

<p>Specialized Mental Health Treatment Unit (SMHTU) Comprehensive Treatment Plan (to be completed upon admission and reviewed weekly or bi-weekly by the SMHTU counselor and SMHTU treatment team with the offender present)</p>	<p>Offender Identification</p> <p>Facility: _____</p> <p>Name: _____</p> <p>ID#: _____ DOB: _____</p> <p>Race: _____ Sex: _____</p>	
<p>Admission Diagnosis: _____</p>		
<p>Problem # _____</p>		
<p>Goal: _____</p> <p style="text-align: right;">Target</p> <p>Date: _____</p>		
<p>Interventions: _____</p>	<p>Person Responsible: _____</p> <p>_____</p> <p>(Title)</p> <p>Enter Date: _____</p> <p>Revised/Resolved: _____</p> <p>Date: _____</p>	
<p>Problem # _____</p>		
<p>Goal: _____</p> <p>Target Date: _____</p>		
<p>Interventions: _____</p>	<p>Person Responsible: _____</p> <p>_____</p> <p>(Title)</p> <p>Enter Date: _____</p> <p>Revised/Resolved: _____</p> <p>Date: _____</p>	
<p>Mental Health Counselor: _____</p>		
<p>Offender Signature _____</p>	<p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>