

From: Brooks, Laura M (DOC)

Sent: Tuesday, October 09, 2018 8:52 AM

To: DOC - All MH Clinician III; DOC - All Nurse III; DOC - All Superintendents; DOC - All ASSTSUPER; Villers, Tanya L (DOC); Hackney, Toni R (DOC); Lagonegro, Michelle L (DOC); Lawrence, Robert T (DOC); Nimmo, Eric A (DOC); Rutherford, Adam L (DOC); Shirley, Madrian A (DOC); Taylor, Nekeysha T (DOC); Axelsson, Tamara S (DOC); Bacher, David W (DOC); Belden, Carrie M (DOC); Brunger, Rebecca A (DOC); Cann, Karen L (DOC); Daigle, Sherrie D (DOC); Edge, Megan Taylor (DOC); Edwards, Jeffrey B (DOC); Harrison, Peter A (DOC); Melin, Juliana J (DOC); West, Teri M (DOC); Whetsell, Jason M (DOC); Wilkerson, April A (DOC); Williams, Dean R (DOC); Wood, Sidney A (DOC); Wyckoff, Jacob A (DOC); Aikey, Kim A (DOC); Bagley, Ralph (DOC); Beighle, Shigone T Y A (DOC); Chaitoff, Howard J (DOC); Deluisa, Jason B (DOC); Dietrich, Christopher D (DOC); Enlow, Stacey L (DOC); Ervin, Richard C (DOC); Festa, Javier F (DOC); Garoutte, Yolanda E (DOC); Gooding, Darrin J (DOC); Hall, Kelly V (DOC); Kimmery, Melanie J (DOC); Land, Christi M (DOC); Loomis, Amanda L (DOC); Mortensen, Cameron R (DOC); Narog, Anne Marie (DOC); Smith, April L (DOC); Smith, Louis M (DOC); Strommer, Angela J (DOC); Warren, Robert D (DOC)

Subject: T47 Mental Health Holds--EFFECTIVE IMMEDIATELY

Importance: High

Due to staffing and safety concerns, API is shutting down units in the hospital which will drop their bed capacity to approximately 36 (from their usual 78). These units will remain closed until they can bring their staffing up to a safe level; there is no reopen date at this time. Per statute, when someone is waiting on commitment to API but there are no open beds, the individual may be held at a local hospital or correctional facility – this is very similar to the Title 47 alcohol holds we are all familiar with. The primary difference is that the T47 alcohol holds expire after 12 hours but there is no time limit for a T47 MH hold. With bed space at API extremely limited, and local hospitals resistant to taking T47 holds, we can expect many of these individuals who are awaiting API commitment to end up in our facilities. I do not know how many T47 MH detainees we will see or how long they may remain with us. With that in mind, we will adhere to the following:

- All T47 MH detainees shall go through the full Title 47 screening using form 807.14B immediately or as soon as possible.

- T47 MH detainees shall receive an immediate referral to a mental health clinician (contract MH clinicians for facilities without on-site MH staff) for a full initial consult.
- T47 MH detainees who come in after hours or over the weekend shall generate a call to the on-call psychiatric provider. The on-site or contract clinician shall complete a full consult at the start of their next shift.
- For facilities in the Anchorage/MatSu area, the MHC shall arrange for the detainee's transfer to a mental health unit either at ACC or HMCC. Note, if Mike and Lima are both full, arrangements will be made to transfer less acute patients to Charlie Mod at GCCC.
- For facilities in outlying areas, housing placement of T47 MH detainees shall be coordinated with CMHO Adam Rutherford.
- Under no circumstances shall a T47 MH detainee be placed into general population.
- T47 detainees on the mental health units shall be seen by a psychiatrist at the earliest opportunity – and no later than 72 hours after admission.
- T47 detainees in outlying facilities shall be seen via telemed within 72 hours of admission to the facility.
- Daily status updates shall be noted in the progress notes and mental health clinicians shall complete weekly consults.
- If the detainee is willing, DOC shall provide him/her with medications and consent shall be clearly documented in the EHR.
- If the detainee is an imminent threat to himself/herself, DOC shall pursue a Sell hearing through the court system as our internal involuntary medication process does not apply to non-criminal holds (Harper v. Washington). Involuntary medications shall be coordinate through CMHO Adam Rutherford.
- Use of restraints may only be used if the detainee is actively harming himself/herself and all de-escalation attempts and less-intrusive interventions have failed to stop the behavior. Notification of the restraints must be made to CMHO Adam Rutherford and to me.
- The MHCIII at each facility (or nursing in facilities without on-site MHCs) shall keep a log of each T47 MH detainee that will include the name, DOB, ACOMS #, date of admit, housing location and date of discharge. These logs shall be sent to CMHO Adam Rutherford, DOI Sidney Wood and to me every Friday.

I am sure I have not covered everything here so if you have any questions or other ideas, please let me know. This is new to all of us so please be patient as we work through a new process. lb



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