

**Georgia Department of Corrections – Specialized Mental Health Treatment Unit
Monthly Report (Monthly Utilization Review)**

Institution: _____ **Month/Year:** _____

Specialized Mental Health Treatment Unit:

- Serious Mentally Ill Severe Personality Disorders & Mental Illness Dementia/Traumatic Brain Injuries
- Impulse Control Disorders Severely Dangerous Mentally Ill
- Developmental Delays/Deficits Transitional Program

Provide the following information for only those in the above identified program:

Caseload in the Program on the last day of the month by race:	White:	Cases on Psychotropic Medication on the last day of the month. _____	Cases NOT on Psychotropic medication on the last day of the month. _____
	Black:		
	Other:		
	Total: _____		
Referral/Evaluations for the program:	Total #:	# from inside the facility:	# from outside the facility:
Caseload Additions: _____		Caseload Terminations: Due to: Transfer ____ Max out ____	Other (List reason):
Disciplinary reports:			
ACU admissions from the caseload:		CSU admissions from the caseload:	
# of Self-injuries:	# of Assaults:		
# of Involuntary medication hearings:		# on Involuntary Medication:	
TREATMENT:			
Medication Reviews:	Other type of treatment(list):		
Counseling Contacts:			
Individual Therapy:			
# of Therapy Groups (include group names):		Number of Offenders attending for the month: _____	
# of Psycho-educational Groups (include group names):		Number of Offenders attending for the month: _____	
# of Activity Therapy Groups (include group names):		Number of Offenders attending for the month: _____	
Additional information to report (use additional paper if necessary):			