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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

THOMAS PAUL BRADLEY, et al.,	)	
Plaintiffs,	)	
vs.	)	Civil Action No. 92-A-70-N
MICHAEL HALEY,	)	
Defendant.	)	

SETTLEMENT AGREEMENT

WHEREAS on January 15, 1992, Plaintiffs filed suit challenging the constitutional adequacy of the mental health treatment provided to persons with serious mental illness by the Alabama Department of Corrections (ADOC); and

WHEREAS the Plaintiffs and Defendant agree that it is in their best interests to resolve this litigation;

NOW THEREFORE the parties, by and through their respective counsel, hereby stipulate and agree to the following provisions to resolve this litigation:

I. CLASS CERTIFICATION

1. For the purpose of settlement only, the Defendant does not object to class certification. The settlement class is defined as "all acutely or severely mentally ill male inmates who are presently or will in the future be incarcerated in the Alabama Department of Corrections."

II. AGREEMENT OF EXPERTS

2. The Defendant agrees to comply with the requirements for an adequate mental health system for Alabama inmates with serious mental illness as contained in the document entitled "Agreement of Experts" (August 8, 2000).

The Agreement of Experts, which is attached to this Settlement Agreement as "Exhibit A," is incorporated into this Settlement Agreement as though fully set forth herein.

3. The Agreement of Experts addresses such issues as (1) the treatment that will be provided to inmates with serious mental illness; (2) the size and location of the various mental health treatment units; (3) the types of mental health personnel who will provide the treatment services and the number of staff that will be assigned to each level of care; (4) the mental health policies and procedures that will be adopted; (5) the mental health training that will be given to correctional officers and mental health personnel; and (6) the ADOC contract oversight and quality assurance program to ensure ongoing quality of care.

4. In the event that the Alabama male inmate population increases over and above the inmate census that exists on September 1, 2000, the ADOC agrees to add additional mental health staff in accordance with the staffing levels expressed in the Agreement of Experts.

III. TIMING

5. Absent any unforeseen delays that are outside the control of the ADOC, the Defendant agrees to implement the terms of the Settlement Agreement according to the following schedule:

Policies and procedures

6. A draft of the mental health policies, procedures, and program manuals identified in the Settlement Agreement will be completed by December 1, 2000, and the final versions will be approved and operational by February 1, 2001.

Bed space and renovations

7. Decisions regarding the physical placement of all mental health beds (the "bed configuration") will be completed by December 20, 2000. Decisions regarding the provision of adequate office and treatment space for the mental health units will be completed by December 20, 2000.

8. All renovations to the mental health units will be completed by June 1, 2001.

9. The new Residential Treatment Unit at Donaldson will be fully operational by July 1, 2001. Prior to the July 1, 2000, deadline, the ADOC will move inmates into the Residential Treatment Unit as the units become available and adequate staff is in place.

Staffing and training

10. The hiring of mental health staff as required by the terms of the Settlement Agreement will begin on December 1, 2000. All mental health staff will be hired by June 1, 2001. Staffing priority will be given to Kilby, Donaldson, and Bullock mental health units so that those units will be staffed first.

11. All correctional staff dedicated to the mental health units will be assigned to their posts by June 1, 2001.

12. The training programs for correctional officers and mental health staff will begin on December 1, 2000. All training of current staff will be completed by June 1, 2001.

Quality Assurance and accreditation

13. The ADOC Quality Assurance program will be initiated by March 1, 2001.

14. NCCHC accreditation will be achieved by April 2002.

IV. CONSULTING AND REPORTING

Appointment and Duties of Consultant

15. Plaintiffs and Defendant stipulate to the appointment of a consultant, who shall be independent of the Plaintiffs and the ADOC, to facilitate the implementation of the Settlement Agreement and to oversee compliance. The parties agree that Jane Haddad, Psy.D., shall serve as the consultant. If an issue arises during the period of consultancy that requires the expertise of a psychiatrist, Dr. Haddad will consult with Suzanne Ducate, M.D.

16. The consultants shall contract for their services directly with the ADOC and shall in all relevant respects be governed by existing ADOC rules and regulations regarding such employment, including those related to compensation and expenses.

17. Beginning on October 15, 2000, and ending on May 31, 2001, Dr. Haddad will provide technical assistance to the ADOC to assist it in implementing the requirements and meeting the timelines established in the Settlement Agreement. The consultant's technical assistance duties include (1) assisting the ADOC in writing the mental health policies, procedures, and program manuals listed in the Agreement of Experts, pp. 4-5; (2) developing

training programs for correctional officers and mental health staff; (3) developing an ADOC Quality Assurance program; (4) assisting the ADOC in setting up the new Residential Treatment Unit at Donaldson; (5) assisting the ADOC in designing the renovation of all mental health units to provide adequate programming and staff office space; and (6) helping the ADOC to implement any other requirements of the Settlement Agreement.

Inspection of Facilities

18. For a two year period beginning on June 1, 2001, and ending on June 1, 2003, the consultant will tour up to five of the ADOC's major prisons four times per year for a total of eight visits over the two year period. The consultant shall notify the ADOC of her choice of prisons at least two weeks in advance of her visit. Each visit shall last no longer than five business days.

19. During each quarterly visit, the consultant shall:

a. meet with the ADOC Director of Mental Health Treatment, the medical contractor's Central Office Management (Chief Psychiatrist and Mental Health Director/Trainer), and any other managerial mental health personnel with whom the consultant wishes to meet;

b. tour the selected prisons, including the infirmaries, mental health units, segregation units, and general population living areas, and speak with any inmates, on-site mental health staff, and ADOC correctional staff at the selected prisons; and

c. review any medical records of inmates with serious mental illness.

Quarterly Reporting by ADOC

20. On a quarterly basis beginning with the quarter ending March 31, 2001, the ADOC will provide the consultant with the written information listed below. The information will be in a reporting format (e.g. logs and/or report forms) that will be initially developed by the consultant and agreed upon by the plaintiffs and the ADOC by December 1, 2000. The information provided by the ADOC to the consultant includes:

a. the inmate census at each ADOC institution;

b. ADOC and contractor mental health staffing, including the number of staff and scheduled hours currently provided for all ADOC institutions and the central office;

c. mental health bed utilization, as indicated by the number of mental health unit admissions and discharges for the quarter, and lengths of stay of inmates on all mental health units on the last day of the quarter;

d. monthly psychotropic medication reports for the preceding quarterly period;

e. rosters of inmates identified as having serious mental illness on administrative segregation status on the last day of the quarter;

f. logs reflecting the following information for the preceding quarterly period: (1) the use of crisis cells; (2) the use of restraints for mental health purposes; (3) incidents of forced medications; (4) the use of the involuntary medication procedure; (5) the completion of laboratory testing that is required when certain psychotropic medications are prescribed; and (6)

identification of inmates maintained in the Intensive Stabilization Units at Kilby and Donaldson for more than thirty (30) days;

g. a list of inmates committed to Taylor Hardin Secure Medical Facility during the preceding quarterly period and discharge summaries for all inmates discharged from Taylor Hardin Secure Medical Facility during the preceding quarterly period;

h. incident reports, I & I reports, and copies of the last year of medical records of any inmates who committed suicide during the preceding quarterly period;

i. logs reflecting programming and counseling services provided to inmates with serious mental illness on the mental health units or as outpatients during the preceding quarterly period;

j. training efforts undertaken during the preceding quarterly period;

k. Quality Assurance (QA) reports of the ADOC for the preceding quarterly period;

l. any new mental health policies and procedures or revisions to mental health policies and procedures that were implemented during the preceding quarterly period; and

m. any other documents or reports requested by the consultant that would assist her in performing her duties under the terms of the Settlement Agreement.

<u>Reports by the Consultant</u>

21. Within 30 days after receipt of the ADOC's Quarterly Report, the consultant shall write a brief analysis of the information she received by the ADOC. The consultant's brief analysis will be provided to the ADOC and

Plaintiffs' counsel and will include a description of the changes that have occurred during the preceding quarter and the potential impact of these changes on the mental health service delivery system.

22. Within 30 days after each quarterly site visit, the consultant shall submit a written report to the ADOC and Plaintiffs' counsel. This report shall include (a) the steps taken by the ADOC to implement the terms of the Settlement Agreement since the consultant's prior report; and (b) the ADOC's status in achieving substantial compliance with the terms of the Settlement Agreement.

23. "Substantial compliance" means that the ADOC has and is reasonably expected to continue to substantially satisfy the terms of the Settlement Agreement. Where there appears to be non-compliance with the terms of the Settlement Agreement, the consultant shall provided a detailed explanation of the basis of her finding, and provide a recommendation to the ADOC for how compliance might be achieved. A finding of non-compliance shall not be based on isolated, non-continuing instances of failure to substantially satisfy the terms of the Settlement Agreement, nor shall a finding of non-compliance be based on omissions of a technical or unimportant nature.

24. By July 1, 2003, the consultant shall issue a final report detailing the ADOC's overall effort at achieving compliance with the terms of the Settlement Agreement during the preceding two years and recommending any future action to be taken by the ADOC to achieve or maintain substantial compliance.

25. The consultant's reports and any documents reviewed or information obtained during the consulting period may be used by either party in an action to enforce the Settlement Agreement in state court or in any new

action brought by the Plaintiffs pursuant to para. 28. Otherwise, any report by the consultant shall remain confidential.

V. NEW CONTRACTORS

26. The ADOC shall incorporate the Agreement of Experts and any other relevant terms of the Settlement Agreement in any Request for Proposal for medical or mental health care submitted to potential vendors.

VI. DISCLAIMER OF LIABILITY

27. The Plaintiffs and Defendant expressly acknowledge and agree that this Settlement Agreement does not constitute an admission of liability by the Defendant or the ADOC.

VII. ENFORCEMENT OF SETTLEMENT AGREEMENT

28. This Settlement Agreement is not a consent decree, and is not enforceable in federal court. In the event of non-compliance with any of the terms in this Settlement Agreement, the plaintiffs may only enforce the Settlement Agreement in state court, pursuant to 18 U.S.C. § 362(c)(2)(B).

29. The Plaintiffs are not precluded from bringing a new action in federal court in the event of non-compliance with the terms of this Settlement Agreement. In the event that Plaintiffs' current counsel bring suit on any of the issues presented in this action before July 1, 2003 (the end of the consulting and reporting period), the newly filed action will be considered a related case. All discovery that has been exchanged to date will be deemed to be part of discovery in any such new action. All documents provided to the consultant pursuant to para. 19, and all consultant's reports that were written pursuant to paras. 20, 21, and 23, will be admissible in any such new action.

VIII. DISMISSAL

30. If the Court approves this Settlement Agreement, the current case will be dismissed without prejudice from federal court.

IX. PLAINTIFFS' ATTORNEY'S FEES AND COSTS

31. The Defendant shall pay the Plaintiffs' attorney's fees and costs in the amount of $762,233.00.

Agreed upon this 28th day of September, 2000.

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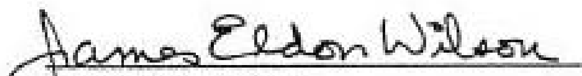

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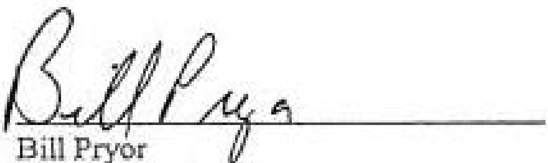

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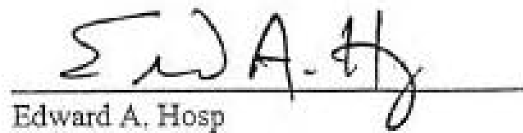

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BRADLEY v. HALEY
AGREEMENT OF EXPERTS
AUGUST 8, 2000

DEFINITIONS:

- **Serious mental illness**
"Serious mental illness means a substantial disorder of thought, mood, perception, orientation, or memory, such as those that meet DSM IV criteria for Axis I disorders: schizophrenia, schizoaffective disorder, psychotic disorders due to substance abuse or general medical condition, major depression, bipolar disorder, and organic conditions resulting in significant and debilitating psychotic symptoms or cognitive impairment; or persistent and disabling Axis 2 disorders. A serious mental illness significantly impairs judgement, behavior, the capacity to recognize reality or cope with the ordinary demands of life within the prison environment and is manifested by substantial pain or disability. Serious mental illness requires a mental health diagnosis, prognosis and treatment, as appropriate, by mental health staff." *(Beds/staff providing substance abuse treatment, sex offender treatment or correctional case management are not included in this definition.)*

- **Mental health professional**
"Mental health professionals are those staff who by virtue of their training and experience are qualified to provide mental health treatment within the provisions of the state's licensure laws. Mental health professionals include psychiatrists, licensed psychologists, masters degree psychology associates, masters degree social workers, professional counselors, and registered nurses, licensed practical nurses and mental health technicians with extensive training and experience in mental health care. Mental health nurses will receive a minimum of 7 days of classroom training in serious mental illness, ADOC policies and procedures, psychotropic medication, and medication education techniques and then will spend an additional 3 days co-leading mental health nursing groups. Mental health technicians will receive a minimum of 5 days of classroom training in serious mental illness and ADOC policies and procedures and an additional 5 days of training in conducting mental health groups."

- **Individual counseling**
"One-to-one session between mental health professional and inmate that addresses current problems or problems referenced by the inmate's treatment plan. Session occurs within a setting that permits confidentiality and the session is documented by a progress note in the medical record."

- **Group programming**
  "Structured clinically-driven interventions that are facilitated by mental health staff and offered to inmates on a regular basis. Programming includes psychoeducational groups, unstructured support groups and structured activities. The type of programming offered to an inmate is based on the inmate's level of functioning and is designed to implement an individualized treatment plan."

- **Mental health rounds**
  "Mental health rounds are completed weekly in segregation units to ensure that inmates previously identified as having serious mental illness receive continuous mental health services while so confined and to ensure that inmates exhibiting signs of serious mental illness in confinement are detected and treated in a timely manner. Rounds include brief verbal contact with every confined inmate; inquiry into any problematic inmate behaviors observed by security staff; and referrals for mental health assistance upon inmate request. Mental health rounds are conducted for purposes of identification and referral of inmates and do not serve as a substitute for on-going treatment of inmates in this setting."

- **Treatment plan**
  A document which lists the individual inmate's problems as assessed by the psychiatrist, psychiatric nurse, psychologist, social worker, and other staff (such as substance abuse and educational staff), the interventions aimed at addressing the problems, the frequency with which the interventions will be provided, and the anticipated goals to be achieved. Progress notes refer back to the problems on the treatment plan.

LEVELS OF CARE:

- **Crisis intervention services**
  "Mental health professional is on-site during working hours to address inmate crises on a daily basis. Psychiatric consultation is available. "Safe" cells as well as appropriate beds and restraints are provided for crisis intervention. When an inmate requires placement in a crisis cell, mental health staff provide daily monitoring and documentation on workdays. Trained medical staff, with consultation with the on-call psychiatrist, provide the monitoring and documentation on weekends and holidays. Trained correctional officers will monitor inmates in crisis cells at regularly scheduled intervals specified by policy and as clinically indicated. If the crisis is not resolved within 72 hours, the inmate is transferred for intensive psychiatric stabilization."

- **Intensive psychiatric stabilization within ADOC (i.e. Kilby MHU)**
  "Treatment for acute episodes of serious mental illness/risk of self-harm seeking the stabilization which permits treatment in a less restrictive setting in a reasonable time.

Requires team approach with psychiatrist, mental health professional and mental health nurses. Available resources will include psychiatric evaluation and treatment, psychological evaluation and testing, the ability to provide involuntary medication, and 24 hour mental health nursing coverage. Unless clinically contraindicated, inmates will be provided out-of-cell time equal to that of inmates of the same security level without mental illness. If an inmate does not stabilize within a reasonable period of time (i.e. thirty days), the case will be referred for review by the ADOC Director of Treatment or designee for consideration of transfer for inpatient psychiatric treatment."

- **Inpatient psychiatric treatment (i.e. Taylor-Hardin)**
  "Treatment for acute episodes of serious mental illness/risk of self-harm that do not respond to intensive psychiatric stabilization efforts within the prison system. Requires multidisciplinary treatment approach including psychiatrist, psychologist, social worker, activities staff and 24-hour psychiatric nursing coverage. Individual treatment plans and the ability to provide involuntary medication are essential."

- **Residential treatment for inmates with serious mental illness (i.e. Kilby South Ward, Donaldson MHU, Bullock mental health dormitories)**
  "Specialized placement for inmates whose serious mental illness or cognitive impairment compromises the inmate's ability to function within general population. The goal is to provide a supportive environment while assisting the inmate to develop the coping skills that will permit placement in general population with outpatient follow-up. Requires multidisciplinary treatment approach, including psychiatrist, mental health professional, activities staff and mental health nurses. Available resources will include psychiatric evaluation and treatment, psychological evaluation and testing, counseling services (individual and group programming related to treatment compliance and life skills, for example, stress management and anger management), educational, occupational and recreational activities. Individual treatment plans will be formulated by each member of the treatment staff involved in the inmate's care and will then be integrated and reviewed with the inmate at a treatment team meeting. Unless clinically contraindicated, inmates will be provided out-of-cell time equal to that of inmates of the same security level without mental illness"

- **Outpatient treatment for inmates with serious mental illness**
  "Initial treatment or follow-up of inmates with serious mental illness, signficant stress-related problems, or cognitive impairment who are able to function adequately within general population. Requires team approach including psychiatrist, psychiatric nurse and mental health professional. Individual treatment plans (review every 6 months if no change in inmate's functioning), psychiatric monitoring no less than every 90 days, mental health staff monthly follow-up, mental health nurse monitoring of medication compliance, supportive counseling/programming, and increased monitoring when an inmate is in segregation are essential. Outpatient inmates will have the same access to institutional programming and jobs as other general population inmates."

ELEMENTS OF ADEQUATE TREATMENT FOR INMATES WITH SERIOUS MENTAL ILLNESS:

- Access to the most effective and appropriate psychotropic medication recommended by the treating psychiatrist.
- Inmate informed consent for medication documented on consent form or by a legible note from the psychiatrist using a standardized stamp indicating that the potential benefits and side effects of the prescribed medication have been discussed with the inmate and the inmate has agreed to accept the medication.
- Psychiatric or psychological individual contact as clinically indicated
- Mental health staff (not including psychiatrist) individual contact at least monthly
- Nursing monitoring of medication compliance and required laboratory testing
- Medication education
- Counseling/programming to increase coping skills and provide support
- Activities to promote socialization
- Access to adequate out-of-cell time and outdoor recreation. Unless clinically contraindicated, inmates will be provided out-of-cell time equal to that of inmates of the same security level without mental illness.

POLICIES AND PROCEDURES TO BE DEVELOPED/REFINED BY ADOC:

ADOC will develop departmental mental health policies and procedures and require the contractor to adhere to them. Mental health policies and procedures will be consistent with NCCHC standards.

- Reception Screening Process
- Mental Health Evaluations
- Inmate Orientation to Mental Health Services
- Intra-System Screening Process
- Individual Treatment Planning
- Mental Health Charting Guidelines
- Coding and Tracking of Inmates with Serious Mental Illness
- Referral to Mental Health Services
- Psychotropic Medication
    - Prescribing Guidelines
    - Medication Administration
    - Medical Evaluations/Laboratory Testing Related to Psychotropic Medication
    - Medication Compliance Tracking
    - Heat Management Policy
- Mental Health Rounds of Segregation Units
- Mental Health Input into Disciplinary Process
- Suicide Prevention Program
- Crisis Intervention Services – Precautionary Watches

- Use of Restraints for Mental Health Purposes
- Emergency Forced Psychotropic Medication
- Administrative Review for Involuntary Psychotropic Medication (*Harper*)
- Transfer to Inpatient Psychiatric Hospital (using *Vitek* procedures to address problems with current transfer process)
- Confidentiality
- Program Manual for Intensive Psychiatric Stabilization Units *
- Program Manual for Residential Treatment Units *
- Discharge Planning for Inmates with Serious Mental Illness Upon ADOC Release
- Medical Autonomy
- Forensic Information

** Program Manuals to address admission and discharge criteria; admission and discharge assessments: admission and discharge procedures; access to out-of-cell time and outdoor recreation; staff follow-up and counseling/programming expectations; and documentation requirements.*

STAFF TRAINING:

- All correctional officers will be trained in early warning signs of mental illness, referral to mental health services, suicide prevention, crisis intervention measures, and use of restraints at pre-service training. All officers will receive annual training in mental health issues (4 to 6 hours).

- All mental health staff and correctional officers assigned to mental health and confinement units will receive advanced training (2 to 3 days) in understanding mental illness; different types of mental illness; effective management of inmates with serious mental illness; crisis intervention strategies; psychotropic medication; treatment planning; and mental health policies and procedures.

ADOC OVERSIGHT - QUALITY ASSURANCE:

- NCCHC accreditation will be achieved
- ADOC monitoring of contractor's performance
- ADOC will develop a comprehensive quality assurance program that includes, but is not limited to, continuity of care, high risk/low frequency events, and monitoring of utilization.
- MAC reviews of psychiatric cases to be completed by the panel psychiatrist. The MAC reviews do not replace the internal quality assurance reviews completed by mental health staff of the contractor and designated ADOC staff.

NUMBER OF BEDS AND STAFFING RATIOS FOR EACH LEVEL OF CARE:

- Reception Mental Health Screening/Evaluation Process

Initial Screening by medical nursing staff: Standardized screening instrument

Immediate referral to mental health staff during working hours when indicated and consultation with on-call mental health staff when indicated during non-working hours. Supply of interim medication if prescribed prior to admission. At least a fourteen day supply of medication will be prescribed by on-site medical physician or available psychiatrist until a scheduled psychiatric evaluation is completed.

Reception evaluations by mental health staff: Standardized evaluation instrument

Inmate orientation to mental health services

Comprehensive mental health evaluations by psychiatrist for inmates who may potentially have a serious mental illness: Standardized evaluation format to include: current complaint, past history of psychiatric treatment and medication, medical history, family history, substance abuse history, brief social history, mental status exam, DSM IV diagnosis, and psychiatric input for treatment plan.

Multidisciplinary treatment planning for inmates with serious mental illness. Each mental health staff member involved in evaluation will develop specific items for a treatment plan. The plan will be integrated and reviewed with the inmate at a treatment team meeting. The psychiatrist is the chair of the treatment team.

Classification system that is descriptive of inmate's mental health needs and will permit system-wide tracking of inmates with serious mental illness

Staff Responsibilities:

Psychiatrist:

Comprehensive evaluation that provides DSM IV diagnosis and initial ideas for treatment plan; participation in multidisciplinary treatment planning.

Mental Health Nurse:

Verify inmate prior psychotropic medication; assist in psychiatric clinic; participation in multidisciplinary treatment planning; medication education; documentation of medication effectiveness and side-effects

Licensed Psychologist:

Provide oversight; provide comprehensive evaluation when referred inmate has not been receiving psychotropic medication; interpret psychological testing; participation in multidisciplinary treatment planning

ADOC Psychological Associate:

Conduct reception evaluations; participation in multidisciplinary treatment planning

Clerical Support/Data Input:

File mental health information into medical record; data input for mental health classification; transcription of psychiatric evaluations; process requests for prior treatment records

- <u>Intensive Psychiatric Stabilization Units</u> **(i.e. Kilby MHU)**

Goal: To provide relatively short-term intensive mental health care; to reduce acute symptoms. If inmate does not stabilize in reasonable period (30 days), the case will be referred for review by the ADOC Director of Treatment or designee for consideration of transfer for inpatient psychiatric treatment.

Service Delivery Requirements:

- Mental health staff control admissions and discharges
- Multidisciplinary staff and treatment planning. Individual staff members involved in inmate's treatment will develop specific items for a treatment plan. The plan will be integrated and reviewed with the inmate at a treatment team meeting. The psychiatrist is the chair of the treatment team.
- 24-hour nursing coverage assigned to the intensive psychiatric treatment unit
- Admission and discharge assessments by nursing staff and psychiatrist
- Treatment includes: assessment by psychiatrist for need for psychotropic medication, counseling (individual and short-term programming focused on symptom management and treatment compliance), occupational and/or recreational activities.
- Designated trained correctional officers (security posts are permanent posts with relief officers providing coverage in designated officer's absence) and sufficient security coverage to permit active treatment and adequate out-of-cell time. Unless clinically contraindicated, inmates will be provided out-of-cell time equal to that of inmates of the same security level without mental illness.

<u>Bed/treatment space</u>: (assume .2 to .3% of male inmate population will require intensive psychiatric stabilization at any point in time = 42 to 63 beds)

- Propose 40 intensive psychiatric stabilization beds
    - Kilby MHU:14 beds and P-1:6 beds. P-1 to be used only as a back-up unit for overflow inmates from the Mental Health Unit. If it is possible to increase the single placements available on the Mental Health Unit by retrofitting the cells now used for two or three inmates to single cells, P-1 could be retrofitted to provide treatment and staff office space.
    - Donaldson: 20 to 24 beds
- Both units will require adequate space for programming and staff offices

Staff Responsibilities:

Psychiatrist:

Initial/discharge assessments; frequent monitoring; participation in multidisciplinary treatment planning

Psychologist:

Available for consultation and psychological assessment

Mental Health Professional:

Conduct individual and small group clinically-driven programming; mental health liaison for assigned inmates; participation in multidisciplinary treatment planning

Mental Health Nurse:

Initial/discharge assessments; medication administration; track medication compliance and laboratory testing; provide medical monitoring of inmates on watch or in restraint; medication education; documentation of medication effectiveness and side-effects; participation in multidisciplinary treatment planning

Activities Technician:

Provide individual and group clinically-driven programming; participation in multidisciplinary treatment planning

Clerical Support:

File mental health documentation; develop databases to ensure inmate receive treatment as established by policy

- **Residential Treatment Units (i.e. Kilby South Ward, Bullock, and Donaldson MHU)**

Goal: To provide a supportive milieu and meaningful programming as well as to facilitate reintegration of inmate into general population. While some inmates will be able to make transition to outpatient services, others will require permanent placement.

Service Delivery Requirements:

- Admission and discharge based on clinical, mental health staff, decisions
- Graduated level system based on inmate's clinical condition
- Multidisciplinary treatment planning. Individual staff members involved in inmate's treatment will develop specific items for a treatment plan. The plan will be integrated and reviewed with the inmate at a treatment team meeting. The psychiatrist is the chair of the treatment team.
- Intensive counseling/programming provided by mental health professionals, mental health nurses, and activities technicians
- Educational services and job opportunities
- Designated trained correctional officers (security posts are permanent posts with relief officers providing coverage in designated officer's absence) and sufficient

coverage to permit active treatment 8 AM to 4 PM, to permit out-of-cell time from 8 AM to 8 PM, and to permit adequate access to outdoor recreation. Mental health staff will not be responsible to conduct monitoring of out-of-cell time

Bed/treatment space: Propose 300 beds based on assumption that 1.5% of male inmate population will require residential treatment placement at any point in time. The following areas are proposed for residential treatment beds

South Ward: 20 beds

Bullock: 200 beds

Bullock mental health beds will be dedicated to inmates with serious mental illness.

Donaldson: 80 beds

Beds will be a mix of single (approximately 66%) and double (approximately 34%) cells located in a single area without the presence of inmates not assigned to the Residential Treatment Unit.

All units will require renovation for adequate programming and staff office space.

Staff Responsibilities:

Psychiatrist:

Initial/discharge assessments; mental status and medication monitoring; participation in multidisciplinary treatment planning

Psychologist:

Available for consultation and psychological assessment

Mental Health Professional:

Conduct group clinically-driven programming; mental health liaison for assigned inmates; participation in multidisciplinary treatment planning

Mental Health Nurses:

Initial/discharge assessments; track medication compliance and laboratory testing; medication education; documentation of medication effectiveness and side-effects; participation in multidisciplinary treatment planning; not responsible for routine medication administration

Activities Technician:

Provide group clinically-driven programming and activities; participation in multidisciplinary treatment planning

Staff for providing educational activities

Provide basic academic skill training and preparation for GED

Clerical Support:

File mental health documentation; develop databases to ensure inmate receive treatment as established by policy

- Outpatient Services

Services for inmates with serious mental illness, significant stress-related problems or cognitive impairment who are able to function adequately within general population include: multidisciplinary treatment planning; monitoring by a psychiatrist as clinically indicated (no less than every 90 days); routine follow-up (at least monthly) by a mental health professional; monitoring of medication compliance; psychoeducational and supportive programming; mental health consultation to disciplinary process; and discharge planning.

Agreement is needed on how ADOC psychological associates will interface with services for inmates with serious mental illness and how the services provided by psychological associates will be documented. The following division of duties is recommended.

- Weekly mental health rounds of segregation units (as defined) and daily monitoring of inmates requiring crisis cell placement should be conducted by staff assigned to inmates with serious mental illness.
- Reception evaluations, initial response to inmate requests for mental health assistance; services for inmates without a diagnosable mental illness (stress management, anger management and sleep hygiene groups), 30-90 day segregation evaluation rounds could be conducted by current psychological associates.

Bed/treatment space:

Requires adequate number of mental health "safe" cells and adequate mental health programming and office space at each institution

Staff Responsibilities:

Psychiatrist:

Provide medication and mental status monitoring as clinically indicated; provide assessment of inmates in crisis cells; participation in multidisciplinary treatment planning

Psychologist:

Provide supervision and oversight to institution's mental health programs; provide daily follow-up of inmates in crisis cells; conduct psychological evaluation/assessment based on treatment team referral; participation in multidisciplinary treatment planning

Mental Health Professional:

Conduct mental health rounds of segregation units; provide clinically-driven programming; mental health liaison for assigned inmates; provide mental health consultation to disciplinary hearings; participation in multidisciplinary treatment planning

Mental Health LPN:

Assist in psychiatric clinics; track medication compliance and laboratory testing; medication education; documentation of medication effectiveness

and side-effects; participation in multidisciplinary treatment planning; not responsible for routine medication administration

Clerical Support:

File mental health documentation; maintain mental health databases to ensure inmate receive treatment as established by policy

Central Office Management:

Staff Responsibilities:

Psychiatrist:

Provide system-wide oversight and supervision of psychiatric services; monitor prescribing practices and practices related to psychotropic medication; policy consultation; leadership for quality assurance program.

Mental Health Director/Trainer:

Provide system-wide oversight and supervision of mental health services; monitor individual and group counseling and programming; staff recruitment/evaluation; develop/conduct/coordinate pre-service and annual inservice training for ADOC staff; implement enhanced training in serious mental illness for staff assigned to mental health and segregation areas; coordinate mental health staff development activities.

Clerical Support:

Provide clerical support for Central Office clinical team; Maintain databases to monitor utilization of mental health beds.

PROPOSED STAFFING

	AGREEMENT	*RATIONALE FOR CHANGES*
Psychiatrist	11 (3 may be nurse practitioners)	Nurse practitioners will be utilized at institutions with the highest concentration of inmates with serious mental illness and where the nurse practitioners can receive optimal psychiatric supervision.
Psychologist	10	Psychologists will be shared by the following institutions: Holman/Fountain, St. Clair/Bibb; Limestone/Hamilton; and Ventress/Easterling
MH Professional	28	ADOC psychological associates will continue to complete the reception evaluations.
RN	3	One RN assigned on the day shift, Monday through Friday, at Kilby, Donaldson and Bullock.
LPN	25	Nursing staff will be dedicated to mental health operations. One LPN used for reception process, LPNs used for evenings, nights and weekend days on intensive psychiatric stabilization units; one LPN assigned to day shift at Donaldson RTU; two LPNs assigned to Bullock RTU on day shift; one LPN assigned to Bullock RTU on evening shift; and one LPN assigned to 12 outpatient programs
Activities Tech	11	Will require moving current Mental Health Technicians from Kilby to Bullock.
Clerical Support	12.5	One clerk for reception; .5 clerk for mental health units and 5 at outpatient units (must be dedicated to mental health)
TOTAL	100.5	

ADOC oversight of 1.0 Director of Treatment, .2 psychiatrist and 1.0 clerk not included in staffing proposal.