

Department of Corrections

OFFICE OF THE COMMISSIONER

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April 4, 2025

The Honorable Andrew Gray Chair, House Judiciary Committee Alaska State Capitol, Room 118 Juneau, AK 99801

Dear Chair Gray,

This letter serves as the Department of Corrections' (DOC) written response to the follow up questions sent over after the DOC Inmate Deaths in Custody hearing before the House Judiciary Committee on March 31, 2025.

Rep. Eischeid asked where Alaska stands in terms of "mortality rates of state prisoners".

Alaska has the 6^{th} lowest mortality rate per 100,000 prisoner population of all states and the federal correctional systems (see in attachment one; table 17 of attached Bureau of Justice Statistics document – 2001 – 2019). Alaska's correctional system is unified and on slide six of the provided presentation (attachment two) there is a comparison of Alaska to other unified correctional systems.

Rep. Eischeid asked what the current vacancy rate is for correctional officers.

As of 03/24/2025 there is a 5.49% vacancy rate (59 PCNs) for correctional officers. As of this same date, we have 35 applicants with conditional job offers that are in the background and psychological/medical process.

Rep. Eischeid asked what the standard shift length is for a correctional officer.

The standard correctional officer shift is 12 hours per day (week-on/week-off, day/night). More information on correctional officer shifts can be found in the Collective Bargaining Agreement for the Alaska Correctional Officers Association (ACOA), Page 21, Article 13.1 https://law.alaska.gov/pdf/labor-relations/contracts/ACOA2021-2024.pdf

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Rep. Eischeid asked what the standard shift length is for a correctional medical professional.

- Nurses: Nurse 1 and Nurse 2 work an alternative work week of 75 hours per pay period, week on/week off; Nurse 3's work 40 hours per work week Monday – Friday.
- Nurse Practitioners/Physician Assistants (NP/PA): at most facilities NP/PA work an alternative work week of 75 hours per pay period, week on/week off and two facilities have PA's working 37.7 hours per week over four days.
- Physicians: Monday Friday 8:00am 4:30pm
- Dentists: Monday Friday 8:00am 4:30pm
- Clinician: Schedules are four 10-hour shifts with Mental Health Clinician 1/Mental Health Clinician 2 working 37.5 hours per week and Mental Health Clinician 3s working 40 hours per week. All shifts are day shifts.

Rep. Eischeid asked if correctional officers are ever assigned double shifts and if correctional officers are allowed to take double shifts.

Correctional officers are generally assigned a week on/week off, day/night, schedule of seven 12-hour shifts. The maximum amount of hours a correctional officer may work in any 24-hour period is 16 hours. This means correctional officers cannot work double shifts. (More information can be found in the Collective Bargaining Agreement, see above)

Rep. Gray asked about the cancelled Letters of Agreements (LOAs) that provide premium pay incentives for recruiting and retaining staff across the Department of Corrections (DOC). This decision impacts personnel at state correctional facilities, including the elimination of retention bonuses for correctional officers and overtime pay for correctional and psychiatric nurses.

- What impact will cancelling these agreements have on DOC staff and the Department's ability to maintain safe staffing levels?
 - The Department is monitoring vacancies and recruitments of vacant positions to determine any impacts from the cancellation of the Letters of Agreements. It is currently too soon to determine what the impacts are.
- Have these incentives been effective in filling and retaining staff in hard-to-fill positions?

While the Letters of Agreements have been helpful in recruiting and retaining staff, they have not been the sole effort in filling and retaining staff within the Department of Corrections. There are other efforts in collaboration with the Letters of Agreements that have led to the current staffing and retention of Department of Corrections employees.

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• What specific steps is the Department taking to address the loss of these recruitment and retention tools?

The Department of Corrections is monitoring vacancies and staffing levels and will seek Letters of Agreements through the new process as needed to ensure safe and appropriate staffing levels.

Rep. Gray asked about how the department monitors for suicidal ideation for someone detoxing and suffering from withdrawal.

All individuals identified in need for detoxification or placed on withdrawal protocols are referred to mental health staff. This is monitored through staff encounters as well as the department's electronic health record.

Rep. Gray asked if the department has explored alternatives to solitary confinement for individuals on suicide watch. If so, what other options were explored and what would it take to implement those.

The department's policy allows for individuals on suicide precautions to be housed with other individuals on suicide precautions based on the recommendations of mental health staff.

Rep. Gray asked about how the department manages the housing, care, and safety of prisoners with severe mental health issues when mental health housing is at capacity, and prisoners can't be in single cells. How does DOC assess potential for violent behavior when making housing decisions, regardless of whether a person has mental health needs?

The Department's goal is to house individuals in the least restrictive environment. Housing is determined based on several factors to include but not limited to an individual's mental health acuity, security level, past behaviors, current behaviors, observed interactions with others and treatment compliance to name a few. Not all individuals with severe and persistent mental illness require mental health housing or to be housed alone. Individuals can be housed in various general population units to one of our acute psychiatric units.

In addition to the above, the department conducts classifications and follows the Prison Rape Elimination Act (PREA) standards on all prisoners.

Rep. Gray asked about when an individual passes away in custody, how is evidence collected by DOC and passed to the Alaska State Troopers? How is the chain of custody established and maintained?

Staff secure the scene following the event of an unexpected death. An officer is assigned to maintain the security and integrity of the scene. This officer ensures that only authorized

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persons are allowed to enter the area and logs all scene access and activity. DOC staff work with the Alaska State Troopers (AST) to provide access to the scene as well as to identify and process any potential evidence. Items removed from the cell as evidence are logged on a chain of custody form and photographed before being released to the Alaska State Troopers. DOC staff prepare a written timeline and preserve video for a minimum of 24 hours prior to the event and until the scene is released by AST. Once the scene has been cleared by the Alaska State Troopers, staff ensure that an inventory of the prisoner's in-cell property is completed.

Rep. Gray asked who notifies the Medical Examiner when there is a death in custody and are all deaths reported to the Medical Examiner?

The Chief Medical Officer (CMO) notifies the Medical Examiner (ME) for all in-custody deaths. Circumstances of the death are described, including expected vs. unexpected death.

Thank you for allowing us to respond, and for your continued support of the Department of Corrections.

Sincerely,

Jen Winkelman Commissioner

Enclosure: Mortality in State and Federal Prisons, 2001-2019

DOC - Health Rehabilitation Services Deaths While in Custody 3.31.25

cc: Jordan Shilling, Director, Governor's Legislative Office