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GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

**ADMINISTRATIVE REGULATION
NUMBER** 636

OPR: HEALTH SERVICES

MENTAL HEALTH SERVICES REPORTING

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for collecting documentation and statistical data for monitoring and reporting mental health services provided to inmates within the ADOC.

II. POLICY

It is the policy of the ADOC to ensure that data documenting mental health services is regularly collected and reported at each facility and is monitored system-wide through a Mental Health Continuous Quality Improvement Program.

III. DEFINITIONS AND ACRONYMS

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.

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

V. **PROCEDURES**

- A. The Vendor Mental Health Program Director (or designee) will submit to the ADOC Director of Mental Health Services the following reports:
1. Monthly:
 - a. ADOC Form MH-004, *Quality Improvement Program: Review of Death by Suicide*—Within thirty (30) calendar days from the date of the death by suicide.
 - b. ADOC Form MH-004A, *Quality Improvement Program: Review of Serious Suicide Attempt*—Within thirty (30) calendar days from the date of the serious suicide attempt.
 - c. ADOC Form MH-006, *Staff Training Report: Monthly*—Within ten (10) calendar days from the end of the reporting month.
 - (1) Comprehensive Mental Health Training;
 - (2) Suicide Prevention;
 - (3) Restrictive Housing Unit (RHU) Mental Health Rounds;
 - (4) Correctional Risk Factors;
 - (5) Observation on Suicide Watch.
 - (6) Restrictive Housing Unit (RHU) Pre-Screening.
 - (7) Mental Health Referrals.
 - d. ADOC Form MH-064, *Record of Sanity Commission Hearing*.
 - e. ADOC Form MH-070, *Outpatient Services: Monthly Activity Report*—Within thirty (30) calendar days from the end of the reporting month.
 - f. ADOC Form MH-071, *Outpatient Work Release: Monthly Activity Report*—Within thirty (30) calendar days from the end of the reporting month.

- g. ADOC Form MH-072, *Residential Treatment Unit (RTU): Monthly Activity Report*—Within thirty (30) calendar days from the end of the reporting month.
- h. ADOC Form MH-073, *Stabilization Unit (SU): Monthly Activity Report*—Within thirty (30) calendar days from the end of the reporting month.
- i. ADOC Form MH-074, *Structured Living Unit (SLU): Monthly Activity Report*—Within thirty (30) calendar days from the end of the reporting month.
- j. ADOC Form MH-075, *Restrictive Housing Unit (RHU): Monthly Activity Report*—Within thirty (30) calendar days from the end of the reporting month.

2. Quarterly:

- a. Emergency Preparedness Reports—Within ten (10) calendar days from the end of the last reporting month of that quarter.
- b. Suicide Risk Assessment Review Report—Within ten (10) calendar days from the end of the last reporting month of that quarter.
- c. Restrictive Housing Unit Mental Health Assessment Review Report—Within ten (10) calendar days from the end of the last reporting month of that quarter.
- d. ADOC Form MH-007, *Staff Training Report: Quarterly*—Within ten (10) calendar days from the end of the reporting month.

B. The Vendor Mental Health Site Administrator at each facility will submit to the Vendor Mental Health Program Director the following facility-specific reports:

1. Monthly:

- a. Outpatient Mental Health Services Reports—includes mental health services delivered to inmates in GP, RHU and Crisis Cell placement on:
 - (1) ADOC Form MH-035, *Outpatient Psychiatric Services Log*.
 - (2) ADOC Form MH-036, *Individual Inmate Contact Log*.
 - (3) ADOC Form MH-037, *Group Attendance Roster*.
 - (4) ADOC Form MH-045, *Crisis Cell Utilization Log*.

- (5) ADOC Form MH-053A, *Suicide Watch: Review for Higher-Level Care.*
 - (6) ADOC Form MH-057-A, *Suicide Watch: Inmates with Extended Stay Monthly Report.*
 - (7) ADOC Form MH-070, *Outpatient Services: Monthly Activity Report.*
 - (8) ADOC Form MH-071, *Outpatient Work Release Monthly Activity Report.*
- b. Residential Treatment Unit (RTU) Reports—includes mental health services delivered to inmates in the RTU (including those temporarily in Crisis Cell placement) on:
- (1) ADOC Form MH-031, *Mental Health: Inmates Receiving Involuntary Medication.*
 - (2) ADOC Form MH-036, *Individual Inmate Contact Log.*
 - (3) ADOC Form MH-037, *Group Attendance Roster.*
 - (4) ADOC Form MH-045, *Crisis Cell Utilization Log.*
 - (5) ADOC Form MH-054, *Mental Health Unit (RTU/SU): Admission and Discharge Log.*
 - (6) ADOC Form MH-057-A, *Suicide Watch: Inmates with Extended Stay Monthly Report.*
 - (7) ADOC Form MH-059, *Mental Health Unit: Critical Incidents and Disciplinary Action.*
 - (8) ADOC Form MH-060, *Mental Health Unit (RTU): Inmate Roster – Last Day of the Month.*
 - (9) ADOC Form MH-063, *Residential Treatment Unit (RTU) – Program Monitoring Log.*
 - (10) ADOC Form MH-072, *Residential Treatment Unit (RTU): Monthly Activity Report.*
- c. Stabilization Unit (SU) Reports—includes mental health services delivered to inmates in the SU (including those temporarily in Crisis Cell placements and transfers to hospital-level care) on:

- (1) ADOC Form MH-031, *Mental Health: Inmates Receiving Involuntary Medication.*
- (2) ADOC Form MH-036, *Individual Inmate Contact Log.*
- (3) ADOC Form MH-037, *Group Attendance Roster.*
- (4) ADOC Form MH-045, *Crisis Cell Utilization Log.*
- (5) ADOC Form MH-047, *Use of Physical Restraints for Mental Health Purposes (Log).*
- (6) ADOC Form MH-054, *Mental Health Unit (RTU/SU): Admission and Discharge Log.*
- (7) ADOC Form MH-055, *Stabilization Unit: Program Monitoring.*
- (8) ADOC Form MH-056, *Mental Health Units (RTU/SU): Treatment Planning Status.*
- (9) ADOC Form MH-057, *Stabilization Unit: Inmates with Extended Stay Monthly Report.*
- (10) ADOC Form MH-057-A, *Suicide Watch: Inmates with Extended Stay Monthly Report.*
- (11) ADOC Form MH-059, *Mental Health Unit: Critical Incidents and Disciplinary Action.*
- (12) ADOC Form MH-061, *Mental Health Unit (SU): Inmate Roster – Last Day of the Month.*
- (13) ADOC Form MH-073, *Stabilization Unit (SU): Monthly Activity Report.*
- (14) ADOC Form MH-077, *Stabilization Unit: Transfer to Court-Ordered Mental Health Hospital-Level Care.*

d. Structured Living Unit (SLU) Reports-includes mental health services delivered to inmates in the SLU (including those temporarily in Crisis Cell placement) on:

- (1) ADOC Form MH-036, *Individual Inmate Contact Log.*
- (2) ADOC Form MH-045, *Crisis Cell Utilization Log.*

- (3) ADOC Form MH-057-A, *Suicide Watch: Inmates with Extended Stay Monthly Report*.
 - (4) ADOC Form MH-074, *Structured Living Unit (SLU): Monthly Activity Report*.
 - e. Gender Dysphoria Reports—includes a list of all inmates at that facility currently receiving accommodations and services on ADOC Form MH-079-B, *Gender Dysphoria Referral, Evaluation, and Management Log*.
 - f. Training Reports—includes a list of all trainings conducted at that facility on ADOC Form MH-006, *Staff Training Report: Monthly*, including the following information:
 - (1) The topics covered during the training session.
 - (2) The dates and times of the training session.
 - (3) The materials (e.g., outlines, handouts, presentations, slides, etc.) used at the training session.
 - (4) The ADOC staff and the Vendor staff who attended and participated in the training session.
 - (5) The Vendor staff who conducted and instructed the training session.
 - 2. Quarterly: Emergency Preparedness Training Reports—includes a list of all emergency preparedness trainings and drills conducted at that facility.
- C. The ADOC Psychologists and the ADOC Psychological Associates at each facility will submit to the ADOC Regional Psychologists the following reports:
- 1. Monthly: ADOC Form MH-076, *Monthly Report of Psychological Activities*—Within five (5) calendar days from the end of the reporting month, which includes the following information:
 - 2. Psycho-Educational Group Programming Conducted, which includes the following:
 - a. Skills for Living;
 - b. Cognitive Skills;
 - c. Emotional Control;

- d. Social/Coping Skills;
 - e. Other Programming.
3. Assessments Completed, which includes the following:
- a. Intellectual Tests (i.e., Beta, WAIS, and WRAT);
 - b. Social History Assessments;
 - c. PREA Risk Assessments;
4. Referrals to the following:
- a. ADA Coordinator;
 - b. PREA (Institutional PREA Compliance Managers);
 - c. Mental Health;
 - d. Classification;
 - e. Medical;
 - f. Other.
5. Other Duties, which includes the following:
- a. Inmate Orientation;
 - b. RHU Mental Health Rounds;
 - c. Individual consultations with inmates not on the Mental Health Caseload;
 - d. EEO duties;
 - e. EAP duties;
 - f. Boards (including RHU, SLU, and jobs);
 - g. Discharge, parole, and EOS placements;
 - h. Classification progress reviews;

- i. Professional trainings.
- 6. Releases, which includes the following:
 - a. Number of inmates who reached their EOS date;
 - b. Number of inmates who were paroled;
 - c. Number of inmates completing pre-release programs;
 - d. Mandatory releases to supervision.

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-004, *Continuous Quality Improvement Program: Review of Death by Suicide or Life-Threatening Attempt.*
- B. ADOC Form MH-004A, *Continuous Quality Improvement Program: Review of Serious Suicide or Life-Threatening Attempt.*
- C. ADOC Form MH-006, *Staff Training Report: Monthly.*
- D. ADOC Form MH-007, *Staff Training Report: Quarterly.*
- E. ADOC Form MH-031, *Mental Health: Inmates Receiving Involuntary Medication.*
- F. ADOC Form MH-035, *Outpatient Psychiatric Services Log.*
- G. ADOC Form MH-036, *Individual Inmate Contact Log.*
- H. ADOC Form MH-037, *Group Attendance Roster.*
- I. ADOC Form MH-045, *Crisis Cell Utilization Log.*
- J. ADOC Form MH-047, *Use of Physical Restraints for Mental Health Purposes (Log).*
- K. ADOC Form MH-053A, *Suicide Watch: Review for Higher-Level Care.*

- L. ADOC Form MH-054, *Mental Health Unit (RTU/SU): Admission and Discharge Log.*
- M. ADOC Form MH-055, *Stabilization Unit: Program Monitoring.*
- N. ADOC Form MH-056, *Mental Health Unit (RTU/SU): Treatment Planning Status.*
- O. ADOC Form MH-057, *Stabilization Unit: Inmates with Extended Stay Monthly Report.*
- P. ADOC Form MH-057-A, *Suicide Watch: Inmates with Extended Stay Monthly Report.*
- Q. ADOC Form MH-059, *Mental Health Unit: Critical Incidents and Disciplinary Action.*
- R. ADOC Form MH-060, *Mental Health Unit (RTU): Inmate Roster – Last Day of the Month.*
- S. ADOC Form MH-061, *Mental Health Unit (SU): Inmate Roster – Last Day of the Month.*
- T. ADOC Form MH-063, *Residential Treatment Unit (RTU): Program Monitoring Log (MHP, AT, Nursing).*
- U. ADOC Form MH-064, *Record of Sanity Commission Hearing.*
- V. ADOC Form MH-070, *Outpatient Services: Monthly Activity Report.*
- W. ADOC Form MH-071, *Outpatient Work Release: Monthly Activity Report.*
- X. ADOC Form MH-072, *Residential Treatment Unit (RTU): Monthly Activity Report.*
- Y. ADOC Form MH-073, *Stabilization Unit (SU): Monthly Activity Report.*
- Z. ADOC Form MH-074, *Structured Living Unit (SLU): Monthly Activity Report.*
- AA. ADOC Form MH-075, *Restrictive Housing Unit (RHU): Monthly Activity Report.*
- BB. ADOC Form MH-076, *Monthly Report of Psychological Activities.*
- CC. ADOC Form MH-077, *Stabilization Unit: Transfers to Court-Ordered Mental Health Hospital-Level Care.*

DD. ADOC Form MH-079-B, *Gender Dysphoria Tracking Log*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 636, *Mental Health Services: Monthly Reporting*, dated June 20, 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



QUALITY IMPROVEMENT PROGRAM: REVIEW OF DEATH BY SUICIDE

(Confidential quality improvement document for limited distribution)

Inmate Name:		AIS#:	
Facility:	Most Recent Housing Move:		
Housing Assignment: GP PSU RHU SLU Crisis Cell SU RTU Other:			
Date of Birth:	Race/Ethnicity:	Security Level:	
Mental Health Code:	SMI: Y N	Health Code:	
Sex:	Self-Identified Gender:		
Gang or Other Affiliation:			

DETAILS OF THE INCIDENT:

Date/Time of Incident Reported (Form 302-A, Blocks 2 & 3):	Date/Time of Death:
Specific Location of Incident:	
Description of Incident:	

RELEVANT PSYCHOSOCIAL HISTORY:

Date Entered ADOC:	Security Level:
EOS Date:	Number of Times Incarcerated (ADOC):
Parole Eligibility Date:	Last Parole Hearing Date:
Sentence Length: ___ Y ___ M ___ D	
Offense:	
Adjustment to Incarceration (describe):	
Correctional Risk Factors:	



QUALITY IMPROVEMENT PROGRAM: REVIEW OF DEATH BY SUICIDE

(Confidential quality improvement document for limited distribution)

Inmate Name:	AIS#:
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MENTAL HEALTH HISTORY:

Last SRA Date:	
DSM-5 Diagnose(s):	
Most Recent Psychotropic Medication (including dosage and frequency):	
Medication Adherence: Good Moderate Poor	IVM: Y N
Last seen by Licensed Counselor _____ (name) on _____ (date).	
Last seen by Psychiatrist/Nurse Practitioner _____ (name) on _____ (date).	
Last seen by Medical on _____ (date) for _____ (reason).	
Last Treatment Team Meeting (date):	
Treatment Goals (per Treatment Plan):	
Treatment Interventions Used:	
Adherence/Response to Treatment:	

Data Review Included:

<input type="checkbox"/> Interview of Mental Health Treatment Team	<input type="checkbox"/> Interview of security staff
<input type="checkbox"/> Interview(s) of inmate(s)	<input type="checkbox"/> Review of institutional file
<input type="checkbox"/> Other:	<input type="checkbox"/> Review of housing record

Data Review Completed By:

Print & Sign Name:	Position:	Date:
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QUALITY IMPROVEMENT PROGRAM: REVIEW OF DEATH BY SUICIDE

(Confidential quality improvement document for limited distribution)

Inmate Name:	AIS#:
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QUALITY IMPROVEMENT PROGRAM REVIEW:

Analysis:

Areas for Improvement in Mental Health Assessment and Treatment:
Areas for Improvement in Facility Operations:
Recommended Corrective Action(s):

Quality Improvement Committee Review:

Committee Chair (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:



QUALITY IMPROVEMENT PROGRAM: REVIEW OF SERIOUS SUICIDE ATTEMPT

(Confidential quality improvement document for limited distribution)

Inmate Name:		AIS#:	
Facility:	Most Recent Housing Move:		
Housing Assignment: GP RHU SLU Crisis Cell SU RTU Other:			
Date of Birth:	Race/Ethnicity:	Security Level:	
Mental Health Code:	SMI: Y N	Health Code:	
Sex:	Self-Identified Gender:		
Gang or Other Affiliation:			

DETAILS OF THE INCIDENT:

Date/Time of Incident Reported:	Date/Time of Death:
Specific Location of Incident:	
Description of Incident:	

RELEVANT PSYCHOSOCIAL HISTORY:

Date Entered ADOC:	Security Level:
EOS Date:	Number of Times Incarcerated (ADOC):
Parole Eligibility Date:	Last Parole Hearing Date:
Sentence Length: ___ Y ___ M ___ D	
Offense:	
Adjustment to Incarceration (describe):	
Correctional Risk Factors:	



QUALITY IMPROVEMENT PROGRAM: REVIEW OF SERIOUS SUICIDE ATTEMPT

(Confidential quality improvement document for limited distribution)

Inmate Name:	AIS#:
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MENTAL HEALTH HISTORY:

Last SRA Date:	
DSM-5 Diagnose(s):	
Current Psychotropic Medication (including dosage and frequency):	
Medication Adherence: Good Moderate Poor	IVM: Y N
Last seen by Licensed Counselor _____ (name) on _____ (date).	
Last seen by Psychiatrist/Nurse Practitioner _____ (name) on _____ (date).	
Last seen by Medical on _____ (date) for _____ (reason).	
Last Treatment Team Meeting (date):	
Treatment Goals (per Treatment Plan):	
Treatment Interventions Used:	
Adherence/Response to Treatment:	

Data Review Included:

<input type="checkbox"/> Interview of Mental Health Treatment Team	<input type="checkbox"/> Interview of security staff
<input type="checkbox"/> Interview(s) of inmate(s)	<input type="checkbox"/> Review of institutional file
<input type="checkbox"/> Review of housing record	
<input type="checkbox"/> Other:	

Data Review Completed By:

Print & Sign Name:	Position:	Date:
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QUALITY IMPROVEMENT PROGRAM REVIEW:

Analysis:

Areas for Improvement in Mental Health Assessment and Treatment:
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QUALITY IMPROVEMENT PROGRAM: REVIEW OF SERIOUS SUICIDE ATTEMPT

(Confidential quality improvement document for limited distribution)

Inmate Name:	AIS#:
Areas for Improvement in Mental Health Assessment and Treatment:	
Areas for Improvement in Facility Operations:	
Recommended Corrective Action(s):	

Quality Improvement Committee Review:

Committee Chair (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:

Alabama Department of Corrections



STAFF TRAINING REPORT: MONTHLY

Institution: _____ Month/Year: _____ Reported by: _____

TYPE OF MENTAL HEALTH TRAINING	POSITIONS REQUIRED	NUMBER OF ATTENDEES	TRAINING DATE	INITIAL OR ANNUAL TRAINING
New Staff Orientation	Site Administrator			
	Psychiatrist			
	Psychologist			
	Nurse Practitioner			
	Licensed Mental Health Professional			
	RN			
	LPN			
	Activity Technician			
	Mental Health Observer			
	Mental Health Clerk			
	Other			
Comprehensive Mental Health Training	Mental Health Staff			
	Medical Staff			
	ADOC Security Staff			
	ADOC Psychological Associate/Psychologist			
	Substance Use Treatment Staff			
	ADOC Support Staff/Volunteer/Other			
	ADOC Warden			
Specialized Mental Health Training	Mental Health Staff			
	Medical Staff			
	ADOC Security Staff			
	ADOC Disciplinary Hearing Officer			
Staff Development Training	Mental Health Staff			

Alabama Department of Corrections



STAFF TRAINING REPORT: MONTHLY

Institution: _____ Month/Year: _____ Reported by: _____

Mental Health Nurse Training	Mental Health Nurses		
Activities Technician Training	Activities Technicians		
Emergency Preparedness Training	Mental Health Staff/Medical Staff		
Mental Health Observer Training	Mental Health/Medical Staff		
Other Required Training			
Training Scheduled for Next Month: Type: _____ Date: _____ Type: _____ Date: _____ Type: _____ Date: _____ Type: _____ Date: _____			



STAFF TRAINING REPORT: QUARTERLY

TYPE OF TRAINING	POSITIONS REQUIRED	NUMBER OF ATTENDEES CURRENT QUARTER	NUMBER OF ATTENDEES YEAR TO DATE	INITIAL OR ANNUAL TRAINING
New Staff Orientation	Site Administrator			
	Psychiatrist			
	Psychologist			
	Nurse Practitioner			
	Licensed Mental Health Professional			
	RN			
	LPN			
	Activity Technician			
	Mental Health Observer			
	Mental Health Clerk			
	Other			
Comprehensive Mental Health Training	Mental Health Staff			
	Medical Staff			
	ADOC Security Staff			
	ADOC Psychological Associate/Psychologist			
	ADOC Substance Use Treatment Staff			
	ADOC Support Staff/Volunteer/Other			
	ADOC Warden			
Specialized Mental Health Training	Mental Health Staff			
	Medical Staff			
	ADOC Security Staff			
	ADOC Disciplinary Hearing Officer			
Emergency Preparedness Training	Mental Health Staff/Medical Staff			

Alabama Department of Corrections



STAFF TRAINING REPORT: QUARTERLY

Mental Health Observer Training	Mental Health Staff/Medical			
Mental Health Training-Academy	ADOC Security Staff			
Annual Mental Health Training	ADOC Security Staff			
Mental Health Nurse Training	Mental Health Nurses			
Activities Technician Training	Activities Technicians			
Site Administrator Training	Site Administrators			
Licensed Professional Counselor Training	Licensed Counselors			
Provider Training	Psychiatrists/Nurse Practitioners			
	Psychologists			
Prepared by:			Date:	
Three Institutions with Most Significant Training Needs are:	1.	2.	3.	

Alabama Department of Corrections



MENTAL HEALTH:
INMATES RECEIVING INVOLUNTARY MEDICATION

Institution: _____ Month/Year: _____ Completed by: _____

Last Name	First Name	AIS #	Facility	DOB	Date Initiated	90-Day Review	6-Month Review	30-Day Respite	PO Medication	IM Medication	Dates When Force Required	Date order Expires	D/C (if applicable)	Appeal Date by Inmate	Appeal Decision/ Date/ Provider

Alabama Department of Corrections



INDIVIDUAL INMATE CONTACT LOG

Institution: _____ Month/Year: _____

Mental Health Staff Member: _____ Job Title: _____

Date Seen	Inmate Name	AIS #	Type of Visit				
			Confidential Yes or No	Crisis	Follow-up	Counseling	Other (Referral, MH Consult, etc.)
					<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
					<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
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GROUP ATTENDANCE ROSTER



Facility	<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



SUICIDE WATCH: REVIEW FOR HIGHER-LEVEL CARE

72 hrs.

168 hrs.

Forward copy to ADOC Director of Mental Health Services:

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

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

Reason for Watch:
Current Mental Status:
Current Medication:

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

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

Completed by:	Date:
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Inmate Name:	AIS:	Facility:
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ALABAMA DEPARTMENT OF CORRECTIONS



SUICIDE WATCH: INMATES WITH EXTENDED STAY MONTHLY REPORT

Facility: _____ Month: _____

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

ALABAMA DEPARTMENT OF CORRECTIONS



MENTAL HEALTH UNIT: CRITICAL INCIDENTS & DISCIPLINARY ACTION

Facility: _____

Month/Year: _____

Completed by: _____

Job Title: _____

Inmate Name	AIS#	Incident Date	Incident	Description of Critical Incident/Disciplinary Action	Mental Health Involved?
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Critical Incident <input type="checkbox"/> Disciplinary Action		<input type="checkbox"/> Yes <input type="checkbox"/> No

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

RECORD OF SANITY COMMISSION HEARING

To: Commissioner of the Alabama Department of Corrections

From: The Sanity Commission

Re: Hearing for Recommendation of Petition to Probate Court for commitment to a designated psychiatric hospital

Inmate _____ **AIS#** _____

A Sanity Commission hearing was conducted on _____ (date) in accordance with ADOC Administrative Regulation 634, *Court-Ordered Mental Health Hospital-Level Care*.

A petition for court-ordered admission to a state-designated mental health facility

is recommended.

is not recommended.

Explanation of findings and decision:

Members	Approve	Date:
Chair:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Member:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Member:	<input type="checkbox"/> Y <input type="checkbox"/> N	

ADOC Form MH-064
03-2024

Disposition: Inmate Medical Record/MH Tab, Institutional Inmate File, Central Records File, ADOC Legal Counsel, ADOC Director of Mental Health Services, Vendor Mental Health Program Director, Site Administrator



Summary of Services

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	23-Total	Averages -Jan-Mar	Averages -April-June	Averages -July-Sept	Averages -Oct-Dec
Facility:																	
Month Reported:																	
Date Submitted:																	
Prepared By:																	
Site Administrator:																	
Date Reviewed/Finalized:																	
Facility Census:																	
Outpatient (OP) Major Facility data																	
Census, Transfers and Release																	
1 OP MH Caseload (last day of month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH-B:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH-C:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH-D:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH-H:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 MH code Not Assigned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3 SMI on caseload:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

4	Additions to caseload (month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Removals from caseload (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Removals of SMI designation (month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	MH-A with contact but not placed on caseload:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	OP Transfers out during the month:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	OP Transfers in during the month:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Transfers to an SU or RTU:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Releases from ADOC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH Intake/Reception																		
12	Intakes processed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Intakes placed on caseload	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Referrals																		
14	MH Referrals (MH-008) triaged:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	From medical staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	From ADOC staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Self-referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Treatment Planning																		
18	Number of Treatment Teams conducted:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inmate present:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inmate not present:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Treatment Plans with security input	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Treatment Plan backlog (last day of month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisis Care																		
Acute Suicide Watch																		
21	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NASW																		
25	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Constant Observation																		
29	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MHO																		
33	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other																		
37	Transfers to another Facility for Safe Cell (month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Total crisis placements (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	Number ≥ 168 hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Number ≥ 240 hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Roundtables (cases reviewed during month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Inmates with multiple SW placements (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	MH-A placed on crisis (any type)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	MH-A added to caseload after crisis placement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Self-Harm																	
45	Serious Suicide Attempts (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sent to ER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Admitted to Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Not sent to ER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Deaths by suicide	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Non-suicidal self-injury (NSSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	Overdoses (all: accidental or intentional)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Clinical Contacts Documented																	
49	By a Psychiatrist:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	By a MH Nurse Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	By a Psychologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
52	By a BH Professional:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53	By a MH Nurse:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
54	By an Activity Technician:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Scheduling (month)																	
55	Scheduled:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56	Conducted:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57	Cancelled:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Inmates scheduled for groups:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59	Inmates who attended groups:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Groups Documented (month)																	
60	By a BH Professional:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61	By a Psychologist:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	By an Activity Technician:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	By a Nurse Practitioner:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64	By a MH Nurse:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65	By a Psychiatrist:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Psychotropic Medication																		
66	IMs prescribed psychotropic medication (last day):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	Inmates with active IVM orders (last day):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	Uses of force for administration (month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
69	Psychotropic Medication Reports (MH-024)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70	Emergency psychotropic medication uses (MH-27)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	Inmates provided release medication supply:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Substance Use Disorder Treatment																		
72	Inmates receiving MAT (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Referrals for Substance Use Treatment (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREA																		
74	Number of PREA reports (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH Assessments following PREA report	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75	PREA Social Risk Assessments by Vendor:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76	PREA Social Risk Assessments completed by ADOC:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Dysphoria Management																		
77	Inmates on Gender Dysphoria Log	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78	Inmates Receiving Accommodations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79	Inmates Receiving Hormone Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultations to Disciplinary																		
80	MH Consultations completed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Training (number of attendees)																		
Basic/General																		
81	Comprehensive Curriculum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
82	Early warning signs of mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
83	Referral for mental health services.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
84	Goals and structure of mental health services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

85	Effective communications and mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
86	Confidentiality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
87	Legal issues in correctional mental health.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide Prevention																		
88	Suicide Prevention	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
89	Suicide Risk Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90	Safety Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
91	Correctional Risk Factors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
92	Observation on suicide watch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RHU Mental Health Services																		
93	RHU Pre-placement Screening	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
94	RHU Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95	RHU Mental Health Rounds	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency and Crisis Response																		
96	Emergency Preparedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
97	Crisis intervention and de-escalation skills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
98	Warning signs of a mental health crisis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
99	Drug intoxication and withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
100	Adverse reactions to medication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	Heat-related illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	Emergency use of psychotropic medications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103	Restraints for mental health purposes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH Consultation to the Disciplinary Process																		
104	Disciplinary Consultation: for QMHPs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
105	Disciplinary Consultation: for hearing officers.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Man-Down Drills																		
106	Man-Down Drills completed (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Other																	
107	Use restraints for mental health purposes:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
108	Max length of stay in restraints (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
109	Number of MH Grievances reported for the month:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Summary of Services

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	23-Total	Averages -Jan-Mar	Averages -April-June	Averages -July-Sept	Averages -Oct-Dec													
Facility:																														
Month Reported:																														
Date Submitted:																														
Prepared By:																														
Site Administrator:																														
Date Reviewed/Finalized:																														
Facility Census:																														
Outpatient (OP) Work Release data																														
Census, Transfers and Release																														
1 OP MH Caseload (last day of month):														0	0	0	0	0	0	0	0	0	0	0	0	0				0
MH-B:														0	0	0	0	0	0	0	0	0	0	0	0	0				0
MH-C:														0	0	0	0	0	0	0	0	0	0	0	0	0				0
MH-D:														0	0	0	0	0	0	0	0	0	0	0	0	0				0
MH-H:														0	0	0	0	0	0	0	0	0	0	0	0	0				0
2 MH code Not Assigned														0	0	0	0	0	0	0	0	0	0	0	0	0				0
3 SMI on caseload:														0	0	0	0	0	0	0	0	0	0	0	0	0				0

4	Additions to caseload (month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Removals from caseload (month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Removals of SMI designation (month):	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	MH-A with contact but not placed on caseload:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	OP Transfers out during the month:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	OP Transfers in during the month:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Transfers to an SU or RTU:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Releases from ADOC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MH Intake/Reception															
12	Intakes processed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Intakes placed on caseload	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Referrals															
14	MH Referrals (MH-008) triaged:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	From medical staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	From ADOC staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Self-referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Treatment Planning															
15	Number of Treatment Teams conducted:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inmate present:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inmate not present:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Treatment Plans with security input	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Treatment Plan backlog (last day of month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisis Care															
Acute Suicide Watch															
18	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	NASW													
22	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0
23	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Constant Observation													
26	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0
27	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0
	MHO													
30	Number of placements	0	0	0	0	0	0	0	0	0	0	0	0	0
31	ALOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Max LOS (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Total Hours for month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other													
34	Transfers to another Facility for Safe Cell (month):	0	0	0	0	0	0	0	0	0	0	0	0	0
	Self-Harm													
35	Serious Suicide Attempts (month)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sent to ER	0	0	0	0	0	0	0	0	0	0	0	0	0
	Admitted to Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
	Not sent to ER	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Deaths by suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Non-suicidal self-injury (NSSI)	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Overdoses (all: accidental or intentional)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Individual Clinical Contacts Documented													
39	By a Psychiatrist:	0	0	0	0	0	0	0	0	0	0	0	0	0
40	By a MH Nurse Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0
41	By a Psychologist	0	0	0	0	0	0	0	0	0	0	0	0	0
42	By a BH Professional:	0	0	0	0	0	0	0	0	0	0	0	0	0
43	By a MH Nurse:	0	0	0	0	0	0	0	0	0	0	0	0	0
44	By an Activity Technician:	0	0	0	0	0	0	0	0	0	0	0	0	0

	Group Scheduling (month)													
45	Scheduled:	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Conducted:	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Cancelled:	0	0	0	0	0	0	0	0	0	0	0	0	0
48	Inmates scheduled for groups:	0	0	0	0	0	0	0	0	0	0	0	0	0
49	Inmates who attended groups:	0	0	0	0	0	0	0	0	0	0	0	0	0
	Groups Documented (month)													
50	By a BH Professional:	0	0	0	0	0	0	0	0	0	0	0	0	0
51	By a Psychologist:	0	0	0	0	0	0	0	0	0	0	0	0	0
52	By an Activity Technician:	0	0	0	0	0	0	0	0	0	0	0	0	0
53	By a Nurse Practitioner:	0	0	0	0	0	0	0	0	0	0	0	0	0
54	By a MH Nurse:	0	0	0	0	0	0	0	0	0	0	0	0	0
55	By a Psychiatrist:	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psychotropic Medication													
56	IMs prescribed psychotropic medication (last day):	0	0	0	0	0	0	0	0	0	0	0	0	0
57	Inmates with active IVM orders (last day):	0	0	0	0	0	0	0	0	0	0	0	0	0
	Uses of force for administration (month):	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Psychotropic Medication Reports (MH-024)	0	0	0	0	0	0	0	0	0	0	0	0	0
59	Emergency psychotropic medication uses (MH-27)	0	0	0	0	0	0	0	0	0	0	0	0	0
60	Inmates provided release medication supply:	0	0	0	0	0	0	0	0	0	0	0	0	0
	Substance Use Disorder Treatment													
61	Inmates receiving MAT (month)	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Referrals for Substance Use Treatment (month)	0	0	0	0	0	0	0	0	0	0	0	0	0
	PREA													
63	Number of PREA reports (month)	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH Assessments following PREA report	0	0	0	0	0	0	0	0	0	0	0	0	0
64	PREA Social Risk Assessments by Vendor:	0	0	0	0	0	0	0	0	0	0	0	0	0
65	PREA Social Risk Assessments completed by ADOC:	0	0	0	0	0	0	0	0	0	0	0	0	0

Gender Dysphoria Management															
66	Inmates on Gender Dysphoria Log	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	Inmates Receiving Accommodations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	Inmates Receiving Hormone Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultations to Disciplinary															
69	MH Consultations completed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Training (number of attendees)															
Basic/General															
70	Comprehensive Curriculum	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	Early warning signs of mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	Referral for mental health services.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Goals and structure of mental health services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	Effective communications and mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75	Confidentiality	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76	Legal issues in correctional mental health.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide Prevention															
77	Suicide Prevention	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78	Suicide Risk Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79	Safety Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80	Correctional Risk Factors	0	0	0	0	0	0	0	0	0	0	0	0	0	0
81	Observation on suicide watch	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RHU Mental Health Services															
82	RHU Pre-placement Screening	0	0	0	0	0	0	0	0	0	0	0	0	0	0
83	RHU Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
84	RHU Mental Health Rounds	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Emergency and Crisis Response														
85	Emergency Preparedness	0	0	0	0	0	0	0	0	0	0	0	0	0
86	Crisis intervention and de-escalation skills	0	0	0	0	0	0	0	0	0	0	0	0	0
87	Warning signs of a mental health crisis	0	0	0	0	0	0	0	0	0	0	0	0	0
88	Drug intoxication and withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0
89	Adverse reactions to medication	0	0	0	0	0	0	0	0	0	0	0	0	0
90	Heat-related illness	0	0	0	0	0	0	0	0	0	0	0	0	0
91	Emergency use of psychotropic medications	0	0	0	0	0	0	0	0	0	0	0	0	0
92	Restraints for mental health purposes	0	0	0	0	0	0	0	0	0	0	0	0	0
MH Consultation to the Disciplinary Process														
93	Disciplinary Consultation: for QMHPs	0	0	0	0	0	0	0	0	0	0	0	0	0
94	Disciplinary Consultation: for hearing officers.	0	0	0	0	0	0	0	0	0	0	0	0	0
Man-Down Drills														
95	Man-Down Drills completed (month)	0	0	0	0	0	0	0	0	0	0	0	0	0
Other														
96	Use restraints for mental health purposes:	0	0	0	0	0	0	0	0	0	0	0	0	0
97	Max length of stay in restraints (hours):	0	0	0	0	0	0	0	0	0	0	0	0	0
98	Number of MH Grievances reported for the month:	0	0	0	0	0	0	0	0	0	0	0	0	0



Summary of Services

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	23-Total	Averages -Jan-Mar	Averages -April-June	Averages -July-Sept	Averages -Oct-Dec
Facility:																	
Month Reported:																	
Date Submitted:																	
Prepared By:																	
Site Administrator:																	
Date Reviewed/Finalized :																	
Total bed capacity of Facility:																	
RTU data																	
Census, Lenth-of-Stay (LOS) and Transfers																	
1 RTU Census (Last day of month):													0				#DIV/0!
Level 1													0				#DIV/0!
Level 2													0				#DIV/0!
Level 3													0				#DIV/0!
MH-H													0				#DIV/0!
2 SMI													0				#DIV/0!
3 Removals of SMI designation													0				#DIV/0!
4 Admissions (month):													0				#DIV/0!

Individual Clinical Contacts Documented													
48	By a Psychiatrist:											0	#DIV/0!
49	Documented contacts by a MH Nurse Practitioner											0	#DIV/0!
50	By a Psychologist											0	#DIV/0!
51	By a BH Professional:											0	#DIV/0!
52	By a Nurse:											0	#DIV/0!
53	By a Activity Technician:											0	#DIV/0!
Groups Scheduling (month)													
54	Scheduled:											0	#DIV/0!
55	Conducted :											0	#DIV/0!
56	Cancelled :											0	#DIV/0!
57	Inmates scheduled for groups											0	#DIV/0!
58	Inmates who attended groups:											0	#DIV/0!
Groups Documented (month)													
59	By a BH Professional:											0	#DIV/0!
60	By a Psychologist:											0	#DIV/0!
61	By an Activity Technician:											0	#DIV/0!
62	By a MH Nurse Practitioner											0	#DIV/0!
63	By a MH Nurse											0	#DIV/0!
64	By a Psychiatrist:											0	#DIV/0!
Psychotropic Medication													
65	IMs prescribed psychotropic medication (last day):											0	#DIV/0!
66	Inmates with active IVM orders (last day):											0	#DIV/0!
67	Uses of force for administration (month):											0	#DIV/0!
68	Psychotropic Medication Reports (MH-024)											0	#DIV/0!
69	Emergency psychotropic medication uses (MH-27)											0	#DIV/0!
70	Inmates provided release medication supply:											0	#DIV/0!

PREA													
71	Number of PREA reports (month)											0	#DIV/0!
	MH Assessments following PREA report											0	#DIV/0!
72	PREA Social Risk Assessments by Vendor:											0	#DIV/0!
73	PREA Social Risk Assessments completed by ADOC:											0	#DIV/0!
Gender Dysphoria Management													
74	Number on Gender Dysphoria Log:											0	#DIV/0!
75	Number Receiving Accommodations:											0	#DIV/0!
76	Number Receiving Hormone Treatment:											0	#DIV/0!
Consultations to Disciplinary													
77	MH Consultations completed											0	#DIV/0!
Training (number of attendees) *includes Bullock IP													
Basic/General													
78	Comprehensive Curriculum											0	#DIV/0!
79	Early warning signs of mental illness											0	#DIV/0!
80	Referral for mental health services.											0	#DIV/0!
81	Goals and structure of mental health services											0	#DIV/0!
82	Effective communications and mental illness											0	#DIV/0!
83	Confidentiality											0	#DIV/0!
84	Legal issues in correctional mental health.											0	#DIV/0!
Suicide Prevention													
85	Suicide Prevention											0	#DIV/0!
86	Suicide Risk Assessments											0	#DIV/0!
87	Safety Planning											0	#DIV/0!
88	Correctional Risk Factors											0	#DIV/0!
89	Observation on suicide watch											0	#DIV/0!
RHU Mental Health Services													
90	RHU Pre-placement Screening											0	#DIV/0!
91	RHU Assessment											0	#DIV/0!

92	RHU Mental Health Rounds														0	#DIV/0!
	Emergency and Crisis Response															
93	Emergency Preparedness														0	#DIV/0!
94	Crisis intervention and de-escalation skills														0	#DIV/0!
95	Warning signs of a mental health crisis														0	#DIV/0!
96	Drug intoxication and withdrawal														0	#DIV/0!
97	Adverse reactions to medication														0	#DIV/0!
98	Heat-related illness														0	#DIV/0!
99	Emergency use of psychotropic medications														0	#DIV/0!
100	Restraints for mental health purposes														0	#DIV/0!
	MH Consultation to the Disciplinary Process															
101	Disciplinary Consultation: for QMHPs														0	#DIV/0!
102	Disciplinary Consultation: for hearing officers.														0	#DIV/0!
	Man-Down Drills															
103	Man-Down Drills completed (month)														0	#DIV/0!
	Other															
104	Use restraints for mental health purposes:														0	#DIV/0!
105	Max length of stay in restraints (hours):														0	#DIV/0!
106	Number of MH Grievances reported for the month:														0	#DIV/0!



Summary of Services

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	23-Total	
Facility:														
Month Reported:														
Date Submitted:														
Prepared By:														
Site Administrator:														
Date Reviewed/Finalized:														
Total bed capacity of Facility:														
SU data														
Census and MH Codes														
1 SU census (last day of month):								0	0	0	0	0	0	0
MH-D								0	0	0	0	0	0	0
MH-H								0	0	0	0	0	0	0
2 SMI								0	0	0	0	0	0	0
3 Admissions (month):								0	0	0	0	0	0	0
4 Discharges (month):								0	0	0	0	0	0	0
5 Average (ALOS) :								0	0	0	0	0	0	0
6 Maximum LOS:								0	0	0	0	0	0	0

Averages -Jan-Mar Averages -April-June Averages -July-Sept Averages -Oct-Dec

7	Number transferred for Hospital-Level Care (month)									0	0	0	0	0	0	0
	Out-of-Cell Time (month)															
8	Number receiving 10 hrs. Structured/week									0	0	0	0	0	0	0
9	Target Structured Hours (month)									0	0	0	0	0	0	0
10	Provided Structured Hours (month)									0	0	0	0	0	0	0
11	Number receiving 10 hrs. Unstructured/week									0	0	0	0	0	0	0
12	Target Unstructured Hours (month)									0	0	0	0	0	0	0
13	Provided Unstructured Hours (month)									0	0	0	0	0	0	0
	Treatment Planning															
14	Number of Treatment Teams conducted:									0	0	0	0	0	0	0
	Inmate present:									0	0	0	0	0	0	0
	Inmate not present:									0	0	0	0	0	0	0
15	Treatment Plans with security input									0	0	0	0	0	0	0
16	Treatment Plan backlog (last day of month)									0	0	0	0	0	0	0
	Individual Clinical Contacts Documented															
17	By a Psychiatrist:									0	0	0	0	0	0	0
18	By a MH Nurse Practitioner									0	0	0	0	0	0	0
19	By a Psychologist									0	0	0	0	0	0	0
20	By a BH Professional:									0	0	0	0	0	0	0
21	By a MH Nurse:									0	0	0	0	0	0	0
22	By an Activity Technician:									0	0	0	0	0	0	0
	Group Scheduling (month)															
23	Scheduled:									0	0	0	0	0	0	0
24	Conducted:									0	0	0	0	0	0	0
25	Cancelled:									0	0	0	0	0	0	0
26	Inmates scheduled for groups:									0	0	0	0	0	0	0
27	Inmates who attended groups:									0	0	0	0	0	0	0

Groups Documented														
28	By a BH Professional:								0	0	0	0	0	0
29	By a Psychologist:								0	0	0	0	0	0
30	By an Activity Technician:								0	0	0	0	0	0
31	By a Nurse Practitioner:								0	0	0	0	0	0
32	By a MH Nurse:								0	0	0	0	0	0
33	By a Psychiatrist:								0	0	0	0	0	0
Psychotropic Medication														
34	IMs prescribed psychotropic medication (last day):								0	0	0	0	0	0
35	Inmates with active IVM orders (last day):								0	0	0	0	0	0
	Uses of force for administration (month):								0	0	0	0	0	0
36	Psychotropic Medication Reports (MH-024)								0	0	0	0	0	0
37	Emergency psychotropic medication uses (MH-27)								0	0	0	0	0	0
38	Inmates provided release medication supply:								0	0	0	0	0	0
Mental Health Referrals														
39	MH Referrals (MH-008) triaged:								0	0	0	0	0	0
	From medical staff								0	0	0	0	0	0
	From ADOC staff								0	0	0	0	0	0
	Self-referrals								0	0	0	0	0	0
Crisis Care														
Acute Suicide Watch														
40	Number of placements								0	0	0	0	0	0
41	ALOS (hours):								0	0	0	0	0	0
41	Max LOS (hours):								0	0	0	0	0	0
42	Total Hours (month)								0	0	0	0	0	0
NASW														
43	Number of placements								0	0	0	0	0	0
44	ALOS (hours):								0	0	0	0	0	0
45	Max LOS (hours):								0	0	0	0	0	0
46	Total Hours for month								0	0	0	0	0	0

	Constant Observation													
47	Number of placements							0	0	0	0	0	0	0
48	ALOS (hours):							0	0	0	0	0	0	0
49	Max LOS (hours):							0	0	0	0	0	0	0
50	Total Hours for month							0	0	0	0	0	0	0
	MHO													
51	Number of placements							0	0	0	0	0	0	0
52	ALOS (hours):							0	0	0	0	0	0	0
53	Max LOS (hours):							0	0	0	0	0	0	0
54	Total Hours for month							0	0	0	0	0	0	0
	Self-Harm													
55	Serious Suicide Attempts (month)							0	0	0	0	0	0	0
	Sent to ER							0	0	0	0	0	0	0
	Admitted to Hospital							0	0	0	0	0	0	0
	Not sent to ER							0	0	0	0	0	0	0
56	Non-suicidal self-injury (NSSI)							0	0	0	0	0	0	0
57	Deaths by suicide							0	0	0	0	0	0	0
	PREA													
58	Number of PREA reports (month)							0	0	0	0	0	0	0
	MH Assessments following PREA report							0	0	0	0	0	0	0
59	PREA Social Risk Assessments by Vendor:							0	0	0	0	0	0	0
60	PREA Social Risk Assessments completed by ADOC:							0	0	0	0	0	0	0
	Gender Dysphoria Management													
61	Inmates on Gender Dysphoria Log							0	0	0	0	0	0	0
62	Inmates Receiving Accommodations							0	0	0	0	0	0	0
63	Inmates Receiving Hormone Treatment							0	0	0	0	0	0	0
	Consultations to Disciplinary													
64	MH Consultations completed							0	0	0	0	0	0	0
	Other													
65	Use restraints for mental health purposes:							0	0	0	0	0	0	0
66	Max length of stay in restraints (hours):							0	0	0	0	0	0	0
67	Number of MH Grievances reported for the month:							0	0	0	0	0	0	0



Summary of Services

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	23-Total	Averages -Jan-Mar	Averages -April-June	Averages -July-Sept	Averages -Oct-Dec
Facility:																	
Month Reported:																	
Date Submitted:																	
Prepared By:																	
Site Administrator:																	
Date Reviewed/Finalized:																	
Total bed capacity of Facility:																	
SLU data																	
Census and MH Codes																	
1 SLU census (last day of month):								0	0	0	0	0	0				0
MH-A:								0	0	0	0	0	0				0
MH-B:								0	0	0	0	0	0				0
MH-C:								0	0	0	0	0	0				0
MH-D:								0	0	0	0	0	0				0
MH-H:								0	0	0	0	0	0				0
2 SMI:								0	0	0	0	0	0				0
3 Admissions during the month:								0	0	0	0	0	0				0
4 Discharges during the month:								0	0	0	0	0	0				0

5	Average Lenth-of-Stay (LOS) :									0	0	0	0	0	0	0
6	Maximum LOS									0	0	0	0	0	0	0
7	Number transferred to a SU or RTU:									0	0	0	0	0	0	0
8	Release from ADOC:									0	0	0	0	0	0	0
Out-of-Cell Time																
9	Number receiving 10 hrs. Structured/week (month)									0	0	0	0	0	0	0
10	Target Unit Structured Hours (month)									0	0	0	0	0	0	0
11	Provided Unit Structured Hours (month)									0	0	0	0	0	0	0
12	Number receiving 10 hrs. Unstructured/week (month)									0	0	0	0	0	0	0
13	Target Unit Unstructured Hours (month)									0	0	0	0	0	0	0
14	Provided Unit Structured Hours (month)									0	0	0	0	0	0	0
Treatment Planning																
15	Number of Treatment Teams conducted:									0	0	0	0	0	0	0
	Inmate present:									0	0	0	0	0	0	0
	Inmate not present:									0	0	0	0	0	0	0
16	Treatment Plans with security input									0	0	0	0	0	0	0
17	Treatment Plan backlog (last day of month)									0	0	0	0	0	0	0
Psychotropic Medication																
18	IMs prescribed psychotropic medication (last day):									0	0	0	0	0	0	0
19	Inmates with active IVM orders (last day):									0	0	0	0	0	0	0
	Uses of force for administration (month):									0	0	0	0	0	0	0
20	Psychotropic Medication Reports (MH-024)									0	0	0	0	0	0	0
21	Emergency psychotropic medication uses (MH-27)									0	0	0	0	0	0	0
22	Inmates provided release medication supply:									0	0	0	0	0	0	0
Crisis Care (for month)																
Acute Suicide Watch																
23	Number of placements									0	0	0	0	0	0	0
24	ALOS (hours):									0	0	0	0	0	0	0
25	Max LOS (hours):									0	0	0	0	0	0	0

26	Total Hours for month								0	0	0	0	0	0	0
	NASW														
27	Number of placements								0	0	0	0	0	0	0
28	ALOS (hours):								0	0	0	0	0	0	0
29	Max LOS (hours):								0	0	0	0	0	0	0
30	Total Hours for month								0	0	0	0	0	0	0
	Constant Observation														
31	Number of placements								0	0	0	0	0	0	0
32	ALOS (hours):								0	0	0	0	0	0	0
33	Max LOS (hours):								0	0	0	0	0	0	0
34	Total Hours for month								0	0	0	0	0	0	0
	MHO														
35	Number of placements								0	0	0	0	0	0	0
36	ALOS (hours):								0	0	0	0	0	0	0
37	Max LOS (hours):								0	0	0	0	0	0	0
38	Total Hours (month):								0	0	0	0	0	0	0
	Other														
39	Transfers to another Facility for Safe Cell (month):								0	0	0	0	0	0	0
40	Total crisis placements (month)								0	0	0	0	0	0	0
41	Number ≥ 168 hours								0	0	0	0	0	0	0
42	Number ≥ 240 hours								0	0	0	0	0	0	0
43	Roundtables (cases reviewed during month)								0	0	0	0	0	0	0
44	Inmates with multiple SW placements (month)								0	0	0	0	0	0	0
	Self-Harm														
45	Serious Suicide Attempts (month)								0	0	0	0	0	0	0
	Sent to ER								0	0	0	0	0	0	0
	Admitted to Hospital								0	0	0	0	0	0	0
	Not sent to ER								0	0	0	0	0	0	0
46	Non-suicidal self-injury (NSSI)								0	0	0	0	0	0	0
47	Deaths by suicide								0	0	0	0	0	0	0

Individual Clinical Contacts Documented														
48	By a Psychiatrist:								0	0	0	0	0	0
49	Documented contacts by a MH Nurse Practitioner								0	0	0	0	0	0
50	By a Psychologist								0	0	0	0	0	0
51	By a BH Professional:								0	0	0	0	0	0
52	By a Nurse:								0	0	0	0	0	0
53	By a Activity Technician:								0	0	0	0	0	0
Groups Scheduling (month)														
54	Scheduled:								0	0	0	0	0	0
55	Conducted :								0	0	0	0	0	0
56	Cancelled :								0	0	0	0	0	0
57	Inmates scheduled for groups								0	0	0	0	0	0
58	Inmates who attended groups:								0	0	0	0	0	0
Groups Documented (month)														
59	By a BH Professional:								0	0	0	0	0	0
60	By a Psychologist:								0	0	0	0	0	0
61	By an Activity Technician:								0	0	0	0	0	0
62	By a MH Nurse Practitioner								0	0	0	0	0	0
63	By a MH Nurse								0	0	0	0	0	0
64	By a Psychiatrist:								0	0	0	0	0	0
Mental Health Referrals														
65	MH Referrals (MH-008) triaged:								0	0	0	0	0	0
	From medical staff								0	0	0	0	0	0
	From ADOC staff								0	0	0	0	0	0
	Self-referrals								0	0	0	0	0	0
PREA														
66	Number of PREA reports (month)								0	0	0	0	0	0
	MH Assessments following PREA report								0	0	0	0	0	0
67	PREA Social Risk Assessments by Vendor:								0	0	0	0	0	0
68	PREA Social Risk Assessments completed by ADOC:								0	0	0	0	0	0

	Gender Dysphoria Management														
69	Inmates on Gender Dysphoria Log							0	0	0	0	0	0	0	0
70	Inmates Receiving Accommodations							0	0	0	0	0	0	0	0
71	Inmates Receiving Hormone Treatment							0	0	0	0	0	0	0	0
	Consultations to Disciplinary														
75	MH Consultations completed							0	0	0	0	0	0	0	0
	Other														
76	Number of MH Grievances reported for the month:							0	0	0	0	0	0	0	0



Summary of Services

		Bibb	Bullock	Donaldson	Easterling	Fountain	Holman	Kilby	Limestone	St. Clair	Tutwiler	Ventress	23-Total
Facility:													
Month Reported:													
Date Submitted:													
Prepared By:													
Site Administrator:													
Date Reviewed/Finalized:													
Facility Census:													
RHU data													
Census, Crisis and Transfers													
1	MH-A (last day of month):	0	0	0	0	0	0	0	0	0	0	0	0
	MH-B:	0	0	0	0	0	0	0	0	0	0	0	0
	MH-C:	0	0	0	0	0	0	0	0	0	0	0	0
	MH-H:	0	0	0	0	0	0	0	0	0	0	0	0
2	SMI:	0	0	0	0	0	0	0	0	0	0	0	0
3	MH code Not Assigned:	0	0	0	0	0	0	0	0	0	0	0	0
RHU Placement, Assessment and Monitoring													
4	Pre-placement screens completed (month):	0	0	0	0	0	0	0	0	0	0	0	0
5	Initial MH Assessments	0	0	0	0	0	0	0	0	0	0	0	0
6	30-day f/u MH Assessments	0	0	0	0	0	0	0	0	0	0	0	0
7	90-day f/u MH Assessments	0	0	0	0	0	0	0	0	0	0	0	0
8	MH Rounds by Vendor	0	0	0	0	0	0	0	0	0	0	0	0
9	MH Rounds by Psychological Associate	0	0	0	0	0	0	0	0	0	0	0	0
10	Removed for mental health reasons:	0	0	0	0	0	0	0	0	0	0	0	0
	Crisis Placements from RHU:	0	0	0	0	0	0	0	0	0	0	0	0

	Out-of-Cell Time											
11	Number SMI in RHU for safety/security > 72 hours	0	0	0	0	0	0	0	0	0	0	0
	Treatment Planning											
12	Number of Treatment Teams conducted:	0	0	0	0	0	0	0	0	0	0	0
	Inmate present:	0	0	0	0	0	0	0	0	0	0	0
	Inmate not present:	0	0	0	0	0	0	0	0	0	0	0
13	Treatment Plans with security input	0	0	0	0	0	0	0	0	0	0	0
14	Treatment Plan backlog (last day of month)	0	0	0	0	0	0	0	0	0	0	0
	Self-Harm											
15	Serious Suicide Attempts (month)	0	0	0	0	0	0	0	0	0	0	0
16	Non-suicidal self-injury (NSSI)	0	0	0	0	0	0	0	0	0	0	0
17	Deaths by suicide	0	0	0	0	0	0	0	0	0	0	0
	Individual Clinical Contacts Documented											
18	By a Psychiatrist:	0	0	0	0	0	0	0	0	0	0	0
19	By a MH Nurse Practitioner	0	0	0	0	0	0	0	0	0	0	0
20	By a Psychologist	0	0	0	0	0	0	0	0	0	0	0
21	By a BH Professional:	0	0	0	0	0	0	0	0	0	0	0
22	By a MH Nurse:	0	0	0	0	0	0	0	0	0	0	0
	Group Scheduling (month)											
23	Scheduled:	0	0	0	0	0	0	0	0	0	0	0
24	Conducted:	0	0	0	0	0	0	0	0	0	0	0
25	Cancelled:	0	0	0	0	0	0	0	0	0	0	0
26	Inmates scheduled for groups:	0	0	0	0	0	0	0	0	0	0	0
27	Inmates who attended groups:	0	0	0	0	0	0	0	0	0	0	0
	Groups Documented (month)											
28	By a BH Professional:	0	0	0	0	0	0	0	0	0	0	0
29	By a Psychologist:	0	0	0	0	0	0	0	0	0	0	0
30	By an Activity Technician:	0	0	0	0	0	0	0	0	0	0	0
31	By a MH Nurse:	0	0	0	0	0	0	0	0	0	0	0

	Psychotropic Medication (last day of month)												
32	IMs prescribed psychotropic medication (last day):	0	0	0	0	0	0	0	0	0	0	0	0
33	Inmates with active IVM orders (last day):	0	0	0	0	0	0	0	0	0	0	0	0
	Uses of force for administration (month):	0	0	0	0	0	0	0	0	0	0	0	0
34	Psychotropic Medication Reports (MH-024)	0	0	0	0	0	0	0	0	0	0	0	0
35	Emergency psychotropic medication uses (MH-27)	0	0	0	0	0	0	0	0	0	0	0	0
36	Inmates provided release medication supply:	0	0	0	0	0	0	0	0	0	0	0	0
	Gender Dysphoria Management												
37	Inmates on Gender Dysphoria Log	0	0	0	0	0	0	0	0	0	0	0	0
38	Inmates Receiving Accommodations	0	0	0	0	0	0	0	0	0	0	0	0
39	Inmates Receiving Hormone Treatment	0	0	0	0	0	0	0	0	0	0	0	0
	Consultations to Disciplinary												
40	MH Consultations completed	0	0	0	0	0	0	0	0	0	0	0	0
	Other												
41	Number of MH Grievances reported for the month:	0	0	0	0	0	0	0	0	0	0	0	0

ALABAMA DEPARTMENT OF CORRECTIONS



Monthly Report of Psychological Associates/Psychologist Activities

Facility: _____ Month/Year: _____

1. Psycho-Educational Groups Conducted: (Please list all totals for the month of the report.)

Name of Group	# of Sessions Planned per Month	# Scheduled for Group	# Attended Group/# on MH CSLD	# of Sessions Cancelled
SKILLS FOR LIVING				
COGNITIVE SKILLS				
EMOTIONAL CONTROL				
SOCIAL/COPING SKILLS				
OTHER				
TOTALS:				

2. Assessments Completed:

	# Completed	# Referred
a. Beta's Completed		
b. SHA's Completed		
Initial:		
Re-evaluation/ Update:		
Finalized/Not Finalized:	/	
c. WRAT-4 Reading Level		
d. MMPI's Completed		
e. PREA Risk Assessments		
f. Safety Plans		

ALABAMA DEPARTMENT OF CORRECTIONS



Monthly Report of Psychological Associates/Psychologist Activities

3. **Referrals:** (Please list the number of each function completed for the month.)

	# Completed
ADA Coordinator	
PREA (IPCM)	
Mental Health Vendor	
Classification	
• Parole denied (evaluation and follow-up)	
Medical	
Other	

4. **Other duties performed for current month including professional training:**

	Number
Inmate Orientation	
RHU Rounds	
MH-A Consultation	
General Population MH-A Consultation	
EEO duties	
EAP duties	
Boards	
• RHU	
• SLU	
• Job	
Discharge/Parole/EOS Placements	
Classification Progress Reviews	
Professional Trainings (list)	
•	
•	

5. **Releases:**

	# Completed
a. Number of Inmates Who Reached Their E.O.S. Date:	
b. Number of Inmates Who Were Paroled:	
c. Number of Inmates Completing Pre-Release Program:	
d. Mandatory Releases	

Psychological Associate/ Psychologist

Date

Warden

Date

