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State of Alabama Department of Corrections

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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER** 612

OPR: HEALTH SERVICES

RECEPTION SOCIAL HISTORY ASSESSMENT

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for conducting Reception Social History Assessments of inmates at reception into ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that a process is maintained for conducting a Reception Social History Assessment and required intellectual tests on inmates at reception into ADOC custody.

III. DEFINITIONS

- A. **Beta (Intelligence Test)**: A test of intellectual function used by ADOC to screen inmates for possible intellectual disability. Currently, ADOC uses the Beta IV.
- B. **Social History Assessment (SHA)**: A psychosocial interview of an inmate's mental health history, psychosocial history, mental status, and intellectual functioning that is entered into the ADOC OHS Module as part of the reception mental health screening process.
- C. **Wechsler Adult Intelligence Scale (WAIS)**: A widely used test of intellectual performance.
- D. **Wide Range Achievement Test (WRAT-RL)**: A test that measures reading level.

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 Warden (or designee) at each facility is responsible for ensuring that all ADOC staff at that facility receive training on the implementation of this AR.
- D. The ADOC Psychological Associate at each facility is responsible for completing the Reception SHA, the Beta, the WAIS, the WRAT-RL, and any necessary follow-up testing and assessments at that facility.

V. PROCEDURES

- A. The ADOC Psychological Associate at each reception facility will:
 - 1. Conduct a Reception SHA on an inmate upon reception into ADOC custody.
 - 2. Enter an inmate's Reception SHA results into the ADOC Office of Health Services (OHS) Module.
 - 3. Ensure that all required intellectual tests are conducted on an inmate upon reception into ADOC custody with considerations of special communication issues in accordance with AR 611, *Inmate Orientation to Mental Health Services*.
 - 4. Finalize the Reception SHA and all required intellectual tests results in the OHS Module within ten (10) working days from an inmate's reception into ADOC custody.
 - a. Notify the ADOC Classification Unit at that facility if that ADOC Psychological Associate has not finalized an inmate's Reception SHA within ten (10) days from that inmate's reception into ADOC custody.
 - b. The ADOC Regional Psychologists may permit the ADOC Psychological Associate additional time to finalize the Reception SHA and all required intellectual tests results in the OHS Module when clinically necessary to ensure that an inmate receives any appropriate medical or mental health services.

5. Finalize an inmate's Reception SHA and all required intellectual tests results in the OHS Module before that inmate is transferred to another ADOC facility.
 - a. If the ADOC Psychological Associate at the reception facility cannot finalize an inmate's Reception SHA and all required intellectual tests results in the OHS Module before transferring, then that ADOC Psychological Associate will notify the ADOC Psychological Associate at the receiving facility so that ADOC Psychological Associate can finalize that inmate's Reception SHA and all required intellectual tests results in the OHS Module upon that inmate's arrival.
 - b. If an inmate is received into ADOC custody at St. Clair Correctional facility based on special medical needs, then the ADOC Psychological Associate at the facility where that inmate is received will complete the Reception SHA and required intellectual tests.
 6. File an inmate's finalized Reception SHA and all required intellectual tests results from the OHS Module in the mental health section of that inmate's medical record.
 7. Provide an inmate's finalized Reception SHA and all required intellectual tests results from the OHS Module to the Vendor Mental Health Site Administrator at that facility.
 8. The Vendor Mental Health Site Administrator at that facility will ensure that an inmate's finalized Reception SHA and all required intellectual tests results are provided to the Vendor psychiatric providers.
 9. Track all Reception SHA and required intellectual tests completed at that facility each month on ADOC Form MH-076, *Monthly Report of Psychological Associates/Psychologist Activities*.
- B. The ADOC Psychological Associate conducting the Reception SHA will:
1. Review an inmate's ADOC Form MH-011, *Reception Mental Health Screening*.
 2. Review the OHS Module and any Reception SHA completed on an inmate for background information.
 3. Refer an inmate with a Beta score less than or equal to 80 to the ADOC ADA Coordinator at that facility to determine whether that inmate is appropriate for any additional services or programs (e.g., the Adaptive Basic Living Skills Program).

4. Require an inmate who refuses the Reception SHA or required intellectual tests to sign ADOC Form MH-014A, *Beta Testing and/or Life Skills Refusal of Services Form*, and will:
 - a. File the original ADOC Form MH-014A, *Beta Testing and/or Life Skills Refusal of Services Form*, in the mental health section of that inmate's medical record.
 - b. Forward a copy of ADOC Form MH-014A, *Beta Testing and/or Life Skills Refusal of Services Form*, to both:
 - (1) The ADOC Classification Unit Supervisor at that facility, who will ensure that the ADOC Form MH-014A is filed in that inmate's central records file in accordance with AR 413, *Inmate Central Records File*.
 - (2) The ADOC ADA Coordinator at that facility to determine whether that inmate is appropriate for any additional services or programs (e.g., the Adaptive Basic Living Skills Program).
- C. The ADOC Psychological Associates and ADOC Psychologists will refer an inmate whose Reception SHA or required intellectual test results clinically indicates the need for mental health services to Vendor mental health staff for mental health evaluation in accordance with AR 609, *Referral to Mental Health Services*.
- D. The ADOC Psychological Associate at each facility will complete and submit ADOC Form MH-076, *Monthly Report of Psychological Activities*, to both the Warden at that facility and the ADOC Regional Psychologist to whom that facility is assigned.

VI. DISPOSITION

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

VII. FORMS

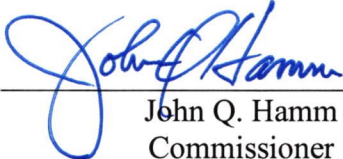
- A. ADOC Form MH-011, *Reception Mental Health Screening*.
- B. ADOC Form MH-014-A, *Beta Testing and/or Life Skills Refusal of Services Form*.
- C. ADOC Form MH-076, *Monthly Report of Psychological Associates/Psychologist Activities*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 612, *Reception Mental Health Evaluations*, dated August 1, 2005, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama § 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:

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

Alabama Department of Corrections
Office of Health Services
Beta Testing and/or Life Skills
Refusal of Services Form



I, _____ AIS #, _____

have received information concerning:

Beta Testing:

_____ Refuses Beta Testing

Beta Testing was explained to me in a manner that I understand. I however, decline the Beta testing as offered to me.

_____ Date: _____
Inmate Signature

_____ Date: _____
Psychological Associate (Witness) Signature

Life Skills Classes:

_____ Refuses Life Skills Classes Recommendation/s

Life Skills Classes were explained and offered to me in a manner that I understand. I however, decline the Life Skills Classes recommended for me.

_____ Date: _____
Inmate Signature

_____ Date: _____
Psychological Associate (Witness) Signature

Alabama Department of Corrections
Monthly Report of Psychological Associates/Psychologist Activities



Facility: _____ Month/Year: _____

1. Psycho-Educational Groups Conducted: (Please list all totals for the month of the report.)

Name of Group	# of Sessions Planned per Month	# Scheduled for Group	# Attended Group/# on MH CSLD	# of Sessions Cancelled
SKILLS FOR LIVING				
COGNITIVE SKILLS				
EMOTIONAL CONTROL				
SOCIAL/COPING SKILLS				
OTHER				
TOTALS:				

2. Assessments Completed:

	# Completed	# Referred
a. Beta's Completed		
b. SHA's Completed		
Initial:		
Re-evaluation/ Update:		
Finalized/Not Finalized:	/	
c. WRAT-4 Reading Level		
d. MMPI's Completed		
e. PREA Risk Assessments		
f. Safety Plans		

Alabama Department of Corrections
Monthly Report of Psychological Associates/Psychologist Activities



3. **Referrals:** (Please list the number of each function completed for the month.)

	# Completed
ADA Coordinator	
PREA (IPCM)	
Mental Health Vendor	
Classification	
• Parole denied (evaluation and follow-up)	
Medical	
Other	

4. **Other duties performed for current month including professional training:**

	Number
Inmate Orientation	
RHU Rounds	
MH-A Consultation	
General Population MH-A Consultation	
EEO duties	
EAP duties	
Boards	
• RHU	
• SLU	
• Job	
Discharge/Parole/EOS Placements	
Classification Progress Reviews	
Professional Trainings (list)	
•	
•	

5. **Releases:**

	# Completed
a. Number of Inmates Who Reached Their E.O.S. Date:	
b. Number of Inmates Who Were Paroled:	
c. Number of Inmates Completing Pre-Release Program:	
d. Mandatory Releases	

 Psychological Associate/ Psychologist Date Warden Date