

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

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

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

- 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

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

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