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**ADMINISTRATIVE REGULATION  
NUMBER**

661

**OPR: HEALTH SERVICES**

## **STRUCTURED LIVING UNIT**

### **I. GENERAL**

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

### **II. POLICY**

It is the policy of ADOC to ensure that the Structured Living Units provide therapeutic alternatives to Restrictive Housing Units for inmates who either are diagnosed with a Serious Mental Illness or are otherwise determined by clinical judgment to be at elevated risk of deterioration or harm to self or others if housed in Restrictive Housing Units.

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

- A. **Gender-Responsive:** Evidence-based guidelines for programming and clinical interventions that are tailored to each person's gender.
- B. **Multidisciplinary Treatment Plan:** A "living" document that lists an inmate's mental health problems, recovery goals, and indicated treatments as assessed and updated by the Treatment Team. The Multidisciplinary Treatment Plan must be adequately detailed and individualized to address the inmate's mental health needs, based on clinical judgement.
- C. **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.

- D. **Restrictive Housing Unit (RHU)**: Inmate housing placement for the purpose of separating an inmate from the general prison population. Placement is determined by ADOC.
- E. **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).
- F. **Structured Living Unit (SLU)**: An outpatient diversionary unit for inmates who are either diagnosed with a Serious Mental Illness or are otherwise determined by clinical judgment to be at an elevated risk of harm or deterioration if placed in a restrictive housing unit.
- G. **Structured Living Unit (SLU) Behavior Contract**: A written plan/agreement between an inmate and the SLU Review Team regarding behavioral goals and the steps that each person can take to achieve them.
- H. **Structured Living Unit (SLU) Handbook**: Used to provide newly arriving inmates with information about the requirements and expectations within the unit that is updated at least annually.
- I. **Structured Living Unit (SLU) Review Team**: A multidisciplinary team comprised of clinical and security staff members including at least a Site Administrator (or designee), Health Services Administrator (or designee), licensed counselor, psychologist, licensed nurse, activity technician, classification supervisor (or designee), and a security representative designated by the warden.
- J. **Structured Therapeutic Out-of-Cell Activities**: 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).
- K. **Trauma-Informed**: Evidence-based guidelines, programming, and interventions that consider impact of trauma with the goals of promoting recovery from prior trauma and preventing further trauma.
- L. **Unstructured Out-of-Cell Activities**: 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 Mental Health Managers 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 receive 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 SLU:
  - 1. All ADOC security staff and Vendor staff assigned to the SLU 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 Warden (or designee) at each facility and the Vendor Mental Health Site Administrator will collaborate to ensure that the SLU in that facility has sufficient and consistent ADOC security staff and Vendor mental health staff coverage to ensure that an inmate in the SLU 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 or Vendor mental health staff is insufficient to ensure that inmates in the SLU are provided 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 SLU 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.
    - c. Using De-Escalation skills to prevent crises and harm to inmates or others.
  5. The ADOC security staff assigned to the SLU will provide the necessary input to an inmate's Treatment Team in accordance with AR 622, *Treatment Planning*.
  6. The Vendor nursing staff will administer medications to an inmate in the SLU in accordance with AR 617, *Psychotropic Medication Administration*.
  7. The Vendor will ensure that at least one (1) Vendor registered nurse is on duty in the SLU during each shift to ensure the adequate monitoring of the clinical needs of an inmate in the SLU.
  8. The ADOC security staff assigned to the SLU will inspect each inmate's assigned living area daily for compliance with rules, regulations, and sanitation.
  9. The ADOC security staff assigned to the SLU will serve as role models who use routine daily interactions to model appropriate behavior and to teach inmates how to constructively resolve issues in a positive manner.
- B. Referral to SLU:
1. The Sending Facility Warden (or designee) will recommend the referral to transfer an inmate to the SLU if that inmate:
    - a. Has an SMI designation and is facing RHU placement.

- b. Has an SMI designation and is already housed in the RHU and is eligible for diversion to the SLU.
  - c. Regardless of SMI designation is already housed in the RHU and is clinically assessed to be at elevated risk of deterioration or harm to self/others with continued RHU placement.
2. The Vendor Sending Facility Mental Health Site Administrator will ensure that:
  - a. 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).
  - b. 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.
3. The Vendor Receiving Facility Mental Health Site Administrator will ensure that:
  - a. 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 the 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).
  - b. The ADOC Receiving Facility Classification Unit will both maintain a list of inmates for whom that Receiving Facility has received referrals for transfer to the SLU and provide an updated digital copy of this list at minimum one (1) time every five (5) working days to the following individuals:

- (1) The ADOC Deputy Commissioner of the Office of Health Services Division.
- (2) The ADOC Deputy Commissioners of the Operations Division (i.e., both Men's Services and Women's Services).
- (3) The ADOC Director of Mental Health Services.
- (4) The ADOC Director of Psychiatry.
- (5) The ADOC Regional Mental Health Managers.
- (6) The ADOC Regional Directors of the Operations Division.
- (7) The ADOC Director of the Classification Division.
- (8) The ADOC Sending Facility Warden (or designee).
- (9) The ADOC Receiving Facility Warden (or designee).
- (10) The ADOC Sending Facility Classification Unit.
- (11) The Sending Facility Vendor Health Services Administrator.
- (12) The Receiving Facility Vendor Health Services Administrator.
- (13) The Sending Facility Vendor Mental Health Site Administrator.
- (14) The Receiving Facility Vendor Mental Health Site Administrator.

C. Transport to SLU:

1. The Sending Facility Warden (or designee) will notify the SLU Review Team within one (1) working day from the referral to transfer an inmate to the SLU.
2. The Vendor Sending Facility staff will both update the applicable electronic medical records and place all physical volumes of the medical record of the inmate being transported to the SLU in a sealed envelope and ensure that record is transported with that inmate to the Receiving Facility in accordance with AR 614, *Intra-System Mental Health Transfers*.
3. The ADOC Sending Facility Warden (or designee) will ensure that inmate is transported to the Receiving Facility within five (5) working days from

that Receiving Facility's acceptance of the referral to transfer that inmate to the SLU.

4. The ADOC Sending Facility Classification Unit and the ADOC Sending Facility security staff will coordinate the transportation of that inmate to the Receiving Facility.
5. 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 to the SLU.

D. Transfer to SLU:

1. Upon an inmate's transportation and arrival to the SLU, the Receiving Facility Warden (or designee) will assign an ADOC employee to meet with that inmate to provide the following information:
  - a. An explanation of SLU operation and requirements.
  - b. A copy of ADOC Form MH-067, *Structured Living Unit (SLU): Inmate Orientation and Expectations*.
  - c. The reason for the inmate's transfer to the SLU.
  - d. Daily operating schedule for the SLU.
  - e. Privileges allowed in the SLU.
  - f. How to access medical, dental, and mental health services.
  - g. The inmate grievance process in accordance with AR 406, *Inmate Grievance Process*.
  - h. Access to the institutional law library in accordance with AR 412, *Institutional Law Library*.
  - i. Reporting PREA violations in accordance with AR 454, *Inmate Sexual Abuse and Harassment*.
  - j. 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.

2. Upon an inmate's transportation and arrival to the SLU and before placement in a SLU cell:
  - a. The Vendor Receiving Facility nursing staff will complete all necessary reviews of the inmate in accordance with AR 614, *Intra-System Mental Health Transfers*.
3. Within three (3) working days from an inmate's arrival to the SLU:
  - a. The Vendor Receiving Facility mental health nursing staff will complete an initial nursing assessment of that inmate on ADOC Form MH-052A, *Structured Living Unit (SLU): Initial Nursing Assessment*, and provide any additional information on ADOC Form MH-040N, *Nursing Progress Note*.
  - b. The Vendor Mental Health Site Administrator at the facility where the SLU is located will assign a Treatment Coordinator to that inmate in accordance with AR 622, *Treatment Planning*.

E. Initial Clinical Evaluation:

1. Within three (3) working days from an inmate's arrival to the SLU:
  - a. The inmate's Treatment Coordinator will conduct an initial mental health assessment of that inmate on ADOC Form MH-058, *Structured Living Unit (SLU): Mental Health Assessment/Report*.
  - b. The Vendor Receiving Facility psychiatric provider will conduct an initial psychiatric evaluation of that inmate in accordance with AR 615, *Psychiatric Evaluation*.
    - (1) 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 conducted on that inmate within the last ninety (90) days.
  - c. The Vendor Receiving Facility AT will:
    - (1) Meet with that inmate to determine that inmate's interests and the opportunities for therapeutic activities.
    - (2) 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*.

- (3) Document individual contacts on ADOC Form MH-040, *Progress Note*.

F. Treatment Planning:

1. The Treatment Team of an inmate in the SLU will create, finalize, update, and review that inmate's individualized Multidisciplinary Treatment Plan in accordance with ADOC AR 622, *Treatment Planning*.
2. The Treatment Team of an inmate in the SLU will meet in accordance with AR 622, *Treatment Planning*.
3. Each Treatment Coordinator assigned to an inmate in the SLU will maintain a list of inmates assigned to that Treatment Coordinator and applicable Treatment Plan dates on ADOC Form MH-056A, *Structured Living Unit (SLU): Treatment Planning Status*, for submission to the Vendor Receiving Facility Mental Health Site Administrator.
4. An inmate housed in the SLU will continue to receive services and treatments indicated on that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan* (e.g., ordered medications, Individual Counseling, etc.) except for those services and treatments are determined by that inmate's Treatment Team, in collaboration with ADOC security staff, that cannot be safely provided in the SLU environment (e.g., Group Programming, etc.).

G. SLU Review Team:

1. An inmate's Treatment Coordinator shall create ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, for an inmate in the SLU that is adequately detailed and individualized to address that inmate's clinical and security needs.
2. An inmate's Treatment Coordinator will schedule the initial meeting with the SLU Review Team to review and finalize the completed ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, with that inmate.
3. The SLU Review Team will meet regularly, and at least weekly, for an adequate duration to both oversee the status and progress of inmates admitted to the SLU and make decisions about discharge planning.
4. All members of the SLU Review Team shall be provided access to all relevant clinical and security documents (i.e., health records, housing

status, disciplinary history, interactions with other inmates, and any other topics necessary to inform clinical and security judgment).

5. The SLU Review Team shall include the following individuals:
  - a. The inmate.
  - b. The Vendor Mental Health Site Administrator (or designee) at that facility.
  - c. The Vendor Health Services Administrator (or designee) at that facility.
  - d. The Vendor QMHP assigned to the SLU.
  - e. The Vendor psychologist at that facility, if available.
  - f. The Vendor mental health nurse assigned to the SLU.
  - g. The Vendor AT assigned to the SLU.
  - h. The ADOC Warden (or designee) at that facility.
  - i. The ADOC Classification Supervisor (or designee) at that facility.
6. The SLU Review Team may add additional members to the SLU Review Team where it determines that additional participants are necessary to adequately treat an inmate in the SLU (e.g., Vendor mental health staff, Vendor medical staff, ADOC substance use treatment staff, ADOC security staff, ADOC classification staff, etc.).
7. The SLU Review Team will encourage that inmate to attend and actively participate in that inmate's SLU Review Team meetings.
  - a. The SLU Review Team may initiate or continue a SLU Review Team meeting without that inmate's attendance if the SLU Review Team determines that, based on its clinical and security judgment, that inmate's behavior or mental status would make that inmate's attendance to the SLU Review Team meeting unsafe, unhygienic, or otherwise contraindicated.
  - b. If an inmate does not attend that inmate's SLU Review Team meeting, then the SLU Review Team will document the facts, rationale, and efforts to encourage that inmate's participation on both:

- (1) The appropriate section of ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*.
  - (2) The appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*; ADOC Form MH-040, *Progress Note*, or ADOC Form MH-040N, *Nursing Progress Note*).
8. The SLU Review Team will create, finalize, update, and review that inmate's ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, according to that inmate's clinical and security needs.
  - a. The SLU Review Team will require a quorum (i.e., a majority of all members of the SLU Review Team) present at the SLU Review Team meeting to create, finalize, update, or review that inmate's ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*.
  - b. The SLU Review Team may modify ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, based on shared decision-making between the SLU Review Team and the inmate.
  - c. An inmate in the SLU may be discharged from the SLU and placed in alternative housing for refusing to agree to and participating in the development of ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*.
9. The SLU Review Team shall include on that inmate's ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, strategies that promote that inmate's functional recovery, including:
  - a. Assigning work, duties, or jobs.
  - b. Developing appropriate social interactions with staff and peers.
  - c. Maintaining self-care, safety, and hygiene.
  - d. Participating in programming.
  - e. Achieving goals for services and treatments included in ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
  - f. Accomplishing specific individualized behavioral goals and assignments.

10. The SLU Review Team will participate in finalizing that inmate's ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, which includes explaining the following:
  - a. An explanation of the goals and objectives of SLU assignment.
  - b. An explanation of the inmate's opportunities and responsibilities for behavior change.
  - c. An explanation of the role of SLU staff in role modeling and support and change.
  - d. A review of the expectations for achievement including program participation, self-study completion, and behavior and attitude measures.
  - e. An explanation of the performance review procedures.
11. The SLU Review Team will create and finalize that inmate's ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, within fourteen (14) calendar days from the date that inmate is transported to the SLU.
12. The SLU Review Team will review that inmate's ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, at minimum every ninety (90) days and consider both:
  - a. That inmate's behavior that resulted in that inmate's transfer to the SLU.
  - b. Whether that inmate has achieved the goals before that inmate can be discharged from the SLU into a less-restrictive environment.

H. Treatment Services:

1. The ADOC security staff and Vendor mental health staff will collaborate to ensure that an inmate in the SLU 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 SLU with access to a weekly minimum of the following Structured Therapeutic Out-of-Cell Activities:
  - a. Two (2) encounters with either a Vendor registered nurse, a Vendor psychologist, or a Vendor licensed professional counselor.

- b. One (1) encounter with a Vendor psychiatric provider, based on the clinical judgment of that Vendor psychiatric provider.
  - c. Two (2) Group Programming activities.
- 3. The ADOC Warden (or designee) will ensure that ADOC security staff provides an inmate in the SLU 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. The Vendor Receiving Facility nursing staff will conduct rounds on an inmate in the SLU at least once per shift and document those rounds on ADOC Form MH-040N, *Nursing Progress Note*.
- 5. 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*.
- 6. Interventions to address medication refusal or counseling will be consistent with AR 622, *Treatment Planning*.
- 7. 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 SLU at that facility on ADOC Form MH-063A, *Structured Living Unit (SLU): Program Monitoring*.
  - c. Weekly clinical notes regarding Group Programming sessions on ADOC Form MH-040, *Progress Note*.
- 8. The Vendor QMHP will record all clinical interactions on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Note*, or ADOC Form MH-040N, *Nursing Progress Note*).

I. Out-of-Cell Time:

1. Inmates in the SLU 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.
  - b. Activities available during unstructured out-of-cell time include physical activities, exercise, recreation, social interactions, meals eaten in an out-of-cell location, etc.
2. Inmates in the SLU will begin to receive unstructured out-of-cell time on the day that inmate is transported to the SLU.
  - a. Inmates in the SLU may not begin to receive unstructured out-of-cell time on the day that inmate is transported to the SLU if there is documented evidence that such services would present a risk of harm to self or others or to the orderly operation of the SLU.
  - b. An inmate's Treatment Team will use clinical judgment in determining whether that inmate, whose documented evidence indicates needs for mental health services in excess of those services available in the SLU, will be considered for discharge to a higher level of care.
3. Structured Out-of-Cell Therapeutic Activities will count towards the weekly minimum of ten (10) hours of structured out-of-cell time.

J. Mental Health Rounds:

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

- a. Discuss any observed changes in the behavior of an inmate housed in the SLU with the ADOC security staff in the SLU.
- b. Review documentation completed by the ADOC security staff related to the participation in showers, recreation, meal consumption, and sleep patterns of an inmate housed in the SLU.
- c. Walk through the SLU and stop at each occupied cell or bed to make visual contact with each inmate assigned to that cell or bed.
  - (1) The ADOC staff and the Vendor QMHP will collaborate with ADOC security staff in the SLU to ensure there is an unobstructed view of both each inmate inside that cell or dormitory and the interior of that cell or dormitory.
- d. Appropriately document Mental Health Rounds on ADOC Form MH-020, *Structured Living Unit (SLU): Mental Health Rounds Log*, including:
  - (1) The appearance of an inmate housed in the SLU, paying attention to signs of changes to weight, injury, physical condition, hygiene, and conditions of that inmate's cell, bed, or dormitory (e.g., cleanliness, temperature, etc.).
  - (2) The observation of the behavioral status, including any changes in the behavior, of an inmate housed in the SLU.
  - (3) The needs or changes verbally expressed by an inmate housed in the SLU including how that inmate is doing, whether that inmate has mental health needs, and whether that inmate wishes to privately speak with Vendor mental health staff.
  - (4) The items identified that could potentially be used for self-harm or harm to others.
- e. Report any items that ADOC staff or Vendor staff conducting the Mental Health Rounds identifies that could potentially be used for self-harm or harm to others as well as any evidence indicating inadequate cell temperature to ADOC security staff.
- f. Initiate a referral for mental health services for any significant observations on an inmate housed in the SLU in accordance with AR 609, *Referral to Mental Health Services*.

- (1) The Vendor nursing staff must triage the referral as either emergent or urgent in accordance with AR 609, *Referral to Mental Health Services*.
- g. Submit completed ADOC Form MH-020, *Structured Living Unit (SLU): Mental Health Rounds Log*, to the Vendor Mental Health Site Administrator (or designee) at that facility upon completion of the Mental Health Rounds.

K. Length of Stay:

1. The SLU Review Team, in collaboration with an inmate's Treatment Team, will use clinical and security judgment in determining that inmate's length of stay in the SLU.
2. The SLU Review Team will extend that inmate's length of stay in the SLU and schedule another review of that inmate's ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, within ninety (90) days if the SLU Review Team determines that inmate needs additional time to achieve the goals in either ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, or ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*.
3. The SLU Review Team will discharge that inmate from the SLU if the SLU Review Team determines that inmate has achieved the goals in both ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, and ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, including:
  - a. Documented behavioral and emotional stability consistent with the capacity to function safely in a less-restrictive setting.
  - b. Absence of any major disciplinary infractions in accordance with AR 403, *Procedures for Inmate Rule Violations*, or involvement in serious incidents documented by incident report in accordance with AR 302, *Incident Reporting*, within either the date that inmate was transported to the SLU or the last ninety (90) days, whichever is longer.
  - c. Group participation.
  - d. Inmate self-report of progress, concerns, and goals.

L. Discharge Planning and Process:

1. The SLU Review Team, in collaboration with an inmate's Treatment Team, will use clinical and security judgment in determining that inmate's discharge from the SLU to a different level of care.
2. The SLU Review Team may determine that, based on documented progress toward the goals in both ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, and ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, that inmate be discharged from the SLU to:
  - a. GP, if that inmate has achieved treatment goals and exhibits the necessary coping skills, safe behaviors, and motivation for treatment.
  - b. RTU or SU, if that inmate has not achieved treatment goals and is clinically indicated for more-intensive evaluation or treatment at a higher level of care.
  - c. Higher security-level housing, if that inmate has not achieved treatment goals because of behavioral and emotional instability, which are not the result of an SMI, that are inconsistent with the capacity to function safely in a less-restrictive environment.
3. The SLU Review Team shall determine that, based on documented progress toward the goals in ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, that inmate either be subject to a review and update of the ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*, or be discharged from the SLU to higher security-level housing if, by the 180th day of transfer into the SLU, that inmate has not achieved treatment goals because of behavioral and emotional instability, which are not the result of an SMI, that are inconsistent with the capacity to function safely in a less-restrictive environment.
4. The SLU Review Team may only determine that inmate be discharged directly from the SLU to an RHU in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
5. The SLU Review Team will consult the Vendor Psychiatric Director (or designee) if it has unresolved questions about the clinical appropriateness of that inmate's discharge from the SLU.
6. Guidelines for discharge from the SLU:
  - a. The Vendor Receiving Facility psychiatric provider will document the SLU Review Team and Treatment Team's collaborative determination to discharge the inmate on ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.

- 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 SU/RTU/SLU Discharge Summary*, if that inmate is being discharged to general population.
  - (2) ADOC Form MH-080, *Mental Health Transfer Form*, if that inmate is being discharged for transfer to the RTU or SU.
- 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 SLU within forty-eight (48) hours from the date of the determination of that inmate's SLU Review Team to discharge that inmate.
  - (1) The Vendor Mental Health Site Administrator will promptly report any delays in transfers from the SLU at that facility to both the ADOC Regional Mental Health Manager to whom that facility is assigned and the Vendor Mental Health Program Director (or designee).
- e. The Vendor mental health staff will file the discharge documentation in the mental health section of the inmate's medical record.
- f. 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.
- g. 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 prescribed at the time of discharge.

- h. 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 SU/RTU/SLU Discharge Summary*.
  - (2) File the completed original ADOC Form MH-050 in the mental health section of the inmate's medical record.

M. Monthly Reporting:

1. In addition to the reporting requirements provided in AR 636, *Mental Health Services Reporting*, the Vendor Mental Health Site Administrator at each facility will also submit to the Vendor Mental Health Program Director the following facility-specific reports:
  - a. ADOC Form MH-054A, *Structured Living Unit (SLU): Admission and Discharge Log*.
  - b. ADOC Form MH-061A, *Structured Living Unit (SLU): Inmate Roster – Last Day of the Month*.

**VI. DISPOSITION**

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

**VII. ANNEXES AND FORMS**

- A. ADOC Form MH-013, *Mental Health Coding Form*.
- B. ADOC Form MH-018, *Psychiatric Evaluation*.
- C. ADOC Form MH-020, *Structured Living Unit (SLU): Mental Health Rounds Log*.
- D. ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.
- E. ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
- F. ADOC Form MH-037, *Group Attendance Roster*.
- G. ADOC Form MH-040, *Progress Note*.
- H. ADOC Form MH-040N, *Nursing Progress Note*.

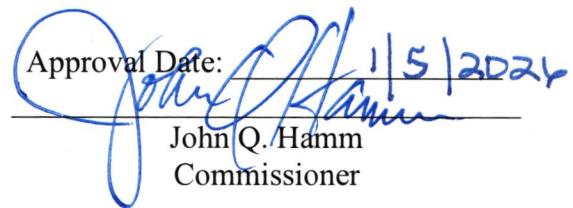
- I. ADOC Form MH-050, *Mental Health SU/RTU/SLU Discharge Summary*.
- J. ADOC Form MH-052A, *Structured Living Unit (SLU): Initial Nursing Assessment*.
- K. ADOC Form MH-054A, *Structured Living Unit (SLU): Admission and Discharge Log*.
- L. ADOC Form MH-056A, *Structured Living Unit (SLU): Treatment Planning Status*.
- M. ADOC Form MH-058, *Structured Living Unit (SLU): Mental Health Assessment/ Report*.
- N. ADOC Form MH-061A, *Structured Living Unit (SLU): Inmate Roster-Last Day of the Month*.
- O. ADOC Form MH-063A, *Structured Living Unit (SLU): Program Monitoring*.
- P. ADOC Form MH-067, *Structured Living Unit (SLU): Inmate Orientation and Expectations*.
- Q. ADOC Form MH-068, *Structured Living Unit (SLU): Behavior Contract*.
- R. ADOC Form MH-080, *Mental Health Transfer Form*.

## **VIII. SUPERSEDES**

This Administrative Regulation is new and does not supersede any other regulation.

## **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).

Approval Date: 1/5/2024  
  
John Q. Hamm  
Commissioner

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH CODING FORM**



<b>Circle MH Code Below:</b>		<b>Indicators:</b>
<b>MH-A</b>	<b>Not on caseload</b>	Indicates that the inmate is not currently receiving ongoing mental health services and is not on the caseload. Receives crisis intervention services whenever indicated.
<b>MH-B</b>	<b>Outpatient (Major/CWC/ WR)</b>	Indicates that the inmate requires outpatient mental health services at intervals of ninety (90) to one-hundred twenty (120) days as designated by the provider. Inmate should demonstrate appropriate coping skills for period of six (6) months. The Psychiatrist at his/her discretion can permit an MH-B to be housed in facilities that do not provide daily on-site mental health staff.
<b>MH-C</b>	<b>Outpatient (Major Facility)</b>	Indicates that the inmate requires outpatient mental health services at intervals of thirty (30) to sixty (60) days, have any diagnosed mental disorder (excluding substance use disorders) currently associated with an impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and must be housed in facilities that provide daily on-site coverage by mental health.
<b>MH-D</b>	<b>Residential</b>	Indicates that the inmate is receiving chronic or acute mental health services due to psychological, cognitive or behavioral functioning that substantially interferes with the inmate's ability to meet the ordinary demands of living. Requires placement in a specialized mental health housing unit.

<b>DSM 5 Diagnosis:</b>	
<b>SMI Designation –</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Comments:</b>	
<b>Psychiatrist/Psychologist or Nurse Practitioner (Print):</b>	
<b>Signature:</b>	<b>Date:</b>

Inmate Name  
 ADOC Form MH-013

AIS#

Facility

File: Health Record/MH Tab

ALABAMA DEPARTMENT OF CORRECTIONS  
**PSYCHIATRIC EVALUATION**



Last Name	First Name	AIS
DOB: / /	Race/Ethnicity:	Gender
<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"/> RHU <input type="checkbox"/> Other:	

**Reason for Evaluation and Chief Complaint**


**Present Problems and Symptoms**


**Review of Symptoms**      **Yes**    **No**      **Comments**

Depression			
Mania			
Psychosis			
Anxiety			
Posttraumatic			
Cognitive			
Behavioral			
Other/Details:			

**Psychiatric Treatment History (lifetime)**

<input type="checkbox"/> Y <input type="checkbox"/> N   Inpatient:
<input type="checkbox"/> Y <input type="checkbox"/> N   Outpatient:
<input type="checkbox"/> Y <input type="checkbox"/> N   MH Tx in jail:
Other info:

**Medical History (pertinent)**


ALABAMA DEPARTMENT OF CORRECTIONS  
**PSYCHIATRIC EVALUATION**



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

<input type="checkbox"/> Y <input type="checkbox"/> N Antipsychotic
<input type="checkbox"/> Y <input type="checkbox"/> N Mood Stabilizer
<input type="checkbox"/> Y <input type="checkbox"/> N Antidepressant
<input type="checkbox"/> Y <input type="checkbox"/> N Anxiolytic
<input type="checkbox"/> Y <input type="checkbox"/> N Stimulant
<input type="checkbox"/> Y <input type="checkbox"/> N Hypnotic
<input type="checkbox"/> Y <input type="checkbox"/> N Other:
<input type="checkbox"/> Y <input type="checkbox"/> N Hx Adverse Drug Reactions
Prior AIMS ( <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A) Date: _____ Result: _____
Additional Info: _____

**Suicidality and self-harm (lifetime history, including childhood)** *Check all applicable items.*

<input type="checkbox"/> Y <input type="checkbox"/> N SRA completed today		<input type="checkbox"/> Y <input type="checkbox"/> N SRA previously completed on / /	
<b>Suicide attempts (lifetime)</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Firearm	Other/Details:
	<input type="checkbox"/> Once	<input type="checkbox"/> Hanging	
	<input type="checkbox"/> Multiple times	<input type="checkbox"/> Asphyxiation	
	<input type="checkbox"/> Unreported	<input type="checkbox"/> Poisoning	
	<input type="checkbox"/> Emergency care	<input type="checkbox"/> Jumping	
	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Vehicle crash	
<b>Non-suicidal self-harm</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Visible scars	
	<input type="checkbox"/> Cut/Scratch	<input type="checkbox"/> Provides relief	
	<input type="checkbox"/> Hit		
	<input type="checkbox"/> Burning		
	<input type="checkbox"/> Other		
<b>Tempting fate</b>	<input type="checkbox"/> Y <input type="checkbox"/> N (Actions with indifference to death): _____		
<b>Other into</b>	_____		

**Aggression and Harm to Others (lifetime history, including childhood)** *Check all applicable items.*

<b>Altercations / assaults</b>	<input type="checkbox"/> No injuries	<input type="checkbox"/> No weapons	Other/Details:
	<input type="checkbox"/> Other injured	<input type="checkbox"/> Firearm used	
	<input type="checkbox"/> Fatal outcome	<input type="checkbox"/> Other weapon	
<b>Fantasies of harming someone</b>	<input type="checkbox"/> Current	<input type="checkbox"/> Persecutory	
	<input type="checkbox"/> Prior	<input type="checkbox"/> Obsessive	
	<input type="checkbox"/> Planned	<input type="checkbox"/> Has intent	
	<input type="checkbox"/> Acted	<input type="checkbox"/> Has means	

ALABAMA DEPARTMENT OF CORRECTIONS  
**PSYCHIATRIC EVALUATION**



**Social History (pertinent)**


**Substance Abuse/Addiction Treatment History (Lifetime)**

<input type="checkbox"/> Y <input type="checkbox"/> N   Outpatient tx/rehab
<input type="checkbox"/> Y <input type="checkbox"/> N   Residential tx/rehab
<input type="checkbox"/> Y <input type="checkbox"/> N   Overdose (accidental)
<input type="checkbox"/> Y <input type="checkbox"/> N   Withdrawal symptoms
<input type="checkbox"/> Y <input type="checkbox"/> N   Hx IVDA

**Objective/ Mental Status Examination (Provide details)**

<b>Consciousness / Cognition</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3
<b>Appearance</b>	<input type="checkbox"/> Good hygiene
<b>Behavior/ Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Attentive
<b>Speech:</b>	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate/Rhythm <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Coherent
<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
<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>Harm Self/Others</b>	Details:
<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
<b>Insight &amp; Judgment</b>	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Judgment Intact
<b>Neuro / EPS</b>	AIMS Today ( <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A)      Result:

**Diagnosis (Use DSM-5 terminology)**


ALABAMA DEPARTMENT OF CORRECTIONS  
**PSYCHIATRIC EVALUATION**



**Case formulation & Level of Function**


**Plan**

<b>Medication:</b>
<b>Lab Orders</b> <input type="checkbox"/> N <input checked="" type="checkbox"/> Y
<b>Psychotherapy/Counseling</b> <input type="checkbox"/> N <input checked="" type="checkbox"/> Y If yes, to be provided by:
<b>Consultation / Referral to Medical Service</b> <input type="checkbox"/> N <input checked="" type="checkbox"/> Y
<b>Patient Education</b> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent <input type="checkbox"/> Patient Info Fact Sheet (PIF)
<b>Other:</b>

**Follow-up scheduled in:**

**SMI:**  N  Y      **MH-CODE:**  A  B  C  D

<b>Psychiatrist/NP Name/Credentials (Print):</b>	<b>Signature:</b>	<b>Date and Time:</b> ____/____/____ @ ____:____ AM/PM
--	-------------------	--

**My signature verifies that I have interviewed and examined this individual in an out-of-cell setting that provides sound confidentiality. Explain any exceptions:**



ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): MENTAL HEALTH ROUNDS LOG**

ADOC Form MH-020

File: Vendor Mental Health Site Administrator

ALABAMA DEPARTMENT OF CORRECTIONS  
**PSYCHIATRIC/CRNP 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"/> WWR	
<b>MH Code:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Last change: / /	<b>SMI:</b> <input type="checkbox"/> Y <input type="checkbox"/> N Last change: / /

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

**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/CRNP 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
--------------------	--

<b>A/</b> (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

<b>P/</b> (Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

<b>Psychiatrist / NP:</b> (Print)	Sign:
<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> : <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>End Time:</b> : <input type="checkbox"/> AM <input type="checkbox"/> PM
------------------	--	--

ADOC Form MH-025

Page 2 of 2  
Disposition: Inmate Health Record

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN**



<b>Patient Name</b>		AIS	DOB	MH Code	SMI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADOC Intake (year)		Sentence		Min Release Date		EOS date	
Current Housing		Date Last RHU Placement <input type="checkbox"/> N/A		Tx Plan Finalized (date)		ADOC Release Plan <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
HX Crisis Placement <input type="checkbox"/> Y <input type="checkbox"/> N		HX SU/RTU <input type="checkbox"/> Y <input type="checkbox"/> N		IVM <input type="checkbox"/> Y <input type="checkbox"/> N		Safety Plan <input type="checkbox"/> Y <input type="checkbox"/> N	
HX Suicide Attempt <input type="checkbox"/> Y <input type="checkbox"/> N		HX NSSI <input type="checkbox"/> Y <input type="checkbox"/> N		HX SUD <input type="checkbox"/> Y <input type="checkbox"/> N		HX SUD Tx <input type="checkbox"/> Y <input type="checkbox"/> N	

<b>Date Added</b>	<b>DSM-5 Diagnosis</b>

<b>Pertinent Medical Diagnoses</b>	

<b>Key item review (check if completed and add pertinent comments/dates)</b>	
<input type="checkbox"/>	<b>Substance Use History Review</b>
<input type="checkbox"/>	<b>Safety Plan Review</b>
<input type="checkbox"/>	<b>Group Therapy Participation</b>
<input type="checkbox"/>	<b>Medication Adherence</b>
<input type="checkbox"/>	<b>Crisis Placements</b>
<input type="checkbox"/>	<b>Disciplinary Actions</b>
<input type="checkbox"/>	<b>Recent Stressful/Traumatic Event</b>

<b>Additional Comments</b>	

<b>Inmate Name:</b>	<b>AIS #:</b>	<b>DOB:</b>	/	/
<b>Program Level/Housing:</b> OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		<b>Facility:</b>		

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN**



**PROBLEM LIST:**

Master  Amended

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
<i>Intervention:</i>			
Responsible Staff:			
Objective (b):			
<i>Intervention:</i>			
Responsible Staff:			
<b>Anticipated barriers and strategies to resolve:</b>			

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
<i>Intervention:</i>			
Responsible Staff:			
Objective (b):			
<i>Intervention:</i>			
Responsible Staff:			
<b>Anticipated barriers and strategies to resolve:</b>			

Inmate Name:	AIS #:	DOB: / /
<b>Program Level/Housing:</b> OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN**



**Treatment Team Meeting**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<u>Staff</u>	<u>Name (Print)</u>	<u>Signature</u>	<u>Attended Treatment Meeting</u>	<u>Comments</u>
Psychiatrist/ CRNP			MANDATORY	
Licensed Counselor			MANDATORY	
Psychologist			Y N	
MH Nurse			Y N	
Activity Technician			Y N	
ADOC Officer			Y N	
Medical			Y N	
Other			Y N	
Inmate/ Patient			Y N	

***\*\*If patient did not attend the Treatment Team Meeting\*\****

<b>Reason:</b>   		
<b>Efforts to motivate attendance:</b>   		
<i>My signature confirms that the patient refused or was unable to participate in this Treatment Team Meeting.</i>	<b>QMHP Print/Signature</b>	<b>Date</b>

<u>Dates Plan Reviewed</u>	<u>Comments</u>

<b>Inmate Name:</b>	<b>AIS #:</b>	<b>DOB:</b> / /
<b>Program Level/Housing:</b> OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		<b>Facility:</b>

ALABAMA DEPARTMENT OF CORRECTIONS  
**GROUP ATTENDANCE ROSTER**



<input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU <input type="checkbox"/> OUTPATIENT	Group Leader	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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

**GROUP CANCELLATIONS:**

DATE CANCELLED	REASON

ADOC Form MH-037

Page \_\_\_\_\_ of \_\_\_\_\_

Disposition: Mental Health Site Administrator

## ALABAMA DEPARTMENT OF CORRECTIONS

## **PROGRESS NOTE**

(One note per sheet)



<b>Date:</b>	<b>Purpose:</b>	<b>MH Code:</b> <input type="text"/>
<b>Start Time:</b>	<b>Location:</b>	<b>SMI:</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>End Time:</b>	<b>Confidential Location:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>If No, explain:</b>	

INMATE NAME	AIS #	FACILITY

ALABAMA DEPARTMENT OF CORRECTIONS  
**NURSING PROGRESS NOTE**



<input type="checkbox"/> O/P <input type="checkbox"/> OSU <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
<b>S</b> <hr/>		
<b>O</b> <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> <b>A</b> <hr/> <hr/> <hr/> <hr/>		
<b>P</b> <p><input type="checkbox"/> Continue to monitor   <input type="checkbox"/> Refer to Licensed Counselor   <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner      Describe:</p>		

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

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH SU/RTU/SLU DISCHARGE SUMMARY**



Name:	DOB:    /    /
AIS:	SMI: <input type="checkbox"/> Yes <input type="checkbox"/> No
MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	IVM: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sending Facility:	Receiving Facility:
FROM: <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU	TO: <input type="checkbox"/> Hospital <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> OP <input type="checkbox"/> SLU
Admission Date:    /    /	Discharge Date:    /    /

**DSM-5 Diagnoses and Case Formulation** (Also list any *medical diagnoses that affect mental health*)

**Current Mental Status, Behavioral Function, and Treatment Progress:**

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

**Counseling/Activities**

**Other Recommendations:**

**Treatment Coordinator:**

Print:	Sign:	Date:
--------	-------	-------

**Psychiatric Provider:**

Print:	Sign:	Date:
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ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): INITIAL NURSING ASSESSMENT**



Facility:	Date/Time of Admission:				
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B/P	P	R	HT	WT	Allergies:
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**PAST MEDICAL HISTORY:**

- Diabetes  Heart Disease  Kidney Disease  Hypertension  Cancer  TB  
 Seizures  COPD  Back Problems  Liver Disease  Stroke  
 Peptic Ulcer D/O  Congenital D/O  Peripheral Vascular Disease  
 Other/Details:

**ASSISTIVE DEVICES:**

- Walker  Crutches  Cane  Wheelchair  Artificial Limbs  
 Glasses  Hearing Aid  Partial Dentures  Upper Dentures  Lower Dentures  
 Other:

**MAJOR ILLNESSES/ACCIDENTS/SURGERIES/ETC.:**

--

**CURRENT MEDICAL PROBLEMS:**

--

**CURRENT MEDICAL MEDICATIONS/DOSAGES:**

--

**ADHERENCE/COMPLIANCE:**

- 100%  50% 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:**  Yes  No

Last Episode:(explain):

**STRUCTURED LIVING UNIT (SLU): INITIAL NURSING ASSESSMENT****PSYCHIATRIC HISTORY:****First Onset of Mental Health Problems and Treatment:****Psychiatric Hospitalizations/Treatment/Medications/Medication Compliance:****(History of) Medication Side Effects:****EDUCATIONAL ASSESSMENT:**

Highest Education Completed: \_\_\_\_\_

 Able to Read Simple Information (Observe)     Able to Write Own Name (Observe)**MENTAL STATUS:**EYE CONTACT:  Good  Satisfactory  Poor  StaringHYGIENE:  No deficiencies  Disheveled  Malodorous  DirtyBEHAVIOR:  Calm  Cooperative  Pleasant  Uncooperative  Agitated  Irritable  Hostile  
 BizarreORIENTATION:  Person  Place  Time  SituationAWARENESS:  Alert  Attentive  Confused  DistractedSPEECH:  Clear  Soft  Loud  Rambles  Rapid  Slow  Pressured  Slurred  
 Tangential  CircumstantialTHOUGHTS:  Logical  Reality-based  Concrete  Obsessive Loose Associations  Disorganized  Grandiose  Hyper-religious  ParanoidPERCEPTIONS:  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 reason for SLU placement**Assessment Completed****By:****Date:** ADDITIONAL NOTES ON ADOC FORM MH-040 (PROGRESS NOTE)**Inmate Name:****DOB:****AIS #:**



ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): ADMISSION AND DISCHARGE LOG**

ADOC Form MH-054A

Page \_\_\_\_\_ of \_\_\_\_\_

**Disposition: Mental Health Site Administrator**



ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): TREATMENT PLANNING STATUS**

ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): MENTAL HEALTH ASSESSMENT/REPORT**



<b>Inmate Name:</b>			<b>AIS #:</b>		<b>DOB:</b> / /
<b>Facility:</b>		<b>MH Code:</b> <input type="checkbox"/> B <input type="checkbox"/> C	<b>SMI:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SLU Arrival Date:</b> / /	

**Mental Health Screening Questions:**

	<b>Yes</b>	<b>No</b>	Check "Yes" or "No" for each question below:
1			Current/recent mental health (MH) <b>concerns or symptoms</b> :
2			Prescribed psychotropic medication within last 12 months? (If "No," skip to question 4)
3			If "Yes" to question 2, any non-adherence during that period?
4			If ever on medication, ever on involuntary medication status (IVM)?
5			Was inmate ever on a Residential Treatment Unit (RTU) or Stabilization Unit (SU)?
6			Ever placed in a MH <b>crisis cell</b> for any reason (whether or not on caseload at that time)?
7			Now or recently considering <b>self-harm or suicide</b> ?
8			History of suicide <b>attempt</b> ? (lifetime)
9			History of <b>non-suicidal self-injury</b> ? (lifetime)
10			Now or recently wanting to <b>harm someone else</b> ?
11			Fear/worry about <b>being harmed</b> by someone?
12			<b>History</b> of mental health (MH) treatment <b>prior to ADOC (including jail)</b> ? (If "No," skip to question 17)
13			If yes, was this ever in an <b>emergency room/department</b> ?
14			If yes, ever admitted to a <b>hospital</b> for psychiatric care?
15			If yes, MH outpatient (clinic or office)?
16			If yes, ever treated in jail?
17			<b>Recent use</b> of illicit/non-prescribed drugs/substances?
18			If yes, list types/when last used:
19			<b>Prior history</b> of substance abuse or addition or accidental overdose?

ADOC Form MH-058

Page \_\_\_\_\_ of \_\_\_\_\_

Disposition: Inmate Health Record/MH Tab

ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): MENTAL HEALTH ASSESSMENT/REPORT**



**Behavioral Observations:** (check all that apply)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Agitated/Hyperactive	<input type="checkbox"/> Passive	<input type="checkbox"/> Paranoid/Suspicious	<input type="checkbox"/> Forthright
<input type="checkbox"/> Anxious	<input type="checkbox"/> Tearful	<input type="checkbox"/> Delusional/Irrational	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Labile	<input type="checkbox"/> Loose Associations/ Disorganized	<input type="checkbox"/> Other:

### **Mental Status Examination:**

Appearance/Behavior:	Concentration/Orientation:
Speech:	Cognition/Intellect:
Mood/Affect:	Insight/Judgment:
Thought Process/Content:	Other:

### **Assessment and Actions Taken:**

<input type="checkbox"/> Able to report No MH referral indicated	<input type="checkbox"/> Primary Medical referral
<input type="checkbox"/> Emergency MH referral (see within one hour)	<input type="checkbox"/> Custody/Security referral
<input type="checkbox"/> Urgent MH referral (see within one day)	<input type="checkbox"/> Administrative referral for removal from segregation
<input type="checkbox"/> Routine MH Referral to QMHP (see within 3 days)	<input type="checkbox"/> Next follow-up assessment in: _____ days, or _____ weeks
<input type="checkbox"/> Referral to MH provider (psychiatrist or CRNP)	<input type="checkbox"/> Other: _____

I (QMHP) reviewed the inmate's mental health record and conducted this interview out-of-cell in a confidential setting, and the information provided in the interview  is  is not consistent with the information in the file. If not, explain any differences:

**QMHP Name (printed) with Credentials:** **QMHP Signature:** **Date and Time:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

**NOTE:** Mental health assessments are conducted out-of-cell, face-to-face, and in an area that provides sound confidentiality, unless the clinician determines it is unsafe to do so, in which instance the reasons the assessment is not confidential **must be clearly documented on this form.**

ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): INMATE ROSTER – LAST DAY OF THE MONTH**



ADOC Form MH-061A

### Disposition: Site Administrator

ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): PROGRAM MONITORING LOG**



ADOC Form MH-063A

Page \_\_\_\_\_ of \_\_\_\_\_

### Disposition: Site Administrator

ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU):**  
**INMATE ORIENTATION AND EXPECTATIONS**



Inmate Name:	AIS:	Security Level:
SLU Arrival Date:	SMI: <input type="checkbox"/> Yes <input type="checkbox"/> No	MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

#### GOALS AND OBJECTIVES

1. The Structured Living Unit (SLU) is a secure and supportive short-term alternative to Restrictive Housing Unit that offers behavioral health treatment and programs designed to improve each inmate's emotional stability and skills essential to functioning safely in general population.
2. Each inmate is expected to cooperate with staff to develop and follow an individual treatment plan and a "contract" listing behavioral goals. Violations of unit rules will result in a disciplinary review and possible removal from the SLU.

#### SLU PLACEMENT

1. You will receive a thorough assessment of your mental health needs by qualified mental health clinicians.
2. A Treatment Coordinator will be assigned to make sure all treatments and programs offered to you are chosen to meet your individual needs.
3. You will meet at scheduled times with a clinical Treatment Team and with the SLU Review Team.
4. You will be included in discussions about all aspects of your treatment plan, behavioral contract (listing the goals you will reach) and programs that are offered to you.
5. You will receive support and encouragement to try your best to accomplish the goals outlined in your treatment plan and behavioral contract.
6. Your privileges will increase as you make progress toward meeting your behavioral goals.

#### SLU OPERATIONS & INMATE PARTICIPATION AND BEHAVIOR EXPECTATIONS

1. Always maintain personal hygiene.
2. Keep your bed, personal space and housing area clean and orderly.
3. No aggressive talk or behavior, fighting, cursing, stealing, or sexual misconduct.
4. Follow written or verbal instructions from ADOC and vendor (YesCare) staff.
5. Focus each day on the goals listed in your Behavioral Contract and Treatment Plan.
6. Report any problems to clinical or custody staff.
7. Respect others and their property.

8. Take any prescribed medicine as scheduled, without any "cheeking," "palming," "hoarding," selling, or giving it away.
9. Gambling or trading personal items is not permitted.
10. Direct any questions to vendor staff or ADOC staff.

A copy of the SLU Orientation has been read to me and a copy has been provided to me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by Serving Officer/Supervisor.

<b>Serving Officer/Supervisor Printed Name &amp; Signature:</b>	<b>Date:</b>
<b>Inmate Printed Name &amp; Signature:</b>	<b>Date:</b>

ADOC Form MH-067

Disposition: Inmate; Inmate Health Record

ALABAMA DEPARTMENT OF CORRECTIONS  
**STRUCTURED LIVING UNIT (SLU): BEHAVIOR CONTRACT**



Inmate Name:	AIS:	Security Level:		
SLU Arrival Date:	SMI: <input type="checkbox"/> Yes <input type="checkbox"/> No	MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
<b>GENERAL PROGRAM EXPECTATIONS:</b> (mark all that apply)		Date Added	In Progress	Date Achieved
<input type="checkbox"/> I will consistently fulfill the expectations set forth in the <b>ADOC Handbook of Rules and Information for Inmates</b> and the <b>Structured Living Unit Orientation Handout</b> . <input type="checkbox"/> I will complete assigned unit chores or tasks as scheduled in support of creating and maintaining a positive unit environment. <input type="checkbox"/> I will show a commitment to positive change in my daily interactions with SLU peers and staff. <input type="checkbox"/> I will actively work toward completing the expectations set forth in this SLU Behavior Contract.				
<b>INTERACTION WITH PEERS:</b>				
<input type="checkbox"/> I will act in a safe way toward myself. <input type="checkbox"/> I will make no threats or attempts to harm others. <input type="checkbox"/> I will not use aggression or intimidation to get what I want from others.				
<b>SAFETY/HYGIENE:</b>				
<input type="checkbox"/> I will follow a daily hygiene plan. <input type="checkbox"/> I will handle my food tray and other food items according to unit and facility rules.				
<b>PROGRAM PARTICIPATION:</b>				
<input type="checkbox"/> I will be on time for my appointments, therapies, and classes. <input type="checkbox"/> I will have no unexcused absences. <input type="checkbox"/> I will not disrupt group or individual program sessions. <input type="checkbox"/> I will put forth positive efforts in accomplishing treatment goals, as recommended by the Treatment Team within my Treatment Plan.				
<b>SPECIFIC INDIVIDUALIZED BEHAVIOR GOALS &amp; ASSIGNMENTS:</b>				
<b>Goal/Assignment (in observable, measurable terms):</b> <input type="checkbox"/> I will				
<b>Goal/Assignment (in observable, measurable terms):</b> <input type="checkbox"/> I will				
Treatment Coordinator/Counselor Signature:		Date Reviewed:		
Inmate Signature:		Date Reviewed:		

ADOC Form MH-068

Disposition: Inmate; Inmate Health Record

ALABAMA DEPARTMENT OF CORRECTIONS  
**MENTAL HEALTH TRANSFER FORM**



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

**DSM-5 Diagnoses and Case Formulation**

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

--

**Counseling / Activities/ Recommendations:**

--

**Medical Diagnoses:**

--

**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		