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State of Alabama Department of Corrections

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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER** 635

OPR: HEALTH SERVICES

MENTAL HEALTH DOCUMENTATION FORMAT AND CHARTING GUIDELINES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for formatting and charting mental health services documentation.

II. POLICY

It is the policy of the ADOC to ensure that all mental health services documentation is formatted and charted consistently.

III. DEFINITIONS AND ACRONYMS

- A. **Mental Health Continuous Quality Improvement Program**: A structured program designed to systematically monitor current practices and documentation of mental health services to ensure compliance with policies and procedures. The program also reviews individual incidents and service delivery problems to identify areas for improvement, promote necessary change, and assess the outcome of such change.
- B. **Progress Note**: A note in a medical record documenting a clinical encounter for the purpose of evaluation or treatment that are sufficiently detailed, typically using the SOAP Format, to facilitate treatment and ensure continuity of care.
- C. **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.

- D. **SOAP Format**: A standard clinical documentation format for progress notes that includes four sections: Subjective, Objective, Assessment, and Plan.
- E. **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.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- C. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring all Vendor staff at that facility receive training on the implementation of this AR.

V. **PROCEDURES**

- A. Vendor Staff will be provided training in accordance with AR 608, *Staff Training in Mental Health*, including the confidentiality in mental health services and documentation in accordance with AR 604, *Confidentiality in Mental Health Services*.
- B. Vendor staff will document all clinical encounters with an inmate on 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*) and will file the original Progress Note in the mental health section of that inmate's medical record.
- C. ADOC Psychological Associates will be provided training in accordance with AR 608, *Staff Training in Mental Health*, including the confidentiality in mental health services and documentation in accordance with AR 604, *Confidentiality in Mental Health Services*.
- D. ADOC Psychological Associates will document all encounters with an inmate on ADOC Form MH-040P, *ADOC Psychological Consultation Note*, and will file the original ADOC Form MH-040P, *ADOC Psychological Consultation Note*, in the mental health section of that inmate's medical record.

- E. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will both ensure that the Vendor medical staff and the Vendor mental health staff at that facility work cooperatively to share access to an inmate's medical record.
- F. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will both ensure that an inmate's medical record:
 - 1. Is maintained in a single location.
 - 2. Is filed and organized in reverse-chronological order (i.e., with the newest records placed on top of the older records) in the sections in accordance with Attachment A, *Health Record Filing Format*, to ADOC OHS Policy & Procedures H-1, *ADOC Inmate Health Record*.
 - 3. Contains documentation for all mental health services provided within ADOC to that inmate.
 - 4. Contains information received for all mental health services provided outside ADOC both prior to and during that inmate's period of incarceration.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor staff at that facility maintain and manage the same medical record for an inmate, subject to the same security and confidentiality, regardless of whether that inmate is in the health care unit, the SU, or the RTU.
- H. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor staff at that facility generate an additional volume of an inmate's medical record if the physical file housing the medical record becomes full.
- I. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor staff at that facility ensure that the most recent volume of an inmate's medical record includes the following:
 - 1. ADOC Form MH-011, *Reception Mental Health Screening*.
 - 2. Any reception mental health evaluation.
 - 3. All SHAs and required intellectual test results completed.
 - 4. The most recent ADOC Form MH-018, *Psychiatric Evaluation*.

5. The most recent ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
 6. 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*) completed within the last ninety (90) days.
 7. Any other documentation that a Vendor QMHP determines is clinically relevant for that inmate's current Treatment Plan.
- J. Staff will review all available health records of an inmate when completing an evaluation of the inmate.
- K. The Vendor mental health staff will file the following mental health services documentation in the following sections of an inmate's medical record:
1. Section 1: Tab 2:

Miscellaneous: Prior to Incarceration/Requested and Received Health Records.
 2. Section 2: Tab 1:
 - a. Physicians Orders.
 - b. Informed consents for psychotropic medications will be filed under the "Other" section on the left side of the health record.
 3. Section 4: Tab 1:
 - a. In-Patient Admissions (hospitalization off-site).
 - b. Restraint Forms.
 4. Section 5: Tab 1:
 - a. Top: Current mental health Treatment Plan, Treatment Plan Review, Mental Health Code Form, and Psychiatric Evaluation.
 - b. Authorizations for Inmate Release of ADOC Mental Health information.

- c. Abnormal Involuntary Movement Scale (AIMS) (Modified/Repeat Assessments) (from the last twelve (12) months).
 - d. Psychotropic Medication Consent forms (for active prescriptions).
 - e. Progress Notes (Mental Health).
 - f. Consultation to the Disciplinary Process.
 - g. Mental Health Watch/Restraint Procedure.
 - h. Group Activity Progress Notes.
 - i. Use of Clinical Restraints for Mental Health Purposes Monitoring.
 - j. Mental Health Unit (RTU/SU) Admission, Discharge, Summary, and Assessments forms.
 - k. Inmate Orientation to Mental Health Services.
 - l. Reception Mental Health Screening.
 - m. Reception Mental Health Evaluation.
5. Section 6: Tab 1:
- a. Medication Administration Records.
 - b. Non-Formulary Requests, Approvals, Denials, and Recommendations Forms (and responses received).
 - c. Medication Report Forms (medical, dental, mental health; counsel/non-compliance).
 - d. Medication List/Summary (generated after Reception)
 - e. Keep on Person (KOP) Medication Program Forms/Contracts
- L. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor QMHPs at that facility document all Significant Clinical Encounters with an inmate on the appropriate Progress Note (i.e., either ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N,

Nursing Progress Notes) in sufficient detail to facilitate treatment and ensure continuity of care, including:

1. The date, start time, end time, and provided services of the Significant Clinical Encounter.
 2. The date or time frame for the next appointment and/or the follow-up for services.
 3. That inmate's progress toward achieving the goals and objectives, and any necessary modifications, of that inmate's Treatment Plan.
- M. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that Vendor QMHPs at that facility use the appropriate Progress Note as follows:
1. Vendor psychiatrists and mental health nurse practitioners will use ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*.
 2. Vendor psychologists and licensed professional counselors will use ADOC Form MH-040, *Progress Notes*.
 3. Vendor mental health nurses will use ADOC Form MH-040N, *Nursing Progress Notes*.
 4. Any Vendor QMHP may use ADOC Form MH-040, *Progress Notes*, to document ancillary or administrative information (e.g., documenting Treatment Team meetings, etc.), which does not require the use of the SOAP format.
- N. The Vendor mental health staff will document all clinical contacts with an inmate on, and before the shift ends, the day the encounter occurred.
- O. The Vendor Mental Health Site Administrator will ensure that all mental health services documentation is legible and contains the following information:
1. The services provided;
 2. The date the services were provided;
 3. The start time and end time of the encounter;
 4. The printed name, signature, and appropriate professional credentials of the writer.

- P. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will ensure that the medical record of an inmate on the Mental Health Caseload includes the following mental health services documentation:
1. ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*, created, finalized, updated, and reviewed in accordance with AR 622, *Treatment Planning*.
 2. The Treatment Coordinator's follow-up.
 3. Psychiatric follow-up.
 4. Appropriate medication monitoring.
 5. Responses to inmate self-referrals, if applicable, in accordance with AR 609, *Referral to Mental Health Services*.
 6. Crisis intervention documentation, if applicable, in accordance with AR 627, *Mental Health Crisis Intervention and Emergency Services*.
 7. ADOC Form MH-041, *Mental Health Consultation to the Disciplinary Process*, if applicable, in accordance with AR 626, *Mental Health Consultation to the Disciplinary Process*.
 8. ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*, if applicable, in accordance with AR 625, *Mental Health Services in Restrictive Housing Units*.
 9. Notes indicating the inmate's beginning and completing of group programming.
- Q. The Mental Health Quality Improvement Program will include monthly audits of randomly selected inmate health records to assess the quality and consistency of documentation practices.

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-011, *Reception Mental Health Screening*.

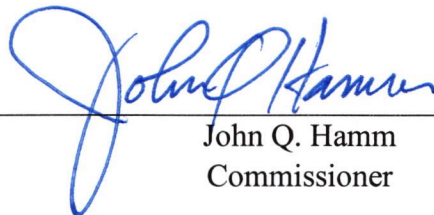
- B. ADOC Form MH-018, *Psychiatric Evaluation*.
- C. ADOC Form MH-025, *Psychiatrist/CRNP Progress Notes*.
- D. ADOC Form MH-032, *Mental Health: Multidisciplinary Treatment Plan*.
- E. ADOC Form MH-039, *Restrictive Housing Unit (RHU) Mental Health Assessment/Report*.
- F. ADOC Form MH-040, *Progress Notes*.
- G. ADOC Form MH-040N, *Nursing Progress Notes*.
- H. ADOC Form MH-040P, *ADOC Psychological Consultation Notes*.
- I. ADOC Form MH-041, *Mental Health Consultation to the Disciplinary Process*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 635, *Mental Health Documentation Format and Charting Guidelines*, dated March 21, 2005, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner

**Alabama Department of Corrections
Reception Mental Health Screening**



Facility:	Date/Time Reception:
Date/Time Screened:	RN Signature:

Current or recent (within 6 months, including jail) concerns or symptoms:

<input type="checkbox"/> No <input type="checkbox"/> Yes	Reaction to incarceration:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Depressed mood or hopelessness:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Anxious/Fearful/Agitated:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Thoughts/acts of suicide or self-harm:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Hallucinations (any type)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Irrational thoughts (delusions)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Symptoms of intoxication or withdrawal:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Psychiatric medications: If yes, prescriber/pharmacy:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Other:

Lifetime History:

<input type="checkbox"/> No <input type="checkbox"/> Yes	Mental Health Treatment: Outpatient
<input type="checkbox"/> No <input type="checkbox"/> Yes	Mental Health Treatment: Inpatient
<input type="checkbox"/> No <input type="checkbox"/> Yes	Thoughts/acts of suicide or self-harm:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Physical harm of another person:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Substance Use:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Substance use disorder treatment:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Other:

**Alabama Department of Corrections
Reception Mental Health Screening**



Life events / circumstances:

<input type="checkbox"/> No <input type="checkbox"/> Yes	Family/personal support:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Special education classes:
<input type="checkbox"/> No <input type="checkbox"/> Yes	History of victimization or abuse:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Head injury: <input type="checkbox"/> If Yes, with loss of consciousness? <input type="checkbox"/> If Yes, more than one head injury?

Behavioral Observations (check if observed):

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Poor hygiene	<input type="checkbox"/>	Disorganized	<input type="checkbox"/>	Agitated
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Tremor	<input type="checkbox"/>	Distracted	<input type="checkbox"/>	Blunted / flat
<input type="checkbox"/>	Hygiene acceptable	<input type="checkbox"/>	Sweating	<input type="checkbox"/>	Memory deficits	<input type="checkbox"/>	Illogical
<input type="checkbox"/>	Oriented x3	<input type="checkbox"/>	Signs of self-injury	<input type="checkbox"/>	Sad or tearful	<input type="checkbox"/>	Persecutory beliefs
<input type="checkbox"/>	Speech coherent	<input type="checkbox"/>	Abnormal Movement	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Threats to self
<input type="checkbox"/>	Sensory deficits	<input type="checkbox"/>	Reading difficulty	<input type="checkbox"/>	Anxious / worried	<input type="checkbox"/>	Threats to others
Other/Details:							

Disposition / Placement:

<input type="checkbox"/> No <input type="checkbox"/> Yes	Mental Health Referral? <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	<input type="checkbox"/> No <input type="checkbox"/> Yes	MH Housing Placement Required? <input type="checkbox"/> If Yes, Crisis Placement?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Psychotropic Medication? <input type="checkbox"/> If Yes, "Bridge" order?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Date / Time Meds Verified:

Other information:

Inmate Name:	AIS:
DOB: / /	Gender:
	Ethnicity/Race:

Alabama Department of Corrections



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

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 Corrections
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"/> Firearm	Other/Details:
	<input type="checkbox"/> Once	<input type="checkbox"/> Hanging	
	<input type="checkbox"/> Multiple times	<input type="checkbox"/> Asphyxiation	
	<input type="checkbox"/> Unreported	<input type="checkbox"/> Poisoning	
	<input type="checkbox"/> Emergency care	<input type="checkbox"/> Jumping	
	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Vehicle crash	
Non-suicidal self-harm	<input type="checkbox"/> Never	<input type="checkbox"/> Visible scars	Other/Details:
	<input type="checkbox"/> Cut/Scratch	<input type="checkbox"/> Provides relief	
	<input type="checkbox"/> Hit		
	<input type="checkbox"/> Burning		
	<input type="checkbox"/> Other		
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"/> No weapons	Other/Details:
	<input type="checkbox"/> Other injured	<input type="checkbox"/> Firearm used	
	<input type="checkbox"/> Fatal outcome	<input type="checkbox"/> Other weapon	
Fantasies of harming someone	<input type="checkbox"/> Current	<input type="checkbox"/> Persecutory	Other/Details:
	<input type="checkbox"/> Prior	<input type="checkbox"/> Obsessive	
	<input type="checkbox"/> Planned	<input type="checkbox"/> Has intent	
	<input type="checkbox"/> Acted	<input type="checkbox"/> Has means	

Alabama Department of Corrections
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"/> O _x 3
Appearance	<input type="checkbox"/> Good hygiene
Behavior/ Attitude	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> <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)*

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Alabama Department of Corrections
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 Notes



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 Notes



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

ALABAMA DEPARTMENT OF CORRECTIONS
Mental Health: Multidisciplinary Treatment Plan



Patient Name		AIS	DOB	MH Code	SMI <input type="checkbox"/> Yes <input type="checkbox"/> No
ADOC Intake (year)	Sentence	Min Release Date		EOS date	
Current Housing	Date Last RHU Placement <input type="checkbox"/> N/A	Tx Plan Finalized (date)		ADOC Release Plan <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
HX Crisis Placement <input type="checkbox"/> Y <input type="checkbox"/> N	HX SU/RTU <input type="checkbox"/> Y <input type="checkbox"/> N	IVM <input type="checkbox"/> Y <input type="checkbox"/> N		Safety Plan <input type="checkbox"/> Y <input type="checkbox"/> N	
HX Suicide Attempt <input type="checkbox"/> Y <input type="checkbox"/> N	HX NSSI <input type="checkbox"/> Y <input type="checkbox"/> N	HX SUD <input type="checkbox"/> Y <input type="checkbox"/> N		HX SUD Tx <input type="checkbox"/> Y <input type="checkbox"/> N	

Date Added	DSM-5 Diagnosis

Pertinent Medical Diagnoses

Key item review (check if completed and add pertinent comments/dates)	
<input type="checkbox"/>	Substance Use History Review
<input type="checkbox"/>	Safety Plan Review
<input type="checkbox"/>	Group Therapy Participation
<input type="checkbox"/>	Medication Adherence
<input type="checkbox"/>	Crisis Placements
<input type="checkbox"/>	Disciplinary Actions
<input type="checkbox"/>	Recent Stressful/Traumatic Event

Additional Comments

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

ALABAMA DEPARTMENT OF CORRECTIONS
Mental Health: Multidisciplinary Treatment Plan



PROBLEM LIST:

Master Amended

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
Intervention:			
Responsible Staff:			
Objective (b):			
Intervention:			
Responsible Staff:			
Anticipated barriers and strategies to resolve:			

Problem #	Date Added	Target Date	Date Goal Achieved
Goal:			
Objective (a):			
Intervention:			
Responsible Staff:			
Objective (b):			
Intervention:			
Responsible Staff:			
Anticipated barriers and strategies to resolve:			

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

ALABAMA DEPARTMENT OF CORRECTIONS



MENTAL HEALTH: MULTIDISCIPLINARY TREATMENT PLAN

Treatment Team Meeting

Date: ___ / ___ / _____

Staff	Name (Print)	Signature	Attended Treatment Meeting	Comments
Psychiatrist/CRNP			MANDATORY	
Licensed Counselor			MANDATORY	
Psychologist			Y N	
MH Nurse			Y N	
Activity Technician			Y N	
ADOC Officer			Y N	
Medical			Y N	
Other			Y N	
Inmate/Patient			Y N	

****If patient did not attend the Treatment Team Meeting****

Reason:		
Efforts to motivate attendance:		
<i>My signature confirms that the patient refused or was unable to participate in this Treatment Team Meeting.</i>	QMHP Print/Signature	Date

Dates Plan Reviewed	Comments

Inmate Name:	AIS #:	DOB: / /
Program Level/Housing: OP RHU SLU RTU-1 RTU-2 RTU-3 SU Crisis-Cell MHO		Facility:

ALABAMA DEPARTMENT OF CORRECTIONS



RESTRICTIVE HOUSING UNIT (RHU) MENTAL HEALTH ASSESSMENT/REPORT

Initial 30-day 90-day

Inmate Name:		AIS #:		DOB: / /	
Facility:		MH Code: A B C D	SMI flag: Y N	Date placed in RHU: / /	

Mental Health Screening Questions:

	Yes	No	<i>Check "Yes" or "No" for each question below:</i>
1			Current/recent mental health (MH) concerns or symptoms:
2			Currently on MH caseload?
3			If yes , currently prescribed medication? (If no, skip to question 6)
4			If on medication , any recent non-adherence?
5			If on medication , ever on involuntary medication status (IVM)?
6			If not currently on MH caseload, any prior history of ever being on MH caseload in ADOC?
7			Ever placed in a Residential Treatment Unit (RTU) or Stabilization Unit (SU)?
8			Ever placed in a MH crisis cell for any reason (whether or not on caseload at that time)?
9			Now or recently considering self-harm or suicide?
10			History of suicide attempt? (lifetime)
11			History of non-suicidal self-injury? (lifetime)
12			Now or recently wanting to harm someone else?
13			Fear/worry about being harmed by someone?
15			If yes, was this ever in an emergency room/department?
16			If yes, ever admitted to a hospital for psychiatric care?
17			If yes, MH outpatient (clinic or office)?
18			If yes, ever treated in jail?
19			Recent use of illicit/non-prescribed drugs/substances?
21			Prior history of substance abuse or addiction or accidental overdose?
22			<i>If yes, ever in substance abuse treatment?</i>



Behavioral Observations (underline all that apply)

Aggressive	Lethargic	Hallucinating	Cooperative
Agitated/Hyperactive	Passive	Paranoid/suspicious	Forthright
Anxious	Tearful	Delusional/irrational	Manipulative
Withdrawn	Labile	Loose associations/disorganized	Other:

Mental Status Examination:

Appearance/Behavior:	Concentration/Orientation:
Speech:	Cognition/Intellect:
Mood/Affect:	Insight/Judgment:
Thought Process/Content:	Other:

Assessment and Actions Taken:

<input type="checkbox"/> No MH referral indicated <input type="checkbox"/> Emergency MH referral (see within one hour) <input type="checkbox"/> Urgent MH referral (see within one day) <input type="checkbox"/> Routine MH referral to QMHP (see within 3 days) <input type="checkbox"/> Referral to MH provider (psychiatrist or CRNP)	<input type="checkbox"/> Primary Medical referral <input type="checkbox"/> Custody/Security referral <input type="checkbox"/> Administrative referral for removal from segregation <input type="checkbox"/> Next follow-up assessment in: ___ days, or ___ weeks <input type="checkbox"/> Other: _____

I (QMHP) reviewed the inmate's mental health record and conducted this interview out-of-cell in a confidential setting, and the information provided in the interview is **is** **not** consistent with the information in the file. If not, explain any differences:

QMHP Name (printed) with Credentials:	QMHP Signature:	Date and Time: / / @ AM PM
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Note: *In accordance with ACA Standards*, all inmates placed in a restrictive housing unit (RHU) must be interviewed by a QMHP to assess the offender's basic mental health condition within 7 days of placement. This mental health assessment is then repeated every 30 days for inmates with a diagnosed behavioral health disorder who remain in an RHU, and at 90-day intervals for offenders without a behavioral health disorder who remain in an RHU – unless more frequent assessments are clinically indicated. **Mental health assessments are conducted out-of-cell, face-to-face and in an area that provides sound confidentiality, unless the clinician determines it is unsafe to do so, in which instance the reasons the assessment is not confidential must be clearly documented on this**

ALABAMA DEPARTMENT OF CORRECTIONS
NURSING PROGRESS NOTES



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

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

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH CONSULTATION TO THE DISCIPLINARY PROCESS



STEP 1: ARRESTING OFFICER

Offense: _____ Today's Date: _____

Inmate Name: _____ AIS# _____ Institution: _____

Is the inmate currently on the mental health caseload? Yes (go to step 3) No (next question)

If No, did you observe signs of psychological distress during the incident requiring a mental health referral? Yes (go to step 3) No (go to step 2)

Name of Arresting Officer: _____ Shift: _____ Date of Incident: _____

STEP 2: HEARING OFFICER

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge, or the inmate appears unable to actively participate in the hearing as suggested by NO to any of the following:

- Inmate knows where he is? • Inmate knows why he is seeing hearing officer? • Inmate knows the date?
- Inmate is appropriately dressed • Inmate is able to speak coherently? • Inmate makes sense?
- The inmate's statements are logical and organized?

Should the inmate be referred for mental health evaluation of competency? Yes (go to step 3)
 No (go to step 4)

Name of Hearing officer: _____ Referral Date: _____

STEP 3: MENTAL HEALTH STAFF

Date requested consult received: _____ Date consult returned: _____

Is the inmate competent to participate in the hearing? Yes No

If No, why is the inmate not competent? _____

If No, what treatment will assist the inmate in becoming competent? _____

Are there mental health issues that may have impacted inmate's behavior at the time of the charge? Yes No
 If yes, describe the issues: _____

Are there mental health issues to be considered regarding disposition if found guilty? Yes No
 If yes, describe the issues and the relation to the disposition: _____

Do mental health staff members wish to be present at the disciplinary hearing to provide input? Yes No

Mental Health Staff Member: _____ Phone: _____

STEP 4: REVIEW

Have the mental health recommendations been considered? Yes No

Hearing Officer: _____ Date: _____

INMATE NAME: _____	AIS #: _____
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