

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

EDWARD BRAGGS, et al.,)	
)	
Plaintiffs,)	
)	
v.)	CIVIL ACTION NO.
)	2:14cv601-MHT
)	(WO)
JEFFERSON S. DUNN, in his)	
official capacity as)	
Commissioner of)	
the Alabama Department of)	
Corrections, et al.,)	
)	
Defendants.)	

PHASE 2A ORDER AND INJUNCTION ON MENTAL-HEALTH
IDENTIFICATION AND CLASSIFICATION REMEDY (REFERRAL)

On April 24 and May 2, 2018, the parties submitted stipulations regarding mental-health referrals. They agreed that the stipulations should be reduced to an enforceable order and further agreed to some clarifications of the stipulations during on-the-record hearings on April 24 and May 7, 2018. Accordingly, it is the ORDER, JUDGMENT and DECREE of the court as follows:

(1) The stipulations (doc. nos. 1786 and 1814), as clarified during on-the-record hearings on April 24 and May 7, 2018, and as attached to this order as Attachments A and B, are approved.

(2) Defendants Jefferson Dunn and Ruth Naglich are ENJOINED and RESTRAINED from failing to comply with the attached provisions (Attachments A and B), as clarified during on-the-record hearings on April 24 and May 7, 2018.

DONE, this the 7th day of May, 2018.

/s/ Myron H. Thompson
UNITED STATES DISTRICT JUDGE

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

EDWARD BRAGGS, et al.,)	
)	
Plaintiffs,)	
)	
v.)	CIVIL ACTION NO.
)	2:14cv601-MHT
)	(WO)
JEFFERSON S. DUNN, in his)	
official capacity as)	
Commissioner of)	
the Alabama Department of)	
Corrections, et al.,)	
)	
Defendants.)	

ATTACHMENT A

ADOC agrees to implement the matters set forth below within ninety (90) days of the Court's acceptance of these Stipulations.

1. Training Pertaining to Mental Health Referrals
 - 1.1. All persons working within any ADOC major facility who have any direct contact with inmates must complete the Comprehensive Mental Health Training Curriculum. The ADOC and its mental health vendor shall develop the Comprehensive Mental Health Training Curriculum pertaining to suicide prevention

and self-harm and the role of ADOC personnel in these areas. Such Curriculum shall be approved by Dr. Kathy Burns.

1.2. As it pertains to this Stipulation, "ADOC major facility" includes one or more of the major adult correctional facilities operated by or on behalf of ADOC (including Bibb Correctional Facility, Bullock Correctional Facility, Donaldson Correctional Facility, Easterling Correctional Facility, Elmore Correctional Facility, Fountain Correctional Facility, Hamilton Aged and Infirm Center, Holman Correctional Facility, Kilby Correctional Facility, Limestone Correctional Facility, St. Clair Correctional Facility, Staton Correctional Facility, Tutwiler Prison for Women, and Ventress Correctional Facility), but excludes any community-based facilities and community work centers. The Comprehensive Mental Health Training Curriculum shall include the following critical areas pertinent to the referrals for mental health evaluations or services:

1.2.1. The early warning signs or symptoms of mental illness;

1.2.2. The availability of mental health services within the ADOC;

1.2.3. The nature and extent of mental health services available within the ADOC; and

1.2.4. The process for referring inmates for mental health evaluations.

1.3. The Comprehensive Mental Health Training Curriculum shall be submitted to Dr. Kathy Burns for approval no later than November 1, 2018. Dr. Burns shall provide any input or revisions no later than December 1, 2018. If the ADOC accepts all of Dr. Burns' proposed edits or revisions to the Comprehensive Mental Health Training Curriculum, then ADOC shall implement the training no later than February 1, 2019. Any dispute over revisions to the proposed Comprehensive Mental Health Training Curriculum by Dr. Kathy Burns shall be submitted to mediation before Judge John Ott for resolution.

2.1. Emergent referrals - required in the event that the designated triage nurse conducting the triage of the referral believes there is an imminent risk of injury to the inmate or others or that the need for mental health services is otherwise emergent.

2.1.1. Such referrals shall result in a clinical assessment and/or intervention by an MHP, psychologist, mental health CRNP or psychiatrist as soon as possible but no more than 3 hours of receipt of the referral; and

2.1.2. Custody or mental health staff must maintain constant, line of sight, observation of any inmate after receipt of any referral until assessed by an MHP, psychologist, mental health CRNP or psychiatrist.

2.2. Urgent referrals - required in the event that the triage nurse conducting the triage of the referral believes the mental health services should be

provided in the near future, but not immediately. Such referrals shall result in a clinical assessment and/or intervention by an MHP, psychologist, mental health CRNP or psychiatrist within 24 hours of referral.

2.3. Routine referrals - required in the event that the triage nurse conducting the triage of the referral believes that the inmate requires assessment on a routine basis. Such referrals shall result in a clinical assessment and/or intervention by an MHP, psychologist, mental health CRNP or psychiatrist within 14 calendar days of referral.

3. Referral Logs:

3.1. The mental health staff within each major ADOC facility shall maintain a "Mental Health Referral Log."

3.2. Each referral made to mental health staff shall be logged immediately after receipt of the referral and updated as necessary after triage. The Site Administrator or that person's designee shall be

responsible for logging of the information into the "Mental Health Referral Log".

3.3. The information set forth in the "Mental Health Referral Log" shall include the following:

3.3.1. Name of the inmate referred;

3.3.2. The date and time when the staff member became aware of the need for a referral;

3.3.3. Date, manner, and time the referral was made by correctional, medical, mental health or other prison staff;

3.3.4. Identification of the referral source;

3.3.5. Identification of the designated triage nurse who triaged the referral;

3.3.6. Date and time of triage;

3.3.7. Designation of referral by the triaging nurse (i.e. emergent, urgent or routine);

3.3.8. Identification of staff to whom referral was assigned;

3.3.9. Date and time of the initial clinical contact after the referral;

3.3.10. Disposition of referral; and

3.3.11. Facility name.

4. Other Related Stipulations:

4.1. The process and procedures set forth in this Stipulation shall not be utilized as an alternative to the sick call process or the process for requesting mental health services.

4.2. Until further Orders of the Court, or a subsequent agreement between the parties pertaining to suicide prevention, the referral and procedures of the Interim Agreement Regarding Suicide Prevention Measures shall apply to suicidal inmates and/or inmates engaging in self-harm.

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

EDWARD BRAGGS, et al.,)	
)	
Plaintiffs,)	
)	
v.)	CIVIL ACTION NO.
)	2:14cv601-MHT
)	(WO)
JEFFERSON S. DUNN, in his)	
official capacity as)	
Commissioner of)	
the Alabama Department of)	
Corrections, et al.,)	
)	
Defendants.)	

ATTACHMENT B

Additional Stipulations
Regarding Mental Health Referrals

ADOC agrees to implement the matters set forth below within ninety (90) days of the entry of an Order by the Court adopting and/or accepting these Stipulations.

1. Sources of Mental Health Referrals.

1.1. Any individual working within ADOC may refer any inmate within a major facility for assessment by mental health personnel.

1.2. Self-Referral by Inmates: Inmates may express concerns regarding their mental health condition or may request mental health services, verbally to a correctional officer or mental health staff, or in writing by completing a sick call request slip.

1.3. Referral by Non-Mental Health Staff: When an inmate informs non-mental health staff (including correctional staff) of the need for mental health care, or non-mental health staff (including correctional staff) recognize the need for mental health assessment or intervention, such non-mental health staff must refer an inmate for assessment or intervention by the mental health staff.

2. Mental Health Referral Form and Triaging of Mental Health Referrals.

2.1. Each Major Facility shall designate one (1) nurse to serve as the triage nurse on each shift. Additionally, each residential treatment unit within the ADOC major facilities may designate an additional triage nurse for purposes of triaging mental health

referrals of inmates within the residential treatment unit. The designated triage nurse shall be at least a Registered Nurse with mental health training, including a general knowledge of mental health issues and psychiatric medications.

2.2. An emergent or urgent mental health referral must be communicated verbally, in person or by telephone, to the mental health staff as soon as possible, but in no case longer than one (1) hour.

2.3. All referrals shall be recorded on MH-XXX (ADOC Mental Health Referral Form) and submitted to mental health within two (2) hours of the need for a mental health referral becoming apparent to the referring individual.

2.3.1. Blank MH-XXX forms shall be available in the health care unit, mental health care unit, and in designated shift offices in each ADOC major facility. Completed forms shall be placed in a designated location in

the mental health area in each ADOC major facility.

2.3.2. The designated triage nurse shall routinely and regularly monitor the designated area for completed forms upon every return from leaving the office unattended. The box shall be checked a minimum of every hour and at the end of each triage nurse's shift.

2.3.3. MH-XXX shall include the following information:

2.3.3.1. The inmate's name;

2.3.3.2. The inmate's housing assignment, if known;

2.3.3.3. The name and job title of the referring individual;

2.3.3.4. The date and time when the need for a mental health referral became apparent to the referring individual;

2.3.3.5. If a written referral, the date and time the MH-XXX was completed;

2.3.3.6. Identification of the triage nurse;

2.3.3.7. The date and time the triage was conducted by the triage nurse; and

2.3.3.8. The triaging nurse's determination as to whether the referral is emergent, urgent, or routine, as defined in Section 2 of the Stipulation Regarding Mental Health Referral Process (Doc. 1786).

2.4. The designated triage nurse shall review each referral within one (1) hour of the date and time when the triage nurse first received the referral, whether it be written or verbal.

2.4.1. The triage nurse shall determine whether the referral is emergent, urgent, or routine, as defined in these Stipulations.

2.4.2. Routine referrals shall be communicated to the mental health staff on the next

business day by leaving MH-XXX in a designated location.

2.4.3. If the triage nurse determines that the referral is emergent or urgent, the triage nurse shall initiate contact with the on-call MHP or psychologist within one (1) hour of receipt of the referral. The on-call MHP or psychologist shall determine whether further referral to the psychiatrist is warranted or whether a change in the status of the referral is warranted.

2.5. Any change to the status of the referral as emergent, urgent, or routine shall be noted on the Mental Health Referral Log, Section 3 of the Stipulation Regarding Mental Health Referral Process (Doc. 1786).

2.6. All non-mental health staff, including security staff, with routine interaction with inmates shall complete the Comprehensive Mental Health Training

Curriculum, as required within Section 1 of the Stipulation Regarding Mental Health Referral Process (Doc. 1786), within thirty (30) days of assignment to a major facility. Until the earlier of May 1, 2019, or forty-five (45) days after implementation of the Comprehensive Mental Health Training Curriculum has begun, all referrals by non-mental health staff shall be oral. The training shall provide specific instruction on how to properly characterize what is an emergent, urgent, or routine referral.