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ADMINISTRATIVE REGULATION  
NUMBER 603

OPR: TREATMENT

## AUTONOMY IN MENTAL HEALTH DECISIONS

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes responsibilities, policies, and procedures to provide clinically effective mental health and psychiatric services in an environment that encourages trust and cooperation.

### II. POLICY

Clinical decisions and actions regarding the mental health treatment provided to inmates are the responsibility of qualified mental health professionals and are not compromised for security reasons. The mental health staff and security staff are expected to work cooperatively with institutional staff to ensure mental health services are provided in a safe and secure manner. Mental health staff are made aware that they are subject to the same security regulations as other institutional staff.

### III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, Mental Health Definitions and Acronyms, for definitions of the following terms used in this AR:

Crisis Cell

Intensive Psychiatric Stabilization Unit (SU)

Residential Treatment Unit (RTU)

Watch Procedures

Segregation (SEG)

#### **IV. RESPONSIBILITIES**

- A. The Director of Treatment for the ADOC is responsible for ensuring that clinically effective mental health treatment is provided in a therapeutic environment.
- B. All contracted medical and mental health staff as well as ADOC employees, who are involved in the provision of health care and mental health care services, will ensure that such services are provided in a therapeutic environment.

#### **V. PROCEDURES**

- A. Mental Health Services ARs apply to all institutions. If an institution is unable to implement a specific procedure, the Supervising Psychologist or the ADOC Psychologist/Psychological Associate will advise the ADOC Director of Treatment in writing of the need for a variance. The Director will provide written recommendation to the Commissioner for approval or denial of the variance for inclusion in the institution's Standard Operating Procedures (SOPs).
- B. The ADOC Director of Treatment will work cooperatively with ADOC institutional administrative staff to ensure mutual expectations are understood and conflicts in implementation are minimized. The Director is the final authority for ADOC mental health decisions. The decisions will be based on ADOC ARs, as well as community standards of mental health services.
- C. The ADOC Director of Treatment will be consulted when mental health staff are experiencing difficulties in implementing mental health services. The Director will solicit the assistance of ADOC administration for problem resolution.
- D. To ensure the effective treatment of inmates with serious mental illness, mental health staff will be responsible for the following:
  - 1. Admission and discharge decisions from an Intensive Psychiatric Stabilization Unit (SU), a Residential Treatment Unit (RTU) or a crisis cell.
  - 2. Transfer of the inmate to the sending institution when discharged from a SU or a RTU.
  - 3. Discharge from watch procedures.
  - 4. Recommendation for intervention when continued placement of an inmate in SEG is contributing to the deterioration of the inmate's mental status and secure options are possible.

5. Intervention to address potential problems with elevated temperatures when an inmate receiving psychotropic medication is housed in SEG.
- E. Supervisory mental health staff will work cooperatively with each institution's administration to ensure the following requirements of ADOC mental health policies are achieved:
1. Institutional staff attends the required annual mental health advanced training.
  2. Correctional Officers are regularly assigned to assist in the observation of medication administration.
  3. Correctional Officers are regularly assigned to the SU and RTU at levels that provide active treatment from 8am to 5pm, Monday through Friday, and permit inmates to be out-of-cell between the hours of 8am and 8pm every day.
  4. Only inmates authorized by mental health staff are housed on an SU or RTU.
  5. Correctional Officers assigned to an SU, RTU, mental health and medical treatment areas, or a segregation unit attends Specialized Mental Health Training.
  6. Mental health staff are permitted administrative leave to attend continuing education.
- F. Psychiatrists will be trained to avoid interfering with normal correctional procedures by initiating such physician orders as work restrictions, cell changes, lower bunks, or sack lunches unless clinically necessary. When such an order is present, the physician order will be implemented. Non-physicians do not have the right to deny physician orders. When there are conflicts with a specific order, an attempt should be made to resolve the conflict with the prescribing psychiatrist. If the conflict is not resolved, the Director of Treatment will be contacted for assistance and resolution.
- G. Mental health staff, who do not comply with the ADOC or institutional security regulations, will be disciplined and/or removed from the institution in the same manner as other ADOC staff. The ADOC Director of Treatment will be advised of any such action.

## **VI. DISPOSITION**

This section not used in this administrative regulation.

**VII. FORMS**

Refer to AR 601, Mental Health Forms and Disposition, for any form(s) used in this regulation.

**VIII. SUPERCEDES**

This AR supercedes AR 443 dated June 27, 2001.

**IX. PERFORMANCE**

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000.
- B. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003.
- C. The Code of Alabama 1975, Section 22-50-11.

  
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Donal Campbell, Commissioner