



**State of Alaska
Department of Corrections
Policies and Procedures**

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Chapter: Medical and Health Care Services

Subject: Mental Health Administration and Services

I Authority

In accordance with 22 AAC 05.155, the Department will maintain a manual comprised of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

II References

Alaska Statutes

AS 33.30.011

AS 47.30.700 – AS 47.30.815

AS 47.30.915(12)

Alaska Administrative Code

22 AAC 05.120

22 AAC 05.121

22 MC 05.122

22 MC 05.253

22 MC 05.485

Clery Final Order, 3 AN 81-5274 CIV (Sept. 1990)

Rust v. State, 582 P.2d 134, modified on other grounds, 584 P.2d 38 (1978)

Standards for Adult Correctional Institutions, 3rd Edition 1990

4-4342, 4-4369

Standards for Adult Local Detention Facilities, 3rd Edition 1991

3-ALDF-4E-18, 4E-37, 4E-38

III Purpose

To establish uniform procedures within the Department for the professional, administrative, and clinical supervision of a comprehensive system of mental health service delivery within state correctional facilities.

IV Application

To all staff and prisoners. V

Definitions

A. Mental Illness

Mental illness is an organic, mental or emotional impairment that reduces an individual's exercise of conscious control over the individual's actions and reduces an individual's ability to perceive reality, to reason, or to understand. Mental retardation, epilepsy, drug addiction, and alcoholism do not necessarily constitute mental illness, although persons suffering from these conditions may also be mentally ill. AS 47.30.915(12).

V Policy

A. Provision of Services

The Department shall provide essential mental health services to prisoners who suffer from mental illness in order to maintain or improve their mental health,

contribute to their satisfactory prison adjustment, reduce the risk of criminal recidivism upon their release, and aid the Department in the maintenance of an environment that preserves the basic human rights and dignity of the prisoners and correctional staff. The Department shall offer a range of institutional mental health services, including in-patient psychiatric treatment, sub acute treatment units, outpatient treatment, and group therapy services.

- B. The Department may authorize the transfer of a mentally ill prisoner to a correctional facility or psychiatric institution where more appropriate mental health services or housing is available to meet the prisoner's mental health needs.
- C. When the Department has probable cause to believe that a prisoner who otherwise would be entitled to be released from custody is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others, the Department may hold the prisoner for up to 24 hours while seeking an evaluation and involuntary commitment under AS 47.30.700 -- 47.30.815.
- D. Rights of Mentally Ill Prisoners

Prisoners receiving treatment in an acute mental health unit shall have the same rights and benefits as other prisoners unless the consulting psychiatrist, psychologist, or appropriate health care staff decides that participation in a particular activity is inconsistent with the prisoner's treatment plan. The treating health care provider shall review such a decision every 30 days.

VI Procedures

A. Mental Health Administration

1. Mental Health Personnel

Institutional and contract mental health personnel may supervise, participate in, or provide consultation or recommendations for mental health-related counseling, staff training, institutional and community education, housing and program assignments, disciplinary measures, and prisoner transfers to other institutions.

2. Institutional Mental Health Clinicians

The Institutional Mental Health Clinicians shall provide and coordinate the following mental health services within his or her assigned institution. All clinicians are under the supervision of the Mental Health Clinician Supervisor. Services include:

- a. Screening, evaluation, treatment, and referral services for mentally ill prisoners;
- b. Case-specific consultation with contract and institutional medical and security personnel about treatment recommendations, suicide precautions, and institutional housing decisions;
- c. Consultation, education, and training services for other correctional staff; and
- d. Clinical monitoring and liaison services for contract programs.

3. Mental Health Staff Organization and Supervision.

The Mental Health Director (Mental Health Clinician IV) shall direct and

supervise all departmental and contractual mental health staff. The Mental Health Director reports administratively to the Health Care Administrator and shall develop, implement, and monitor all correctional mental health services in compliance with Departmental P&Ps and applicable ethical guidelines and professional standards of care. The Department Psychiatrist reports administratively to the Health Care Administrator and is responsible for the clinical supervision of psychiatrists.

B. Mental Health Services

1. Test for Essential Services

Mentally ill prisoners shall be offered psychological or psychiatric treatment if a health care provider, exercising ordinary skill and care, concludes with reasonable medical certainty that:

- a. The prisoner's symptoms indicate a serious mental illness or injury;
- b. Treatment could cure or substantially alleviate the disease or injury or alleviate significant pain or discomfort; and
- c. The potential for harm if treatment is delayed or denied is substantial, or
- d. Treatment is needed to alleviate significant pain and suffering which impair the daily functioning of the prisoner and/or prevents the prisoner from participating in or benefiting from rehabilitative services.

2. Priority and Availability of Mental Health Services

Priority will be given to prisoners who suffer from chronic or acute mental illnesses and those who present a danger of injury to themselves or others due to mental health problems. Certain treatment services will be provided only in specific facilities and all services must be ordered by Department or contract mental health staff.

3. Department mental health services include:

a. Informal Evaluations

Mental health staff will provide informal evaluations in response to requests from medical, security, or other correctional staff. These evaluations may result in a written note to the prisoner's medical file or an oral consultation with the requesting person or both.

b. Formal Evaluations

Mental health staff will provide formal evaluations that result in a written report and that are based on a thorough evaluative effort. Formal evaluations may involve multidisciplinary mental health staff input and may require the prisoner's consent to contact family members and previous treatment providers. These evaluations may include a review of the mental health screening completed at intake; a review of the prisoner's prior psychiatric, criminal, substance abuse, and medical history; a description of the prisoner's presenting mental health problems; a comprehensive mental status examination; and the development of an overall treatment plan with appropriate referrals.

c. Emergency Mental Health Consultation Services

Twenty-four-hour mental health consultation services shall be

available through an on-call, call-back system in all facilities. The Department shall provide emergency mental health services to any individual booked into a state correctional facility. Suicide assessments, mental health screenings, and crisis interventions are provided by mental health staff at all correctional institutions. Cells equipped with cameras are available to help ensure the safety of inmates requiring constant observation.

d. Direct Individual and Group Therapy Services

Individual and group therapy services shall be available from mental health clinicians, psychological counselors, and psychiatric nurses under the general clinical supervision of the Mental Health Director. Requests for these services may be initiated by the prisoner or by facility staff.

e. Psychiatric Treatment

Psychiatric and telepsychiatric evaluation, treatment, and referral shall be available in all Department facilities. All psychotropic medications shall be prescribed by licensed psychiatrists, psychiatric physician assistants, or psychiatric nurse practitioners with prescribing privileges. Psychotropic medications shall be administered based upon appropriate psychiatric and physical evaluation of the prisoner's treatment needs and in accordance with legal requirements and professional standards of care. (See Policy 807.16 Involuntary Administration of Psychotropic Drugs.)

f. Acute Mental Health Services

Acute treatment for psychiatric disorders shall be available to prisoners requiring this level of intensive mental health intervention. Acute treatment services for male prisoners are available at the Cook Inlet Pretrial Facility Male Psychiatric unit, and for female prisoners at the Hiland Mountain Female Psychiatric Unit. Admission to these units must be authorized by either the Mental Health Director or the Department Psychiatrist. Prisoners transferred to these units shall undergo formal mental health evaluations and be provided with individualized multidisciplinary treatment plans. The Department shall staff these facilities with sufficient full-time nursing staff to provide 24-hour supervised care as well as 24-hour security to the units. The units shall be staffed to provide intensive psychiatric treatment programming under the clinical oversight of a psychiatrist. Transfer to the Alaska Psychiatric Institute in Anchorage is a treatment option for prisoners unable to be adequately stabilized in the Department's acute mental health units.

g. Mental Health Case Management Services

Prisoners who suffer from major mental illnesses may receive mental health case management during their incarceration. Such case management may consist of medication monitoring, specialized housing placement, specialized group and individual treatment, specialized assistance with transition into the community, and mental health consultation with Departmental medical and security staff.

h. Services for "Guilty but Mentally III" Prisoners

Services for prisoners found Guilty but Mentally III (GBMI) and sentenced in accordance with AS 12.47.050 may include developing a mental health treatment plan (Form 807.13B) and placing a GBMI Alert (Form 807.13A) in the prisoner's case record.

C. Referrals

1. Referral to Mental Health Clinician

A prisoner may request services directly from the Mental Health Clinician or through medical staff. The Clinician must inform medical staff of prisoners who receive mental health services. Any staff member also may refer prisoners directly to the Mental Health Clinician or through medical staff.

2. Referral to Department Psychiatrist

If staff members believe a referral to the Department Psychiatrist is necessary, they must request the referral through the Mental Health Clinician. If no Mental Health Clinician is available, institutional staff must make the request through medical staff.

3. Referral to Contract Mental Health Providers

The Mental Health Clinician shall refer acute or chronic mentally ill prisoners to contract mental health providers, if necessary. In institutions without a Mental Health Clinician, medical staff shall make the referral to mental health providers. The Department Mental Health Clinician Supervisor must preauthorize all referrals by Department mental health or medical staff.

D. Mental Health Transfers

The Mental Health Director or the Department Psychiatrist may authorize the transfer of a mentally ill prisoner to a correctional facility where more appropriate mental health services or housing is available to meet the prisoner's mental health needs. See P&P 750.01, Administrative Transfer.

1. Classification Hearings

The Department must provide a classification hearing when transferring a prisoner to a mental health unit or psychiatric facility (API) except under the following circumstances:

a. Emergencies, in which case a prisoner must be provided a classification hearing no later than five working days after the transfer, unless the prisoner requests more time. In exceptional circumstances, the Department may postpone a hearing for up to 24 hours.

b. The prisoner waives in writing his or her right to a hearing.

2. Transfer to Alaska Psychiatric Institute (API)

The Department may transfer a prisoner to API or another 24-hour psychiatric-care facility if the prisoner suffers from an acute or chronic mental illness and the treating psychologist or psychiatrist decides that the necessary services are not available at CIPT-Male Psychiatric Module, the Hiland Mountain Women's Psychiatric Unit, or any other departmental correctional facility. A prisoner transferred to a psychiatric-care facility shall be provided substantially similar medical care, security, programming, rights, and opportunities as prisoners in a correctional facility, consistent with the mental health needs of the prisoner. The

following procedures apply to all prisoners transferred to API at the Department's request: (Note: This policy does not address court-ordered psychiatric evaluations.)

a. Pre-Transfer Procedures

Before formally transferring a prisoner to API, institutional health care staff must consult with the Mental Health Clinician Supervisor or the Department Psychiatrist. After hours or on weekends, staff must contact the CIPT-Male Psychiatric Module on-call staff. The Department Mental Health Clinician Supervisor or Department Psychiatrist must pre-authorize mental health correctional transfers to API.

- (1) In emergency cases, when a mentally ill prisoner refuses treatment and is in imminent danger of harming himself or herself or others, health care staff may consider medicating the prisoner. See Policy 807.16, Involuntary Psychotropic Medication. A transfer to API may prove unnecessary if the prisoner can be quickly stabilized. However, staff should continue the referral process if medications are not clinically indicated or have been unsuccessful.
- (2) In non-emergency cases, institutional health care staff must exhaust all available treatment resources before transferring a prisoner to API.

b. Correctional Transfer Procedures

Staff must follow the steps below when transferring a prisoner to API:

- (1) Compile or prepare the following records and documents to accompany the prisoner:
 - (i) A memorandum from the Superintendent to the Director of API stating the prisoner's name, clinical condition, symptoms, precipitating factors or incidents, and a brief statement of the patient's criminal, psychiatric, and medical histories, if available. Staff must include the prisoner's projected release date if it could fall within the prisoner's stay at API;
 - (ii) Copies of supporting medical records; and
 - (iii) Copies of the Judgment and Commitment or Temporary Orders of the Court authorizing the legal detention of the prisoner and sustaining the hold in accordance with Policy 602.01 Prisoner Case Record Management.

Note: Department staff must notify the Court when the Department transfers unsentenced prisoners for mental health treatment to API.

- (2) Except as provided in section D.1 above, appropriate institutional staff shall arrange for a classification hearing; and
 - (3) The Mental Health Clinician Supervisor or designee shall
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advise Department transportation staff of an authorized transfer to or from API.

c. Post-Transfer Procedures

- (1) The Department must commit prisoners under Alaska's civil commitment statutes if they are involuntarily hospitalized at API for more than 30 days;
- (2) After the prisoner's treatment is completed, API staff shall ask the Mental Health Clinician Supervisor to arrange for the prisoner's return;
- (3) API must provide admission and discharge reports, psychiatric and psychological examination reports, post-hospital treatment plans, and other pertinent hospital records to the institution's health care staff when the prisoner is returned to the Department's custody. If the Department does not receive these reports, staff must contact appropriate API personnel and ask for these records; and
- (4) Institutional health care staff shall arrange post-discharge and follow-up treatment services for returning prisoners.

Note: Staff shall notify the Court when unsentenced, mentally ill prisoners are returned to the Department from API.

E. Life-Threatening Psychiatric Emergencies

A life-threatening psychiatric emergency occurs when a mentally ill prisoner exhibits assaultive or self-injurious behavior. In response to life-threatening mental health emergencies, institutional staff shall follow the procedures below:

1. Observation

Staff shall monitor the prisoner in a secure setting and remove any items that the prisoner could use to self-harm or harm others. See Policy 804.01 Administrative Segregation. Staff shall record the prisoner's behavior, activities, and apparent condition. The Superintendent shall ensure that staff complies with the attending health care provider's recommendations while monitoring the prisoner.

2. Suicide Attempt

Within 48 hours of a suicide attempt by a prisoner, staff shall make every effort to provide a psychiatrist, psychologist, psychiatric social worker, or other trained mental health personnel to counsel and assist the prisoner, unless the prisoner is medically unfit to speak with the professional. See Policy 807.20 Suicide Prevention and Awareness. Staff shall report all suicide attempts in writing to the health care staff and Superintendent. See Policy 104.01 Special Incident Reporting.

F. Involuntary Civil Commitment under AS 47.30.700 - 47.30.815

Department medical and mental health staff will assess and respond to the ongoing treatment needs of potentially dangerous or gravely disabled mentally ill persons being released from correctional facilities. In cases where the Department has probable cause to believe that a prisoner is gravely disabled or is suffering from a mental illness and is likely to cause serious harm to self or others, departmental medical or mental health staff in consultation with the Mental Health Director shall contact the local community-based mental health

services agency responsible for emergency services evaluations and referrals under AS 47.30.700 - 47.30.815. The correctional center Superintendent or the Superintendent's designee shall be notified of the necessity for this emergency services evaluation. The prisoner may be held in the Department's custody for a period up to but not exceeding 24 hours beyond the point at which the judicial release order has been signed in order to permit the emergency services evaluation to be completed.

G. Pre-Release Assistance

The Department shall establish a pre-release plan for each sentenced prisoner who suffers from a major mental illness and who is incarcerated for more than 180 days. Prisoners incarcerated less than 180 days shall receive this assistance only if they request it. However, in all cases, the Department shall coordinate with the community mental health centers and other appropriate agencies to assure a continuum of care for mentally ill prisoners released from custody.

H. Mental Health Data

Each institution shall collect and record appropriate mental health data in the mental health section of the prisoner's health care record and in the program section of the prisoner case record. See Policy 807.06 Health Care Record and Policy 602.01 Prisoner Case Record Management. Staff shall document all contacts with prisoners in the medical file on the date of the contact. Staff must note any variation from immediate documentation, e.g., a specific statement of when they saw the prisoner in relation to when they wrote the note.

1. At a minimum, all progress notes should include:
 - a. Reason for and source of referral to mental health services;
 - b. Brief history of prior psychiatric, legal, and medical problems;
 - c. Statement of mental status, including diagnostic impression and treatment plan;
 - d. Statement of response to treatment plan;
 - e. Statement of response to medications, including therapeutic effects and side effects; and
 - f. Statement of any planned changes in treatment.

I. Monitoring Mental Health-Related Programs

The Health Care Administrator and the Mental Health Clinician Supervisor shall monitor the institutional and contractual mental health services.

1. Contract Provider Supervision

The Department Mental Health Clinician Supervisor shall monitor the contract providers of mental health services for compliance with the terms and conditions of their contracts, including a general fiscal review, hours of service, and overall contractor performance.

2. Institutional Mental Health Provider Supervision

The Department Mental Health Clinician Supervisor shall monitor the quantity and quality of the mental health programs provided through the institutional Mental Health Clinician, including a review of individual and group therapy goals and objectives and the prisoners' records and progress. The Supervisor shall ensure that institutional mental health clinicians conform to all applicable professional and legal standards of performance.

III X Implementation

This policy and procedure is effective when signed by the Commissioner. Each Manager shall incorporate the contents of this document into local policy and procedure. All local policies and procedures must conform to the contents of this document; any deviation from the contents of this document must be approved in writing by the Division Director.

Date

12/30/09

Joseph Schmidt, Commissioner
Department of Corrections

Forms Applicable:

807.13A

807.13B