HOUSE FINANCE COMMITTEE
April 24, 2019
9:00 a.m.

9:00:16 AM

CALL TO ORDER

Co-Chair Wilson called the House Finance Committee meeting to order at 9:00 a.m.

MEMBERS PRESENT

Representative Neal Foster, Co-Chair
Representative Tammie Wilson, Co-Chair
Representative Jennifer Johnston, Vice-Chair
Representative Dan Ortiz, Vice-Chair
Representative Ben Carpenter
Representative Andy Josephson
Representative Gary Knopp
Representative Bart LeBon
Representative Kelly Merrick
Representative Colleen Sullivan-Leonard
Representative Cathy Tilton

MEMBERS ABSENT

None

ALSO PRESENT

Kelly Howell, Special Assistant, Department of Public Safety; Sylvan Robb, Administrative Services Director, Department of Corrections, Office of Management and Budget; Nancy Meade, General Counsel, Alaska Court System; Nancy Meade, General Counsel, Alaska Court System; Jen Winkleman, Director, Probation, Parole, and Pretrial, Department of Corrections.

PRESENT VIA TELECONFERENCE

Matt Davidson, Social Services Program Officer, Division of Juvenile Justice, Department of Health and Social Services; Robert Henderson, Deputy Attorney General, Criminal Division, Department of Law; Beth Goldstein, Interim Public Defender, Public Defender Agency, Department of

Administration; James Stinson, Director, Office of Public Advocacy, Department of Administration; Laura Brooks, Deputy Director, Health and Rehabilitative Services, Department of Corrections.

SUMMARY

HB 14 ASSAULT; SEX OFFENSES; SENT. AGGRAVATOR

HB 14 was HEARD and HELD in committee for further consideration.

PRESENTATION: PRISON PROGRAMS BY DEPT. OF CORRECTIONS

PRESENTATION: SENTENCING PROGRAMS BY COURT SYSTEM

Co-Chair Wilson reviewed the meeting agenda.

#hb14
HOUSE BILL NO. 14

"An Act relating to assault in the first degree; relating to sex offenses; relating to the definition of 'dangerous instrument'; and providing for an aggravating factor at sentencing for strangulation that results in unconsciousness."

9:00:33 AM

Co-Chair Wilson began with to FN 1 from the Department of Health and Social Services, Division of Juvenile Justice, OMB Component Number 2134.

MATT DAVIDSON, SOCIAL SERVICES PROGRAM OFFICER, DIVISION OF JUVENILE JUSTICE, DEPARTMENT OF HEALTH AND SOCIAL SERVICES (via teleconference), reviewed the department's zero fiscal note. He explained that the provisions of the bill related to changes to criminal offenses applied to juvenile offenders; however, the number of cases would be very low and would not have a fiscal or programmatic impact on the division.

Co-Chair Wilson asked if the division had statistics showing the number of juveniles who had been convicted of crimes included in HB 14.

Mr. Davidson replied that he did not have the statistics on hand related to the number of assaults in the categories impacted by the bill. He had learned in conversations with probation staff handling juvenile cases that strangulation type cases were very unusual with juveniles. He would follow up with the requested information.

Co-Chair Wilson moved to FN 3 from the Department of Public Safety (DPS), Alaska State Trooper Detachments, OMB Component Number 2325.

KELLY HOWELL, SPECIAL ASSISTANT, DEPARTMENT OF PUBLIC SAFETY, reviewed the department's zero fiscal note. The changes proposed by HB 14 may slightly alter the way state troopers conduct investigations and documentation but would have no fiscal impact.

Co-Chair Wilson assumed DPS did not anticipate a significant increase in arrests due to the bill.

Ms. Howell replied that she did not know whether the bill would result in more arrests, but she believed that would be positive. She hoped the legislation would help in prosecutions and investigations. She elaborated that work that would result from the bill was work the troopers were already doing. The bill would provide troopers with additional tools for investigations and provide more information to the Department of Law (DOL) for improved prosecutions.

9:03:51 AM

Co-Chair Wilson turned to FN 2 from the Department of Law, Criminal Justice Litigation, OMB Component Number 2202.

ROBERT HENDERSON, DEPUTY ATTORNEY GENERAL, CRIMINAL DIVISION, DEPARTMENT OF LAW (via teleconference), reviewed the department's zero fiscal note. The changes made in the bill elevated the criminal conduct and changed some of the legal definitions. He explained the department was already prosecuting the cases and the bill would mean prosecuting them at a higher level. The department did not anticipate a fiscal impact.

Co-Chair Wilson asked for verification that the department did not anticipate new convictions; cases that were already being prosecuted would be prosecuted at a higher level.

Mr. Henderson answered in the affirmative.

9:04:58 AM

Co-Chair Wilson moved to FN 5 from the Department of Administration, Public Defender Agency, OMB Component Number 1631.

BETH GOLDSTEIN, INTERIM PUBLIC DEFENDER, PUBLIC DEFENDER AGENCY, DEPARTMENT OF ADMINISTRATION (via teleconference), addressed the agency's indeterminate fiscal note. The agency did not know how many additional cases the change in law would create. She explained that the agency anticipated some potential higher costs associated with the aggravator, based on the more complex litigation with potential experts or the need for additional transcripts at sentencing.

Co-Chair Wilson asked if the agency had any current statistics showing the number of people who were being arrested. She remarked that the bill would tighten things up.

Ms. Goldstein answered that she did not have statistics on how many more [arrests there would be]. She offered to share numbers on average case costs for experts and transcripts.

Co-Chair Wilson agreed the information would be helpful, but she thought it would be even more helpful to know whether 10 or 100 people had fallen into the category in the past couple of years. She thought it did not make sense the agency's note was indeterminate while notes from other departments showed zero fiscal impact. She explained that without statistics it was difficult for the committee to know whether the note should be zeroed out or show a fiscal impact.

Ms. Goldstein understood the confusion and explained the reason for the indeterminate note. She elucidated that because the Public Defender Agency was a downstream agency, she did not have any estimates - DOL had stated there was a caseload increase. The agency could not determine how many additional charges or cases would result from the legislation. Additionally, the agency could not determine the number of individuals who would be public defender eligible.

Representative Carpenter asked if it would be appropriate to review the estimated numbers in the Department of Corrections' (DOC) fiscal note and extrapolate the information out to determine the cost to the Public Defender Agency and Office of Public Advocacy (OPA).

Co-Chair Wilson agreed it would be helpful to ask DOC where its numbers had come from and whether it had some statistics showing how the numbers had been derived.

Representative Carpenter pointed out that public advocacy [Public Defender Agency] did not know what the increased caseload would be [as a result of the bill]. He suggested applying the projected number from another department's fiscal note in the cases where departments did not have the information; the information would give the committee something to go off of.

Co-Chair Wilson agreed. She moved to DOC and asked to hear how the department had arrived at its projections.

9:08:41 AM

SYLVAN ROBB, ADMINISTRATIVE SERVICES DIRECTOR, DEPARTMENT OF CORRECTIONS, OFFICE OF MANAGEMENT AND BUDGET, addressed the department's fiscal impact note, FN 6, OMB Component Number 1381 for the Institution Director's Office. She shared that Sections 1 and 4 of the legislation impacted the department and would lead to an anticipated increase in the prison population.

Co-Chair Wilson asked how the department had determined the numbers in the fiscal note.

Ms. Robb answered that the data had been pulled from DOC's offender tracking system, the Alaska Criminal Offender Management System (ACOMS). Section 1 pertained to the crime of causing someone to be unconscious with a dangerous instrument, which the bill included under assault in the first degree. Over the past five years, the department had averaged 113 inmates incarcerated as the result of an assault in the first degree conviction; the individuals had an average stay of 1,611 days or 4.4 years. The department projected an increase in the daily population beginning in year two going forward. The increase in year two was slightly lower than in subsequent years because the people who would be charged and incarcerated would have been

charged with assault in the second degree under current law; assault in the first degree carried a longer sentence than an assault in the second degree conviction.

Co-Chair Wilson asked for verification that everyone currently incarcerated for the crime would be incarcerated for assault in the first degree. She thought all of the individuals would fall underneath the bill with an increased number of prison days. She asked if that was how the department had determined the increase.

Ms. Robb clarified not everyone convicted of an assault in the second degree charge would have the charge raised to an assault in the first degree. The increase would occur only in the case of strangulation with a dangerous instrument. Starting in year three, the increase would result in an extra 5.66 individuals incarcerated.

Co-Chair Wilson requested the statistics to understand the numbers in the note. She was interested in seeing the information broken out by year to learn if incarceration for the crime had been increasing or decreasing.

9:11:45 AM

Ms. Robb responded that with the passage of the bill the strangulation with a dangerous instrument would become a crime. It was her understanding it was not a current element of the crime. The department did not have precise statistics; it was projecting based on a use of similar crimes.

Representative Josephson stated that currently when a person strangled someone (with a dangerous instrument - typically the hands) and caused physical injury they were into a felony already. He thought Ms. Robb was saying that an increase would likely not exceed around 5 inmates. He clarified that it was currently a crime to strangle someone. He remarked that the bill primarily established there would be no debate [about the charge] in circumstances where there was unconsciousness; the crime would be a Class A felony. He added that the bill also dealt with the element regarding discharge of bodily fluids. He did not believe the committee should be overly concerned [with the potential increase] because the individuals were already going to jail.

Co-Chair Wilson appreciated the remarks. She explained she had been trying to follow up on Representative Carpenter's suggestion about how to utilize the [DOC] numbers to gain more clarity on impacts to OPA and the Public Defender Agency. She reasoned there would not necessarily be more people going through the prison system, but people going through the system would have higher charges.

9:13:43 AM

Vice-Chair Ortiz addressed Representative Josephson's point. He explained there was already the use of public defenders and crimes similar to those outlined in the bill. He reasoned there would not be an increased need for public defender expenses. He thought a zero fiscal note made sense.

Co-Chair Wilson pointed out that the notes were indeterminate from OPA and Public Defender Agency.

Vice-Chair Ortiz asked if Co-Chair Wilson's concern was about why there was an increase in one fiscal note and why there was an indeterminate note.

Co-Chair Wilson clarified her concern related to indeterminate fiscal notes from agencies. She stated that DOL had a zero fiscal note, whereas, DOC had a fiscal impact note based on holding current inmates longer, and the state troopers submitted a zero note because they did not anticipate picking up offenders they were not already picking up. She questioned why the Public Defender Agency and OPA would have indeterminate notes. She believed Vice-Chair Ortiz had made her case that notes [from OPA and the Public Defender Agency] should be zero.

9:15:27 AM

Co-Chair Wilson moved to indeterminate FN 4 from the Department of Administration, Office of Public Advocacy, OMB Component Number 43.

JAMES STINSON, DIRECTOR, OFFICE OF PUBLIC ADVOCACY, DEPARTMENT OF ADMINISTRATION (via teleconference), believed there was a bit lost in translation. He echoed comments made by Ms. Goldstein. He explained that it was not necessarily that more people would be arrested and charged with "X" crime; however, anytime an aggravator was added,

which would require expert testimony, litigation related expenses would increase (including post-conviction relief).

Co-Chair Wilson asked if it would increase the number of OPA staff needed. She asked what the change meant in terms of the agency's workload and needs.

Mr. Stinson replied that while it was difficult to predict, if a new Class A felony was created that required a person to go unconscious, it was important to acknowledge that in a strangulation case sometimes there were no outward signs of injury. He explained that a Class A felony charge required serious physical injury. Typically, there were signs of injury when the charge was made; however, someone could be strangled to unconsciousness who did not have petechiae, bloodshot eyes, or other external signs. He explained that it meant DOL, the public defenders, and/or OPA, would have to have a battle of the experts in many of the cases. Whether or not an aggravator could be applied, would be an issue for post-conviction relief. He could not say exactly how much money that would cost, but he believed Ms. Goldstein had some figures for how much those types of things would cost. He could not identify how many of the cases there would be, but there would undoubtedly be an increase in litigation expenses any time a penalty was increased.

Representative Carpenter surmised that if the committee could get a cost per case, it could extrapolate out to the DOC projected increase.

Co-Chair Wilson requested the cost of similar cases from the Public Defender Agency and OPA. She believed the committee had the other numbers it could use to get an idea of the increase. She asked if aggravators would be brought by DOL and defended against by the public defenders, which would add to the cost. Alternatively, she wondered if it was up to the public defenders to prove aggravators. She was confused that there would be no cost increase for DOL, but there would be an increase for OPA and the Public Defender Agency.

9:18:41 AM

Mr. Stinson replied that ultimately the charging agency dictated whether it would be seeking an aggravator. He explained the issue could be significant in plea

negotiations. He noted that sometimes sentencing could be bifurcated if a specific aggravator was argued after a jury trial. He elaborated that it was difficult for the agency to predict because OPA did not know whether prosecutors would be seeking the new Class A felony every time there was an allegation of unconsciousness. For example, if a victim said they blacked out for a second, OPA could not predict whether the prosecutor would go with the Class A felony. Whereas, a person with external signs of strangulation was a very serious case. The Department of Law had a broad range of charging discretion when seeking aggravators and whether or not to charge a case under "this theory." The issue made it difficult for the public defenders and OPA to predict.

Co-Chair Wilson looked forward to the information and intended to discuss the specific fiscal notes at a later time. She noted there was not a fiscal note from the Court System; however, it would see the cases. She asked to hear why the Court System had not submitted a fiscal note.

NANCY MEADE, GENERAL COUNSEL, ALASKA COURT SYSTEM, relayed that she submitted a fiscal note when she saw a fiscal impact and only submitted a zero note when requested by the sponsor or a committee. The bill would result in very little fiscal impact in the courts because the aggravators would only come into play during a trial; very few cases went to trial. She believed the situation addressed in the bill would be quite rare; the circumstances that lead to the bill showed the situation was somewhat unique. She did not believe the Court System would need any additional resources to handle any increased caseload that may result from the legislation.

HB 14 was HEARD and HELD in committee for further consideration.

^PRESENTATION: SENTENCING PROGRAMS BY COURT SYSTEM

9:21:36 AM

NANCY MEADE, GENERAL COUNSEL, ALASKA COURT SYSTEM, communicated she had been asked to talk about sentencing programs, which she interpreted to mean the types of things the court could do at sentencing that may have something to do with treatment. She relayed that the court had the ability to order, as part of a sentence, that a person go

through certain treatment or rehabilitative programs in the institutions. Statute specified the court could order someone to go through a treatment program if it was available; it could not order a person to do something if the option was unavailable; therefore, the wording was often included in judgements. As a condition of probation, the court routinely ordered people (usually with a felony charge) to get assessed by an appropriate program, to follow the instructions of the treatment provider, and to work with their probation officer to ensure the treatment requirement was fulfilled.

Ms. Meade highlighted the Alcohol Safety Action Plan (ASAP) operated through the Department of Health and Social Services (DHSS). The program was available as a condition of probation to assess misdemeanants whose crime involved drug or alcohol issues. She explained ASAP was frequently ordered in misdemeanor cases as a condition of probation. The information was the extent of what the court generally did at sentencing.

Representative Josephson noted that the court also had the Therapeutic Court and Veterans Court, which included numerous treatment provisions.

Ms. Mead replied in the affirmative. The therapeutic courts were available in six locations around the state. She detailed that the prosecutor, defense attorney, and court all had to agree that an individual could benefit by a rigorous treatment program. The programs were very resource intensive and lasted at least 18 months. She elaborated that the programs included phase down provisions for the first six months. For example, a person worked with a probation officer and treatment providers through DHSS and may see the judge once a week to answer questions related to how their housing was going, how treatment was going, how their children were doing, and other. She explained the judge encouraged the individual throughout the program. She reported the programs had good results for those who were able to stick with them; the programs were intensive and demanding.

Co-Chair Wilson asked who paid for the treatment cost.

Ms. Mead answered that the person was asked to contribute to the cost, but the reality was that few participants could afford the program cost. Generally, the state paid.

Co-Chair Wilson asked if the state received any reimbursement from Medicaid.

Ms. Mead replied that the court's therapeutic court coordinator was always working with Medicaid and insurance companies trying to get reimbursement. There was a complex system for trying to get the reimbursement for the individuals in a program who were Medicaid eligible or may have any other benefits.

9:25:55 AM

Representative Carpenter asked if the judge knew at the time of assigning probation whether the treatment program was available.

Ms. Mead answered they were now talking about general judgements for felonies or misdemeanors. She explained that the court could order treatment while incarcerated, if available. The court could not tell the Department of Corrections (DOC) which facility to put a person in, which was a separation of powers problem. She elaborated that DOC made its determination where to put someone (based on population management issues); if the program was available, the individual was required to do it. As a probation condition when the court directed a person to get assessed and get treatment (once the individual had been released from prison), the court had no idea where a person would go and did not confine them to a specific treatment. She explained that if the treatment was not available in a community the defendant chose to live, they would likely not be able to live in that community and comply with their probation. In other words, the defendant would have to go where the treatment was located.

Representative Carpenter highlighted that an individual could be directed to get treatment as a condition of probation, without knowing or considering whether the treatment would be available where the person would be living.

Ms. Mead replied that at the time of sentencing a judge had no idea where a person would be living after being released from jail. The judge did not account for where a person would be living.

Representative Carpenter asked for verification it would be incumbent on the defendant to live where treatment was available.

Ms. Mead answered it would generally be true. She added that there may be treatment available remotely in certain areas. How to comply with a court's order to get treatment, depending on where a defendant wanted to live, was something they would work out with their probation officer.

Representative Carpenter pointed to recidivism and continued drug problem issues, which indicated to him there was not adequate treatment available. He remarked that the state was kicking people out on probation without any means to achieve what they were directed to do. He thought it seemed like a broken process.

Ms. Mead answered that as a probation condition, the court could order a person to get treatment if available or get treatment. Typically, the court ordered a person to get treatment and the onus was on the defendant to find a means of doing so with the assistance of the probation officer. If it meant a person could not go back to a village because treatment was unavailable, she believed the determination had been made by the judge that the treatment was important enough that the order would still be a condition of probation.

Representative Carpenter provided a scenario where an individual was ordered to attend drug treatment as a probation condition, but treatment was not available. He asked if the probation officer had the ability to revoke probation and reincarcerate the individual if there was no treatment available.

Ms. Mead replied that a probation officer could file a petition to revoke probation for failing to comply with any probation conditions including treatment. She added it was a collaborative process between the probation officer and the defendant. The courts did not order a specific treatment program because they did not know what was available. For example, the court would not direct a person to go to the Salvation Army's inpatient treatment program for drug addicted individuals. Alternatively, courts directed a person to get assessed and follow the instructions. It was her understanding that the process was fairly collaborative, and the person could work with the

assessor and probation officer to find an appropriate program to address the person's specific needs.

9:31:07 AM

Representative Carpenter thought they recognized the pain in the state's communities when individuals on probation or a post incarceration plan reoffended and ended up back in the system. He imagined that at some point in time the individuals had been told to get treatment. He asked at what point they were protecting the people. He asked where the system was broken when people told to get treatment did not get treatment and reoffended. He was not hearing the departments point out where the fix was needed.

Ms. Mead clarified that the court had one role and it was not a department. She explained that the judge's role was to sentence the person appropriately to imprisonment and probation. Treatment was often one of the conditions imposed by a judge. After that, the court did not have a role. She elaborated it was the individual's responsibility to comply and find a program, working with the probation officer, treatment providers in the community, and possibly someone from DHSS. She elaborated that if a person did not comply, they could have their probation revoked and be returned to jail. There were a number of reasons a person may not go to treatment, including motivation. The fact a person could get a petition filed against them should motivate a number of people; however, it may not. She did not know how to address the question about the broken system other than to say that people were complicated with complicated problems.

Co-Chair Wilson thought the committee should hear from DHSS about whether there were enough [treatment programs] available for the number of individuals [needing treatment].

9:33:08 AM

Representative Tilton asked about the six therapeutic courts and wondered how the locations were selected. She asked about the success rate of the programs and what happened to an offender if the program was not successful.

Ms. Mead answered that how the court determined where a therapeutic court would be located depended on a number of

factors, most notably where the resources were available. A community had to have enough treatment, housing, and employment in order to have a therapeutic court. Additionally, the people in the system including the public defender, prosecutor, judge, and DHSS personnel (a probation officer), had to be ready to set up the system. If everyone was ready and the population demanded it, a therapeutic court would be set up. Generally, those who graduated from therapeutic court recidivated approximately one-third less than others. In that sense, the individuals completing the program were considered successful. She noted that a significant number of individuals did not graduate from the program because it was demanding.

Representative Tilton asked what happened when individuals did not successfully finish a program.

Ms. Mead answered that defendants entered a therapeutic court under a plea agreement agreed upon by the defense and prosecuting attorneys. The agreement specified the individual would receive more favorable treatment if they went through the therapeutic court; if they did not graduate a jail sentence would be imposed.

9:35:46 AM

Representative Josephson asked if a defendant in therapeutic court earn an SIS [suspended imposition of sentence]. He asked what a person's record would show if they completed the program.

Ms. Mead answered that each rule 11 agreement (plea agreement) was different for individuals completing the program. Sometimes the agreement dictated that a person charged with a felony would see their charge reduced to a misdemeanor if they successfully completed the program. She elaborated that DUIs stuck with people - an individual would still get a conviction for misdemeanor DUI. In cases of drug offenses, it was possible the case would even be dismissed. The outcome depended on a person's individual record and the plea that was negotiated between the defense counsel and prosecutor.

Representative Josephson asked if the rule 11 agreements related to therapeutic courts were allowed to be crafted liberally and creatively. He noted he was not objecting to the concept.

Ms. Mead answered there were not constraints. She believed the people in the system likely did not want constraints because they were able to individualize the programs for the participants. She highlighted that the number of program participants was low - the therapeutic courts were resource intensive due to the significant attention focused on each participant. Many hours were spent on a participant, which was the reason 18 months of therapy could be so effective. Flexibility was key to having the courts work.

Representative Tilton considered the cost effectiveness of therapeutic courts. She asked about the cost difference between going through a therapeutic court versus the alternative.

Ms. Mead answered that she did not know if the Judicial Council or others had tried to monetize the cost of therapeutic courts per individual. She believed someone may have or was in the process of doing so. She highlighted that others had reported that despite the high costs, because of the tremendous success rate for graduates, the program was very positive and helpful to the criminal justice system as a whole.

9:38:59 AM

Representative Tilton extrapolated that the outcome for the participant and public far outweighed the monetary cost of the program.

Ms. Mead agreed; it was the reason the Court System tried to set up therapeutic courts whenever possible. She reported that often, legislators wanted the court to expand the program. She relayed it was not easy to set up a new court because it took a lot of personnel and the proper community. The primary requirements were the appropriate treatment availability in the community, housing, and employment. For example, expansion in Juneau would likely not work because treatment programs were generally full.

Co-Chair Wilson requested data related to the six existing programs including available and filled slots, waitlists, the number of graduates, and the success rate. She stated that percentages were not always informative when the number of participants was not known.

Ms. Mead would follow up with the information.

Representative Carpenter understood it was not the court's responsibility if treatment was not available for individuals on probation. He asked what options were available to the probation officer if treatment was unavailable.

Ms. Mead deferred to DOC to talk about how the probation officers handled the condition of probation.

^PRESENTATION: PRISON PROGRAMS BY DEPT. OF CORRECTIONS

9:41:06 AM

Co-Chair Wilson asked to hear from DOC regarding its programs. She asked which programs were working and which were not, and why there were not more of the programs that were working.

JEN WINKLEMAN, DIRECTOR, PROBATION, PAROLE, AND PRETRIAL, DEPARTMENT OF CORRECTIONS, replied to a question by Representative Carpenter regarding treatment in areas it was not available. She detailed that probation officers placed individuals on a waitlist in other areas or in the petition to revoke probation (PTRP) process the probation officer brought individuals in front of the court to determine whether the person was resistant to getting treatment or treatment was unavailable in the area. In the latter case, the probation officer could then get individuals on waitlists in other areas or look into telemedicine possibilities. Some of the information was included in the following presentation. She noted that a colleague would get into the information a bit more specifically regarding sex offender treatment.

LAURA BROOKS, DEPUTY DIRECTOR, HEALTH AND REHABILITATIVE SERVICES, DEPARTMENT OF CORRECTIONS (via teleconference), provided a PowerPoint presentation titled "Prison Programs" dated April 24, 2019 (copy on file). She outlined her intent to cover mental health programs, substance abuse programs, and sex offender treatment. Her colleague would cover education, vocational programs, and prosocial and faith-based programs.

Ms. Brooks discussed how offenders gained access to the programs [audio cut out]. She detailed that every offender was screened at remand. At that point mental health needs were determined, and referrals were made [audio cut out].

9:44:42 AM
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Ms. Brooks resumed speaking about how inmates were referred to programs. Individuals were screened at remand, where mental health needs were identified, and referrals were made. Referrals were also made for withdrawal monitoring; individuals withdrawing from substances were referred to medical for monitoring and then on to substance abuse programing.

Ms. Brooks detailed that referrals were made for substance abuse screening assessments at that point as well; much of the referral process began when an inmate walked through the door. Additionally, inmates went through an orientation process that was specific to each facility. During the process, individuals learned what particular programs were available in their specific facility. Referrals were also made at the initial classification hearing; pretrial programming notices were given showing what was available in a given facility. All inmates who were sentenced to 30 days or more were given the level of service inventory - a tool used to determine what type of programs were best suited to or most needed by a particular offender and referrals were made to programs once identified. Throughout the process inmates learned what programs were available at each facility, which may also be supplemented by meetings with institutional probation officers, mental health clinicians, and so on. Throughout the system there were a number of ways offenders could access individual programs.

9:48:09 AM

Ms. Brooks addressed psychiatric treatment services on slide 3. She reported that by default, DOC was the state's largest provider of mental health services in Alaska. She detailed that about 65 percent of the offender population had an identified mental health disability, which included cognitive disorders, traumatic brain injuries, depression,

anxiety, bipolar disorder, and so on. She continued that about 22 percent of the offender population experienced a severe and persistent mental illness, which included schizophrenia, bipolar disorder, and other debilitating psychotic disorders.

Ms. Brooks turned to a list of on-site clinical services on slide 4. A team of mental health professionals including psychiatrists, nurse practitioners, clinicians, and psychiatric nurses provided treatment services throughout the DOC system. The department had to be prepared for anything given that 65 percent of the prison population or 2,800 individuals had mental health disabilities. Therefore, treatment options covered the spectrum from immediate crisis intervention to prevent self-harm and suicidality to group counseling and release planning. She would provide more detail throughout the presentation.

9:49:19 AM

Ms. Brooks turned to a breakdown of psychiatric beds on slide 4. The department had more than 300 dedicated psychiatric beds. At full capacity the number of beds was four times more than beds at the state hospital. She shared that services were available to sentenced and unsentenced inmates. The acute care units were 24-hour hospital level psychiatric treatment units intended for people in crisis who needed immediate stabilization. She detailed that a person who was floridly psychotic or actively suicidal was moved to the psychiatric unit whether they were sentenced or unsentenced. The primary focus of the acute units was medication management; the units were staffed 24-hours per day with security and mental health staff.

Ms. Brooks continued that about 250 men went through the acute psychiatric unit each year and about 200 women went through the women's unit at the Hiland Mountain Correctional Center. In the past, the average length of stay had been about 20 to 30 days, but it had been dramatically reduced because the demand was so high. The units had become stabilization units instead of full treatment units. Once individuals had been stabilized, most were transferred to a subacute psychiatric unit. She explained that treatment really expanded in the subacute units; the units were highly structured with clinicians providing group programming and one-on-one counseling and support. A couple of years earlier, DOC had added a step-

down program for mentally ill offenders in segregation. The program allowed a mentally ill offender who had been necessarily housed in segregation to transition safely into a treatment unit until they were determined to be stable enough to mix with the population on the treatment unit. The program allowed individuals to receive more one-on-one care from mental health staff, which was more appropriate intervention than segregation cells or housing may offer. The waitlist for the men's acute unit could be anywhere from 5 to 15 on any given day; the number was slightly less in the women's unit.

9:51:34 AM

Ms. Brooks advanced to slide 5 and reviewed the department's mental health programming. The programming on slide 5 included programs offered in treatment units and to the general population. The department tried to cover all of the bases including anxiety, depression, adjusting to incarceration, and exercise for mental health. She relayed the department was always looking for new ways to provide support and new evidence-based groups to offer. She explained that evidence-based practice meant there was current external research showing a program's efficacy with the prison population. Over the past five to six years the department had made a concerted effort prioritizing the shift of its programs to evidence-based; nationally it had been shown to be the most effective strategy with the prison population.

Ms. Brooks discussed that crisis management was always key. On any day there were six to eight individuals on suicide watch in booking at the Anchorage Correctional Complex. She detailed that clinical staff assessed each individual, developed a safety plan, monitored the individuals (along with security), and stepped them down off suicide watch with a plan for ongoing monitoring and support. At that point, individuals began to transfer to some of the other available mental health programs. She added that the programs were also available to individuals who did not rise to that acuity level; anyone in general population may need a group on coping with incarceration or stress management. The department tried to provide the services; availability depended on the resources at a facility. She believed DOC had provided the committee with a list of programs broken down by facility.

Ms. Brooks addressed success indicators. She shared that measuring success in mental health programming was challenging. She elaborated that DOC could not quantify the number of suicides that had been avoided because of an intervention or measure how much a person's psychotic symptoms had lessened with treatment. The department had learned from a research project done in collaboration with the Alaska Mental Health Trust Authority (AMHTA) several years earlier that offenders with mental illness were significantly more likely to be convicted of felony crimes than the rest of the DOC population (34.5 percent versus 21 percent respectively) and that mentally ill offenders recidivate at nearly twice the rate of non-mentally ill offenders. A large factor was a lack in community resources. The department worked to stabilize individuals while they were in custody, but they were often sent out to minimal supports.

Ms. Brooks detailed that safe, sober housing was extremely difficult to find even in Anchorage, but particularly in smaller communities. She highlighted other transition needs including case management support and access to medication. The department worked to ensure individuals were signed up to receive Medicaid whenever possible, but there were often weeks-long delays in getting into see a psychiatrist in a community. The department provided medications to individuals upon release, but often the amount may not last as long as the wait time to see a psychiatrist in the community. She explained that the situation could impact an individual's stability in the community. Often when an individual's psychiatric stability was interrupted, it resulted in the individual returning to DOC custody or to the Alaska Psychiatric Institute.

9:55:16 AM

Ms. Brooks continued to address slide 5. She reported that in FY 19 and beyond, DOC was looking at other ways to measure success with the prison population. The department had gone live with its electronic health record, which would help produce important data that had not previously been available. The department was also working with other departments to share data because many mentally ill offenders were seen elsewhere in the state system.

9:55:38 AM

Ms. Brooks addressed mental health reentry planning on slide 6. She noted the process could be extremely difficult for mentally ill offenders. Clinicians in DOC facilities worked hard to develop a detailed release plan for offenders. There were two release programs dedicated to mentally ill offenders: the IDP+ Program and APIC (Assess, Plan, Identify, Coordinate). She explained that clinicians developed release plans for mentally ill felons who were released on probation and parole.

Ms. Brooks elaborated that participation in the IDP+ Program was a part of an individual's parole conditions. Clinicians continued to work with individuals released into the community in collaboration with probation officers who were trained to recognize and deal with unique needs of mentally ill offenders. The program had proven very successful; it had been in place for over 20 years and resulted in a very limited recidivism rate for new crimes for the population. The APIC program aimed to coordinate services for mentally ill and cognitively disabled offenders. The program provided funding through AMHTA to try to ensure housing, medication, transportation, and that other basic needs were met when individuals were released and waiting for benefits and entitlements to kick in.

Ms. Brooks detailed that IDP+ served between 75 and 100 offenders per year and APIC served about 500 offenders in 2018. The programs had expanded considerably over the past 10 years in an effort to meet needs.

Ms. Brooks moved to slide 7 and discussed how DOC was trying to address mental health needs throughout its facilities to better improve overall outcomes. The department recognized that security staff in particular generally did not understand the needs of mentally ill offenders; therefore, DOC had made a concerted effort to bring training to security staff because they saw inmates 24-hours per day compared to mental health staff who touched base with individuals briefly or met with them in groups. The more information the department could bring to security staff on how to deal with mentally ill offenders, how to recognize signs and symptoms, and how to recognize warning signs when a person was starting to deteriorate, was critical. The department had started providing mental health first aid and training to security, medical, and mental health staff. Trauma informed care had also become part of the department's curriculum. The department was

adding a crisis intervention team (CIT) model for corrections in 2019. She believed everyone was familiar with the CITs provided by law enforcement in communities. A CIT training program specific to correctional workers had been introduced and DOC would begin the program in August 2019. The first training session would include about 30 trainees who would take the program back to DOC facilities and field probation offices.

9:59:16 AM

Ms. Brooks turned to slide 8 and discussed where mental health needs continued to stress the system. She shared that DOC's mental health clinicians had more than 17,000 contacts in custody with mentally ill offenders in 2018. The number excluded the number of offenders seen in groups, segregation wellness checks, or responses to offender written requests. The figure included formal contacts where a mental health clinician or psychiatrist spent time assessing, monitoring, and supporting mentally ill offenders.

Ms. Brooks shared that the department had to expand its services due to an increase in need; the number of contacts had risen 61 percent. The department had expanded subacute services at the Goose Creek Correctional Center. She believed the committee was well aware of the current project to add treatment beds at the Hiland Mountain Correctional Center. The department had also expanded its transition cells for offenders with serious mental illness transitioning out of segregation. Additionally, DOC was looking at how it could expand bed space for men in the system because of the waitlist of 5 to 15 [for subacute psychiatric units]; the waitlist was hovering closer to 15. Consequently, DOC was looking for ways to expand its treatment capacity for men.

Ms. Brooks communicated that overall, offenders were entering the correctional system with more acute needs than ever before. The department saw an increase in individuals with mental illness complicated by substance abuse. The department had also seen an increase in the number of individuals struggling with prescription drug addictions. She highlighted the lack of continuity care in the community [audio inaudible].

Co-Chair Wilson noted they would continue to hear from Ms. Brooks the following day.

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ADJOURNMENT

10:02:58 AM

The meeting was adjourned at 10:02 a.m.