



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

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER**

622

OPR: HEALTH SERVICES

TREATMENT PLANNING

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for mental health treatment planning for inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody on the Mental Health Caseload are assigned to a Treatment Team responsible for creating, reviewing, and updating a Multidisciplinary Treatment Plan, which will list all identified mental health problems and link each problem to outcome goals and indicated treatments.

III. DEFINITIONS AND ACRONYMS

A. **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.

B. **General Population (GP)**: The least-restrictive part of a correctional facility where most inmates are housed.

C. **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:

1. **MH-A**: Assigned to inmates not currently receiving mental health services and not on the mental health caseload.

2. **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.
 3. **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.
 4. **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)).
 5. **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.
- D. **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.
- E. **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.
- F. **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.
- G. **Restrictive Housing Unit (RHU):** Inmate housing placement for the purpose of separating an inmate from the general prison population. Placement is determined by ADOC.
- H. **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).

- I. **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.
- J. **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.
- K. **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.
- L. **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.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- C. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff at that facility receive training on the implementation of this AR.
- D. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- E. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.
- F. The Treatment Coordinator is responsible for coordinating and updating an inmate's Treatment Plan development.

V. PROCEDURES

A. Treatment Coordinator:

1. The Vendor Mental Health Site Administrator at each facility shall assign a Treatment Coordinator to an inmate at that facility on ADOC Form MH-017, *Treatment Coordinator Assignment Log*, upon that inmate's assignment to the Mental Health Caseload.
2. An inmate's Treatment Coordinator shall complete ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, for that inmate that is adequately detailed and individualized to address that inmate's mental health needs.
3. An inmate's Treatment Coordinator will begin creating ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, for that inmate by both:
 - a. Conducting an Individual Counseling session with that inmate to review that inmate's psychiatric evaluation, suicide risk assessment, reception mental health screening, social history assessment, and intellectual tests.
 - b. Collaborating with that inmate and the other members of that inmate's Treatment Team to gain input.
4. An inmate's Treatment Coordinator will schedule a meeting with that inmate's Treatment Team to review the completed ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, with that inmate.

B. Treatment Team:

1. An inmate's Treatment Coordinator will chair that inmate's Treatment Team, which may include any Vendor mental health staff, Vendor medical staff, ADOC substance use treatment staff, and ADOC security staff who are actively involved in that inmate's treatment.
2. An inmate's Treatment Team shall meet regularly for an adequate duration, to review and, if clinically appropriate, update that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
3. An inmate's Treatment Coordinator, in conjunction with that inmate's Treatment Team, will use clinical judgment along with that inmate's MH code, housing unit, and treatment interventions, in determining the appropriate duration and intervals to schedule that inmate's Treatment Team meetings.

4. All members of an inmate's Treatment Team shall be provided access to all clinically relevant documents (i.e., all current or prior health records as well as documents related to housing status, disciplinary history, interactions with other inmates, and any other topics necessary to inform clinical judgment).
5. The Treatment Team for an inmate housed in the RTU, SU, or SLU shall include at least the following individuals:
 - a. The inmate.
 - b. That inmate's Treatment Coordinator.
 - c. The Vendor psychologist at that facility, if available.
 - d. The Vendor ordering psychiatric provider.
 - e. The Vendor mental health nurse assigned to that inmate's housing unit.
 - f. The Vendor AT assigned to that inmate's housing unit.
 - g. The ADOC security staff assigned to that inmate's housing unit.
6. The Treatment Team for an inmate either in Crisis Cell Placement (Suicide Watch or MHO) or receiving Outpatient Mental Health Services shall include at least the following individuals:
 - a. The inmate;
 - b. That inmate's Treatment Coordinator;
 - c. The Vendor psychologist at that facility, if available;
 - d. The Vendor ordering psychiatric provider.
7. An inmate's Treatment Team may add additional members to that inmate's Treatment Team where that inmate's Treatment Team determines that additional participants are necessary to adequately treat that inmate (e.g., Vendor mental health staff, Vendor medical staff, ADOC substance use treatment staff, and ADOC security staff, etc.).
8. The ADOC security staff on an inmate's Treatment Team may provide necessary input to that inmate's Treatment Team through one or more of the following:

- a. Discussions with that inmate's Treatment Team.
 - b. Attending that inmate's Treatment Team meetings.
 - c. Submitting ADOC Form MH-033, *Correctional Officer Input to the Mental Health Treatment Team*, to that inmate's Treatment Team.
 - d. The Vendor mental health staff will file the original ADOC Form MH-033, *Correctional Officer Input to the Mental Health Treatment Team*, in the mental health section of that inmate's medical record immediately after the applicable ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
9. An inmate's Treatment Coordinator will encourage that inmate to attend and actively participate in that inmate's Treatment Team meetings:
- a. An inmate's Treatment Team may initiate or continue a Treatment Team meeting without that inmate's attendance if that inmate's Treatment Team determines that, based on its clinical judgment, that inmate's behavior or mental status would make that inmate's attendance to the Treatment Team meeting unsafe, unhygienic, or otherwise contraindicated.
 - b. If an inmate does not attend that inmate's Treatment Team meeting, then that inmate's Treatment Coordinator will document the facts, rationale, and efforts to encourage that inmate's participation on both:
 - (1) The appropriate section of ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
 - (2) The appropriate ADOC Form MH-040, *Progress Note*.

C. Multidisciplinary Treatment Plan:

1. An inmate's Treatment Team shall create, finalize, update, and review that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, according to that inmate's clinical needs.
2. The Vendor mental health staff will file the original ADOC MH-032, *Mental Health: Multidisciplinary Treatment Plan*, in in the mental health section of that inmate's medical record.
3. An inmate's Treatment Team shall include strategies on that inmate's Treatment Plan that promote that inmate's functional recovery, including:
 - a. Self-care and good hygiene.

- b. Developing appropriate social supports (e.g., with staff, peers, spiritual community, family, other community contacts, etc.).
 - c. Recreation.
 - d. Physical fitness.
 - e. Self-regulation skills (e.g., breath practice, yoga, meditation, etc.).
 - f. Work (assigned duties or jobs).
4. An inmate's Treatment Team will use clinical judgment in determining and documenting the services and treatments that inmate should receive on that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, including any of the following:
- a. Services or treatments that sufficiently address that inmate's identified mental health problems.
 - b. Any additional services or treatments ordered by that inmate's Treatment Team.
 - c. The frequency and intervals of follow-up and medication management visits for an inmate being administered psychotropic medication in accordance with AR 616, *Psychotropic Medication*.
 - d. The appropriate types and numbers of therapeutic Group Programming according to that inmate's MH Code and housing assignment.
 - e. An inmate housed in the RHU will continue to receive services and treatments indicated on that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, (e.g., ordered medications, Individual Counseling, etc.) except for those services and treatments that are determined by that inmate's Treatment Team, in collaboration with ADOC security staff, that cannot be safely provided in the RHU environment (e.g., Group Programming, etc.).
 - f. That inmate's Treatment Coordinator will document the Treatment Team's determination on the ADOC Form MH-040, *Progress Note*.
5. All ADOC staff, all Vendor mental health staff, and all Vendor medical staff shall collaborate to ensure that an inmate is provided the integrated and holistic care that is reflected in that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.

6. The Treatment Team shall review and update that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, as clinically appropriate upon any of the following circumstances:
 - a. Any changes to that inmate's MH code.
 - b. Any changes to that inmate's SMI designation or diagnoses.
 - c. Any changes to that inmate's housing unit (e.g., transfer to or discharge from the RTU, RHU, SU, SLU, GP, etc.).
 - d. Any changes to that inmate's Crisis Cell placement (e.g., Suicide Watch or MHO placement or discharge).
 - e. Any changes to that inmate's Suicide Watch placement or RTU Level (e.g., Acute Suicide Watch to Non-Acute Suicide Watch, RTU Level 1 to RTU Level 2, etc.).
 - f. Any order for involuntary psychotropic medication to that inmate.
 - g. Any order for discontinuation of all mental health medications to that inmate.
 - h. Any other circumstances resulting from, or likely to significantly affect, that inmate's mental health.
7. Each member of an inmate's Treatment Team shall sign every ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, created, finalized, and updated for that inmate.

D. Timeframes for Creating Finalizing, Updating, and Reviewing the Treatment Plan:

1. An inmate's Treatment Team will create and finalize that inmate's initial ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, as soon as possible, and, depending on the treatment type, within the following timeframes:
 - a. Crisis Cell Placement (Suicide Watch or MHO) - One (1) working day from that inmate's Crisis Cell placement.
 - b. SU Housing - Three (3) working days from that inmate's transfer to the SU.

- c. RTU Housing (All Levels) - Seven (7) calendar days from that inmate's transfer to the RTU.
 - d. SLU Housing - Seven (7) calendar days from that inmate's transfer to the SLU.
 - e. RHU Housing - Seven (7) calendar days from either:
 - (1) That inmate's transfer to the RHU, if that inmate is already placed on the Mental Health Caseload.
 - (2) That inmate's Mental Health Caseload placement after transfer to the RHU.
 - f. GP Housing - Fourteen (14) calendar days from that inmate's Mental Health Caseload placement.
2. An inmate's Treatment Team will update that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, as soon as possible, and within fourteen (14) calendar days from either:
- a. That inmate's outpatient MH code change (i.e., MH-B or MH-C).
 - b. That inmate's SMI designation change.
 - c. An order for involuntary psychotropic medication to that inmate.
 - d. An order for discontinuation of all mental health medications to that inmate.
 - e. Any other circumstances resulting from, or likely to significantly affect, that inmate's mental health.
3. An inmate's Treatment Team will review that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, depending on the treatment type, within the following maximum intervals:
- a. Crisis Cell Placement (Suicide Watch or MHO) - Daily, with updates within three (3) calendar days.
 - b. SU Housing - Every seven (7) calendar days.
 - c. RTU Level 1 Housing - Every seven (7) calendar days.

- d. RTU Level 2 Housing - Every fourteen (14) calendar days.
- e. RTU Level 3 Housing - Every thirty (30) calendar days.
- f. SLU Housing - Every ninety (90) calendar days.
- g. RHU Housing - Every thirty (30) calendar days.
- h. GP Housing - Every six (6) months.

E. Treatment Planning for Discharge from ADOC Custody:

An inmate's Treatment Team shall update that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, at least six (6) months prior to that inmate's anticipated discharge date in accordance with AR 628, *Inmate Discharge Planning*.

VI. DISPOSITION

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

VII. FORMS

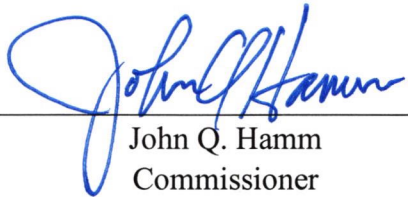
- A. ADOC Form MH-017, *Treatment Coordinator Assignment Log*.
- B. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- C. ADOC Form MH-032, *Multidisciplinary Treatment Plan*.
- D. ADOC Form MH-033, *Correctional Officer Input to Mental Health Treatment Planning*.
- E. ADOC Form MH 040, *Progress Notes*.
- F. ADOC Form MH 040-N, *Nursing Progress Note*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 622, *Treatment Planning*, dated April 30, 2010, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. Braggs v. Hamm, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).
- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH CARE IN PRISONS (2018).



John Q. Hamm
Commissioner



Last Name	First Name:	AIS:
DOB: / / Age:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	<input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health
Facility:	Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> SLU <input type="checkbox"/> RHU <input type="checkbox"/> PHRU <input type="checkbox"/> WR	
MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Last change: / /	SMI: <input type="checkbox"/> Y <input type="checkbox"/> N Last change: / /

Target Problems and Symptoms:			
Current Medications (MAR Reviewed <input type="checkbox"/> Y <input type="checkbox"/> N)			
Adherence:		Adverse Drug Reactions / Allergies:	
Weight / BMI:	Date: / /	Last AIMS: (Date)	Consents: (Date)

S/ (narrative)

O/ Mental Status Examination (Describe pertinent details.)

Consciousness / Cognition	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
Appearance	<input type="checkbox"/> Good hygiene
Behavior/ Attitude	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
Speech:	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
Mood/affect:	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
Thought Content	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished

**Alabama Department of Corrections
Psychiatric Provider Progress Note**



Harm	<input type="checkbox"/> None Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate NSSI: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent Aggression: <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
Thought Process	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
Perception:	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
Insight & Judgment	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
Neuro / EPS	<input type="checkbox"/> Y <input type="checkbox"/> N Current AIMS: / / Other/Details:

Lab Review:	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
--------------------	--

A/ (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

P/ Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

Psychiatrist / NP: (Print)	Sign:
My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:	

Date: / /	Start time: :	AM PM	End Time: :	AM PM
ADOC Form MH-025 03-2024		Page 2 of 2 Disposition: Inmate Health Record		

ALABAMA DEPARTMENT OF CORRECTIONS
Mental Health: Multidisciplinary Treatment Plan



Patient Name		AIS	DOB	MH Code	SMI <input type="checkbox"/> Yes <input type="checkbox"/> No
ADOC Intake (year)	Sentence	Min Release Date			EOS date
Current Housing	Date Last RHU Placement <input type="checkbox"/> N/A	Tx Plan Finalized (date)			ADOC Release Plan <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
HX Crisis Placement <input type="checkbox"/> Y <input type="checkbox"/> N	HX SU/RTU <input type="checkbox"/> Y <input type="checkbox"/> N	IVM <input type="checkbox"/> Y <input type="checkbox"/> N			Safety Plan <input type="checkbox"/> Y <input type="checkbox"/> N
HX Suicide Attempt <input type="checkbox"/> Y <input type="checkbox"/> N	HX NSSI <input type="checkbox"/> Y <input type="checkbox"/> N	HX SUD <input type="checkbox"/> Y <input type="checkbox"/> N			HX SUD Tx <input type="checkbox"/> Y <input type="checkbox"/> N

Date Added	DSM-5 Diagnosis

Pertinent Medical Diagnoses

Key item review (check if completed and add pertinent comments/dates)	
<input type="checkbox"/>	Substance Use History Review
<input type="checkbox"/>	Safety Plan Review
<input type="checkbox"/>	Group Therapy Participation
<input type="checkbox"/>	Medication Adherence
<input type="checkbox"/>	Crisis Placements
<input type="checkbox"/>	Disciplinary Actions
<input type="checkbox"/>	Recent Stressful/Traumatic Event

Additional Comments

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

ALABAMA DEPARTMENT OF CORRECTIONS
Mental Health: Multidisciplinary Treatment Plan



PROBLEM LIST:

☐ Master ☐ Amended

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
Intervention:			
Responsible Staff:			
Objective (b):			
Intervention:			
Responsible Staff:			
Anticipated barriers and strategies to resolve:			

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
Intervention:			
Responsible Staff:			
Objective (b):			
Intervention:			
Responsible Staff:			
Anticipated barriers and strategies to resolve:			

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

ALABAMA DEPARTMENT OF CORRECTIONS
Mental Health: Multidisciplinary Treatment Plan



Treatment Team Meeting

Date: ____ / ____ / ____

<u>Staff</u>	<u>Name (Print)</u>	<u>Signature</u>	<u>Attended Treatment Meeting</u>	<u>Comments</u>
Psychiatrist/ CRNP			MANDATORY	
Licensed Counselor			MANDATORY	
Psychologist			Y N	
MH Nurse			Y N	
Activity Technician			Y N	
ADOC Officer			Y N	
Medical			Y N	
Other			Y N	
Inmate/ Patient			Y N	

****If patient did not attend the Treatment Team Meeting****

Reason:		
Efforts to motivate attendance:		
My signature confirms that the patient refused or was unable to participate in this Treatment Team Meeting.	QMHP Print/Signature	Date

<u>Dates Plan Reviewed</u>	<u>Comments</u>

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

Alabama Department of Corrections
Correctional Officer Input to the Mental Health Treatment Team



Inmate Name:	AIS:	Date Completed:
Facility:	Housing Unit:	

Inmate's Self-Care			
• Bed and area	<input type="checkbox"/> Orderly	<input type="checkbox"/> Disorderly	<input type="checkbox"/> Tattered
• Clothing clean	<input type="checkbox"/> Clean	<input type="checkbox"/> Stained	<input type="checkbox"/> Dirty
• General hygiene	<input type="checkbox"/> Showers regularly	<input type="checkbox"/> Body Odor	<input type="checkbox"/> No Body Odor
• Pill call (if prescribed)	<input type="checkbox"/> Goes reliably	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
• Eats regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Interaction with Staff				
• Follows instructions	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Responds better to some staff
• Speaks respectfully	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Responds better to some staff
• Reports on time	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Responds better to some staff
• Verbally aggressive	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Responds better to some staff
• Physically aggressive	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Responds better to some staff

Interaction with Peers			
• Speaks respectfully	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
• Verbally aggressive	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
• Physically aggressive	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
• Gets in debt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Takes advantage of others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Isolates self	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments for the Treatment Team:

Officer Completing Form:	Date:
Job Title:	Assigned Shift:
Treatment Coordinator:	Date Reviewed:

(One note per sheet)



Date:	Purpose:	MH Code: _____
Start Time:	Location:	SMI: <input type="checkbox"/> Y <input type="checkbox"/> N
End Time:	Confidential Location: <input type="checkbox"/> Y <input type="checkbox"/> N If No, explain:	

[illegible]

INMATE NAME	AIS #	FACILITY



Nurse Print/Sign: AM PM		LPN RN	Date:	Time:
Inmate/Patient's Name:	AIS #:	DOB:	Facility:	