommend TRANSFER to COMMUNITY CORRECTIONAL CENTER security facility. Inmate demonstrates mental status, behavior stability and treatment compliance sufficient to maintain adjustment at lower security housing.   |        |    |
|     | Recommend <u>TRANSFER</u> to <u>HALFWAY HOUSE</u> security facility. Inmate demonstrates mental status, behavior stability and treatment compliance sufficient to maintain adjustment at lower security housing.   |        |    |
| Q۱  | MHP Signature: Date:   |        |    |
|     | nate Name: ODOC#:  |        |    |

(Last, First)