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ADMINISTRATIVE REGULATION  
NUMBER 638

OPR: TREATMENT

## **MENTAL HEALTH OBSERVATION**

### **I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for the management of inmates whose mental health condition do not represent an expressed or perceived risk of harm to self or others, however, does require that outpatient inmates receive respite in the crisis cell.

### **II. POLICY**

The ADOC takes necessary precautions with the mental health welfare of all inmate outpatients. The use of Mental Health Observation procedures requires clinical justification and is not used for punishment or for the convenience of staff. It is used only when suicide watch is not indicated and other less restrictive measures are not effective or clinically appropriate.

### **II. DEFINITION(S) AND ACRONYM(S)**

Refer to AR 602 for definitions of the following terms used in this AR:

Mental Health Observation

Specialized Training

In-service Training

Annual Training

Crisis Cell

Crisis Evaluation

### **III. RESPONSIBILITIES**

- A. The ADOC Director of Treatment is responsible for ensuring that mental health, security as assigned, and medical staff attend mental health specialized, in-service, and annual training on appropriate use and procedures of Mental Health Observation.
- B. The Warden/designee is responsible to ensure that security staff monitor the inmate and follow the specifications of the ADOC Psychologist/Psychological Associate, Supervising Psychologist/designee, or Psychiatrist regarding possessions allowed, safety precautions, and the length of confinement to the Crisis Cell.

#### **IV. PROCEDURES**

- A. Mental Health Observation will be considered when:
  - 1. The inmate is not able to tolerate a less restrictive environment, due to, but not limited to, unstable mood, irrational thinking or debilitating anxiety.
  - 2. An inmate is expressing significant grief.
  - 3. Mental Health Observation status inmates will have access to the crisis cell, when not in use for Suicide Watch.
- B. Mental Health Observation will not be used when an inmate exhibits symptoms that meet the criteria for Suicide Watch, as defined in AR 630.
- C. Initiation of Mental Health Observation procedures will include the following:
  - 1. Authorization by an ADOC Psychologist/Psychological Associate, Psychiatrist, Supervising Psychologist or Mental Health Professional when on duty after completing a crisis evaluation.
  - 2. Inmates placed in the crisis cell by security supervisors, alone in the absence of the mental health crisis evaluation, will be treated as a Suicide Watch inmate, without the availability of personal possessions. They will have a suicide tunic, suicide blanket, and suicide mattress. Once the crisis evaluation has been completed, the inmate may be assigned to Mental Health Observation status and authorized to have less restrictive precautions including approved clothing or possessions.
  - 3. A crisis evaluation:
    - a. Will determine if the inmate will be placed in a crisis cell on Suicide Watch or Mental Health Observation, or returned to their normal sleeping quarters.
    - b. Will indicate appropriate treatment for the inmate.
    - c. May be initiated by a security supervisor.

- d. Shall be conducted by an ADOC Psychologist/Psychological Associate, Supervising Psychologist, Psychiatrist, or Mental Health professional.
  - e. Shall be documented by a Psychiatrist on ADOC Form MH-018, Psychiatric Evaluation or update, ADOC Form MH-025, Psychiatric Progress Note.
  - f. Shall be documented by other mental health staff in SOAP format on ADOC Form MH-040, Progress Notes or ADOC Form MH-008, Referral to Mental Health.
  - g. Includes a face-to-face assessment of the inmate no later than the next working day.
4. The mental health staff member conducting the crisis evaluation will notify the assigned staff member of the need to follow-up.
  5. Psychiatrist will order Mental Health Observation on Annex E, Physician Orders or on ADOC Form MH-040 or ADOC Form MH-008 by the other mental health staff. These notes will describe the inmate's behavior and rationale for initiating Mental Health Observation.
  6. The order for Mental Health Observation will indicate the type of personal property the inmate will be permitted to maintain, the level of supervision required and the frequency of monitoring: 30 or 15 minutes.
  7. The Correctional Officer's inspection of the crisis cell prior to inmate placement will:
    - a. Ensure that no items are available for potential self-harm.
    - b. See that the crisis cell has been disinfected.
  8. The mental health staff member completing the crisis evaluation, assigning the inmate to Mental Health Observation status, will initiate ADOC Form MH-042 listing the items allowed at the bottom of the form.
  9. A treatment plan, will specify:
    - a. Possessions allowed
    - b. Expected length of stay
    - c. Treatment problem to be addressed
    - d. Goals
    - e. Intervention techniques

10. A Medical Nurse shall:
  - a. Document on the medical progress notes the inmate's medical condition, taking vital signs and completing a body chart, whenever the inmate's behavior permits.
  - b. Document on ADOC Form MH-045, Crisis Cell Utilization, and initiate Mental Health Observation placement.

D. While Monitoring Mental Health Observation status the:

1. Correctional Officers shall:
  - a. Place the inmate in the crisis cell with the assistance of the mental health staff if requested making every effort to ensure the inmate's dignity.
  - b. Observe and document the inmate's activities every 15 or 30 minutes, which ever is designated on ADOC Form MH-042.
  - c. Specify an activity code and initial ADOC Form MH-042, at each observation.
  - d. Ensure that the item restriction indicated at the bottom of ADOC Form MH-042, Mental Health Watch/Restraint Procedure, is maintained for inmates who are being observed.
  - e. Provide meals the same as population and fluids at one-hour intervals when the inmates request.
  - f. Provide the inmate shower time at least once every 48 hours.
2. The Medical Nurse will:
  - a. At each shift change, conduct a medical assessment, including vital signs and document in the medical progress notes.
  - b. Provide the daily monitoring on weekends and holidays documented in the medical progress notes, with consultation from an on-call psychiatrist.
3. The inmate's treatment coordinator for mental health inmates and the ADOC Psychologist/Psychological Associate for non-mental health inmates shall:
  - a. Evaluate and counsel with an inmate in Mental Health Observation status on a daily basis documented on ADOC Form MH-040.
  - b. Make assignments as planned in the treatment plan to assist in resolving target problems on:
    - 1) ADOC Form MH-032, Treatment Plan, for mental health inmates assigned to a treatment coordinator.

- 2) ADOC Form MH-040, Progress Notes, for non-mental health inmates assigned to the ADOC Psychologist/ Psychological Associate in SOAP format.
  - c. Document outcome and modifications on:
  - d. ADOC Form MH-034, the Treatment Plan Review, for mental health inmates.
  - e. DOC Form MH-040, Progress Notes, for non-mental health inmates.
  - f. Schedule a psychiatric evaluation or re-evaluation where recommended.
  4. If a psychiatric evaluation is needed, a Psychiatrist will evaluate inmates using ADOC Form MH-018 or reevaluate using ADOC Form MH-025.
  5. A treatment team will consult regarding the treatment plan and will be composed of:
    - a. Team A: Psychologist or Psychological Associate, Mental Health Nurse and Psychiatrist.
    - b. Team B: Mental Health Professional, Mental Health Nurse and Psychiatrist
  6. An inmate's treatment plan may be revised by the treatment coordinator or ADOC Psychologist/Psychological Associate in order to:
    - a. Change his/her mental health watch status.
    - b. Change his/her mental health code.
    - c. Transfer him/her to or from a mental health caseload, if warranted.
- E. Discontinuing Mental Health Observation status requires:
1. That the treatment coordinator for mental health inmates:
    - a. Document if objectives for release/transfer have been met on ADOC Form MH-034, filed after the current treatment plan in the inmate's mental health section of the medical record.
    - b. Verbally authorize the inmate's release to the appropriate Captain, or designee after a period not to exceed 120 hours.
  2. For non-mental health inmates, the ADOC Psychologist/Psychological Associate will:

- a. Document that objectives for release/transfer have been met on ADOC Form MH-040.
  - b. Review the inmate's mental health status; verbally authorize the inmate's release to the appropriate Captain or designee after a period not to exceed 120 hours.
  - c. That the medical staff of the infirmary complete documentation of the use of Mental Health Observation status on ADOC form MH-045 which is sent to the Supervising Psychologist at the end of the month.
  - d. The Shift Commander, at the conclusion of the Mental Health Observation status, shall send ADOC Form MH-042 to the Supervising Psychologist to be filed in the mental health section of the medical file.
- F. If the inmate is continuing to deteriorate within the allowed 120 hours of Mental Health Observation, and been placed on Suicide Watch status:
1. Mental health staff members will collectively reevaluate the inmate and follow the procedures for admission to the Intensive Stabilization Unit (SU).
  2. The sending Supervising Psychologist or designee will seek agreement with the receiving Supervising Psychologist for transfer and complete the top portion of ADOC Form MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form, as soon as possible and follow the SU transfer procedures.
  3. If emergency continued placement in the crisis cell is required during this process, the inmate shall be reevaluated and/or the time extended as required until transfer is completed or stabilization is achieved, locally.
- G. Inmates suspected of and/or admitting to fabricating mental health problems and manipulating staff members in order to be moved to a crisis cell will be noted on ADOC Form MH-040 or ADOC Form MH-008 and reported to the appropriate Captain.
- H. Mental Health Observation reporting includes:
1. Monitoring the Mental Health Observation status of inmates as a component of the quality improvement program.
  2. The institution's Supervising Psychologist submitting all statistics from ADOC Form MH-045 to the Mental Health Director on ADOC Form MH-070, Outpatient Services: Monthly Report.
  3. The Mental Health Director providing 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 Treatment.

**V. DISPOSITION**

Refer to AR 601, Mental Health Forms and Disposition

**VI. FORMS**

Refer to AR 601, Mental Health Forms and Disposition for:

- A. ADOC Form MH-008, Referral to Mental Health
- B. ADOC Form MH-018, Psychiatric Evaluation
- C. ADOC Form MH-032, Treatment Plan
- D. ADOC Form MH-034, Treatment Plan Review
- E. ADOC Form MH-040, Progress Notes
- F. ADOC Form MH-042, Mental Health Watch/Restraint Procedure
- G. ADOC Form MH-045, Crisis Cell Utilization
- H. ADOC Form MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form
- I. ADOC Form MH-070, Outpatient Services: Monthly Activity Report
- J. ADOC Form MH-073, System-wide Outpatient: Monthly Activity Report

**VII. SUPERCEDES**

This being a new regulation, there are no other regulations at this time that will supercede.

**VIII. PERFORMANCE**

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000
- B. The National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003. (P-I-01)
- C. Department of Mental Health and Mental Retardation Statutory Authority:  
The Code of Alabama, 1975, Section 22-50-11

  
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Donal Campbell, Commissioner