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ADMINISTRATIVE REGULATION  
NUMBER

640

OPR: HEALTH SERVICES

## ADVANCED INPATIENT MENTAL HEALTH CARE

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for Advanced Inpatient Hospital-Level Care for inmates with ADOC custody.

### II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody, who have a Serious Mental Illness designation and whose needs for mental health services exceed those available within ADOC, are placed in a Mental Health Inpatient Treatment Center for Advanced Inpatient Mental Health Care.

### III. DEFINITIONS AND ACRONYMS

- A. **Advanced Inpatient Hospital-Level Care (AIHLC)**: Hospital-level multidisciplinary mental health care provided in a secure Mental Health Inpatient Treatment Center (MHITC) to treat an acute exacerbation of mental illness that exceeds the capabilities of residential care within the ADOC.
- B. **Diagnostic and Statistical Manual of Mental Health Disorders**: A manual published by the American Psychiatric Association (currently in its 5th edition—the DSM-5-TR) widely used by mental health professionals in the United States to define and to classify mental disorders.
- C. **Mental Health Inpatient Treatment Center (MHITC)**: A licensed ADOC or private mental health inpatient treatment center with the capability to provide Advanced Inpatient Hospital-Level Care to inmates within ADOC's custody.

- D. **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.
- E. **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.
- F. **Serious Mental Illness (SMI)**: Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).
- G. **Stabilization Unit (SU)**: 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.
- H. **Structured Living Unit (SLU)**: An outpatient diversionary unit for inmates diagnosed with Serious Mental Illness who would otherwise have been placed in a restrictive housing unit.
- I. **Vendor Psychiatric Director**: A Vendor mental health staff who, by virtue of education, experience, or certification, can assume responsibility for oversight of all Vendor psychiatric providers.

#### 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 all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Psychiatric Director is responsible for ensuring that all 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.
- H. The MHITF is responsible for providing AIHLC to inmates within ADOC custody consistent with this AR and any contractual obligations with ADOC.

**V. PROCEDURES**

- A. Referral for AIHLC:
  - 1. The Vendor psychiatric provider will use clinical judgment in determining whether to refer an inmate, whose needs for mental health services related to a severe mental illness exceed those mental health services availability within the ADOC, for AIHLC.
  - 2. Vendor facility psychiatrists, in collaboration with the inmate's Treatment Team, have the clinical autonomy and responsibility to make decisions about the need for AIHLC.
  - 3. The Vendor Psychiatric Director (or designee) provides clinical consultation and oversight as needed.
  - 4. The Vendor psychiatric provider may determine that an inmate in the SU who has not sufficiently stabilized for discharge from the SU to a less-restrictive setting be discharged from the SU to a MHITC for AIHLC.
  - 5. The treating psychiatrist may determine, in consultation with the Vendor Psychiatric Director, that an inmate in either a Crisis Cell placement or the RTU whose needs for mental health services exceed those services available in the SU be discharged directly from the Crisis Cell or RTU to a MHITC for AIHLC.
  - 6. The inmate's Treatment Coordinator will complete and submit copies of ADOC Form MH-078, *Mental Health Transfer to Advanced Inpatient Hospital Level Care Form*, to the Vendor Mental Health Site Administrator (or designee) at that facility .

B. Pre-Transfer Requirements:

1. An inmate being discharged to a MHITC for AIHLC will continue to receive all current treatments until that inmate is transported to the MHITC.
2. The Facility Medical Director (or designee) will assess the current medical needs and provide medical clearance for an inmate being discharged to a MHITC for AIHLC before that inmate is transported to the MHITC.
3. If an inmate is not transported to a MHITC within seven (7) days from, then the Vendor Mental Health Site Administrator will notify the ADOC Regional Psychologist assigned to the facility where that inmate is housed and the Vendor Mental Health Program Director.

Designated ADOC staff will be included on communications regarding referral, admission, and discharge.

4. The MHITC psychiatrist will review an inmate's evaluation and treatment needs in determining whether that inmate is clinically appropriate for admission to the MHITC.
5. The MHITC psychiatrist will document both the clinical rationale for determining not to admit that inmate and the specific admission criteria that the inmate failed to meet, a copy of which will be filed in the mental health section of the inmate's medical record.
6. The referring vendor mental health program will forward the inmate's pertinent mental health and medical records to the MHITC prior to that inmate's transportation to the MHITC.
7. If an inmate requires unexpected and emergency medical services while at the MHITC, then:
  - a. The MHITC will contact the vendor designated medical physician (Statewide Medical Director or designee, such as the Facility Medical Director) if an inmate develops a medical condition after that inmate is transported and admitted to the MHITC.
  - b. The MHITC will collaborate with the designated vendor medical physician in providing an inmate with the necessary medical diagnostic and treatment while that inmate is at the MHITC.
  - c. The MHITC may resolve medical emergencies without collaboration with vendor medical staff.

8. The MHITC will manage psychiatric emergencies in a manner consistent with relevant standards and guidelines.

C. Advanced Inpatient Hospital-Level Care:

1. AIHLC for an inmate within ADOC custody:
  - a. Includes multidisciplinary team-based assessments and treatment sufficient to promote recovery from serious mental disorder.
  - b. Is provided within a secure treatment environment.
  - c. Provides twenty-four (24) hour skilled psychiatric nursing, daily psychiatric clinical guidance, and daily access to medical care.
  - d. Provides a structured treatment milieu with individual and group counseling, therapy and activities individualized to the needs of each inmate.
2. AIHLC is separate and distinct mental health service from court-ordered civil commitment proceedings, which ADOC may initiate at any time on any inmate in accordance with AR 634, *Court-Ordered Mental Health Hospital-Level Care*).
3. ADOC ensures that AIHLC is available for inmates within its custody either through a licensed ADOC facility or a contracted MHITC.

D. Post-Transfer Requirements:

1. The Vendor mental health staff and the MHITC staff will use collaborative clinical judgment in determining whether an inmate, who refuses the voluntarily administration of prescribed medications necessary for recovery despite adequate documented efforts to motivate voluntary adherence, will be discharged from the MHITC and transported back to the ADOC.

The MHITC psychiatrist will discuss the inmate's non-adherence with the referring vendor psychiatrist and/or the Vendor Psychiatric Director before determining whether to discharge that inmate from the MHITC.

2. The MHITC will provide a progress update to designated vendor and OHS clinical management staff at least every two (2) weeks for purposes of clinical oversight and coordination of care.
3. The MHITC will report the medical emergency to the vendor statewide Medical Director or designee as soon as possible and provide all medical

records of emergency medical care within twenty-four (24) hours from the onset of the medical emergency.

- a. If the transfer of an inmate from the MHITC is necessary to provide medical care that cannot be provided at the MHITC, the vendor statewide Medical Director or designee must be contacted for approval and medical oversight.
  - b. If the inmate's medical condition prevents continuing their mental health care, the inmate must be discharged to a designated ADOC facility or to an appropriate medical facility in accordance with guidance by the vendor Medical Director or designee.
4. If an inmate requires unexpected and/or emergency medical services while at the MHITC, then:
- a. The MHITC will contact the vendor designated medical physician (Statewide Medical Director or designee, such as the Facility Medical Director) as soon as possible after that inmate develops the medical condition .
  - b. The MHITC will collaborate with the designated vendor medical physician in providing an inmate with the necessary medical diagnostic and treatment while that inmate is at the MHITC.
    - (1) However, the MHITC may resolve medical emergencies without collaboration with vendor medical staff.
  - c. The MHITC will contact the vendor statewide Medical Director or designee for medical oversight and approval before determining whether an inmate's medical condition either:
    - (1) Requires that inmate be discharged from the MHITC and admitted to another medical facility with a different or higher level of medical care than that available at the MHITC.
    - (2) Prevents the MHITC from continuing to provide that inmate with mental health care and therefore requires that inmate be discharged from the MHITC, and either be admitted to another appropriate medical facility or be transported back to the ADOC.
  - d. The MHITC will provide all medical records to the Vendor Medical Director within twenty-four (24) hours from the onset of the medical condition.



5. If an inmate requires unexpected and/or emergency mental health services while at the MHITC, then the MHITC will provide those mental health services in a manner consistent with relevant standards and guidelines.
- E. Discharge from MHITC:
1. The MHITC will forward a copy of the inmate's discharge summary and all mental health and medical records to the receiving vendor treatment team and the Vendor Psychiatric Director (or designee) for continuity of care.
  2. These documents will also be provided to the ADOC Director of Psychiatry and other designated ADOC Office of Health Services staff for oversight purposes.
- F. Post-Discharge:
1. The Vendor mental health staff and the MHITC staff will use collaborative clinical judgment in determining that inmate's discharge from AIHLC at the MHITC to the appropriate, least-restrictive treatment setting within the ADOC.
  2. An inmate's Treatment Team will continue all recommended treatments, including any non-formulary medications, that are not clinically contraindicated upon that inmate's transport and arrival back to ADOC.
- G. Reassessment of Need for Additional MHITC or Advanced Inpatient Beds:
1. The ADOC Director of Psychiatry will annually prepare a written reassessment of its need for both MHITC and AIHLC beds for inmates within the ADOC's custody on the Mental Health Caseload, which will include the consideration of the following information:
    - a. The frequency of both the use and the vacancy of beds.
    - b. The timeliness associated with the transportation and admission to an MHITC.
    - c. The determinations not to admit an inmate to an MHITC.
    - d. The sufficiency of the mental health services at an MHITC available to inmates within the ADOC's custody.
  2. If ADOC determines that its needs for MHITC or AIHLC beds have changed, then ADOC will either create or amend an agreement with an MHITC.

3. Notwithstanding the foregoing, for the period of at least two (2) years from the date of this AR, ADOC will have at least fourteen (14) dedicated beds for ADOC inmates.
4. ADOC may refer inmates within the ADOC's custody for admission to AIHLC to any MHITC (or other medical facility) that satisfies the requirements of this AR.

H. Quality Improvement and Tracking:

1. The vendor will prepare a cumulative monthly report that includes at least the following information for each inmate discharged to and from a MHITC:
  - a. The dates of admission to and discharge from the MHITC.
  - b. The length of stay at the MHITC.
  - c. The diagnoses upon the discharge from the MHITC.
2. MHITC services will be a focus of the vendor's CQI review at least quarterly.
3. Training:
  - a. Vendor will provide relevant training:
    - (1) On clinical topics for ADOC correctional staff and contracted private security staff who provide services at the MHITC.
    - (2) MHITC clinical staff on topics necessary to providing mental health care to inmates under ADOC custody.

I. No Additional Protections:

This AR and its contents shall not be construed to create or recognize any protected liberty interest or protected property interest for an inmate in:

1. Advanced Inpatient Mental Health Care.
2. Any other terms, condition, or provisions in this AR.

**VI. DISPOSITION**

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



**VII. FORMS**

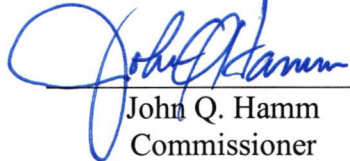
There are no forms prescribed in this AR.

**VIII. SUPERSEDES**

This Administrative Regulation supersedes AR 640, *Advanced Inpatient Mental Healthcare*, dated August 20, 2020, and any related changes.

**IX. PERFORMANCE**

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. NATIONAL COMMISSION OF CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).
- C. NATIONAL COMMISSION OF CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).



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John Q. Hamm  
Commissioner