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GOVERNOR

# State of Alabama Department of Corrections

Alabama Criminal Justice Center  
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JOHN Q. HAMM  
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION  
NUMBER 638**

**OPR: HEALTH SERVICES**

## **MENTAL HEALTH OBSERVATION**

### **I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for Mental Health Observation placement of inmates within ADOC custody.

### **II. POLICY**

It is the policy of the ADOC to ensure that inmates within ADOC custody, who are experiencing mental health crises but are not clinically indicated for Suicide Watch placement, are referred for Mental Health Observation placement to receive clinically appropriate, short-term, mental health services and safe housing.

### **III. DEFINITIONS AND ACRONYMS**

**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.

### **IV. RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.

- D. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff at that facility receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Psychiatric Director is responsible for ensuring that Vendor psychiatric providers receive training on the implementation of this AR.
- G. 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. Referral to Mental Health Services:**

- 1. Any ADOC staff or Vendor staff will immediately initiate a referral for mental health services for any inmate who that staff believes to be at risk for harmful behavior or thinking in accordance with AR 609, *Referral to Mental Health Services*.
- 2. Any Vendor QMHP who determines during ongoing treatment that an inmate meets the criteria for MHO will:
  - a. Immediately initiate the observation process (documenting on MH-042A).
  - b. Complete ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.
  - c. Complete the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Note*).
  - d. Refer the inmate to the triage nurse for the appropriate Crisis Cell placement.

**B. Constant Observation:**

- 1. Constant Observation will be immediately started and documented on ADOC Form MH-042A prior to and when an inmate is presented to health care to be triaged for suicide risk.
- 2. Constant Observation is maintained through the triage process until a QMHP evaluates the inmate.
- 3. Once the Vendor nurse has triaged the Emergent Referral for mental health services, after an inmate is placed on Constant Observation, a QMHP shall

evaluate that inmate using a suicide risk assessment to determine if the inmate is not suicidal or is either Acutely Suicidal or Non acutely Suicidal.

C. Triage:

1. The Vendor nurse assigned to triage referrals to mental health services will triage all referrals involving inmates identified as at risk of harmful behavior or thinking as Emergent Referrals.
2. A nurse will notify the on-call QMHP and complete the triage process prior to the inmate's Crisis Cell placement.
3. Constant Observation will be followed using the Mental Health Acute Suicide Form (MH Form-42A) until the QMHP assesses the inmate.
4. A nurse will obtain the inmate's vital signs and complete ADOC OHS Form E-11(a), *Body Chart Documentation Form*, prior to an inmate's Crisis Cell placement.
5. A nurse or other QMHP will complete ADOC OHS Form A-9(b), *Health Services Communication Form*, specifying the permitted property (e.g., clothing, bedding, etc.) and clinically approved special accommodations (e.g., hygiene, medical considerations, meals, etc.) appropriate to the type of Crisis Cell placement.
6. If necessary, the on-call Licensed Counselor and the medical provider will discuss any required special accommodations prior to completing ADOC OHS Form A-9(b), *Health Services Communication Form*.

D. QMHP Initial Assessment and Evaluation:

1. A Vendor QMHP will evaluate and assess the inmate on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, in accordance with AR 604, *Confidentiality in Mental Health Services*, to determine whether, and to what extent, that inmate is clinically appropriate for Crisis Cell placement and procedures (i.e., Acute Suicide Watch, Non-Acute Suicide Watch, Constant Observation, MHO, or not appropriate for placement).
2. A psychiatrist or mental health nurse practitioner, in documenting the clinical findings and indications for MHO placement on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, will consider:
  - a. Both whether that inmate is able to cope effectively in a less-restrictive environment due the impact of a mental disorder and whether that inmate is documented as requiring either:
    - (1) A brief interval of decreased daily stress in order cope with a personal crisis and prevent a previously diagnosed mental disorder from worsening.

- (2) Daily support and monitoring while a provider clarifies a diagnosis or adjusts psychotropic medication to treat the symptoms of a mental illness.
  - b. Potential contraindications to MHO placement, including that MHO placement is not proper for inmates determined to be clinically appropriate for Suicide Watch in accordance with AR 630, *Suicide Watch*.
3. The Vendor QMHP will notify ADOC security on ADOC OHS Form A-9(b), *Health Services Communication Form*, regarding:
  - a. The QMHP's determination regarding the inmate's MHO placement.
  - b. The regular meals that the QMHP clinically approved the inmate be provided, which should be the same meals that the inmate was provided in that inmate's last housing assignment prior to MHO placement.
  - c. In addition to standard-issue ADOC clothing and bedding, the special accommodations that the QMHP clinically approved the inmate be provided (e.g., essential personal items, therapeutic reading materials, personal educational device, etc.).
  - d. The frequency of the staggered observation (i.e., in intervals no greater than either fifteen (15) or thirty (30) minutes) that the QMHP clinically approved the inmate be provided, which will be documented on ADOC Form MH-042C, *Mental Health Observation*.

D. ADOC Security Staff Duties Regarding Inmates on MHO Placement:

1. Verifying that the cell is cleaned both before and during the inmate's MHO placement.
2. Inspecting the cell before an inmate's MHO placement to ensure no contraband or other items not pre-approved by the Vendor QMHP are present.
3. Providing an inmate with meals as clinically approved by the Vendor QMHP.
4. Providing an inmate, the daily opportunity to shower and meet personal care and hygiene needs.

E. Vendor Nursing Staff Duties Regarding Inmates on MHO Placement:

1. Conducting a nursing assessment at least once per shift, including vital signs, and document on ADOC Form MH-040N, *Nursing Progress Note*.

2. Administering an inmate's ordered medications and monitoring for non-adherence.
  3. Participating in an inmate's Treatment Team meetings, upon request, in accordance with AR 622, *Treatment Planning*.
- F. Vendor Assigned Licensed Counselor Duties Regarding Inmates on MHO Placement:
1. Evaluating and assessing an inmate's daily progress and collaborating with that inmate's Treatment Team.
  2. Providing an inmate with clinically appropriate out-of-cell services in accordance with AR 604, *Confidentiality in Mental Health Services*, and documenting those services on ADOC Form MH-040, *Progress Note*.
  3. Creating, finalizing, reviewing, and updating the inmate's Treatment Plan to reflect progress toward meeting the goals of the MHO placement in accordance with AR 622, *Treatment Planning*.
- G. Vendor Psychiatrist or Mental Health Nurse Practitioner Duties Regarding Inmates on MHO Placement:
1. Providing an inmate with clinically appropriate out-of-cell assessments and services regarding the inmate's daily progress in accordance with AR 604, *Confidentiality in Mental Health Services*, and documenting those assessments and services on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
  2. Participate in creating, finalizing, reviewing, and updating the inmate's Treatment Plan in accordance with AR 622, *Treatment Planning*.
- H. Treatment Planning:
1. The Treatment Plan of an inmate on MHO placement will be created, finalized, updated, and reviewed in accordance with AR 622, *Treatment Planning*.
  2. The inmate's Treatment Team will meet with the inmate at least once during that inmate's MHO placement in accordance with AR 622, *Treatment Planning*.
- I. Extended MHO Placement:
1. An inmate's Treatment Team will use clinical judgment in determining the length of that inmate's MHO placement.
  2. If an inmate remains on MHO placement for 72 hours or more:

- a. The Vendor mental health staff will complete ADOC Form MH-053-C, *Mental Health Observation: Extended Stay Reporting*, and submits to the Vendor Psychiatric Director (or designee) for review.

File in the mental health section of the health record.

- b. The Vendor mental health staff will repeat this process every three (3) working days while the inmate remains on MHO placement.

J. Discharge from MHO:

1. An inmate's Treatment Team will use clinical judgment in determining that inmate's discharge from MHO placement.
2. The provider will enter an order discharging an inmate from MHO placement and summarize the services provided to that inmate while on MHO placement in ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
3. An inmate's Treatment Coordinator will document the Treatment Team's decision and determination discharging that inmate from Suicide Watch placement on ADOC OHS Form A-9(b), *Health Services Communication Form*, and will both forward and verbally communicate ADOC OHS Form A-9(b) to ADOC security staff.
4. If an inmate is being transferred to another facility for MHO placement, then that inmate's Treatment Coordinator at the facility where that inmate is housed will complete ADOC OHS Form HC-3a, *Intra-system Transfer and Receiving Screening*.
5. If an inmate is being referred to a higher level of care, then the assigned licensed counselor will:
  - a. Complete ADOC Form MH-080, *Mental Health Transfer Form*.
  - b. File the completed original ADOC Form MH-080, *Mental Health Transfer Form*, in the mental health section of that inmate's medical record.
  - c. Forward a copy of the completed ADOC Form MH-080, *Mental Health Transfer Form*, to the Mental Health Site Administrator at that facility.

**VI. DISPOSITION**

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



**VII. FORMS**

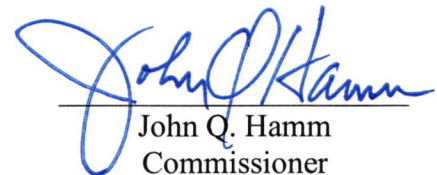
- A. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-040, *Progress Note*.
- C. ADOC Form MH-040-N, *Nursing Progress Note*.
- D. ADOC Form MH-042-A, *Acute Suicide Watch*.
- E. ADOC Form MH-042-C, *Mental Health Observation*.
- F. ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.
- G. ADOC Form MH-053-C, *Mental Health Observation: Extended Stay Reporting*.
- H. ADOC Form MH-080, *Mental Health Transfer Form*.

**VIII. SUPERSEDES**

This Administrative Regulation supersedes AR 638, *Mental Health Observation*, dated August 17, 2020, 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 CARE IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH CARE IN PRISONS (2018).

  
John Q. Hamm  
Commissioner

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



<b>Last Name</b>	<b>First Name:</b>	<b>AIS:</b>
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:    /    /

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

<i>S/ (narrative)</i>

**O/ Mental Status Examination**      *(Describe pertinent details.)*

<b>Consciousness / Cognition</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
<b>Appearance</b>	<input type="checkbox"/> Good hygiene
<b>Behavior/ Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
<b>Speech:</b>	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
<b>Mood/affect:</b>	<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
<b>Thought Content</b>	<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



<b>Harm</b>	<input type="checkbox"/> <b>None</b> <b>Suicide:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate <b>NSSI:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <b>Aggression:</b> <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
<b>Thought Process</b>	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
<b>Perception:</b>	<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
<b>Insight &amp; Judgment</b>	<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
<b>Neuro / EPS</b>	<input type="checkbox"/> Y <input type="checkbox"/> N Current AIMS:       /       /       Other/Details:

<b>Lab Review:</b>	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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<b>A/ (Use DSM-5 Diagnosis; Include differential diagnosis)</b>
<b>Formulation/Summary (Include risk assessment)</b>

<b>P/ Include Rx and lab orders)</b>
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:

<b>Psychiatrist / NP: (Print)</b>	<b>Sign:</b>
<b>My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:</b>	
<b>Date:</b> /       /	<b>Start time:</b> : <b>AM PM</b> <b>End Time:</b> : <b>AM PM</b>



Alabama Department of Corrections  
**NURSING PROGRESS NOTE**



<input type="checkbox"/> O/P <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> ASW <input type="checkbox"/> NASW <input type="checkbox"/> CONSTANT OBS <input type="checkbox"/> MHO	MH CODE:   A   B   C   D	SMI:   Y   N
S		
O	<p><u>VITAL SIGNS:</u>   B/P: _____   HR: _____   RR: _____   Temp: _____   O<sub>2</sub> 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  <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  <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  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  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  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  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  <input type="checkbox"/> Dizziness   <input type="checkbox"/> Repetitive Movement   <input type="checkbox"/> Other:</p>	
A		
P	<input type="checkbox"/> Continue to monitor <input type="checkbox"/> Refer to Licensed Counselor <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner Describe:	

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

ADOC Form MH-040-N  
03-2024

Disposition: Inmate Health Record



## ACUTE SUICIDE WATCH

**Intervention:** ☐ Acute Suicide Watch; Constant Observation Documented No Less Than Every 15 Minutes

**Property Permitted:** Suicide Smock, Suicide Blanket, Suicide Mattress, Meals for Suicide Precaution

**Cell Location:** \_\_\_\_\_ **Date of Initiation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_

**Inmate Name** \_\_\_\_\_

**AIS #** \_\_\_\_\_

**Facility** \_\_\_\_\_

Code	Activity	Code	Activity	Code	Activity	Code	Activity
1	Yelling	9	Quiet	16	Fluid Accepted	24	Toileted
2	Banging	10	Relaxed	17	Fluids Rejected	25	Showering
3	Crying	11	Sitting	18	Meal Accepted	26	Refused to Leave Cell
4	Laughing	12	Walking	19	Meal Rejected	27	Mental Health Visit
5	Conversing	13	Standing	20	Accepted Rx	28	Nursing Visit
6	Mumbling	14	Sleeping	21	Rejected Rx	29	ADOC Supervisor Visit
7	Out of Cell HC Appt.	15	Out of Cell MH Appt.	22	Out of Cell Rec. or Cell Check	30	Returned to Cell
8	Sexually Inappropriate Behavior			23	Other:		

Date	Time	Activity Code	Comments	Staff Name & Title	Date	Time	Activity Code	Comments	Staff Name & Title

**Date Next Form MH-042 A**

**Continued:**

**Date Moved to Non-Acute Status:**

**Time:**

**Date All Observation Ceased:**

**Time:**

ADOC Form MH-042-A  
03-2024

Disposition: Original Inmate Health Record, Copy to Vendor MH Site Administrator



Alabama Department of Corrections  
**MENTAL HEALTH OBSERVATION**



Intervention\*: ☐ Mental Health Observation; No Less Than \* ☐ Every 15 Minutes OR \* ☐ Every 30 Minutes\*

Property Permitted as Ordered\*:

\*See ADOC OHS Form A-9(b), *Health Services Communication Form*

Cell Location: \_\_\_\_\_ Date of Initiation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Inmate Name

AIS #

Facility

Cod e	Activity		Cod e	Activity		Cod e	Activity		Code	Activity
1	Yelling		9	Quiet		16	Fluid Accepted		24	Toileted
2	Banging		10	Relaxed		17	Fluids Rejected		25	Showering
3	Crying		11	Sitting		18	Meal Accepted		26	Refused to Leave Cell
4	Laughing		12	Walking		19	Meal Rejected		27	Mental Health Visit
5	Conversing		13	Standing		20	Accepted Rx		28	Nursing Visit
6	Mumbling		14	Sleeping		21	Rejected Rx		29	ADOC Supervisor Visit
7	Out of Cell HC Appt.		15	Out of Cell MH Appt.		22	Out of Cell Rec. or Cell Check		30	Returned to Cell
8	Sexually Inappropriate Behavior					23	Other:			

Date	Time	Activity Code	Comments	Staff Name & Title		Date	Time	Activity Code	Comments	Staff Name & Title

<b>Date Next Form MH-042 C Continued:</b>			
<b>Date of Watch Status Change:</b>		<b>Time:</b>	
<b>Date All Observation Ceased:</b>		<b>Time:</b>	



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



<b>Reason for completing SRA:</b>		
<input type="checkbox"/> Initial Intake Screening	Referral: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	Other:
<input type="checkbox"/> Crisis placement	<input type="checkbox"/> Admission to Stabilization Unit (SU)	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
<b>Behavior</b>	<b>Thinking / Perceptions</b>
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
<b>Mood</b>	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	<b>Other</b>
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:	

<b>Inmate Name:</b>	<b>AIS #:</b>	<b>DOB:</b> /    /
<b>Facility:</b>	<b>Housing:</b> 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 being harmed 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"/> Chronic 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 (describe below)
Details:	

<b>Risk Assessment: Acute risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <b>Non-Acute risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Assess Acute and Non-Acute risk separately and explain each rating. (Indicate one risk level for each.)

<b>Plan:</b> <input type="checkbox"/> Initiate <u>or</u> <input type="checkbox"/> Continue <b>Acute SW</b> <input type="checkbox"/> Change to, <u>or</u> <input type="checkbox"/> Maintain <b>Non-acute SW</b> <input type="checkbox"/> Discontinue <b>SW</b>
<input type="checkbox"/> Refer for different level-of-care / placement <input type="checkbox"/> <b>SW NOT</b> Indicated
Discussion:

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

Inmate Name:	AIS #:
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Alabama Department of Corrections  
**MENTAL HEALTH OBSERVATION: EXTENDED STAY REPORTING**



☐ 72 hrs. ☐ 144 hrs.\* ☐ 216 hrs.\*

<b>Inmate Name:</b>	<b>AIS:</b>
<b>MH Code:    A    B    C    D</b>	<b>SMI:        Y    N</b>
<b>Inmate reporting suicidal ideation or engaging in self-harm?        Y    N</b> (if Yes, place on Suicide Watch)	
<b>MHO Began (date/time):</b>	<b>MHO Total Hours:</b>

<b>Reason for MHO:</b>
<b>Current Mental Status:</b>
<b>Consultation with Psychiatrist completed?        Y    N</b> (Summarize conclusions or explain reason for not consulting)
<b>Current Medication:</b>

<b>Emergency forced medication used (this placement)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Inmate adherence/compliance with medication:</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Partial <input type="checkbox"/> Poor

<b>Expected MHO Discharge Date:</b>
<b>Barriers to Discharge:</b>
<b>Plan to Address Barriers:</b>

<b>Completed by:</b>	<b>Date:</b>
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<b>Inmate Name:</b>	<b>AIS:</b>
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ADOC Form MH-053-C  
03-2024

File: Inmate Health Record/MH Tab, Site Administrator



**MENTAL HEALTH TRANSFER FORM**

<b>Name:</b>	<b>DOB:</b>
<b>AIS:</b>	<b>SMI:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MH Code:</b> A B C D	<b>IVM:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sending Facility</b>	<b>Receiving Facility:</b>
<b>Sending Level:</b> <input type="checkbox"/> OP <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU	<b>Receiving Level:</b> <input type="checkbox"/> OP <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU <input type="checkbox"/> Hosp
<b>Date Referred:</b> / /	<b>Date Accepted:</b> / /

**DSM-5 Diagnoses and Case Formulation**

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**Mental Health Medications (and adherence):**

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**Counseling / Activities/ Recommendations:**

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**Medical Diagnoses:**

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**Relevant History:** (Check if present in last 12 months and specify date of last occurrence)

<input type="checkbox"/> Suicide Attempt:		<input type="checkbox"/> SLU Placement:	
<input type="checkbox"/> Self-injury (NSSI):		<input type="checkbox"/> RHU Placement	
<input type="checkbox"/> Crisis Placement:		<input type="checkbox"/> Disciplinary Action	
<input type="checkbox"/> MH Hospitalization:		<input type="checkbox"/> Abuse of Drugs/Substances	
<input type="checkbox"/> SU Admission:		<input type="checkbox"/> Correctional Risk Factors	
<input type="checkbox"/> RTU Placement:		<input type="checkbox"/> Parole/release denial:	

***Sending Facility Treatment Coordinator:***

Print Name:	Sign:	Date:
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***Receiving Facility Nurse:***

Print:	<b>Received with Inmate:</b>		
Sign:	Health Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Transferred: / /	7-day Medication Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MH Notified (MH-008)	<input type="checkbox"/> Yes <input type="checkbox"/> No		