

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH ASSESSMENT FOR SEGREGATION HOUSING**

Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Date of Restrictive Housing Admission: \_\_\_\_\_

Reason for Assessment:

Self-reported problems/complaints

Conflicts with staff/offenders

Compliance with segregation housing rules

Expresses interest in compliance

Understands consequences of noncompliance

Organization of time

Behavior, mood, and/or thought problems related to segregation

Overall adjustment to current placement

Recommendations:

- 1 –  Continue placement per security recommendations
- 2 –  Provide mental health services on a weekly basis while in SHU
- 3 –  Medical Transfer Priority to general population housing
- 4 –  Placement on Ther. Seclusion Status
- 5 –  Referral to MHU

Name/position: \_\_\_\_\_