May 2, 2016

TO: WARDENS
DIVISION DIRECTORS
HEADS OF STATE AGENCIES
ADMINISTRATIVE REGULATION MONITORS

CHANGE #3
ADMINISTRATIVE REGULATION 601

MENTAL HEALTH FORMS AND DISPOSITION

PURPOSE: To update forms and annexes to reflect current practices.

CHANGES TO BE MADE:

<table>
<thead>
<tr>
<th>Reference</th>
<th>Action Required</th>
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<tr>
<td></td>
<td>Replace ADOC Form MH-014, Psychological Evaluation Update, dated November 2015 with revised ADOC Form MH-014, Psychological Evaluation Update dated April 2016.</td>
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</tbody>
</table>

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.

Jefferson S. Dunn  
Commissioner
Mental Health Code Input

<table>
<thead>
<tr>
<th>Inmate Name</th>
<th>AIS #</th>
<th>Staff Completing Evaluation</th>
<th>Mental Health Code</th>
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Mental Health Classifications - See AR 613 for further details.

MH-0: May transfer anywhere in or out of state.
MH-1: Clear to transfer to and within and ADOC operated institution. On no mental health medication.
MH-1a: Clear to transfer to an ADOC Community Work Center. Clear to transfer to and within any ADOC operated institution.
MH-1b: Clear to transfer to an ADOC Work Release. Clear to transfer to and within any ADOC operated institution.
MH-1c: Clear to transfer to and within and ADOC operated Major Institution with a 24/7 health care unit on-site.
MH-2: Clear to transfer to and within and ADOC operated institution with a 24/7 health care unit on-site.
MH-2d: Currently on involuntary medication. Major institution with 24/7 health care unit on-site.
MH-3: House in ADOC Residential Treatment Unit; Open dorm; RTU levels 3 and 4.
MH-3a: House in ADOC Residential Treatment Unit; Closed dorm; RTU levels 1 and 2.
MH-4: House in ADOC Residential Treatment Unit; Closed dorm.
MH-5: House in Intensive Psychiatric Stabilization Unit (Males: Bullock CSU; Females: Turwiler CSU).
MH-6: House in Intensive Stabilization Unit or Free World Hospital Services.
MH-9: Mental Health Hold invoked; Do not transfer from housing assignment.

Staff Completing Data Input: ______________________ Date: ______________________

Disposition: Contract Mental Health Clerk or designee

Reference: ADOC AR. 613, 615
ADOC Form MH-013 April, 2016

Page____ of ____
Classification Notification Form

Mental Health Code

Institution: ________________________________ Date: ____________

Inmate Name: ________________________________ AIS#: ____________

Code to be entered (circle): MH-0
MH-1, MH-1(a), MH-1(b), MH-1(c)
MH-2, MH-2(d)
MH-3, MH-3(a)
MH-4
MH-5
MH-6
MH-9

* Update the code on the Master Problem List.
* Give this completed form to your mental health clerk.

Provider Signature ___________________________ Date ____________

Mental Health Clerk:

*Enter code into ADOC computer system.
*Give this Notification Form to the institution Classification Supervisor.

Mental Health Clerk Signature ___________________________ Date ____________

Disposition: Classification Supervisor
Not for Health Record File

Reference: ADOC AR 613
ADOC Form: MH-013 A
Revised: 04/2016
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION UPDATE

Name: ___________________________ AIS#: ___________________________ R/S: ___________________________

Date: ______/____/____ Date of Birth: ______/____/____ Age: ______

This inmate was last evaluated by ADOC psychology staff member ________________________________ on
_______/_______/_______ This inmate was recommended for participation in

________________________________________

________________________________________

________________________________________

________________________________________

The following observations and recommendations are made as a result of the current interview:

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9

I. Educational Needs:
   a. ABE
   b. Special Education
   c. Trade School
   d. Junior College
   e. Life Skills

II. Mental Health Needs:
   a. Refer to psychiatrist
   b. Substance abuse counseling
   c. Depression
   d. Stress management
   e. Sexual adjustment
   f. Reality therapy
   g. Anger-induced acting out
   h. Self-concept enhancement
   i. Healthy use of leisure
   j. Personal development
   k. Values clarification

date referred to psychiatrist: ______/_____/______

III. RECOMMENDATIONS/REMARKS: (include accommodations needed for the visual, hearing
impaired and other disabilities)

________________________________________

________________________________________

________________________________________

________________________________________

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Evaluation Completed by: ___________________________ Date: ___________________________

Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Institutional Inmate File, Inmate Medical Record

Reference ADOC AR: 612, 613
ADOC Form MH 014 – April, 2016
(Previously Form N-259A)
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION

Name: __________________________________________ AIS#: ______________________ R.S.: _________

Date: _______ / _______ / _______ Date of Birth: _______ / _______ / _______ Age: _____________

Sex: _______ WAIS: _______ / _______ WRAT-RL: _______

Last School Grade Completed: ___________ Special Education Classes: ☐ Yes ☐ No Type: ___________

MMPI Welsh Code: _______________________

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9

General Appearance

_____ a. Neat and generally appropriate
_____ b. Poorly groomed
_____ c. Flat or avoiding interaction
_____ d. Sad or worried

Other: ______________________________________

I. Interpersonal Functioning

_____ a. Normal-good relationships likely
_____ b. Withdrawn/apparent loner
_____ c. Likely to ignore rights/needs
_____ d. Lacks skill or confidence
_____ e. Probably difficult to get along with
_____ f. Other: _____________________________

1. Expansive/manipulative
2. Weak/vulnerable
3. Passive/unassertive
4. Aggressive/Dominant
5. Retaliates
6. _____________________________

II. Personality

_____ a. Healthy
_____ b. Antisocial
_____ c. Paranoid
_____ d. Explosive
_____ e. Dependent
_____ f. Passive-Aggressive

______ g. Other: ___________________________

1. Schizoid
2. Schizotypal
3. Histrionic
4. Narcissistic
5. Borderline
6. Avoidant
7. Compulsive
8. Atypical/mix
9. _____________________________

III. Substance Abuse

_____ a. Alcohol addiction/abuse history:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

_____ b. Drug addiction/abuse history:

________________________________________________________________________________________

________________________________________________________________________________________

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
Page 1 of 4

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File
PSYCHOLOGICAL EVALUATION (Continued)

Inmate Name: ______________________________________

  c. Current or most recent use: ______________________________________

  d. Current Addictions: ______________________________________

  e. Other:
     1. In remission 6 months or less
     2. In remission more than one year
     3. In remission more than one year
     4. In remission only due to incarceration
     5. Drug use/denies dependency
     6. Alcohol use/denies dependency
     7. OCS-drug/alcohol induced
     8. Other:

IV. Emotional Status

  a. No significant problems
  b. Depressed

  c. Anxious or stressful

  d. Angry or resentful

  e. Confusion or psychotic symptoms

  f. Mood disturbances

  g. Sexual maladjustment

History of sex offenses? □ Yes □ No List: ______________________

  h. Paranoid ideation

  i. Sleep/appetite disorder

j. Other:

     1. Symptoms of Hypochondria
     2. Hyperactivity
     3. Violent/uncontrolled
     4. Overtly psychotic
     5. Psychosis in remission
     6. Personality disorder
     7. Behavior disorder
     8. Senile/demented
     9. Other

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
Page 2 of 4
PSYCHOLOGICAL EVALUATION (Continued)

V. Mental Deficiency

- Mild (50-70)
- Moderate (35-50)
- Severe (20-35)

Name: __________________________

Remarks: __________________________

Emotional response to incarceration: __________________________

VI. Mental Health

- a. Outpatient treatment (dates/where)

- b. Inpatient treatment (dates/where)

- c. Psychotropic medication (type/effectiveness)

- d. Family history of mental illness

VII. Management Problems

- a. Suicide potential Ideation Yes No Plans? Yes No
  History of attempt/gestures

- b. Serious mental illness (specify)

- c. Impulsive/acting out behaviors predicted

- d. Authority Conflict

- e. Manipulative/untrustworthy

- f. Easily victimized

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
Page 3 of 4
PSYCHOLOGICAL EVALUATION (Continued)

Name: ________________________

   g. Escape potential

   ________________________

   ________________________

   h. Assaultriveness

   ________________________

   ________________________

   i. Other:

   1. Malingering
   2. Mental Deficiency
   3. Aged and infirmed
   4. Physical handicap
   5. Self-Mutilation
   6. Potential substance abuse in unsupervised situations
   7. Domestic Violence
   8. Gender identity disorder

History of expressive violence? Yes  No  List:____________________

VIII. Educational Needs

   a. ABE/GED
   b. Special Education
   c. Trade School
   d. Junior College
   e. Life Skills

IX. Mental Health Needs

   a. Refer to psychiatrist
   b. Substance abuse counseling
   c. Depression
   d. Stress management
   e. Sexual adjustment
   f. Reality therapy
   g. Anger management
   h. Values clarification
   i. Self-concept enhancement
   j. Healthy use of leisure time
   k. Personal Development
   l. Other

Recommendations/Remarks: (Include accommodations needed for the visual, hearing impaired and other disabilities)

________________________________________________________________________

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Evaluation Completed by: ________________________ Date: ________________

Psychologist/Psychological Associate

Disposition: Data Entry to Central Records, Inmate medical Record,
Institutional Inmate File

Reference: ADOC AR 612, 613
ADOC Form MH-015 – April, 2016
(Previously Form N-259)
Page 4 of 4
PSYCHIATRIC EVALUATION (Continued)

Mental Status Examination:
Appearance and Behavior:
Mood and Affect:
Speech and Language:
Thought Process:
Thought Content and Perceptions:
Cognitive Assessment:
Insight/Judgement:

Suicide/Violence Risk Assessment:
Past Suicidal Ideation/Attempts (dates and methods):
Current Suicidal Ideation and Behavior:
Past Violent/Assaultive Behavior:
Current Violent/Assaultive Ideas/Behavior:

Assessment/Diagnosis (DSM 5):
Psychosocial/Contextual Factors:
Symptom Severity: 0 1 2 3 4
Level of Disability: None Mild Moderate Severe Extreme
Plan:

Treatment Recommendations (including medication/labs ordered/special housing)

Psychiatric Follow-Up Required Within: ____ Days

Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9

Psychiatrist or Nurse Practitioner Signature

<table>
<thead>
<tr>
<th>Inmate Name</th>
<th>AIS #</th>
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Disposition: Inmate Medical Record
Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638
ADOC Form MH-018 – April, 2016
Page 2 of 2
**HEALTH RECORD – MASTER PROBLEM LIST**

**INMATE NAME** ____________________________________ **AIS #** ___________ **D.O.B.** ___________

**Known Allergies:** ____________________________________

1. **Mental Health Codes:**

2. **Medical Health Care Codes:**
   - HC-1, HC-2, HC-3, HC-4, HC-5, HC-5-a, HC-5-b, HC-5-c, HC-5-d, HC-6 (with subset), HC-7

3. **List Long-Term Chronic Problems** (*If Asthmatic record as: Mild, Moderate, or Severe*)

4. **Note DNR, Advance Directive/Living Will as obtained. Note date timed-out and/or date rescinded**

<table>
<thead>
<tr>
<th>Date Identified</th>
<th>Provider Name</th>
<th>Items: 1, 2, 3</th>
<th>Date Resolved</th>
<th>Provider Name</th>
<th>Mental Health Code</th>
<th>Medical Health Care Code</th>
<th>Item 4: DNR, Living Will, Advance Directives</th>
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*ADOC – OHS form H-1-a
06/2008; Revised April, 2016*