

Interim Agreement Regarding Suicide Prevention Measures

As an interim agreement (the “Agreement”) resolving the issues regarding suicide prevention measures raised in Plaintiffs’ Motion for Temporary Restraining Order (Doc. No. 1075), the Alabama Department of Corrections shall implement the following measures in a timely and prompt manner prior to the agreed-upon assessment of ADOC facilities and operations related to suicide prevention by a mutually agreed-upon assessor or monitor, which will be the subject of continuing discussions among Commissioner Dunn, Associate Commissioner Naglich, the Plaintiff Class and Alabama Disabilities Advocacy Program (collectively “the Parties”). The below measures will be reassessed upon completion of the assessor/monitor’s assessment, and may be modified with the agreement of the parties at that time.

1. Licensed Mental Health Professionals (“MHPs”)¹ will be hired for the mental health program in ADOC. Each Major Facility² will have at least one full time (1 FTE) licensed MHP, and the treatment hubs—Bullock, Donaldson, and Tutwiler—will have at least two (2 FTEs) licensed MHPs. There will be two (2) licensed MHPs on site for at least 8 hours per day every business day at each treatment hub. There will be at least one (1) MHP at each treatment hub on the weekends and holidays.
2. Any employee of ADOC, MHM, or Corizon (or any other contractor retained to provide medical or mental health care in ADOC facilities) may present a person to mental health or medical staff for assessment for suicide watch. Whoever places a person on watch must notify appropriate MHM staff. If the person is identified when no MHM staff is on site, the appropriate MHM on-call staff must be notified.
3. Upon being presented to mental health or medical staff for assessment for suicide watch, each person will be maintained under “constant watch”³ at least until they have been evaluated as described in No. 4 below.
4. After a person’s initial placement on suicide watch and referral for mental health evaluation, each person will be evaluated using the MHM suicide risk assessment to determine if the individual is “acutely suicidal” or “nonacutely suicidal,” as these terms

¹ A Licensed Mental Health Professional means any individual who has satisfied the licensing requirements promulgated by the Alabama Board of Examiners in Counseling, Ala. Admin. Code Section 255-X-3-.01 *et seq.* and currently holds a valid license from the Alabama Board of Examiners in Counseling.

² A Major Facility is defined as all ADOC facilities except any designated community based facility (“work release”) or community work center.

³ “Constant watch” as used in this Agreement is a procedure that ensures one-on-one visual contact at all times, except to the extent that the physical design allows an observer to maintain an unobstructed line of sight with no more than two people on suicide watch at once. At all times, there will be a person designated in writing with responsibility for maintaining constant watch. Upon transfer of the watch responsibility from one person to another, the transfer will be documented.

are defined in the National Commission on Correctional Health Care standard MH-G-04. These evaluations will be conducted out of cell and in a confidential setting.

- a. Licensed psychiatrists or licensed psychologists may conduct these evaluations either in person or by telepsychiatry. In the event that they are conducted by telepsychiatry, the person being evaluated will be in a room with a mental health professional (licensed or otherwise), psychological associate (licensed or otherwise), or Certified Registered Nurse Practitioner (“CRNP”).
 - b. CRNPs may conduct these evaluations but only if they are conducted in person. Upon conducting any such evaluation, a CRNP must confirm their assessment with a psychiatrist or psychologist either in person, by telepsychiatry, or over the phone. The psychiatrist or psychologist must be provided with and review the risk assessment and the notes of the mental health evaluations and counseling that have been conducted in the past 14 days.
 - c. Once the licensed MHPs are in place at each facility, they may conduct these evaluations but only if they are conducted in person and confirmed with a psychiatrist or psychologist as described in 4.b. above.
 - d. Prior to conducting any such evaluations, licensed MHPs and CRNPs must complete a training on suicide prevention, assessing suicidality, and procedures of suicide watch. This training must be approved by Associate Commissioner Ruth Naglich, Dr. David Tytell, Dr. Robert Hunter, Dr. Charles Woodley (or any subsequent replacements), and the agreed-upon monitor or Plaintiffs’ experts if the agreed-upon monitor has not yet been retained.
5. Any person who is determined to be acutely suicidal shall be monitored through a constant watch procedure.
 6. Any person who is determined to be nonacutely suicidal shall be monitored through a close watch procedure that ensures monitoring by ADOC staff at staggered intervals not to exceed every 15 minutes.
 7. Both constant watch and close watch shall be contemporaneously documented at staggered intervals not to exceed 15 minutes on a record maintained on each individual cell door. Upon discharge from suicide watch, these records will be maintained in a facility-based suicide watch log and in the individual prisoner’s medical record.
 8. ADOC Administrative Regulation 630, which currently mandates 15-minute intervals for monitoring on suicide watch will be revised to reflect the constant watch process and the staggered 15-minute monitoring for persons deemed nonacutely suicidal.
 9. All risk assessments shall be forwarded to Dr. Robert Hunter and Dr. David Tytell (or any subsequent replacement), who will conduct monthly evaluations of completed suicide risk assessments and issue immediate corrective actions and training if necessary based on the review of those evaluations.
 10. A person may be discharged from suicide watch following an out of cell, confidential evaluation according to the following terms.

- a. Licensed psychiatrists or licensed psychologists may conduct these evaluations either in person or by telepsychiatry. In the event that they are conducted by telepsychiatry, the person being evaluated will be in a room with a mental health professional (licensed or otherwise), psychological associate (licensed or otherwise), or CRNP.
 - b. CRNPs may conduct these evaluations but only if they are conducted in person. Upon conducting any such evaluation, a CRNP must confirm their assessment with a psychiatrist or psychologist either in person, by telepsychiatry, or over the phone. The psychiatrist or psychologist must be provided with and review the risk assessment and the notes of the mental health evaluations and counseling that have been conducted in the past 14 days.
 - c. Once the licensed MHPs are in place at each facility, they may conduct these evaluations but only if they are conducted in person and confirmed with a psychiatrist or psychologist as described in 9.b. above.
 - d. A person may not be discharged from suicide watch via telepsychiatry until the person conducting the evaluation has sought input from the MHP or counselor who has been primarily responsible for providing mental health services to the person on suicide watch, except in exceptional circumstances, which shall be documented.
 - e. Prior to conducting any such evaluations, licensed MHPs and CRNPs must complete a training on suicide prevention, assessing suicidality, and procedures of suicide watch. This training must be approved by Associate Commissioner Ruth Naglich, Dr. David Tytell, Dr. Robert Hunter, Dr. Charles Woodley (or any subsequent replacements), and the agreed-upon monitor or Plaintiffs' experts if the agreed-upon monitor has not yet been retained.
 - f. Each patient placed on constant watch will be reduced to a close watch prior to release from suicide watch.
11. Upon release from suicide watch, each person will have at least three follow-up examinations by mental health staff. The first follow-up examination will occur within three calendar days of the release from suicide watch. The second follow-up examination will occur within seven calendar days of the release from suicide watch. The third follow-up examination will occur within 30 days of the release. The first two follow-ups will occur within the stated timeframe, regardless of the day of the week. If 30 days from release falls on a weekend, the 30-day follow-up can take place during the following work week.
- a. The follow-up examinations described in paragraph 10 will be conducted out of cell and in a confidential setting. The follow-up examinations do not take the place of otherwise scheduled mental health appointments, though they may occur in connection with or contiguous with such appointments. The mental health staff conducting the follow-up examinations shall assess whether the person released

from suicide watch is showing signs of on-going crisis, whether the person needs further follow-up examinations, and whether the person should be added to the mental health caseload or assigned a different mental health code.

- b. Licensed psychiatrists or licensed psychologists may conduct these follow-up examinations either in person or via telepsychiatry. In the event that the follow-up examinations are conducted via telepsychiatry, the person being evaluated will be in a room with a mental health professional (licensed or otherwise), psychological associate (licensed or otherwise), or CRNP.
 - c. CRNPs may conduct these follow-up examinations but only if they are conducted in person. Upon conducting any such evaluation, a CRNP must confirm their assessment with a psychiatrist or psychologist either in person, via telepsychiatry, or over the telephone. The psychiatrist or psychologist must be provided with and review the risk assessment and the notes of the mental health evaluations and counseling that have been conducted in the past 14 days.
 - d. Once the licensed MHPs are in place at each facility, they may conduct these follow-up examinations but only if they are conducted in person and confirmed with a psychiatrist or psychologist as described in 10.b. above.
 - e. Prior to conducting any such follow-up examinations, licensed MHPs and CRNPs must complete a training on suicide prevention, assessing suicidality, and procedures of suicide watch. This training must be approved by Associate Commissioner Ruth Naglich, Dr. David Tytell, Dr. Robert Hunter, Dr. Charles Woodley (or any subsequent replacements), and the agreed-upon monitor or Plaintiffs' experts if the agreed-upon monitor has not yet been retained.
12. ADOC leadership at the warden level or higher shall issue an order by January 11, 2017 at the latest that mental health staff, including contract mental health staff and ADOC psychologists or psychological associates, conduct mental health rounds or Segregation Board rounds at least five times each week as required by Admin. Reg. 624.
 13. Mental health staff conducting mental health rounds for suicide watch shall contemporaneously document rounds on each individual cell door. Upon discharge from the unit, these records will be maintained in a facility-based mental health rounds log and in the individual prisoner's medical record.
 14. ADOC shall provide statistical reports on a monthly basis to the Court and Plaintiffs' counsel regarding the number of people on suicide watch delineated by "acutely suicidal" and "nonacutely suicidal"; the number of people discharged from suicide watch delineated by discharge to the SU, to segregation, to the RTU, and to general population; any transfers at the start or completion of suicide watch; the location (by facility and cell) of each person on suicide watch; the duration of each person's confinement on suicide watch; and any completed suicides. These reports for December 2016 will be provided on January 15, 2017. Subsequent monthly reports shall be provided on the 15th of each month. If the 15th falls on a weekend or holiday, the reports will be provided on the

following business day. In addition, on a bimonthly basis, ADOC shall provide to the Court and Plaintiffs' counsel copies of the records documenting the watch monitoring for each suicide watch. The copies for December 21 through December 31, 2016 shall be provided by January 15, 2017. The copies from January 1 through January 15 shall be provided by January 31, 2017. Subsequent copies shall be provided on the 15th and last day of each month. If the 15th or last day of the month falls on a weekend or holiday, the reports will be provided on the following business day. Should the information provided raise concerns, Plaintiffs' counsel shall notify ADOC and the Parties will meet and confer regarding the concerns. If unable to resolve the concerns through the meet and confer process, the Parties will jointly attempt to resolve any disagreements and/or concerns before Judge Ott, who may direct the production of documents or provision of additional information, as he deems appropriate and/or necessary.

15. The above-referenced terms and conditions reflect a voluntary interim agreement reached by the parties in this action and, in exchange for the terms and conditions of this Agreement, Plaintiffs will move to withdraw the Motion for Temporary Restraining Order *without prejudice* and expressly reserving the right to re-file and/or seek additional relief at any point in the future.