OUTPATIENT CRISIS INTERVENTION SERVICES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies and procedures for inmates to be evaluated and treated in a timely manner who require mental health assistance due to a situational crisis, significant psychological distress, or potential emergence of acute psychosis.

II. POLICY

ADOC psychologists, psychological associates or contract mental health staff will provide crisis intervention for inmates exhibiting signs of psychological distress. The on-call psychiatrist will provide mental health consultation in the absence of other mental health staff. When mental health staff are not present on-site, consultation will be provided by the on-call psychiatrist.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

AIS Number

Crisis Intervention

Treatment Coordinator

HARM

Serious Mental Illness (SMI)

Interdisciplinary Progress Notes
IV. RESPONSIBILITIES

A. The ADOC Director of Treatment is responsible for ensuring that clinically effective mental health treatment is provided to inmates in a therapeutic environment.

B. All contracted medical and mental health staff and ADOC employees involved in the provision of medical and mental health care will provide services to inmates in a therapeutic environment.

V. PROCEDURES

A. ADOC correctional staff will receive annual training in identifying inmate behaviors and situations suggestive to the development of an inmate crisis. Examples include:

1. Significant change in adaptive functioning.
2. Notification of death or serious illness of family member.
3. Loss of family support due to divorce or alienation.
4. Denial of parole or conviction of a new crime.
5. Inability to establish or maintain interpersonal relationships among peers.

B. A referral for Crisis Intervention may be made by any ADOC or contract staff assigned to an institution.

1. Verbal referrals should include the following inmate information:
   a. Name
   a. AIS number
   b. Location
   c. Nature of the crisis
   d. Observation of the inmate’s current behavior

2. Referring staff will complete ADOC Form MH-008, Referral to Mental Health, when time and circumstances permit.
C. Referrals for crisis intervention:

1. When immediate mental health assistance is required and mental health staff is on-site, the ADOC psychologist or psychological associate will be contacted. The following information will be provided: inmate name, AIS number, location, nature of the crisis, and observations of the inmate’s current behavior.

2. When immediate mental health assistance is required during non-business hours and the institution has 24-hour mental health nursing coverage, the mental health nurse will be contacted. If the institution does not have 24-hour mental health nursing coverage, medical nurses will be contacted. Nursing staff will contact the psychiatrist providing on-call services. The following information will be provided: inmate name, AIS number, location, nature of the crisis, and observations of the inmate’s current behavior.

D. An ADOC psychologist or psychological associate will conduct crisis intervention efforts, if the inmate has not previously been assigned a treatment coordinator due to a serious mental illness. ADOC psychologists and psychological associates will be provided with a weekly updated list of the inmates identified as having a serious mental illness with the name of their assigned treatment coordinator. If the inmate has a treatment coordinator, the ADOC psychologist or psychological associate will notify the treatment coordinator of the need for a crisis assessment and intervention. If the treatment coordinator is unavailable, the ADOC psychologist or psychological associate will conduct the crisis intervention.

E. Crisis intervention efforts may include, but are not limited to:

1. Evaluation of the inmate’s perception of the current situation.
2. Mental status assessment.
3. Assessment of risk for self-harm or other acting-out behavior(s).
4. Provision of support to the inmate.
5. Exploration of options to resolve or ameliorate the distress.
6. Immediate notification of security staff if there is an indication that the inmate presents a threat to the security of the institution.
7. Referral to other institutional staff, such as the Chaplain, when appropriate.
8. Consultation with security staff regarding inmate management.
9. Referral to a psychiatrist:
   a. If inmate might have a serious mental illness.
   b. If medication might be helpful in stabilizing the inmate’s functioning.

10. Offer follow-up or short-term treatment focused on coping with the crisis.

11. Placement on suicide watch according to AR 630, Mental Health Watch Procedures, when indicated. The staff that places the inmate on watch status will advise the psychiatrist of the placement and the need for further assessment.

F. The staff member providing the crisis intervention will document the event on ADOC Form MH-040, Progress Notes, and file the note in the inmate’s medical record. The documentation will include:

1. A description of the behavior or situation resulting in the crisis intervention referral.
2. The inmate’s perception of the problem.
3. The inmate’s current behavior.
4. Assessment of risk of harm to self or others.
5. Staff member’s assessment of the crisis.
6. Treatment offered.
7. Mental health follow-up to be provided.

VI. DISPOSITION

See AR 601, Mental Health Forms and Disposition.

VII. FORMS

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

A. ADOC Form MH-008, Referral to Mental Health

B. ADOC Form MH-040, Progress Notes

VIII. SUPERCEDES
This AR supersedes AR 467 dated October 5, 2001.

IX. PERFORMANCE

This administrative regulation is published under the authority of:

A. The Bradley Agreement of August 8, 2000


C. The Code of Alabama 1975, Section 22-50-11

Donal Campbell, Commissioner