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ADMINISTRATIVE REGULATION  
NUMBER 632

OPR: TREATMENT

## INTENSIVE PSYCHIATRIC STABILIZATION UNIT

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for the operation of Intensive Psychiatric Stabilization Units (SU). The SU provides a therapeutic environment for inmates experiencing acute mental health problems when brief crisis interventions have been unsuccessful.

### II. POLICY

ADOC is committed to providing mental health services for inmates experiencing psychiatric distress or at risk of danger to self or others. The SU is designed to provide intensive treatment to inmates experiencing acute mental health problems when brief crisis interventions at other institutions have been unsuccessful in assisting the inmate in achieving prior levels of functioning. Treatment on an SU is structured to provide stabilization as quickly as possible and return the inmate to a less restrictive environment. If treatment on an SU does not have a significant benefit within thirty days, transfer to an inpatient psychiatric hospital will be considered. SU mental health staff and correctional officers will work collaboratively to ensure a therapeutic, safe and secure environment.

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

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

Intensive Psychiatric Stabilization Unit (SU)

Residential Treatment Unit (RTU)

Serious Mental Illness (SMI)

Treatment Plan

Activity Technician (AT)

Precautionary Watch

Supervising Psychologist

SOAP

**IV. RESPONSIBILITIES**

- A. The ADOC Director of Treatment is responsible for the development of policies and procedures for the operation of ADOC SUs.
- B. The Contract Mental Health Director will:
  - 1. Ensure all contract mental health staff receives training on ADOC policies and procedures for the operation of ADOC SUs.
  - 2. Monitor staff compliance with this regulation.
- C. All contracted medical and mental health staff as well as ADOC employees who are involved in the provision of medical and mental health care services will ensure that such services to inmates are provided in a therapeutic environment.

**V. PROCEDURES**

- A. ADOC will operate at least three SUs. The SUs will treat inmates in single cell placements.
- B. SU admission and discharge decisions will be clinical decisions of the SU staff. Inmates who have not been admitted to the SU will not be housed on the units. If the Warden authorizes such placement of non-SU inmates due to emergency security concerns, the ADOC Director of Treatment will be notified immediately.
- C. SU Operations include:
  - 1. SU inmates receiving the same out-of-cell time as other inmates of the same security level unless restricted by treatment team decisions based on the inmate's current clinical condition.
  - 2. Security posts of the SU being permanent assignments to facilitate consistency in the Correctional Officers assigned. Relief staff will be utilized to cover permanent staff off days and absences. Correctional Officer coverage will be sufficient to permit active treatment from 8 AM until 4 PM, Monday through Friday, and out-of-cell time from 8 AM until 8 PM each day. The Supervising Psychologist will notify the ADOC Director of Treatment of lapses in this level of security coverage in other than emergency situations.

3. Mental health staff and Correctional Officers assigned to the SUs receiving specialized training in serious mental illness and ADOC mental health policies and procedures.
4. Mental health staff and Correctional Officers working collaboratively to ensure a therapeutic, safe and secure environment. Correctional Officers will be active participants in treatment planning.
5. The assurance of adequate monitoring of the SU inmates including a Mental Health Nurse being consistently present on the unit twenty-four hours a day.
6. SU inmate management and supervision based on the inmate's mental status. The SU treatment team, with Correctional Officer input, will determine an inmate's status (out-of-cell time, access to outdoor recreation, and access to personal property).
7. Inmates assigned to SU treatment shall be handcuffed whenever removed from their cell.
8. An inmate's status being reviewed at weekly treatment team meetings. An inmate's status may also be modified at the staff meetings conducted daily, Monday through Friday.
9. ADOC Form MH-044, Inmate Status/Precautionary Watch placed on the outside of each inmate's cell to facilitate staff knowledge of the inmate's current status and upon discharge, filed in the inmate's mental health section of the medical file.
10. Medication administered at the inmate's cell-front.
11. An expectation of providing mental health treatment for inmates in crisis, having cells modified to provide "safe" environments.
12. Cells on each unit being designed to facilitate the application of restraints for mental health purposes.
13. Adherence to AR 630, Mental Health Watch Procedures and AR 631, Use of Restraints for Mental Health Purposes. ADOC Form MH-042, Mental Health Watch/Restraint Procedure, will be used to document observations during these procedures. ADOC Form MH-044, Inmate Status/Precautionary Watch, will also be posted during Precautionary Watch. ADOC Form MH-046, Use of Physical Restraints for Mental Health Purposes/Monitoring, will document the restraint process. A monthly log will be maintained on ADOC Form MH-047, Use of Physical Restraints for Mental Health Purposes submitted to the Supervising Psychologist.

14. The violations being handled according to ADOC disciplinary procedures, when inmates violate institutional regulations. Training of Correctional Officers will facilitate identification of behavior that is the result of serious mental illness and behavior that is not related to serious mental illness. However, SU placement does not preclude the need for inmates to comply with institutional regulations. Inmates may be issued a disciplinary violation and may be required to serve disciplinary time. Mental Health staff will provide consultation to the disciplinary due process hearings, documented on ADOC Form MH-041, Mental Health Consultation to Disciplinary Process. If an inmate is required to serve disciplinary time, the treatment team may request that the segregation time be delayed until the inmate has achieved improved functioning. A monthly log will be used to document critical incidents and disciplinary actions on ADOC Form MH-059, Mental Health Unit (RTU/SU): Critical Incidents and Disciplinary Action, for submission to the Supervising Psychologist.
15. Sending inmates to a SU because of non-compliance with medication, who are potentially harmful to themselves or others. They will be evaluated for the need for involuntary psychotropic medications (see AR 621, Administrative Review for Involuntary Psychotropic Medication). A log of inmates receiving involuntary medications will be submitted to the Mental Health Director on ADOC Form MH-031, Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication.

D. Admissions considerations for SU are described as follows:

1. SU Admission Criteria includes:
  - a. Inmate demonstrating signs of acute psychosis that do not improve after three working days of treatment by institutional mental health staff.
  - b. An inmate presenting imminent risk of danger to self or others that does not subside after three working days of crisis intervention by institutional mental health staff.
  - c. Inmates with serious mental illness, who have stopped accepting medication, who are exhibiting signs of deterioration and continuing to refuse medication after intervention by institutional mental health staff.
  - d. Inmates whose out-of-control behavior is assessed by mental health staff as potentially related to serious mental illness.
2. Inmates inappropriate for placement on a SU include:

- a. Inmates who are exhibiting symptoms of personality disorders and/or engage in impulsive and assault behavior but who do not exhibit symptoms of a serious mental illness or cognitive impairment. Such inmates may be admitted to the SU if further assessment is clinically indicated.
  - b. Inmates, whose acute crisis has subsided, but continued treatment is required to ensure continued stabilization. These inmates will be transferred to a Residential Treatment Unit (RTU).
  - c. Death row inmates are excluded from SU placement however treatment shall be conducted in a single cell environment.
3. SU Admission Procedures includes:
- a. Supervising Psychologist of the sending institution recommending SU placement based on the inmate's clinical condition to the receiving institution's Supervising Psychologist.
  - b. The Supervising Psychologist, of the sending institution, initiating the ADOC Form MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form and advising the receiving Supervising Psychologist of the psychiatric crisis. If there is disagreement about the appropriateness of the transfer, the issue will be referred to the Director of Treatment for resolution.
  - c. The sending institution's Supervising Psychologist faxing the ADOC Forms MH-048 to the receiving Supervising Psychologist.
  - d. The sending institution's Supervising Psychologist notifying the institution's Warden and classification unit to initiate transfer procedures. The Warden shall also be provided a copy of the initiated ADOC Form MH-048 and the original will be filed in the mental health section of the inmate's medical record.
  - e. The receiving Supervising Psychologist advises the Warden and security staff of the SU impending admission.
  - f. SU transfers being considered emergency transfers requiring completion within twenty-four hours of the transfer request. Transfers of inmates currently housed in a segregation cell will be given priority for transfer.
  - g. Contacting of the ADOC Director of Treatment for assistance when the institution's Supervising Psychologist is unable to complete a SU transfer within twenty-four hours of the request.

- h. The inmate's medical record being placed in a sealed envelope and transferred to the SU with the inmate. A ten- (10) day supply of the inmate's medication will accompany the inmate to the SU.
  - i. SU staff completing the bottom section of the ADOC Form MH-048. The completed original will be filed in the mental health section of the inmate's medical record. A copy will be forwarded to the Mental Health Director for monitoring the system's mental health transfers.
- E. Each SU inmate will receive the following clinical services:
- 1. SU Admission Assessments to include:
    - a. Inmate being assigned to a Crisis Cell near the Correctional Officer-station and placed on a Precautionary Watch with Correctional Officer observation no less than every 15 minutes. Officers and staff will document their observations on ADOC Form MH-042, Mental Health Watch/Restraint Procedure, to be filed upon completion in the inmate's medical record. Use of the Crisis Cell is maintained on a monthly log, ADOC Form MH-045, Crisis Cell Utilization, to be submitted to the Supervising Psychologist. This watch will continue until the Psychiatrist evaluates the inmate and determines the clinically appropriate level of supervision. The officers will provide the inmate with personal hygiene articles acceptable for the inmate's current functioning and a copy of ADOC Form MH-051, Intensive Psychiatric Stabilization Unit: Inmate Orientation and Expectations.
    - b. A Mental Health Nurse completing an admissions note on ADOC Form MH-040, Progress Notes, and on ADOC Form MH-052, Mental Health Unit (RTU/SU): Initial Nursing Assessment, within four (4) hours of the inmate's admission to the unit. Both forms are filed in the mental health section of the medical record.
    - c. The Supervising Psychologist assigning the inmate a treatment coordinator from among the unit's Mental Health Professionals. These assignments are documented on ADOC Form MH-017, Treatment Coordinator Assignment Log. Treatment Coordinator assignment information is available to all staff in the SU Unit.
    - d. The Psychiatrist completing an initial assessment of the inmate within one working day of admission. This assessment will be documented on the ADOC Form MH-018, Psychiatric Evaluation. If a psychiatric evaluation was completed within the last ninety days, the psychiatrist may choose to document the assessment on the ADOC Form MH-025, Psychiatric Progress Notes, which reflects review of the prior psychiatric evaluation.

- e. The inmate's Treatment Coordinator reviewing the inmate's medical record, assessing the inmate, and explaining SU operations to the inmate within one working day of the admission. This assessment will be documented on ADOC Form MH-040.
- f. The Activities Technician meeting with the inmate to assess the individual and determining small group activities that might benefit the inmate. The Activities Technician's assessment will be documented on the ADOC Form MH-040. The attendance will be maintained on the ADOC Form MH-037, Group Attendance Roster, and submitted on ADOC Form MH-055, Intensive Psychiatric Stabilization: Programming Monitoring, to the Supervising Psychologist.
- g. The treatment team meeting, after individual staff assessments have been conducted, to develop the inmate's individual treatment plan.
- h. The Psychologist conducting psychological testing summarized on MH-040 or additional assessments if the treatment team has diagnostic questions.

2. Treatment Planning to include:

- a. Treatment team meetings made up of a Psychiatrist, a Mental Health Nurse, a Psychologist, a Mental Health Professional serving as the inmate's Treatment Coordinator, an Activities Technician, and Correctional Officers of the unit.
- b. The initial treatment plan finalized within two (2) working days of the inmate's placement on the SU and being documented on the ADOC Form MH-032, Treatment Plan, filed under the Problem List in the medical file. While members of the treatment team may complete specific items of the Treatment Plan, approval of the plan will occur during a multidisciplinary team meeting. Examples of problems, goals and interventions for SU treatment plans are noted in the following chart:

(Chart is on the next page)

	<b>GOALS</b>	<b>INTERVENTIONS</b>
Inmate reports voices.	Inmate will report absence/reduction of voices.	Medication: _____ Monitoring medication compliance.
Inmate withdraws from others due to paranoid thoughts.	Inmate will be able to participate in small group activities one hour a day.	Medication: _____ Monitoring medication compliance. Individual activities with staff presence (daily). Participation in small group focused on socialization (daily).
Inmate expresses delusional thoughts.	Inmate will be able to converse with staff for 30 minutes twice a week without expressing delusional beliefs.	Medication: _____ Monitoring medication compliance. Reinforce improvement.
Inmate has lost interest in daily activities and expresses feelings of hopelessness.	Inmate will be able to converse with staff member for 30 minutes without evidence of hopelessness. Inmate will express some goals for future.	Medication: _____ Participation in depression group (three times a week). Participation in one activity (daily).
Inmate expresses poor insight into mental illness and need for treatment.	Inmate will acknowledge mental illness and comply with treatment recommendations.	Mental Health group (weekly). Individual staff discussion of mental illness (daily).
Inmate is not compliant with medication.	Inmate will demonstrate 90% medication compliance.	Individual medication counseling. Participation in medication education group (daily). Participation in relapse prevention group.
Inmate reports sleep disturbance.	Inmate will sleep at least 6 hours a night and will not nap during the day.	Sleeping patterns will be tracked to assess problem. Individual instruction in relaxation techniques.
Inmate unable to keep self or area clean.	Inmate will keep self and area clean.	Personal hygiene group (daily). Staff guidance/support. Reinforcement of improvement.
Inmate attempted suicide.	Protect from self-harm. Inmate reports no suicidal ideation.	Maintain inmate in a safe environment. Determine precipitators for suicidal behavior. Participation in stress management group (daily).
Inmate threatened suicide/expressed suicidal ideation.	Inmate reports no suicidal ideation for two weeks. Inmate will express some goals for future.	Medication: _____ Participation in depression group (three times a week). Participation in values clarification group (weekly).
Inmate repeatedly engages in self-harm behavior.	Inmate will not exhibit self-harm behavior for one month.	Individual instruction in DBT (daily). Behavioral contract with daily reinforcement.



Inmate does not interact with others.	Inmate will participate in two groups each week.	Participation in two socialization groups (weekly). Job assignment.
Inmate taunts and harasses others.	Inmate will not taunt others for one week.	Participation in social skill training group (two times a week). Behavioral contract.
Inmate engaged in violent acts toward peers.	Inmate will not engage in one violent act for one month.	Participation in anger management group (two times a week). Behavioral contract with daily reinforcement.

- c. Input from Correctional Officers of the unit, unable to participate in treatment team meetings, solicited regularly through completion of ADOC Form MH-033, Correctional Officer Input into RTU/SU Inmate Treatment Planning, filed behind the applicable Treatment Plan in the medical record.
- d. SU treatment plans being reviewed no less than weekly while the inmate is housed on the unit. Treatment teams reviews/revisions will be documented on the ADOC Form MH-034, Treatment Plan Review, filed behind the applicable Treatment Plan.
- e. Conducting brief staff meetings each morning, Monday through Friday, after cell rounds have been conducted. This will also provide an opportunity to review changes in an inmate's functioning.
- f. Treatment Coordinators maintaining a list of inmates on ADOC Form MH-056, Mental Health Unit (RTU/SU): Treatment Planning Status, for the Supervising Psychologist.

3. Treatment Services to include:

- a. The Psychiatrists completing cell rounds daily, Monday through Friday. The Psychiatrist will meet with the inmate in a confidential setting no less than once a week and shall document on ADOC Form MH-025, Psychiatric Progress Notes, filed with the progress notes in the mental health section of the medical record.
- b. The treatment coordinator having no less than 15 minutes of contact with the inmates daily, Monday through Friday. A counseling session will be conducted in a confidential setting no less than weekly documented on the ADOC Form MH-034, Treatment Plan Review. Other counseling contacts will be documented at least twice a week on ADOC Form MH-040 in SOAP format.
- c. A Mental Health Nurse documenting contacts with the inmate each shift during the first seven days on the SU. Daily nursing rounds shall be conducted for other SU inmates with nursing documentation of the inmate's progress no less than three times a week on ADOC Form MH-

040 in the SOAP format. Nurses will advise the Psychiatrist of the inmate's medication compliance, each working day.

- d. Individual and group intervention being conducted as noted on the individual treatment plan. Mental Health Professionals, Mental Health Nurses and Activities Technicians providing this treatment will document the inmate's response to intervention, weekly on ADOC Form MH-040 in the SOAP format.
- e. The SU staff documenting any critical incidents involving the inmate and significant changes in the inmate's functioning on ADOC Form MH-040.
- f. The treatment team closely monitoring the inmate's response to treatment. If an inmate has been placed on the SU for thirty days and weekly thereafter, the Supervising Psychologist will notify the ADOC Director of Treatment of the inmate's status by faxing ADOC Form MH-053, Intensive Psychiatric Stabilization Unit: Inmates With Extended Stay. The original of the form will be filed in the inmate's medical record.

F. SU Discharge considerations are described as follows.

1. Discharge Criteria to include:

- a. Inmate's behavior and self-report indicating acute psychiatric distress being minimized and marginal functioning being attained. These inmates will typically be transferred to an RTU.
- b. Inmate continues to exhibit risk issues, acute psychosis and/or serious distress and having not responded to SU treatment in one month will be referred to a state psychiatric hospital for inpatient care. A Sanity Commission Hearing shall be conducted, according to ADOC AR 634, Transfer to State Psychiatric Hospital. ADOC Form MH-077, Intensive Psychiatric Stabilization Unit: Transfer to a State Psychiatric Hospital, will be completed once the inmate is transferred.
- c. Mental health staff assessments determining whether-or-not an inmate has a serious mental illness and whether the crisis has been resolved. These inmates will typically be discharged to the sending institution's population with outpatient mental health follow-up. However, inmates may be discharged from an SU to administrative segregation when the treatment team has determined that the inmate does not require RTU placement but cannot be maintained in a prison population for security reasons.
- d. Inmates being released from the ADOC. When this happens and the inmate is currently on a SU, civil commitment for inpatient psychiatric treatment will typically be pursued (see AR 634).

- e. SU treatment teams will determine whether-or-not the inmate is clinically appropriate for SU admission. Whenever an inmate is determined by the treatment team not to have a serious mental illness and this determination is well documented in the inmate's medical record through behavioral observations and examinations, the inmate will be discharged to the sending institution.
2. SU Discharge Procedures includes:
- a. The completion of an ADOC Form MH-049, Mental Health Unit (RTU/SU): Discharge Summary Form, when the SU treatment team determines that an inmate is ready for SU discharge. The summary shall be given to the Supervising Psychologist.
  - b. The discharging Supervising Psychologist contacting the sending Supervising Psychologist of the transfer decision. If there is disagreement about the appropriateness of the transfer, the issue will be referred to the ADOC Director of Treatment for resolution.
  - c. The Supervising Psychologist initiating an ADOC Form MH-050, Mental Health Unit (RTU/SU): Discharge/Transfer Form.
  - d. After agreement of the transfer, the discharging Supervising Psychologist notifying the institution's Warden/designee to initiate transfer. The Warden/designee shall be provided a copy of the initiated ADOC Form MH-050 and the original shall be filed in the mental health section of the inmate's medical record.
  - e. The Supervising Psychologist of the institution that sent the inmate to the SU notifies the Warden/designee of the impending transfer.
  - f. The completion of transfers within two working days of the SU discharge request. Delaying appropriate SU discharges will negatively impact the ability of ADOC to provide intensive psychiatric treatment when needed.
  - g. Contacting the ADOC Director of Treatment for assistance, when the discharging Supervising Psychologist is unable to complete an SU transfer within forty-eight hours of the request.
  - h. Filing discharge documentation in the mental health section of the inmate's medical record. The inmate's medical record will be placed in a sealed envelope and transferred with the inmate. A ten-(10) day supply of the inmate's medication will also accompany the inmate to his/her sending institution.
  - i. Mental health staff members of the receiving institution completing the bottom section of ADOC Form MH-050. The completed original shall be

filed in the mental health section of the inmate's medical record. A copy will be forwarded to the Mental Health Director for monitoring the system's mental health transfers.

G. Reporting will include:

1. A monthly report being submitted to the Supervising Psychologist on ADOC Form MH-054, Mental Health Unit (RTU/SU): Admission and Discharge Log.
2. The Mental Health Clerk's completing of ADOC Form MH-057 Intensive Stabilization Unit: Inmates with Extended Stay-Monthly Report, and ADOC Form MH-061, Mental Health Unit (SU): Inmate Roster-Last Day of the Month.
3. Each Supervising Psychologist will submit ADOC Form MH-071, Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report to the Mental Health Director.
4. The Mental Health Director shall submit ADOC Form MH-074, System-wide Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report to the ADOC Director of Treatment.

**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-017, Treatment Coordinator Assignment Log
- B. ADOC Form MH-018, Psychiatric Evaluation
- C. ADOC Form MH-025, Psychiatric Progress Notes
- D. ADOC Form MH-031, Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication
- E. ADOC Form MH-032, Treatment Plan
- F. ADOC Form MH-033, Correctional Officer Input into RTU/SU Inmate Treatment Planning
- G. ADOC Form MH-034, Treatment Plan Review
- H. ADOC Form MH-037, Group Attendance Roster

- I. ADOC Form MH-040, Progress Notes
- J. ADOC form MH-041, Mental Health Consultation to Disciplinary Process
- K. ADOC Form MH-042, Mental Health Watch/Restraint Procedure
- L. ADOC Form MH-044, Inmate Status/Precautionary Watch
- M. ADOC Form MH-045, Crisis Cell Utilization
- N. ADOC Form MH-046, Use of Physical Restraints for Mental Health Purposes/Monitoring
- O. ADOC Form MH-047, Use of Physical Restraints for Mental Health Purposes
- P. ADOC Form MH-048, Mental Health Unit (RTU/SU): Admission/Transfer Form
- Q. ADOC Form MH-049, Mental Health Unit (RTU/SU): Discharge Summary Form
- R. ADOC Form MH-050, Mental Health Unit (RTU/SU): Discharge/Transfer Form
- S. ADOC Form MH-051, Intensive Psychiatric Stabilization Unit: Inmate Orientation and Expectations
- T. ADOC Form MH-052, Mental Health Unit (RTU/SU): Initial Nursing Assessment
- U. ADOC Form MH-053, Intensive Psychiatric Stabilization Unit: Inmates With Extended Stay
- V. ADOC Form MH-054, Mental Health Unit (RTU/SU): Admission and Discharge Log
- W. ADOC Form MH-055, Intensive Psychiatric Stabilization Unit: Programming Monitoring
- X. ADOC Form MH-056, Mental Health Units (RTU/SU): Treatment Planning Status
- Y. ADOC Form MH-057, Intensive Psychiatric Stabilization Unit: Inmates with Extended Stay - Monthly Report
- Z. ADOC Form MH-059, Mental Health Unit (RTU/SU): Critical Incidents and Disciplinary Action
- AA. ADOC Form MH-061, Mental Health Unit (SU): Inmate Roster - Last Day of the Month

- BB. ADOC Form MH-071, Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report
- CC. ADOC Form MH-074, System-wide Intensive Psychiatric Stabilization Unit (SU): Monthly Activity Report
- DD. ADOC Form MH-077, Intensive Psychiatric Stabilization Unit: Transfer to a State Psychiatric Hospital

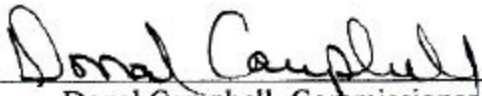
**VIII. SUPERCEDES**

This AR supercedes AR 472 dated October 5, 2001.

**VIII. PERFORMANCE**

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000
- B. The National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003. (P-I-01)
- C. Department of Mental Health and Mental Retardation Statutory Authority: The Code of Alabama, 1975, Section 22-50-11

  
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Donal Campbell, Commissioner