



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER** 638

OPR: HEALTH SERVICES

MENTAL HEALTH OBSERVATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for Mental Health Observation placement of inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody, who are experiencing mental health crises but are not clinically indicated for Suicide Watch placement, are referred for Mental Health Observation placement to receive clinically appropriate, short-term, mental health services and safe housing.

III. DEFINITIONS AND ACRONYMS

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.

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 Psychologists 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 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 receives training on the implementation of this AR.
- F. The Vendor Psychiatric Director is responsible for ensuring that Vendor psychiatric providers receive training on the implementation of this AR.
- G. 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. Referral to Mental Health Services:

- 1. Any ADOC staff or Vendor staff will immediately initiate a referral for mental health services for any inmate who that staff believes to be at risk for harmful behavior or thinking in accordance with AR 609, *Referral to Mental Health Services*.
- 2. Any Vendor QMHP who determines during ongoing treatment that an inmate meets the criteria for MHO will:
 - a. Immediately initiate the observation process (documenting on MH-042A).
 - b. Complete ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.
 - c. Complete the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Note*).
 - d. Refer the inmate to the triage nurse for the appropriate Crisis Cell placement.

B. Constant Observation:

- 1. Constant Observation will be immediately started and documented on ADOC Form MH-042A prior to and when an inmate is presented to health care to be triaged for suicide risk.
- 2. Constant Observation is maintained through the triage process until a QMHP evaluates the inmate.
- 3. Once the Vendor nurse has triaged the Emergent Referral for mental health services, after an inmate is placed on Constant Observation, a QMHP shall

evaluate that inmate using a suicide risk assessment to determine if the inmate is not suicidal or is either Acutely Suicidal or Non acutely Suicidal.

C. Triage:

1. The Vendor nurse assigned to triage referrals to mental health services will triage all referrals involving inmates identified as at risk of harmful behavior or thinking as Emergent Referrals.
2. A nurse will notify the on-call QMHP and complete the triage process prior to the inmate's Crisis Cell placement.
3. Constant Observation will be followed using the Mental Health Acute Suicide Form (MH Form-42A) until the QMHP assesses the inmate.
4. A nurse will obtain the inmate's vital signs and complete ADOC OHS Form E-11(a), *Body Chart Documentation Form*, prior to an inmate's Crisis Cell placement.
5. A nurse or other QMHP will complete ADOC OHS Form A-9(b), *Health Services Communication Form*, specifying the permitted property (e.g., clothing, bedding, etc.) and clinically approved special accommodations (e.g., hygiene, medical considerations, meals, etc.) appropriate to the type of Crisis Cell placement.
6. If necessary, the on-call Licensed Counselor and the medical provider will discuss any required special accommodations prior to completing ADOC OHS Form A-9(b), *Health Services Communication Form*.

D. QMHP Initial Assessment and Evaluation:

1. A Vendor QMHP will evaluate and assess the inmate on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, in accordance with AR 604, *Confidentiality in Mental Health Services*, to determine whether, and to what extent, that inmate is clinically appropriate for Crisis Cell placement and procedures (i.e., Acute Suicide Watch, Non-Acute Suicide Watch, Constant Observation, MHO, or not appropriate for placement).
2. A psychiatrist or mental health nurse practitioner, in documenting the clinical findings and indications for MHO placement on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, will consider:
 - a. Both whether that inmate is able to cope effectively in a less-restrictive environment due the impact of a mental disorder and whether that inmate is documented as requiring either:
 - (1) A brief interval of decreased daily stress in order cope with a personal crisis and prevent a previously diagnosed mental disorder from worsening.

- (2) Daily support and monitoring while a provider clarifies a diagnosis or adjusts psychotropic medication to treat the symptoms of a mental illness.
 - b. Potential contraindications to MHO placement, including that MHO placement is not proper for inmates determined to be clinically appropriate for Suicide Watch in accordance with AR 630, *Suicide Watch*.
3. The Vendor QMHP will notify ADOC security on ADOC OHS Form A-9(b), *Health Services Communication Form*, regarding:
 - a. The QMHP's determination regarding the inmate's MHO placement.
 - b. The regular meals that the QMHP clinically approved the inmate be provided, which should be the same meals that the inmate was provided in that inmate's last housing assignment prior to MHO placement.
 - c. In addition to standard-issue ADOC clothing and bedding, the special accommodations that the QMHP clinically approved the inmate be provided (e.g., essential personal items, therapeutic reading materials, personal educational device, etc.).
 - d. The frequency of the staggered observation (i.e., in intervals no greater than either fifteen (15) or thirty (30) minutes) that the QMHP clinically approved the inmate be provided, which will be documented on ADOC Form MH-042C, *Mental Health Observation*.

D. ADOC Security Staff Duties Regarding Inmates on MHO Placement:

1. Verifying that the cell is cleaned both before and during the inmate's MHO placement.
2. Inspecting the cell before an inmate's MHO placement to ensure no contraband or other items not pre-approved by the Vendor QMHP are present.
3. Providing an inmate with meals as clinically approved by the Vendor QMHP.
4. Providing an inmate, the daily opportunity to shower and meet personal care and hygiene needs.

E. Vendor Nursing Staff Duties Regarding Inmates on MHO Placement:

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

2. Administering an inmate's ordered medications and monitoring for non-adherence.
 3. Participating in an inmate's Treatment Team meetings, upon request, in accordance with AR 622, *Treatment Planning*.
- F. Vendor Assigned Licensed Counselor Duties Regarding Inmates on MHO Placement:
1. Evaluating and assessing an inmate's daily progress and collaborating with that inmate's Treatment Team.
 2. Providing an inmate with clinically appropriate out-of-cell services in accordance with AR 604, *Confidentiality in Mental Health Services*, and documenting those services on ADOC Form MH-040, *Progress Note*.
 3. Creating, finalizing, reviewing, and updating the inmate's Treatment Plan to reflect progress toward meeting the goals of the MHO placement in accordance with AR 622, *Treatment Planning*.
- G. Vendor Psychiatrist or Mental Health Nurse Practitioner Duties Regarding Inmates on MHO Placement:
1. Providing an inmate with clinically appropriate out-of-cell assessments and services regarding the inmate's daily progress in accordance with AR 604, *Confidentiality in Mental Health Services*, and documenting those assessments and services on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
 2. Participate in creating, finalizing, reviewing, and updating the inmate's Treatment Plan in accordance with AR 622, *Treatment Planning*.
- H. Treatment Planning:
1. The Treatment Plan of an inmate on MHO placement will be created, finalized, updated, and reviewed in accordance with AR 622, *Treatment Planning*.
 2. The inmate's Treatment Team will meet with the inmate at least once during that inmate's MHO placement in accordance with AR 622, *Treatment Planning*.
- I. Extended MHO Placement:
1. An inmate's Treatment Team will use clinical judgment in determining the length of that inmate's MHO placement.
 2. If an inmate remains on MHO placement for 72 hours or more:

- a. The Vendor mental health staff will complete ADOC Form MH-053-C, *Mental Health Observation: Extended Stay Reporting*, and submits to the Vendor Psychiatric Director (or designee) for review.

File in the mental health section of the health record.

- b. The Vendor mental health staff will repeat this process every three (3) working days while the inmate remains on MHO placement.

J. Discharge from MHO:

1. An inmate's Treatment Team will use clinical judgment in determining that inmate's discharge from MHO placement.
2. The provider will enter an order discharging an inmate from MHO placement and summarize the services provided to that inmate while on MHO placement in ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
3. An inmate's Treatment Coordinator will document the Treatment Team's decision and determination discharging that inmate from Suicide Watch placement on ADOC OHS Form A-9(b), *Health Services Communication Form*, and will both forward and verbally communicate ADOC OHS Form A-9(b) to ADOC security staff.
4. If an inmate is being transferred to another facility for MHO placement, then that inmate's Treatment Coordinator at the facility where that inmate is housed will complete ADOC OHS Form HC-3a, *Intra-system Transfer and Receiving Screening*.
5. If an inmate is being referred to a higher level of care, then the assigned licensed counselor will:
 - a. Complete ADOC Form MH-080, *Mental Health Transfer Form*.
 - b. File the completed original ADOC Form MH-080, *Mental Health Transfer Form*, in the mental health section of that inmate's medical record.
 - c. Forward a copy of the completed ADOC Form MH-080, *Mental Health Transfer Form*, to the Mental Health Site Administrator at that facility.

VI. DISPOSITION

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

VII. FORMS

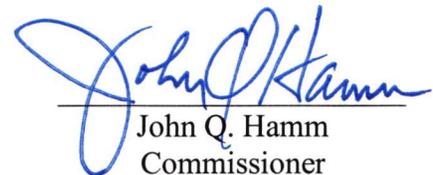
- A. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-040, *Progress Note*.
- C. ADOC Form MH-040-N, *Nursing Progress Note*.
- D. ADOC Form MH-042-A, *Acute Suicide Watch*.
- E. ADOC Form MH-042-C, *Mental Health Observation*.
- F. ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.
- G. ADOC Form MH-053-C, *Mental Health Observation: Extended Stay Reporting*.
- H. ADOC Form MH-080, *Mental Health Transfer Form*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 638, *Mental Health Observation*, dated August 17, 2020, and any related changes.

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 CARE IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH CARE IN PRISONS (2018).


John Q. Hamm
Commissioner

Alabama Department of Corrections Psychiatric Provider Progress Note



Last Name	First Name:	AIS:
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"/> WR	
MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Last change: / /		SMI: <input type="checkbox"/> Y <input type="checkbox"/> N Last change: / /

Target Problems and Symptoms:

Current Medications (MAR Reviewed <input type="checkbox"/> Y <input type="checkbox"/> N)

Adherence:	Adverse Drug Reactions / Allergies:
Weight / BMI: Date: / /	Last AIMS: (Date) Consents: (Date)

<i>S/ (narrative)</i>

O/ Mental Status Examination *(Describe pertinent details.)*

Consciousness / Cognition	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
Appearance	<input type="checkbox"/> Good hygiene
Behavior/ Attitude	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
Speech:	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
Mood/affect:	<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
Thought Content	<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 Provider Progress Note**



Harm	<input type="checkbox"/> None Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate NSSI: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent Aggression: <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
Thought Process	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
Perception:	<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
Insight & Judgment	<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
Neuro / EPS	<input type="checkbox"/> Y <input type="checkbox"/> N Current AIMS: / / Other/Details:

Lab Review:	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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A/ (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

P/ (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:

Psychiatrist / NP: (Print)	Sign:
My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:	
Date: / /	Start time: : AM PM
End Time: : AM PM	

Alabama Department of Corrections
NURSING PROGRESS NOTE



<input type="checkbox"/> O/P <input type="checkbox"/> SU <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
<u>S</u>		
<u>O</u>	<p><u>VITAL SIGNS:</u> B/P: _____ HR: _____ RR: _____ Temp: _____ O₂ 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>	
<u>A</u>		
<u>P</u>	<input type="checkbox"/> Continue to monitor <input type="checkbox"/> Refer to Licensed Counselor <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner Describe:	

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

ADOC Form MH-040-N
03-2024

Disposition: Inmate Health Record