



KAY IVEY
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



JOHN Q. HAMM
COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 632

OPR:

HEALTH SERVICES

STABILIZATION UNIT

I. GENERAL

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

II. POLICY

It is the policy of the ADOC to ensure that the Stabilization Units provide intensive mental health services focused on evaluation, treatment, and recovery of inmates within ADOC custody either who are experiencing a severe or disabling symptoms and behaviors primarily the result of a mental disorder or who cannot function safely after Crisis Intervention.

III. DEFINITIONS AND ACRONYMS

- A. **Activity Technician (AT)**: A specially trained person who works with inmates in leisure-time, therapeutic activities facilitating adjustment. The AT serves as a member of the treatment team.
- B. **De-Escalation**: A crisis intervention technique aimed at reducing agitation, aggression, and emotional distress.
- C. **General Population (“GP”)**: The least-restrictive part of a correctional facility where most inmates are housed.
- D. **Group Programming**: Structured clinically driven interventions that are facilitated by mental health staff and offered to inmates on a regular basis. Programming includes psycho-educational groups, unstructured support groups, and structured activities.

- E. **Individual Counseling**: One-to-one session between a licensed counselor (or other QMHP) and an inmate that addresses episodic mental health concerns, or problems referenced by the inmate's treatment plan. Individual counseling sessions are documented on the appropriate Progress Note using the SOAP format.
- F. **Mental Health (MH) Code**: A letter code assigned to each inmate that indicates whether the inmate is on the mental health caseload and the level of treatment required. There are five possible MH codes:
1. **MH-A**: Assigned to inmates not currently receiving mental health services and not on the mental health caseload.
 2. **MH-B**: Assigned to inmates who require outpatient mental health services, have demonstrated stable coping skills for at least six months, and can be housed in facilities that do not provide daily mental health services by mental health staff.
 3. **MH-C**: Assigned to inmates who require outpatient mental health services at a major facility and have any diagnosed mental disorder associated with a functional impairment that interferes with their ability to meet the ordinary demands of living.
 4. **MH-D**: Assigned to inmates receiving chronic or acute mental health services requiring placement in a specialized housing unit (e.g., Residential Treatment Unit (RTU) or Stabilization Unit (SU)).
 5. **MH-H**: A temporary mental health code reserved for use only by the ADOC Office of Health Services (OHS) indicating that an inmate with any other mental health code designations will not be moved from the current housing unit or facility.
- G. **Mental Health Observation (MHO)**: Short-term placement of an inmate in a crisis cell to provide increased observation and structure and decreased stimulation to aid the inmate in gaining behavioral control and decreasing his or her stress level. MHO is not to be used as part of the suicide watch process or as an alternative to suicide watch.
- H. **Psychiatric Provider**: A vendor Psychiatrist or Certified Registered Nurse Practitioner.
- I. **Qualified Mental Health Professional (QMHP)**: A psychiatrist, psychologist, licensed professional counselor, mental health nurse practitioner, mental health social worker, mental health nurse, or other clinician who, by virtue of their education, credentials, and experiences, are permitted by law to evaluate and care for the mental health needs of patients.

- J. **Receiving Facility**: A correctional facility receiving an inmate from another correctional facility. (Not sure how security may refer to this in other ARs).
- K. **Residential Treatment Unit (RTU)**: A specialized housing placement for treating inmates with serious mental illness who are at risk for psychiatric deterioration in a less-restrictive setting. This may be either a short-term placement for inmates to resolve crises or a long-term placement for inmates who experience persistent difficulty functioning in an outpatient setting.
- L. **Sending Facility**: A correctional facility transporting an inmate to another correctional facility. (Not sure how security may refer to this in other ARs).
- M. **Serious Mental Illness (SMI)**: Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).
- N. **Stabilization Unit (SU)**: A designated residential unit that provides the highest level of intensive mental health services within the ADOC for inmates who either are experiencing severe psychiatric symptoms or remain at acute risk of harming themselves or others after crisis intervention has been insufficient to address these problems.
- O. **Structured Living Unit (SLU)**: An outpatient diversionary unit for inmates diagnosed with Serious Mental Illness who would otherwise have been placed in a restrictive housing unit.
- P. **Structured Therapeutic Out-of-Cell Activities**: Structured activities include but are not limited to psychotherapy, tele-health services, medical appointments, treatment teams, treatment activities (e.g. counseling/psychoeducational groups, AT groups, nursing groups).
- Q. **Unstructured Out-of-Cell Activities**: Unstructured activities include but are not limited to meals, recreational activities, showers, haircuts/shaving and visitation.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.

- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. The Warden (or designee) at each facility is responsible for ensuring that all ADOC security staff at that facility receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

V. PROCEDURES

- A. Operations of SU:
 - 1. All ADOC security staff and Vendor staff assigned to the SU will complete all required and applicable trainings, which include specialized training on relevant topics of mental health services, in accordance with AR 608, *Staff Training in Mental Health*.
 - 2. The ADOC Warden (or designee) at each facility and the Vendor Mental Health Site Administrator will collaborate to ensure that the SU in that facility has sufficient ADOC security staff and Vendor mental health staff coverage to ensure that an inmate in the SU is offered access to:
 - a. A weekly minimum of ten (10) hours of Structured Therapeutic Out-of-Cell Activities and ten (10) hours of Unstructured Out-of-Cell Activities.
 - b. Receive mental health services Monday through Friday from at least 7:00 A.M. until 7:00 P.M.
 - c. Receive mental health services Saturday through Sunday from at least 8:00 A.M. to 4:00 P.M.
 - 3. The Vendor Mental Health Site Administrator at each facility will notify both the Warden (or designee) at that facility and the Vendor Mental Health Program Director (or designee) if either ADOC security staff is insufficient to ensure that inmates in the SU are provided the out-of-cell times and mental health services in accordance with Section V.A.2. above.
 - 4. The ADOC security staff and the Vendor staff will collaborate to ensure that an inmate in the SU receives a therapeutic and secure environment by:

- a. Maximizing opportunities for both Structured Therapeutic Out-of-Cell Activities and Unstructured Out-of-Cell Activities.
 - b. Maintaining a predictable daily routine with minimal staff changes.
 - c. Using De-Escalation skills to prevent crises and harm to inmates or others.
5. The ADOC security staff will ensure that an inmate in the SU receives access to the same privileges available to that inmate in that inmate's last housing assignment as clinically approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communication Form*, including:
 - a. Telephones, in accordance with AR 431, *Inmate Telephone System*.
 - b. Mail, in accordance with AR 448, *Inmate Mail*.
 - c. Visitation, in accordance with AR 303, *Visitation*.
 - d. Personal Educational Devices, in accordance with AR 458, *Personal Educational Devices*.
 - e. Other appropriate privileges (e.g., store, canteen, etc.).
 6. The ADOC Warden (or designee) at each facility will house an inmate in the SU in either cells or dormitories.
 7. The Vendor mental health staff will update the MH Code of an inmate in the SU to MH-D at the time that inmate is transferred into the SU.
 8. The Vendor mental health staff will update the MH Code to the appropriate level of care if that inmate is discharged to an outpatient level of care pending transition to an outpatient setting.
 9. The ADOC security staff may initiate disciplinary proceedings against an inmate in the SU who violates ADOC departmental or facility regulations or procedures in accordance with AR 403, *Procedures for Inmate Rule Violations*, and AR 626, *Mental Health Consultation to the Disciplinary Process*.
 10. The ADOC security staff assigned to the SU will provide necessary input to an inmate's Treatment Team in accordance with AR 622, *Treatment Planning*.
 11. The ADOC security staff will not handcuff an inmate in the SU to remove that inmate from that inmate's cell unless both the ADOC security staff and

the Vendor QMHP jointly determine and document on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*) that inmate poses a safety risk that cannot be managed by less-restrictive means.

12. The Vendor nursing staff will administer medications to an inmate in the SU in accordance with AR 617, *Psychotropic Medication Administration*.
13. The Vendor QMHP may determine that an inmate in the SU is clinically appropriate for Crisis Cell placements (i.e., on Suicide Watch placement in accordance with AR 630, *Suicide Watch*, and MHO placement in accordance with AR 638, *Mental Health Observation*).
14. Each SU will have designated single-cell Crisis Cells available that are appropriately equipped to temporarily house any inmate who is clinically appropriate for a Crisis Cell placement regardless of that inmate's housing assignment.
15. The Vendor QMHP may initiate the order for the temporary use of Clinical Restraints on an inmate in the SU in accordance with AR 631, *Use of Clinical Restraints for Mental Health Purposes*.
16. Each SU will have designated single-cell Crisis Cells available that are appropriately equipped to temporarily house any inmate who is under an order for Clinical Restraints regardless of that inmate's housing assignment.
17. The Vendor will ensure that at minimum one (1) Vendor registered nurse is on duty in the SU during each shift to ensure the adequate monitoring of the clinical needs of an inmate in the SU.

B. Referral to SU:

1. The Vendor QMHP will use clinical judgment in recommending the referral to transfer an inmate to the SU and will consider:
 - a. That inmate both:
 - (1) Has a suspected or diagnosed mental illness associated with severe symptoms or functional impairments that do not resolve within seventy-two (72) hours of Crisis Intervention.
 - (2) Either:
 - i. Cannot be safely and effectively managed in a less-restrictive alternative (e.g., RTU)).

- ii. Requires a more-intensive evaluation for clarification of that inmate's diagnosis and Treatment Plan.
 - b. That inmate's need for the structure, programming, and observation available from transfer into the SU to facilitate that inmate's diagnostic clarification and recovery from that mental illness.
 - c. Inmates currently in the RTU may be referred directly to an SU when the Vendor QMHP's clinical judgment indicates that the SU is the least-restrictive environment necessary for the inmate's recovery.
 - d. The potential contraindications to transferring that inmate to the SU:
 - (1) Whether that inmate's symptoms primarily result from a medical disorder and are therefore more appropriately addressed in a medical setting.
 - (2) Whether that inmate's symptoms and behaviors primarily result from an active substance use disorder.
2. The Vendor Psychiatric Director (or designee) will use clinical judgment in assigning a priority to each referral to transfer an inmate to the SU.
 3. The Vendor Sending Facility Mental Health Site Administrator will ensure that:
 - a. The Vendor Sending Facility QMHP will document the referral to transfer that inmate to the SU on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*).
 - b. The Vendor Sending Facility QMHP will complete ADOC Form MH-080, *Mental Health Transfer Note*, accompanied by copies of all Progress Notes (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, and ADOC Form MH-040N, *Nursing Progress Notes*) related to mental health services provided to that inmate from at least the past three (3) months (unless that Vendor QMHP uses clinical judgment to determine additional Progress Notes are necessary).
 - c. The Vendor Sending Facility mental health staff will update that inmate's MH Code to MH-D once the Receiving Facility accepts the referral to transfer that inmate to the SU.

- d. The Vendor Sending Facility mental health staff will file the original ADOC Form MH-080, *Mental Health Transfer Note*, in the mental health section of that inmate's medical record.
 - e. The Vendor Sending Facility medical staff will document medical clearance of that inmate.
 - f. The Vendor Sending Facility mental health staff will forward all necessary information to the Vendor Receiving Facility Mental Health Site Administrator for review and acceptance of the referral to transfer the inmate to the SU.
 - g. The Vendor Sending Facility Mental Health Site Administrator notifies the ADOC Sending Facility Warden (or designee) of the Vendor Sending Facility QMHP's referral to transfer that inmate to the SU and that inmate's pending transportation to that Sending Facility.
4. The Vendor Receiving Facility Mental Health Site Administrator will ensure that:
- a. The Vendor Receiving Facility QMHP will review the referral information provided by the Sending Facility and, if necessary, will contact the Vendor Sending Facility QMHP counterpart to address any questions or request additional information.
- The Vendor Receiving Facility QMHP will consult the Vendor Psychiatric Director (or designee) with unresolved questions about the clinical appropriateness of the Receiving Facility's acceptance of the referral to transfer that inmate to the SU.
- b. The Vendor Receiving Facility QMHP will determine the clinical appropriateness of that Receiving Facility's acceptance of the referral to transfer that inmate to the SU within twenty-four (24) hours from the date the Vendor Receiving Facility Mental Health Site Administrator receives the information from the Vendor Sending Facility Mental Health Site Administrator.
 - c. The Vendor Receiving Facility Mental Health Site Administrator notifies the ADOC Receiving Facility Warden (or designee) of the Vendor Receiving Facility QMHP's clinical acceptance of the referral to transfer that inmate to the SU and that inmate's pending transportation to that Receiving Facility.
 - d. The Vendor Receiving Facility nursing staff will:

- (1) Provide the appropriate information on the applicable section of ADOC Form MH-080, *Mental Health Transfer Note*.
 - (2) File the completed original ADOC Form MH-080, *Mental Health Transfer Note*, in the mental health section of that inmate's health record.
 - (3) Forward the completed ADOC Form MH-080, *Mental Health Transfer Note*, to the Vendor Mental Health Program Director (or designee).
- e. The Vendor Receiving Facility mental health staff will both maintain a list of inmates for whom that Receiving Facility has received referrals for transfer to the SU and the priority assigned by the Vendor Psychiatric Director in which those inmates should be transferred and provide an updated digital copy of this list at minimum one (1) time every working day to the following individuals:
- (1) The ADOC Deputy Commissioner of the Office of Health Services Division;
 - (2) The ADOC Director of Mental Health Services;
 - (3) The ADOC Director of Psychiatry;
 - (4) The ADOC Regional Psychologists;
 - (5) The ADOC Regional Directors of the Operations Division;
 - (6) The ADOC Director of the Classification Division;
 - (7) The ADOC Sending Facility Warden (or designee);
 - (8) The ADOC Receiving Facility Warden (or designee);
 - (9) The ADOC Sending Facility Classification Unit;
 - (10) The ADOC Receiving Facility Classification Unit;
 - (11) The Vendor Mental Health Program Director;
 - (12) The Vendor Psychiatric Director;

C. Transport to SU.