



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JOHN Q. HAMM
COMMISSIONER

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**ADMINISTRATIVE REGULATION
NUMBER**

601

OPR: HEALTH SERVICES

MENTAL HEALTH FORMS

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for the use of ADOC Mental Health forms to document and report mental health services to inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that all ADOC staff and Vendor staff use approved ADOC Mental Health forms in documenting and reporting mental health services to inmates within ADOC custody.

III. DEFINITIONS AND ACRONYMS

There are no definitions prescribed in this AR.

IV. RESPONSIBILITIES

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- C. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.

- D. 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. The Vendor Mental Health Program Director will:
1. Ensure that all Vendor staff uses the most recent version of approved ADOC Mental Health forms in documenting and reporting mental health services to inmates within ADOC custody.
 2. Ensure that Vendor staff does not alter ADOC Mental Health forms absent the express direction of the ADOC Director of Mental Health Services.
 3. Submit requests for changes to ADOC Mental Health forms in writing to the ADOC Director of Mental Health Services.
 4. Submit requests for substitution of ADOC Mental Health forms with Vendor forms in writing to the ADOC Director of Mental Health Services.
 5. The ADOC Director of Mental Health Services will only consider requests for substitution that include:
 - a. The approved ADOC Mental Health form.
 - b. The proposed substitute Vendor form.
 - c. Justification and explanation for the request for substitution (e.g., electronic submission of information, the need to capture additional information, etc.).
 - d. Confirmation that the substitute Vendor form captures, at minimum, all data captured by the approved ADOC Mental Health form.
- B. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will jointly ensure that:
1. All Vendor staff at that facility legibly sign and date all ADOC Mental Health forms.
 2. Any Vendor staff at that facility who makes a correction to a completed ADOC Mental Health form initials and dates those corrections.
 3. Vendor staff at that facility file the original completed ADOC Mental Health forms in the mental health section of an inmate's medical record.

VI. DISPOSITION

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

VII. FORMS AND ANNEXES


Annex A, *Index of Mental Health Forms*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 601, *Mental Health Forms and Disposition*, dated March 1, 2006, 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).



John Q. Hamm
Commissioner

INDEX OF MENTAL HEALTH FORMS

MH FORM NUMBER	FORM TITLE
MH-001	<i>Inmate Authorization for Release of Health Records.</i>
MH-002	<i>Inmate Orientation to Mental Health Services.</i>
MH-003	<i>RESERVED.</i>
MH-004	<i>Quality Improvement Program: Review of Death by Suicide or Life-Threatening Attempt.</i>
MH-004A	<i>Quality Improvement Program: Review of Serious Suicide or Life-Threatening Attempt.</i>
MH-005	<i>Mental Health New Staff Orientation.</i>
MH-006	<i>Staff Training Report: Monthly.</i>
MH-007	<i>Staff Training Report: Quarterly.</i>
MH-008	<i>Mental Health Referral Form.</i>
MH-008A	<i>Mental Health Referral Log.</i>
MH-009	<i>RESERVED.</i>
MH-010	<i>Non-Availability of Psychotropic Medication.</i>
MH-011	<i>Reception Mental Health Screening Evaluation.</i>
MH-012	<i>Reception Mental Health Screening Log.</i>
MH-013	<i>Mental Health Coding Form.</i>
MH-014	<i>RESERVED.</i>
MH-014A	<i>Beta Testing and/or Life Skills Refusal of Services Form.</i>
MH-015	<i>RESERVED.</i>
MH-016	<i>RESERVED.</i>
MH-017	<i>Treatment Coordinator Assignment Log.</i>
MH-018	<i>Psychiatric Provider Evaluation.</i>
MH-019	<i>Abnormal Involuntary Movement Scale (AIMS).</i>
MH-019A	<i>Abnormal Involuntary Movement Scale (Modified) Repeated Assessment.</i>
MH-020	<i>RESERVED.</i>
MH-021	<i>RESERVED.</i>
MH-022	<i>RESERVED.</i>
MH-023	<i>RESERVED.</i>
MH-024	<i>Psychotropic Medication Report.</i>
MH-025	<i>Psychiatric Provider Progress Note.</i>
MH-026	<i>Housing Unit Temperature Log.</i>
MH-027	<i>Emergency Administration of Psychotropic Medication Report.</i>
MH-028	<i>Involuntary Medication Request.</i>
MH-029	<i>Notice of Involuntary Medication Hearing.</i>
MH-030	<i>Record of Involuntary Medication Review.</i>
MH-031	<i>Mental Health: Inmates Receiving Involuntary Medication.</i>
MH-032	<i>Multidisciplinary Treatment Plan.</i>

MH-033	<i>Correctional Officer Input to Mental Health Treatment Team.</i>
MH-034	<i>RESERVED.</i>
MH-035	<i>Outpatient Psychiatric Services Log.</i>
MH-036	<i>Individual Inmate Contact Log.</i>
MH-037	<i>Group Attendance Roster.</i>
MH-038	<i>Restrictive Housing Unit (RHU) Mental Health Rounds Log.</i>
MH-039	<i>Restrictive Housing Unit (RHU) Mental Health Assessment/Report.</i>
MH-039A	<i>Restrictive Housing Unit (RHU) Pre-Placement Screening.</i>
MH-040	<i>Progress Note.</i>
MH-040N	<i>Nursing Progress Note.</i>
MH-040P	<i>ADOC Psychological Consultation Note.</i>
MH-041	<i>Mental Health Consultation to the Disciplinary Process.</i>
MH-041A	<i>Mental Health Consultation to the Disciplinary Hearing Log.</i>
MH-042	<i>RESERVED.</i>
MH-042A	<i>Acute Suicide Watch.</i>
MH-042B	<i>Non-Acute Suicide Watch.</i>
MH-042C	<i>Mental Health Observation.</i>
MH-042D	<i>Mental Health Restraint Monitoring.</i>
MH-043	<i>Suicide/Self-Harm Risk Assessment SRA.</i>
MH-043A	<i>Abbreviated SRA.</i>
MH-044	<i>ADOC Safety Plan Form.</i>
MH-045	<i>Crisis Cell Utilization Log.</i>
MH-046	<i>Use of Physical Restraints for Mental Health Purposes Monitoring.</i>
MH-047	<i>Use of Physical Restraints for Mental Health Purposes (Log).</i>
MH-048	<i>RESERVED.</i>
MH-049	<i>RESERVED.</i>
MH-050	<i>Mental Health Unit SU/RTU/SLU Discharge Summary.</i>
MH-051	<i>Stabilization Unit (SU): Inmate Orientation and Expectations.</i>
MH-052	<i>Mental Health Unit (RTU/SU): Initial Nursing Assessment.</i>
MH-052A	<i>Mental Health Structured Living Unit Initial Nursing Assessment.</i>
MH-053	<i>Suicide Watch-Review for Higher-Level Care Instructions.</i>
MH-053A	<i>Suicide Watch Review for Higher- Level Care.</i>
MH-053B	<i>Stabilization Unit Inmates with Extended Stay.</i>
MH-053C	<i>Mental Health Observation Extended Stay Reporting.</i>
MH-054	<i>Mental Health Unit (RTU/SU): Admission and Discharge Log.</i>
MH-055	<i>Stabilization Unit: Program Monitoring.</i>
MH-056	<i>Mental Health Unit (RTU/SU): Treatment Planning Status.</i>
MH-057	<i>Stabilization Unit: Inmates with Extended Stay Monthly Report.</i>
MH-057A	<i>Suicide Watch: Inmates with Extended Stay Monthly Report.</i>
MH-058	<i>Structured Living Unit (SLU) Mental Health Assessment/Report.</i>
MH-059	<i>Mental Health Unit: Critical Incidents and Disciplinary Action.</i>

MH-060	<i>Mental Health Unit (RTU): Inmate Roster-Last Day of the Month.</i>
MH-061	<i>Mental Health Unit (SU): Inmate Roster-Last Day of the Month.</i>
MH-062	<i>Residential Treatment Unit (RTU): Inmate Orientation and Expectations.</i>
MH-063	<i>Residential Treatment Unit (RTU): Program Monitoring Log (MHP, AT, Nursing).</i>
MH-064	<i>Record of Sanity Commission Hearing.</i>
MH-065	<i>Statement of Sentence Probate Court Petition.</i>
MH-066	<i>Court-Ordered Mental Health Hospital-Level Petitioner Information Form.</i>
MH-067	<i>RESERVED.</i>
MH-068	<i>RESERVED.</i>
MH-069	<i>Petition for Involuntary Commitment.</i>
MH-070	<i>Outpatient Services: Monthly Activity Report.</i>
MH-071	<i>Outpatient Work Release Monthly Activity Report.</i>
MH-072	<i>Residential Treatment Unit (RTU): Monthly Activity Report.</i>
MH-073	<i>Stabilization Unit (SU): Monthly Activity Report.</i>
MH-074	<i>Structured Living Unit (SLU): Monthly Activity Report.</i>
MH-075	<i>Restrictive Housing Unit (RHU): Monthly Activity Report.</i>
MH-076	<i>Monthly Report of Psychological Activities.</i>
MH-077	<i>Stabilization Unit: Transfers to State Psychiatric Hospital.</i>
MH-078	<i>RESERVED.</i>
MH-079	<i>RESERVED.</i>
MH-079A	<i>Gender Dysphoria Evaluation Questionnaire.</i>
MH-079B	<i>Gender Dysphoria Tracking Log.</i>
MH-079C	<i>Gender Dysphoria Management Committee Notification of Accommodation Decision.</i>
MH-079D	<i>Gender Dysphoria Management Committee Notification of Treatment Decision.</i>
MH-080	<i>Mental Health Transfer Form.</i>