



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

627

OPR: HEALTH SERVICES

MENTAL HEALTH CRISIS INTERVENTION

I. GENERAL

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

II. POLICY

It is the policy of the ADOC to ensure that a process is maintained for providing mental health crisis intervention to inmates within ADOC custody who need help coping with personal distress or crises.

III. DEFINITIONS AND ACRONYMS

- A. **Correctional Risk Factors (CRF)**: A term that refers to events or stressors 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.).
- B. **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.
- C. **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.

- D. **Mental Health Caseload**: The database that identifies all inmates within ADOC custody who are in need of mental health services.
- E. **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.
- F. **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.
- G. **Suicide Risk Assessment (SRA)**: A designated form used to document all suicide risk assessments.
- H. **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).

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 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. Training:

All ADOC security staff and Vendor will complete all required and applicable trainings—which includes units on Crisis Intervention, Emergency Preparedness, SRA, Safety Planning, and CRF as well as specialized training on SRA and Safety Planning—in accordance with AR 608, *Staff Training in Mental Health*.

B. Referral to Emergency Mental Health Services:

1. Any ADOC staff, Vendor staff, or inmate may initiate a referral to emergency mental health services for an inmate who that individual reasonably believes is currently experiencing a Psychiatric Emergency in accordance with AR 609, *Referral to Mental Health Services*.
2. The Vendor staff will triage all referrals to emergency mental health services as either emergent or urgent in accordance with AR 609, *Referral to Mental Health Services*.
3. The ADOC staff or the Vendor staff initiating and triaging a referral to emergency mental health services on an inmate will immediately initiate and maintain continuous Constant Observation procedures of that inmate until the Vendor QMHP evaluates and assesses that inmate.
4. The ADOC staff or Vendor staff involved in the Constant Observation procedures will document the appropriate Constant Observation procedures on ADOC Form MH-042A, *Acute Suicide Watch*.

C. Initial Assessment and Evaluation:

1. The Vendor QMHP will use clinical judgment in assessing and evaluating an inmate who is referred for emergency mental health services on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, to determine whether, and to what extent, that inmate may be clinically appropriate for:
 - a. Any of the following Crisis Cell placements:
 - (1) Suicide Watch placement in accordance with AR 630, *Suicide Watch*.
 - (2) Mental Health Observation placement in accordance with AR 638, *Mental Health Observation*.
 - b. Any of the following specialized housing units:

- (1) Transfer to the SU in accordance with AR 632, *Stabilization Unit*.
 - (2) Transfer to the RTU in accordance with AR 633, *Residential Treatment Unit*.
- c. Any of the following higher levels of mental health services than what is available within the ADOC:
 - (1) Court-ordered mental health hospital-level care in accordance with AR 634, *Court-Ordered Mental Health Hospital-Level Care*.
 - (2) Advanced inpatient hospital-level care in accordance with AR 640, *Advanced Inpatient Hospital-Level Care*.
- 2. The Vendor QMHP assessing and evaluating an inmate who is referred for emergency mental health services will document the following on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*):
 - a. That inmate's diagnosed or suspected mental illness using current DSM terminology.
 - b. That inmate's Psychiatric Emergency.
 - c. The Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.
 - d. That inmate's failure to respond to those offers of less-restrictive alternative Crisis Interventions.
 - e. The clinical rationale and details for recommending each emergency mental health service.
 - f. The potential clinical contraindications for specific emergency mental health services.
- 3. The Vendor QMHP will notify ADOC security staff and Vendor staff on ADOC OHS Form A-9(b), *Health Services Communication Form*, regarding the clinically appropriate emergency mental health services for an inmate as well as any clinically appropriate deviations from standard privileges and accommodations for that inmate, including:
 - a. Crisis Interventions (e.g., Individual Counseling, Group Programming, etc.);
 - b. Clothing (e.g., smocks, shoes, etc.);

- c. Bedding (e.g., mattresses, blankets, etc.);
- d. Meals (e.g., deviations from the meals provided in that inmate's previous housing assignment prior to the emergency mental health services, safety trays, utensils, etc.);
- e. Other special accommodations (e.g., essential personal items, personal educational device, therapeutic reading materials, etc.).

D. Crisis Intervention:

- 1. Any ADOC staff, Vendor staff, or inmate may initiate a referral for mental health services for an inmate who that individual reasonably believes is currently experiencing a crisis in accordance with AR 609, *Referral to Mental Health Services*.
- 2. The Vendor QMHP will use clinical judgment in assessing an inmate who is referred for mental health services to identify that inmate's:
 - a. Problems and needs and to provide clinically indicated solution-focused counseling.
 - b. Risk of suicide, self-harm, or harm to others on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment*.
- 3. The Vendor QMHP will use clinical judgment in determining whether to consult with the Vendor psychiatric provider or the Vendor psychologist if that Vendor QMHP either needs assistance with resolving a crisis or reasonably believes an inmate presents with a mental illness or medical disorder.
- 4. The Vendor QMHP will provide Crisis Intervention to an inmate in addition to any ongoing mental health services already provided to that inmate:
 - a. The Vendor QMHP providing Crisis Interventions to an inmate who is not on the Mental Health Caseload will consider placing that inmate on the Mental Health Caseload and will document the clinical rationale for that decision on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N, *Nursing Progress Notes*).
 - b. The Vendor QMHP providing Crisis Interventions to an inmate who is on the Mental Health Caseload will update that inmate's Treatment Coordinator.

5. The Vendor QMHP will provide emergency mental health services and Crisis Interventions to an inmate currently presenting with a Psychiatric Emergency (e.g., risks of suicide, self-harm, harm to others, deterioration, etc.) including interventions to interrupt that inmate's attempts of self-harm and harm to others in accordance with AR 629, *Inmate Suicide Prevention Program*.
6. The Treatment Coordinator of an inmate receiving Crisis Interventions will document those Crisis Interventions on ADOC Form MH-040, *Progress Notes*.

E. Emergency Preparedness:

1. ADOC staff, Vendor mental health staff, and Vendor medical staff will collaborate in conducting Emergency Preparedness drills, man down drills and training.
2. ADOC staff and Vendor staff at each facility will collaborate to ensure that emergency preparedness equipment (e.g., an emergency bag, an automatic external defibrillator, a cut-down tool, etc.) are present at that facility.
3. ADOC staff and Vendor staff at each facility will conduct and participate in role-playing scenarios to practice emergency preparedness responses, including using emergency preparedness equipment and rendering emergency medical services.

F. Suicide Risk Assessments:

1. The Vendor QMHP will evaluate and assess an inmate on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, to determine whether, and to what extent, that inmate is clinically appropriate for Crisis Cell placement (i.e., Suicide Watch, MHO, or not appropriate for Crisis Cell placement).
2. The Vendor QMHP will complete ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, on an inmate in accordance with AR 604, *Confidentiality in Mental Health Services*.
3. The Vendor QMHP will consider the least-restrictive alternative Crisis Interventions necessary and available to address an inmate's safety needs before recommending that inmate for a Crisis Cell placement.
4. The Vendor QMHP will provide clinical determinations related to an inmate's:
 - a. Suicide Watch placement in accordance with AR 630, *Suicide Watch*.

- b. MHO placement in accordance with AR 638, *Mental Health Observation*.

G. Safety Planning:

1. The Vendor QMHP providing Crisis Interventions to an inmate will encourage that inmate to participate in developing ADOC Form MH-044, *Safety Plan Form*, including:
 - a. Warning signs that can help that inmate recognize a crisis before escalation.
 - b. Personal coping strategies that can help that inmate stay calm during a crisis.
 - c. Actions that inmate can take as a distraction from a crisis.
 - d. Individuals, including family, friends, and staff, that inmate can contact for support before a crisis.
 - e. Means of self-harm that inmate can eliminate to maintain a safe environment.
2. The Vendor QMHP will:
 - a. Provide the original ADOC Form MH-044, *Safety Plan Form*, to that inmate.
 - b. File a copy of ADOC Form MH-044, *Safety Plan Form*, in the mental health section of that inmate's medical record.

H. Correctional Risk Factors:

1. ADOC staff and Vendor staff will collaborate to provide Crisis Interventions that address an inmate's CRF:
 - a. The Vendor Mental Health Site Administrator (or designee) at each facility will contact the ADOC Warden (or designee) at that facility to initiate collaborative Crisis Interventions whenever an inmate in crisis identifies CRF.
 - b. The Vendor Mental Health Site Administrator (or designee) at each facility will schedule in-person meetings with both the ADOC Warden (or designee) at that facility and that inmate when necessary to clarify problems and potential solutions.

2. The ADOC Warden (or designee) at each facility may consult with the ADOC Office of Health Services Division and the ADOC Regional Director of Operations Division to whom that facility is assigned to assist with addressing CRF.

VI. DISPOSITION

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

VII. FORMS

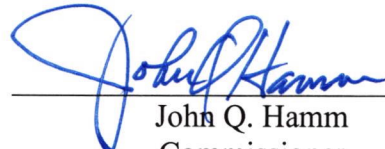
- A. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-040, *Progress Notes*.
- C. ADOC Form MH-040N, *Nursing Progress Notes*.
- D. ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.
- E. ADOC Form MH-044, *Safety Plan Form*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 627, *Outpatient Crisis Intervention Services*, dated September 29, 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



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
----------------------	----------------------	--------------	--------------------	--------------

(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 <input type="checkbox"/> OBS <input type="checkbox"/> MHO	MH CODE: A B C D SMI: Y N
<u>S</u>	
<u>O</u>	<p><u>VITAL SIGNS:</u> B/P: _____ HR: _____ RR: _____ Temp: _____ O₂ Sat: _____ Wt.: _____</p> <p><u>EYE CONTACT:</u> <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Staring</p> <p><u>HYGIENE:</u> <input type="checkbox"/> No deficiencies <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous <input type="checkbox"/> Dirty</p> <p><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</p> <p><u>ORIENTATION:</u> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation</p> <p><u>AWARENESS:</u> <input type="checkbox"/> Alert <input type="checkbox"/> Attentive <input type="checkbox"/> Confused <input type="checkbox"/> Distracted</p> <p><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</p> <p style="padding-left: 40px;"><input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial</p> <p><u>THOUGHTS:</u> <input type="checkbox"/> Logical <input type="checkbox"/> Reality-based <input type="checkbox"/> Concrete <input type="checkbox"/> Obsessive</p> <p style="padding-left: 40px;"><input type="checkbox"/> Loose Associations <input type="checkbox"/> Disorganized <input type="checkbox"/> Grandiose <input type="checkbox"/> Hyper-religious <input type="checkbox"/> Paranoid</p> <p><u>PERCEPTIONS:</u> Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> None</p> <p style="padding-left: 40px;">Describe:</p> <p><u>SUICIDAL/HOMICIDAL RISK:</u> <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Non-Suicidal Self-Injury Ideation <input type="checkbox"/> Homicidal Ideation</p> <p style="padding-left: 40px;">Describe:</p> <p><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</p> <p style="padding-left: 40px;">Inmate's Description of Mood:</p> <p><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</p> <p style="padding-left: 40px;">Describe:</p> <p><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</p> <p><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</p> <p style="padding-left: 40px;"><input type="checkbox"/> Dizziness <input type="checkbox"/> Repetitive Movement <input type="checkbox"/> Other:</p>
<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: Time: AM PM	LPN RN	Date:	
Inmate/Patient's Name:	AIS #:	DOB:	Facility:

Alabama Department of Corrections
Suicide/Self-Harm Risk Assessment (SRA)



Reason for completing SRA:		
<input type="checkbox"/> Initial Intake Screening <input type="checkbox"/> Crisis placement	Referral: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Admission to Stabilization Unit (SU)	Other: Reviewed Health Record Y <input type="checkbox"/> N <input type="checkbox"/>
Any prior SRAs in record? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of last SRA: / /		

PRIOR (to current episode) Risk Factors	Provide details and dates for all "Yes" answers
Suicide attempt(s)	<input type="checkbox"/> Y <input type="checkbox"/> N
Non-suicidal self-injury	<input type="checkbox"/> Y <input type="checkbox"/> N
Suicidal thinking	<input type="checkbox"/> Y <input type="checkbox"/> N
Diagnosed mental disorder	<input type="checkbox"/> Y <input type="checkbox"/> N
Diagnosed personality disorder	<input type="checkbox"/> Y <input type="checkbox"/> N
Psychiatric Hospitalization	<input type="checkbox"/> Y <input type="checkbox"/> N
MH outpatient treatment	<input type="checkbox"/> Y <input type="checkbox"/> N
Impulsive behavior	<input type="checkbox"/> Y <input type="checkbox"/> N
Substance abuse/addiction	<input type="checkbox"/> Y <input type="checkbox"/> N
Abuse (sexual, physical, emotional)	<input type="checkbox"/> Y <input type="checkbox"/> N
Suicide of significant person/family	<input type="checkbox"/> Y <input type="checkbox"/> N
Additional Information:	

CURRENT (this episode) Clinical Risk Factors	Provide details for all "Yes" answers
Behavior	Thinking / Perceptions
Y <input type="checkbox"/> N <input type="checkbox"/> Suicide attempt	Y <input type="checkbox"/> N <input type="checkbox"/> Thinking about suicide or self-injury
Y <input type="checkbox"/> N <input type="checkbox"/> Non-suicidal self-injury	Y <input type="checkbox"/> N <input type="checkbox"/> Lethal plan or preparations
Y <input type="checkbox"/> N <input type="checkbox"/> Suicide note or letter	Y <input type="checkbox"/> N <input type="checkbox"/> Lacks hope
Y <input type="checkbox"/> N <input type="checkbox"/> Giving away possessions	Y <input type="checkbox"/> N <input type="checkbox"/> Lacks plans for future
Y <input type="checkbox"/> N <input type="checkbox"/> Aggressive or violent behavior	Y <input type="checkbox"/> N <input type="checkbox"/> Thinks he/she would be better off dead
Y <input type="checkbox"/> N <input type="checkbox"/> Social withdrawal atypical for patient	Y <input type="checkbox"/> N <input type="checkbox"/> Belief that death will bring relief
Y <input type="checkbox"/> N <input type="checkbox"/> Agitation or impulsive behavior	Y <input type="checkbox"/> N <input type="checkbox"/> Diminished fear of death
Y <input type="checkbox"/> N <input type="checkbox"/> Inappropriate or unexpected calm	Y <input type="checkbox"/> N <input type="checkbox"/> Shame, threat to self-esteem, or guilt
Y <input type="checkbox"/> N <input type="checkbox"/> Signs of intoxication or withdrawal	Y <input type="checkbox"/> N <input type="checkbox"/> Rigid, all-or-nothing thinking
Mood	Y <input type="checkbox"/> N <input type="checkbox"/> Believes self to be worthlessness
Y <input type="checkbox"/> N <input type="checkbox"/> Depressed mood or affect	Y <input type="checkbox"/> N <input type="checkbox"/> Delusions (depressive or persecutory)
Y <input type="checkbox"/> N <input type="checkbox"/> Unable to feel positive emotions	Y <input type="checkbox"/> N <input type="checkbox"/> Auditory Hallucinations (command or other)
Y <input type="checkbox"/> N <input type="checkbox"/> Angry or hostile	Other
Y <input type="checkbox"/> N <input type="checkbox"/> Anxious	Y <input type="checkbox"/> N <input type="checkbox"/> Insomnia (initial; middle; early awakening)
Details/Additional Information:	

Inmate Name:	AIS #:	DOB: / /
Facility:	Housing: Intake Crisis SU RTU SLU GP RHU WR	

Alabama Department of Corrections
Suicide/Self-Harm Risk Assessment (SRA)



CURRENT Situational/Other Risk Factors	Provide details for all "Yes" answers
Y <input type="checkbox"/> N <input type="checkbox"/> Fears <i>being harmed</i> if <u>not</u> in crisis cell	
Y <input type="checkbox"/> N <input type="checkbox"/> Sexual or physical abuse/threat in facility	
Y <input type="checkbox"/> N <input type="checkbox"/> Conflict with peers or officers	
Y <input type="checkbox"/> N <input type="checkbox"/> Recent loss, rejection or separation	
Y <input type="checkbox"/> N <input type="checkbox"/> Recent parole violation or new charge	
Y <input type="checkbox"/> N <input type="checkbox"/> New disciplinary charge or sanctions	
Y <input type="checkbox"/> N <input type="checkbox"/> Placed in Restrictive Housing	
Y <input type="checkbox"/> N <input type="checkbox"/> Long/life sentence (or potential sentence)	
Y <input type="checkbox"/> N <input type="checkbox"/> High profile/heinous/shocking crime	
Y <input type="checkbox"/> N <input type="checkbox"/> First jail/prison sentence	
Y <input type="checkbox"/> N <input type="checkbox"/> <i>Chronic</i> medical problems or pain	
Y <input type="checkbox"/> N <input type="checkbox"/> Other recent bad news	
Details/Additional Information:	

CURRENT Protective Factors	Check all items and add details below.
Y <input type="checkbox"/> N <input type="checkbox"/> Family/spouse/peer support	Y <input type="checkbox"/> N <input type="checkbox"/> Realistic future orientation and plans
Y <input type="checkbox"/> N <input type="checkbox"/> Role in caring for children or dependents	Y <input type="checkbox"/> N <input type="checkbox"/> Positive goal orientation
Y <input type="checkbox"/> N <input type="checkbox"/> Maintains friendships & social connections	Y <input type="checkbox"/> N <input type="checkbox"/> High school or greater level of education
Y <input type="checkbox"/> N <input type="checkbox"/> Positive, supportive peer relationships	Y <input type="checkbox"/> N <input type="checkbox"/> Treatment adherence
Y <input type="checkbox"/> N <input type="checkbox"/> Protective spiritual/religious beliefs or practice	Y <input type="checkbox"/> N <input type="checkbox"/> Positive coping skills (<i>describe below</i>)
Details:	

Risk Assessment: *Acute risk:* ☐Low ☐Moderate ☐High *Non-Acute risk:* ☐Low ☐Moderate ☐High

Assess Acute and Non-Acute risk separately and explain each rating. (Indicate one risk level for each.)

Plan: ☐ Initiate or ☐ Continue **Acute SW** ☐ Change to, or ☐ Maintain **Non-acute SW** ☐ Discontinue **SW**

☐ Refer for different level-of-care / placement ☐ **SW NOT** Indicated

Discussion:

Staff Name (printed) with Credentials:	Staff Signature:	Date and Time: / / @ AM PM
--	------------------	-------------------------------

Inmate Name:	AIS #:
--------------	--------

Alabama Department of Corrections – Safety Plan Form



Warning signs that can help me recognize a crisis before it gets out of hand:

1	
2	
3	

Things I can do by myself to stay calm: (Personal coping strategies)

1	
2	
3	

Actions I can take to get my mind off my problems: (Ways to distract myself)

1	
2	
3	

Friends or family I can reach out to for support before things reach a crisis:

1	
2	
3	

Staff members I can ask for help if I feel overwhelmed or in crisis:

1	
2	
3	

Ways I can keep my environment safe by eliminating means of harming myself:

1	
2	
3	

Name: _____ **Date:** _____

AIS: _____ **Facility:** _____

QMHP: _____