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JEFFERSON S. DUNN
COMMISSIONER

March 7, 2016

TO: WARDENS
DIVISION DIRECTORS
HEADS OF STATE AGENCIES
ADMINISTRATIVE REGULATION MONITORS

CHANGE #1
ADMINISTRATIVE REGULATION 613

MENTAL HEALTH CODING AND TRACKING OF INMATES

PURPOSE: To change the Office of Primary Responsibility and to update procedures to reflect current practices.

CHANGES TO BE MADE:

Reference:

AR 613, *Mental Health Coding and Tracking of Inmates*, dated March 30, 2006.

Action Required:

OPR: Delete Treatment and replace with Health Services

V. Procedures, B Delete this statement:

There are seven possible mental health codes:

Replace with this statement:

There are twelve possible mental health codes:

Delete the table: Alabama Department of Corrections Mental Health Classifications

Replace with the attached table: Alabama Department of Corrections Mental Health Classifications, Revised: October 2015

V. *Procedures, C*

Delete this paragraph:

The ADOC Psychology staff will note the inmate's mental health code on ADOC Form MH-015, *Psychological Evaluation*, or Form MH-014, *Psychological Evaluation Update*. The ADOC Psychology staff will defer to the mental health code previously assigned by the Psychiatrist when available.

IX. *Performance, B*

Delete this sentence:

The National Commission on Correctional Health Care: *Standards for Health Services in Prisons*, 2003.

Replace with this sentence:

The National Commission on Correctional Health Care: *Standards for Health Services in Prisons*, 2014.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.



Jefferson S. Dunn
Commissioner

| Alabama Department of Corrections Mental Health Classifications | | |
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| Classification Levels | Description and Care Provided | Housing |
| MH-0 | <ol style="list-style-type: none"> 1. No identified need for mental health assistance. 2. Receives crisis intervention services when indicated. 3. Can participate in ADOC programs as available. 4. No past history of a Serious Mental Illness (SMI) | May transfer anywhere in or out of state |
| MH-1 | <ol style="list-style-type: none"> 1. Mild impairment in mental health functioning, such as depressed mood or insomnia. 2. Monitored due to discontinuation of psychotropic medication. 3. Outpatient services. 4. Can participate in ADOC programs as available. 5. Eligible for Keep on Person (KOP) program. 6. Requires multidisciplinary treatment plan. | <p>Clear to transfer to and within any ADOC operated Institution.</p> <p>On no mental health medication.</p> |
| MH-1-a | <ol style="list-style-type: none"> 1. Stable in an out-patient setting for at least the past 3 months; Rx anti-depressants/anti-psychotic 2. Inmate is stable with treatment provided on an outpatient basis to include counseling, activities, and/or psychotropic medication. 3. Can participate in ADOC programs as available. 4. Eligible for Keep on Person (KOP) program. 5. Requires multidisciplinary treatment plan. | <p>Clear to transfer to an ADOC Community Work Center.</p> <p>Clear to transfer to and within any ADOC operated Institution.</p> |
| MH-1-b | <ol style="list-style-type: none"> 1. Stable in an out-patient setting for at least the past 6 months; Rx anti-depressants/anti-psychotic 2. Inmate is stable with treatment provided on an outpatient basis to include counseling, activities, and/or psychotropic medication. 3. Can participate in ADOC programs as available. 4. Eligible for Keep on Person (KOP) program. 5. Requires multidisciplinary treatment plan. | <p>Clear to transfer to an ADOC Work Release.</p> <p>Clear to transfer to and within any ADOC operated Institution.</p> |
| MH-1-c | <ol style="list-style-type: none"> 1. Stable but not KOP medication eligible; anti-psychotic injection. 2. Inmate is stable with treatment provided on an outpatient basis to include counseling, activities, and/or psychotropic medication. 3. Can participate in ADOC programs as available. 4. Not eligible for Keep on Person (KOP) program. 5. Requires multidisciplinary treatment plan. | Clear to transfer to and within any ADOC operated Major Institution <u>with</u> a 24/7 Health Care Unit on-site. |

Revised: October 2015

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| MH-2 | <ol style="list-style-type: none"> 1. Mild impairment in mental health functioning, such as depressed mood or insomnia. 2. Monitored due to discontinuation of psychotropic medication. 3. Self-injury history of current clinical concern. 4. Inmate is not stable with treatment provided on an outpatient basis to include counseling, activities, and/or psychotropic medication. 5. Can participate in ADOC programs as available. 6. Requires multidisciplinary treatment plan. | Clear to transfer to and within any ADOC operated Institution <u>with a 24/7 health care unit on-site</u> |
| MH-3 | <ol style="list-style-type: none"> 1. Moderate impairment in mental functioning, such as difficulty in social situations and/or poor behavioral control. 2. At risk if assigned to the general population. 3. Structured treatment program includes counseling, activities, and/or psychotropic medication. 4. Requires multidisciplinary treatment plan. | House in ADOC Residential Treatment Unit; Open dorm; RTU levels 3 and 4 |
| MH-3-a | <ol style="list-style-type: none"> 1. Moderate impairment in mental functioning, such as difficulty in social situations and/or poor behavioral control. 2. At risk if assigned to the general population. 3. Structured treatment program includes counseling, activities, and/or psychotropic medication. 4. Requires multidisciplinary treatment plan | House in ADOC Residential Treatment Unit; <u>Closed</u> dorm; RTU levels 1 and 2 |
| MH-4 | <ol style="list-style-type: none"> 1. Severe impairment in mental functioning, such as suicidal ideation and/or poor reality testing. 2. Unable to adjust in the general population. 3. Limited ability to attend treatment and activity. 4. Ancillary services, such as special education, are provided in the residential treatment unit. 5. Requires psychotropic medication for continued stabilization. 6. Requires an escort when moving through the institution. 7. Requires multidisciplinary treatment plan. | House in ADOC Residential Treatment Unit; <u>Closed</u> dorm |
| MH-5 | <ol style="list-style-type: none"> 1. Severe impairment in mental functioning, such as delusions, hallucinations, or inability to function in most areas of daily living. 2. Requires more intensive psychopharmacological interventions. 3. Treatment includes observation and monitoring. 4. Infirmity-level care is needed. 5. Requires multidisciplinary treatment plan. | House in Intensive Psychiatric Stabilization Unit; Males: Bullock CSU; Females: Tutwiler CSU) |

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| <p>MH-6</p> | <ol style="list-style-type: none"> 1. Severe debilitating symptoms, such as persistent danger of hurting self or others, recurrent violence, inability to maintain minimal personal hygiene, or gross impairment in communication. 2. Cannot safely and/or adequately be treated in an Intensive Stabilization or Health Care Unit. 3. This code is effective once an inmate is referred to the commitment process. | <p>House in Intensive Stabilization Unit or Free-World Hospital Services</p> |
| <p>MH-9</p> | <ol style="list-style-type: none"> 1. Do not transfer from the institution housing the inmate who is coded as an MH-9 until further notice. 2. Code MH-9 can only be changed by the Chief Clinical Psychologist and/or under collaboration with the Associate Commissioner of Health Services and the Chief Psychiatrist of the vendor. | <p>Mental Health Hold invoked; Do <u>not</u> transfer from housing assignment</p> |