

**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: \_\_\_\_\_