



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

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER**

609

OPR: HEALTH SERVICES

REFERRAL TO MENTAL HEALTH SERVICES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for initiating referrals to mental health services for inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure not only that all staff understand how to refer an inmate for mental health services but also that all inmates understand how to request mental health services sufficient to meet their needs:

III. DEFINITIONS AND ACRONYMS

- A. **Constituents**: Individuals, stakeholders, or groups, such as inmates' families and advocacy groups who are interested in and/or affected by ADOC policies and policy making processes.
- B. **Emergent Referral**: There is an imminent risk of harm to self or others, or for any other reason a mental health evaluation cannot be deferred to the next scheduled clinic. A clinical assessment and/or intervention will occur as soon as possible but no more than four hours from the determination that the referral is emergent. Constant observation must be immediately initiated and continuously maintained until this evaluation is completed and the necessary level of care is determined.
- C. **Routine Referral**: Neither an emergent nor an urgent referral is indicated, but a clinical assessment and/or intervention must occur within 14 calendar days of the time the referral was made.

- D. **Urgent Referral**: An emergent referral is not indicated, but a clinical assessment and/or intervention will occur no more than twenty-four (24) hours from the time the referral was made.

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 that 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 ADOC 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 all Vendor staff at that facility receive training on the implementation of this AR .

V. **PROCEDURES**

- A. Training:

All ADOC staff and Vendor staff will complete all required and applicable trainings, which includes a unit on the process for initiating referrals for mental health services, in accordance with AR 608, *Staff Training in Mental Health*.

- B. Initiating Referrals for Mental Health Services:

- 1. Referrals for mental health services for an inmate may be initiated as either a:
 - a. Written referral.
 - b. Verbal referral.
- 2. A written referral for mental health services for an inmate may be initiated by completing one of the following:

- a. ADOC Form MH-008, *Mental Health Referral Form*.
 - b. ADOC OHS Form E-7(a), *Sick Call Request*.
 - c. Inmate Request Slip.
3. A verbal referral for mental health services for an inmate:
- a. May be initiated by escorting that inmate to either:
 - (1) The designated Vendor triage nursing staff.
 - (2) The Vendor QMHP.
 - b. Must be later documented on ADOC Form MH-008, *Mental Health Referral Form*, by either:
 - (1) The ADOC staff or Vendor staff initiating the verbal referral for mental health services.
 - (2) The designated Vendor triage nursing staff.
 - (3) The Vendor QMHP to whom that inmate was escorted.

C. Sources of Referrals for Mental Health Services:

1. Referrals from Inmates:
- a. An inmate may initiate written referrals for mental health services in accordance with Section V.B.2.b.–c. above.
 - (1) An inmate will place written referrals for mental health services into the designated referral box at the facility in which that inmate is housed.
 - (2) A designated Vendor nursing staff at each facility will retrieve all written referrals for mental health services from all designated referral boxes at that facility at least one (1) time each shift.
 - b. An inmate may initiate verbal referrals for mental health services to any ADOC staff or any Vendor staff, who will then timely respond in accordance with Section V.C.2. below.
2. Referrals from ADOC Staff and Vendor Staff:

- a. All ADOC staff and all Vendor staff may initiate either written or verbal referrals for mental health services for an inmate in accordance with Section V.B. above.
- b. All ADOC staff and all Vendor staff must immediately initiate a referral for emergency mental health services for an inmate who that staff reasonably believes is currently experiencing a Psychiatric Emergency in accordance with Section V.D. below.
- c. Any ADOC Psychological Associate and any Vendor staff, including Vendor nursing staff and Vendor QMHP, who identifies an inmate with a need for mental health services during the Reception Mental Health Screening will initiate referrals for mental health services.
- d. Any ADOC Psychological Associate and any Vendor QMHP who identifies an inmate with a need for mental health services during the Reception Social History Assessment will initiate referrals for mental health services.

3. Referrals from Constituents:

- a. Constituents may inform any ADOC staff or Vendor staff of any mental health concerns about an inmate.
- b. The ADOC staff or Vendor staff who receives such information from a constituent will initiate referrals for mental health services in accordance with Section V.C.2. above.

D. Initiating Referrals for Emergency Mental Health Services:

1. Any ADOC staff or Vendor staff will immediately initiate an emergent referral for mental health services for any inmate who that staff reasonably believes is currently experiencing a Psychiatric Emergency in accordance with Section V.B. above.
2. The ADOC staff or the Vendor staff initiating and triaging a referral to emergency mental health services on an inmate will immediately initiate and maintain continuous Constant Observation procedures of that inmate until either:
 - a. The Vendor Mental Health Observer assumes the Constant Observation procedures.
 - b. The Vendor QMHP evaluates and assessed that inmate.

E. Triage Referrals for Mental Health Services:

1. The Vendor Mental Health Site Administrator will assign and designate at least one registered nurse (either medical or mental health) at each facility to triage all referrals for mental health services.
2. The Vendor designated triage nurse will review and triage all ADOC Form MH-008, *Mental Health Referral Form*, at least once per shift.
3. The Vendor designated triage nurse will determine the priority and level of an inmate's need for mental health services as emergent, urgent, or routine, and then complete the relevant sections of ADOC Form MH-008, *Mental Health Referral Form*.
 - a. The Vendor designated triage nurse determining that an inmate's need for mental health services is either emergent or urgent will both:
 - (1) Notify the appropriate Vendor QMHP, either in person or via telephone, of that inmate's need for mental health services as soon as possible, and no more than one (1) hour from the time that Vendor designated triage nurse triages that referral for mental health services
 - (2) Document that notification, including the type of referral, the name of the QMHP notified, and the date and time of the notification, on ADOC Form MH-008, *Mental Health Referral Form*.
 - b. The Vendor designated triage nurse determining that an inmate's need for mental health services is routine will notify the Vendor Mental Health Site Administrator (or designee) at that facility on ADOC Form MH-008, *Mental Health Referral Form*, by the next shift.
4. The Vendor designated triage nurse will determine the appropriate Vendor QMHP to request to provide an inmate with mental health services.
5. The Vendor designated triage nurse will place all triaged referrals in a clearly designated location for the Vendor QMHP to retrieve by the next working day, and no more than twenty-four (24) hours from the time the Vendor triage nurse triages the referral, to schedule any appropriate mental health services.
6. The Vendor designated triage nurse will request the Vendor psychiatric provider to provide an inmate with mental health services if that Vendor designated triage nurse either:

- a. Has questions regarding possible side effects, lack of effectiveness, or other medication-related concerns for an inmate with a current order of psychotropic medications.
 - b. Has questions regarding that inmate's psychiatric diagnoses.
 - c. Determines there is any other clinical reason for such those mental health services.
7. The Vendor designated triage nurse will initiate a referral for medical services to the Vendor medical staff on an inmate if that Vendor designated triage nurse reasonably believe that inmate has a medical disorder that may be affecting that inmate's mental health status.

F. Providing Mental Health Services:

- 1. The Vendor QMHP will provide mental health services to an inmate who the Vendor designated triage nurse determines is in need of:
 - a. Emergent mental health services as soon as possible, and no more than four (4) hours from the time that Vendor triage nurse makes that determination.
 - b. Urgent mental health services no more than twenty-four (24) hours from the time that Vendor triage nurse makes that determination.
 - c. Routine mental health services no more than fourteen (14) calendar days from the time that Vendor triage nurse makes that determination.
- 2. The Vendor QMHP providing an inmate with mental health services will document both:
 - a. The status of those mental health services on ADOC Form MH-008, *Mental Health Referral Form*.
 - b. The actual mental health services provided on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatric/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*).

G. Mental Health Referral Log:

- 1. The Vendor mental health staff will track all triaged referrals to mental health services On ADOC Form MH-008A, *Mental Health Referral Log*.

2. The Vendor designated triage nurse (or designee) will log each ADOC Form MH-008, *Mental Health Referral Form*, on ADOC Form MH-008A, *Mental Health Referral Log*.
3. The Vendor Mental Health Site Administrator (or designee) will monitor the ADOC Form MH-008A, *Mental Health Referral Log*, for accuracy and completion each month.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form MH-008, *Mental Health Referral Form*.
- B. ADOC Form MH-008-A, *Mental Health Referral Log*.
- C. ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.
- D. ADOC Form MH-040, *Progress Notes*.
- E. ADOC Form MH-040N, *Nursing Progress Notes*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 609, *Referral to Mental Health Services*, dated May 14, 2004, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. *Braggs v. Hamm*, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).
- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner

**Alabama Department of Corrections
Mental Health Referral Form**



Inmate/Patient Information:			
Name:		AIS#:	
Facility:		Housing Unit:	
Date of referral:		Time:	
Reason for Referral:			
Person Making Referral:			
Name:			
Title:		Date:	Time:
<input type="checkbox"/> ADOC Employee <input type="checkbox"/> Medical/Mental Health Staff <input type="checkbox"/> Patient (Self-Referral) <input type="checkbox"/> Other		Additional Info:	
Referral Triage Registered Nurse:			
Name:		Title:	
Date Received:		Time Received:	
Signature:			
Date:		Time:	
Triage Nurse Determination:			
<input type="checkbox"/> Emergent referral required (Notify On-Call Mental Health Staff within one hour)			
<input type="checkbox"/> Urgent referral required (Notify On-Call Mental Health Staff within one hour)			
<input type="checkbox"/> Routine referral required (Notify Mental Health by next business day)			
Mental Health Staff Notified:		Name/Title:	
<input type="checkbox"/> Verbal <input type="checkbox"/> Written/placed in designated location <input type="checkbox"/> Email		Date	
		Time:	
Response by Mental Health staff:			

Mental Health Referral Log



	A Inmate Name	B Inmate AIS	C Name of Referral Source	D Date / Time When Referral Source Became Aware of Need for Referral	E Date / Time of the Referral	F Manner of the Referral	G Name of the Nurse Triaging Referral	H Date / Time of Triage	I Designation by Triage Nurse (Emergent, Urgent, or Routine)	J Name of the MH Staff Member to Whom the Referral Was Assigned	K Date / Time of Initial Clinical Contact After Referral	L Disposition of the Referral
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												

**Alabama Department of Corrections
Psychiatric Provider Progress Note**



Last Name	First Name:	AIS:
DOB: / / Age:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	<input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health
Facility:	Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> SLU <input type="checkbox"/> RHU <input type="checkbox"/> PHRU <input type="checkbox"/> WR	
MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Last change: / /	SMI: <input type="checkbox"/> Y <input type="checkbox"/> N Last change: / /	

Target Problems and Symptoms:

Current Medications (MAR Reviewed Y N)

Adherence:	Adverse Drug Reactions / Allergies:
Weight / BMI: Date: / /	Last AIMS: (Date) Consents: (Date)

S/ (narrative)

O/ Mental Status Examination *(Describe pertinent details.)*

Consciousness / Cognition	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
Appearance	<input type="checkbox"/> Good hygiene
Behavior/ Attitude	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
Speech:	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
Mood/affect:	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
Thought Content	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished

**Alabama Department of Corrections
Psychiatric Provider Progress Note**



Harm	<input type="checkbox"/> None Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate NSSI: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent Aggression: <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
Thought Process	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
Perception:	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
Insight & Judgment	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
Neuro / EPS	<input type="checkbox"/> Y <input type="checkbox"/> N Current AIMS: / / / Other/Details:

Lab Review:	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
--------------------	--

A/ (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

P/ Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

Psychiatrist / NP: (Print) _____	Sign: _____
My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:	

Date: / /	Start time: :	AM PM	End Time: :	AM PM
----------------------	----------------------	--------------	--------------------	--------------

Alabama Department of Corrections
NURSING PROGRESS NOTE



<input type="checkbox"/> O/P <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> ASW <input type="checkbox"/> NASW <input type="checkbox"/> CONSTANT OBS <input type="checkbox"/> MHO	MH CODE: A B C D	SMI: Y N
<u>S</u>		
<u>O</u>	VITAL SIGNS: B/P: _____ HR: _____ RR: _____ Temp: _____ O ₂ Sat: _____ Wt.: _____ EYE CONTACT: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Staring HYGIENE: <input type="checkbox"/> No deficiencies <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous <input type="checkbox"/> Dirty BEHAVIOR: <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Pleasant <input type="checkbox"/> Uncooperative <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable <input type="checkbox"/> Hostile <input type="checkbox"/> Bizarre ORIENTATION: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation AWARENESS: <input type="checkbox"/> Alert <input type="checkbox"/> Attentive <input type="checkbox"/> Confused <input type="checkbox"/> Distracted SPEECH: <input type="checkbox"/> Clear <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Rambles <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial THOUGHTS: <input type="checkbox"/> Logical <input type="checkbox"/> Reality-based <input type="checkbox"/> Concrete <input type="checkbox"/> Obsessive <input type="checkbox"/> Loose Associations <input type="checkbox"/> Disorganized <input type="checkbox"/> Grandiose <input type="checkbox"/> Hyper-religious <input type="checkbox"/> Paranoid PERCEPTIONS: Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> None Describe: SUICIDAL/HOMICIDAL RISK: <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Non-Suicidal Self-Injury Ideation <input type="checkbox"/> Homicidal Ideation Describe: MOOD: <input type="checkbox"/> Good/relaxed <input type="checkbox"/> Sad <input type="checkbox"/> Depressed <input type="checkbox"/> Angry <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful Inmate's Description of Mood: AFFECT: <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Withdrawn <input type="checkbox"/> Euphoric <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted Describe: PSYCHOTROPIC MEDICATION ADHERENCE: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Refuses <input type="checkbox"/> Education Provided SIDE EFFECTS: <input type="checkbox"/> None <input type="checkbox"/> Tremors <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Weight Change <input type="checkbox"/> Dizziness <input type="checkbox"/> Repetitive Movement <input type="checkbox"/> Other:	
<u>A</u>		
<u>P</u>	<input type="checkbox"/> Continue to monitor <input type="checkbox"/> Refer to Licensed Counselor <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner Describe:	

Nurse Print/Sign: Time: _____ AM PM	LPN RN	Date: _____
Inmate/Patient's Name: _____	AIS #: _____	DOB: _____ Facility: _____