

Mental Health Treatment Plan

Inmate Name	Inmate Number	Institution	Date of Origination
Diagnosis	Level of Current TX (RTU, Outpatient, ITP, Trauma)	MHL Name	

MH Classification

Date:	MHC:	Date:	MHC:	Date:	MHC:	Date:	MHC:
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All treatment goals must be objective and measurable, with estimated time frames for completion. The treatment plan is to be developed with the inmate, and the inmate's understanding of the treatment plan is to be documented in the mental health record interdisciplinary progress note.

Identified Problem ("as evidenced by")	Goals stated in measurable behavior terms ("as evidenced by")	Method used to achieve goals (include duration, frequency, and type of service/planned interventions)	Staff Responsible	Target dates of completion	Review 1 Progress	Review 2 Progress	Review 3 Progress
					Date:	Date:	Date:
MHL Signature	MHL Signature			MHL Signature			
					<input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Achieved	<input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Achieved	<input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Achieved
					<input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Achieved	<input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Achieved	<input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Achieved

					<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
					<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	
					<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved	
					<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
					<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	
					<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved	
					<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
					<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	
					<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved	
Staff (Printed name and Signature) _____				Date _____	Staff (Printed name and Signature) _____			
Staff (Printed name and Signature) _____				Date _____	Staff (Printed name and Signature) _____			
Staff (Printed name and Signature) _____				Date _____	Staff (Printed name and Signature) _____			

I have participated in the formulation of this treatment plan. Although this is not a legally binding contract, I realize that failure to participate in the planned activities could result in suspension or removal from specific treatment activities.

Inmate (Signature) _____	Date _____
Check box if inmate is present and approves the treatment plan reviews: Review 1 <input type="checkbox"/> Review 2 <input type="checkbox"/> Review 3 <input type="checkbox"/>	