



BOB RILEY
GOVERNOR

State of Alabama Alabama Department of Corrections

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COMMISSIONER

March 30, 2006

ADMINISTRATIVE REGULATION
NUMBER 615

OPR: TREATMENT

PSYCHIATRIC EVALUATIONS

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures to ensure that inmates who have a serious mental illness or are experiencing significant psychological distress receive an evaluation by a psychiatrist when clinically indicated.

II. POLICY

A psychiatrist will evaluate inmates when:

- A. There is a history of:
 - 1. Mental health treatment
 - 2. Suicidal behavior or suicidal ideation
- B. The inmate demonstrates:
 - 1. Psychological instability
 - 2. Deterioration
 - 3. Impairment
 - 4. Distress
- C. The psychiatrist will:
 - 1. Complete and document a comprehensive evaluation to include a DSM IV diagnosis.
 - 2. Request prior treatment records when clinically indicated.

3. Develop an initial treatment plan for inmates requiring on-going treatment for serious mental illness.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, *Mental Health Definitions*, for definitions of the following terms used in this AR:

Psychological Instability

Reception Mental Health Screening

Reception Mental Health Evaluation

Treatment Plan

Mental Health Code

Diagnostic and Statistical Manual – IV (DSM IV)

DSM IV Axes

OBSCIS

Treatment Coordinator

IV. RESPONSIBILITIES

- A. The ADOC Psychological Services staff are responsible for referral to a psychiatrist for evaluation, inmates who exhibit symptoms of:
 1. Psychological instability
 2. Deterioration
 3. Impairment
 4. Distress
- B. Psychiatrists are responsible for:
 1. Completion and documentation of a comprehensive evaluation of referred inmates, to include a DSM IV diagnosis.
 2. Requesting previous medical records, if clinically indicated.

3. Developing an initial treatment plan for the inmate, if clinically indicated.
- C. The contract Treatment Coordinator will develop treatment plans for inmates requiring continuous treatment for serious mental illness.

V. PROCEDURES

- A. Inmates will be referred for psychiatric evaluation when:
1. Admitted to the ADOC with a current prescription for psychotropic medication.
 2. Identified as in need of immediate mental health assistance during the reception mental health screening.
 3. Identified as in need of mental health assistance during the reception mental health evaluation.
 4. Receiving psychotropic medication and transferred within the ADOC system.
 5. Medical or mental health staff-identify a need for mental health assistance.
 6. Mental health staff refers an inmate after screening institutional staff referral of inmate potentially in need of psychiatric assistance.
 7. Mental health staff refers an inmate after screening inmate self-referral for mental health assistance.
- B. Psychiatric evaluations will be completed on ADOC Form MH-018, *Psychiatric Evaluation*, within three (3) working days of receipt of referral or at the next psychiatric visit to the institution.
- C. Psychiatric evaluations will include review of the inmate's medical record and direct examination of the inmate. The evaluation will assess the following areas:
1. Psychiatric history
 2. Prior mental health treatment
 3. Prior use of psychotropic medication
 4. Pertinent medical history
 5. Substance abuse history

6. Pertinent personal history
 7. Pertinent family history to include family history of mental illness
 8. Mental status examination
 9. Risk for suicide and violence
- D. Psychiatric evaluations will include a DSM IV diagnostic impression on five (5) axes and will provide initial treatment recommendations.
- E. Psychiatric evaluations will be documented on ADOC Form MH-018, *Psychiatric Evaluation*, and filed in the mental health section of the inmate's medical record.
- F. The psychiatrist will assign the inmate a Mental Health Code based on the evaluation and in accordance with ADOC AR 613, *Mental Health Coding and Tracking of Inmates*.
1. The inmate's mental health code will be documented on:
 - a. ADOC Form MH-018, *Psychiatric Evaluation*.
 - b. AR 601, *Mental Health Forms and Disposition, Annex C, Problem List*, of the inmate's medical record.
 - c. ADOC Form MH-013, *Mental Health Code Input*.
 2. ADOC Form MH-013, *Mental Health Code Input*, will be submitted to the staff responsible for data input into the OBSCIS database, refer to AR 613, *Mental Health Coding and Tracking of Inmates*.
- G. If the inmate has a serious mental illness or history of self-harm, the psychiatrist will enter the inmate's mental health problem on the AR 601, *Mental Health Forms and Disposition, Annex C, Problem List* in the inmate's medical record. The problem will be noted using the inmate's primary diagnosis, history of self-harm or other brief description. A notation of "mental health" or "psychiatric" is insufficient.
- H. The Treatment Coordinator will schedule all inmates with a Mental Health Code for multidisciplinary treatment planning.
- I. When an inmate has a history of treatment for serious mental illness and records of prior treatment are not present in the inmate's medical record:
1. The psychiatrist will request the inmate to sign a completed ADOC Form MH-001, *Authorization for Release of Information*.

2. A mental health clerk will submit the authorization to the designated agencies and track receipt of the prior records.
 3. A copy of the authorization will be filed in inmate's medical record.
 4. When records of prior treatment are received, they will be forwarded to the psychiatrist for review, and then filed in the inmate's medical record.
- J. If the psychiatrist orders psychotropic medication for an inmate, the procedures in AR 616, *Psychotropic Medication*, will be followed and documented.

VI. DISPOSITION

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

VII. FORMS

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

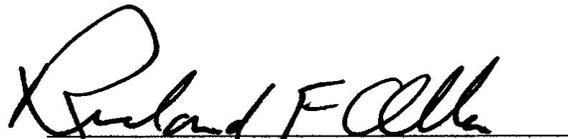
VIII. SUPERCEDES

This AR supercedes AR 615, dated March 2, 2005.

IX. PERFORMANCE

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000.
- B. National Commission on Correctional Health Care: *Standards for Health Care in Prisons*, 2003 (P-E-09).
- C. The Department of Mental Health and Mental Retardation Statutory Authority: Code of Alabama, 1975, Section 22-50-11.


Richard F. Allen, Commissioner