

DEPARTMENT OF CORRECTIONS

Behavioral Health

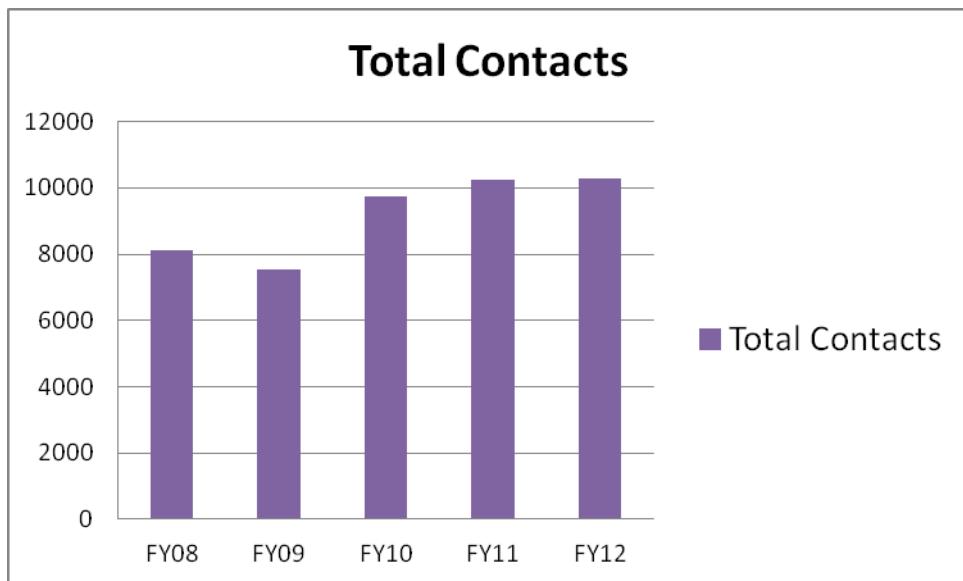
FY 2014 Overview



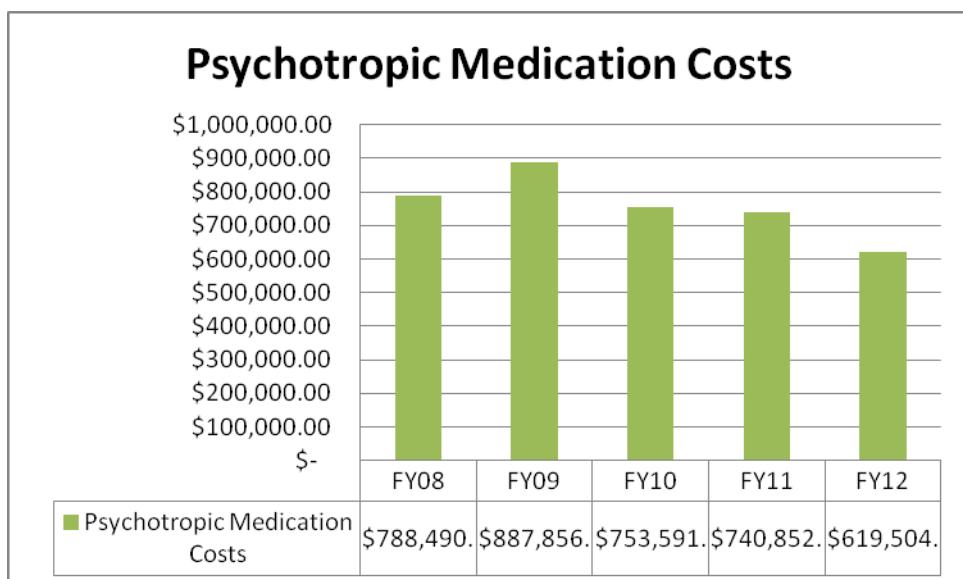
House Finance Sub-Committee
February 14, 2013

Behavioral Health Updates:

The demand for Behavioral Health Services continues to increase within the Department. This past year (FY12) the Behavioral Health staff had **more contact with offenders than ever before**. The graph below provides a summary of the number of contacts Behavioral Health staff have had with offenders over the past five fiscal years.



Along with the number of offenders being seen by Behavioral Health staff, we have seen an **increase in the number of offenders on psychotropic medications over the past five years**. In an effort to control the costs associated with this increase, the department has implemented additional treatment groups and revised the formulary list for providers. The graph below provides a summary of the costs for psychotropic medications over the past five fiscal years. As you can see the implemented changes has resulted in a **reduction in the overall cost for psychotropic medications**.



In-Patient Psychiatric Treatment Units – Two acute care psychiatric units provide 24-hour hospital level care to the most seriously mentally ill and suicidal offenders in our system. Both men's and women's acute-care units continue to operate at, or near, capacity.

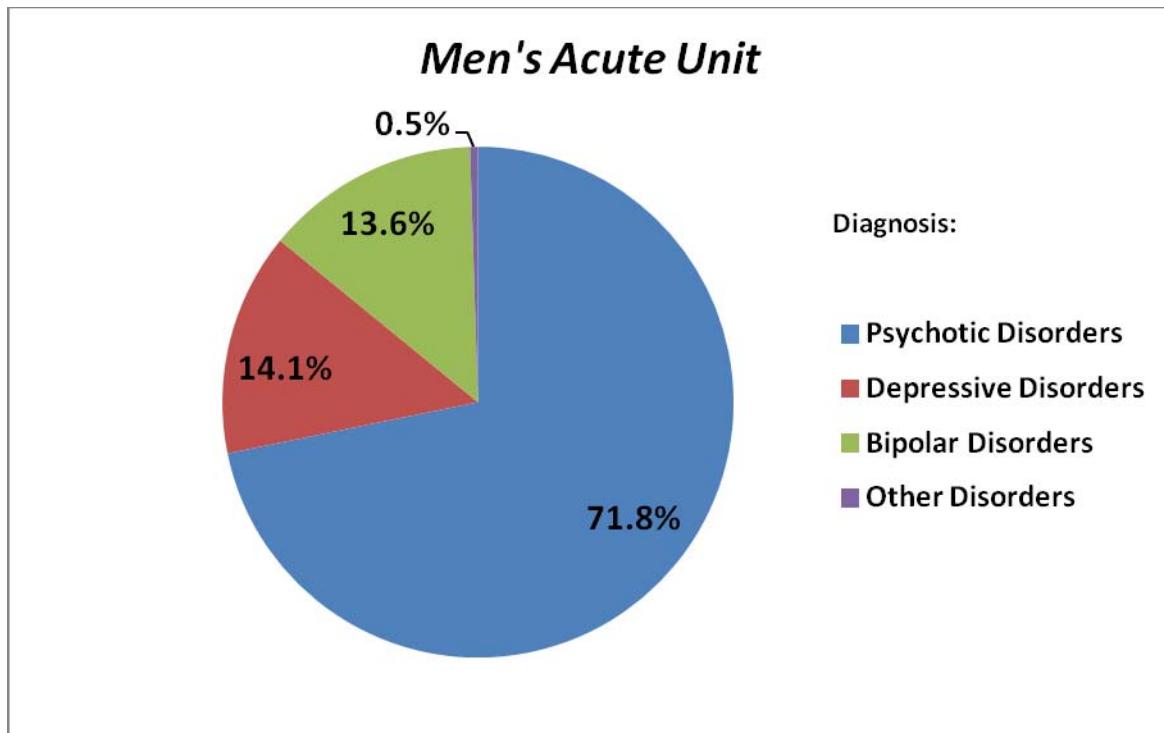
Mike Mod (men's acute care, 28 beds, Anchorage Correctional Complex)

FY 12:

- 233 total admissions
- 166 unique individuals; 67 repeat admissions

Five Year Average:

- 281 admissions per year
- 168 unique offenders served per year
- Average length of stay 28 days
- 73.3% of offenders have Co-occurring Disorders



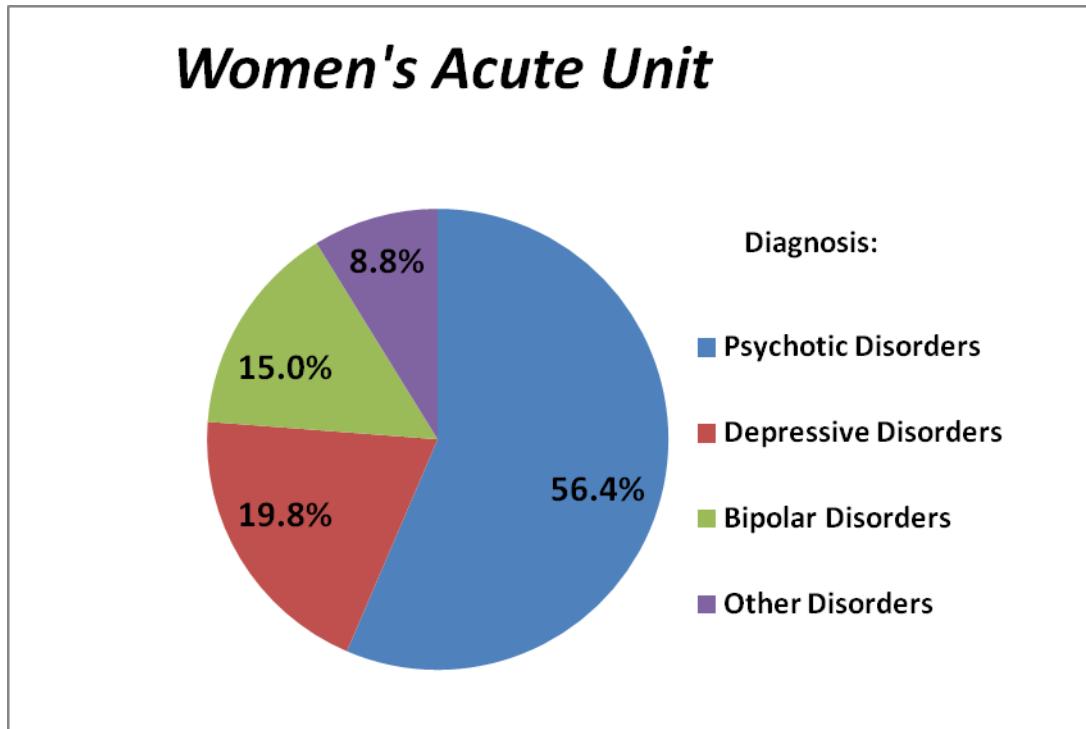
Women's Mental Health Unit (women's acute care, 15 beds, Hiland Mountain Correctional Center)

FY 12

- 176 total admissions
- 121 unique individuals; 55 repeat admissions

Five Year Average:

- 187 admissions per year
- 111 unique offenders served per year
- Average length of stay 24 days
- 75.2% of offenders have Co-occurring Disorders



Sub-Acute Care Units: four units provide in-patient residential treatment for mentally ill offenders who are transitioning back to open population or the community, or for those who simply cannot function safely in general population. The four sub-acute treatment units are always full and have wait lists.

Lima Mod (men's sub-acute care, 32 beds, Anchorage Correctional Complex) having just passed its 1-year anniversary, Lima was full the first week it opened and has remained at capacity.

FY 12

- 241 total admissions
- 185 unique individuals; 56 repeat admissions

Echo Mod (men's sub-acute care, 60 beds, Spring Creek Correctional Center)

FY 12

- 91 total admissions
- 43 unique individuals; 48 repeat admissions

Hope Wing (women's sub-acute care, 20 beds, Hiland Mountain Correctional Center)

FY 12

- 77 total admissions
- 57 unique individuals; 20 repeat admissions

House 1 Sub-acute Unit (men's sub-acute care, 30 beds, Palmer Correctional Center)

FY 12

- 239 total admissions
- 207 unique individuals; 32 repeat admissions

Mental Health Release Programs

Anchorage Correctional Complex Mental Health Discharge Planner – a full time discharge planner (contract) for the Anchorage Jail, our largest remand facility. The focus of this position is to provide critical release planning services for people with mental illness cycling quickly through the system.

FY 12

- 69 detailed discharge plans completed
- 1,217 case coordination contacts
- 96 coordinated jail visits with Anchorage Community Mental Health Service consumers

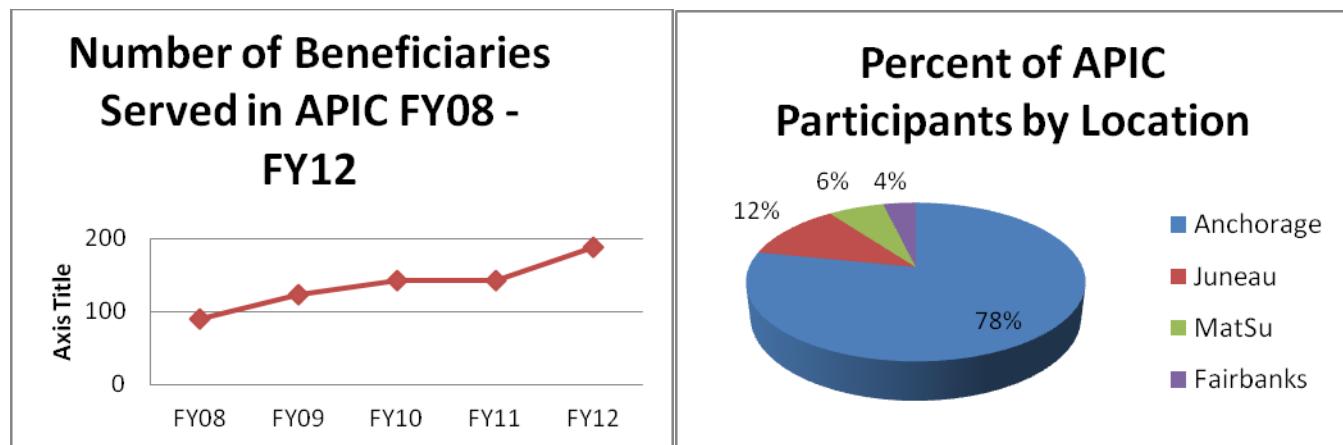
Jail Alternatives Services (JAS) — Two JAS clinicians coordinated care and monitored clinical and legal compliance for 145 seriously mentally ill misdemeanor offenders in Anchorage.

Institutional Discharge Planning plus (IDP+) — A felony release program for seriously mentally ill offenders that coordinates care and monitors legal and clinical compliance of 90 – 100 individuals who are on probation or parole.

APIC (Access, Plan, Identify, Coordinate) – APIC provides release planning and service coordination for seriously mentally ill offenders releasing to the community statewide. Since the program started in 2008, the APIC caseload has increased by 64%. Recidivism studies are still in process but trends indicate that both clinical and legal recidivism have been reduced for those participating in this and other DOC release programs.

FY 12

- 188 individuals were connected to community services
- 100% released from DOC with a transition plan
- 180 housing placements
 - 107 released to supervised housing, 73 released to non-supervised housing



Improved Screening & Mental Health Services

- Implemented system-wide use of the Brief Jail Mental Health Screen, a nationally validated booking tool used to screen incoming detainees for the need for mental health assessment and intervention.
- Expanded the suicide screening procedures at remand as part of a system-wide revision of the medical screening process.
- A new procedure was created to allow community mental health providers to bring to the jails currently prescribed medication. This helped reduce delays in getting mentally ill offenders their medications in custody.
- Staff expanded mental health support services to open population offenders in all facilities with on-site clinicians. This not only allows for additional services to general population inmates, but it creates a way to more thoroughly assess non-acute needs prior to making a referral to psychiatry. Instead of direct referrals for medication assessments, this group therapy programming creates an option for inmates with low-level depression, anxiety or for those who are having difficulty adjusting to incarceration.
- Mental health researched and implemented a new evidence-based, nationally recognized anger management program in all facilities with on-site mental health staff.
- Expanded relationships and improved collaboration with the Department of Health and Social Services, Division of Behavioral Health and community agencies to address the needs of the mentally ill offender population. This includes weekly strategy meetings between the DOC and Alaska Psychiatric Institute staff to coordinate transfers between facilities and develop release plans for shared clients.
- Recognizing the large number of individuals with cognitive impairment in DOC custody, we now have a seat on the steering committee for the Fetal Alcohol Spectrum Disorder partnership.
- Statewide implementation of mental health rounds in segregation.

Goose Creek Correctional Center Update/Overview

The Behavioral Health Staff at Goose Creek Correctional Center (GCC) consists of the following:

- 1 Mental Health Clinician III
- 3 Mental Health Clinician I/II's
- 1 Psychological Counselor
- 1 on-site contracted Psychiatric Nurse Practitioner

Along with providing mental health and psychiatric services at GCC, one of the Behavioral Health Unit's primary responsibilities is to provide treatment groups to all the offenders housed at GCC. These groups focus on a wide array of treatment issues ranging from Anger Management to Criminal Thinking Errors.

The Behavioral Health Unit will provide a core curriculum consisting of the following groups:

- Anger Management
- Health Living
- Thinking for Change
- Returning Home: Getting Ready to Re-enter Society
- Understanding & Coping with Anxiety
- Understanding & Coping with Depression

Along with providing these groups, once fully staffed the Behavioral Health Unit will provide a variety of additional groups for such topics as Accepting Responsibility, Overcoming Thinking Errors and other cognitive-behavior based programs.

Continued Challenges in Mental Health

- Because of the increasing numbers and higher acuity, institutional program staff is providing more crisis intervention services and less maintenance and preventative programming.
- Our ability to treat gravely disabled offenders has been significantly restricted due to legal concerns raised regarding involuntarily medicating pretrial offenders. This change has led to a greater acuity on our mental health units and an increase in the number of unstable offenders who must be civilly committed upon release.
- Our release programs have more referrals than staff can appropriately provide for.
- There continues to be critical gaps in housing, benefits, and timely access to effective community mental health and substance abuse treatment programs.
- Access to dual diagnosis treatment continues to be extremely limited statewide.
- Lack of forensic bed availability at Alaska Psychiatric Institute (API) has led to mentally ill offenders who are court-ordered to API for competency restoration are remaining in jail rather than being admitted to the hospital. In 2011, 17 civilly committed individuals stayed in DOC beds an average of 10 days following an order for transfer to API due to a shortage of forensic beds.

Goals for DOC Behavioral Health Unit

- Collaborate with Correctional Service of Canada to utilize their Fetal Alcohol Spectrum Disorder screening for adult offenders.
- Partner with Alaska Native Health Consortium to provide culturally relative and sensitive treatment for offenders.
- Review efficacy of the Departments current behavioral health services/treatment and implement evidence based interventions/programming for offenders.
- Continue to evaluate cost containment measures and appropriate alternatives to psychopharmacology.