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# State of Alabama Department of Corrections

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JOHN Q. HAMM  
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March 8, 2024

**ADMINISTRATIVE REGULATION  
NUMBER** 635

**OPR: HEALTH SERVICES**

## **MENTAL HEALTH DOCUMENTATION FORMAT AND CHARTING GUIDELINES**

### **I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for formatting and charting mental health services documentation.

### **II. POLICY**

It is the policy of the ADOC to ensure that all mental health services documentation is formatted and charted consistently.

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

- A. **Mental Health Continuous Quality Improvement Program**: A structured program designed to systematically monitor current practices and documentation of mental health services to ensure compliance with policies and procedures. The program also reviews individual incidents and service delivery problems to identify areas for improvement, promote necessary change, and assess the outcome of such change.
- B. **Progress Note**: A note in a medical record documenting a clinical encounter for the purpose of evaluation or treatment that are sufficiently detailed, typically using the SOAP Format, to facilitate treatment and ensure continuity of care.
- C. **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.

- D. **SOAP Format**: A standard clinical documentation format for progress notes that includes four sections: Subjective, Objective, Assessment, and Plan.
- E. **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.

#### IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- C. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring all Vendor staff at that facility receive training on the implementation of this AR.

#### V. **PROCEDURES**

- A. Vendor Staff will be provided training in accordance with AR 608, *Staff Training in Mental Health*, including the confidentiality in mental health services and documentation in accordance with AR 604, *Confidentiality in Mental Health Services*.
- B. Vendor staff will document all clinical encounters with an inmate on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N, *Nursing Progress Notes*) and will file the original Progress Note in the mental health section of that inmate's medical record.
- C. ADOC Psychological Associates will be provided training in accordance with AR 608, *Staff Training in Mental Health*, including the confidentiality in mental health services and documentation in accordance with AR 604, *Confidentiality in Mental Health Services*.
- D. ADOC Psychological Associates will document all encounters with an inmate on ADOC Form MH-040P, *ADOC Psychological Consultation Note*, and will file the original ADOC Form MH-040P, *ADOC Psychological Consultation Note*, in the mental health section of that inmate's medical record.

- E. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will both ensure that the Vendor medical staff and the Vendor mental health staff at that facility work cooperatively to share access to an inmate's medical record.
- F. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will both ensure that an inmate's medical record:
  - 1. Is maintained in a single location.
  - 2. Is filed and organized in reverse-chronological order (i.e., with the newest records placed on top of the older records) in the sections in accordance with Attachment A, *Health Record Filing Format*, to ADOC OHS Policy & Procedures H-1, *ADOC Inmate Health Record*.
  - 3. Contains documentation for all mental health services provided within ADOC to that inmate.
  - 4. Contains information received for all mental health services provided outside ADOC both prior to and during that inmate's period of incarceration.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor staff at that facility maintain and manage the same medical record for an inmate, subject to the same security and confidentiality, regardless of whether that inmate is in the health care unit, the SU, or the RTU.
- H. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor staff at that facility generate an additional volume of an inmate's medical record if the physical file housing the medical record becomes full.
- I. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor staff at that facility ensure that the most recent volume of an inmate's medical record includes the following:
  - 1. ADOC Form MH-011, *Reception Mental Health Screening*.
  - 2. Any reception mental health evaluation.
  - 3. All SHAs and required intellectual test results completed.
  - 4. The most recent ADOC Form MH-018, *Psychiatric Evaluation*.

5. The most recent ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
  6. 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*) completed within the last ninety (90) days.
  7. Any other documentation that a Vendor QMHP determines is clinically relevant for that inmate's current Treatment Plan.
- J. Staff will review all available health records of an inmate when completing an evaluation of the inmate.
- K. The Vendor mental health staff will file the following mental health services documentation in the following sections of an inmate's medical record:
1. Section 1: Tab 2:  
  
Miscellaneous: Prior to Incarceration/Requested and Received Health Records.
  2. Section 2: Tab 1:
    - a. Physicians Orders.
    - b. Informed consents for psychotropic medications will be filed under the "Other" section on the left side of the health record.
  3. Section 4: Tab 1:
    - a. In-Patient Admissions (hospitalization off-site).
    - b. Restraint Forms.
  4. Section 5: Tab 1:
    - a. Top: Current mental health Treatment Plan, Treatment Plan Review, Mental Health Code Form, and Psychiatric Evaluation.
    - b. Authorizations for Inmate Release of ADOC Mental Health information.

- c. Abnormal Involuntary Movement Scale (AIMS) (Modified/Repeat Assessments) (from the last twelve (12) months).
  - d. Psychotropic Medication Consent forms (for active prescriptions).
  - e. Progress Notes (Mental Health).
  - f. Consultation to the Disciplinary Process.
  - g. Mental Health Watch/Restraint Procedure.
  - h. Group Activity Progress Notes.
  - i. Use of Clinical Restraints for Mental Health Purposes Monitoring.
  - j. Mental Health Unit (RTU/SU) Admission, Discharge, Summary, and Assessments forms.
  - k. Inmate Orientation to Mental Health Services.
  - l. Reception Mental Health Screening.
  - m. Reception Mental Health Evaluation.
5. Section 6: Tab 1:
- a. Medication Administration Records.
  - b. Non-Formulary Requests, Approvals, Denials, and Recommendations Forms (and responses received).
  - c. Medication Report Forms (medical, dental, mental health; counsel/non-compliance).
  - d. Medication List/Summary (generated after Reception)
  - e. Keep on Person (KOP) Medication Program Forms/Contracts
- L. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor QMHPs at that facility document all Significant Clinical Encounters with an inmate on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N,

*Nursing Progress Notes*) in sufficient detail to facilitate treatment and ensure continuity of care, including:

1. The date, start time, end time, and provided services of the Significant Clinical Encounter.
  2. The date or time frame for the next appointment and/or the follow-up for services.
  3. That inmate's progress toward achieving the goals and objectives, and any necessary modifications, of that inmate's Treatment Plan.
- M. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor QMHPs at that facility use the appropriate Progress Note as follows:
1. Vendor psychiatrists and mental health nurse practitioners will use ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*.
  2. Vendor psychologists and licensed professional counselors will use ADOC Form MH-040, *Progress Notes*.
  3. Vendor mental health nurses will use ADOC Form MH-040N, *Nursing Progress Notes*.
  4. Any Vendor QMHP may use ADOC Form MH-040, *Progress Notes*, to document ancillary or administrative information (e.g., documenting Treatment Team meetings, etc.), which does not require the use of the SOAP format.
- N. The Vendor mental health staff will document all clinical contacts with an inmate on, and before the shift ends, the day the encounter occurred.
- O. The Vendor Mental Health Site Administrator will ensure that all mental health services documentation is legible and contains the following information:
1. The services provided;
  2. The date the services were provided;
  3. The start time and end time of the encounter;
  4. The printed name, signature, and appropriate professional credentials of the writer.

- P. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that the medical record of an inmate on the Mental Health Caseload includes the following mental health services documentation:
1. ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, created, finalized, updated, and reviewed in accordance with AR 622, *Treatment Planning*.
  2. The Treatment Coordinator's follow-up.
  3. Psychiatric follow-up.
  4. Appropriate medication monitoring.
  5. Responses to inmate self-referrals, if applicable, in accordance with AR 609, *Referral to Mental Health Services*.
  6. Crisis intervention documentation, if applicable, in accordance with AR 627, *Mental Health Crisis Intervention and Emergency Services*.
  7. ADOC Form MH-041, *Mental Health Consultation to the Disciplinary Process*, if applicable, in accordance with AR 626, *Mental Health Consultation to the Disciplinary Process*.
  8. ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, if applicable, in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
  9. Notes indicating the inmate's beginning and completing of group programming.
- Q. The Mental Health Quality Improvement Program will include monthly audits of randomly selected inmate health records to assess the quality and consistency of documentation practices.

**VI. DISPOSITION**

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

**VII. FORMS**

- A. ADOC Form MH-011, *Reception Mental Health Screening*.

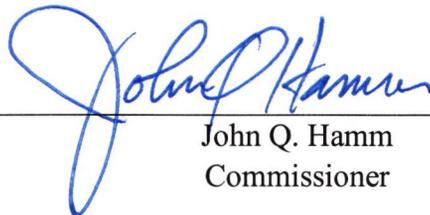
- B. ADOC Form MH-018, *Psychiatric Evaluation*.
- C. ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*.
- D. ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
- E. ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*.
- F. ADOC Form MH-040, *Progress Notes*.
- G. ADOC Form MH-040N, *Nursing Progress Notes*.
- H. ADOC Form MH-040P, *ADOC Psychological Consultation Notes*.
- I. ADOC Form MH-041, *Mental Health Consultation to the Disciplinary Process*.

**VIII. SUPERSEDES**

This Administrative Regulation supersedes AR 635, *Mental Health Documentation Format and Charting Guidelines*, dated March 21, 2005, and any related changes.

**IX. PERFORMANCE**

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



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John Q. Hamm  
Commissioner

**Alabama Department of Corrections  
Reception Mental Health Screening**



<b>Facility:</b>	<b>Date/Time Reception:</b>
<b>Date/Time Screened:</b>	<b>RN Signature:</b>

***Current or recent (within 6 months, including jail) concerns or symptoms:***

<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Reaction to incarceration:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Depressed mood or hopelessness:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Anxious/Fearful/Agitated:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Thoughts/acts of suicide or self-harm:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Hallucinations (any type)</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Irrational thoughts (delusions)</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Symptoms of intoxication or withdrawal:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Psychiatric medications:</b>  <b>If yes, prescriber/pharmacy:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Other:</b>

***Lifetime History:***

<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Mental Health Treatment: Outpatient</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Mental Health Treatment: Inpatient</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Thoughts/acts of suicide or self-harm:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Physical harm of another person:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Substance Use:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Substance use disorder treatment:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Other:</b>

**Alabama Department of Corrections  
Reception Mental Health Screening**



**Life events / circumstances:**

<input type="checkbox"/> No <input type="checkbox"/> Yes	Family/personal support:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Special education classes:
<input type="checkbox"/> No <input type="checkbox"/> Yes	History of victimization or abuse:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Head injury: <input type="checkbox"/> If Yes, with loss of consciousness? <input type="checkbox"/> If Yes, more than one head injury?

**Behavioral Observations (check if observed):**

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Poor hygiene	<input type="checkbox"/>	Disorganized	<input type="checkbox"/>	Agitated
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Tremor	<input type="checkbox"/>	Distracted	<input type="checkbox"/>	Blunted / flat
<input type="checkbox"/>	Hygiene acceptable	<input type="checkbox"/>	Sweating	<input type="checkbox"/>	Memory deficits	<input type="checkbox"/>	Illogical
<input type="checkbox"/>	Oriented x3	<input type="checkbox"/>	Signs of self-injury	<input type="checkbox"/>	Sad or tearful	<input type="checkbox"/>	Persecutory beliefs
<input type="checkbox"/>	Speech coherent	<input type="checkbox"/>	Abnormal Movement	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Threats to self
<input type="checkbox"/>	Sensory deficits	<input type="checkbox"/>	Reading difficulty	<input type="checkbox"/>	Anxious / worried	<input type="checkbox"/>	Threats to others
Other/Details:							

**Disposition / Placement:**

<input type="checkbox"/> No <input type="checkbox"/> Yes	Mental Health Referral? <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	<input type="checkbox"/> No <input type="checkbox"/> Yes	MH Housing Placement Required? <input type="checkbox"/> If Yes, Crisis Placement?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Psychotropic Medication? <input type="checkbox"/> If Yes, "Bridge" order?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date / Time Meds Verified:

**Other information:**


<b>Inmate Name:</b>	<b>AIS:</b>
<b>DOB:</b> /    /	<b>Gender:</b>
	<b>Ethnicity/Race:</b>

Alabama Department of Corrections



**Psychiatric Provider 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**

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 Provider 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	Other/Details:
	<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	Other/Details:
	<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	