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State of Alabama Department of Corrections

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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER** 610

OPR: HEALTH SERVICES

RECEPTION MENTAL HEALTH SCREENING

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for conducting Reception Mental Health Screenings to inmates at reception into ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that a process is maintained for screening inmates at reception into ADOC custody for potential mental health issues during the Reception Mental Health Screening.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Constant Observation**: A procedure that ensures that a designated observer not only maintains continuous and direct line-of-sight visual contact of an inmate at all times but also documents that visual contact at staggered (i.e., irregular and unpredictable) intervals no greater than fifteen (15) minutes apart. An observer may observe more than one inmate on Constant Observation placement as long as the physical design allows for continuous and direct line-of-sight visual contact of each inmate.
- B. **Mental Health (MH) Code**: A letter code assigned to each inmate that indicates whether the inmate is on the mental health caseload and the level of treatment required. There are five possible MH codes:
 - 1. **MH-A**: Assigned to inmates not currently receiving mental health services and not on the mental health caseload.

2. **MH-B:** Assigned to inmates who require outpatient mental health services, have demonstrated stable coping skills for at least six months, and can be housed in facilities that do not provide daily mental health services by mental health staff.
 3. **MH-C:** Assigned to inmates who require outpatient mental health services at a major facility and have any diagnosed mental disorder associated with a functional impairment that interferes with their ability to meet the ordinary demands of living.
 4. **MH-D:** Assigned to inmates receiving chronic or acute mental health services requiring placement in a specialized housing unit (e.g., Residential Treatment Unit (RTU) or Stabilization Unit (SU)).
 5. **MH-H:** A temporary mental health code reserved for use only by the ADOC Office of Health Services (OHS) indicating that an inmate with any other mental health code designations will be not be moved from the current housing unit or facility.
- C. **Qualified Mental Health Professional (QMHP):** A psychiatrist, psychologist, licensed professional counselor, mental health nurse practitioner, mental health social worker, mental health nurse, or other clinician who, by virtue of their education, credentials, and experiences, are permitted by law to evaluate and care for the mental health needs of patients.
- D. **Reception Mental Health Screening:** An initial structured inquiry into each inmate's mental health history and observation of his or her functioning, plus a suicide risk assessment for the purpose of identifying and addressing any emergent or urgent mental health needs. This screening is completed as soon as possible upon arrival.
- E. **Serious Mental Illness (SMI):** Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).
- F. **Suicide Risk Assessment (SRA):** A designated form used to document all suicide risk assessments.

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 reception facility are jointly responsible for ensuring all Vendor staff at that facility receive training on the implementation of this AR.

V. PROCEDURES

- A. All Vendor staff will complete all required and applicable trainings, which include a unit on reception mental health screening, in accordance with AR 608, *Staff Training in Mental Health*.
- B. The Vendor Mental Health Site Administrator at each facility will:
 - 1. Designate qualified mental health nursing staff to conduct Reception Mental Health Screenings at that facility.
 - 2. Monitor and maintain a monthly log of all Reception Mental Health Screenings conducted at that facility on ADOC Form MH-012, *Reception Mental Health Screenings Log*.
- C. The Vendor mental health staff conducting Reception Mental Health Screenings will:
 - 1. Conduct Reception Mental Health Screening within 12 hours of arrival to the facility
 - 2. Identify an inmate who is at an elevated risk for self-harm or harm to others or who needs immediate mental health services and will initiate both:
 - a. A referral to mental health services for an emergent triage in accordance with AR 609, *Referral to Mental Health Services*.
 - b. A Constant Observation placement of that inmate in accordance with AR 630, *Suicide Watch*.
 - 3. Identify an inmate with either a history or current presentation of Gender Dysphoria in accordance with AR 637, *Gender Dysphoria*, and will both:
 - a. Initiate a referral to mental health services in accordance with AR 609, *Referral to Mental Health Services*.

- b. Confirm whether that inmate is receiving hormonal treatment under the supervision of a physician at the time of reception into ADOC custody.
4. Review an inmate's transfer health documentation and any available health records prior to conducting the Reception Mental Health Screening.
5. Request prior mental health service records of an inmate who previously received mental health services in the community or another correctional facility within three (3) working days from that inmate's reception into ADOC custody.
6. If an inmate cannot identify the prior mental health service provider or facility, then the Vendor mental health staff will make reasonable attempts to obtain this information.
7. Complete the Reception Mental Health Screening process before clearing an inmate to be moved from that facility's reception area.
8. An inmate may only be moved from the facility's reception area prior to receiving mental health clearance if that inmate is moved directly to a monitored medical or mental health setting on an emergency basis.
9. Conduct the Reception Mental Health Screening in a confidential area in accordance with AR 604, *Confidentiality in Mental Health Services*.
10. Ensure that each inmate provides informed consent in accordance with AR 604, *Confidentiality in Mental Health Services*.
11. Provide an inmate with an orientation to mental health services available within the ADOC in accordance with AR 611, *Inmate Orientation to Mental Health Services*.
12. The Vendor mental health staff conducting the Reception Mental Health Screening will verify all orders for psychotropic medications in accordance with AR 616, *Psychotropic Medication*.
13. Refer an inmate for a MH Code and SMI designation at the completion of the Reception Mental Health Screening in accordance with AR 613, *Mental Health Coding and SMI Designation*.
14. Document each Reception Mental Health Screening on ADOC Form MH-011, *Reception Mental Health Screening*.
15. Ensure that every Reception Mental Health Screening is documented on ADOC Form MH-012, *Reception Mental Health Screenings Log*.

- D. The Vendor QMHP will conduct a Suicide Risk Assessment on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, on an inmate before clearing that inmate to be moved from that facility's reception area.

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-011, *Reception Mental Health Screening*.
- B. ADOC Form MH-012, *Reception Mental Health Screenings Log*.
- C. ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 610, *Reception Mental Health Screening and Evaluation*, dated August 24, 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 SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner



Alabama Department of Corrections
Reception Mental Health Screening

| | |
|---------------------|----------------------|
| Facility: | Date/Time Reception: |
| Date/Time Screened: | RN Signature: |

Current or recent (within 6 months, including jail) concerns or symptoms:

| | |
|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Reaction to incarceration: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Depressed mood or hopelessness: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Anxious/Fearful/Agitated: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Thoughts/acts of suicide or self-harm: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Hallucinations (any type) |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Irrational thoughts (delusions) |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Symptoms of intoxication or withdrawal: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Psychiatric medications: If yes, prescriber/pharmacy: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Other: |

Lifetime History:

| | |
|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Mental Health Treatment: Outpatient |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Mental Health Treatment: Inpatient |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Thoughts/acts of suicide or self-harm: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Physical harm of another person: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Substance Use: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Substance use disorder treatment: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Other: |



Alabama Department of Corrections
Reception Mental Health Screening

Life events / circumstances:

| | |
|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Family/personal support: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Special education classes: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | History of victimization or abuse: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Head injury: <input type="checkbox"/> If Yes, with loss of consciousness? <input type="checkbox"/> If Yes, more than one head injury? |

Behavioral Observations (check if observed):

| | | | | | | | |
|--------------------------|--------------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Calm | <input type="checkbox"/> | Poor hygiene | <input type="checkbox"/> | Disorganized | <input type="checkbox"/> | Agitated |
| <input type="checkbox"/> | Cooperative | <input type="checkbox"/> | Tremor | <input type="checkbox"/> | Distracted | <input type="checkbox"/> | Blunted / flat |
| <input type="checkbox"/> | Hygiene acceptable | <input type="checkbox"/> | Sweating | <input type="checkbox"/> | Memory deficits | <input type="checkbox"/> | Illogical |
| <input type="checkbox"/> | Oriented x3 | <input type="checkbox"/> | Signs of self-injury | <input type="checkbox"/> | Sad or tearful | <input type="checkbox"/> | Persecutory beliefs |
| <input type="checkbox"/> | Speech coherent | <input type="checkbox"/> | Abnormal Movement | <input type="checkbox"/> | Angry | <input type="checkbox"/> | Threats to self |
| <input type="checkbox"/> | Sensory deficits | <input type="checkbox"/> | Reading difficulty | <input type="checkbox"/> | Anxious / worried | <input type="checkbox"/> | Threats to others |
| Other/Details: | | | | | | | |

Disposition / Placement:

| | | | |
|--|---|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Mental Health Referral? <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine | <input type="checkbox"/> No <input type="checkbox"/> Yes | MH Housing Placement Required? <input type="checkbox"/> If Yes, Crisis Placement? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Psychotropic Medication? <input type="checkbox"/> If Yes, "Bridge" order? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Date / Time Meds Verified: |

Other information:

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|---------------------|------------------------|
| Inmate Name: | AIS: |
| DOB: / / | Gender: |
| | Ethnicity/Race: |



Alabama Department of Corrections
RECEPTION MENTAL HEALTH SCREENINGS LOG

| | | |
|----------------------------|-------------------|----------------------|
| Reception Facility: | Year/Month | Submitted by: |
|----------------------------|-------------------|----------------------|

| Date Screened | Inmate Name | AIS# | Mental Health Referral? (Emergent, Urgent or Routine or None) | Psychotropic Meds (Y or N) | If Yes: Date & Time Meds Verified | Crisis placement? (Y or N) |
|---------------|-------------|------|--|-------------------------------|-----------------------------------|-------------------------------|
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ADOC Form MH-012
03-2024

Page _____ of _____

Disposition: Vendor Mental Health Site Administrator



| | | |
|---|--|--|
| Reason for completing SRA: | | |
| <input type="checkbox"/> Initial Intake Screening | Referral: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine | Other: |
| <input type="checkbox"/> Crisis placement | <input type="checkbox"/> Admission to Stabilization Unit (SU) | Reviewed Health Record Y <input type="checkbox"/> N <input type="checkbox"/> |
| Any prior SRAs in record? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of last SRA: / / | | |

| | | |
|--|---|--|
| PRIOR (to current episode) Risk Factors | | <i>Provide details and dates for all "Yes" answers</i> |
| Suicide attempt(s) | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Non-suicidal self-injury | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Suicidal thinking | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Diagnosed mental disorder | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Diagnosed personality disorder | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Psychiatric Hospitalization | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| MH outpatient treatment | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Impulsive behavior | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Substance abuse/addiction | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Abuse (sexual, physical, emotional) | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Suicide of significant person/family | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <i>Additional Information:</i> | | |

| | | |
|--|---|--|
| CURRENT (this episode) Clinical Risk Factors | | <i>Provide details for all "Yes" answers</i> |
| Behavior | Thinking / Perceptions | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Suicide attempt | Y <input type="checkbox"/> N <input type="checkbox"/> Thinking about suicide or self-injury | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Non-suicidal self-injury | Y <input type="checkbox"/> N <input type="checkbox"/> Lethal plan or preparations | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Suicide note or letter | Y <input type="checkbox"/> N <input type="checkbox"/> Lacks hope | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Giving away possessions | Y <input type="checkbox"/> N <input type="checkbox"/> Lacks plans for future | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Aggressive or violent behavior | Y <input type="checkbox"/> N <input type="checkbox"/> Thinks he/she would be better off dead | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Social withdrawal atypical for patient | Y <input type="checkbox"/> N <input type="checkbox"/> Belief that death will bring relief | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Agitation or impulsive behavior | Y <input type="checkbox"/> N <input type="checkbox"/> Diminished fear of death | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Inappropriate or unexpected calm | Y <input type="checkbox"/> N <input type="checkbox"/> Shame, threat to self-esteem, or guilt | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Signs of intoxication or withdrawal | Y <input type="checkbox"/> N <input type="checkbox"/> Rigid, all-or-nothing thinking | |
| Mood | Y <input type="checkbox"/> N <input type="checkbox"/> Believes self to be worthless | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Depressed mood or affect | Y <input type="checkbox"/> N <input type="checkbox"/> Delusions (depressive or persecutory) | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Unable to feel positive emotions | Y <input type="checkbox"/> N <input type="checkbox"/> Auditory Hallucinations (command or other) | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Angry or hostile | Other | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Anxious | Y <input type="checkbox"/> N <input type="checkbox"/> Insomnia (initial; middle; early awakening) | |
| <i>Details/Additional Information:</i> | | |

| | | |
|---------------------|--|-----------------|
| Inmate Name: | AIS #: | DOB: / / |
| Facility: | Housing: Intake Crisis SU RTU SLU GP RHU WR | |

Alabama Department of Corrections
Suicide/Self-Harm Risk Assessment (SRA)



| CURRENT Situational/Other Risk Factors | <i>Provide details for all "Yes" answers</i> |
|--|--|
| Y <input type="checkbox"/> N <input type="checkbox"/> Fears <i>being harmed</i> if <u>not</u> in crisis cell | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Sexual or physical abuse/threat in facility | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Conflict with peers or officers | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Recent loss, rejection or separation | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Recent parole violation or new charge | |
| Y <input type="checkbox"/> N <input type="checkbox"/> New disciplinary charge or sanctions | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Placed in Restrictive Housing | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Long/life sentence (or potential sentence) | |
| Y <input type="checkbox"/> N <input type="checkbox"/> High profile/heinous/shocking crime | |
| Y <input type="checkbox"/> N <input type="checkbox"/> First jail/prison sentence | |
| Y <input type="checkbox"/> N <input type="checkbox"/> <i>Chronic</i> medical problems or pain | |
| Y <input type="checkbox"/> N <input type="checkbox"/> Other recent bad news | |
| <i>Details/Additional Information:</i> | |

| CURRENT Protective Factors | <i>Check all items and add details below.</i> |
|--|--|
| Y <input type="checkbox"/> N <input type="checkbox"/> Family/spouse/peer support | Y <input type="checkbox"/> N <input type="checkbox"/> Realistic future orientation and plans |
| Y <input type="checkbox"/> N <input type="checkbox"/> Role in caring for children or dependents | Y <input type="checkbox"/> N <input type="checkbox"/> Positive goal orientation |
| Y <input type="checkbox"/> N <input type="checkbox"/> Maintains friendships & social connections | Y <input type="checkbox"/> N <input type="checkbox"/> High school or greater level of education |
| Y <input type="checkbox"/> N <input type="checkbox"/> Positive, supportive peer relationships | Y <input type="checkbox"/> N <input type="checkbox"/> Treatment adherence |
| Y <input type="checkbox"/> N <input type="checkbox"/> Protective spiritual/religious beliefs or practice | Y <input type="checkbox"/> N <input type="checkbox"/> Positive coping skills (<i>describe below</i>) |
| <i>Details:</i> | |

Risk Assessment: *Acute risk:* Low Moderate High *Non-Acute risk:* Low Moderate High
 Assess Acute and Non-Acute risk separately and explain each rating. (Indicate one risk level for each.)

Risk Assessment: *Acute risk:* Low Moderate High *Non-Acute risk:* Low Moderate High
 Assess Acute and Non-Acute risk separately and explain each rating. (Indicate one risk level for each.)

Plan: Initiate or Continue **Acute SW** Change to, or Maintain **Non-acute SW** Discontinue **SW**
 Refer for different level-of-care / placement **SW NOT** Indicated
 Discussion:

| | | |
|---|-------------------------|--------------------------------------|
| Staff Name (printed) with Credentials: | Staff Signature: | Date and Time: / / @ AM PM |
|---|-------------------------|--------------------------------------|

| | |
|---------------------|---------------|
| Inmate Name: | AIS #: |
|---------------------|---------------|