



BOB RILEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



RICHARD F. ALLEN
COMMISSIONER

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**ADMINISTRATIVE REGULATION
NUMBER** 622

OPR: MENTAL HEALTH

TREATMENT PLANNING

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for treatment planning.

II. POLICY

A multidisciplinary treatment team will initiate, approve and regularly review/update individualized treatment plans for inmates with mental health problems requiring follow-up. Treatment plans will state problems, goals, and track inmate progress.

III. DEFINITION(S) AND ACRONYM(S)

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

- A. Intensive Psychiatric Stabilization Unit (SU).
- B. Multidisciplinary Treatment Plan.
- C. Residential Treatment Unit (RTU).
- D. Treatment Coordinator.
- E. Treatment Level 1, 2, 3, and 4.
- F. Treatment Plan.

IV. **RESPONSIBILITIES**

The Institutional Psychiatrist (Chairperson) and other members of the inmate's treatment team are responsible for the development, review, and updates of individual treatment plans for inmates identified with mental health problems requiring follow-up.

V. **PROCEDURES**

A. General guidelines for inmate treatment planning include:

1. Although other treatment team members may assume responsibility for the coordination of the treatment planning process, the psychiatrist is the chairperson for the treatment team.
2. Treatment plans will be initiated, reviewed, modified, and closed according to the clinical needs of the inmate.
3. Interventions should be specific action-oriented, time-limited, and geared toward assisting the inmate in resuming a normal level of functioning and in living independently within a prison environment.
4. The treatment plan should clearly indicate the nature of services provided and for what problem symptom.
5. Inmates will be encouraged to participate in treatment team meetings. If the inmate refuses, a note indicating the inmate's reason for the refusal will be made on ADOC Form MH 040, *Progress Notes* of the inmate's medical record.
6. Mental health progress notes in the inmate's medical record should document the progress, or lack thereof, in achieving treatment plan goals.
7. When an inmate has both a mental health problem and physical illness, joint treatment planning with mental health and medical staff will be considered.

B. Outpatient treatment planning includes:

1. A treatment team shall consist of a Psychiatrist, Mental Health Nurse, Treatment Coordinator, security staff and may include the ADOC Psychologists/Psychological Associates.

2. Finalizing the initial treatment plan within 14 working days of the inmate's involvement with mental health, with approval of the plan through a multidisciplinary team meeting, recording information on ADOC Form MH 032, *Treatment Plan*.
3. Review of the plan every six (6) months, or when there is a significant change in the inmate's functioning.
4. Documentation of the review or revision on ADOC Form MH 040, *Progress Notes*, of the inmate's medical file, and on ADOC Form MH 034, *Treatment Plan Review*.

C. Crisis intervention treatment plans include:

1. A treatment team shall consist of a Psychiatrist, Mental Health Nurse, and the inmate's Treatment Coordinator.
2. Finalizing the treatment plan within one (1) working day of the inmate being placed in a crisis cell with approval of the plan occurring during a multidisciplinary team meeting, and recording the information on ADOC Form MH 032.
3. Documentation of reviews/revisions shall be recorded on ADOC Form MH 034 and on ADOC Form MH 040 in the inmate's medical file.
4. Review of the treatment plan each workday that the inmate is housed in a crisis cell.

D. Intensive Psychiatric Stabilization Unit (SU) Treatment Planning includes:

1. A treatment team shall consist of a Psychiatrist, Mental Health Nurse, a Supervising Psychologist, the inmate's Treatment Coordinator, an Activities Technician, and Correctional Officer from the unit.
2. Finalizing the treatment plan within two (2) working days of the inmate's placement on the SU, with approval of the plan occurring during a multidisciplinary team meeting, and recording the information on ADOC Form MH 032.
3. Documentation of progress, reviews or revisions on ADOC Form MH 034 and on ADOC Form MH 040 in the inmate's medical file.
4. For Correctional Officers who are unable to attend treatment team meetings, completion of ADOC Form MH 033, *Correctional Officer Input Into RTU/SU Inmate Treatment Planning* shall be required.

5. Review of the treatment plan at least weekly while the inmate is housed in the Intensive Psychiatric Stabilization Unit (SU).
- E. Residential Treatment Unit (RTU) Treatment Planning includes:
1. A treatment team shall consist of a Psychiatrist, Mental Health Nurse, a Supervising Psychologist, the inmate's Treatment Coordinator, an Activities Technician, and Correctional Officer from the unit.
 2. Finalizing the initial treatment plan within three (3) working days of the inmate's placement on the RTU, with approval of the plan occurring during a multidisciplinary team meeting, and recording the information on ADOC Form MH 032.
 3. Documentation of progress, reviews or revisions recorded on ADOC Form MH 034 and on ADOC Form MH 040 in the inmate's medical file.
 4. For Correctional Officers who are unable to attend treatment team meetings, completion of ADOC Form MH 033 shall be required.
 5. Weekly review while the inmate is on Treatment Level 1, bi-weekly while the inmate is on Treatment Level 2, and quarterly while the inmate is on Treatment Level 3 or 4.

VI. DISPOSITION

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

VII. FORMS

Refer to AR 601, *Mental Health Forms and Disposition* for:

- A. ADOC Form MH 032, *Treatment Plan*.
- B. ADOC Form MH 033, *Correctional Officer input Into RTU/SU inmate Treatment Planning*.
- C. ADOC Form MH 034, *Treatment Plan Review*.
- D. ADOC Form MH 040, *Progress Notes*.

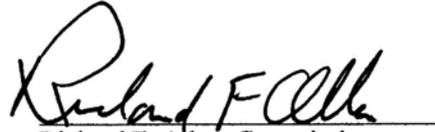
VIII. SUPERCEDES

- A. This Administrative Regulation supersedes AR 622, *Treatment Planning*, dated August 26, 2004 and any changes.

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 Services in Prisons, 2003, (P-G-04).
- C. The Code of Alabama 1975, Section 22-50-11.


Richard F. Allen, Commissioner