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State of Alabama Department of Corrections

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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER**

633

OPR: HEALTH SERVICES

RESIDENTIAL TREATMENT UNIT

I. GENERAL

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

II. POLICY

It is the policy of the ADOC to ensure that the Residential Treatment Units provide mental health services in a supportive environment that promotes recovery while assisting in developing the coping skills necessary for successful transition to general population when possible.

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 be 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 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 receives training on the implementation of this AR.

V. **PROCEDURES**

- A. Operations of RTU:
 - 1. All ADOC security staff and Vendor staff assigned to the RTU 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 RTU in that facility has sufficient ADOC security staff and Vendor mental health staff coverage to ensure that an inmate in the RTU 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 RTU are provided 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 RTU 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 RTU 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 RTU:
- a. Level 1 and Level 2 in cells.
 - b. Level 3 in an open dormitory.
7. The Vendor mental health staff will update the MH Code of an inmate to MH-D at the time that inmate is transferred into the RTU.
8. The Vendor mental health staff will update the MH Code of an inmate 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 RTU who violates ADOC departmental or facility regulations or procedures in accordance with ADOC 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 RTU will provide the 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 RTU Level 1 or the RTU Level 2 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 RTU in accordance with AR 617, *Psychotropic Medication Administration*.
13. The Vendor QMHP may determine that an inmate in the RTU is clinically appropriate for Crisis Cell placement (i.e., Suicide Watch placement in accordance with AR 630, *Suicide Watch*, and MHO placement in accordance with AR 638, *Mental Health Observation*).

The Vendor QMHP may temporarily house an inmate, who is housed in the RTU but clinically appropriate for a Crisis Cell placement, in the SU if the RTU at that facility does not have designated and appropriately equipped single-cell Crisis Cells available to temporarily house that inmate.

14. The Vendor will ensure that at least one (1) Vendor registered nurse is on duty in the RTU during each shift to ensure the adequate monitoring of the clinical needs of an inmate in the RTU.

B. Referral to RTU:

1. The Vendor QMHP will use clinical judgment in recommending the referral to transfer an inmate to the RTU and will consider:
 - a. That inmate both:
 - (1) Has a suspected or diagnosed mental illness associated with 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., GP).

- 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 in the RTU to facilitate that inmate's diagnostic clarification and recovery from that mental illness.
 - c. The potential contraindications to transferring that inmate to the RTU:
 - (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. There are three (3) different RTU Levels:
 - a. RTU Level 1: The highest level of RTU care for inmates who require the most intensive support and structure.
 - b. RTU Level 2: An interim level of RTU care for inmates who require a medium intensity of support and structure.
 - c. RTU Level 3: The most basic level of RTU care for inmates who manage daily activities and group interactions well in an open environment.
- 3. The Vendor Psychiatric Director (or designee) will use clinical judgment in assigning a priority to each referral to transfer an inmate to the RTU.
- 4. 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 RTU 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 RTU.
 - 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 RTU.
 - 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 RTU and that inmate's pending transportation to that Sending Facility.
5. 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.
 - b. The Vendor Receiving Facility QMHP will consult the Vendor Psychiatric Director (or designee) unresolved questions about the clinical appropriateness of the Receiving Facility's acceptance of the referral to transfer that inmate to the RTU.
 - c. 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 RTU 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.
 - d. The Vendor Receiving Facility Mental Health Site Administrator notifies the ADOC Receiving Facility Warden (or designee) of the

Vendor QMHP's clinical acceptance of the referral to transfer that inmate to the RTU and that inmate's pending transportation to that Receiving Facility.

- e. 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 the 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).

- f. 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 RTU 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 RTU:

1. The Vendor Sending Facility mental health staff will place the complete medical record of the inmate being transported to the RTU in a sealed envelope and ensure that record is transported with that inmate to the Receiving Facility.
2. The ADOC Sending Facility Warden (or designee) will ensure that inmate is transported to the Receiving Facility within five (5) working days from that Receiving Facility's acceptance of the referral to transfer that inmate to the RTU.
3. The ADOC Sending Facility Classification Unit and the ADOC Sending Facility security staff will coordinate the transportation of that inmate to the Receiving Facility.
4. The Vendor Sending Facility nursing staff will provide the ADOC Sending Facility security staff transporting that inmate to the Receiving Facility with a seven (7) day supply of all medications that inmate is currently ordered at the time of transport to the RTU.
5. Vendor Sending Facility Mental Health Site Administrator will notify the ADOC Regional Psychologists to whom both the Sending Facility and Receiving Facility are assigned and the Vendor Mental Health Program Director (or designee) if an inmate is not transported to the Receiving Facility within five (5) working days from that Receiving Facility's acceptance of the referral to transfer that inmate to the RTU.

D. Transfer to RTU:

1. A Vendor Receiving Facility registered nurse will:
 - a. Immediately upon an inmate's transportation and arrival to the RTU conduct an emergent assessment of that inmate on ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, and provide any additional information on ADOC Form MH-040N, *Nursing Progress Notes*.
 - b. Use clinical judgment in determining the appropriate triage and follow-up referrals for mental health services for that inmate in accordance with AR 609, *Referral to Mental Health Services*.

- c. Provide that inmate a copy of ADOC Form MH-062, *Residential Treatment Unit (RTU): Inmate Orientation and Expectations*.
 - d. Communicate pertinent findings from ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, to that inmate's Treatment Coordinator for consideration in that inmate's Treatment Plan in accordance with AR 622, *Treatment Planning*.
2. The Vendor Mental Health Site Administrator at the facility where the SU is located will assign either a vendor psychologist or a Vendor licensed professional counselor as that inmate's Treatment Coordinator on ADOC Form MH-017, *Treatment Coordinator Assignment Log*, within one (1) working day from that inmate's transfer to the RTU.
 3. The Vendor Receiving Facility QMHP will complete and provide ADOC OHS Form A-9(b), *Health Services Communication Form*, to the ADOC Receiving Facility Warden (or designee).

E. Initial Clinical Evaluation:

1. Within one (1) working day from an inmate's arrival to the RTU and the Vendor Receiving Facility registered nurse's completion of ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, on that inmate:
 - a. That inmate's Treatment Coordinator will:
 - (1) Review that inmate's complete medical record.
 - (2) Conduct an Individual Counseling session to evaluate that inmate.
 - (3) Document all evaluations and mental health services on ADOC Form MH-040, *Progress Notes*.
 - b. The Vendor Receiving Facility psychiatric provider will conduct an initial psychiatric evaluation of that inmate in accordance with AR 615, *Psychiatric Evaluation*.
 - c. The Vendor Receiving Facility psychiatric provider may conduct an updated psychiatric evaluation of that inmate on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, if ADOC Form MH-018, *Psychiatric Evaluation*, was conducted on that inmate within the last ninety (90) days.
2. Within two (2) working days from that inmate's arrival to the RTU and the Receiving Facility Vendor registered nurse's completion of ADOC Form

MH-052, *Mental Health RTU/SU Initial Nursing Assessment*, on that inmate, the Vendor Receiving Facility AT will:

- a. Meet with that inmate to determine that inmate's interests and the opportunities for therapeutic activities.
- b. Communicate pertinent findings from that meeting to that inmate's Treatment Coordinator for consideration in that inmate's Treatment Plan in accordance with AR 622, *Treatment Planning*.
- c. Document individual contacts on ADOC Form MH-040, *Progress Notes*.

F. Treatment Planning:

1. The Treatment Team of an inmate in the RTU will create, finalize, update, and review that inmate's individualized Treatment Plan in accordance with ADOC AR 622, *Treatment Planning*.
2. The Treatment Team of an inmate in the RTU will meet in accordance with AR 622, *Treatment Planning*.
3. Each Treatment Coordinator assigned to an inmate in the RTU will maintain a list of inmates assigned to that Treatment Coordinator and applicable Treatment Plan dates on ADOC Form MH-056, *Mental Health Unit (RTU/SU): Treatment Planning Status*, for submission to the Vendor Receiving Facility Mental Health Site Administrator.

G. Treatment Services:

1. The ADOC security staff and Vendor mental health staff will collaborate to ensure that an inmate in the RTU receives access to Structured Therapeutic Out-of-Cell Activities and Unstructured Out-of-Cell Activities in accordance with that inmate's Treatment Plan.
2. The Vendor Mental Health Site Administrator will ensure that Vendor mental health staff provides an inmate in the RTU with access to a weekly minimum of the following Structured Therapeutic Out-of-Cell Activities:
 - a. Two (2) encounters with either a Vendor registered nurse, a Vendor psychologist, or a Vendor licensed professional counselor.
 - b. One (1) encounter with a Vendor psychiatric provider.
 - c. Two (2) Group Programming activities.

3. The ADOC Warden (or designee) will ensure that ADOC security staff provides an inmate in the RTU with access to Unstructured Out-of-Cell Activities in the least-restrictive environment possible only after that inmate provides voluntary informed consent for those activities in accordance with AR 604, *Confidentiality in Mental Health Services*.
4. ADOC security staff and Vendor mental health staff are not required to obtain informed consent from an inmate to transfer that inmate to the RTU, as such transfer is a collaborative decision regarding that inmate's housing assignment and not a mental health service.
5. The Vendor Receiving Facility nursing staff will conduct rounds on an inmate in the RTU at least once per shift and document those rounds on ADOC Form MH-040N, *Nursing Progress Notes*.
6. The Vendor Receiving Facility nursing staff will report an inmate's medication non-adherence as soon as possible, and within twenty-four (24) hours of discovering the non-adherence, in accordance with AR 617, *Psychotropic Medication Administration*.
7. Interventions to address medication refusal or counseling will be consistent with AR 622, *Treatment Planning*.
8. The Vendor mental health staff conducting Group Programming will record:
 - a. The attendance of an inmate to a Programming on ADOC Form MH-037, *Group Attendance Roster*.
 - b. The name and description of all Group Programming that Vendor mental health staff offered in the RTU at that facility on ADOC Form MH-063, *Residential Treatment Unit (RTU): Program Monitoring Log (MHP, AT, Nursing)*.
 - c. Clinical notes regarding Group Programming sessions on ADOC Form MH-040, *Progress Notes*.

H. Safety Precautions, Clothing, and Permitted Property:

1. The ADOC security staff will provide an inmate in the RTU with the standard-issue ADOC clothing and bedding as well as the special accommodations both clinically approved by the Vendor QMHP and permitted by ADOC operational and security restrictions, unless a Vendor QMHP on ADOC OHS Form A-9(b), *Health Services Communications Form*, and permitted by ADOC operational and security restrictions.

2. The Vendor QMHP may clinically disapprove an inmate to receive those standard-issue ADOC clothing and bedding because of documented safety concerns for that inmate (e.g., Suicide Watch placement).

I. Out-of-Cell Time:

1. Inmates in the RTU will be offered a weekly minimum of ten (10) hours of structured out-of-cell time and ten (10) hours of unstructured out-of-cell time.
 - a. Activities available during structured out-of-cell time, which will be specified in that inmate's individualized Treatment Plan, include Treatment Team meetings, QMHP encounters, mental health treatment sessions, Group Programming, Individual Counseling, AT activities, therapeutic activities, etc.
 - b. Activities available during unstructured out-of-cell time include physical activities, exercise, recreation, social interactions, meals eaten in an out-of-cell location, etc.
2. Inmates in the RTU Level 3, who are housing in open dormitories rather than individual cells, are not required to be offered a weekly minimum of ten (10) hours of unstructured out-of-cell time.
3. Inmates in the RTU will be offered meals in an out-of-cell location when possible unless clinically contraindicated.

J. Length of Stay:

1. An inmate's Treatment Team will use clinical judgment in determining that inmate's length of stay in the RTU.
2. An inmate's Treatment Team may determine that inmate is appropriate for short-term transfer to the RTU where the goal is to support that inmate's recovery to the point that inmate can safely transition back into GP.
3. An inmate's Treatment Team may determine that inmate is appropriate for long-term or permanent transfer to the RTU where that inmate experiences persistent difficulties or limitations with functioning in a less-restrictive setting.

K. Discharge Planning and Process:

1. An inmate's Treatment Team will use clinical judgment in determining that inmate's discharge from the RTU to a different level of care.
2. An inmate's Treatment Team may determine that inmate be discharged from the RTU to:
 - a. GP, if that inmate has achieved treatment goals and exhibits the necessary coping skills, safe behaviors, and motivation for treatment.
 - b. SLU, as an outpatient-level diversion from RHU, if that inmate has an SMI designation and meets the SLU admission criteria.
 - c. SU, if that inmate has not met treatment goals and requires more-intensive evaluation or treatment at a higher level of care.
3. An inmate's Treatment Team may only determine that inmate be discharged directly from the RTU to an RHU in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
4. An inmate's Treatment Team will consult the Vendor Psychiatric Director (or designee) if that Treatment Team has unresolved questions about the clinical appropriateness of that inmate's discharge from the RTU.
5. Guidelines for discharge from an RTU:
 - a. The Vendor Receiving Facility psychiatric provider will document:
 - (1) The Treatment Team's determination to discharge the inmate on ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.
 - (2) The update to the MH Code of an inmate discharged to an outpatient level of care on ADOC Form MH-013, *Mental Health Coding Form*.
 - b. The inmate's Treatment Coordinator will complete and submit copies to the Vendor Mental Health Site Administrator (or designee) at that facility:
 - (1) ADOC Form MH-050, *Mental Health RTU/SU Discharge Summary*, if the inmate is being discharged to an outpatient level of care.
 - (2) ADOC Form MH-080, *Mental Health Transfer Form*, if the inmate is being discharged for transfer to the SU.

- c. The inmate's Treatment Coordinator will also:
 - (1) Notify the Warden (or designee) at that facility of the inmate's pending discharge.
 - (2) Notify the Classification Unit at that facility of the inmate's pending discharge.
 - (3) Complete and submit ADOC OHS Form A-9(b), *Health Services Communication Form*, to the Warden (or designee) at that facility.
- d. An inmate will be transferred from the RTU within forty-eight (48) hours from the date of the determination of that inmate's Treatment Team to discharge that inmate.
- e. The Vendor Mental Health Site Administrator will promptly report any delays in transfers from the RTU at that facility to both the ADOC Regional Psychologist to whom that facility is assigned and the Vendor Mental Health Program Director (or designee).
- f. The Vendor mental health staff will file the discharge documentation in the mental health section of the inmate's medical record.
- g. The Vendor mental health staff will place the inmate's complete medical record in a sealed envelope and ensure the record is transported with that inmate to the facility where the inmate is being discharged.
- h. The Vendor nursing staff will provide the ADOC security staff transporting that inmate with a seven-day supply of all medications that the inmate is currently prescribed at the time of discharge.
- i. The mental health staff at the facility where the inmate is being discharged will:
 - (1) Provide the appropriate information on the applicable section of ADOC Form MH-050, *Mental Health RTU/SU Discharge Summary*.
 - (2) File the completed original ADOC Form MH-050 in the mental health section of the inmate's medical record.

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-013, *Mental Health Coding Form*.
- B. ADOC Form MH-017, *Treatment Coordinator Assignment Log*.
- C. ADOC Form MH-018, *Psychiatric Evaluation*.
- D. ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.
- E. ADOC Form MH-037, *Group Attendance Roster*.
- F. ADOC Form MH-040, *Progress Notes*.
- G. ADOC Form MH-040N, *Nursing Progress Notes*.
- H. ADOC Form MH-050, *Mental Health RTU/SU Discharge Transfer Form*.
- I. ADOC Form MH-052, *Mental Health RTU/SU Initial Nursing Assessment*.
- J. ADOC Form MH-056, *Mental Health Unit (RTU/SU): Treatment Planning Status*.
- K. ADOC Form MH-062, *Residential Treatment Unit (RTU): Inmate Orientation and Expectations*.
- L. ADOC Form MH-063, *Residential Treatment Unit (RTU): Program Monitoring Log (MHP, AT, Nursing)*.
- M. ADOC Form MH-080, *Mental Health Transfer Form*.

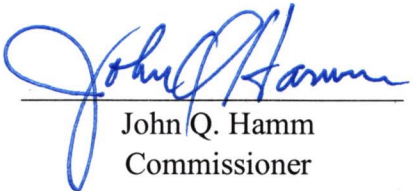
VIII. SUPERSEDES

This Administrative Regulation supersedes AR 633, *Residential Treatment Unit*, dated March 11, 2014, 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 CODING FORM



Circle MH Code Below:		Indicators:
MH-A	Not on caseload	Indicates that the inmate is not currently receiving ongoing mental health services and is not on the caseload. Receives crisis intervention services whenever indicated.
MH-B	Outpatient (Major/CWC/ WR)	Indicates that the inmate requires outpatient mental health services at intervals of ninety (90) to one-hundred twenty (120) days as designated by the provider. Inmate should demonstrate appropriate coping skills for period of six (6) months. The Psychiatrist at his/her discretion can permit an MH-B to be housed in facilities that do not provide daily on-site mental health staff.
MH-C	Outpatient (Major Facility)	Indicates that the inmate requires outpatient mental health services at intervals of thirty (30) to sixty (60) days, have any diagnosed mental disorder (excluding substance use disorders) currently associated with an impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and must be housed in facilities that provide daily on-site coverage by mental health.
MH-D	Residential	Indicates that the inmate is receiving chronic or acute mental health services due to psychological, cognitive or behavioral functioning that substantially interferes with the inmate's ability to meet the ordinary demands of living. Requires placement in a specialized mental health housing unit.

DSM 5 Diagnosis:	
SMI Designation – <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Psychiatrist/Psychologist or Nurse Practitioner (Print):	
Signature:	Date:

Inmate Name	AIS#	Facility
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Alabama Department of Correction
Psychiatric Provider Evaluation



Last Name	First Name	AIS
DOB: / /	Race/Ethnicity:	Gender
<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"/> RHU <input type="checkbox"/> Other:		

Reason for Evaluation and Chief Complaint

Present Problems and Symptoms

Review of Symptoms **Yes** **No** **Comments**

Review of Symptoms	Yes	No	Comments
Depression			
Mania			
Psychosis			
Anxiety			
Posttraumatic			
Cognitive			
Behavioral			
Other/Details:			

Psychiatric Treatment History (lifetime)

<input type="checkbox"/> Y <input type="checkbox"/> N Inpatient:
<input type="checkbox"/> Y <input type="checkbox"/> N Outpatient:
<input type="checkbox"/> Y <input type="checkbox"/> N MH Tx in jail:
Other info:

Medical History (pertinent)

Alabama Department of Correction
Psychiatric Provider Evaluation



History of Psychiatric Medications / Other Somatic Tx (lifetime)

<input type="checkbox"/> Y <input type="checkbox"/> N Antipsychotic
<input type="checkbox"/> Y <input type="checkbox"/> N Mood Stabilizer
<input type="checkbox"/> Y <input type="checkbox"/> N Antidepressant
<input type="checkbox"/> Y <input type="checkbox"/> N Anxiolytic
<input type="checkbox"/> Y <input type="checkbox"/> N Stimulant
<input type="checkbox"/> Y <input type="checkbox"/> N Hypnotic
<input type="checkbox"/> Y <input type="checkbox"/> N Other:
<input type="checkbox"/> Y <input type="checkbox"/> N Hx Adverse Drug Reactions
Prior AIMS (<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A) Date: _____ Result: _____
Additional Info:

Suicidality and self-harm (lifetime history, including childhood) *Check all applicable items.*

<input type="checkbox"/> Y <input type="checkbox"/> N SRA completed today		<input type="checkbox"/> Y <input type="checkbox"/> N SRA previously completed on / /	
Suicide attempts (lifetime)	<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> Multiple times <input type="checkbox"/> Unreported <input type="checkbox"/> Emergency care <input type="checkbox"/> Hospitalized	<input type="checkbox"/> Firearm <input type="checkbox"/> Hanging <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Poisoning <input type="checkbox"/> Jumping <input type="checkbox"/> Vehicle crash	Other/Details:
Non-suicidal self-harm	<input type="checkbox"/> Never <input type="checkbox"/> Cut/Scratch <input type="checkbox"/> Hit <input type="checkbox"/> Burning <input type="checkbox"/> Other	<input type="checkbox"/> Visible scars <input type="checkbox"/> Provides relief	Other/Details:
Tempting fate	<input type="checkbox"/> Y <input type="checkbox"/> N (Actions with indifference to death):		
Other into			

Aggression and Harm to Others (lifetime history, including childhood) *Check all applicable items.*

Altercations / assaults	<input type="checkbox"/> No injuries <input type="checkbox"/> Other injured <input type="checkbox"/> Fatal outcome	<input type="checkbox"/> No weapons <input type="checkbox"/> Firearm used <input type="checkbox"/> Other weapon	Other/Details:
Fantasies of harming someone	<input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Planned <input type="checkbox"/> Acted	<input type="checkbox"/> Persecutory <input type="checkbox"/> Obsessive <input type="checkbox"/> Has intent <input type="checkbox"/> Has means	Other/Details:

Alabama Department of Correction
Psychiatric Provider Evaluation



Social History (pertinent)

Substance Abuse/Addiction Treatment History (Lifetime)

<input type="checkbox"/> Y <input type="checkbox"/> N	Outpatient tx/rehab
<input type="checkbox"/> Y <input type="checkbox"/> N	Residential tx/rehab
<input type="checkbox"/> Y <input type="checkbox"/> N	Overdose (accidental)
<input type="checkbox"/> Y <input type="checkbox"/> N	Withdrawal symptoms
<input type="checkbox"/> Y <input type="checkbox"/> N	Hx IVDA

Objective/ Mental Status Examination (Provide details)

Consciousness / Cognition	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3
Appearance	<input type="checkbox"/> Good hygiene
Behavior/ Attitude	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Attentive
Speech:	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate/Rhythm <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Coherent
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
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
Harm Self/Others	Details:
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
Insight & Judgment	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Judgment Intact
Neuro / EPS	AIMS Today (<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A) Result:

Diagnosis (Use DSM-5 terminology)

Alabama Department of Correction
Psychiatric Provider Evaluation



Case formulation & Level of Function

Plan

Medication:
Lab Orders <input type="checkbox"/> N <input type="checkbox"/> Y
Psychotherapy/Counseling <input type="checkbox"/> N <input type="checkbox"/> Y If yes, to be provided by:
Consultation / Referral to Medical Service <input type="checkbox"/> N <input type="checkbox"/> Y
Patient Education <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent <input type="checkbox"/> Patient Info Fact Sheet (PIF)
Other:

Follow-up scheduled in:

SMI: <input type="checkbox"/> N <input type="checkbox"/> Y MH-CODE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

Psychiatrist/NP Name/Credentials (Print):	Signature:	Date and Time: ___/___/___ @ ___:___ AM/PM
My signature verifies that I have interviewed and examined this individual in an <u>out-of-cell</u> setting that provides sound <u>confidentiality</u>. Explain any exceptions:		

**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 <input type="checkbox"/> Y <input type="checkbox"/> 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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GROUP ATTENDANCE ROSTER



<input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> OUTPATIENT	Group Leader	Staff Title:	
Group Name		Days/Times of Group	

INMATE NAME	AIS #	Bed, Dorm, RTU Level, or Unit	Week 1	Week 2	Week 3	Week 4	Total Group Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

GROUP CANCELLATIONS:

DATE CANCELLED	REASON

Alabama Department of Corrections
MENTAL HEALTH SU/RTU/SLU DISCHARGE SUMMARY



Name:	DOB: / /
AIS:	SMI: Yes No
MH Code: A B C D	IVM: Yes No
Sending Facility:	Receiving Facility:
FROM: <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU	TO: <input type="checkbox"/> Hospital <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> OP <input type="checkbox"/> SLU
Admission Date: / /	Discharge Date: / /

DSM-5 Diagnoses and Case Formulation (Also list any *medical diagnoses that affect mental health*)

Current Mental Status, Behavioral Function and Treatment Progress:

Mental Health Medications (and adherence):

Counseling /Activities

Other recommendation:

Treatment Coordinator:

Print:	Sign:	Date:
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Psychiatrist / Nurse Practitioner

Print:	Sign:	Date:
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Alabama Department of Corrections
MENTAL HEALTH UNIT RTU/SU INITIAL NURSING ASSESSMENT



Facility:	Date/Time of Admission:
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SU
 RTU Lv 1
 RTU Lv 2
 RTU Lv 3

B/P	P	R	HT	WT	Allergies:
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Past Medical History:

Diabetes
 Heart Disease
 Kidney Disease
 Hypertension
 Cancer
 TB
 Seizures
 COPD
 Back Problems
 Liver Disease
 Stroke
 Peptic Ulcer D/O
 Congenital D/O
 Peripheral Vascular Disease
 Other/Details:

Assistive Devices:

Walker
 Crutches
 Cane
 Wheelchair
 Artificial Limb(s)
 Glasses
 Hearing Aid
 Partial Dentures
 Upper Dentures
 Lower Dentures
 Other:

Major Illnesses/ Accidents / Surgeries / etc.:

Current Medical Problems:

Current Medical Medications / Dosages:

Adherence / Compliance:
 100%
 50% to 90%
 10% to 40%
 0%

Sleep Pattern:
 Insomnia
 Difficulty Falling Asleep
 Difficulty Waking Up
 Other:

Substance Use:

Tobacco/Amount: _____
Caffeine/Amount: _____
Any other substances abused within past 12 months:

Appetite:
 Good
 Fair
 Poor
 Appears Adequately Nourished
 Pica
 Deficit (explain):

History of Hunger Strikes:
 Yes
 No
 Last Episode:(explain):

Psychiatric History:

First Onset of Mental Health Problems and Treatment:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

(History of) Medication Side Effects:

Inmate Name	DOB	AIS #
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Alabama Department of Corrections
MENTAL HEALTH UNIT RTU/SU INITIAL NURSING ASSESSMENT



Educational Assessment:

Highest Education Completed: _____
 Able to Read Simple Information (*Observe*) Able to Write Own Name (*Observe*)

Mental Status:

EYE CONTACT: Good Satisfactory Poor Staring
HYGIENE: No deficiencies Disheveled Malodorous Dirty
BEHAVIOR: Calm Cooperative Pleasant Uncooperative Agitated Irritable Hostile Bizarre
ORIENTATION: Person Place Time Situation
AWARENESS: Alert Attentive Confused Distracted
SPEECH: Clear Soft Loud Rambles Rapid Slow Pressured Slurred
 Tangential Circumstantial
THOUGHTS: Logical Reality-based Concrete Obsessive
 Loose Associations Disorganized Grandiose Hyper-religious Paranoid
PERCEPTIONS: Hallucinations: Auditory Visual Tactile None
 Describe:
SUICIDAL/HOMICIDAL RISK: Suicidal Ideation Non-Suicidal Self-Injury Ideation Homicidal Ideation
 Describe:
MOOD: Good/relaxed Sad Depressed Angry Anxious Fearful
 Inmate's Description of Mood:
AFFECT: Appropriate Labile Withdrawn Euphoric Blunted Constricted
 Describe:
INSIGHT: Able to report their mental health diagnosis, if they have one
 Able to report reason for RTU or SU placement

Assessment Completed By: _____

Date: _____

ADDITIONAL NOTES ON ADOC FORM MH-040N (NURSING PROGRESS NOTE)

Inmate Name	DOB	AIS #
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Alabama Department of Corrections
MENTAL HEALTH UNIT (RTU/SU): TREATMENT PLANNING STATUS



Facility: _____ Month/Year: _____ Completed by: _____

Inmate Name	AIS#	Master Treatment Plan Initiated	Treatment Plan Review	Treatment Plan Review	Master Treatment	Treatment Plan Review	Treatment Plan Review

Alabama Department of Corrections
MENTAL HEALTH TRANSFER FORM



Name:	DOB:
AIS:	SMI: <input type="checkbox"/> Yes <input type="checkbox"/> No
MH Code: A B C D	IVM: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sending Facility	Receiving Facility:
Sending Level: <input type="checkbox"/> OP <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU	Receiving Level: <input type="checkbox"/> OP <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> SLU <input type="checkbox"/> Hosp
Date Referred: / /	Date Accepted: / /

DSM-5 Diagnoses and Case Formulation

Mental Health Medications (and adherence):

Counseling / Activities/ Recommendations:

Medical Diagnoses:

Relevant History: (Check if present in last 12 months and specify date of last occurrence)

<input type="checkbox"/> Suicide Attempt:	<input type="checkbox"/> SLU Placement:
<input type="checkbox"/> Self-injury (NSSI):	<input type="checkbox"/> RHU Placement
<input type="checkbox"/> Crisis Placement:	<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> MH Hospitalization:	<input type="checkbox"/> Abuse of Drugs/Substances
<input type="checkbox"/> SU Admission:	<input type="checkbox"/> Correctional Risk Factors
<input type="checkbox"/> RTU Placement:	<input type="checkbox"/> Parole/release denial:

Sending Facility Treatment Coordinator:

Print Name:	Sign:	Date:
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Receiving Facility Nurse:

Print:	Received with Inmate:	
Sign:	Health Record	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Transferred: / /	7-day Medication Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No
MH Notified (MH-008)	<input type="checkbox"/> Yes <input type="checkbox"/> No	