

Mental Health Recommendations Regarding Offender Discipline

Date: _____ Date/Time of Offense: _____

Offender Name: _____ DOC# _____

Offense: _____ Offense Code: _____

Mental Health Level at Time of Offense: B C1 C2 D

Recommendations Concerning Acceptance of the Misconduct:

_____ Accept offense report for formal disciplinary process. Offender is capable of assisting with his/her defense.

_____ Accept offense report for formal disciplinary process. Offender requires a staff representative familiar with issues related to serious mental illness or cognitive impairment.

_____ Disciplinary hearing should be postponed until the mental health authority (MHA) notifies the appropriate staff person that the offender is capable of assisting with his/her defense. Normally, if the offender has not been assessed as capable of assisting with his/her defense within a six month period, consultation between the designated staff person and MHA will occur to determine the feasibility of additional postponement of the offense report. The MHA and designated staff member may jointly elect to take no further action on the offense report.

_____ Informally handle the offense by referring the issue to the MHA who will hold the offender accountable for his/her behavior. The MHA will modify the offender's treatment plan to address the problem behavior. This offender's mental health issues and/or level of functioning would be best addressed using the following strategy: *

Recommended strategy: _____

*Behavior(s) that threaten the life or health of others or security of the facility must be handled via the formal disciplinary process.

Signature of MHA (designee) Date

Signature of Warden (designee) Date

Original: Designated Supervisor to be placed in disciplinary report.

Copy: Offender's Medical File

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