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Alabama Department of Corrections

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ADMINISTRATIVE REGULATION  
NUMBER 613

OPR: TREATMENT

**MENTAL HEALTH CODING AND TRACKING OF INMATES**

**I. GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for coding and tracking individual inmate mental health needs to ensure continuity of care, facilitate the sharing of essential mental health information among treatment and security staff; and permit an on-going system-wide analysis of inmate mental health needs.

**II. POLICY**

It is the policy of the ADOC to assign a mental health code to all inmates during the reception process and update as required.

**III. DEFINITION(S) AND ACRONYM(S)**

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

Mental Health Code

**IV. RESPONSIBILITIES**

- A. The ADOC Director of Treatment is responsible for establishing policies and procedures to ensure all inmates are assigned the appropriate mental health code.
- B. ADOC Psychologist/Psychological Associates and contracted Psychiatrist are responsible for assigning and documenting the initial mental health codes at the reception centers.
- C. The Psychiatrist or Mental Health Clinical Nurse Practitioner is responsible for changing and documenting the mental health codes as the inmate's condition changes.
- D. ADOC data entry operator or the contract mental health clerk is responsible for entering the mental health codes into the ADOC inmate tracking system.

- E. The contracted Supervising Psychologist/designee is responsible for generating weekly mental health code reports.
- F. The contracted Supervising Psychologist is responsible for monitoring the number of inmates assigned to each of the mental health codes.

**V. PROCEDURES**

- A. All inmates admitted to the ADOC will be evaluated at a reception center in accordance with AR612, *Reception Mental Health Evaluations*. In accordance with AR615, *Psychiatric Evaluations*, a Psychiatrist will conduct a second evaluation if the inmate has a history of mental health treatment, suicidal behavior/ideation, unprovoked physical violence toward others, or demonstrates psychological impairment or distress.
- B. There are seven possible mental health codes:

<b>Alabama Department of Corrections Mental Health Classifications</b>		
Classification Levels	Description and Care Provided	Housing
<b>MH-0</b>	<ol style="list-style-type: none"> <li>1. No identified need for mental health assistance.</li> <li>2. Receives crisis intervention services when indicated.</li> <li>3. Can participate in ADOC programs as available.</li> </ol>	General Population; Segregation
<b>MH-1</b>	<ol style="list-style-type: none"> <li>1. Mild impairment in mental functioning, such as depressed mood or insomnia.</li> <li>2. Monitored due to discontinuation of psychotropic medication.</li> <li>3. Inmate is <u>stable</u> with treatment provided on an outpatient basis to include counseling, activities, and/or psychotropic medication.</li> <li>4. Can participate in ADOC programs as available.</li> <li>5. Eligible for Keep on Person (KOP) program.</li> <li>6. Requires multidisciplinary treatment plan.</li> </ol>	General Population; Segregation
<b>MH-2</b>	<ol style="list-style-type: none"> <li>1. Mild impairment in mental functioning, such as depressed mood or insomnia.</li> <li>2. Monitored due to discontinuation of psychotropic medication.</li> <li>3. Self-injury history of current clinical concern.</li> <li>4. Inmate is <u>not stable</u> with treatment provided on an outpatient basis to include counseling, activities, and/or psychotropic medication.</li> <li>5. Can participate in ADOC programs as available.</li> <li>6. Requires multidisciplinary treatment plan.</li> </ol>	General Population; Segregation
<b>MH-3</b>	<ol style="list-style-type: none"> <li>1. Moderate impairment in mental functioning, such as difficulty in social situations and/or poor behavioral control.</li> <li>2. At risk if assigned to the general population</li> <li>3. Structured treatment program includes counseling, activities, and/or psychotropic medication.</li> <li>4. Requires multidisciplinary treatment plan.</li> </ol>	Residential Treatment Unit (RTU) – open dorm

<p><b>MH-4</b></p>	<ol style="list-style-type: none"> <li>1. Severe impairment in mental functioning, such as suicidal ideation and/or poor reality testing.</li> <li>2. Unable to adjust in the general population.</li> <li>3. Limited ability to attend treatment and activity groups.</li> <li>4. Ancillary services, such as special education, are provided in the residential treatment unit.</li> <li>5. Requires psychotropic medication for continued stabilization.</li> <li>6. Requires an escort when moving through the institution.</li> <li>7. Requires multidisciplinary treatment plan.</li> </ol>	<p>Residential Treatment Unit (RTU) – closed dorm</p>
<p><b>MH-5</b></p>	<ol style="list-style-type: none"> <li>1. Severe impairment in mental functioning, such as delusions, hallucinations, or inability to function in most areas of daily living.</li> <li>2. Requires more intensive psychopharmacological interventions.</li> <li>3. Treatment includes observation and monitoring.</li> <li>4. Infirmity-level care is needed.</li> <li>5. Requires multidisciplinary treatment plan.</li> </ol>	<p>Intensive Psychiatric Stabilization Unit (SU)</p>
<p><b>MH-6</b></p>	<ol style="list-style-type: none"> <li>1. Severe debilitating symptoms, such as persistent danger of hurting self or others, recurrent violence, inability to maintain minimal personal hygiene, or gross impairment in communication.</li> <li>2. Cannot safely and/or adequately be treated in an Intensive Stabilization or Health Care Unit.</li> <li>3. This code is effective once an inmate is referred to the commitment process.</li> </ol>	<p>State Commitment or Hospital Services</p>

- C. The ADOC Psychology staff will note the inmate’s mental health code on ADOC Form MH-015, *Psychological Evaluation*, or Form MH-014, *Psychological Evaluation Update*. The ADOC Psychology staff will defer to the mental health code previously assigned by the Psychiatrist when available.
- D. The Psychiatrist will note the inmate’s mental health code on ADOC Form MH-018, *Psychiatric Evaluation*, and on AR 601, *Mental Health Forms and Disposition*, Annex C, *Problem List*, of the inmate’s medical record.
- E. The Psychiatrist will complete a list of the assigned mental health codes for inmates evaluated on ADOC Form MH-013, *Mental Health Code Input*. This form will be provided daily, along with ADOC Forms MH-014, *Psychological Evaluation Update*, and MH-015, *Psychological Evaluation*, to the ADOC data entry operator or contract mental health clerk responsible for data input. The code will be entered into the CASEV screen of the ADOC inmate tracking system.
- F. The Psychiatrist or Mental Health Clinical Nurse Practitioner will submit an ADOC Form MH-013, *Mental Health Code Input*, to the ADOC data entry operator or contract mental health clerk responsible for data input whenever a change in an inmate’s functioning requires a modification of the code. The new mental health code will also be noted on AR 601, *Mental Health Forms and Disposition*, Annex C, *Problem List*, in the inmate’s medical record. The rationale for the change of code will be documented on ADOC Form MH-040, *Progress Notes*.

- G. Medical staff will submit an ADOC Form MH-008, *Referral to Mental Health*, whenever an inmate with a mental health code of one through six is received at an institution.
- H. Classification staff will notify the contract mental health staff whenever a release date is known for an inmate that is mental health coded.
- I. Contract mental health staff will generate a weekly list of inmates that are mental health coded. After verifying the list for accuracy and adding the name of the inmate's assigned treatment coordinator, the list will be provided to the following institutional staff:
  - 1. Warden
  - 2. Classification Supervisor
  - 3. Disciplinary Hearing Officer (Shift Office)
  - 4. Segregation Units
  - 5. ADOC Psychology Staff
- J. A list of the inmates that are mental health coded with the name of each inmate's assigned treatment coordinator will be submitted with the institution's monthly Mental Health Services reports.
- K. The contract Supervising Psychologist will monitor the number of inmates assigned to each of the mental health codes as a component of the mental health Quality Improvement Program, see AR 606, *Mental Health Quality Improvement Program*.

**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 453 dated February 27, 2002.

**IX. PERFORMANCE**

- A. The Bradley Agreement of August 8, 2000.

B. The National Commission on Correctional Health Care: *Standards for Health Services in Prisons*, 2003.

C. Department of Mental Health and Mental Retardation Statutory Authority:  
The Code of Alabama, 1975, Section 22-50-11.



Richard F. Allen, Commissioner