

OKLAHOMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH ASSESSMENT FOR SPECIAL MANAGEMENT/RESTRICTIVE/EXTENDED RESTRICTIVE HOUSING

Inmate Name: _____ ODOC #: _____

Date of Assessment: _____ Date of Special Management/Restrictive/Extended Restrictive Housing Admission: _____

Reason for Assessment:

Initial Assessment 30 days 60 days 90 days Other: _____

1. Self-reported problems/complaints:

None reported Yes Comment: _____

2. Suicidal thoughts or behavior:

None Yes Comment: _____

3. Homicidal thoughts or behavior:

None Yes Comment: _____

4. Self-injury thoughts or behavior:

None Yes Comment: _____

5. Conflicts with staff/inmates:

None reported Yes Comment: _____

6. Compliance with restrictive housing rules:

Yes Most of the time Sometimes Seldom

Comment: _____

7. Expresses interest in compliance:

Yes Most of the time Sometimes Seldom

Comment: _____

8. Understands consequences of noncompliance:

Yes Most of the time Sometimes Seldom

Comment: _____

9. Organization of time:

Good Fair Poor

Comment: _____

10. Behavior, mood, and/or thought problems related to restrictive housing:

Good Fair Poor

Comment: _____

11. Overall adjustment to current placement:

Good Fair Poor

Comment: _____

Recommendations:

- Continue placement per security recommendations
- Provide mental health services per policy while in Special Management/Restrictive/Extended Restrictive Housing
- Medical transfer priority to general population housing
- Placement on Therapeutic Seclusion Status
- Referral to MHU
- Other: _____

Name/position: _____