



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JOHN Q. HAMM
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION
NUMBER

629

OPR: HEALTH SERVICES

INMATE SUICIDE PREVENTION PROGRAM

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for a comprehensive suicide prevention program for inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that a process is maintained for a comprehensive suicide prevention program for inmates within ADOC custody that both addresses all three levels of Suicide Prevention and provides a comprehensive review program following suicides and serious suicide attempts.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Acutely Suicidal**: An inmate who is actively engaging in self-injurious behavior and/or threaten suicide with a specific plan.
- B. **Constant Observation**: A procedure that ensures that a designated observer not only maintains continuous and direct line-of-sight visual contact of an inmate at all times but also documents that visual contact at staggered (i.e., irregular and unpredictable) intervals no greater than fifteen (15) minutes apart. An observer may observe more than one inmate on Constant Observation placement as long as the physical design allows for continuous and direct line-of-sight visual contact of each inmate.
- C. **Correctional Risk Factors (CRF)**: A term that refers to events or stresses that are related to an inmate's experience of being incarcerated (e.g., conflict with peers, physical or sexual assault victimization, isolation, parole denial, disciplinary sanctions, etc.).

- D. **Corrective Action Plan (CAP):** A plan for addressing an identified gap in quality performance in the delivery of mental health services.
- E. **Crisis Intervention:** Clinical assessment and counseling that focuses on coping with distress, problem-solving skills, and restoring emotional stability. Short-term psychological support services directed toward stabilization and reduction of symptoms during a mental health crisis. Services are designed to assist the inmate to return to a pre-crisis level of functioning.
- F. **Critical Incident Stress Debriefing (CISD):** A specific, systematic technique designed to help a person cope following exposure to an unusually stressful event.
- G. **Cut-Down Tool:** A standardized tool employed to cut a ligature in the case of a hanging. Cut-down tools will be accessible in all areas that routinely house inmates.
- H. **Indicated Interventions:** Preventive measures focused on inmates who exhibit high-risk or self-harmful thinking or behaviors.
- I. **Mental Health Continuous Quality Improvement Program:** A structured program designed to systematically monitor current practices and documentation of mental health services to ensure compliance with policies and procedures. The program also reviews individual incidents and service delivery problems to identify areas for improvement, promote necessary change, and assess the outcome of such change.
- J. **Non-Acutely Suicidal:** Inmates who express current suicidal ideations (e.g., expressing a wish to die without a specific threat or plan), and/or have a recent history of self-destructive behavior.
- K. **Qualified Mental Health Professional (QMHP):** A psychiatrist, psychologist, licensed professional counselor, mental health nurse practitioner, mental health social worker, mental health nurse, or other clinician who, by virtue of their education, credentials, and experiences, are permitted by law to evaluate and care for the mental health needs of patients.
- L. **Selective Interventions:** Preventive measures focused on inmates who are at elevated risk of an adverse health outcome.
- M. **Serious Mental Illness (SMI):** Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).

- N. **Serious Suicide Attempt:** As defined within ADOC, a suicide attempt that either (1) requires an inmate to be transported off-site for medical treatment; (2) could have resulted in death if not interrupted; or (3) was the result of a clear intention or plan to die that did not end in fatality.
- O. **Suicide Attempt:** An action taken with any intention of causing death by suicide.
- P. **Suicidal Ideation:** Clinical term meaning that an individual is thinking about, considering, planning, and/or intending to attempt suicide.
- Q. **Suicide Prevention:** Strategies, policies, programs and implemented for the purpose of reducing or preventing suicide attempts or death by suicide.
- R. **Suicide Watch:** An emergency procedure for monitoring an inmate in suicide-resistant housing for that inmate's protection because of demonstrated or threatened warning signs of suicide or self-harm. Suicide Watch is specified by a qualified mental health professional as either Acute Suicide Watch (ASW) or Non-Acute Suicide Watch (NASW).
- S. **Universal Interventions:** Preventive measures that target all members of a population rather than those known to be at elevated risk.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. The Warden (or designee) at each facility is responsible for ensuring that ADOC staff at that facility receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

V. **PROCEDURES**

- A. Training:

1. All ADOC staff and Vendor staff who work with inmates will complete all required and applicable trainings, which include units on suicide prevention, in accordance with AR 608, *Staff Training in Mental Health*.
2. All ADOC security staff who work with inmates will complete all required and applicable trainings, which include units on suicide prevention, in accordance with AR 219, *Training*.

B. Reception Mental Health Screening:

1. An inmate will receive a suicide risk assessment as part of that inmate's Reception Mental Health Screening in accordance with AR 610, *Reception Mental Health Screening*.
2. Inmates identified at risk for suicide or self-harm must be placed on Constant Observation in accordance with AR 630, *Suicide Watch*, and receive an Emergent Referral to mental health services in accordance with AR 609, *Referral to Mental Health Services*.

C. Referral to Mental Health Services:

Any ADOC staff or Vendor staff will immediately initiate a referral for mental health services on an inmate who that staff believes to be at risk for suicide or self-harm in accordance with AR 609, *Referral to Mental Health Services*.

D. Evaluation:

1. Upon receipt of an Emergent Referral for mental health services, a Vendor QMHP will evaluate the inmate in accordance with AR 630, *Suicide Watch*.
2. The Vendor QMHP and the inmate's Treatment Team will use collaborative clinical judgment in overseeing the inmate's monitoring, treatment, and safety planning and based on that clinical judgment and those assessments and tools, will determine the inmate's appropriate treatment in accordance with AR 630, *Suicide Watch*.
3. Clinical judgment, aided by the use of standardized risk assessment and safety planning tools, will determine the appropriateness and timing of step-down, discharge from suicide watch and follow-up treatment.

E. Treatment and Safety Planning Intervention:

1. The Treatment Team of an inmate who has received an emergent referral for mental health services for being at risk for suicide or self-harm will update that inmate's Treatment Plan to specify behaviors targeted for change and

coping strategies to reduce that risk in accordance with AR 622, *Treatment Planning*.

2. A Vendor QMHP will encourage and assist an inmate on Suicide Watch placement to participate in developing a Safety Plan in accordance with AR 630, *Suicide Watch*.

F. Housing:

1. An inmate determined by a Vendor QMHP to be either Acutely Suicidal or Non-Acutely Suicidal will be appropriately housed and placed on Suicide Watch in accordance with AR 630, *Suicide Watch*.
2. An inmate determined by a Vendor QMHP to be either Acutely Suicidal or Non-Acutely Suicidal shall not be housed and placed on MHO as a substitute for Suicide Watch in accordance with AR 638, *Mental Health Observation*.

G. Monitoring, Constant Observation, and Suicide Watch:

1. An inmate identified at risk for suicide or self-harm will be monitored through a Constant Observation procedure in a suicide-resistant setting until that inmate can be evaluated by a QMHP.
2. An inmate evaluated and determined by a QMHP as either Acutely Suicidal or Non-Acutely Suicidal must be monitored through the appropriate Suicide Watch procedures in accordance with AR 630, *Suicide Watch*.
3. Provides an updated ADOC Form MH-045, *Crisis Cell Utilization Log*, to both the ADOC Director of Mental Health Services and the Vendor Mental Health Program Director at least one (1) time each day.

H. Communication:

1. A Vendor QMHP will inform ADOC security staff and Vendor staff of changes in Suicide Watch status, special accommodations clinically approved for Suicide Watch, and any other information relevant to Suicide Watch on ADOC OHS Form A-9(b), *Health Services Communication Form*.
2. A Vendor QMHP will collaborate with ADOC staff to address and resolve an inmate's identified CRF in accordance with AR 627, *Mental Health Crisis Intervention*.

I. Intervention to Interrupt a Suicide Attempt in Progress:

1. ADOC security staff and Vendor staff will intervene immediately to interrupt an inmate's Suicide Attempt in progress.

2. ADOC security staff will ensure that Cut-Down Tools are accessible in all housing areas.
3. The ADOC security staff and Vendor staff who intervene to interrupt an inmate's Suicide Attempt will safely place that inmate face up on the floor as quickly as possible.
4. The ADOC security staff and Vendor staff who find an inmate either unresponsive, not breathing, or without a detectable pulse will immediately begin and maintain life-saving measures on that inmate wherever that inmate is found until otherwise directed by paramedics or Vendor physicians.

J. Notification of Inmate Suicide:

1. The Vendor Health Services Administrator (or designee) at the facility where an inmate who commits suicide was housed will notify:
 - a. The Vendor Mental Health Program Director.
 - b. The Vendor Psychiatric Director.
 - c. The ADOC on-duty shift commander at that facility.
2. The Vendor Mental Health Program Director will notify the ADOC Director of Mental Health Services.
3. The ADOC on-duty shift commander on duty at that facility will notify the Warden (or designee) at that facility.
4. The Warden (or designee) at that facility will notify that inmate's next-of-kin.

K. Review for Quality Assurance and Improvement:

1. Quarterly Suicide Risk Assessment review and report:
 - a. The Vendor Psychiatric Director (or designee) will review quarterly a random sample of at least 10% of each facility's SRA tools for completeness, accuracy, and quality.
 - b. The Vendor Psychiatric Director (or designee) should obtain and review, where available, a complete "set" of SRAs from an inmate's Crisis Cell placements (i.e., the SRAs completed at the initiation of Suicide Watch, step-down change from Acute Suicide Watch to Non-

Acute Suicide Watch, discharge from Suicide Watch, and post-discharge Suicide Watch follow-up).

- c. The Vendor Psychiatric Director (or designee) will summarize the findings of that quarterly review in a report and will submit that report, along with a copy of the spreadsheet containing the data entered into the review tool, by the 10th day of the month following the end of the data collection to both:
 - (1) The ADOC Director of Mental Health Services.
 - (2) The ADOC Director of Psychiatry.
- 2. In the event of an inmate's suicide:
 - a. The Vendor Mental Health Program Director will:
 - (1) Ensure that a complete copy of that inmate's medical records is immediately copied and forwarded to the ADOC Director of Mental Health Services.
 - (2) Ensure that both the Vendor Regional Psychologist and the Vendor Regional Psychiatrist complete a "psychological autopsy" within thirty (30) days from the date of that inmate's suicide.
 - (3) Ensure that the Vendor Regional Psychologist completes ADOC Form MH-004, *Quality Improvement Program: Review of Death by Suicide*, within thirty (30) days from the date of that inmate's suicide.
 - (4) Forward all identified documents to the ADOC Director of Mental Health Services and ADOC Director of Psychiatry for a joint review in accordance with AR 606, *Mental Health Continuous Quality Improvement Program*.
 - (5) Maintain a comprehensive database of all suicides.
 - b. The ADOC Director of Mental Health Services will coordinate a joint review of all relevant information about a suicide, once such information is available, by at least the following ADOC and Vendor staff:
 - (1) ADOC Office of Health Services Division staff.
 - (2) ADOC Operations Division staff.

- (3) ADOC Classification Division Director.
- (4) ADOC Law Enforcement Services Division staff.
- (5) ADOC Warden at the facility where the suicide occurred.
- (6) Vendor Mental Health Program Director.
- (7) Vendor Regional Assistant Mental Health Program Director.
- (8) Vendor Mental Health Continuous Quality Improvement Program Director.
- (9) Vendor psychiatrist or Vendor psychologist.
- (10) Vendor Health Services Administrator at the facility where the suicide occurred.
- (11) Vendor Mental Health Site Administrator at the facility where the suicide occurred.

3. In the event of an inmate's serious suicide attempt:

a. The Vendor Mental Health Program Director will:

- (1) Ensure that the Vendor Psychiatric Director (or designee) and the Vendor Mental Health Site Administrator at the facility where the serious suicide attempt occurred complete ADOC Form MH-004A, *Quality Improvement Program: Review of Serious Suicide Attempt*, within thirty (30) days from the date of that inmate's serious suicide attempt.
- (2) Ensure that the Vendor Mental Health Site Administrator will forward the completed ADOC Form MH-004A, along with all supporting documentation, to the ADOC Director of Mental Health Services and ADOC Director of Psychiatry for a joint review in accordance with AR 606, *Mental Health Continuous Quality Improvement Program*.
- (3) Maintain a comprehensive database of all serious suicide attempts.

4. CAPs for Suicides and Serious Suicide Attempts:
 - a. The Vendor Continuous Quality Improvement Program Director will ensure that CAPs are drafted, submitted, and implemented in accordance with AR 606, *Mental Health Continuous Quality Improvement Program*.
 - (1) All CAP steps will be shared between the ADOC Director of Mental Health Services, ADOC Warden (or designee) at the facility where that inmate was housed, and the Vendor Mental Health Program Director.
 - (2) The Vendor Mental Health Site Administrators at each facility will ensure the implementation of all CAPs.
 - (3) The Vendor Mental Health Continuous Quality Improvement Program Committee at each facility will monitor the Vendor Mental Health Site Administrator's implementation of CAPs.
5. The Vendor Mental Health Continuous quality improvement Program process will ensure that each suicide or serious suicide attempt is reviewed to identify any opportunities for system-wide quality improvement.
6. Documents generated as part of the Vendor Mental Health Continuous quality improvement Program will be maintained with the ADOC OHS and Vendor Mental Health Continuous Quality Improvement documents and will not be filed in either an inmate's institutional file or an inmate's medical record.

L. CISD for Suicides and Serious Suicide Attempts:

1. The ADOC Warden (or designee), Vendor Health Services Administrator, and the Vendor Mental Health Site Administrator at the facility where the inmate was housed will conduct CISD following a suicide or a serious suicide attempt:
 - a. The ADOC Warden (or designee) of that facility:
 - (1) Will ensure that CISD are available to ADOC staff directly impacted by that incident.
 - (2) May request the ADOC Critical Incident Stress Management Team provide support services for ADOC staff.
 - b. Vendor Mental Health Program Director (or designee) will ensure that CISD are available to Vendor staff directly impacted by that incident.

- c. The Vendor mental health staff will ensure that CISD are available to an inmate directly impacted by that incident.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

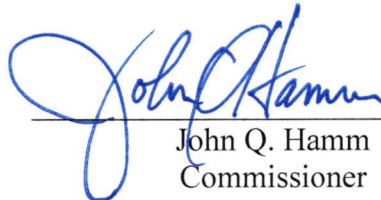
- A. ADOC Form MH-004, *Quality Improvement Program: Review of Death by Suicide*.
- B. ADOC Form MH-004A, *Quality Improvement Program: Review of Serious Suicide Attempt*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 629, *Inmate Suicide Prevention Program*, dated November 16, 2005, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. Braggs v. Hamm, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).
- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner

Alabama Department of Corrections
QUALITY IMPROVEMENT PROGRAM: REVIEW OF DEATH BY SUICIDE

(Confidential quality improvement document for limited distribution)



Inmate Name:		AIS#:
Facility:	Most Recent Housing Move:	
Housing Assignment: GP PSU RHU SLU Crisis Cell SU RTU Other:		
Date of Birth:	Race/Ethnicity:	Security Level:
Mental Health Code:	SMI: Y N	Health Code:
Sex:	Self-Identified Gender:	
Gang or Other Affiliation:		

DETAILS OF THE INCIDENT:

Date/Time of Incident Reported (Form 302-A, Blocks 2 & 3):	Date/Time of Death:
Specific Location of Incident:	
Description of Incident:	

RELEVANT PSYCHOSOCIAL HISTORY:

Date Entered ADOC:	Security Level:
EOS Date:	Number of Times Incarcerated (ADOC):
Parole Eligibility Date:	Last Parole Hearing Date:
Sentence Length: ___ Y ___ M ___ D	
Offense:	
Adjustment to Incarceration (describe):	
Correctional Risk Factors:	

Alabama Department of Corrections
QUALITY IMPROVEMENT PROGRAM: REVIEW OF DEATH BY SUICIDE

(Confidential quality improvement document for limited distribution)



Inmate Name:	AIS#:
---------------------	--------------

MENTAL HEALTH HISTORY:

Last SRA Date:		
DSM-5 Diagnos(es):		
Most Recent Psychotropic Medication (including dosage and frequency):		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Medication Adherence: Good Moderate Poor</td> <td style="width: 50%; padding: 5px;">IVM: Y N</td> </tr> </table>	Medication Adherence: Good Moderate Poor	IVM: Y N
Medication Adherence: Good Moderate Poor	IVM: Y N	
Last seen by Licensed Counselor _____ <i>(name)</i> on _____ <i>(date)</i> .		
Last seen by Psychiatrist/Nurse Practitioner _____ <i>(name)</i> on _____ <i>(date)</i> .		
Last seen by Medical on _____ <i>(date)</i> for _____ <i>(reason)</i> .		
Last Treatment Team Meeting (date):		
Treatment Goals (per Treatment Plan):		
Treatment Interventions Used:		
Adherence/Response to Treatment:		

Data Review Included:

<input type="checkbox"/> Interview of Mental Health Treatment Team	<input type="checkbox"/> Interview of security staff
<input type="checkbox"/> Interview(s) of inmate(s)	<input type="checkbox"/> Review of institutional file
<input type="checkbox"/> Other:	
<input type="checkbox"/> Review of housing record	

Data Review Completed By:

Print & Sign Name:	Position:	Date:
-------------------------------	------------------	--------------

Alabama Department of Corrections
QUALITY IMPROVEMENT PROGRAM: REVIEW OF DEATH BY SUICIDE

(Confidential quality improvement document for limited distribution)



Inmate Name:	AIS#:
---------------------	--------------

QUALITY IMPROVEMENT PROGRAM REVIEW:

Analysis:

Areas for Improvement in Mental Health Assessment and Treatment:
Areas for Improvement in Facility Operations:
Recommended Corrective Action(s):

Quality Improvement Committee Review:

Committee Chair (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:

Alabama Department of Corrections
QUALITY IMPROVEMENT PROGRAM: REVIEW OF SERIOUS SUICIDE
ATTEMPT



(Confidential quality improvement document for limited distribution)

Inmate Name:	AIS#:
Facility:	Most Recent Housing Move:
Housing Assignment: GP RHU SLU Crisis Cell SU RTU Other:	
Date of Birth:	Race/Ethnicity:
Mental Health Code:	Security Level:
Sex:	SMI: Y N
Self-Identified Gender:	Health Code:
Gang or Other Affiliation:	

DETAILS OF THE INCIDENT:

Date/Time of Incident Reported:	Date/Time of Death:
Specific Location of Incident:	
Description of Incident:	

RELEVANT PSYCHOSOCIAL HISTORY:

Date Entered ADOC:	Security Level:
EOS Date:	Number of Times Incarcerated (ADOC):
Parole Eligibility Date:	Last Parole Hearing Date:
Sentence Length: ___Y ___M ___D	
Offense:	
Adjustment to Incarceration (describe):	
Correctional Risk Factors:	

Alabama Department of Corrections
QUALITY IMPROVEMENT PROGRAM: REVIEW OF SERIOUS SUICIDE
ATTEMPT



(Confidential quality improvement document for limited distribution)

Inmate Name:	AIS#:
---------------------	--------------

MENTAL HEALTH HISTORY:

Last SRA Date:	
DSM-5 Diagnos(es):	
Current Psychotropic Medication (including dosage and frequency):	
Medication Adherence: Good Moderate Poor	IVM: Y N
Last seen by Licensed Counselor _____ (name) on _____ (date).	
Last seen by Psychiatrist/Nurse Practitioner _____ (name) on _____ (date).	
Last seen by Medical on _____ (date) for _____ (reason).	
Last Treatment Team Meeting (date):	
Treatment Goals (per Treatment Plan):	
Treatment Interventions Used:	
Adherence/Response to Treatment:	

Data Review Included:

<input type="checkbox"/> Interview of Mental Health Treatment Team		<input type="checkbox"/> Interview of security staff
<input type="checkbox"/> Interview(s) of inmate(s)	<input type="checkbox"/> Review of institutional file	<input type="checkbox"/> Review of housing record
<input type="checkbox"/> Other:		

Data Review Completed By:

Print & Sign Name:	Position:	Date:
-------------------------------	------------------	--------------

QUALITY IMPROVEMENT PROGRAM REVIEW:

Analysis:

Areas for Improvement in Mental Health Assessment and Treatment:

Alabama Department of Corrections
QUALITY IMPROVEMENT PROGRAM: REVIEW OF SERIOUS SUICIDE
ATTEMPT

(Confidential quality improvement document for limited distribution)



Inmate Name:	AIS#:
---------------------	--------------

Areas for Improvement in Mental Health Assessment and Treatment:
Areas for Improvement in Facility Operations:
Recommended Corrective Action(s):

Quality Improvement Committee Review:

Committee Chair (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date:
Member (Print & Sign):	Position:	Date: