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GOVERNOR

State of Alabama Alabama Department of Corrections

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COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 606

OPR: TREATMENT

MENTAL HEALTH QUALITY IMPROVEMENT PROGRAM

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for implementing a quality improvement program that will assist in ensuring that ADOC inmates receive mental health services consistent with community standards of care and an individual inmate’s level of need and that the service delivery system optimizes the utilization of available resources.

II. POLICY

Quality improvement activities will be conducted at each institution with the overall program developed and supervised by the Mental Health Director and Chief Psychiatrist. Mental Health Quality Improvement efforts will include ADOC Psychologists and Psychology Associates as well as contract mental health staff. Mental Health Quality Improvement activities will be incorporated into the medical quality improvement process. The quality improvement program will systematically monitor current practices and documentation to ensure compliance with policies and procedures. The program will also review individual incidents and service delivery problems to identify areas for improvement, promote necessary change and assess the outcome of such change. The results of mental health quality improvement efforts will be shared with institutional mental health and administrative staff to facilitate the sharing of “lessons learned” and “best practices.”

III. DEFINITION(S) AND ACRONYM(S)

See AR 602, *Mental Health Definitions and Acronyms*, for a definition of the following terms used in this AR:

AIMS Scale

Annual Quality Improvement Plan

Community Standards of Care

Critical Incidents

Intensive Psychiatric Stabilization Unit (SU)

Involuntary Medication

Life-Threatening Attempt

Mental Health Code

Psychotropic Medication

Residential Treatment Unit (RTU)

Serious Mental Illness

IV. RESPONSIBILITIES

- A. The Director of Treatment for ADOC is responsible for establishing policies and procedures for implementation of a mental health quality improvement program.
- B. The Mental Health Director and the Chief Psychiatrist are responsible for the development, supervision, and reporting of the mental health quality improvement program.
- C. The Supervising Psychologist and Psychiatrist are responsible for the institutional mental health quality improvement program.
- D. The Warden of the institution is responsible for the concerns/recommendations of the mental health quality improvement program with the Director of Treatment; and sharing changes/updates with all staff.

V. PROCEDURES

- A. The Mental Health Director and Chief Psychiatrist will:
 - 1. Coordinate system-wide mental health quality improvement efforts.
 - 2. Develop an Annual Quality Improvement Plan. The plan will establish and develop a monitoring tool to:
 - a. Provide for the systematic review of mental health documentation and service delivery.
 - b. Identify a specific type of documentation and an aspect of care to be investigated by all institutions during each quarter.
 - c. Provide for the routine institutional monitoring of mental health services, occurrences, and high-risk interventions.

- B. The Supervising Psychologist and Psychiatrist will co-chair the institutional Mental Health Quality Improvement Committee.
- C. All institutional staff will be briefed regarding the purpose and activities of the mental health quality improvement program. Staff will be encouraged to bring concerns about mental health operations to the Warden or designee for consideration by the Mental Health Quality Improvement Committee.
- D. The Mental Health Quality Improvement Committee of each institution will meet quarterly. More frequent meetings will be conducted as needed.
- E. ADOC Psychologists and Psychological Associates, contract mental health staff (including representatives of each clinical discipline), as well as designated medical and administrative staff of the institution will participate in the Mental Health Quality Improvement Committee meetings. The Mental Health Director, Chief Psychiatrist and ADOC Director of Treatment will be informed of scheduled meetings to facilitate their participation when possible.
- F. Discussions during Mental Health Quality Improvement Committee meetings and documentation of these activities are confidential. However, recommendations for service delivery improvements as the result of quality improvement activities will be immediately communicated to the Mental Health Director and the institution's Warden to facilitate the sharing of this information with all staff.
- G. The Supervising Psychologist or designee is responsible to provide an agenda and related documentation for Mental Health Quality Improvement Committee meetings. The agenda will include, but not be limited to:
 - 1. Review of outpatient and inpatient mental health services through review of the following reports:
 - a. ADOC Form MH-070, *Outpatient Services: Monthly Activity Report*.
 - b. ADOC Form MH-045, *Crisis Cell Utilization*.
 - c. ADOC Form MH-047, *Use of Physical Restraints for Mental Health Purposes (Log)*.
 - d. ADOC Form MH-071, *Intensive Psychiatric Stabilization Unit(SU): Monthly Activity Report*.
 - e. ADOC Form MH-057, *Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay Monthly Report*.
 - f. ADOC Form MH-072, *Residential Treatment Unit (RTU): Monthly Activity Report*.

- g. ADOC Form MH-031, *Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication.*
 - h. ADOC Form MH-059, *Mental Health Unit: Critical Incidents and Disciplinary Action.*
 - i. ADOC Form MH-077, *Intensive Psychiatric Stabilization Unit: Transfers to State Psychiatric Hospital.*
 - j. ADOC Form MH-004, *Quality Improvement Program: Review of Inmate Suicide or Life-Threatening Attempt.*
 - k. ADOC Form MH-012, *Reception Mental Health Screening Log.*
2. Review of the results of quality improvement activities related to the type of documentation will be identified in the Annual Plan.
 3. Review of the results of quality improvement activities related to the aspect of care will be identified in the Annual Plan.
 4. Discussion of issues will be brought to the attention of the Supervising Psychologist for consideration by the Mental Health Quality Improvement Committee.
- H. The Mental Health Quality Improvement Committee will provide a written report to the Mental Health Director no later than January 5th, April 5th, July 5th, and October 5th regarding the quality improvement activities of the preceding quarter.
- I. The Director of Treatment will ensure that the appropriate results of the Mental Health Quality Improvement Committee activities are incorporated into the medical quality improvement process.
- J. The Mental Health Director will develop and distribute an annual report on the mental health quality improvement program by February 1st of each year. This report will include the Annual Quality Improvement Plan for the coming year.
- K. The Annual Quality Improvement Plan will ensure that, no less than every two years, the mental health records of at least 10% of the inmates receiving outpatient services and at least 10% of inmates in a SU or RTU will be reviewed to determine the availability and quality of the following documentation:
1. Inmate's Mental Health Code
 - a. Entered into the ADOC inmate tracking system.
 - b. Documented on AR 601, *Mental Health Forms and Disposition, Annex C, Problem List*
 - c. Consistent with inmate's current functioning.

2. Psychiatric review no less than every 90 days with current:
 - a. Medication consent: ADOC Form MH-020, *Psychotropic Medication Consent: Lithium*; ADOC Form MH-021, *Psychotropic Medication Consent: Antipsychotics*; ADOC Form MH-022, *Psychotropic Medication Consent: Antidepressants*; ADOC Form MH-023, *Psychotropic Medication Consent: General*.
 - b. Laboratory testing.
 - c. ADOC Form MH-019, *Abnormal Involuntary Movement Scale (AIMS) (Modified)*, (if indicated).
 3. Progress notes no less than monthly that:
 - a. Mental Health Classification Levels are used.
 - b. Are related to the inmate's treatment plan.
 - c. Reflect continuity of care.
 4. Individualized Treatment Plans.
 5. Documentation of crisis interventions involving use of suicide watch and/or physical restraint.
 6. Admission evaluations for inmates on mental health units.
 7. Evidence that medication compliance is monitored and noncompliance is addressed.
- L. The Annual Quality Improvement Plan will ensure that, no less than every two years, the following aspects of care will be reviewed:
1. Staff participation in mental health training.
 2. Psychiatric and treatment coordinator follow-up of inmates with Mental Health Codes One through Six.
 3. Inmate transfers when recommended by mental health staff.
 4. Mental health staff response to inmate requests for assistance.
 5. Consistency and quality of outpatient and inpatient group mental health programming.
 6. Trends in incidence of inmate self-harm and the interventions utilized.

7. Mental health consultation to the disciplinary process.
8. Mental health rounds of segregation units.
9. Use of psychotropic medication and related medical monitoring.
10. Documentation of credentials and current licensure of mental health staff.

VI. DISPOSITION

Refer to AR 601, *Mental Health Forms and Disposition*.

VII. FORMS

Refer to AR 601, *Mental Health Forms and Disposition*.

VIII. SUPERCEDES

This AR supercedes AR 606, dated August 1, 2005.

IX. 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.


Richard F. Allen, Commissioner