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ADMINISTRATIVE REGULATION NUMBER 638

OPR: HEALTH SERVICES

MENTAL HEALTH OBSERVATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for Mental Health Observation (MHO).

II. POLICY

Mental Health Observation (MHO) requires the order of a psychiatrist or CRNP, and is only used for short-term clinical evaluation and treatment when *suicide watch (acute or nonacute) is not indicated* and when other less restrictive measures are not effective or clinically appropriate.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, Mental Health Definitions and Acronyms, for a complete glossary of terms. See below for specific terms used in this AR:

A. **Annual Mental Health Training:** Annual training that focuses on reviewing ADOC policies and practices to enhance job performance. As part of the APOSTC requirements for correctional officers, the mental health vendor provides up to eight hours of mental health training annually.

B. **Comprehensive Mental Health Training:** A specialized yearly training for ADOC staff, contract staff, and volunteers, designed to enhance understanding of inmate mental health concerns and resources for them to obtain help.

C. **Crisis Cell:** A suicide-resistant cell that is designed for housing inmates undergoing crisis assessments and interventions.

D. **In-service Mental Health Training:** Training for mental health professionals throughout the year as needed to address quality improvement and relevant changes.

E. **Mental Health Observation (MHO):** Short-term placement of an inmate in a crisis cell to provide increased observation and structure, and decreased stimulation, to aid the inmate in gaining behavioral control and decreasing his or her stress level. MHO is not to be used as part of the suicide watch process or as an alternative to suicide watch.

F. **Suicide Watch:** Placement of an inmate in a crisis cell (or other designated suicide-resistant housing as described in AR 629, Appendix A) for his/her protection because of demonstrated or threatened warning signs of suicide or self-injury. Suicide Watch is specified by a qualified mental health clinician as either "Acute" or "Nonacute."

1. **Acutely Suicidal:** (active) inmates are those who engage in self-injurious behavior or threaten suicide with a specific plan. These inmates should be placed on constant observation. (ref. NCCHC MH Guideline MH-G-04)

2. **Non-Acutely Suicidal:** (potential or inactive) inmates are those who express current suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), and/or have a recent prior history of self-destructive behavior. In addition, inmates who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury should be placed on suicide precautions and observed at staggered intervals not to exceed every 15 minutes. (ref. NCCHC MH Guideline MH-G-04)

IV. RESPONSIBILITIES

A. The ADOC Director of Psychiatry is responsible for the development of clinical criteria, guidelines and procedures for the use of Mental Health Observation.

B. The ADOC Director of Mental Health is responsible for ensuring that mental health staff, assigned security officers, and medical staff have completed required Comprehensive, In-Service and Annual Mental Health Training on the purpose and procedures of Mental Health Observation.

C. Each facility Warden (or designee) is responsible for ensuring that facility security staff who monitor or interact with inmates on MHO follow all clinical instructions written on the Health Services Communication Form (ADOC Form A-9(b)) including those regarding property, meals, clothing, activities and length of stay in a crisis cell.

V. PROCEDURES

A. Mental Health Observation (MHO) may be considered when:

1. An inmate is not able to cope effectively in a less restrictive environment due to the impact of a mental disorder; or

2. An inmate needs a brief interval of decreased social interaction in order to cope with a personal crisis that, in a less restrictive environment, could result in an exacerbation of a current mental disorder or evolve into a diagnosable mental disorder (if none previously existed).

B. Mental Health Observation will not be used when an inmate exhibits symptoms that meet the criteria for Acute or Non-Acute Suicide Watch, as defined in AR 630 (Mental Health Watch Procedures).

C. Clinical initiation of Mental Health Observation will include the following:

1. Completion of a Suicide Risk Assessment (SRA) to rule out potentially elevated acute or non-acute risk of suicide or self-injury. If an SRA detects presence of acute or non-acute risk of suicide or self-injury, the inmate must be placed on suicide watch. MHO is not appropriate for inmates who present such risk.

2. Authorization by a contract psychiatrist or mental health nurse practitioner following an evaluation.

3. The responsible psychiatrist or nurse practitioner documents the permitted personal items, along with the frequency of monitoring on Health Services Communication Form (ADOC Form A-9(b)).

a. Inmates on MHO are permitted ADOC standard issue clothes and such personal and reading materials as are clinically appropriate, as ordered by the responsible clinician on the Health Services Communications Form (ADOC Form A-9(b)).

b. Inmates on MHO will be provided meals that are the same as those they would receive in their prior placement.

c. Monitoring will occur at staggered intervals not to exceed 15 minutes or 30 minutes as specified on the Health Services Communication Form (ADOC OHS Form A-9(b)). A contract mental health observer will monitor and document the inmate's activity code within these 15 or 30 minute staggered intervals using irregular times (e.g., 10 minutes, 7 minutes, 14 minutes, etc., for staggered 15-minute observation), as clinically ordered. The

observations will be recorded on ADOC Form MH-042C (Mental Health Observation Form).

4. The psychiatrist or nurse practitioner will document clinical findings, assessment, and rationale for placement on MHO on either a Psychiatric Evaluation (ADOC Form MH-018), or a Psychiatrist/CRNP Progress Note (ADOC Form MH-025), as appropriate to the type of clinical contact.

5. If the SRA is completed by a psychologist or licensed counselor, this clinician will document their observations on ADOC Form MH-040 (Progress Notes) using the SOAP format.

D. Security staff responsibilities prior to placement of an inmate on MHO into a crisis cell include:

1. Ensure that the cell has been cleaned and appropriately disinfected.

2. Search the cell for and remove any sharp objects or other items with which the inmate could easily harm himself or herself.

E. Security staff responsibilities following placement of an inmate on MHO into a crisis cell include:

1. Provide meals as described in item 3.b above, with any modifications as indicated on the Health Services Communication Form (ADOC Form A-9(b)).

2. If water is not freely available to the inmate on MHO, provide fluids at no less than one-hour intervals whenever the inmate requests.

3. Ensure the inmate receives an opportunity to shower at least once every other day.

4. Measure and document the temperature in the crisis cell in compliance with AR 619 (Psychotropic Medication and Heat), and respond if necessary, to preserve the inmate's health and well-being.

F. Nursing responsibilities include:

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

2. Provide daily monitoring on weekends and holidays, document in the progress notes.

3. Consult with the assigned psychiatrist or nurse practitioner according to the inmate's treatment plan.

G. Treatment Planning:

1. Treatment planning for inmates assigned to MHO will comply with AR 622 (Treatment Planning).

2. The treatment plan will be finalized within one (1) working day of placement on MHO, with subsequent team meetings to review the plan every three (3) working days for the duration of MHO placement.

3. Following the inmate's discharge from MHO, an amended treatment plan will be completed within two (2) working days.

H. Clinical responsibilities of the Treatment Coordinator during MHO placement:

1. Provide crisis-focused evaluation and counseling daily for an inmate on MHO, and document each session on a Progress Note (ADOC Form MH-040). These sessions will take place out of cell in a confidential setting.

2. Collaborate daily with the assigned psychiatrist or nurse practitioner.

3. Ensure completion/update of the treatment plan (ADOC Form-032, Multidisciplinary Treatment Plan) to reflect goals, interventions and clinical progress.

4. Ensure completion of the Treatment Plan Amendment (ADOC Form-034) to reflect progress toward meeting the goals of the MHO placement.

I. Clinical responsibilities of the psychiatrist or nurse practitioner:

1. If an initial psychiatric evaluation (documented on ADOC Form MH-018, Psychiatric Evaluation) has not been completed within the past year, the clinician will document a new evaluation on this form.

2. If a Psychiatric Evaluation has been documented on MH-018 within the prior year, the provider may document findings related to the MHO placement on a Psychiatrist/CRNP Progress Note (ADOC Form MH-025).

3. Participate in treatment planning for the duration of the MHO placement.

J. Review of inmates with extended stay on MHO status.

If placement on MHO exceeds 72 hours, the following steps will occur each 72-hour interval (i.e., 72 hours, 144 hours, 216 hours).

a. The inmate's treatment team should seek additional consultation as appropriate and consider referral to a higher level of care, including any clinical rationale for referring or not referring the inmate.

b. The inmate's assigned Treatment Coordinator will document the team's discussion using ADOC Form MH-053-MHO (Mental Health Observation: Extended Stay Reporting), which will be filed in the mental health section of the inmate's health record.

K. Process for discontinuing Mental Health Observation:

1. If the goals of MHO have not been achieved within three (3) days, then the team will document consideration of a higher level of care. This may include consideration of increase in mental health code, increase in frequency of treatment contacts, or referral to an inpatient setting. If clinically indicated, the Treatment Coordinator will complete a Mental Health Unit (RTU/SU): Admission/Transfer Form (ADOC Form MH-048).

2. It the goals of MHO have been met, then the treatment plan will be revised to reflect this fact, and an order for discharge will be entered in the health record on the Physician Orders form (Annex E to AR 601) and the Health Services Communication Form (ADOC Form A-9(b)).

L. Responsibilities of the Mental Health Site Administrator following the inmate's discharge:

1. Ensure appropriate data entry on the Crisis Cell Utilization form (ADOC Form MH-045).

2. Ensure that the Mental Health Observation form (ADOC Form MH-042C) is filed in the mental health section of the inmate's health record.

3. Monitor the Mental Health Observation status of inmates as a component of the quality improvement program.

4. Document appropriate data on the Outpatient Services: Monthly Activity Report (ADOC Form-070).

M. Other Mental Health Observation reporting includes:

The contract Mental Health Director (or designee) will provide monthly summary statistics on ADOC Form MH-073, System-wide Outpatient: Monthly Activity Report, regarding the use of Mental Health Observation placements throughout the ADOC to the Director of Mental Health Services.

VI. DISPOSITION

Refer to AR 601, Mental Health Forms and Disposition.

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition.

A. ADOC Form A-9(b), Health Services Communication Form

B. ADOC Form MH-008, Referral to Mental Health

C. ADOC Form MH-018, Psychiatric Evaluation

D. ADOC Form MH-025, Psychiatrist/CRNP Progress Note

E. ADOC Form MH-032, Multidisciplinary Treatment Plan

F. ADOC Form MH-034, Treatment Plan Amendment

G. ADOC Form MH-040N, Nursing Progress Note

H. ADOC Form MH-040, Progress Notes

I. ADOC Form MH-042C, Mental Health Observation

J. ADOC Form MH-045, Crisis Cell Utilization

K. ADOC Form MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form

L. ADOC Form MH-053-MHO, Mental Health Observation: Extended Stay Reporting

M. ADOC Form MH-070, Outpatient Services: Monthly Activity Report

N. ADOC Form MH-073, System-wide Outpatient: Monthly Activity Report

O. Annex E to AR 601, Physician Orders

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 638, *Mental Health Observation,* dated June 17, 2005 and any changes.

IX. PERFORMANCE

This Administrative Regulation is published under the authority of:

A. National Commission on Correctional Health Care: Standards for Health Care in Prisons, 2018, P-F-03 Mental Health Services; Standards for Mental Health Care in Prisons, 2015;

B. The Department of Mental Health and Mental Retardation Statutory Authority: Code of Alabama, 1975, Section 22-50-11.

Jefferson Dunn,
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