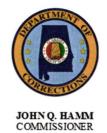


## State of Alabama Department of Corrections

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



March 8, 2024

ADMINISTRATIVE REGULATION NUMBER 625

**OPR: HEALTH SERVICES** 

#### MENTAL HEALTH SERVICES IN RESTRICTIVE HOUSING UNITS

#### I. GENERAL

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

#### II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody are only housed in the RHU if they do not have clinical mental health contraindications that would preclude such housing.

#### III. DEFINITIONS AND ACRONYMS

- A. <u>Constant Observation</u>: 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.
- B. <u>Crisis Cell</u>: 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.).
- C. <u>Exceptional Circumstance (for Restrictive Housing Unit Placement)</u>: 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.
- D. <u>Institutional Restrictive Housing Unit (RHU) Review Board</u>: A committee comprised of both ADOC and Vendor staff to review the status of an inmate confined to the RHU.
- E. <u>Mental Health Caseload</u>: The database that identifies all inmates within ADOC custody who are in need of mental health services.
- F. 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.
- G. 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.

- H. <u>Mental Health Rounds</u>: 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.
- I. <u>Multidisciplinary Treatment Plan</u>: 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.
- J. 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.
- K. Restrictive Housing Unit (RHU): Inmate housing placement for the purpose of separating an inmate from the general prison population. Placement is determined by ADOC.
- L. <u>Serious Mental Illness (SMI)</u>: 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).
- M. <u>Structured Living Unit (SLU)</u>: An outpatient diversionary unit for inmates diagnosed with Serious Mental Illness who would otherwise have been placed in a restrictive housing unit.
- N. <u>Suicide Watch</u>: An emergency procedure for monitoring an inmate in suicideresistant 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).

#### 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 receive 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.

#### V. PROCEDURES

#### A. Training:

All ADOC security staff and Vendor staff will complete all required and applicable trainings, which includes a unit on conducting RHU Mental Health Rounds and specialized training on conducting RHU Pre-Placement Screenings, in accordance with AR 608, *Staff Training in Mental Health*.

#### B. RHU Pre-Placement Screening:

- 1. The Vendor nursing staff will complete ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*, on an inmate to determine whether that inmate has a mental health contraindication for transfer to the RHU before that inmate is transferred to the RHU.
  - A Vendor registered nurse, or a Vendor licensed practical nurse under the supervision of a Vendor registered nurse, may complete ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*.
- 2. The Vendor nursing staff will identify that an inmate has a mental health contraindication for transfer to the RHU if that inmate:
  - a. Has a current SMI designation.
  - b. Is currently experiencing a Psychiatric Emergency.
  - c. Is exhibiting debilitating symptoms of an SMI.
  - d. Is requiring emergency medical care.
- 3. The Vendor nursing staff completing the ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*, that identifies that an inmate has a mental health contraindication for transfer to the RHU will:

- a. Initiate a referral for mental health services in accordance with AR 609, *Referral to Mental Health Services*.
  - The Vendor nursing staff must triage the referral as either emergent or urgent in accordance with AR 609, *Referral to Mental Health Services*.
- b. Divert that inmate to a Crisis Cell for Constant Observation placement pending evaluation by a Vendor QMHP in accordance with AR 630, *Suicide Watch*.
- c. Direct that inmate is not transferred to the RHU absent documented Exceptional Circumstances.
- 4. The Vendor nursing staff completing the ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*, that does not identify that an inmate has a mental health contraindication for transfer to the RHU, will:
  - a. Initiate a referral for mental health services in accordance with AR 609, *Referral to Mental Health Services*, for a Vendor QMHP to complete ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*.
  - b. Complete ADOC OHS Form E-11(a), *Inmate Body Chart Documentation Form*, on that inmate prior to being transferred to the RHU.

#### C. RHU Mental Health Assessment:

- 1. The Vendor QMHP will conduct an initial mental health assessment on ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, on an inmate after that inmate is transferred to the RHU to determine whether that inmate is clinically appropriate for remaining in the RHU.
- 2. The Vendor QMHP will complete ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, in an out-of-cell, confidential setting in accordance with AR 604, *Confidentiality in Mental Health Services*.
- 3. The Vendor QMHP will conduct an initial mental health assessment on ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, on an inmate being transferred to the RHU within:
  - a. Seven (7) calendar days from the completion of ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*, if that inmate does not have an SMI designation.

- b. One (1) working day from the completion of ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*, if that inmate has an SMI designation pursuant to an Exceptional Circumstance.
- 4. The Vendor QMHP will complete conduct follow-up mental health assessment on ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, on an inmate who is in the RHU for more than thirty (30) days at minimum:
  - a. Every thirty (30) calendar days if that inmate is on the Mental Health Caseload.
  - b. Every ninety (90) calendar days if that inmate is not on the Mental Health Caseload.
- 5. The Vendor QMHP conducting the mental health assessment will also recommend the appropriate alternative mental health placement (e.g., Suicide Watch, Mental Health Observation, etc.) or housing assignment (e.g., the RTU, the SU, etc.) for an inmate that Vendor QMHP determines is clinically contraindicated for transfer to the RHU.
- 6. The Vendor QMHP completing ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, will also include a determination of whether that inmate requires a referral for mental health services in accordance with AR 609, *Referral to Mental Health Services*.
- 7. The Vendor QMHP will file the ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, in the mental health section of that inmate's medical record.

#### D. Mental Health Rounds:

- 1. Both ADOC staff and Vendor mental health staff will conduct Mental Health Rounds in the RHU each week.
  - a. The ADOC Psychologist or the ADOC Psychological Associate at that facility will conduct Mental Health Rounds in the RHU at minimum two (2) times each week.
  - b. The Vendor QMHP will conduct Mental Health Rounds in the RHU at minimum one (1) time each week.
- 2. The ADOC staff and the Vendor staff conducting the Mental Health Rounds will:

- a. Discuss any observed changes in the behavior of an inmate housed in the RHU with the ADOC security staff in the RHU.
- b. Review documentation completed by the ADOC security staff related to the participation in showers, recreation, meal consumption, and sleep patterns of an inmate housed in the RHU.
- c. Walk through the RHU and stop at each occupied cell to make visual contact with each inmate inside that cell.
- d. The Vendor QMHP will collaborate with ADOC security staff in the RHU to ensure there is an unobstructed view of both each inmate inside that cell and the interior of that cell.
- e. Appropriately document Mental Health Rounds on ADOC Form MH-038, *Restrictive Housing Mental Health Rounds Log*, including: .
  - (1) The appearance of an inmate housed in the RHU, paying attention to signs of changes to weight, injury, physical condition, hygiene, and conditions of that inmate's cell (e.g., cleanliness, temperature, etc.).
  - (2) The observation of the behavioral status, including any changes in the behavior, of an inmate housed in the RHU.
  - (3) The needs or changes verbally expressed by an inmate housed in the RHU including how that inmate is doing, whether that inmate has mental health needs, whether that inmate wishes to privately speak with Vendor mental health staff.
  - (4) The items identified that could potentially be used for self-harm or harm to others.
- f. Report any items that ADOC staff or Vendor staff conducting the Mental Health Rounds identifies that could potentially be used for self-harm or harm to others as well as any evidence indicating inadequate cell temperature to ADOC security staff.
- g. Review and sign ADOC Form 434-A, *Restrictive Housing Unit Record Sheet*, for each inmate seen during Mental Health Rounds.
- h. Initiate a referral for mental health services for any significant observations on an inmate housed in the RHU in accordance with AR 609, *Referral to Mental Health Services*.

- The Vendor nursing staff must triage the referral as either emergent or urgent in accordance with AR 609, *Referral to Mental Health Services*.
- i. Submit completed ADOC Forms MH-038, *Restrictive Housing Mental Health Rounds Log*, to the Vendor Mental Health Site Administrator (or designee) at that facility upon completion of the Mental Health Rounds.
- E. Vendor QMHP Authority to Order Inmate be Transferred from RHU:
  - 1. The Vendor QMHP will use clinical judgment in determining whether to order an inmate be transferred from the RHU because that inmate is either:
    - a. Currently experiencing a Psychiatric Emergency.
    - b. Exhibiting debilitating symptoms of an SMI.
    - c. Requiring emergency medical care.
  - 2. The Vendor QMHP will order an inmate be transferred from the RHU and transferred to the appropriate alternative mental health placement (e.g., Suicide Watch, Mental Health Observation, etc.) or housing assignment (e.g., the RTU, the SU, etc.):
    - a. Immediately, if that Vendor QMHP determines that inmate's mental health contraindication is emergent.
    - b. Within seventy-two (72) hours, if that Vendor QMHP determines that inmate's mental health contraindication is not emergent.
  - 3. The Vendor QMHP will document the clinical rationale for the order transferring an inmate from the RHU on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*, *or* ADOC Form MH-040, *Progress Notes*).
  - 4. The Vendor QMHP will collaborate with the ADOC security staff in determining the appropriate alternative mental health placement (e.g., Suicide Watch, Mental Health Observation, etc.) or housing assignment (e.g., the RTU, the SU, etc.) for an inmate who that Vendor QMHP orders be transferred from the RHU.
  - 5. The ADOC security staff will accept the Vendor QMHP's recommendation on the appropriate alternative mental health placement or housing assignment of an inmate unless that inmate presents a security threat to the recommended alternative placement or housing.

6. The Vendor QMHP will notify the Warden (or designee) at that facility of the order transferring an inmate on ADOC OHS Form A-9(b), *Health Services Communication Form*, which may be supplemented by discussions with ADOC security staff.

#### F. Inmates Discharged from Crisis Cell Placement:

- 1. The ADOC security staff will not transfer an inmate discharged from Crisis Cell placement directly to a RHU unless the ADOC security staff, and:
  - a. Documents Exceptional Circumstances for RHU placement.
  - b. Notifies the Mental Health Site Administrator (or designee) at that facility.
  - c. Obtains approval for the transfer from the appropriate Deputy Commissioner (i.e., either the Deputy Commissioner of Men's Services or the Deputy Commissioner of Women's Services).
- 2. The ADOC security staff may only consider transferring an inmate discharged from Suicide Watch placement to the RHU after the Vendor QMHP completes all clinical follow-up evaluations and assessments required after than inmate is discharged from Suicide Watch in accordance with AR 630, *Suicide Watch*.
- 3. The ADOC security staff may only consider transferring an inmate discharged from MHO placement to the RHU after the Vendor QMHP determines whether that inmate is clinically appropriate for transfer to the RHU in accordance with AR 638, *Mental Health Observation*.
- 4. The Vendor nursing staff will complete ADOC Form MH-039(a), *Restrictive Housing Unit (RHU) Pre-Placement Screening*, on an inmate discharged from a Crisis Cell placement for transfer to the RHU.

#### G. Treatment Planning:

The Treatment Team of an inmate in the RHU will create, finalize, update, and review that inmate's Multidisciplinary Treatment Plan, including excepting those services and treatments that cannot be safely provided in the RHU environment, in accordance with AR 622, *Treatment Planning*.

#### H. Institutional Restrictive Housing Unit Review Board:

1. The Institutional Restrictive Housing Unit Review Board at each facility will meet with each inmate housed in the RHU at least one (1) time per week.

- 2. The Institutional Restrictive Housing Unit Review Board at each facility shall include the following individuals from that facility:
  - a. The Warden (or designee);
  - b. The ADOC Classification Unit Supervisor (or designee);
  - c. The ADOC Chaplain;
  - d. The ADOC Psychologist or ADOC Psychological Associate;
  - e. The Vendor psychologist or the Vendor licensed professional counselor;
  - f. The Vendor designated nursing staff.

#### VI. <u>DISPOSITION</u>

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 Notes.
- B. ADOC Form MH-038, Restrictive Housing Mental Health Rounds Log.
- C. ADOC Form MH-039, Restrictive Housing Unit (RHU) Mental Health Assessment/Report.
- D. ADOC Form MH-39-A, Restrictive Housing Unit (RHU) Pre-Placement Screening.
- E. ADOC Form MH-040, *Progress Notes*.
- F. ADOC Form MH-040-N, *Nursing Progress Notes*.

#### VIII. SUPERSEDES

This Administrative Regulation supersedes AR 625, *Mental Health Evaluation of Inmates on Segregation Status*, dated September 20, 2004, 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 SERVICES IN PRISONS (2018).

John Q. Hamm Commissioner

# Alabama Department of Corrections Psychiatric Provider Progress Note



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## Alabama Department of Corrections Psychiatric Provider Progress Note



Harm	□ None Suicide: □ Ideation □ Plan □ Intent □ Tempting fate  NSSI: □ Ideation □ Plan □ Intent Aggression: □ Ideation □ Intent
Thought Process	□Logical □Tangential □Loose associations □ F.O.I. □Concrete
Perception:	□ Normal Hallucinations: □Auditory □Visual □Olfactory □Somatic □Tactile If hallucinations, any command-type? □N □Y □N/A
Insight & Judgment	☐ Good insight ☐ Partial insight ☐ No insight ☐ Y ☐N Judgment Intact
Neuro / EPS	□ Y □ N Current AIMS: / / Other/Details:
Lab Review:	New results: □Y □N
A/ (Use DSM-5 Diag	gnosis; Include differential diagnosis)
Formulation/Summa	ary (Include risk assessment)
<b>P</b> / Include Rx and	d lab orders)
	Diagnosis □Consent Form □Patient. Info Fact sheet (PIF)
Referrals □ NP □ I	
Reason for refer	ral(s):
Return visit in:	
Psychiatrist / NP: (	Print) Sign:
My signature verifi exceptions:	es this person was seen out-of-cell in a setting that provided sound confidentiality. Note any
Date: / /	Start time: : AM PM

ADOC Form MH-025 03-2024 Page 2 of 2 Disposition: Inmate Health Record

### Restrictive Housing Unit (RHU) - Mental Health Rounds Log



Facility:						RHU Locatio	n:	Date:	
Rounds Condu	cted I	Ву:		Ti	tle:			Time In:	Time Out:
		Inmate Name	AI	5#		SMI Yes / No	Action Number		Description/Action Taken
	0	No New Problem or Change		3	Me	ental Health Refer	ral (Urgent Pro	otocol) 5	ADOC Referral
Action Key	1	Transfer to Crisis Cell		4	Me	edical Referral			
	2	Substance Use Treatment Referral							

ADOC Form MH-038 03-2024

Disposition: Vendor Mental Health Site Administrator

RESTRICTIVE HOUSING UNIT	(RHU) MENTAL HEALTH ASSESSMENT/REPORT   Initial	П 30

30-day	☐ 90-day

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Inmate Name:		Α	IS#	t:				DOB:	/	1
Facility:	MH Code:	Α	В	С	D	SMI flag: Y N	Date p	olaced in	RHU:	
racinty.							11	/	/	

#### **Mental Health Screening Questions:**

	Yes	No	Check "Yes" or "No" for each question below:
1			Current/recent mental health (MH) concerns or symptoms
2			Currently on MH caseload?
3			If yes, currently prescribed medication? (If no, skip to question 6)
4			If on medication, any recent non-adherence?
5			If on medication, ever on involuntary medication status (IVM)?
6			If not currently on MH caseload, any <b>prior history</b> of <i>ever</i> being on MH caseload in ADOC?
7			Ever placed in a Residential Treatment Unit (RTU) or Stabilization Unit (SU)?
8			Ever placed in a MH crisis cell for any reason (whether nor not on caseload at that time)?
9			Now or recently considering self-harm or suicide?
10			History of suicide attempt? (lifetime)
11			History of non-suicidal self-injury? (lifetime)
12			Now or recently wanting to harm someone else?
13			Fear/worry about being harmed by someone?
14			History of mental health (MH) treatment prior to ADOC (including jail)? (If no, skip to question 19)
15			If yes, was this ever in an emergency room/department?
16			If yes, ever admitted to a <b>hospital</b> for psychiatric care?
17			If yes, MH outpatient (clinic or office)?
18			If yes, ever treated in jail?
19			Recent use of illicit/non-prescribed drugs/substances?
20			If yes, list types/when last used:
21			Prior history of substance abuse or addiction or accidental overdose?
22			If yes, ever in substance abuse treatment?

ADOC Form MH-039 03-2024 Page 1 of 2

Disposition: Inmate Health Record



Behavioral Observations (underline all that apply)

Aggressive	Lethargic	Hallucinat	ting	Cooperative	
Agitated/Hyperactive	Passive	Paranoid/	'suspicious	Forthright	
Anxious	Tearful	Delusiona	l/irrational	Manipulative	
Withdrawn	Labile	Loose associatio	ns/disorganized	Other:	294
Mental Status Examina	ation:				
Appearance/Behavior:	2 100 000 000 000 000 000 000 000 000 00	Concentr	ation/Orientation:	}	
Speech:		Cognition	n/Intellect:		
Mood/Affect:		Insight/Ju	udgment:		
Thought Process/Content:		Other:			
Assessment and Action	ns Taken:				
The Miles Constitution					
☐ No MH referral indicate ☐ Emergency MH referral		☐ Primary Medi☐ Custody/Secu			
hour)	(see within one	= custody/seed	inty referral		
☐ Urgent MH referral (see	• •			val from segregation	1
☐ Routine MH referral to	QMHP (see within		p assessment in:	days, or	
days) ☐ Referral to MH provider	r (nsychiatrist or	weeks  Other:			
CRNP)	(psychiatrist of	L other.			
I (QMHP) reviewed the inr					<u>dential</u>
setting, and the information			is not 🗆 💢 o	consistent with the	
information in the file. If r	not, explain any dif	ferences:			
QMHP Name (printed) with	OWH	Signature:	Date a	nd Time:	
Credentials:	Qivine	Jigilature.	Date a	na mile.	
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Note: In accordance with ACA Standards, all inmates placed in a restrictive housing unit (RHU) must be interviewed by a QMHP to assess the offender's basic mental health condition within 7 days of placement. This mental health assessment is then repeated every 30 days for inmates with a diagnosed behavioral health disorder who remain in an RHU, and at 90-day intervals for offenders without a behavioral health disorder who remain in an RHU – unless more frequent assessments are clinically indicated. Mental health assessments are conducted out-of-cell, face-to-face and in an area that provides sound confidentiality, unless the clinician determines it is unsafe to do so, in which instance the reasons the assessment is not confidential must be clearly documented on this form.

ADOC Form MH-039 03-2024 Page 2 of 2 Disposition: Inmate Health Record





Inm	ate Name:	SMI flag:		ПΥ			Jndete	rmi	ned		
AIS:		2		Medical Notifie	d:	ПΥ	□N				
Faci	Facility: Medical Emergency:										
<u>Date</u> and <u>Time</u> admitted to Restricted Housing: If emergency, note actions taken:											
Ask t	hese questions:		***************************************				Circl	e <u>Y</u> es	s, <u>N</u> o or	Re	fused
1 Is this your first time in restrictive housing?								Y	N	T	R
2	Have you recently been harmed or	assaul	ted (physical	ly or sexually)?				Υ	N	T	R
3	Has anyone recently threatened or	tried t	o harm you?					Υ	N	1	R
4	Do you feel sad, down or without hope?								N	1	R
5	Have you had any recent problems in your relationships (family, significant other, friend, peers)?								N	1	R
6	6 Have you ever intentionally harmed yourself or tried to kill yourself?								N	F	R
7	7 Now or recently have you felt like (or thought about) harming or killing yourself?							Y	N	F	2
	If thinking about suicid	e or se	lf-injury, initi	ate constant watch	& em	ergent	referra	ıl.			12
Make	e these observations:						Circl	e Ye	s or No	)	
8	Does the inmate appear intoxicated	d or "h	igh"?					Y	N		
9	Does the inmate appear to be confu	used, ir	rrational or a	cting oddly?				Y	N	T	
	Even if 6&7 answered NO, co	nsider	crisis placem	ent if three (3) or m	ore ot	her an	swers a	ire YE	s.		
Asses	ssment and Actions Taken:										
Cont	raindications for Restrictive Housing?	ПΥ	□N	Placed in crisis co	ell?	ΠY	□N				
Med	Medical referral made? □ Y □ N Place in infirmary? □ Y □ N										
Mental Health referral made? ☐ Y ☐ N Other Information:											
Vurse	e Completing this form:		,	-							
	Name:			LPN / RN		-					
Signo	ature:				Time	:			AM	/	PM

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Disposition: Inmate Health Record/MH Tab

## Alabama Department of Corrections PROGRESS NOTE



(One note per sheet)

Date:	Purpose	:		MH Code:
Start Time:	Location	n:		SMI: □Y □N
End Time:	Confide If No, ex	ntial Location: □Y □N xplain:		
	8			
-				
*				2
				,
			·	
				,
INMATE NAME		AIS#	FA	ACILITY

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Disposition: Inmate Health Record

## **NURSING PROGRESS NOTE**



	☐ SU ☐ RTU ☐ ASW ☐ NA STANT OBS ☐ MHO	ASW MH CO	DE: A B	C D SMI: Y N						
<u>S</u>										
<u>o</u>	<u>VITAL SIGNS</u> : B/P: HR: RR: Temp: O₂ Sat: Wt.:									
	EYE CONTACT: ☐ Good ☐ Satisfactory ☐ Poor ☐ Staring									
	HYGIENE:   No deficiencies   Disheveled   Malodorous   Dirty									
	BEHAVIOR: ☐ Calm ☐ Cooperative ☐ Pleasant ☐ Uncooperative ☐ Agitated ☐ Irritable ☐ Hostile ☐ Bizarre									
	ORIENTATION: ☐ Person ☐ Place ☐ Time ☐ Situation									
	AWARENESS: Allert Attent			. П.Визания П						
	SPEECH: ☐ Clear ☐ Soft ☐ Slurred	Loud Li Kambies	ш каріа ш зіом	/ 🗆 Pressured 🗅						
	☐ Tangential ☐ Cir									
	THOUGHTS:  Logical  Reality-ba									
				per-religious						
	PERCEPTIONS: Hallucinations: Au Describe:	ditory in visual in	Tractile Li None	:						
	SUICIDAL/HOMICIDAL RISK: Suicidal Ideation Non-Suicidal Self-Injury Ideation Homicidal									
	Ideation									
	Describe:									
	MOOD: ☐ Good/relaxed ☐ Sad ☐ Depressed ☐ Angry ☐ Anxious ☐ Fearful									
	Inmate's Description of Mood: <u>AFFECT</u> : □ Appropriate □ Labile □ Withdrawn □ Euphoric □ Blunted □ Constricted									
	Describe:	Withdrawn Lu	onone 🗖 bluntee	- La constricted						
v.	PSYCHOTROPIC MEDICATION ADHERE	NCE: □ N/A □ G	iood 🗆 Poor 🗅	Refuses						
	Provided									
2	$\underline{SIDE\;EFFECTS}\colon\; \square\;None\;\;\square\;Tremors$	☐ Restless ☐ Sed	lated Dry Mou	uth 🛮 Weight Change						
	☐ Dizziness ☐ Rep	petitive Movement	☐ Other:							
Α										
_										
D	☐ Continue to monitor ☐ Refer	to Licensed Counsel	or 🗆 Refer to	Psychiatrist/Nurse						
<u>P</u>	Practitioner									
	Describe:									
Nurse Pri	nt/Sign:	LPN RN	Date:							
Time:	AM PM									
Inmate/F	Patient's Name:	AIS#:	DOB:	Facility:						

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File: Inmate Health Record