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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION
NUMBER 623

OPR: HEALTH SERVICES

OUTPATIENT MENTAL HEALTH SERVICES

I. GENERAL

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

II. POLICY

It is the policy of the ADOC to ensure that a process is maintained for providing mental health services to inmates within ADOC custody who are housed in an outpatient setting.

III. DEFINITIONS AND ACRONYMS

- A. **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.
- B. **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.
- C. **Mental Health Caseload**: The database that identifies all inmates within ADOC custody who are in need of mental health services.

- D. **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 not be moved from the current housing unit or facility.
- E. **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.
- F. **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.
- G. **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.

- H. **Restrictive Housing Unit (RHU)**: Inmate housing placement for the purpose of separating an inmate from the general prison population. Placement is determined by ADOC.
- I. **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).
- J. **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.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. 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.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. 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.

V. **PROCEDURES**

- A. The Vendor Mental Health Site Administrator (or designee) at each facility:
 - 1. Leads Vendor Mental Health Continuous Quality Improvement Program initiatives at that facility in coordination with the Vendor Mental Health Continuous Quality Improvement Program Director, in accordance with AR 606, *Mental Health Continuous Quality Improvement Program*.

2. Develops a schedule for ADOC security staff and Vendor staff for all required mental health trainings in accordance with AR 608, *Staff Training in Mental Health*.
3. Ensures that Vendor mental health staff at that facility assigns an inmate on the Mental Health Caseload at that facility with a MH Code and SMI designation in accordance with AR 613, *Mental Health Coding and SMI Designation*.
4. Assigns a Treatment Coordinator to an inmate at that facility on the Mental Health Caseload in accordance with AR 622, *Treatment Planning*.
5. Ensures that the Vendor QMHP timely sees an inmate referred for outpatient mental health services.
6. Develops a schedule for all outpatient Group Programming provided at that facility.
7. Ensures the Vendor QMHP conducting Group Programming documents inmate attendance on ADOC Form MH-037, *Group Attendance Roster*.
8. Ensures the Vendor QMHP conducting Group Programming documents an inmate's progress on ADOC Form MH-040, *Progress Notes*.
9. Provides an updated list of inmates with SMI designations at that facility to both the Warden and the Vendor mental health staff at that facility at least one (1) time each week.

B. Vendor Treatment Coordinators:

1. Provides clinically indicated outpatient mental health services (e.g., Individual Counseling, Group Programming, psychotherapy, mental health assessments, medication compliance, treatment planning, etc.) to an inmate on the Mental Health Caseload requiring outpatient mental health services.
 - a. Provides Individual Counseling and, psychotherapy, and ensure medication compliance, at minimum one (1) time every ninety (90) days (or more frequently if clinically indicated).
 - b. Provides Group Programming at minimum one (1) time every seven (7) days (or more frequently if clinically indicated).
 - c. Provides treatment planning in accordance with AR 622, *Treatment Planning*.

2. Participates in Vendor Mental Health Continuous Quality Improvement Program initiatives at that facility in accordance with AR 606, *Mental Health Continuous Quality Improvement Program*.
3. Completes and reviews all appropriate documentation on an inmate on the Mental Health Caseload transferring both into and out of that facility in accordance with AR 614, *Intra-System Mental Health Transfers*.
4. Conducts Mental Health Assessments and Rounds and provides indicated mental health services to an inmate on the Mental Health Caseload requiring outpatient mental health services who is housed in the RHUs in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
5. Conducts mental health consultations to the disciplinary process for an inmate on the Mental Health Caseload requiring outpatient mental health services in accordance with AR 626, *Mental Health Consultation to the Disciplinary Process*.
6. Provides clinically indicated mental health Crisis Intervention and emergency services to an inmate on the Mental Health Caseload requiring outpatient mental health services in accordance with AR 627, *Mental Health Crisis Intervention and Emergency Services*.
7. Coordinates discharge planning, which includes continuity of care for mental health services, for an inmate on the Mental Health Caseload requiring outpatient mental health services who is being released from ADOC custody in accordance with AR 628, *Inmate Discharge Planning*.
8. Provides all required outpatient mental health services and documentation on an inmate in accordance with AR 454, *Inmate Sexual Abuse and Harassment (Prison Rape Elimination Act [PREA])*.
9. Provides mental health services to an inmate on the Mental Health Caseload requiring outpatient mental health services who is housed in community-based facilities, community work centers, and work release centers.
10. Documents:
 - a. All mental health services provided to an inmate on the Mental Health Caseload requiring outpatient mental health services on ADOC Form MH-040, *Progress Notes*.
 - b. Clinical contacts with an inmate on the Mental Health Caseload requiring outpatient mental health services on ADOC Form MH-036, *Outpatient Individual Inmate Contact Log*.

C. Vendor Psychiatric Providers:

1. Provides mental health evaluations and services for an inmate who either is on the Mental Health Caseload requiring outpatient mental health services or receives a referral for mental health services in accordance with AR 609, *Referral to Mental Health Services*.
2. Provides clinically indicated follow-up mental health services to an inmate on the Mental Health Caseload requiring outpatient mental health services at minimum one (1) time every ninety (90) days.
3. Participates in the Vendor Mental Health Continuous Quality Improvement Program initiatives at that facility in accordance with AR 606, *Mental Health Continuous Quality Improvement Program*.
4. Ensures clinically indicated psychotropic medication for an inmate on the Mental Health Caseload requiring outpatient mental health services is ordered, managed, and monitored in accordance with AR 616, *Psychotropic Medication*.
5. Participates as a member of the Treatment Team of an inmate on the Mental Health Caseload requiring outpatient mental health services in accordance with AR 622, *Treatment Planning*.
6. Documents:
 - a. Initial mental health psychiatric evaluations in accordance with AR 615, *Psychiatric Evaluations*.
 - b. All other mental health services on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
 - c. Clinical contacts with an inmate on the Mental Health Caseload requiring outpatient mental health services on ADOC Form MH-035, *Outpatient Psychiatric Services Log*.

D. Vendor Mental Health Nursing Staff:

1. Provides an inmate with education on clinical topics (e.g., medication adherence, health and wellbeing, psychotropic medication and heat, etc.).
2. Completes and triages referrals for mental health services in accordance with AR 609, *Referral to Mental Health Services*.

3. Coordinates the transfer of an inmate on the Mental Health Caseload requiring outpatient mental health services between ADOC facilities in accordance with AR 614, *Intra-System Mental Health Transfers*.
4. Administers and monitors psychotropic medication for an inmate on the Mental Health Caseload requiring outpatient mental health services in accordance with both AR 616, *Psychotropic Medication*, and AR 617, *Psychotropic Medication Administration*.
5. Conducts pre-placement screening on an inmate on the Mental Health Caseload requiring outpatient mental health services who present for transfer into the RHU in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
6. Documents:
 - a. All mental health services provided to an inmate on the Mental Health Caseload requiring outpatient mental health services on ADOC MH-040N, *Nursing Progress Notes*.
 - b. Clinical contacts with an inmate on the Mental Health Caseload requiring outpatient mental health services on ADOC Form MH-036, *Outpatient Individual Inmate Contact Log*.

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-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-035, *Outpatient Psychiatric Services Log*.
- C. ADOC Form MH-036, *Outpatient Individual Inmate Contact Log*.
- D. ADOC Form MH-037, *Group Attendance Roster*.
- E. ADOC Form MH-040, *Progress Notes*.
- F. ADOC Form MH-040N, *Nursing Progress Notes*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 623, *Outpatient Mental Health Services*, dated June 5, 2007, 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

**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
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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
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Date: _____

Completed by: _____

[illegible]



GROUP ATTENDANCE ROSTER

Facility	<input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> OUTPATIENT	Group Leader	Staff Title:
Group Name		Days/Times of Group	

INMATE NAME	AIS #	Bed, Dorm, RTU Level, or Unit	Week 1	Week 2	Week 3	Week 4	Total Group Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

GROUP CANCELLATIONS:

DATE CANCELLED	REASON

(One note per sheet)

[illegible]

INMATE NAME	AIS #	FACILITY

NURSING PROGRESS NOTE

<input type="checkbox"/> O/P <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> ASW <input type="checkbox"/> NASW <input type="checkbox"/> CONSTANT OBS <input type="checkbox"/> MHO	MH CODE: A B C D	SMI: Y N
<u>S</u>		
<u>O</u>	VITAL SIGNS: B/P: _____ HR: _____ RR: _____ Temp: _____ O ₂ Sat: _____ Wt.: _____ <u>EYE CONTACT:</u> <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Staring <u>HYGIENE:</u> <input type="checkbox"/> No deficiencies <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous <input type="checkbox"/> Dirty <u>BEHAVIOR:</u> <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Pleasant <input type="checkbox"/> Uncooperative <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable <input type="checkbox"/> Hostile <input type="checkbox"/> Bizarre <u>ORIENTATION:</u> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <u>AWARENESS:</u> <input type="checkbox"/> Alert <input type="checkbox"/> Attentive <input type="checkbox"/> Confused <input type="checkbox"/> Distracted <u>SPEECH:</u> <input type="checkbox"/> Clear <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Rambles <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <u>THOUGHTS:</u> <input type="checkbox"/> Logical <input type="checkbox"/> Reality-based <input type="checkbox"/> Concrete <input type="checkbox"/> Obsessive <input type="checkbox"/> Loose Associations <input type="checkbox"/> Disorganized <input type="checkbox"/> Grandiose <input type="checkbox"/> Hyper-religious <input type="checkbox"/> Paranoid <u>PERCEPTIONS:</u> Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> None Describe: <u>SUICIDAL/HOMICIDAL RISK:</u> <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Non-Suicidal Self-Injury Ideation <input type="checkbox"/> Homicidal Ideation Describe: <u>MOOD:</u> <input type="checkbox"/> Good/relaxed <input type="checkbox"/> Sad <input type="checkbox"/> Depressed <input type="checkbox"/> Angry <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful Inmate's Description of Mood: <u>AFFECT:</u> <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Withdrawn <input type="checkbox"/> Euphoric <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted Describe: <u>PSYCHOTROPIC MEDICATION ADHERENCE:</u> <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Refuses <input type="checkbox"/> Education Provided <u>SIDE EFFECTS:</u> <input type="checkbox"/> None <input type="checkbox"/> Tremors <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Weight Change <input type="checkbox"/> Dizziness <input type="checkbox"/> Repetitive Movement <input type="checkbox"/> Other:	
<u>A</u>		
<u>P</u>	<input type="checkbox"/> Continue to monitor <input type="checkbox"/> Refer to Licensed Counselor <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner Describe:	

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