

## State of Alabama Department of Corrections

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March 8, 2024

ADMINISTRATIVE REGULATION NUMBER 632 OPR:

**HEALTH SERVICES** 

#### STABILIZATION UNIT

#### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for the operation of Stabilization Units.

#### II. POLICY

It is the policy of the ADOC to ensure that the Stabilization Units provide intensive mental health services focused on evaluation, treatment, and recovery of inmates within ADOC custody either who are experiencing a severe or disabling symptoms and behaviors primarily the result of a mental disorder or who cannot function safely after Crisis Intervention.

#### III. DEFINITIONS AND ACRONYMS

- A. <u>Activity Technician (AT)</u>: 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. <u>**De-Escalation**</u>: A crisis intervention technique aimed at reducing agitation, aggression, and emotional distress.
- C. General Population ("GP"): The least-restrictive part of a correctional facility where most inmates are housed.
- D. 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.

- E. <u>Individual Counseling</u>: 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.
- 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. <u>Mental Health Observation (MHO)</u>: 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. **Psychiatric Provider**: A vendor Psychiatrist or Certified Registered Nurse Practitioner.
- I. 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.

- J. <u>Receiving Facility</u>: A correctional facility receiving an inmate from another correctional facility. (Not sure how security may refer to this in other ARs).
- K. 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.
- L. <u>Sending Facility</u>: A correctional facility transporting an inmate to another correctional facility. (Not sure how security may refer to this in other ARs).
- M. <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).
- N. <u>Stabilization Unit (SU)</u>: 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.
- O. <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.
- P. <u>Structured Therapeutic Out-of-Cell Activities</u>: Structured activities include but are not limited to psychotherapy, tele-health services, medical appointments, treatment teams, treatment activities (e.g. counseling/psychoeducational groups, AT groups, nursing groups).
- Q. <u>Unstructured Out-of-Cell Activities</u>: Unstructured activities include but are not limited to meals, recreational activities, showers, haircuts/shaving and visitation.

#### 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 all 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. Operations of SU:

- 1. All ADOC security staff and Vendor staff assigned to the SU will complete all required and applicable trainings, which include specialized training on relevant topics of mental health services, in accordance with AR 608, *Staff Training in Mental Health*.
- 2. The ADOC Warden (or designee) at each facility and the Vendor Mental Health Site Administrator will collaborate to ensure that the SU in that facility has sufficient ADOC security staff and Vendor mental health staff coverage to ensure that an inmate in the SU is offered access to:
  - a. A weekly minimum of ten (10) hours of Structured Therapeutic Out-of-Cell Activities and ten (10) hours of Unstructured Out-of-Cell Activities.
  - b. Receive mental health services Monday through Friday from at least 7:00 A.M. until 7:00 P.M.
  - c. Receive mental health services Saturday through Sunday from at least 8:00 A.M. to 4:00 P.M.
- 3. The Vendor Mental Health Site Administrator at each facility will notify both the Warden (or designee) at that facility and the Vendor Mental Health Program Director (or designee) if either ADOC security staff is insufficient to ensure that inmates in the SU are provided the out-of-cell times and mental health services in accordance with Section V.A.2. above.
- 4. The ADOC security staff and the Vendor staff will collaborate to ensure that an inmate in the SU receives a therapeutic and secure environment by:

- a. Maximizing opportunities for both Structured Therapeutic Out-of-Cell Activities and Unstructured Out-of-Cell Activities.
- b. Maintaining a predictable daily routine with minimal staff changes.
- Using De-Escalation skills to prevent crises and harm to inmates or others.
- 5. The ADOC security staff will ensure that an inmate in the SU receives access to the same privileges available to that inmate in that inmate's last housing assignment as clinically approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communication Form*, including:
  - a. Telephones, in accordance with AR 431, *Inmate Telephone System*.
  - b. Mail, in accordance with AR 448, *Inmate Mail*.
  - c. Visitation, in accordance with AR 303, Visitation.
  - d. Personal Educational Devices, in accordance with AR 458, *Personal Educational Devices*.
  - e. Other appropriate privileges (e.g., store, canteen, etc.).
- 6. The ADOC Warden (or designee) at each facility will house an inmate in the SU in either cells or dormitories.
- 7. The Vendor mental health staff will update the MH Code of an inmate in the SU to MH-D at the time that inmate is transferred into the SU.
- 8. The Vendor mental health staff will update the MH Code to the appropriate level of care if that inmate is discharged to an outpatient level of care pending transition to an outpatient setting.
- 9. The ADOC security staff may initiate disciplinary proceedings against an inmate in the SU who violates ADOC departmental or facility regulations or procedures in accordance with AR 403, *Procedures for Inmate Rule Violations*, and AR 626, *Mental Health Consultation to the Disciplinary Process*.
- 10. The ADOC security staff assigned to the SU will provide necessary input to an inmate's Treatment Team in accordance with AR 622, *Treatment Planning*.
- 11. The ADOC security staff will not handcuff an inmate in the SU to remove that inmate from that inmate's cell unless both the ADOC security staff and

the Vendor QMHP jointly determine and document on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*) that inmate poses a safety risk that cannot be managed by less-restrictive means.

- 12. The Vendor nursing staff will administer medications to an inmate in the SU in accordance with AR 617, *Psychotropic Medication Administration*.
- 13. The Vendor QMHP may determine that an inmate in the SU is clinically appropriate for Crisis Cell placements (i.e., on Suicide Watch placement in accordance with AR 630, *Suicide Watch*, and MHO placement in accordance with AR 638, *Mental Health Observation*).
- 14. Each SU will have designated single-cell Crisis Cells available that are appropriately equipped to temporarily house any inmate who is clinically appropriate for a Crisis Cell placement regardless of that inmate's housing assignment.
- 15. The Vendor QMHP may initiate the order for the temporary use of Clinical Restraints on an inmate in the SU in accordance with AR 631, *Use of Clinical Restraints for Mental Health Purposes*.
- 16. Each SU will have designated single-cell Crisis Cells available that are appropriately equipped to temporarily house any inmate who is under an order for Clinical Restraints regardless of that inmate's housing assignment.
- 17. The Vendor will ensure that at minimum one (1) Vendor registered nurse is on duty in the SU during each shift to ensure the adequate monitoring of the clinical needs of an inmate in the SU.

#### B. Referral to SU:

- 1. The Vendor QMHP will use clinical judgment in recommending the referral to transfer an inmate to the SU and will consider:
  - a. That inmate both:
    - (1) Has a suspected or diagnosed mental illness associated with severe symptoms or functional impairments that do not resolve within seventy-two (72) hours of Crisis Intervention.
    - (2) Either:
      - i. Cannot be safely and effectively managed in a less-restrictive alternative (e.g., RTU)).

- ii. Requires a more-intensive evaluation for clarification of that inmate's diagnosis and Treatment Plan.
- b. That inmate's need for the structure, programming, and observation available from transfer into the SU to facilitate that inmate's diagnostic clarification and recovery from that mental illness.
- c. Inmates currently in the RTU may be referred directly to an SU when the Vendor QMHP's clinical judgment indicates that the SU is the least-restrictive environment necessary for the inmate's recovery.
- d. The potential contraindications to transferring that inmate to the SU:
  - (1) Whether that inmate's symptoms primarily result from a medical disorder and are therefore more appropriately addressed in a medical setting.
  - (2) Whether that inmate's symptoms and behaviors primarily result from an active substance use disorder.
- 2. The Vendor Psychiatric Director (or designee) will use clinical judgment in assigning a priority to each referral to transfer an inmate to the SU.
- 3. The Vendor Sending Facility Mental Health Site Administrator will ensure that:
  - a. The Vendor Sending Facility QMHP will document the referral to transfer that inmate to the SU on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*).
  - b. The Vendor Sending Facility QMHP will complete ADOC Form MH-080, *Mental Health Transfer Note*, accompanied by copies of all Progress Notes (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, and ADOC Form MH-040N, *Nursing Progress Notes*) related to mental health services provided to that inmate from at least the past three (3) months (unless that Vendor QMHP uses clinical judgment to determine additional Progress Notes are necessary).
  - c. The Vendor Sending Facility mental health staff will update that inmate's MH Code to MH-D once the Receiving Facility accepts the referral to transfer that inmate to the SU.

- d. The Vendor Sending Facility mental health staff will file the original ADOC Form MH-080, *Mental Health Transfer Note*, in the mental health section of that inmate's medical record.
- e. The Vendor Sending Facility medical staff will document medical clearance of that inmate.
- f. The Vendor Sending Facility mental health staff will forward all necessary information to the Vendor Receiving Facility Mental Health Site Administrator for review and acceptance of the referral to transfer the inmate to the SU.
- g. The Vendor Sending Facility Mental Health Site Administrator notifies the ADOC Sending Facility Warden (or designee) of the Vendor Sending Facility QMHP's referral to transfer that inmate to the SU and that inmate's pending transportation to that Sending Facility.
- 4. The Vendor Receiving Facility Mental Health Site Administrator will ensure that:
  - a. The Vendor Receiving Facility QMHP will review the referral information provided by the Sending Facility and, if necessary, will contact the Vendor Sending Facility QMHP counterpart to address any questions or request additional information.
    - The Vendor Receiving Facility QMHP will consult the Vendor Psychiatric Director (or designee) with unresolved questions about the clinical appropriateness of the Receiving Facility's acceptance of the referral to transfer that inmate to the SU.
  - b. The Vendor Receiving Facility QMHP will determine the clinical appropriateness of that Receiving Facility's acceptance of the referral to transfer that inmate to the SU within twenty-four (24) hours from the date the Vendor Receiving Facility Mental Health Site Administrator receives the information from the Vendor Sending Facility Mental Health Site Administrator.
  - c. The Vendor Receiving Facility Mental Health Site Administrator notifies the ADOC Receiving Facility Warden (or designee) of the Vendor Receiving Facility QMHP's clinical acceptance of the referral to transfer that inmate to the SU and that inmate's pending transportation to that Receiving Facility.
  - d. The Vendor Receiving Facility nursing staff will:

- (1) Provide the appropriate information on the applicable section of ADOC Form MH-080, *Mental Health Transfer Note*.
- (2) File the completed original ADOC Form MH-080, *Mental Health Transfer Note*, in the mental health section of that inmate's health record.
- (3) Forward the completed ADOC Form MH-080, *Mental Health Transfer Note*, to the Vendor Mental Health Program Director (or designee).
- e. The Vendor Receiving Facility mental health staff will both maintain a list of inmates for whom that Receiving Facility has received referrals for transfer to the SU and the priority assigned by the Vendor Psychiatric Director in which those inmates should be transferred and provide an updated digital copy of this list at minimum one (1) time every working day to the following individuals:
  - (1) The ADOC Deputy Commissioner of the Office of Health Services Division;
  - (2) The ADOC Director of Mental Health Services;
  - (3) The ADOC Director of Psychiatry;
  - (4) The ADOC Regional Psychologists;
  - (5) The ADOC Regional Directors of the Operations Division;
  - (6) The ADOC Director of the Classification Division;
  - (7) The ADOC Sending Facility Warden (or designee);
  - (8) The ADOC Receiving Facility Warden (or designee);
  - (9) The ADOC Sending Facility Classification Unit;
  - (10) The ADOC Receiving Facility Classification Unit;
  - (11) The Vendor Mental Health Program Director;
  - (12) The Vendor Psychiatric Director;
- C. Transport to SU.

- 1. The Vendor Sending Facility mental health staff will place the complete medical record of an inmate being transported to the SU in a sealed envelope and ensure that record is transported with that inmate to the Receiving Facility.
- 2. The ADOC Sending Facility Warden (or designee) will ensure that inmate is transported to the Receiving Facility within two (2) working days from that Receiving Facility's acceptance of the referral to transfer that inmate to the SU.
- 3. The ADOC Sending Facility Classification Unit and the ADOC Sending Facility security staff will coordinate the transportation of that inmate to the Receiving Facility.
- 4. The Vendor Sending Facility nursing staff will provide the ADOC Sending Facility security staff transporting that inmate to the Receiving Facility with a seven (7) day supply of all medications that inmate is currently ordered at the time of transport.
- 5. The Vendor Sending Facility Mental Health Site Administrator will notify the ADOC Regional Psychologists to whom both the Sending Facility and Receiving Facility are assigned and the Vendor Mental Health Program Director (or designee) if an inmate is not transported to the Receiving Facility within two (2) working days from that Receiving Facility's acceptance of the referral to transfer that inmate to the SU.

#### D. Transfer to SU:

- 1. The Vendor Receiving Facility registered nurse will:
  - a. Immediately upon an inmate's transportation and arrival to the SU conduct an emergent assessment of that inmate on ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, and provide any additional information on ADOC Form MH-040N, *Nursing Progress Notes*.
  - b. Use clinical judgment in determining the appropriate triage and follow-up referrals for mental health services for that inmate in accordance with AR 609, *Referral to Mental Health Services*.
  - c. Provide that inmate a copy of ADOC Form MH-051, *Stabilization Unit* (SU): Inmate Orientation and Expectations.
  - d. Communicate pertinent findings from ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, to that inmate's Treatment

Coordinator for consideration in that inmate's Treatment Plan in accordance with AR 622, *Treatment Planning*.

- 2. The Vendor Receiving Facility Mental Health Site Administrator will assign either a vendor psychologist or a Vendor licensed professional counselor as that inmate's Treatment Coordinator on ADOC Form MH-017, *Treatment Coordinator Assignment Log*, within one (1) working day from that inmate's arrival to the SU.
- 3. The Vendor Receiving Facility QMHP will complete and provide ADOC OHS Form A-9(b), *Health Services Communication Form*, to the ADOC Receiving Facility Warden (or designee).

#### E. Initial Clinical Evaluation:

- 1. Within one (1) working day from an inmate's arrival to the SU and the Vendor Receive Facility registered nurse's completion of ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing* Assessment, on that inmate:
  - a. That inmate's Treatment Coordinator will:
    - (1) Review that inmate's complete medical record.
    - (2) Conduct an Individual Counseling session to evaluate that inmate.
    - (3) Document all evaluations and mental health services on ADOC Form MH-040, *Progress Notes*.
  - b. The Vendor Receiving Facility psychiatric provider will conduct an initial psychiatric evaluation of that inmate in accordance with AR 615, *Psychiatric Evaluation*.
  - c. The Vendor Receiving Facility psychiatric provider may conduct an updated psychiatric evaluation of that inmate on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, if ADOC Form MH-018, *Psychiatric Evaluation*, was on that inmate within the last ninety (90) days.
- 2. Within two (2) working days from that inmate's arrival to the SU and the Receive Facility Vendor registered nurse's completion of ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, on that inmate, the Receiving Facility Vendor AT will:
  - a. Meet with that inmate to determine that inmate's interests and the opportunities for therapeutic activities.

- b. Communicate pertinent findings from that meeting to that inmate's Treatment Coordinator for consideration in that inmate's Treatment Plan in accordance with AR 622, *Treatment Planning*.
- c. Document individual contacts on ADOC Form MH-040, *Progress Notes*.

### F. Treatment Planning:

- 1. The Treatment Team of an inmate in the SU will create, finalize, update, and review that inmate's individualized Treatment Plan in accordance with AR 622, *Treatment Planning*.
- 2. The Treatment Team of an inmate in the SU will meet at least weekly in accordance with AR 622, *Treatment Planning*.
- 3. Each Treatment Coordinator assigned to an inmate in the SU will maintain a list of inmates assigned to that Treatment Coordinator and applicable Treatment Plan dates on ADOC Form MH-056, *Mental Health Unit (RTU/SU): Treatment Planning Status*, for submission to the Vendor Receiving Facility Mental Health Site Administrator.
- 4. An inmate's Treatment Coordinator will complete ADOC OHS Form A-9(b), *Health Services Communication Form*, and will place it outside that inmate's Crisis Cell.
- 5. An inmate's Treatment Coordinator will file the completed ADOC OHS Form A-9(b), *Health Services Communication Form*, in the mental health section of that inmate's medical record.

#### G. Treatment Services:

- 1. The ADOC security staff and Vendor mental health staff will collaborate to ensure that an inmate in the SU receives access to Structured Therapeutic Out-of-Cell Activities and Unstructured Out-of-Cell Activities in accordance with that inmate's Treatment Plan.
- 2. The Vendor Mental Health Site Administrator will ensure that Vendor mental health staff provides an inmate in the SU with access to a weekly minimum of the following Structured Therapeutic Out-of-Cell Activities:
  - a. Daily encounters with either a Vendor registered nurse, a Vendor licensed practical nurse, a vendor psychologist, or a Vendor licensed professional counselor.
  - b. Two (2) encounters with a Vendor psychiatric provider.

- c. Daily Group Programming activities.
- 3. The ADOC Warden (or designee) will ensure that ADOC security staff provides an inmate in the SU with access to Unstructured Out-of-Cell Activities in the least-restrictive environment possible only after that inmate provides voluntary informed consent for those activities in accordance with AR 604, *Confidentiality in Mental Health Services*.
- 4. ADOC security staff and Vendor mental health staff are not required to obtain informed consent from an inmate to transfer that inmate to the SU, as such transfer is a collaborative decision regarding that inmate's housing assignment and not a mental health service.
- 5. The Vendor Receiving Facility nursing staff will conduct rounds on an inmate in the SU at least once per shift and document those rounds on ADOC Form MH-040N, *Nursing Progress Notes*.
- 6. The Vendor Receiving Facility nursing staff will report an inmate's medication non-adherence as soon as possible, and within twenty-four (24) hours of discovering the non-adherence, in accordance with AR 617, *Psychotropic Medication Administration*.
- 7. Interventions taken to address refusal of medication or counseling will be consistent with AR 622, *Treatment Planning*.
- 8. The Vendor mental health staff conducting Group Programming will record:
  - a. The attendance of an inmate to a Programming on ADOC Form MH-037, *Group Attendance Roster*.
  - b. The name and description of all Group Programming that Vendor mental health staff offered in the SU at that facility on ADOC Form MH-055, *Stabilization Unit: Program Monitoring*.
  - c. Clinical notes regarding Group Programming sessions on ADOC Form MH-040, *Progress Notes*.
- H. Safety Precautions, Clothing, and Permitted Property:
  - 1. An inmate on Suicide Watch placement at the Sending Facility will remain on Suicide Watch placement at the Receiving Facility at least until a Receiving Facility Vendor QMHP evaluates and assesses that inmate in accordance with AR 630, *Suicide Watch*.

- 2. The ADOC security staff will provide an inmate in the SU with the standard-issue ADOC clothing and bedding as well as the special accommodations both clinically approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communications Form*, and permitted by ADOC operational and security restrictions.
- 3. The Receiving Facility Vendor QMHP may clinically disapprove an inmate to receive those standard-issue ADOC clothing and bedding because of documented safety concerns for that inmate (e.g., Suicide Watch placement).

#### I. Out-of-Cell Time:

- 1. Inmates in the SU will be offered a weekly minimum of ten (10) hours of structured out-of-cell time and ten (10) hours of unstructured out-of-cell time.
  - a. Activities available during structured out-of-cell time, which will be specified in that inmate's individualized Treatment Plan, include Treatment Team meetings, QMHP encounters, mental health treatment sessions, Group Programming, Individual Counseling, AT activities, therapeutic activities, etc.
  - Activities available during unstructured out-of-cell time include physical activities, exercise, recreation, social interactions, meals eaten in an outof-cell location, etc.
- 2. Inmates in the SU will be offered meals in an out-of-cell location, when possible, unless clinically contraindicated.

#### J. Length of Stay:

- 1. An inmate's Treatment Team will use clinical judgment in determining that inmate's length of stay in the SU.
- 2. If an inmate's Treatment Team determines that an inmate in the SU has not stabilized sufficiently to transition to an RTU or GP by the 15th day of transfer into the SU, then:
  - a. That inmate's Treatment Team will determine whether that inmate should be considered for a referral for hospital-level care.
  - b. The decision and rationale will be documented by the psychiatrist or nurse practitioner in a progress note.

- 3. If an inmate's Treatment Team determines that an inmate in the SU has not stabilized sufficiently to transition to an RTU or GP by the 30th day of transfer into the SU, then:
  - a. That inmate's Treatment Coordinator will schedule a case conference between the Treatment Team and the Vendor Psychiatric Director (or designee) to determine whether that inmate should be considered for a referral for hospital-level care.
  - b. The Vendor QMHP will document the decision and rationale in a progress note.
  - c. That inmate's Treatment Coordinator will continue to schedule a case conference between the Treatment Team and the Vendor Psychiatric Director (or designee) every fifteen (15) days thereafter until that inmate's Treatment Team determines that inmate either has stabilized sufficiently for discharge to a less-restrictive treatment setting or should be considered for a referral for hospital-level care.
- 4. ADOC Form MH-053, *Stabilization Unit: Inmates with Extended Stay*, will be forwarded to the Vendor Mental Health Program Director, and filed in the inmate's medical record.

#### K. Discharge Planning and Process:

- 1. An inmate's Treatment Team will use clinical judgement in determining that inmate's discharge from the SU to a different level of care.
- 2. An inmate's Treatment Team may determine that inmate be discharged from the SU to:
  - a. GP, if that inmate has stabilized and exhibits the necessary coping skills, safe behaviors, and motivation for treatment.
  - b. RTU, if that inmate requires additional residential placement to continue recovery.
  - c. SLU, as an outpatient-level diversion from RHU, if that inmate has an SMI designation and meets the SLU admission criteria.
  - d. Admission to a hospital, if that inmate has not sufficiently stabilized for discharge from the SU to a less-restrictive setting and therefore requires more-intensive evaluation or treatment at hospital-level care, such as:.

- (1) Voluntary admission to an ADOC-designated community psychiatric hospital in accordance with AR 640, *Advanced Inpatient Mental Health Care*.
- (2) Court-ordered civil commitment to a state hospital, or other designated hospital that can accept patients under civil commitment, in accordance with AR 634, *Court-Ordered Mental Health Hospital-Level Care*.
- 3. An inmate's Treatment Team may also determine that inmate be considered for court-ordered civil commitment if that inmate is within six (6) months of end-of-sentence but has not sufficiently stabilized for discharge to treatment in a less-restrictive community setting in accordance with AR 634, *Court-Ordered Mental Health Hospital-Level Care*.
- 4. An inmate's Treatment Team may only determine that inmate be discharged directly from the SU to an RHU in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
- 5. An inmate's Treatment Team will consult the Vendor Psychiatric Director (or designee) if that Treatment Team has unresolved questions about the clinical appropriateness of that inmate's discharge from the SU.
- 6. Guidelines for discharge from an SU:
  - a. The Vendor Receiving Facility psychiatric provider will document:
    - (1) The Treatment Team's determination to discharge the inmate on ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.
    - (2) The update to the MH Code of an inmate discharged to an outpatient level of care on ADOC Form MH-013, *Mental Health Coding Form*.
  - b. The inmate's Treatment Coordinator will complete and submit copies to the Vendor Mental Health Site Administrator (or designee) at that facility:
    - (1) ADOC Form MH-050, *Mental Health RTU/SU Discharge Transfer Form*, if the inmate is being discharged to an outpatient level of care.
    - (2) ADOC Form MH-080, *Mental Health Transfer Form*, if the inmate is being discharged for transfer to the RTU.

- c. The inmate's Treatment Coordinator will also:
  - (1) Notify the Warden (or designee) at that facility of the inmate's pending discharge.
  - (2) Notify the Classification Unit at that facility of the inmate's pending discharge.
  - (3) Complete and submit ADOC OHS Form A-9(b), *Health Services Communication Form*, to the Warden (or designee) at that facility.
- d. An inmate will be transferred from the SU within two (2) working days from the date of the determination of that inmate's Treatment Team to discharge that inmate.
- e. The Vendor Mental Health Site Administrator will promptly report any delays in transfers from the SU at that facility to both the ADOC Regional Psychologist to whom that facility is assigned and the Vendor Mental Health Program Director (or designee).
- f. The Vendor mental health staff will file the discharge documentation in the mental health section of the inmate's medical record.
- g. The Vendor mental health staff will place the inmate's complete medical record in a sealed envelope and ensure the record is transported with that inmate to the facility where the inmate is being discharged.
- h. The Vendor nursing staff will provide the ADOC security staff transporting that inmate with a seven-day supply of all medications that the inmate is currently ordered at the time of discharge.
- i. The mental health staff at the facility where the inmate is being discharged will:
  - (1) Provide the appropriate information on the applicable section of ADOC Form MH-050, *Mental Health RTU/SU Discharge Transfer Form*.
  - (2) File the completed original ADOC Form MH-050 in the mental health section of the inmate's medical record.

### 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-013, Mental Health Coding Form.
- B. ADOC Form MH-017, Treatment Coordinator Assignment Log.
- C. ADOC Form MH-018, Psychiatric Evaluation.
- D. ADOC Form MH-025, Psychiatric/CRNP Progress Note.
- E. ADOC Form MH-037, Group Attendance Roster.
- F. ADOC Form MH-040, *Progress Notes*.
- G. ADOC Form MH-040N, Nursing Progress Notes.
- H. ADOC Form MH-050, Mental Health RTU/SU Discharge Transfer Form.
- I. ADOC Form MH-051, Stabilization Unit (SU): Inmate Orientation and Expectations.
- J. ADOC Form MH-052, Mental Health RTU/SU Initial Nursing Assessment.
- K. ADOC Form MH-053, Stabilization Unit: Inmates with Extended Stay.
- L. ADOC Form MH-055, Stabilization Unit: Programming Monitoring.
- M. ADOC Form MH-056, Mental Health Units (RTU/SU): Treatment Planning Status.
- N. ADOC Form MH-080, Mental Health Transfer Note.

#### VIII. SUPERSEDES

This Administrative Regulation supersedes AR 632, *Intensive Psychiatric Stabilization Unit*, dated June 17, 2005, 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 MENTAL HEALTH CODING FORM



Circle M	IH Code Below:	Indica	tors:			
МН-А	Not on caseload	Indicates that the inmate is not curre health services and is not on the cas intervention services whenever indic	eload. Receives crisis			
МН-В	discretion can permit an MH-B to be housed in facilities the provide daily on-site mental health staff.					
MH-C  Outpatient (Major Facility)  Indicates that the inmate requires outpatient mental health at intervals of thirty (30) to sixty (60) days, have any diagramental disorder (excluding substance use disorders) current associated with an impairment in psychological, cognitive, behavioral functioning that substantially interferes with the ability to meet the ordinary demands of living and must be facilities that provide daily on-site coverage by mental health at intervals of thirty (30) to sixty (60) days, have any diagramental disorder (excluding substance use disorders) current associated with an impairment in psychological, cognitive, behavioral functioning that substantially interferes with the ability to meet the ordinary demands of living and must be facilities that provide daily on-site coverage by mental health at intervals of thirty (30) to sixty (60) days, have any diagramental disorder (excluding substance use disorders) current associated with an impairment in psychological, cognitive, behavioral functioning that substantially interferes with the ability to meet the ordinary demands of living and must be facilities that provide daily on-site coverage by mental health at intervals of thirty (30) to sixty (60) days, have any diagram mental disorder (excluding substance use disorders) current associated with an impairment in psychological, cognitive, behavioral functioning that substantially interferes with the ability to meet the ordinary demands of living and must be						
MH-D	Indicates that the inmate is receiving chronic or acute mental services due to psychological, cognitive or behavioral funct that substantially interferes with the inmate's ability to meet ordinary demands of living. Requires placement in a special mental health housing unit.					
DSM 5	Diagnosis:					
SMI De	signation –	Io	7			
Comme	nts:					
Psychia	trist/Psychologist or Nurse Practi	tioner (Print):				
Signatu	re:	Date:				
	Name	AIS#				

ADOC Form MH-013 03-2024

File: Health Record/MH Tab



## TREATMENT COORDINATOR ASSIGNMENT LOG

Facility:	Month/Year:	
Site Administrator or Designee:		

DATE OF ARRIVAL TO			TREATMENT	DATE	DATE
FACILITY	INMATE NAME	AIS#	COORDINATOR ASSIGNED	ASSIGNED	RECEIVED
					3
		10			
		-			
		-			
		+			
				*	
		-		-	
-					
		-			
		-			
				1	

ADOC Form MH-017

03-2024

Disposition: Vendor Site Administrator



## **Psychiatric Provider Evaluation**

Last Name		First Name		AIS		
DOB: / /		Race/Ethnicity:		Gender		
☐ Routine ☐ Urgent ☐ E		In-Person □Tele-l				
Facility:	Housi	ng: □GP □Crisis	□RTU □ SU □ RHU	J □Other:		
Reason for Evaluation and Chief Complaint						
Present Problems and Symp	ptoms					
Review of Symptoms	Yes No	Comments				
Depression						
Mania						
Psychosis						
Anxiety						
Posttraumatic						
Cognitive						
Behavioral						
Other/Details:						
Psychiatric Treatment His	story (lifetim	ie)				
□Y □N Inpatient:						
□Y □N Outpatient:						
□Y □N MH Tx in jail:						
Other info:						
Medical History (pertiner	nt)					
				5		
ADOC 5 MIL 017				P1-64		

ADOC Form MH-017 03-2024 Page 1 of 4 Disposition: Inmate Health Record



## **Psychiatric Provider Evaluation**

## History of Psychiatric Medications / Other Somatic Tx (lifetime)

□Y □N Antip	sychotic						
	d Stabilizer						
	epressant						
	· · · · · · · · · · · · · · · · · · ·						
□Y □N Stimu							
□Y □N Hypn							
□Y □N Other							
LY LIN HX AG	verse Drug Reactions						
Prior AIMS (	IV DN DN/A) Data:	Resu	de.				
Additional Inf		Kest	iit.				
Additional iiii	O.						
Suicidality an	d self-harm (lifetime	history, including ch	ildhood) Check all applicable items.				
□Y □N SRA co	mpleted today	□Y □N SRA prev	viously completed on / /				
	□ Never	☐ Firearm	Other/Details:				
Suisido	☐ Once	☐ Hanging					
Suicide attempts	☐ Multiple times	☐ Asphyxiation					
	☐ Unreported	☐ Poisoning	,				
(lifetime)	☐ Emergency care	□Jumping					
	□Hospitalized	☐ Vehicle crash					
	□Never	□Visible scars	Other/Deteile				
	☐ Cut/Scratch	☐ Provides relief	Other/Details:				
Non-suicidal	□ Hit	- 1	,				
self-harm	☐ Burning						
	☐ Other						
Tempting fate	☐ Y ☐ N (Actions wit	h indifference to death):					
Other into	1						
Aggression or	nd Harm to Others (lit	fatima history inclu	ding childhood) Check all applicable items.				
Aggression at							
Altercations /	☐ No injuries	☐ No weapons	Other/Details:				
assaults	☐ Other injured	☐ Firearm used					
	□Fatal outcome	☐ Other weapon					
Fantacian	□Current	☐ Persecutory	Other/Details:				
Fantasies of	☐ Prior	☐ Obsessive					
harming	☐ Planned	☐Has intent	<u>_</u>				
someone	☐ Acted	☐ Has means	,				
ADOC Form MH-01	7		Page 2 of 4				

ADOC Form MH-017

03-2024

Page 2 of 4 Disposition: Inmate Health Record



## **Psychiatric Provider Evaluation**

Social History	(pertinent)
Substance Ab	ouse/Addiction Treatment History (Lifetime)
□Y □ N Outpa	atient tx/rehab
□Y □ N Resid	
□Y □ N Overd	
	drawal symptoms
□Y □ N Hx IV	DA
	ental Status Examination (Provide details)
Consciousness	□ Alert □ Ox3
/ Cognition	
Appearance	☐ Good hygiene
Behavior/	☐ Cooperative ☐ Calm ☐ ☐ Attentive
Attitude	a cooperative a caim and Attentive
	☐ Coherent ☐ NI Rate/Rhythm ☐ Pressured ☐ Rapid ☐ Slow ☐ Coherent
Speech:	
Mandaffant	□Euthymic □Sad/down □Elevated □Irritable □Angry □Blunted/flat □ Affect appropriate
Mood/affect:	y .
Thought Content	☐ Appropriate ☐ Over-valued ideas ☐ Delusions ☐ Obsessions ☐ Impoverished
Content	
Thought	□Logical □Tangential □Loose associations □ F.O.I. □Concrete
Process	Details:
Harm Self/Others	Details:
	□ Normal Hallucinations: □Auditory □Visual □Olfactory □Somatic □ Tactile
Perception:	
Insight &	☐ Good insight ☐ Partial insight ☐ No insight ☐ Judgment Intact
Judgment	
Neuro / EPS	AIMS Today (□ Y □ N □ N/A) Result:
Diagnosis (1)	se <b>DSM-5 terminology</b> )
Diagnosis (O	Se Doin o terminology)
ADOC Form MH-01	7 Page 3 of 4
3-2024	Disposition: Inmate Health Record



## **Psychiatric Provider Evaluation**

Case formulation & Level of Fund	ction	
Plan		
Medication:		
Lab Orders □N □Y		
Psychotherapy/Counseling □N □Y If	yes, to be provided by:	
Consultation / Referral to Medical Servi	ce 🗆 N 🗆 Y	
Patient Education ☐ Diagnosis ☐ Co	onsent Patient Info Fact Sheet (PIF)	
Other:		
		*
Follow-up scheduled in:		
	1	
SMI: □N □Y MH-CO	<b>DE:</b> □A □B □C □D	
Psychiatrist/NP Name/Credentials (Print):	Signature:	Date and Time:
-		
		AM/PM
My signature verifies that I have interviewed Explain any exceptions:	d and examined this individual in an <u>out-of-cell</u>	setting that provides sound <u>confidentiality</u> .

03-2024

ADOC Form MH-017

Page 4 of 4 Disposition: Inmate Health Record

# Alabama Department of Corrections Psychiatric Provider Progress Note



.ast Name		First Name:		AIS:			
OB: / /	Age:	☐ Routine ☐Urgent □	∃Emergent	□In-Pers	on $\Box T$	ele-Healt	h
acility:		Housing: □GP □Crisis		SU □SLU	□RHU	□PHRU	
H Code: □A		□D Last change: / /	SMI: □Y	<sup>′</sup> □N Las	t change:	1	
et Problems and S	ymptoms:						
rrent Medicatio	ns (MAR Rev	viewed 🗆 Y 🗆 N)					
							0
V							
herence:		Adverse Drug Reactions / Allergies	<b>s</b> :				
ght / BMI:	Date: /	/ Last AIMS: (Date)	Coi	nsents: (Date)			
	380						
		*					
		·					
	*						
O/ Mental	Status Exam	nination (Describe pertinen	nt details.)				
Conscious		lert □ Ox3 □ Attentive					
/ Cognition	55 101 ES	nor Boxo Bracomive					
	ПС	Good hygiene		-			- 1
Appearance	e	read Hygienia					$\dashv$
		Cooperative ☐ Calm ☐ Agitate	ed				
Behavior/ Attitude		Cooperative □ Calm □ Agitate	ed				
Behavior/ Attitude	ПС			l Slow			
Behavior/	ПС	Cooperative □ Calm □ Agitate		l Slow			
Behavior/ Attitude		Coherent □ NI Rate □Pressured	I □Rapid □		y 🗆 Blu	unted/flat	
Behavior/ Attitude			I □Rapid □		y 🗆 Blu	unted/flat	
Behavior/ Attitude Speech:		Coherent □ NI Rate □Pressured	I □Rapid □		у 🗆 Віс	unted/flat	
Behavior/ Attitude Speech:	t: A	Coherent □ NI Rate □Pressured	I □Rapid □ ed □ Irrita	ble □ Angr		unted/flat	
Behavior/ Attitude Speech:	ct: A	Coherent □ NI Rate □Pressured Euthymic □Sad/down □ Elevat  ffect appropriate	I □Rapid □ ed □ Irrita	ble □ Angr		unted/flat	
Behavior/ Attitude Speech: Mood/affec	ct: G	Coherent □ NI Rate □Pressured  Euthymic □Sad/down □ Elevat  Affect appropriate □ Over-valued ideas	I □Rapid □ ed □ Irrita	ble □ Angr	ssions	unted/flat	

## 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
<b>A</b> / //	
AV (Use DSM-5 Dia	agnosis; Include differential diagnosis)
Formulation/Summ	nary (Include risk assessment)
P/ Include Rx ar	nd lab orders)
*	
Patient Education: [	□Diagnosis □Consent Form □Patient. Info Fact sheet (PIF)
	LBHP □BH Nurse □Medical □ Other □ None
Reason for refe	
Return visit in:	mai(5).
Return visit in.	
Psychiatrist / NP:	(Print) Sign:
1 Sycillatilist / iti :	(Fill)
My signature verif exceptions:	ies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any
Dete: / /	Stort time: . AM DM Fad Time: . AM DM
Date: / / ADOC Form MH-025	Start time: : AM PM End Time: : AM PM

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03-2024

Disposition: Inmate Health Record

## **GROUP ATTENDANCE ROSTER**



Facility	□ SU □ R	Group Lo	eader		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	8		, a				
2							
3 ~							***************************************
4							
5							
6							
7							
8		2					
9							-
10							*200
11							
12	1						N
13						X.	
GROUP CANCELLATIONS:			li li		×		
DATE CANCELLED			REASON				
DOC Form MH-037							
2024		Page	_of			Dispositi	on: Mental Health Site Admini

## Alabama Department of Corrections PROGRESS NOTE



(One note per sheet)

Date:	Purpose:			MH Code:
Start Time:	Location:			SMI: □Y □N
End Time:	Confidential Location: ☐ If No, explain:	Y 🗆 N		,
				2
	-			
			E	
				ı
				9
		ie.		
				1
				* 2
		×		
INMATE NAME	AIS#		FAC	ILITY

ADOC Form MH-040 03-2024 Printed Front ONLY on Blue Paper Disposition: Inmate Health Records

## **NURSING PROGRESS NOTE**



□O/P OBS □	□SU □RTU □ASW □NASW MHO	□CONSTANT	MH CODE: A	в с	SMI: Y N
<u>S</u>					
_					
<u>o</u>	VITAL SIGNS: B/P: HR:	RR:	Temp:	O <sub>2</sub> Sat:	Wt.:
	EYE CONTACT: ☐ Good ☐ Satisfact	ory Poor DS	taring		
	<u>HYGIENE</u> : ☐ No deficiencies ☐ D	isheveled 🛮 Malo	dorous 🛮 Dirty		
	BEHAVIOR: ☐ Calm ☐ Cooperative Hostile ☐ Bizarre	☐ Pleasant ☐ Un	cooperative $\square$ A	gitated 🗆 II	ritable 🗆
	ORIENTATION: ☐ Person ☐ Place	☐ Time ☐ Situati	on		
	<u>AWARENESS</u> : ☐ Alert ☐ Attent	tive	☐ Distracted		
	SPEECH: ☐ Clear ☐ Soft ☐ Slurred	Loud   Rambles	☐ Rapid ☐ Slow	√ □ Pressure	ed 🗆
	☐ Tangential ☐ Cir		13		
	THOUGHTS: ☐ Logical ☐ Reality-ba				
	☐ Loose Associations ☐				☐ Paranoid
	PERCEPTIONS: Hallucinations: Au Describe:	iditory 🗆 Visual 🏻 🖺	☐ Tactile ☐ None	9	
	SUICIDAL/HOMICIDAL RISK: Suicid	dal Ideation	Suicidal Solf Iniu	ry Ideation	7 Homicidal
	Ideation	darideation in Noi	i-Sulcidai Seli-Ilijui	ry ideation i	→ Holliicidai
	Describe:				
	MOOD: ☐ Good/relaxed ☐ Sad ☐	Depressed  Ang	gry 🗆 Anxious I	☐ Fearful	
	Inmate's Description of Mod	od:			
×	AFFECT: ☐ Appropriate ☐ Labile ☐	] Withdrawn □ Eu	phoric 🛮 Blunted	☐ Constric	ted
	Describe:				
	PSYCHOTROPIC MEDICATION ADHERE Provided	ENCE: N/A DG	iood □ Poor □	Refuses	Education
	SIDE EFFECTS: □ None □ Tremors	□ Postloss □ Soc	lated Dry Mor	ıth □Woid	nt Chango
		petitive Movement	-	utii 🗀 weigi	it Change
Α					
<u>P</u>	☐ Continue to monitor ☐ Refer	to Licensed Counsel	or 🔲 Refer to	Psychiatrist/	Nurse
	Describe:				
Numae D	m+/Si-m.	LDN DAY	Det		
Nurse Pri	AM PM	LPN RN	Date:		
In 1 - /-	A-A:	1.0 "			
inmate/F	'atient's Name:	AIS #:	DOB:	Facility:	
ADOCE					

ADOC Form MH-040-N 03-2024

File: Inmate Health Records

# Alabama Department of Corrections MENTAL HEALTH SU/RTU/SLU DISCHARGE SUMMARY



Name:	DOB: / /			
AIS: MH Code: A B C D	SMI: Yes No IVM: Yes No			
Sending Facility:	Receiving Facility:			
FROM: SU RTU SLU	TO:     Hospital   SU   RTU   OP   SLU			
Admission Date: / /	Discharge Date: / /			
DSM-5 Diagnoses and Case Formulation (A	lso list any medical diagnoses that affect mental health)			
Current Mental Status, Behavioral Function	and Treatment Progress:			
Mental Health Medications (and adherence)	,			
richtai ficatti viculcations (and adnerence)	<u>.</u>			
Counseling /Activities				
Counseling //xet/vites				
Other recommendation:				
Treatment Coordinator:				
Print: Si	gn: Date:			
Psychiatrist / Nurse Practitioner				
	gn: Date:			
LDOGE NULOSO				

ADOC Form MH-050 03-2024

File: Mental Health Tab

# Alabama Department of Corrections STABILIZATION UNIT (SU): INMATE ORIENTATION AND EXPECTATIONS



The Stabilization Unit (SU) is designed to provide a safe and supportive treatment environment to inmates experiencing serious mental health problems. The goal of your treatment team is to provide 24-hour mental health assistance until you return to general population.

### After you have been admitted to the SU, you will be:

- 1. Interviewed by the mental health staff.
- 2. Assigned a Treatment Coordinator.
- 3. Included in discussions concerning your initial treatment plan and any revisions.
- 4. Strongly encouraged to participate and comply with your treatment recommendations.
- 5. Granted privileges and longer time periods out of your cell as your behavior improves.

#### SU rules and expectations are as follows:

- 1. Inmates will keep themselves and their housing areas clean.
- 2. Fighting, cursing, stealing, or sexual misconduct is not permitted.
- 3. Inmates will follow the verbal instructions of all SU staff.
- 4. Report problems to the staff.
- 5. Respect others and their property.
- 6. Take medication (s) as prescribed, without "cheeking," "palming", "hoarding", selling or giving it away.
- 7. Gambling or trading personal items is not permitted.

Violation of these rules will result in disciplinary review.

Any questions should be directed to mental health staff or correctional officers.

ADOC Form MH-051 03-2024

File: Inmate

## Alabama Department of Corrections MENTAL HEALTH UNIT RTU/SU INITIAL NURSING ASSESSMENT



Facility:				Date/Time o	f Admission:	
□ SU □ R	RTU Lv 1	TU Lv 2	TU Lv 3			
В/Р	P	R	нт	WT	Allergies:	
Past Medica  ☐ Diabetes ☐ Seizures ☐ Peptic Ulc ☐ Other/Det  Assistive Det	☐ Heart Disea ☐ COPD er D/O ☐ Con tails:	ase	olems 🗆 Liver	Disease		
□ Walker		☐ Cane	□ Wheelcha	ir 🗆 Artificia	al Limb(s)	
	☐ Hearing Aid	☐ Partial Dentu	res 🛮 Upper Der	ntures	Dentures	
Other: Major Illness	ses/ Accidents /	Surgeries / etc.:				
Current Med	lical Problems:			E		
Current Med	lical Medications	s / Dosages:				
Adherence /	Compliance: [	□ 100% □ 5	0% to 90%	□ 10% to 40%	□ 0%	
Sleep Pattern: ☐ Insomnia ☐ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other:						
Substance Use: Tobacco/Amount: Caffeine/Amount: Any other substances abused within past 12 months:						
Appetite:       □ Good       □ Fair       □ Poor       □ Appears Adequately Nourished       □ Pica         □ Deficit (explain):						
History of Hunger Strikes:  \( \text{Yes} \) No						
Last Episode:(explain):						
Psychiatric History:						
First Onset o	f Mental Health	Problems and Tre	eatment:			
Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:						
(History of) Medication Side Effects:						
Inmate Nar	me		DO	В	AIS#	
ADOC Form	MH 052					Page 1

ADOC Form MH-052

03-2024

Page 1 of 2 File: Health Record/MH Tab

## Alabama Department of Corrections MENTAL HEALTH UNIT RTU/SU INITIAL NURSING ASSESSMENT



Educational Assessment:
Highest Education Completed:
☐ Able to Read Simple Information (Observe) ☐ Able to Write Own Name (Observe)
Mental Status:
EYE CONTACT: ☐ Good ☐ Satisfactory ☐ Poor ☐ Staring
HYGIENE:
BEHAVIOR:   Calm  Cooperative  Pleasant  Uncooperative  Agitated  Irritable  Hostile  Bizarre
ORIENTATION: Person Place Time Situation
AWARENESS: ☐ Alert ☐ Attentive ☐ Confused ☐ Distracted
SPEECH: □ Clear □ Soft □ Loud □ Rambles □ Rapid □ Slow □ Pressured □ Slurred
☐ Tangential ☐ Circumstantial
THOUGHTS: □ Logical □ Reality-based □ Concrete □ Obsessive
□ Loose Associations □ Disorganized □ Grandiose □ Hyper-religious □ Paranoid
PERCEPTIONS: Hallucinations: ☐ Auditory ☐ Visual ☐ Tactile ☐ None
Describe:
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:
AFFECT: □ Appropriate □ Labile □ Withdrawn □ Euphoric □ Blunted □ Constricted
Describe:
INSIGHT:   Able to report their mental health diagnosis, if they have one
☐ Able to report their mental reach diagnosis, if they have one
Able to report reason for the or so placement.
Assessment Completed By:Date:
☐ ADDITIONAL NOTES ON ADOC FORM MH-040N (NURSING PROGRESS NOTE)

ADOC Form MH-052 03-2024

Page 2 of 2 File: Health Record/MH Tab

# Alabama Department of Corrections STABILIZATION UNIT: PROGRAM MONITORING



stitution:	Month/Year:	Completed by:			
Name of Group	Group Leader's Name	Position Title	Date of Group	#Inmates Scheduled	#Inmates Attended
					7
OC Form MH-055 2024	Page	of		Disposition: Mental	Health Site Adm

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## MENTAL HEALTH UNIT (RTU/SU): TREATMENT PLANNING STATUS

Inmate Name	AIS#	Master Treatment Plan Initiated	Treatment Plan Review	Treatment Plan Review	Master Treatment	Treatment Plan Review	Treatmer Plan
		Fian initiated	Review	Review		Review	Review
	2						
· · · · · · · · · · · · · · · · · · ·							
	-						
	l l				w.		

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# Alabama Department of Corrections MENTAL HEALTH TRANSFER FORM



Name:	DOB:					
AIS:	SMI: □ Yes □ No					
MH Code: A B C D	IVM: □ Yes □ No					
Sending Facility Receiving Facility:						
Sending Level: □OP □SU □RTU □SLU	Receiving Level: □OP □SU □RTU □SLU □Hosp					
Date Referred: / /	Date Accepted: / /					
DCM 5 Diamages and Case Formulation						
DSM-5 Diagnoses and Case Formulation						
	- 4					
Mental Health Medications (and adherence):						
Counseling / Activities/ Recommendations:						
,						
Medical Diagnoses:						
2.1.6.1.2.1.6.1.2.1.2.1.2.1.2.1.2.1.2.1.						
D. L						
Relevant History: (Check if present in last 12 m Suicide Attempt:	SLU Placement:					
□ Self-injury (NSSI):	☐ RHU Placement					
☐ Crisis Placement:	☐ Disciplinary Action					
☐ MH Hospitalization:	☐ Abuse of Drugs/Substances					
□ SU Admission:	☐ Correctional Risk Factors					
□ RTU Placement:	☐ Parole/release denial:					
_ A A A A A A A A A A A A A A A A A A A	_ 1 410.10, 1010400 4011411.					
Sending Facility Treatment Coordinator:						
Print Name: Sign	: Date:					
Receiving Facility Nurse:	Dessived with Investor					
Print:	Received with Inmate:  Health Record □ Yes □ No					
Sign:  Date Transferred: / /	7-day Medication Supply  Yes  No					
MH Notified (MH-008)						
1411 140tilled (14111-000)	,					

03-2024

File: inmate Health Record