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GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION
NUMBER

630

OPR: HEALTH SERVICES

SUICIDE WATCH

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for Suicide Watch placement of inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody, who either are identified or self-report as at risk for suicide or self-harm, are immediately referred for Suicide Watch placement to receive clinically appropriate and emergency mental health services and safe housing.

III. DEFINITIONS AND ACRONYMS

- A. **Acutely Suicidal**: An inmate who is actively engaging in self-injurious behavior and/or threaten suicide with a specific plan.
- B. **Constant Observation**: A procedure that ensures that a designated observer not only maintains continuous and direct line-of-sight visual contact of an inmate at all times but also documents that visual contact at staggered (i.e., irregular and unpredictable) intervals no greater than fifteen (15) minutes apart. An observer may observe more than one inmate on Constant Observation placement as long as the physical design allows for continuous and direct line-of-sight visual contact of each inmate.
- C. **Crisis Cell**: A suicide-resistant cell that is designed for housing inmates undergoing crisis assessments and interventions. An inmate placed in a Crisis Cell may be subject to varying levels of observation (e.g., Suicide Watch, Constant Observation, Mental Health Observation, etc.).

- D. **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.
- E. **Non-Acutely Suicidal**: Inmates who express current suicidal ideations (e.g., expressing a wish to die without a specific threat or plan), and/or have a recent history of self-destructive behavior.
- F. **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.
- G. **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.
- H. **Restrictive Housing Unit (RHU)**: Inmate housing placement for the purpose of separating an inmate from the general prison population. Placement is determined by ADOC.
- I. **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.
- J. **Suicide Risk Assessment (SRA)**: A designated form used to document all suicide risk assessments.
- K. **Suicide Watch**: An emergency procedure for monitoring an inmate in suicide-resistant housing for that inmate's protection because of demonstrated or threatened warning signs of suicide or self-harm. Suicide Watch is specified by a qualified mental health professional as either Acute Suicide Watch (ASW) or Non-Acute Suicide Watch (NASW):
 - 1. Acute Suicide Watch (ASW).
 - 2. Non-Acute Suicide Watch (NASW).

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. Referral to Mental Health Services:
 - 1. Any ADOC staff or Vendor staff will immediately initiate a referral for mental health services for an inmate who that staff believes to be at risk for suicide or self-harm in accordance with AR 609, *Referral to Mental Health Services*.
 - 2. Any Vendor QMHP who determines during ongoing treatment that an inmate meets the criteria for Suicide Watch will:
 - a. Immediately initiate the appropriate Suicide Watch process (i.e., either ADOC Form MH-042A, *Acute Suicide Watch*, or ADOC Form MH-042B, *Non-Acute Suicide Watch*).
 - b. Complete ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*.
 - c. Complete the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N, *Nursing Progress Notes*).

B. Constant Observation:

1. Constant Observation will be immediately started and documented on ADOC Form MH-042A prior to and when an inmate is presented to health care to be triaged for suicide risk.
2. Constant Observation is maintained through the triage process until a QMHP evaluates the inmate.
3. Once the Vendor nurse has triaged the Emergent Referral or Urgent Referral for mental health services, after an inmate is placed on Constant Observation, a QMHP shall evaluate that inmate using a suicide risk assessment to determine if the inmate is not suicidal or is either Acutely Suicidal or Non acutely Suicidal.

C. Triage:

1. The Vendor nurse assigned to triage referrals to mental health services will triage all referrals involving suicidal or self-harmful behavior or thinking as Emergent Referrals.
2. A nurse will notify the on-call QMHP and complete the triage process prior to the inmate's Crisis Cell placement.
3. Constant Observation will be followed using the Mental Health Acute Suicide Form (MH Form-42A) until the QMHP assesses the inmate.
4. A nurse will obtain the inmate's vital signs and complete ADOC OHS Form E-11(a), *Body Chart Documentation Form*, prior to an inmate's Crisis Cell placement.
5. A nurse or other QMHP will complete ADOC OHS Form A-9(b), *Health Services Communication Form*, specifying the permitted property (e.g., clothing, bedding, etc.) and clinically approved special accommodations (e.g., hygiene, medical considerations, meals, etc.) appropriate to the type of Suicide Watch placement.
6. If necessary, the on-call Licensed Counselor and the medical provider will discuss any required special accommodations prior to completing ADOC OHS Form A-9(b), *Health Services Communication Form*.

D. QMHP Initial Assessment and Evaluation:

1. A Vendor QMHP will evaluate and assess the inmate on ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment (SRA)*, in accordance with AR 604, *Confidentiality in Mental Health Services*, to determine whether, and to what

extent, that inmate is clinically appropriate for Crisis Cell placement and procedures (i.e., Acute Suicide Watch, Non-Acute Suicide Watch, Constant Observation, MHO, or not appropriate for placement).

2. The Vendor QMHP shall consider the least restrictive alternatives necessary to address the inmate's safety needs before recommending Crisis Cell placement.
3. The Vendor QMHP will notify ADOC security staff of the QMHP's determination regarding the inmate's Crisis Cell placement on ADOC OHS Form A-9(b), *Health Services Communication Form*.

E. ADOC Security Staff Duties Regarding Inmates on Constant Observation and Suicide Watch Placement:

1. Verifying that the Crisis Cell is cleaned both before and during an inmate's Crisis Cell placement.
2. Inspecting the Crisis Cell before an inmate's Crisis Cell placement to ensure no contraband or other items not pre-approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communication Form*, are present.
3. Confirming that the Crisis Cell has a Suicide Watch mattress/bed.
4. Ensuring that an inmate is provided the items clinically pre-approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communication Form*.
5. Providing an inmate with meals as clinically approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communication Form*, on suicide-resistant trays, cups, and utensils at designated intervals according to that inmate's prescribed diet.
6. Providing an inmate the daily opportunity to shower and meet personal care and hygiene needs.
7. Ensuring an inmate the privileges (with observation), as clinically indicated to be safe and appropriate, consistent with the privileges available to the inmates in their last housing assignment.

F. Acute Suicide Watch Placement:

1. An inmate determined by the Vendor QMHP to be Acutely Suicidal must be placed on ASW and monitored through a Constant Observation procedure.

2. The Vendor nursing staff will document an inmate's ASW placement on ADOC Form MH-045, *Crisis Cell Utilization Log*.
3. Each shift, the Vendor nursing staff will evaluate and document an inmate's mental health status and medical status on ADOC Form MH-040N, *Nursing Progress Notes*.
4. Each day, the Vendor QMHP (who is either a psychologist or licensed professional counselor) assigned to an inmate's Treatment Team will evaluate and provide that inmate with clinically appropriate Crisis Interventions and will document those daily encounters on ADOC Form MH-040, *Progress Notes*.
5. The Vendor QMHPs (who are either a psychiatrist, psychologist, or mental health nurse practitioner) assigned to an inmate's Treatment Team will provide that inmate with clinically appropriate out-of-cell services will document those services on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*).
6. ADOC security staff will provide an inmate with a suicide watch smock, suicide watch blanket, suicide watch mattress, and shower slides when out of the Crisis Cell as well as the special accommodations clinically approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communication Form*.
7. The Vendor mental health observers will document their continuous line-of-sight Constant Observation procedure on ADOC Form MH-042A, *Acute Suicide Watch*, which will be filed in the inmate's medical record.
8. During ASW, an observer must contemporaneously document at staggered intervals, not exceeding 15 minutes, their observations.
9. An inmate initially placed on ASW must be placed on NASW (i.e., "stepped down") before that inmate may be discharged from Suicide Watch placement.
10. The Vendor QMHP will consider an inmate's placement on the Mental Health Caseload if that inmate was not already on the Mental Health Caseload at the time of ASW placement.

G. Non-Acute Suicide Watch Placement:

1. An inmate determined by the Vendor QMHP to be Non-Acutely Suicidal must be placed on NASW and monitored through a Close Observation procedure.

2. The Vendor nursing staff will document an inmate's NASW placement on ADOC Form MH-045, *Crisis Cell Utilization Log*.
3. Each shift, a nurse will evaluate and document the inmate's mental health and medical status on ADOC Form MH-040N, *Nursing Progress Notes*.
4. The assigned licensed counselor or psychologist evaluates and provides daily crisis counseling and other indicated interventions. The counselor will document these daily encounters on ADOC Form MH-040, *Progress Notes*.
5. Other assigned QMHPs (psychiatrist, nurse practitioner, or psychologist) provide out-of-cell services as guided by clinical judgment, with documentation on a progress note.
6. The Vendor mental health observers will document their staggered Close Observation procedure on ADOC Form MH-042B, *Non-Acute Suicide Watch*. This form will be filed in the inmate's health record.
7. ADOC security staff will provide an inmate with ___ as well as the special accommodations clinically approved by the Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communications Form*.
8. The Vendor QMHP shall not clinically approve, and ADOC security staff shall not provide, an inmate with belts and shoelaces.
9. An inmate may be placed on NASW either directly from Constant Observation placement or from ASW as a "step down" before discharge from Suicide Watch.
10. The Vendor QMHP will consider an inmate's placement on the Mental health Caseload if that inmate was not already on the Mental Health Caseload at the time of NASW placement.

H. Treatment Planning:

The Treatment Plan of an inmate on Suicide Watch placement will be created, finalized, updated, and reviewed in accordance with AR 622, *Treatment Planning*.

I. Safety Plan Intervention:

A Vendor QMHP will encourage and assist an inmate on Suicide Watch placement to participate in developing a Safety Plan in accordance with AR 627, *Mental Health Crisis Intervention and Emergency Services*:

J. Extended Suicide Watch Placement:

1. An inmate's Treatment Team will use clinical judgment in determining the length of that inmate's Suicide Watch placement.
2. If an inmate remains on Suicide Watch placement for 72 hours, then:
 - a. That inmate's Treatment Team will determine whether that inmate should be considered for a referral to a different or higher level of care.
 - b. That inmate's Treatment Coordinator will document the Treatment Team's discussion and determination, including the Treatment Team's clinical rationale for not referring that inmate to a different or higher level of care, on ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, which will be filed in the mental health section of the inmate's medical record.
3. If an inmate remains on Suicide Watch placement for 168 hours, then:
 - a. The inmate's Treatment Team will again determine whether that inmate should be considered for a referral to a different or higher level of care.
 - b. The inmate's Treatment Coordinator will document the Treatment Team's decision and determination, including the clinical rationale for not referring the inmate, on ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, which will be filed in the mental health section of the inmate's medical record.
4. If an inmate remains on Suicide Watch placement for 240 hours or more and that inmate does not meet the criteria for discharge from Suicide Watch to outpatient mental health services, then:
 - a. The inmate's Treatment Team will again determine whether that inmate should be considered for a referral to a different or higher level of care.
 - b. The inmate's Treatment Coordinator will document the Treatment Team's decision and determination, including the clinical rationale for not referring the inmate, the inmate's current functioning, and any barriers that prevent the inmate's discharge from Suicide Watch to outpatient mental health services on ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, which will be filed in the mental health section of the inmate's medical record.
 - c. That inmate's Treatment Coordinator will forward a copy of the completed ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, along with a copy of the supporting clinical

documentation and rationale, to the Vendor Psychiatric Director for review and evaluation.

- d. The Vendor Mental Health Site Administrator (or designee) at the facility where that inmate is housed will:
 - (1) Forward a copy of the completed ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, to the Vendor Mental Health Program Director.
 - (2) Track inmates at that facility who have remained on Suicide Watch placement for longer than 72 hours, 168 hours, and 240 hours, noting the status of the referral to a different or higher level of care, on ADOC Form MH-057-SW, *Suicide Watch: Inmates with Extended Stay Monthly Report*.

K. Inmates with Recurring Suicide Watch Placements:

1. An inmate's Treatment Team will use clinical judgment in determining whether that inmate is clinically appropriate for a referral to a different or higher level of care if either:
 - a. That inmate is placed back on Suicide Watch within thirty (30) days from the date that inmate was discharged from a previous Suicide Watch placement.
 - b. That inmate is placed on Suicide Watch three (3) or more times within a six (6) month timeframe.
 - c. A Vendor QMHP determines, based on clinical judgment, that inmate clinically requires a different or higher level of care.
2. An inmate's Treatment Coordinator will document that inmate's Treatment Team's decision and determination, including the Treatment Team's clinical rationale for not referring that inmate to a different or higher level of care, on ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, which will be filed in the mental health section of the health record.

Suppose the inmate is not referred to higher-level care. In that case, the Mental Health Site Administrator (or designee) will forward a copy of the completed ADOC Form MH-053-SW, *Suicide Watch: Review for Higher-Level Care*, to the vendor Mental Health Director, Psychiatric Director, and the ADOC Director of Mental Health Services.

L. Discharge from Suicide Watch:

1. An inmate's Treatment Team, the Vendor QMHP, and the Vendor Psychiatric Director (or designee) will use collaborative clinical judgment in determining whether to discharge that inmate from Suicide Watch placement.
2. An inmate's Treatment Coordinator will document that collaborative decision and determination discharging that inmate from Suicide Watch placement on ADOC OHS Form A-9(b), *Health Services Communications Form*, and will both forward and verbally communicate ADOC OHS Form A-9(b) to ADOC security staff.
3. A Vendor QMHP (i.e., either a psychiatrist, psychologist, licensed professional counselor, or mental health nurse practitioner) will evaluate and assess an inmate at least four (4) times after that inmate is discharged from Suicide Watch placement in accordance with AR 604, *Confidentiality in Mental Health Services*:
 - a. The Vendor QMHP will evaluate and assess that inmate the first, second, and third time on each of the first three (3) consecutive calendar days following that inmate's discharge from Suicide Watch placement on ADOC Form MH-040, *Progress Notes*.

If the Vendor QMHP at the facility where an inmate is housed does not complete these first three evaluations and assessments before that inmate is transferred to another facility, then the Vendor QMHP at the facility where that inmate is transferred will evaluate and assess that inmate on each of the first three (3) consecutive calendar days following that inmate's transfer to that facility.

- b. The Vendor QMHP will evaluate and assess that inmate the fourth time between the 7th and 14th calendar day following that inmate's discharge from Suicide Watch placement on both ADOC Form MH-040, *Progress Notes*, and ADOC Form MH-043A, *Abbreviated Suicide/Self-Harm Risk Assessment*.
4. An inmate discharged from Suicide Watch placement shall not be transferred directly to the RHU unless there is both:
 - a. Documented Exceptional Circumstances for RHU placement in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
 - b. Notification of that inmate's Treatment Coordinator.

5. The Vendor QMHP will consider an inmate's placement on the Mental Health Caseload at the time of discharge from Suicide Watch placement if that inmate was not already on the Mental Health Caseload at the time of Suicide Watch placement.
6. The Vendor QMHP will document the clinical rationale for not placing that inmate on the Mental Health Caseload at the time of discharge from Suicide Watch placement on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*), which will be filed in the mental health section of the inmate's medical record.

M. Other Documentation:

Each day, the Vendor Mental Health Site Administrator (or designee) at each facility will document every inmate on Suicide Watch placement at that facility, from an inmate's date of Suicide Watch placement to that inmate's date of discharge from Suicide Watch placement, on ADOC Form MH-045, *Crisis Cell Utilization Log*.

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-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-040, *Progress Notes*.
- C. ADOC Form MH-040N, *Nursing Progress Notes*.
- D. ADOC Form MH-042A, *Acute Suicide Watch*.
- E. ADOC Form MH-042B, *Non-Acute Suicide Watch*.
- F. ADOC Form MH-043, *Suicide/Self-Harm Risk Assessment(SRA)*.
- G. ADOC Form MH-043A, *Abbreviated Suicide/Self-Harm Risk Assessment*.
- H. ADOC Form MH-044, *Safety Plan Form*.
- I. ADOC Form MH-045, *Crisis Cell Utilization Log*.
- J. ADOC Form MH-053-A-SW, *Suicide Watch: Review for Higher-Level Care*.

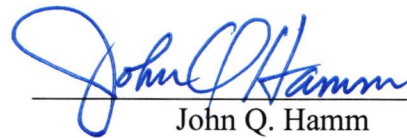
- K. ADOC Form MH-057-A-SW, *Suicide Watch: Inmates with Extended Stay Monthly Report*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 630, *Mental Health Watch Procedures*, dated August 1, 2005, 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
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
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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
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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>		<u>VITAL SIGNS:</u> B/P: _____ HR: _____ RR: _____ Temp: _____ O ₂ Sat: _____ Wt.: _____ <u>EYE CONTACT:</u> <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Staring <u>HYGIENE:</u> <input type="checkbox"/> No deficiencies <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous <input type="checkbox"/> Dirty <u>BEHAVIOR:</u> <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 <u>ORIENTATION:</u> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <u>AWARENESS:</u> <input type="checkbox"/> Alert <input type="checkbox"/> Attentive <input type="checkbox"/> Confused <input type="checkbox"/> Distracted <u>SPEECH:</u> <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 <u>THOUGHTS:</u> <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 <u>PERCEPTIONS:</u> Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> None <i>Describe:</i> <u>SUICIDAL/HOMICIDAL RISK:</u> <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Non-Suicidal Self-Injury Ideation <input type="checkbox"/> Homicidal Ideation <i>Describe:</i> <u>MOOD:</u> <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: <u>AFFECT:</u> <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Withdrawn <input type="checkbox"/> Euphoric <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <i>Describe:</i> <u>PSYCHOTROPIC MEDICATION ADHERENCE:</u> <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Refuses <input type="checkbox"/> Education Provided <u>SIDE EFFECTS:</u> <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 <i>Describe:</i>					

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



ACUTE SUICIDE WATCH

Intervention: Acute Suicide Watch; Constant Observation Documented No Less Than Every 15 Minutes

Property Permitted: Suicide Smock, Suicide Blanket, Suicide Mattress, Meals for Suicide Precaution

Cell Location: _____ Date of Initiation: ____/____/____ Time: _____

Inmate Name

AIS #

Facility

Code	Activity	Code	Activity	Code	Activity	Code	Activity
1	Yelling	9	Quiet	16	Fluid Accepted	24	Toileted
2	Banging	10	Relaxed	17	Fluids Rejected	25	Showering
3	Crying	11	Sitting	18	Meal Accepted	26	Refused to Leave Cell
4	Laughing	12	Walking	19	Meal Rejected	27	Mental Health Visit
5	Conversing	13	Standing	20	Accepted Rx	28	Nursing Visit
6	Mumbling	14	Sleeping	21	Rejected Rx	29	ADOC Supervisor Visit
7	Out of Cell HC Appt.	15	Out of Cell MH Appt.	22	Out of Cell Rec. or Cell Check	30	Returned to Cell
8	Sexually Inappropriate Behavior			23	Other:		

Date	Time	Activity Code	Comments	Staff Name & Title	Date	Time	Activity Code	Comments	Staff Name & Title

Date Next Form MH-042 A Continued:			
Date Moved to Non-Acute Status:		Time:	
Date All Observation Ceased:		Time:	

Alabama Department of Corrections
NON-ACUTE SUICIDE WATCH



Intervention: Non-Acute Suicide Watch; Every 15 Minutes Checks/Notations Must Occur at STAGGERED Intervals

Property Permitted as Ordered*: _____
See ADOC OHS Form A-9(b), Health Services Communication Form

Cell Location: _____ Date of Initiation: ____/____/____ Time: _____

Code	Activity	Code	Activity	Code	Activity	Code	Activity
1	Yelling	9	Quiet	16	Fluid Accepted	24	Toileted
2	Banging	10	Relaxed	17	Fluids Rejected	25	Showering
3	Crying	11	Sitting	18	Meal Accepted	26	Refused to Leave Cell
4	Laughing	12	Walking	19	Meal Rejected	27	Mental Health Visit
5	Conversing	13	Standing	20	Accepted Rx	28	Nursing Visit
6	Mumbling	14	Sleeping	21	Rejected Rx	29	ADOC Supervisor Visit
7	Out of Cell HC Appt.	15	Out of Cell MH Appt.	22	Out of Cell Rec. or Cell Check	30	Returned to Cell
8	Sexually Inappropriate Behavior			23	Other:		

Date	Time	Activity Code	Comments	Staff Name & Title	Date	Time	Activity Code	Comments	Staff Name & Title

Date Next Form MH-042 B Continued:	_____
Date All Observation Ceased:	_____ Time: _____

Alabama Department of Corrections
Suicide/Self-Harm Risk Assessment (SRA)



Reason for completing SRA:		
<input type="checkbox"/> Initial Intake Screening	Referral: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	Other:
<input type="checkbox"/> Crisis placement	<input type="checkbox"/> Admission to Stabilization Unit (SU)	Reviewed Health Record Y <input type="checkbox"/> N <input type="checkbox"/>
Any prior SRAs in record? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of last SRA: / /		

PRIOR (to current episode) Risk Factors	<i>Provide details and dates for all "Yes" answers</i>	
Suicide attempt(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Non-suicidal self-injury	<input type="checkbox"/> Y	<input type="checkbox"/> N
Suicidal thinking	<input type="checkbox"/> Y	<input type="checkbox"/> N
Diagnosed mental disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N
Diagnosed personality disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N
Psychiatric Hospitalization	<input type="checkbox"/> Y	<input type="checkbox"/> N
MH outpatient treatment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Impulsive behavior	<input type="checkbox"/> Y	<input type="checkbox"/> N
Substance abuse/addiction	<input type="checkbox"/> Y	<input type="checkbox"/> N
Abuse (sexual, physical, emotional)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Suicide of significant person/family	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Additional Information:</i>		

CURRENT (this episode) Clinical Risk Factors		<i>Provide details for all "Yes" answers</i>
Behavior	Thinking / Perceptions	
Y <input type="checkbox"/> N <input type="checkbox"/> Suicide attempt	Y <input type="checkbox"/> N <input type="checkbox"/> Thinking about suicide or self-injury	
Y <input type="checkbox"/> N <input type="checkbox"/> Non-suicidal self-injury	Y <input type="checkbox"/> N <input type="checkbox"/> Lethal plan or preparations	
Y <input type="checkbox"/> N <input type="checkbox"/> Suicide note or letter	Y <input type="checkbox"/> N <input type="checkbox"/> Lacks hope	
Y <input type="checkbox"/> N <input type="checkbox"/> Giving away possessions	Y <input type="checkbox"/> N <input type="checkbox"/> Lacks plans for future	
Y <input type="checkbox"/> N <input type="checkbox"/> Aggressive or violent behavior	Y <input type="checkbox"/> N <input type="checkbox"/> Thinks he/she would be better off dead	
Y <input type="checkbox"/> N <input type="checkbox"/> Social withdrawal atypical for patient	Y <input type="checkbox"/> N <input type="checkbox"/> Belief that death will bring relief	
Y <input type="checkbox"/> N <input type="checkbox"/> Agitation or impulsive behavior	Y <input type="checkbox"/> N <input type="checkbox"/> Diminished fear of death	
Y <input type="checkbox"/> N <input type="checkbox"/> Inappropriate or unexpected calm	Y <input type="checkbox"/> N <input type="checkbox"/> Shame, threat to self-esteem, or guilt	
Y <input type="checkbox"/> N <input type="checkbox"/> Signs of intoxication or withdrawal	Y <input type="checkbox"/> N <input type="checkbox"/> Rigid, all-or-nothing thinking	
Mood		Y <input type="checkbox"/> N <input type="checkbox"/> Believes self to be worthlessness
Y <input type="checkbox"/> N <input type="checkbox"/> Depressed mood or affect	Y <input type="checkbox"/> N <input type="checkbox"/> Delusions (depressive or persecutory)	
Y <input type="checkbox"/> N <input type="checkbox"/> Unable to feel positive emotions	Y <input type="checkbox"/> N <input type="checkbox"/> Auditory Hallucinations (command or other)	
Y <input type="checkbox"/> N <input type="checkbox"/> Angry or hostile	Other	
Y <input type="checkbox"/> N <input type="checkbox"/> Anxious	Y <input type="checkbox"/> N <input type="checkbox"/> Insomnia (initial; middle; early awakening)	
<i>Details/Additional Information:</i>		

Inmate Name:	AIS #:	DOB: / /
Facility:	Housing: Intake Crisis SU RTU SLU GP RHU WR	

Alabama Department of Corrections
Suicide/Self-Harm Risk Assessment (SRA)



CURRENT Situational/Other Risk Factors	<i>Provide details for all "Yes" answers</i>
Y <input type="checkbox"/> N <input type="checkbox"/> Fears <i>being harmed</i> if <u>not</u> in crisis cell	
Y <input type="checkbox"/> N <input type="checkbox"/> Sexual or physical abuse/threat in facility	
Y <input type="checkbox"/> N <input type="checkbox"/> Conflict with peers or officers	
Y <input type="checkbox"/> N <input type="checkbox"/> Recent loss, rejection or separation	
Y <input type="checkbox"/> N <input type="checkbox"/> Recent parole violation or new charge	
Y <input type="checkbox"/> N <input type="checkbox"/> New disciplinary charge or sanctions	
Y <input type="checkbox"/> N <input type="checkbox"/> Placed in Restrictive Housing	
Y <input type="checkbox"/> N <input type="checkbox"/> Long/life sentence (or potential sentence)	
Y <input type="checkbox"/> N <input type="checkbox"/> High profile/heinous/shocking crime	
Y <input type="checkbox"/> N <input type="checkbox"/> First jail/prison sentence	
Y <input type="checkbox"/> N <input type="checkbox"/> <i>Chronic</i> medical problems or pain	
Y <input type="checkbox"/> N <input type="checkbox"/> Other recent bad news	
<i>Details/Additional Information:</i>	

CURRENT Protective Factors	<i>Check all items and add details below.</i>
Y <input type="checkbox"/> N <input type="checkbox"/> Family/spouse/peer support	Y <input type="checkbox"/> N <input type="checkbox"/> Realistic future orientation and plans
Y <input type="checkbox"/> N <input type="checkbox"/> Role in caring for children or dependents	Y <input type="checkbox"/> N <input type="checkbox"/> Positive goal orientation
Y <input type="checkbox"/> N <input type="checkbox"/> Maintains friendships & social connections	Y <input type="checkbox"/> N <input type="checkbox"/> High school or greater level of education
Y <input type="checkbox"/> N <input type="checkbox"/> Positive, supportive peer relationships	Y <input type="checkbox"/> N <input type="checkbox"/> Treatment adherence
Y <input type="checkbox"/> N <input type="checkbox"/> Protective spiritual/religious beliefs or practice	Y <input type="checkbox"/> N <input type="checkbox"/> Positive coping skills (<i>describe below</i>)
<i>Details:</i>	

Risk Assessment: *Acute risk:* Low Moderate High *Non-Acute risk:* Low Moderate High
 Assess Acute and Non-Acute risk separately and explain each rating. (Indicate one risk level for each.)

Plan: Initiate or Continue **Acute SW** Change to, or Maintain **Non-acute SW** Discontinue **SW**
 Refer for different level-of-care / placement **SW NOT** Indicated

Discussion:

Staff Name (printed) with Credentials:	Staff Signature:	Date and Time: / / @ AM PM
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Inmate Name:	AIS #:
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Alabama Department of Corrections
Abbreviated Suicide/Self-Harm Risk Assessment



Review of Initial and Prior Abbreviated SRAs (CURRENT Episode)	
Y <input type="checkbox"/> N <input type="checkbox"/>	Initial SRAs dated: _____ Abbreviated SRAs dated: _____
Y <input type="checkbox"/> N <input type="checkbox"/>	Prior risk factors from initial SRA remain unchanged.
Y <input type="checkbox"/> N <input type="checkbox"/>	Situational risk factors from initial SRA remain unchanged.
Y <input type="checkbox"/> N <input type="checkbox"/>	Protective factors from initial SRA remain unchanged.
Details:	

Review of CURRENT Clinical Risk Factors	Re-assess each item. Explain any changes below.
Behavior	Thinking / Perceptions
Y <input type="checkbox"/> N <input type="checkbox"/> Recent suicide attempt	Y <input type="checkbox"/> N <input type="checkbox"/> Thinking about suicide or self-injury
Y <input type="checkbox"/> N <input type="checkbox"/> Recent non-suicidal self-injury	Y <input type="checkbox"/> N <input type="checkbox"/> Lethal plan or preparations
Y <input type="checkbox"/> N <input type="checkbox"/> Suicide note or letter	Y <input type="checkbox"/> N <input type="checkbox"/> Lacks hope
Y <input type="checkbox"/> N <input type="checkbox"/> Giving away possessions	Y <input type="checkbox"/> N <input type="checkbox"/> Lacks plans for future
Y <input type="checkbox"/> N <input type="checkbox"/> Aggressive or violent behavior	Y <input type="checkbox"/> N <input type="checkbox"/> Thinks he/she would be better off dead
Y <input type="checkbox"/> N <input type="checkbox"/> Social withdrawal atypical for patient	Y <input type="checkbox"/> N <input type="checkbox"/> Belief that death will bring relief
Y <input type="checkbox"/> N <input type="checkbox"/> Agitation or impulsive behavior	Y <input type="checkbox"/> N <input type="checkbox"/> Diminished fear of death
Y <input type="checkbox"/> N <input type="checkbox"/> Inappropriate or unexpected calm	Y <input type="checkbox"/> N <input type="checkbox"/> Shame, guilt or threat to self-esteem
Y <input type="checkbox"/> N <input type="checkbox"/> Signs of intoxication or withdrawal	Y <input type="checkbox"/> N <input type="checkbox"/> Rigid, all-or-nothing thinking
Mood	Y <input type="checkbox"/> N <input type="checkbox"/> Believes self to be worthlessness
Y <input type="checkbox"/> N <input type="checkbox"/> Depressed mood or affect	Y <input type="checkbox"/> N <input type="checkbox"/> Delusions (depressive or persecutory)
Y <input type="checkbox"/> N <input type="checkbox"/> Unable to feel positive emotions	Y <input type="checkbox"/> N <input type="checkbox"/> Auditory Hallucinations (command or persecutory)
Y <input type="checkbox"/> N <input type="checkbox"/> Angry or hostile	Other
Y <input type="checkbox"/> N <input type="checkbox"/> Anxious	Y <input type="checkbox"/> N <input type="checkbox"/> Insomnia

Details of changes:

Risk Assessment: Acute Risk: Low Moderate High **Non-Acute Risk:** Low Moderate High
 Assess Acute and Non-Acute Risk separately and explain each rating. Indicate a risk level for each.

C

Plan: Continue **Acute SW** Change to **Non-acute SW** Maintain **NASW** Discontinue **SW**

Consultation with:

Discussion:

Staff Name (printed) with Credentials:	Staff Signature:	Date and Time: / / @ AM PM
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Inmate Name:	AIS #:	DOB: / /
Facility:	Housing: Intake Crisis SU RTU GP SLU RHU WR	

Alabama Department of Corrections – Safety Plan Form



Warning signs that can help me recognize a crisis before it gets out of hand:

1	
2	
3	

Things I can do by myself to stay calm: (Personal coping strategies)

1	
2	
3	

Actions I can take to get my mind off my problems: (Ways to distract myself)

1	
2	
3	

Friends or family I can reach out to for support before things reach a crisis:

1	
2	
3	

Staff members I can ask for help if I feel overwhelmed or in crisis:

1	
2	
3	

Ways I can keep my environment safe by eliminating means of harming myself:

1	
2	
3	

Name: _____ **Date:** _____

AIS: _____ **Facility:** _____

QMHP: _____



Crisis Cell Utilization Log

FACILITY: _____								MONTH / YEAR: _____ / _____						
Watch Location	Cell #	Last Name	First Name	MH Code (at start of crisis)	MH Code Change (if any)	SMI?	AIS #	Watch Type	If this is a continuation of a previous watch, Date INITIAL Watch Began (mm/dd/yyyy)	Date & Time Placed on Watch (mm/dd/yyyy #:## am/pm)	Reason for Watch	Additional, Specific Information Describing "Reason for Watch" - REQUIRED	If SW, was Initial Placement Acute OR Non-Acute?	If Admitted as Acute, Date & Time Changed to Non-Acute (mm/dd/yyyy #:## am/pm)

ALABAMA DEPARTMENT OF CORRECTIONS
Crisis Cell Utilization Log -- Continued



FACILITY: _____							MONTH / YEAR: ____ / ____			
AIS #	Transferred out during watch?	If Yes, Date & Time of Transfer out during watch (mm/dd/yyyy #:## am/pm)	If yes, Facility Transferred to	Discharged from watch after evaluation by psychiatrist/ psychologist/ CRNP/ licensed MHP?	If Yes, Date & Time Discharged from Watch (mm/dd/yyyy #:## am/pm)	If Yes, Location Inmate Discharged To	TOTAL Hours of ASW	TOTAL Hours of NASW	TOTAL Hours on Watch	ACTIVE WATCH - Current Hours on Watch in Progress

ADOC Form MH-045
03-2024

Log Page _____ of _____

Page 2 of 2
Disposition: MH Site Administrator

Alabama Department of Corrections
SUICIDE WATCH: REVIEW FOR HIGHER-LEVEL CARE



72 hrs. 168 hrs.

Forward copy to ADOC Director of Mental Health Services:

240 hrs. 312 hrs. 384 hrs. _____ hrs.

Inmate Name:	AIS:	Facility:
Constant Obs. Began (date/time):	Constant Obs. Total Hours:	
ASW Began (date/time):	ASW Total Hours:	
NASW Began (date/time):	NASW Total Hours:	
MH Code: A B C D	SMI: Y N	

Reason for Watch:
Current Mental Status:
Current Medication:

Did inmate self-harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Classified as serious suicide attempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency forced medication used (this placement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inmate adherence/compliance with medication:	<input type="checkbox"/> Good	<input type="checkbox"/> Partial <input type="checkbox"/> Poor

Date/Time of Treatment Team Review for Higher-Level Care:
Barriers to Inmate Progressing Off Watch:
Plan to Address Barriers:

Completed by:	Date:
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Inmate Name:	AIS:	Facility:
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SUICIDE WATCH: INMATES WITH EXTENDED STAY MONTHLY REPORT

Facility: _____ Month: _____

Inmate Name	AIS#	Date/Time Initially Under Observation (MH-042 Started)	Review for Higher-Level Care Completed (Hours)	Date Discharged from Watch	Level of Care
			<input type="checkbox"/> 72 <input type="checkbox"/> 168 <input type="checkbox"/> 240		
			<input type="checkbox"/> 72 <input type="checkbox"/> 168 <input type="checkbox"/> 240		
			<input type="checkbox"/> 72 <input type="checkbox"/> 168 <input type="checkbox"/> 240		
			<input type="checkbox"/> 72 <input type="checkbox"/> 168 <input type="checkbox"/> 240		
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