

SUICIDE PREVENTION MEASURES

1. STAFFING.

1.1. The Alabama Department of Corrections (“ADOC”) will modify the contract with its healthcare services vendor consistent with the Notice of Filing of Status of Negotiations and Agreements filed herewith.

1.2. Each ADOC major facility¹ will have at least one (1) full-time equivalent (“FTE”) licensed Mental Health Professional (“MHP”). Each treatment hub—Bullock Correctional Facility, Donaldson Correctional Facility, and Tutwiler Prison for Women—will have at least two (2) FTE MHPs. Each treatment hub will have two (2) MHPs on-site for at least eight (8) hours per day every business day, and at least one (1) MHP on the weekends and holidays.

1.3. An Associate Licensed Counselor (“ALC”) shall be employed in accordance with the June 10, 2019 Order.

2.2.

approved by a previously trained mental-health

2.3. Within two (2) years of the E

² and every two (2) years thereafter during this Agreement, a psychiatrist or psychologist as to CRNPs and psychiatrist, psychologist, or CRNP as to MHPs will review the documentation for three (3) suicide risk assessments and

¹ “ADOC major facility

observe as the CRNP or MHP conducts one (1) suicide risk assessment. If the CRNP's or MHP's reviewer determines, or if a supervisor otherwise separately determines, that the CRNP or MHP did not accurately, completely, or appropriately document and exercise reasonable clinical judgment

2.9.3. Observers will receive additional training on general curriculum related to observation obligations, access to medical, mental-health, and correctional staff, and conflict resolution, along with facility-specific processes and procedures (including the method of accessing assistance in an emergency, obtaining observation relief for a break, and communicating with supervisory staff during nontypical work hours.

2.9.4.

immediately respond to a suicide threat with efforts to interrupt the behavior or attempt.

4.2. Immediate life-saving measures will be performed by ADOC or vendor staff as soon as there are two (2) correctional officers present and will continue until either paramedics arrive and assume care or a physician declares such measures are no longer necessary.

4.3. Each ADOC major facility must maintain an appropriate cut-down tool in each housing unit.

4.4. Unless medically contraindicated and when ADOC staff may safely proceed, after intervention during a suicide attempt, an inmate will be moved to the medical or healthcare unit at the ADOC major facility for access to appropriate medical equipment and privacy.

4.5. If an inmate dies as a result of a suicide attempt, then his or her body must be moved to a private area outside of any occupied housing unit and outside the view of other inmates.

4.6. Consistent with section V.J. of Administrative Regulation 629, ADOC and/or its vendor will debrief staff and inmates after a completed or life-threatening attempted suicide.

4.7. Consistent with the Second Amended Stipulation on Disciplinary Sanctions and Administration Regulation 403 (as amended) (doc. 2433-1), inmates will not be disciplined for engaging in or reporting self-harm. (Doc. 2433-1 at §§ 1.a., b.). “Conduct directly related to self-injurious behavior” includes but is not limited to: engaging in self-harm; attempting suicide; possessing tools or instruments, such as razors, other sharp objects, and rope, for the purpose of using them to engage in self-harm; destroying prop

indicate the reason for the interaction, including, for example, where the interaction resulted from a mental-health referral. (Doc. 1865-1 at § 4.1.3.4).

5.6. Suicide watch cells will not be designated as a RHU. A suicidal inmate should not be handcuffed before placement on suicide watch, unless the inmate's security level requires it or he or she is engaged in serious disruptive and dangerous activity that makes it unsafe to bring the inmate out-of-cell without mechanical restraints.

6. EVALUATION.

6.1. Before an inmate is placed on suicide watch, he or she must be examined by a nurse and a body chart completed.

6.2. After an inmate's initial placement on constant observation, triage by a triage nurse, and referral for mental-health evaluation, each inmate must be evaluated using a suicide risk assessment to determine if the individual is not suicidal or is "acutely suicidal" or "nonacutely suicidal," as these terms are defined in the National Commission on Correctional Health Care standard MH-G-04.

6.3. Consistent with section 1.2 of the Phase 2A Order and Injunction on Mental-Health Psychotherapy and Confidentiality Remedy (doc. 1899-1, the "Psychotherapy Order

Upon discharge from suicide watch, these records will be maintained in the individual inmate's medical record.

7.4. MHO will not be used for suicide watch.

7.5. Suicide watch cells shall be considered suicide resistant if they meet the requirements set forth in section III(B) of the ADA Report.

7.6. No later than 180 days from the Effective Date, ADOC will determine, in collaboration with Dr. Mary Perrien, the appropriate number of suicide resistant cells for each ADOC major facility. The number of suicide resistant cells for each ADOC major facility will be subject to the approval of the mental health monitor or, if there is not yet a mental health monitor, Plaintiffs' expert.

7.7. ADOC shall establish suicide resistant cells for each ADOC major facility within the time period set forth in the ADA Report. ADOC shall establish suicide resistant cells for each ADOC major facility within the time period set forth in the ADA Report. ADOC shall establish suicide resistant cells for each ADOC major facility within the time period set forth in the ADA Report.

9.1.4. Within the timeframes set forth in sections 2.1 and 2.3 above, licensed MHPs and CRNPs must complete a training on suicide prevention, assessing suicidality, and procedures of suicide watch.

9.1.5.

evaluate an inmate's need for a higher level of mental-health care. (Doc. 1815-1 at 1-6).

10.4.2. If an inmate's RHU placement continues after a periodic mental-health assessment, then the clinical rationale for his or her continued placement will be included on Mental Health Assessment/Report form.

10.4.3. If an inmate in a RHU has a SMI or a psychiatrist, psychologist, CRNP, or MHP determines his or her continued placement in the RHU is contraindicated, then that inmate will be transferred to a Structured Living Unit ("SLU"). An inmate with a SMI will take priority over an inmate without a SMI.

10.5. Inmates admitted to suicide watch must be considered for placement on the mental-health caseload. If an inmate admitted to suicide watch is not placed on the mental-health caseload, then the clinical rationale must be documented in the inmate's medical chart. Inmates placed on the mental-health caseload will have access to mental-health services consistent with the Treatment Planning Order and the Psychotherapy Order.

10.6. Each inmate on suicide watch will have shower shoes or other footwear for movement outside his or her suicide watch cell. Unless clinically indicated otherwise, inmates on suicide watch will:

10.6.1. have a regular meal offered on a silicone or pressed cardboard tray with a thumb-handle miniature spork or a paper / cardboard eating utensil if the inmate has misused regular cutlery on suicide watch. If a sack meal is necessary, then a menu with items approved by a dietician for nutritional content and variation must be provided. Sack meals will be provided only so long as necessary to manage an inmate with acute suicide risk;

10.6.2. be allowed to use flexible thumbprint, flexible finger, or similar toothbrushes that will be returned after each use twice daily, or no-shank fingertip toothbrushes that will be maintained in individual containers or bags for later use;

10.6.3. be allowed shampoo, hair combs or brushes, hair grease, lotion, and feminine hygiene products;

10.6.4. receive the same privileges (e.g., visits, phone calls, mail) afforded by the inmate's last housing assignment (e.g., population, RHU);

10.6.5. be provided socks to wear inside the suicide watch cell.

10.7. Suicide watch cells must be cleaned between inmate admissions to eliminate biohazards and control infectious diseases.

10.8. The following provisions apply to all suicide watch follow-up examinations:

10.8.1. Mental health staff shall conduct four (4) suicide watch follow-up examinations, one on each of the first three days following discharge from

suicide watch, and the fourth on a day set by ADOC in consultation with Dr. Perrien. No discharge and transfer of an inmate from suicide watch to another institution for ten (10) days, except for a return of an inmate from suicide watch to his sending institution or another non-significant transfer prior to the commencement of the follow-up examinations, without restarting the four (4) follow ups. For example, an inmate transferred from Holman to Fountain for suicide watch may return to Holman on the date of his discharge from suicide watch at Fountain. After completion of the four (4) follow-ups, an inmate may be transferred to any ADOC facility without any further need for suicide watch follow-ups, unless clinically indicated.

- 10.8.2. Each follow-up examination will be conducted out-of-cell in a confidential setting, unless such an examination is not possible due to documented clinical concerns resulting in the inmate being transferred to a higher level of care;
- 10.8.3. 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 inmate released from suicide watch is showing signs of ongoing crisis, whether the inmate needs further follow-up examinations, and whether the inmate should be added to the mental health caseload or assigned a different mental health code.
- 10.8.4. Licensed psychiatrists or licensed psychologists may conduct these follow-up examinations either in person or via telepsychiatry with a licensed MHP or CRNP in the room.
- 10.8.5. CRNPs may conduct these follow-up examinations but only if they are conducted in person.
- 10.8.6. Licensed MHPs may conduct these follow-up examinations but only if they are conducted in person.
- 10.8.7. Within the timeframes set forth in sections 2.1 and 2.3 above, licensed MHPs and CRNPs must complete the training on suicide prevention, assessing suicidality, and procedures of suicide watch.

11. POLICIES.

11.1. No later than nine (9) months after the Effective Date, ADOC will publish, promulgate, and maintain a single authoritative set of comprehensive policies and procedures related to the provision of mental-health services provided to the inmate population, including, for example, policies and procedures related to suicide prevention and suicide-prevention-related oversight.

11.2. No later than nine (9) months after the Effective Date, ADOC will update its Inmate Handbooks consistent with this Agreement.

11.3. ADOC's will mandate that the provision of mental-health services by any third-

party vendor comply with the its policies and procedures and other standards as may be defined in the administrative regulations, directives, policies and procedures published by ADOC.

12. MONITORING.

12.1. Correctional: From the Effective Date until appointment of an External Compliance Team, ADOC will provide seven (7) continuous days of records from three (3) restrictive housing units selected by Plaintiffs' counsel related to 30-minutes security checks in those restrictive housing units. For purposes of this agreement, a restrictive housing unit is a lettered housing unit or, where applicable, a separately denominated section of a restrictive housing unit. For example, at St. Clair, Unit C is divided into C1 and C2, and therefore a single restrictive housing unit is C1. Plaintiffs' counsel will identify the days and restrictive housing units no later than the last day of the month. ADOC will then provide Plaintiffs' counsel with the records related to the three (3) restrictive housing units within fourteen (14) calendar days.

12.2. Clinical: From the Effective Date until appointment of an External Compliance Team, ADOC will use its continuous quality improvement system to review each of the provisions of these suicide prevention measures and inform Plaintiffs' counsel of what the system entails. ADOC will produce to Plaintiffs' counsel any mental-health audits, documents reviewed for such audits, and corrective action plans related to such audits within twenty-one (21) calendar days of the end of the month in which the audit was performed or the corrective action plan was created or revised.