



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JOHN Q. HAMM
COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 602

OPR: HEALTH SERVICES

MENTAL HEALTH DEFINITIONS AND ACRONYMS

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) lists and defines terms used throughout the 600 series of ARs.

II. POLICY

This regulation defines and clarifies the mental health terms and acronyms commonly used within the ADOC.

III. DEFINITIONS AND ACRONYMS

A.

1. **Abnormal Involuntary Movement Scale (AIMS)**: A clinical scale for rating abnormal movements that may occur as a neurological side effect of certain medications.
2. **Access to Care**: Care provided in a timely manner, in which a patient can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.
3. **Acutely Suicidal**: An inmate who is actively engaging in self-injurious behavior and/or threaten suicide with a specific plan.
4. **Activity Technician (AT)**: A specially trained person who works with inmates in leisure-time, therapeutic activities facilitating adjustment. The AT serves as a member of the treatment team.
5. **ADA Coordinator**: The individual at each facility tasked with providing support services for inmates who have disabilities as defined under the

Americans with Disabilities Act (ADA). The ADA is a law which prohibits discrimination on the basis of disability in: employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

6. **Advanced Inpatient Hospital-Level Care (AIHLC)**: Hospital-level multidisciplinary mental health care provided in a secure Mental Health Inpatient Treatment Center (MHITC) to treat an acute exacerbation of mental illness that exceeds the capabilities of residential care within the ADOC.
7. **ADOC Director of Mental Health Services**: The ADOC chief mental health administrator responsible for monitoring contracted mental health programs, as well as substance abuse treatment programs within the ADOC system.
8. **ADOC Director of Psychiatry**: A board-certified psychiatrist within the ADOC Office of Health Services, whose responsibilities include oversight of mental health treatment services provided to persons incarcerated within the ADOC system.
9. **ADOC Director of Training**: The ADOC chief training coordinator. This individual's responsibilities include, but are not limited to: ensuring that ADOC employee training is conducted in accordance with federal, state, and APOSTC requirements; administering the Regional Training Centers; developing and maintaining the annual ADOC Master Training Plan; ensuring that employee training records are accurately maintained; providing training statistical data when required; and designing and implementing evaluation instruments to assess the impact of training programs.
10. **ADOC Office of Health Services (OHS) Division**: The ADOC division that governs all medical and mental health services to inmates within ADOC custody.
11. **ADOC Psychological Associates**: An ADOC employee who has a master's degree or higher in counseling or psychology who generally offers groups, conducts RHU rounds, and provides limited mental health services to inmates who are not on the Mental Health Caseload.
12. **ADOC Psychologist**: An ADOC employee who has a doctorate degree or higher in psychology who generally offers groups, conducts RHU rounds, and provides limited mental health services to inmates who are not on the Mental Health Caseload.

13. **ADOC Regional Psychologists**: An ADOC employee who provides oversight and monitoring to the Vendor providing mental health services to inmates within ADOC custody.
14. **Against Medical Advice (AMA)**: This term indicates an inmate has refused to consent to a specific treatment, despite being informed that substantial evidence indicates that not accepting the treatment may worsen symptoms or undermine the inmate's chances of improvement.
15. **Annual Mental Health Training**: Annual training that focuses on reviewing ADOC policies and practices to enhance job performance. As part of the APOSTC requirements for correctional officers, the mental health vendor provides up to eight hours of mental health training annually.
17. **Antipsychotic Psychotropic Medication**: Medications used to treat psychotic symptoms.
18. **Antisocial Personality Disorder**: A DSM personality disorder characterized by a pervasive pattern of disregard for and violation of the rights of others.

B.

1. **Baseline**: A documented starting point for assessing and comparing changes in behavior, mood, or thinking over time.
2. **Beta (Intelligence Test)**: A test of intellectual function used by ADOC to screen inmates for possible intellectual disability. Currently, ADOC uses the Beta IV.
3. **Bridge Order**: An order to continue a current psychotropic medication until further evaluation by a psychiatric provider.

C.

1. **Clinical Restraint**: A therapeutic intervention initiated by medical or mental health staff to use devices designed to safely limit a patient's mobility that are typically made of fleece-lined leather or other soft material. Clinical restraints are not the same as custody restraints, which are measures or conditions initiated and applied to keep inmates under control and are typically made of hard plastic or metal.
2. **Close Observation**: A procedure that ensures that a designated observer both maintains and documents direct visual contact of the inmate at staggered (i.e., irregular and unpredictable) intervals no greater than fifteen (15) minutes apart. An observer may observe more than one inmate

as long as the physical design allows for direct visual contact of each inmate.

3. **Competence/Competency**: Regarding treatment decisions, this relates to an estimate of an inmate's capacity to understand the risks, benefits, and alternatives pertinent to a proposed treatment (medical or mental health), and to rationally weigh these factors to arrive at a decision to accept or decline the treatment.
4. **Comprehensive Mental Health Training**: A specialized yearly training for ADOC staff, contract staff, and volunteers, designed to enhance understanding of inmate mental health concerns and resources for them to obtain help.
5. **Confidentiality**: Provision or documentation of services in a manner such that Protected Health Information cannot be overheard or otherwise accessed by unauthorized persons.
6. **Constant Observation**: A procedure that ensures that a designated observer not only maintains continuous and direct line-of-sight visual contact of an inmate at all times but also documents that visual contact at staggered (i.e., irregular and unpredictable) intervals no greater than fifteen (15) minutes apart. An observer may observe more than one inmate on Constant Observation placement as long as the physical design allows for continuous and direct line-of-sight visual contact of each inmate.
7. **Constituents**: Individuals, stakeholders, or groups, such as inmate's families and advocacy groups, who are interested in and/or affected by the Department's policies and policy-making processes. Ideally, constituents would work with the Department to define goals, establish objectives, determine priorities, create action plans, and evaluate these plans and policies regularly.
8. **Continuity of Care**: Seamless provision of treatment services through integration, coordination, and sharing of information between QMHPs, programs, and facilities, with an emphasis in maintaining on-going therapeutic relationships.
9. **Correctional Risk Factors (CRF)**: A term that refers to events or stresses that are related to an inmate's experience of being incarcerated (e.g., conflict with peers, physical or sexual assault victimization, isolation, parole denial, disciplinary sanctions, etc.).
10. **Corrective Action Plan (CAP)**: A plan for addressing an identified gap in quality performance in the delivery of mental health services.

11. **Crisis**: An experience in which a person feels emotionally overwhelmed or unable to solve a personal problem or cope with a situation. The person may or may not experience thoughts of suicide or self-harm.
12. **Crisis Cell**: A suicide-resistant cell that is designed for housing inmates undergoing crisis assessments and interventions. An inmate placed in a Crisis Cell may be subject to varying levels of observation (e.g., Suicide Watch, Constant Observation, Mental Health Observation, etc.).
13. **Crisis Intervention**: Clinical assessment and counseling that focuses on coping with distress, problem-solving skills, and restoring emotional stability. Short-term psychological support services directed toward stabilization and reduction of symptoms during a mental health crisis. Services are designed to assist the inmate to return to a pre-crisis level of functioning.
14. **Critical Incident Stress Debriefing (CISD)**: A specific, systematic technique designed to help a person cope following exposure to an unusually stressful event.
15. **Cut-Down Tool**: A standardized tool employed to cut a ligature in the case of a hanging. Cut-down tools will be accessible in all areas that routinely house inmates.

D.

1. **De-Escalation**: A crisis intervention technique aimed at reducing agitation, aggression, and emotional distress.
2. **Diagnostic and Statistical Manual of Mental Health Disorders**: A manual published by the American Psychiatric Association (currently in its 5th edition—the DSM-5-TR) widely used by mental health professionals in the United States to define and to classify mental disorders.
3. **Disciplinary**: A sanction imposed for rule infractions for inmates in ADOC.

E.

1. **Emergency Psychotropic Medication**: The use of psychotropic medication to safely manage behavior related to a mental disorder that presents an imminent risk of harm to the inmate or others and that has not responded to less-intrusive interventions (such as verbal de-escalation or voluntary oral medication). An emergency psychotropic medication order is valid for a single administration of medication only.

2. **Emergent Referral:** There is an imminent risk of harm to self or others, or for any other reason a mental health evaluation cannot be deferred to the next scheduled clinic. A clinical assessment and/or intervention will occur as soon as possible but no more than four hours from the determination that the referral is emergent. Constant observation must be immediately initiated and continuously maintained until this evaluation is completed and the necessary level of care is determined.
3. **Exceptional Circumstance (for Restrictive Housing Unit Placement):**
An “exceptional circumstance” exists where: (a) a safety or security issue prevents placement of the inmate in an alternative housing (such as a SU, RTU, or SLU); or (b) a non-safety or non-security issue exists and transfer or transportation to alternative housing is temporarily unavailable. Examples of safety and security issues include an inmate’s known or unknown enemies alternative housing or the inmate’s creation of a dangerous environment (to the inmate other inmates, and/or staff) by his or her presence in alternative housing.

F.

1. **Forensic Evaluation:** A mental health evaluation for legal purposes by a psychologist or psychiatrist with a specialized training in forensics in which ADOC prohibits mental health staff from participating.
2. **Formulary:** A list of psychotropic medications that are available and pre-approved for use with inmates within ADOC custody.

G.

1. **General Population (“GP”):** The least-restrictive part of a correctional facility where most inmates are housed.
2. **Gender:** The term “gender” differs from “sex” in that it is a concept that describes socially influenced identity, experiences, roles, and expectations of persons of a given sex as assigned at birth based on physical characteristics.
3. **Gender Dysphoria:** A diagnosis defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) describing discomfort or distress caused by a discrepancy between a person’s gender identity and their sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).
4. **Gender Dysphoria Management Committee (GDMC):** A team comprised of ADOC staff from its Office of Health Services Division and Operations Division as well as Vendor medical and mental health staff who

is responsible for policy development, oversight, and coordination of accommodations and services for inmates with a confirmed diagnosed of Gender Dysphoria.

5. **Gender Identity**: Refers to an individual's deeply felt, internal experience of their gender, which may or may not correspond to the person's physiology or designated sex at birth.
6. **Gender Nonconforming**: Describes an individual whose gender identity, role, or expression differs from what is typical for their assigned sex in a given culture.
7. **Group Programming**: Structured clinically driven interventions that are facilitated by mental health staff and offered to inmates on a regular basis. Programming includes psycho-educational groups, unstructured support groups, and structured activities.

H.

1. **Heat-Related Illnesses**: A spectrum of medical conditions related to the body becoming overheated, ranging from heat cramps to heat exhaustion to heat stroke.
 - a. **Heat Cramps**: Are characterized by muscle pain/cramps and heavy sweating during intense exercise. Immediate intervention is needed to cool the body.
 - b. **Heat Exhaustion**: Occurs as the body becomes progressively overheated, and is associated with fatigue, dizziness, heavy sweating, rapid pulse and other symptoms. Immediate intervention is needed to prevent this from progressing to heat stroke.
 - c. **Heat Stroke**: Occurs as the body can no longer cool itself, the core temperature rises into the critical zone above 103 degrees. The skin is hot and dry, the pulse rapid, and the person may lose consciousness. This is a life threatening medical emergency.
2. **Health Insurance Portability and Accountability Act (HIPAA)**: The federal law that establishes national standards to protect individual's health records and identifiable protected health information.
3. **Hormonal Treatment (HT)**: Treatment in which masculinizing or feminizing sex hormones are prescribed under the direction of a physician to an individual for the purpose transitioning an individual's secondary sexual characteristics to align with their gender identity.

I.

1. **Incident Report**: A document completed by security staff describing time, place, and details of an incident on ADOC Form 302-A (Incident Report).
2. **Indicated Interventions**: Preventive measures focused on inmates who exhibit high-risk or self-harmful thinking or behaviors.
3. **Individual Counseling**: One-to-one session between a licensed counselor (or other QMHP) and an inmate that addresses episodic mental health concerns, or problems referenced by the inmate's treatment plan. Individual counseling sessions are documented on the appropriate Progress Note using the SOAP format.
4. **Informed Consent**: The process of informing an inmate of the risks and benefits of a proposed treatment, as well as alternative treatment options, and documenting in writing the inmate's decision to accept (or reject) the recommendation.
5. **Initial In-Service Training**: Training designed to acquaint new employees to the ADOC policies and procedures and job expectations.
6. **In-Service Mental Health Training**: Training for mental health professionals throughout the year as needed to address quality improvement and relevant changes.
7. **Institutional Restrictive Housing Unit (RHU) Review Board**: A committee comprised of both ADOC and Vendor staff to review the status of an inmate confined to the RHU.
8. **Interpreter**: An individual who is able to communicate information effectively, accurately, and impartially, between individuals or groups who understand different languages.
9. **Intermediary Interpreter**: An individual who translates both for the presenter and the receiver of the information, to allow a give and take of information. Whenever possible, professional interpretive services should be used.
10. **Involuntary Commitment**: A legal process in which ADOC petitions a court to obtain court-ordered mental health hospital-level care for an inmate diagnosed with a mental illness who has not voluntarily consented to necessary care in a less-restrictive setting.

11. **Involuntary Medication (IVM)**: A special administrative status that authorizes the administration of psychotropic medication without an inmate's consent after an IVM hearing.
12. **Involuntary Medication Review Committee**: A 3-person panel comprised of a psychiatrist (who serves as chair of the committee), a licensed psychologist, and a mental health nurse that conducts hearings to reach final decisions regarding an inmate's involuntary medication status.

M.

1. **Medication Administration Record (MAR)**: A system for recording the administration of medications to inmates. Electronic versions of this system may be referred to as E-MAR.
2. **Medication Consent Form**: A form that documents an inmate's informed decision to accept or decline a recommended medication in writing. The signature verifies that the inmate understands the risks, benefits, and alternatives, including the risk of not accepting the recommended treatment.
3. **Mental Health Caseload**: The database that identifies all inmates within ADOC custody who are in need of mental health services.
4. **Mental Health (MH) Code**: A letter code assigned to each inmate that indicates whether the inmate is on the mental health caseload and the level of treatment required. There are five possible MH codes:
 - a. **MH-A**: Assigned to inmates not currently receiving mental health services and not on the mental health caseload.
 - b. **MH-B**: Assigned to inmates who require outpatient mental health services, have demonstrated stable coping skills for at least six months, and can be housed in facilities that do not provide daily mental health services by mental health staff.
 - c. **MH-C**: Assigned to inmates who require outpatient mental health services at a major facility and have any diagnosed mental disorder associated with a functional impairment that interferes with their ability to meet the ordinary demands of living.
 - d. **MH-D**: Assigned to inmates receiving chronic or acute mental health services requiring placement in a specialized housing unit (e.g., Residential Treatment Unit (RTU) or Stabilization Unit (SU)).
 - e. **MH-H**: A temporary mental health code reserved for use only by the ADOC Office of Health Services (OHS) indicating that an inmate with

any other mental health code designations will be not be moved from the current housing unit or facility.

5. **Mental Health Inpatient Treatment Center (MHITC):** A licensed ADOC or private mental health inpatient treatment center with the capability to provide Advanced Inpatient Hospital-Level Care to inmates within ADOC's custody.
6. **Mental Health Observation (MHO):** Short-term placement of an inmate in a crisis cell to provide increased observation and structure and decreased stimulation to aid the inmate in gaining behavioral control and decreasing his or her stress level. MHO is not to be used as part of the suicide watch process or as an alternative to suicide watch.
7. **Mental Health Continuous Quality Improvement Program:** A structured program designed to systematically monitor current practices and documentation of mental health services to ensure compliance with policies and procedures. The program also reviews individual incidents and service delivery problems to identify areas for improvement, promote necessary change, and assess the outcome of such change.
8. **Mental Health Rounds:** A qualified mental health professional observes and interacts with each inmate housed in an Restrictive Housing Unit cell on rounds for the purpose of identifying and addressing any emergent or urgent mental health problems.
9. **Multidisciplinary Treatment Plan:** A "living" document that lists an inmate's mental health problems, recovery goals, and indicated treatments as assessed and updated by the Treatment Team. The Multidisciplinary Treatment Plan must be adequately detailed and individualized to address the inmate's mental health needs, based on clinical judgment.

N.

1. **National Commission on Correctional Health Care (NCCHC):** A national commission that develops and publishes standards for health care in correctional settings, including prisons, jails, and juvenile facilities, and offers the option of accreditation to facilities based on independent assessment of compliance.
2. **Non-Acutely Suicidal:** Inmates who express current suicidal ideations (e.g., expressing a wish to die without a specific threat or plan), and/or have a recent history of self-destructive behavior.
3. **Non-Adherence:** Also referred to as non-compliance and refers to an inmate avoiding taking medication at the scheduled time and place. This

may occur passively by not showing up at pill call (also see “No-show”). It may occur actively, as when an inmate engages in deceptive techniques such as:

- a. **Cheeking**: A behavior in which an inmate hides medication in his or her mouth with the intent to avoid ingesting the dose.
 - b. **Palming**: A behavior in which an inmate hides medication in his or her hand while giving the impression that he or she has taken the medication.
4. **No-Show**: An informal term referring to an instance in which an inmate did not present at the scheduled time for an appointment or to receive medication.

O.

1. **Outpatient Mental Health Services**: Mental health services provided to inmates who both are assigned a Mental Health Code of either MH-B or MH-C and are housed in General Population, Restrictive Housing Units, or Structured Living Units.

P.

1. **Physician Order Sheet**: A document, signed by a physician or nurse practitioner, ordering certain medications or specific treatment for a patient.
2. **Pill Call (or “Med Line”)**: Designated place and times of day that medications are administered.
3. **Polypharmacy**: An informal term used to indicate the prescription of more medications than are necessary to treat a condition. This is identified through clinical judgment and does not correspond to any specific number or types of medication.
4. **Postmortem Review**: A retrospective review of the clinical and situational events that occurred prior to the death of an inmate.
5. **Prison Rape Elimination Act (PREA) of 2003**: (Pub. L. 108-79) A federal law enacted to address the problem of sexual abuse of persons in the custody of U.S. correctional agencies (federal, state, and local).
6. **PRN**: A medical abbreviation from the Latin term *pro re nata* that means a treatment (such as a medication) should be given only *as needed*.

7. **Progress Note**: A note in a medical record documenting a clinical encounter for the purpose of evaluation or treatment that are sufficiently detailed, typically using the SOAP Format, to facilitate treatment and ensure continuity of care.
8. **Progress Review (Classification Review)**: A scheduled, periodic review conducted by Classifications that serves to make recommendations regarding changes in security level, custody, institutional placement, or programming.
9. **Protected Health Information (PHI)**: Under the HIPAA Privacy Rule, PHI refers to individually identifiable health information that is held or transmitted in any form, such as medical records, incident reports, electronic records, and any other form or medium. Such information includes any past, current, or future physical or mental health conditions of the individual, the fact of providing care to the individual, or the fact of payment for health care.
10. **Psychiatric Emergency**: A situation in which symptoms and behaviors associated with a mental disorder cause an inmate to pose a real and present threat of substantial harm to self or others due to symptoms or behaviors resulting from that inmate's diagnosed or suspected mental illness.
12. **Psychiatric Evaluation**: An evaluation conducted by a psychiatrist, or nurse practitioner in collaboration with a psychiatrist, to determine whether an inmate has a diagnosable mental health disorder, needs treatment, and should be placed on the mental health caseload.
13. **Psychiatric Provider**: A vendor Psychiatrist or Certified Registered Nurse Practitioner.
14. **Psychotropic Medication**: Medication prescribed for the treatment of a psychiatric disorder.
15. **Psychotropic Medication Report**: An ADOC form (MH-024) used by nursing staff to notify the prescribing psychiatrist or nurse practitioner when an inmate has problems with psychotropic medication tolerance, response or adherence (noncompliance).

Q.

1. **Qualified Mental Health Professional (QMHP)**: A psychiatrist, psychologist, licensed professional counselor, mental health nurse practitioner, mental health social worker, mental health nurse, or other clinician who, by virtue of their education, credentials, and experiences, are

permitted by law to evaluate and care for the mental health needs of patients.

R.

1. **Receiving Facility**: A correctional facility receiving an inmate from another correctional facility. (Not sure how security may refer to this in other ARs).
2. **Reception Mental Health Screening**: An initial structured inquiry into each inmate's mental health history and observation of his or her functioning, plus a suicide risk assessment for the purpose of identifying and addressing any emergent or urgent mental health needs. This screening is completed as soon as possible upon arrival.
3. **Residential Treatment Unit (RTU)**: A specialized housing placement for treating inmates with serious mental illness who are at risk for psychiatric deterioration in a less-restrictive setting. This may be either a short-term placement for inmates to resolve crises or a long-term placement for inmates who experience persistent difficulty functioning in an outpatient setting.
4. **Responsible Mental Health Authority**: The designated mental health authority responsible for mental health services at each ADOC facility, which is currently the Mental Health Site Administrator or designee.
5. **Restrictive Housing Unit (RHU)**: Inmate housing placement for the purpose of separating an inmate from the general prison population. Placement is determined by ADOC.
6. **Routine Referral**: Neither an emergent nor an urgent referral is indicated, but a clinical assessment and/or intervention must occur within 14 calendar days of the time the referral was made.

S.

1. **Safety Plan**: A structured document completed by an inmate with mental health assistance to help that inmate identify and manage potential crises.
2. **Sanity Commission**: A three-member panel of designated Vendor clinicians responsible for evaluating and making a recommendation regarding a specific inmate being considered for Involuntary Commitment.
3. **Selective Interventions**: Preventive measures focused on inmates who are at elevated risk of an adverse health outcome.
4. **Sending Facility**: A correctional facility transporting an inmate to another correctional facility. (Not sure how security may refer to this in other ARs)

4. **Sexual Reassignment (Gender Affirmation) Surgery**: Surgery to change primary and/or secondary sex characteristics to more closely align with a person's gender identity that may be a medically necessary treatment to alleviate Gender Dysphoria.
5. **Sex**: Individual physical characteristics (e.g., chromosome makeup, reproductive organs, etc.) initially assigned at birth.
6. **Serious Mental Illness (SMI)**: Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).
7. **Side-Effect Medication**: Any medication prescribed to reduce one or more side effects of another medication prescribed for treating of a psychiatric disorder.
8. **Significant Clinical Encounter**: Any communication or interaction between an inmate and any member of the mental health staff involving the exchange of information used in the treatment of that inmate, excluding any casual exchanges, administrative communications, or other communications that do not relate to that inmate's mental health diagnosis or ongoing mental health services.
9. **SOAP Format**: A standard clinical documentation format for progress notes that includes four sections: Subjective, Objective, Assessment, and Plan.
10. **Social History Assessment (SHA)**: A psychosocial interview of an inmate's mental health history, psychosocial history, mental status, and intellectual functioning that is entered into the ADOC OHS Module as part of the reception mental health screening process.
11. **Sound Confidentiality**: Provision of services in a manner such that information disclosed cannot be overheard by others nearby.
12. **Specialized Mental Health Training**: An intensive course on mental health issues for designated ADOC and other non-clinical contracted staff who interact with inmates.
13. **Spontaneous Release**: A release that occurs prior to the inmate's scheduled minimum release date due to a court order, amended transcript, or changes

in parole status. The release could occur anywhere between as soon as the day ADOC receives the update or up to two (2) weeks later, depending upon the circumstances (e.g., detainer, in or out-of- state pickup arrangements, etc.).

14. **Stabilization Unit (SU)**: A designated residential unit that provides the highest level of intensive mental health services within the ADOC for inmates who either are experiencing severe psychiatric symptoms or remain at acute risk of harming themselves or others after crisis intervention has been insufficient to address these problems.
15. **Structured Therapeutic Out-of-Cell Activities**: Structured activities include but are not limited to psychotherapy, tele-health services, medical appointments, treatment teams, treatment activities (e.g. counseling/psychoeducational groups, AT groups, nursing groups).
16. **Structured Living Unit (SLU)**: An outpatient diversionary unit for inmates diagnosed with Serious Mental Illness who would otherwise have been placed in a restrictive housing unit.
17. **Suicide Attempt**: An action taken with any intention of causing death by suicide.
 - a. **Serious Suicide Attempt**: As defined within ADOC, a suicide attempt that either (1) requires an inmate to be transported off-site for medical treatment; (2) could have resulted in death if not interrupted; or (3) was the result of a clear intention or plan to die that did not end in fatality.
18. **Suicidal Ideation**: Clinical term meaning that an individual is thinking about, considering, planning, and/or intending to attempt suicide.
19. **Suicide Prevention**: Strategies, policies, programs and-implemented for the purpose of reducing or preventing suicide attempts or death by suicide.
20. **Suicide Risk Assessment (SRA)**: A designated form used to document all suicide risk assessments.
21. **Suicide Watch**: An emergency procedure for monitoring an inmate in suicide-resistant housing for that inmate's protection because of demonstrated or threatened warning signs of suicide or self-harm. Suicide Watch is specified by a qualified mental health professional as either Acute Suicide Watch (ASW) or Non-Acute Suicide Watch (NASW).

T.

1. **Transgender**: An individual whose gender identity differs from socially or culturally defined categories of gender assigned at birth.
 - a. **Trans Female**: Trans Male to Female (MTF).
 - b. **Trans Male**: Trans Female to Male (FTM).
2. **Transsexual**: An individual who seeks, or has undergone, a social transition from male-to-female (MTF) or female-to-male (FTM) and may also seek a bodily transition through feminizing or masculinizing medical interventions (i.e., hormones and/or surgery).
3. **Transition**: The time during which an individual changes from the gender role and expression associated with their assigned sex at birth to a different gender role and expression more comfortable for them, which may include feminization or masculinization of the body through hormones or other medical procedures, of which the nature and duration of this period varies between individuals.
4. **Treatment Coordinator**: A licensed psychologist or licensed counselor assigned to provide and coordinate mental health services to the inmate and who will chair the Treatment Team.
5. **Treatment Team**: Qualified mental health staff responsible for creating, implementing, and updating an individualized Treatment Plan for each inmate who receives mental health services. The inmate is expected to actively participate in treatment planning when clinically appropriate. The Treatment Team will collaborate with security staff, as appropriate, to promote safety and to ensure the mental health services are provided as planned.
6. **Triage**: The sorting and classifying of referrals to mental health services to determine the priority of need and the proper place to provide mental health services.

U.

1. **Universal Interventions**: Preventive measures that target all members of a population rather than those known to be at elevated risk.
2. **Universal Precautions**: Precautions applied to entire groups for the purpose of preventing an adverse health outcome. (Examples include providing adequate water to all inmates and staff during hot weather to

reduce the risk of heat-related illness or promoting hygienic measures for everyone to prevent the spread of infection).

3. **Unstructured Out-of-Cell Activities:** Unstructured activities include but are not limited to meals, recreational activities, showers, haircuts/shaving and visitation.
4. **Urgent Referral:** An emergent referral is not indicated, but a clinical assessment and/or intervention will occur no more than twenty-four (24) hours from the time the referral was made.

V.

1. **Vendor:** ADOC's contracted health services vendor who provides medical and mental health services to inmates within ADOC custody.
2. **Vendor Clinical Director of Education and Training:** A Vendor mental health staff who, by virtue of education, experience, or certification, can assume responsibility for developing, coordinating, and document all ADOC staff and vendor mental health staff participating in all required and applicable trainings.
3. **Vendor Mental Health Program Director:** A Vendor mental health staff who, by virtue of education, experience, or certification, can assume responsibility for oversight over all Vendor staff and the implementation of all mental health services to inmates within ADOC custody.
4. **Vendor Director of Nursing:** A Vendor nursing staff who, by virtue of education, experience, or certification, can assume responsibility for oversight of all Vendor nursing staff.
5. **Vendor Psychiatric Director:** A Vendor mental health staff who, by virtue of education, experience, or certification, can assume responsibility for oversight of all Vendor psychiatric providers.
6. **Vendor Psychiatric Provider:** A Vendor psychiatrist (or a Vendor mental health nurse practitioner under a collaborative agreement with a vendor psychiatrist) who is responsible for all mental health diagnoses, evaluations, and determinations regarding the appropriate mental health services (including selecting and ordering psychotropic medications) to an inmate within ADOC custody.
7. **Vendor Mental Health Continuous Quality Improvement Program Director:** A Vendor mental health staff who, by virtue of education, experience, or certification, can assume responsibility for maintaining a process within the Vendor's Mental Health Continuous Quality

Improvement Program for both ensuring the accuracy and reliability of medication administration and responding to and minimizing medication errors and non-adherence.

8. **Vendor Health Services Administrator:** Vendor medical staff who, by virtue of education, experience, or certification, can assume responsibility for oversight of all Vendor medical staff and the implementation of all medical services to inmates within ADOC custody at specific ADOC facilities.
9. **Vendor Mental Health Site Administrator:** Vendor mental health staff who, by virtue of education, experience, or certification, can assume responsibility for oversight of all Vendor mental health staff and the implementation of all mental health services to inmates within ADOC custody at specific ADOC facilities.

W.

1. **Wechsler Adult Intelligence Scale (WAIS):** A widely used test of intellectual performance.
2. **Wide Range Achievement Test (WRAT-RL):** A test that measures reading level.
3. **Working Day:** Any day that the Vendor staff are required to work at an ADOC facility.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.

V. **PROCEDURES**

This section is not used in this AR.

VI. **DISPOSITION**

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. **FORMS**

There are no forms prescribed in this regulation.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 602, *Mental Health Definitions and Acronyms*, dated January 3, 2007, and any related changes.

IX. PERFORMANCE

- A. National Commission on Correctional Health Care: Standards for Health Care in Prisons, 2014
- B. The Department of Mental Health and Mental Retardation Statutory Authority: Code of Alabama, 1975, Section 22-50-11.
- C. Stipulation Regarding Confidentiality, Braggs v. Dunn, No. 2:14-cv-00601-MHT-GMB (M.D. Ala. June 19, 2019), ECF No. 1900-1.



John Q. Hamm
Commissioner