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**The Inmate
Substance
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Substance Abuse Treatment Services in the Department

Department of Corrections Inmate Substance Abuse Program Mission:

Inmates impacted by substance abuse and chemical dependency should be provided with the opportunity for education, treatment and recovery in order to prevent relapse and recidivism. The Department of Corrections will provide substance abuse services through the Inmate Substance Abuse program in all institutions.

The Department of Corrections offers substance abuse treatment services to a range of individuals with substance abuse disorders including those inmates who qualify as Trust beneficiaries by virtue of a diagnosis of chronic alcoholism with psychosis. A 1997 independent survey demonstrated that 8% (258) of the inmates in DOC institutions are chronic alcoholics with psychosis on a sample day. Researchers identified an additional 1,219 inmates who did not qualify as beneficiaries, but who had indicators of significant alcohol and drug involvement such as a diagnosis of substance abuse dependence and previous involvement in treatment. Researchers recommended providing treatment to these inmates to prevent them from becoming chronic alcoholics with psychosis beneficiaries. The Department of Corrections provides substance abuse treatment services to a larger group of inmates than the Trust beneficiaries.

Fiscal Year 1997 duplicated data demonstrates that Inmate Substance Abuse Program (ISAT) counselors performed 1,577 clinical assessments, admitted 1,681 inmates to the educational component of the ISAT program and admitted 807 inmates to the outpatient treatment. The National Center on Addiction and Substance Abuse reported that although 70-85 percent of inmates in state and federal prisons need some level of substance abuse treatment, in 1996 only 13 percent of inmates were receiving such treatment.

The current Alaska DOC Inmate Substance Abuse Treatment Program (ISAT) provides substance abuse treatment to a small percentage of the inmate population that is estimated to need such treatment services. There are currently waiting lists for substance abuse services in most facilities, and there is a substantial waiting list in all facilities for clinical substance abuse assessments. In addition, DOC does not currently have the resources to provide the intense level of substance abuse treatment that a substantial number of its most chronically addicted offenders need. In their 1999 state plan, the Advisory Board on Alcoholism and Drug Abuse explains that drugs and alcohol are prevailing factors in Alaska's crime rate, as the vast majority of the incarcerated population has substance abuse problems. The board indicates that the revolving door syndrome (inmates cycling in and out of the correctional system) can be addressed through timely and effective substance abuse treatment during incarceration and following release into the community.

Although DOC offers a continuum of substance abuse treatment services, the capacity to treat inmates in need of services is extremely limited. Providing adequate substance abuse treatment services in a timely manner is critical for reducing clinical and legal recidivism. In addition, for at least the last seven years the funding level for Inmate Substance Abuse Treatment Programs has not increased.

Inmate Substance Abuse Program (ISAT) Philosophy

- All ISAT programs support the philosophy that chemical dependency is a multifaceted disease which affects an individual physically, psychologically, cognitively, socially, spiritually and emotionally. Chemical dependency is characterized by loss of control and a need to use in spite of past and probable future consequences, and is further characterized by a tendency to relapse.
- All ISAT programs endorse the theory that although a chemically dependent individual may not be responsible for their disease, they are responsible for their own recovery.
- The treatment of chemical dependency must incorporate the concept of abstinence.
- All ISAT programs endorse the use of positive support groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Christian 12 Steps, and Adult Children of Alcoholics. Every institution has at least one of these support groups available to inmates. Substance abuse treatment is enhanced by consistent participation in positive support groups. A support group consists of a group of recovering alcoholics and/or addicts who meet on a regular basis and whose meetings are based on written principles which support a plan of recovery.
- Any inmate who completes ISAT treatment will need some level of aftercare in the community.
- The ISAT program places an emphasis upon culturally relevant programming.

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Overview of the Inmate Substance Abuse Treatment Program

There is an Inmate Substance Abuse Program (ISAT) in each of DOC's thirteen institutions, as well as at the Point MacKenzie work farm and the Central Arizona Detention Center (CADC). Services are provided through contract with six state approved agencies who collectively employ 25 Counselors, some of whom are part time. In addition, the Central Arizona Detention Center has seven substance abuse Counselors. Programs vary due to the different functions and locations of the correctional facilities. For example, a pre-trial facility with a rapid population turnover such as the Sixth Avenue Correctional Center, has an ISAT education program staffed by one part-time ISAT Counselor. In contrast, Spring Creek Correctional Center, a sentenced long-term facility with a relatively slow population turnover, provides institutional outpatient treatment through two full-time ISAT Counselors. Although all institutions provide assessments and basic alcohol and drug education courses, there are waiting lists for these services.

The continuum of care in DOC institutions includes: emergency services, basic alcohol and drug education, education with an introduction to treatment, institutional outpatient services, and residential substance abuse treatment services. The residential level of care is only available for female inmates.

ISAT programs are not specifically designed for treating inmates with co-occurring disorders of substance abuse and mental illness or developmental disabilities. One exception is the Women's Residential Substance Abuse Treatment program which is capable of providing specialized treatment to some female inmates with co-occurring disorders. Mentally ill inmates who are stable and developmentally disabled inmates may be accepted into the program on a case by case basis. Inmates who are court-ordered to substance abuse treatment programs are given

The education program provides inmates with information on substance abuse and chemical dependency.

priority for receiving services in DOC. If inmates are court-ordered to participate in substance abuse treatment they can lose good time and furlough eligibility or have their probation revoked if they refuse to participate in treatment. For other inmates participation in substance abuse treatment is voluntary. These inmates are placed on waiting lists after court-ordered inmates. Most institutions have waiting lists for substance abuse treatment, and all institutions have waiting lists for clinical assessments.

I. Emergency Services

Title 47 Non-Criminal Holds

The Department of Corrections provides crisis intervention services to individuals brought into correctional facilities on non-criminal Title 47 substance abuse holds. Department medical staff provide monitoring for these individuals to ensure their safety. All booking facilities have holding cells for Title 47 non-criminal placements.

Intravenous Drug Users and Pregnant Women

Typically ISAT programs have waiting lists for services, however, if an inmate is an intravenous drug user or is pregnant, they are seen as soon as possible by an ISAT Counselor if they are releasing into the community. Intravenous drug users are provided with referrals and information associated with health risks and needle use. Pregnant offenders are provided referrals and health information on such issues as Fetal Alcohol Syndrome and Fetal Alcohol Effect.

II. Education

The education level of care is offered at the following institutions by the following providers:

Ketchikan	Akeela Treatment Services	1 half-time ISAT Counselor
Mat-Su Pretrial	Mat-Su Council	1 half-time ISAT Counselor
Point Mackenzie	Mat-Su Council	1 full-time ISAT Counselor
Sixth Avenue	Clitheroe Center	1 half-time ISAT Counselor
Yukon-Kuskokwim	Akeela Treatment Services	1 full-time ISAT Counselor

Program Description

The ISAT education programs are designed for the short-term high turnover inmate population. The education program strives to provide inmates with information on substance abuse and chemical dependency, and to provide inmates with clinical assessments and referrals to community based treatment. Education may also set the stage for treatment in a sentenced facility or in the community by giving inmates a knowledge base of substance abuse treatment issues.

Referral Process

Inmates request substance abuse education services, are placed on a waiting list, and are screened by an ISAT Counselor. Inmates are enrolled in the education program on a first come first serve basis, regardless of the intensity of their treatment needs.

Components

All ISAT education programs include a minimum of twenty hours of class work on specified subjects, however programs may extend beyond the basic education requirements. Pre and post tests of an inmate's knowledge base in substance abuse are also conducted as part of the education program.

III. Education with an Introduction to Treatment

The education with an introduction to treatment level of care is provided at the following institutions by the following treatment agencies:

Cook Inlet Pre-Trial	Clitheroe Center	1 ISAT Counselor
Fairbanks Correctional Center	RCOA	2 ISAT Counselors

Program Description

Education with an introduction to treatment is the level of care that offers more than substance abuse education, but does not include complete outpatient treatment. The programs act as a springboard to treatment in the community or to treatment in a long-term facility for those inmates who need more than substance abuse education.

Referral Process

Inmates are referred to the program by Institutional Probation Officers, or they may make a request to participate in the program themselves. Inmates are screened by the ISAT Counselor for substance abuse or chemical dependence, treatment needs, and are placed on a waiting list for services.

Components

At Cook Inlet Pre-Trial, individual counseling and an individualized treatment plan are provided in conjunction with the educational component. At Fairbanks Correctional Center an advanced education component that introduces treatment concepts, begins after the basic education program and is presented in a group format.

Community Transitions

ISAT participants at CIPT and FCC who are pending immediate release, are provided with information regarding community resources for treatment and support systems for the recovery process. For those ISAT participants who are in the program for a longer period of time, formal referrals to community treatment providers are made.

Education with an introduction to treatment offers more than substance abuse education, but does not include complete outpatient treatment.

Institutional outpatient treatment includes substance abuse education, primary care and aftercare.

IV. Institutional Outpatient Substance Abuse Treatment Services

Institutional outpatient care is provided at the following institutions by the following treatment agencies:

Anvil Mountain	Northern Lights Recovery Center	1 ISAT Counselor
Arizona Detention Ctr.	Arizona Detention Center	7 CADIC Counselors
Lemon Creek	Gastineau Human Services	1 ISAT Counselor
Meadow Creek	Clitheroe Center	1 ISAT Counselor
Palmer	Mat-Su Council	3 ISAT Counselors
Spring Creek	Akeela Treatment Services	2 ISAT Counselors
Wildwood	Akeela Treatment Services	2 ISAT Counselors

Program Description

Inmates who are clinically assessed by ISAT Counselors as needing an outpatient level of care are eligible to receive treatment. The institutional outpatient level of treatment consists of four phases: substance abuse education, primary care, and aftercare. The duration of the program varies depending upon the nature of the institution. For example, at Spring Creek which is a long-term facility, the program is greater in duration than at the Palmer Correctional Center where the outpatient program is shorter and more intensive due to the quick turnaround of the inmate population.

Referral Process

Inmates are referred to the program by Institutional Probation Officers, or they may make a request to participate in the program themselves. Inmates are screened by the ISAT Counselor for substance abuse or chemical dependence, treatment needs, and are placed on a waiting list for services.

Components

All institutional outpatient treatment programs include clinical assessments, substance abuse education, individualized treatment plans, individual and group counseling, and aftercare. Additional treatment topics include: identifying treatment issues, denial, identifying and understanding the impact of alcohol and drug abuse on the individual, and relapse prevention.

Discharge Summaries

ISAT Counselors provide discharge summaries for each inmate who completes treatment or who is removed from the treatment program (due to disciplinary, transfer, or release). The discharge summary includes the client's progress in treatment, and recommendations for aftercare or further treatment either in the community or in another correctional facility.

Community Transitions

Counselors strive to assist ISAT participants to successfully transition into the community when they are eligible for release. ISAT Counselors refer inmates to community substance abuse treatment programs and other resources as needed. All graduates of the institutional outpatient ISAT program will need at least aftercare services when they make the transition to the community, because although inmates may be program complete, they are not treatment complete.

Probation/Parole Conditions

The offender's participation in an ISAT program counts toward fulfilling a treatment condition of probation or parole. Offenders will need to be re-evaluated in the community, with recognition of treatment progress in the institution.

V. Residential Substance Abuse Treatment Services

The Department initiated a Residential Substance Abuse Treatment Program for its female offenders at Hiland Mountain Correctional Center (HMCC) in November of 1998. The Residential program allows the Department to provide intensive treatment to 64 female inmates at a time. It estimated that the Department will treat up to 100 female inmates throughout the course of a year.

DOC has designated one of the four houses at HMCC to the Residential Substance Abuse Treatment Program. Enhanced treatment services are provided through five contract Inmate Substance Abuse (RSAT/ISAT) Counselors and a Treatment Coordinator. Each of the four wings of the house holds sixteen female inmates involved in one of the three phases of substance abuse treatment.

Women's Residential Substance Abuse Treatment Program

<u>Wing</u>	<u>Treatment Phase</u>	<u>Duration</u>	<u>Inmates</u>
Wing I	Phase I: Education	60 Days	16
Wings II&III	Phase II: Treatment	180 Days	32
Wing IV	Phase III: Transitional Care	120 Days	16

The RSAT/ISAT Counselor on the education wing provides a 60 day education program to Phase I inmates who are being assessed for HMCC's Residential Substance Abuse Treatment Program. Two wings are devoted to Phase II of treatment which is 180 days in duration. Women have individualized treatment plans and attend individual and group therapy sessions. The fourth wing houses women in Phase III transitional care, which is provided for approximately 120 days. At least one female in transitional care resides in each of the other three wings serving as a role model for women who are more recently in recovery. Throughout all phases the women participate in institutional jobs and educational/vocational classes with inmates in the general population.

Treatment Components

- Assessments.
- Individualized treatment planning.
- Urinalysis screenings.
- Individual and group counseling:
 - Cognitive skill building.
 - Sober living skills.
 - Parenting skills.
 - Family counseling (children and other family members visit and participate in programming when appropriate).
 - Conflict resolution.
 - Values clarification.
 - Criminal thinking/behavior.

DOC initiated a Residential Substance Abuse Treatment Program for female offenders at Hiland Mountain Correctional Center.

There are residential substance abuse treatment beds throughout the state that are available for individuals on furlough and probation and parole.

Project Goals

- An increase in the number of female inmates receiving substance abuse treatment services including assessments, substance abuse education, treatment, and referrals.
- A reduction in the waiting list for women requiring and requesting substance abuse treatment at HMCC.
- An increase in the number of program completions.
- An increase in the number of women who are connected with community based services.

VI. Community Based Services

Community Residential Substance Abuse Treatment Beds

The Division of Alcoholism and Drug Abuse provides funding for residential substance abuse treatment beds throughout the state that are available for individuals on furlough and probation and parole. In Fiscal Year 1995, a total of 39 beds were designated for DOC clients. Since that time there has been a reduction in residential treatment options for offenders. There are currently 27 beds designated for DOC clients: 22 beds are reserved for furloughees and 5 beds are reserved for probationers and parolees. There are waiting lists for all programs with designated beds.

Inmates who are in a Department of Corrections' ISAT program and are assessed as needing a greater level of care than the program provides, may be furloughed to a residential substance abuse treatment bed if available. Field Probation/Parole Officers refer probationers and parolees to these beds when offenders have court or parole conditions that specify completion of residential treatment. If a probationer or parolee relapses and violates the condition that they not use alcohol or drugs, a clinical assessment may be required. If the assessment indicates a need for residential treatment, the court or Parole Board may choose to refer the probationer or parolee to a residential treatment bed instead of returning to incarceration.

Enhanced Probation/Parole Services

The Department of Corrections' Division of Community Corrections operates Enhanced Probation/Parole Services (EPPS) in Anchorage. The Parole Board and Probation Officers refer offenders to the EPPS program. EPPS offers enhanced programming, supervision and surveillance to stabilize offenders who are engaging in behavior that can lead to recidivism. The EPPS program targets probationers and parolees who are substance abusers and/or who have domestic violence behavior, and who have current non-felonious violations of their community supervision conditions. Components of the EPPS program include: substance abuse programming, victim impact classes, cognitive self-change, education, life and social skills classes, enhanced surveillance and case management. The Enhanced Probation/Parole program serves as an effective intermediate sanction and supervision strategy that falls between full incarceration and regular probation/parole supervision.

Department of Health and Social Services/Alcohol Safety Action Program (ASAP)

The Department of Health and Social Services' Alcohol Safety Action Program provides alcohol screening, referral, and monitoring of court-ordered conditions in civil and criminal misdemeanor cases. To qualify for ASAP services, individuals

must have a current or pending civil or criminal justice case. Most clients are referred directly from the court as a condition of the suspended portion of their sentence, although they may be assigned to ASAP prior to their conviction as a condition of release. The principle function of ASAP is to provide case monitoring and accountability for DWI and other alcohol/drug related misdemeanor cases. ASAP screens cases referred from the district court into drinker classification categories, and manages and monitors cases throughout education and/or treatment assignments. Individuals classified as non-problem drinkers are referred to an alcohol information school approved by the Department of Public Safety. Problem drinkers are referred to state approved alcohol and drug treatment agencies.

If clients fail to complete their required assignments, a noncompliance affidavit is filed with the prosecution, which may result in a Petition To Revoke Probation (PTRP) being filed with the court. Once filed, the magistrate or judge may issue an order to show cause or a bench warrant, and require further hearings to determine the appropriate sanctions.

VII. Special Projects

LINKS (Living In New Knowledge Successfully) Discharge Project

The mission of LINKS is to provide successful transitions that enhance recovery and permanency planning (reunification, relative placement, guardianship, and adoption) for female offenders with children completing the Hiland Mountain Correctional Center Women's Residential Substance Abuse Treatment Program and returning to the greater Anchorage community.

An interdisciplinary team composed of representatives from the Department of Corrections, the Division of Alcoholism and Drug Abuse, the Advisory Board on Alcoholism and Drug Abuse, the Division of Family and Youth Services, and community-based substance abuse treatment providers has created enhanced discharge services for female inmates with children who are graduates of the HMCC Residential Substance Abuse Treatment Program (RSAT). The project team also developed operational guidelines to delineate roles and responsibilities of Departments and agencies. Discharge planning for the target population occurs through a coordinated team approach from the HMCC RSAT Social Worker, institutional and field Probation Officers, RSAT/ISAT Counselors, community treatment providers, and the Division of Family and Youth Services.

LINKS provides the support necessary for female offenders to successfully transition into the community. The rationale for the project is that the transition into the community must support the recovery process initiated in the institution. The transition process for women can be particularly critical, as they often need to re-establish parental relationships, find economic support, safe and sober housing, and comply with DOC Probation Officer and DFYS requirements. It is anticipated that the project will assist in reducing clinical and legal recidivism.

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Substance Abuse Need for Treatment Among Arrestees (SANTA)

The Department of Corrections, the Division of Alcoholism and Drug Abuse, and the state Department of Epidemiology conducted the Substance Abuse Need for Treatment Among Arrestees (SANTA) study. Voluntary interviews and urinalysis testing were conducted on arrestees at Sixth Avenue Correctional Center, Cook Inlet Pretrial facility, Fairbanks Correctional Center and Yukon Kuskokwim Correctional Center for five months in 1997. Information was also collected on inmates' substance abuse histories, and their previous involvement in treatment programs. Due in part to the success of the SANTA study, the National Institute of Justice selected Alaska for participation in the Arrestee Drug Abuse Monitoring Program (ADAM).

Arrestee Drug Abuse Monitoring Program (ADAM)

The Alaska Department of Corrections and Division of Alcoholism and Drug Abuse (ADA) are participating in the Arrestee Drug Abuse Monitoring Program (ADAM) study sponsored by the National Institute of Justice. The principle goals of ADAM are to identify the levels of drug use among arrestees, track changing drug use patterns, identify specific drugs of abuse in different communities, and provide research for drug-related policy initiatives. Data will be collected from inmate interviews and urinalysis screenings of arrestees at the Sixth Avenue Correctional Center and the Cook Inlet Pretrial Facility, for two weeks each quarter from 1998 through 2,000. Data collection began on September 17, 1998. The Division of Alcoholism and Drug Abuse administers the project and will provide the results of the project to law enforcement officials. The program may be extended to areas outside of Anchorage through an amendment to the original survey. The data from the ADAM survey is designed to demonstrate the connections between drug use and specific crimes. It will also assist DOC, ADA, and law enforcement entities in addressing issues related to substance abuse and crime in the state of Alaska.

Fetal Alcohol Syndrome and Fetal Alcohol Effect Prevention

The Department of Corrections has begun to collaborate with the Department of Health and Social Services/Division of Maternal Child and Family Health to identify high risk/short-term female inmates in order to provide health care and substance abuse education and prevention services. The goals are to educate, intervene, and link high risk women with health care and substance abuse treatment programs in the community, in an effort to prevent Fetal Alcohol Syndrome and Fetal Alcohol Effect.

Recommendations for Trust Beneficiaries

I. Prevent Trust Beneficiaries from Entering the Criminal Justice System

The Department of Corrections will continue to advocate for an adequate and effective continuum of community-based care for Trust beneficiaries. DOC recognizes that effective community-based mental health, substance abuse, and other treatment services are essential to help prevent beneficiaries from entering the criminal justice system. The Alaska Mental Health Board has recommended enhancing community support systems for the mentally ill to help prevent imprisonment. The Advisory Board on Alcoholism and Drug Abuse has recommended developing sufficient resources to meet community needs by providing a full continuum of care that offers appropriate levels of treatment for adults, youth, and communities. The Department of Corrections in conjunction with other state Departments and agencies is considering and may recommend specific new initiatives to help prevent beneficiaries from entering DOC.

Effective community-based mental health, substance abuse, and other treatment services are essential to help prevent beneficiaries from entering the criminal justice system.

Mental Health Community-Based Continuum of Care for Mentally Ill Offenders

The following is the proposed community-based continuum of care for mentally ill offenders adopted by the Alaska Mental Health Board's Forensic Action Team and contained in the current AMHB plan "A Shared Vision II." Underlined items are currently missing from the delivery system. The effectiveness of the proposed continuum, and efforts to divert and successfully treat and maintain mentally ill individuals in the community, will rely on all pieces of the continuum being operational. While it is recognized that the recommended additions to the continuum are not the responsibility of the Department of Corrections, they are critical components to reducing clinical and legal recidivism among mentally ill offenders. It is recommended that appropriate state Departments and agencies work to ensure that an adequate continuum of care for mentally ill offenders exists in the community based upon each community's needs and abilities. The Department of Corrections will continue to advocate for such services and partner with agencies responsible for community-based services.

Prevention

- Community mental health center programs ranging from emergency care to outpatient support to intensive 24 hour supervised care in the community, including a full range of housing options.
- Access to hospital treatment beds.
- Mentally ill inpatient stay at hospital long enough to be stabilized.
- Long term or tertiary care in a structured setting for the severely chronically mentally ill.
- Specialized substance abuse treatment for the mentally ill emphasizing relapse prevention to be offered in the community.

An adequate continuum of housing options available to seriously mentally ill offenders releasing into the community must be provided.

Initial Contact with Law Enforcement

- Dependent on the nature of the offense and the presenting mental status and behavior of the individual that comes to the attention of the law enforcement officer, the officer may:
 - a. Make a decision to charge.
 - b. Consider prearrest diversion.
 - 1. Obtain screening, assessment, and referral by community service gatekeeper in larger communities.
 - 2. Directly transfer the individual for assessment by outpatient mental health providers, hospital or detox facility.

Post Release Treatment and Services

- A variety of community based care providers with responsibility for monitoring and case management.
- Specialized Probation Officers for mentally ill male and female felons, and some form of supervised monitoring.
- Options in housing ranging from 24 hour structured supervised housing, to group homes, to independent apartments with case management.
- Programs that provide daily structure, support, rehabilitation, treatment, and supervision. These could include partial hospitalization, specialized work programs, clubhouses, therapeutic/recreational activities, life skills, and anger management as needed by the individual.
- Specialized substance abuse treatment for the mentally ill (emphasizing relapse prevention), including residential, outpatient, transitional, and long-term specialized housing.
- Option of intensive case management with daily outreach contact.
- Specialized sex offender treatment for mentally ill offenders (modified relapse prevention model).

Needed Service Expansion in the Mental Health Community-Based Continuum of Care for Mentally Ill Offenders

Appropriate state Departments and agencies may explore options and additional resources for:

Housing:

An adequate continuum of housing options available to seriously mentally ill offenders releasing into the community must be available. Although this population continues to grow steadily, the number of community programs and beds has not. A continuum of housing options for mentally ill beneficiaries should include: 24 hour structured supervised housing, group homes, and independent apartments with case management.

Immediate access to housing is critical for mentally ill offenders to successfully transition into the community. Currently there are no facilities that provide guaranteed transitional housing for mentally ill offenders releasing from DOC institutions. Frequently, these individuals are released directly from structured treatment in correctional facilities to a motel room or a shelter. These facilities cannot provide the support, supervision and safety that is essential for mentally ill offenders to successfully transition into the community. Many assisted living centers and other housing programs are forced to deny access to DOC clients because of restrictive

statutes and regulations. Often the very people who need structured supervised placement the most are denied access and are, therefore, at a greater risk for reoffending.

Dual Diagnosis Treatment Beds:

Effective dual diagnosis treatment programs are critically needed to prevent relapse of mentally ill offenders released to the community. Up to 77% of the mentally ill inmates treated in DOC have co-occurring substance abuse disorders. Substance abuse is a major contributing factor in probation violations and new offenses, both of which can result in rearrest and booking into correctional facilities. The number of accessible and effective treatment beds is currently inadequate. Given the prevalence of substance abuse problems among the mentally ill offender population, there is an immediate need for dual diagnosis treatment beds and aftercare that will accept mentally ill offenders. Current statutes and zoning regulations often prohibit residential programs from accepting individuals with an assault or arson history, or untreated sex offenders. Developing culturally relevant flexible programs that will keep individuals from 30 to 180 days is essential to effectively meet the treatment needs of the diverse population. Dual diagnosis treatment programs must have staff with expertise in mental illness and substance abuse disorders, with an ability to incorporate a variety of treatment modalities to address the needs of this difficult to manage population. Adequate psychiatric supervision and training are also essential.

Effective dual diagnosis treatment programs are critically needed to prevent relapse of mentally ill offenders released to the community.

Enhanced Day Treatment Services:

The Department of Corrections supports the Alaska Mental Health Board's recommendation to create and increase the number of programs that provide daily structure, support, rehabilitation, treatment and supervision. These could include partial hospitalization, specialized work programs, clubhouses, therapeutic/recreational activities, life skills, and anger management. Additional day treatment slots are currently needed for Institutional Discharge Program Plus(IDP+) and Jail Alternative Services (JAS) clients.

Emergency and Respite Services:

Emergency and respite services for mentally ill individuals in the community must be expanded. It is also critical to ensure that such services are accessible to mentally ill offenders, including those with a history of assault or aggressive behavior. Community Mental Health Centers need to provide adequate emergency and crisis intervention services to reduce the need for hospitalizations.

Designated Evaluation and Treatment (DET) Beds:

Ensuring that there are adequate numbers of Designated Evaluation and Treatment (DET) beds in individual communities is essential. With the downsizing of API projected in API 2000, additional DET beds must be created in the Anchorage area and in regional centers throughout the state, so that alternatives to API exist for acute care needs. It is critical to provide Designated Evaluation and Treatment beds that keep mentally ill individuals long enough to ensure that they are stable before release, and to assist with effective transitions to community-based services. This may require treatment for 30 or more days for individuals who require further psychiatric stabilization.

**Community
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Intensive Case Management:

Intensive case management services are often not available from community mental health centers for high risk individuals. Daily case management services for mentally ill offenders in combination with supported housing options and enhanced day treatment services are critical components to successful re-integration and reduced recidivism.

Treatment for Organic Brain Disorders:

Community based services for organically impaired individuals must be created. Currently, no agency or programs are specifically designated to treat and manage individuals with organic brain syndromes. Estimates are that at least 25-30 organically impaired individuals are arrested annually in the Anchorage area who are occupying DOC beds and are released into the community with minimal or non-existent community support services. There is a critical need for case management, treatment, and housing resources for this population. Funding and policy decisions by state planning agencies are necessary before agencies can develop appropriate programs for the population.

Vocational Training, Employment, Education, Financial Assistance:

Mentally ill offenders should have access to vocational training, employment opportunities, education (including GED completions), and financial assistance to increase their ability to function in the community, and to enhance their self-esteem.

Specialized Sex Offender Treatment:

There is a need to provide specialized sex offender treatment for mentally ill individuals in the community. Such programs could provide intensive monitoring for mentally ill sex offenders, and assist individuals to recognize relapse symptoms and reduce at-risk behaviors.

Enhanced Detoxification Services:

Staff in detox centers need training to recognize symptoms of detox, suicide and mental illness. Mechanisms for effective referral and linkage to continued community based treatment are also necessary.

The Department of Corrections will continue to advocate for an adequate and effective community-based continuum of care for mentally ill offenders.

Substance Abuse Community-Based Continuum of Care

In their 1999 state plan, the Advisory Board on Alcoholism and Drug Abuse (ABADA) recommends providing a full continuum of care with appropriate levels of treatment for adults, youth, and communities. The board explains that it is not possible for every community in Alaska to have all elements in the continuum of care. ABADA's goal is to have the full continuum of care available to all Alaskans, and to ensure that each community has the appropriate levels of care as determined by problem prevalence, demand, and utilization of services. Examples of this strategy include establishment of detoxification facilities in hub communities, strategic placement of long term and domiciliary care facilities around the state, and development of special programs such as inhalant abuse treatment where appropriate.

ABADA explains that it is critical that all providers understand the entire service delivery system and utilize the available resources in the best interest of the clients and their families.

The substance abuse community-based continuum of care should be designed so that any individual seeking care can access care that is clinically appropriate. As this is not always possible, each community needs to have a method to provide access to the appropriate care as needed

Statewide Substance Abuse Community-Based Continuum of Care

Outreach

- Education
- Prevention
- School-Based Counseling Programs
- Employer-Based Counseling Programs

Emergency Care

- Community Health Providers
- Community Service Patrols
- Sleep-off Shelters
- Social Setting Detoxification
- Medical Setting Detoxification

Assessment - Evaluation

Treatment

• Residential

- Short Term
- Long Term
- Specialized
- Youth
- Women and Children
- Therapeutic Community
- Dual Diagnosed
- Prison Based
- Halfway House-Transitional Living

• Outpatient

- Day Treatment
- Intensive
- Non-Intensive
- Methadone Maintenance

- Continuing Care - Aftercare
- Self Help-Peer Support Groups

Within the substance abuse community-based continuum of care, there is often outside supervision such as: the Alcohol Safety Action Program (ASAP), Department of Corrections Probation/Parole, court system, EAP's, Division of Family and Youth Services and Public Assistance.

The substance abuse community-based continuum of care should be designed so that any individual seeking care can access care that is clinically appropriate.

Increased access to detox beds to meet the need in each community is essential.

Needed Service Expansion in the Statewide Substance Abuse Community-Based Continuum of Care

Appropriate state Departments and agencies may explore options and additional resources for:

Dual Diagnosis Treatment Beds:

Additional community-based treatment alternatives for individuals in the criminal justice system who have a substance abuse disorder and either: a mental illness, developmental disability, or organic impairment must be created. Ensuring that offenders have access to these services is also important. Current statutes and zoning regulations often prohibit residential programs from accepting individuals with an assault or arson history, or untreated sex offenders.

Detox Beds:

Increased access to detox beds to meet the need in each community is essential. For example, in Bethel there is currently a need for detox beds, as Yukon Kuskokwim Correctional Center has the second highest number of Title 47 non-criminal holds (the majority of which are substance abuse holds) in the state, with 633 holds in Fiscal Year 1998.

Transitional Housing:

Additional substance abuse transitional housing options for DOC clients are necessary. Safe and sober living situations will help DOC clients maintain sobriety and treatment goals and may ultimately assist in reducing recidivism.

Residential Substance Abuse Treatment Beds:

Additional community residential substance abuse treatment beds for DOC clients are needed. Current utilization statistics demonstrate that there are more correctional clients who need this level of treatment than there are designated beds. For example, in August of 1998, there was an average bed utilization rate of 133%, with utilization rates as high as 490% at Yukon Kuskokwim Health Corporation in Bethel.

Transitional Care Services:

It is critical to provide transitional care services in the community for offenders who have participated in substance abuse treatment while incarcerated. When an offender is placed on probation or parole, typically they have a condition of probation or parole that they receive a substance abuse treatment evaluation, and that they follow through with treatment recommendations. Currently, it is difficult for offenders to receive evaluations in a timely fashion, due to waiting lists for community programs. The time period following release from incarceration is critical, as many reoffenses occur within the first three months post-incarceration.

Offender Support Services:

There is a need for access to safe and appropriate housing, food, clothing, medication services, and employment and vocational training to help promote recovery in the community.

Department of Corrections will continue to advocate for an adequate and effective substance abuse community-based continuum of care.

The Department of Corrections in conjunction with other state Departments and state agencies may explore new initiatives to help prevent beneficiaries from entering the criminal justice system.

Two Anchorage district court judges now hear cases involving mentally ill, developmentally disabled and organically impaired individuals.

Single Point of Entry and 23 Hour Crisis Stabilization Program:

The Alaska Psychiatric Institute (API) Community Implementation Plan includes provisions for developing a 24 hour single point of entry system for all hospital and community-based emergencies in Anchorage. The Alaska Mental Health Board explains that in large communities a single point of entry, or one place where law enforcement can bring people experiencing mental difficulties may be a partial solution to the criminalization of the mentally ill. With a single point of entry, police may no longer feel that an individual needs to be booked into a correctional facility in order to provide for their safety and linkage with treatment resources. The establishment of a single point of entry system is designed to streamline the admission process for inpatient services and help identify appropriate community based alternatives to hospitalization and incarceration. The API plan also includes a provision for developing a 23 hour crisis stabilization program with observation and stabilization capabilities.

Specialized Sentencing Programs for Trust Beneficiaries:

Jail Alternative Services (JAS) is a pilot program designed to divert mentally ill misdemeanants in Anchorage whose crimes result from their illness from the criminal justice system to community based treatment. The JAS program links and monitors client compliance with court-ordered treatment in the community. The Department of Corrections, Decriminalizing the Mentally Ill Subcommittee of the Criminal Justice Assessment Commission, Alaska Mental Health Board, and Trust Authority will evaluate Jail Alternative Services for continuation and expansion in the Anchorage area and replication in other Alaskan communities. Opportunities for serving other categories of beneficiaries with such programs may also be explored.

Court Coordinated Resources Project (Mental Health Court):

The Court Coordinated Resources Project is a process whereby two Anchorage district court judges hear cases involving mentally ill, developmentally disabled and organically impaired individuals. The goal of the project is to identify eligible defendants, coordinate criminal justice and community mental health resources in the case, and divert individuals from jail by linking them with community services and ordering the services as conditions of probation with suspended jail time imposed. Based upon positive outcomes, the court system may consider replicating the project in other judicial districts.

Drug Courts:

The Alaska court system received a planning grant to explore options for utilizing drug courts to divert first time drug offenders. There are many different models of drug courts across the country. They can be utilized to create sentencing options for substance-abusing offenders who have had previous convictions. Drug courts may also be utilized for individuals already under the supervision of the Department of Corrections who need intervention, such as probationers who relapse. Drug court judges can intervene and fashion treatment-oriented sentences and special conditions.

The continuum of mental health services in DOC includes general mental health services, sheltered living, inpatient care and community-based services.

II. Provide Appropriate and Effective Treatment for Trust Beneficiaries in Department of Corrections

Existing Mental Health Continuum of Care in DOC

General Mental Health Services

- Title 47 non-criminal mental health holds.
- Crisis intervention.
- Mental status examinations and diagnostic evaluations.
- Mental health housing assessments.
- Medication prescription and monitoring.
- Telepsychiatry.
- Coordination with API.
- Prevention and education services.
- Transitional care within institutions.
- Discharge planning to the community.
- 48 week offender treatment program.

Sheltered Living

- Hiland Mountain Correctional Center Women's Special Needs Wing.
- Spring Creek Correctional Center Men's Special Needs Wing.
- Lemon Creek Correctional Center "J" Segregation.

Inpatient

- Cook Inlet Pre-Trial Mike Module.
- Hiland Mountain Correctional Center Women's Psychiatric Treatment Unit.
- Other acute care in outlying institutions.

Community-Based Services

- Institutional Discharge Program Plus (IDP+).
- Halfway House services.
- Specialized probation services.
- Jail Alternative Services.

Mental Health Treatment Recommendations

The Department of Corrections will explore options and additional resources to implement the following prioritized recommendations. Prioritization is based upon clinical necessity.

Men's Sub-Acute Care Unit:

There is currently a need for additional sub-acute care beds for mentally ill male inmates. The Department of Corrections needs to explore options for creating a 20-25 bed sub-acute care unit for mentally ill men, with staffing levels comparable to those on its acute care unit.

Although there is a sheltered living wing for mentally ill men, it is not located in the same facility or in geographic proximity to the men's acute care unit. The men's acute care unit is located at Cook Inlet Pretrial facility in Anchorage. The sheltered living wing (Echo Module) is located at Spring Creek Correctional Center in Seward. The wing can house up to 50 mentally ill men. With the conversion of Hilland Mountain Correctional Center to a female institution, men have had to be transferred to outlying institutions or other institutions around the state. The sheltered living wing formerly housed at HMCC is no longer available for Anchorage mentally ill male inmates. Another unit needs to be re-established in a new location.

A sub-acute care unit for mentally ill men is needed; on a given day there are 337 seriously mentally ill male inmates in DOC facilities.

In the 1997 Trust Beneficiary DOC Needs Assessment, researchers found that on a sample day there are 337 seriously mentally ill (SMI) men in DOC institutions. The number of SMI men far exceeds the capacity of Cook Inlet Pretrial Mike Module to meet their specialized treatment needs. While Mike Module should be reserved for the most acute inmates in the system, sub-acute care beds should be available to handle: Mike Module graduates, sub-acute/seriously mentally ill inmates, and those inmates who are unable to handle the general prison population and are in need of special care and monitoring. Given the magnitude of their ongoing specialized housing and treatment needs, a sub-acute unit with enhanced programming and adequate staffing levels is a clinical necessity.

Proposed Program

20-25 Bed Men's Sub-Acute Care Unit

Proposed Staffing

1 Mental Health Clinician III
1 Psychological Counselor
5 Registered Nurses

Mental Health Staffing Levels:

The Department of Corrections must continue to provide mental health treatment to chronic and acutely mentally ill inmates. As the overall statewide inmate population continues to increase, the number of seriously mentally ill inmates will also rise. A review of the Department's yearly mental health caseload statistics demonstrates that the number of mentally ill inmates requiring treatment services continues to increase. From Fiscal Year 1995 to Fiscal Year 1997, there was a 16 percent increase in the number of mentally ill inmates treated by DOC mental health staff. With the transfer of the stable inmate population to an out-of-state facility, Alaskan facilities have a much higher concentration of psychiatrically and behaviorally disturbed inmates. The Department of Corrections will require additional mental health staff to keep pace with the growing numbers and needs of mentally ill inmates.

A 1997 study of the Department of Corrections' inmate population demonstrated that 29 percent (883 inmates on a sample day) of the institutional population are mentally ill Trust beneficiaries, including 373 seriously mentally ill inmates. The Department's own data collection for Fiscal Year 1997 demonstrated that its mental health staff treated 1,781 mentally ill inmates and an additional 207 inmates whose primary problem was substance abuse. (The Fiscal Year 1997 data reflect only those inmates treated by mental health staff and is therefore not a complete count of all mentally ill inmates entering Department of Corrections facilities). As these numbers continue to increase, the Department will be required to enhance its mental health clinical staffing levels. It is anticipated that DOC will require the following additional staff for existing programs:

DOC will require additional mental health staff to keep pace with the growing numbers and needs of mentally ill inmates.

Existing Facility/Program

- HMCC Women's Special Needs Wing
- Mat-Su Pre-Trial Facility
- Palmer Correctional Center (PCC)
- Spring Creek Correctional Center (SCCC)
- Wildwood Correctional Center (WCC)

Proposed Additional Staff

- I Psychological Counselor
- I Mental Health Clinician II
- I Psychological Counselor
- I Psychological Counselor
- I Psychological Counselor

Proposed mental health staffing levels and configurations are dependent upon institutional counts and the Department's mechanisms for handling overcrowding.

Women's Special Needs Wing: The Department of Corrections added a sheltered living level of care for mentally ill female inmates at Hiland Mountain Correctional Center. The mental health staff at Hiland are able to transfer mentally ill female inmates from the Women's Psychiatric Treatment Unit to the Special Needs Wing as the inmates are stabilized. If inmates on the Special Needs Wing again require acute care, they can readily be transferred back to the Psychiatric Unit. The Wing also houses developmentally disabled and organically impaired or other special needs women when needed. It is recommended that the Department of Corrections assign a mental health staff person to the Special Needs Wing to provide appropriate treatment for mentally ill and other special needs female inmates.

Mat-Su Pre-Trial, PCC, SCCC, WCC: Each of these facilities have had an increased number of seriously mentally ill inmates. Additional staff resources are needed to effectively monitor and address the acute and ongoing treatment needs of the mentally ill population.

Psychiatric Coverage:

In addition to one staff Psychiatrist, the Department added a three-quarter time Psychiatrist, and will provide an additional day per week of psychiatric coverage through the University of Washington psychiatric residency program. DOC also installed telemedicine hardware in seven of its institutions. Despite these enhancements, the Department still only has the full time equivalent of one and three-quarter staff Psychiatrists. DOC continues to use contract Psychiatrists to provide clinical assessments in some outlying institutions. DOC will need to ensure that its psychiatric resources are sufficient to meet the needs of the growing number of chronic and acutely mentally ill inmates in correctional institutions.

Telepsychiatry:

The Department of Corrections increased the availability of psychiatric services through the installation of telemedicine hardware at seven facilities. The Department will continue to utilize telepsychiatry to provide psychiatric services to outlying facilities. Given the reality of few staff, increasing numbers of clients, and geographic distances, creative options are needed to address the needs of the mentally ill in all correctional facilities. Based upon positive outcomes of the current telepsychiatry project, DOC mental health staff may explore opportunities for enhancing the portability and quality of the telemedicine equipment.

Transitional Care:

The Department of Corrections may explore opportunities for providing additional follow-up care for Trust beneficiaries released from specialized units to the general

institutional prison population. In addition to routine monitoring, a spectrum of services should be available in each DOC facility, including: Mentally Ill/Chemically Addicted (MICA) groups, and anger management and life skills classes. DOC may explore options for providing additional psychosocial rehabilitative services to mentally ill inmates. Enhancing life skills can improve mentally ill inmates' ability to function in the general prison population and in the community.

Treatment of Co-Occurring Disorders:

It is recommended that the Department of Corrections explore options for providing more dual diagnosis treatment. Up to 77% of the chronic and acutely mentally ill inmates treated by Department of Corrections mental health staff have co-occurring substance abuse disorders, and 60% of the re-arrests of Institutional Discharge Program Plus (IDP+) clients are due to substance abusing behaviors. The Department seeks to ensure that specialized substance abuse treatment services are provided to dually diagnosed inmates. Substance abuse treatment is currently provided on Mike Module and the HMCC Women's Psychiatric Treatment Unit. Additional resources will be required to provide Mentally Ill/ Chemically Addicted (MICA) groups for mentally ill offenders in other institutions.

Integrated Quality Assurance Process:

The Department of Corrections may explore options for developing an integrated quality assurance system. DOC will examine the possibility of creating a Nurse Supervisor position to provide training, conduct medical records audits, and oversee other mental health nurses. DOC will review and assess the feasibility of incorporating the recommendations from the National Commission on Correctional Health Care: Standards for Health Services in Prisons. DOC will also review the Division of Mental Health and Developmental Disabilities Quality Assurance Steering Committee plan to assess the feasibility of implementing some of the recommendations.

Education/Vocational Rehabilitation:

The Department of Corrections may explore opportunities for providing additional institutional-based jobs for mentally ill inmates. Employment is a strong deterrent to re-offense, and vocational and pre-vocational training and services assist inmates to effectively transition into the community. DOC may further explore options for enhancing the educational services provided to seriously mentally ill inmates.

Mental Health Services for Inmates in Halfway Houses:

There is a need to provide additional mental health services for mentally ill offenders on furlough and confined misdemeanor status.

Discharge Planning:

The Department of Corrections will continue to ensure that its Mental Health Clinicians provide discharge planning for mentally ill inmates transitioning from acute care and specialized treatment units to the general prison population and for mentally ill inmates transitioning to the community upon release. DOC staff refer releasing mentally ill inmates to existing community-based services. DHSS and DOC recognize that the existing continuum of care is inadequate and must be expanded to effectively meet the needs of mentally ill offenders in the community.

Dual diagnosis treatment is needed. Up to 77 percent of the mentally ill inmates have co-occurring substance abuse disorders.

Additional day treatment slots are needed for Institutional Discharge Program Plus and Jail Alternative Services clients.

The Department currently refers some of its seriously mentally ill felons who have formal conditions of probation to the Institutional Discharge Program Plus (IDP+). The IDP+ program began a pilot project offering day treatment services for ten IDP+ individuals. The initiative has been successful in improving life skills and reducing recidivism for IDP+ clients. Additional day treatment slots are needed for Institutional Discharge Program Plus (IDP+) and Jail Alternative Services (JAS) clients. There is also a need to enhance the success of IDP+ clients who transition to areas outside of Anchorage. A disproportionate number of the IDP+ clients have been re-arrested in rural settings, and enhanced coordination and planning is necessary to ensure successful transitions. Success will also require commitments from communities to provide supervised housing and supports for clients.

Jail Alternative Services (JAS) is a pilot project administered through the Department of Corrections. The project employs a Case Coordinator to identify, coordinate and link 40 mentally ill misdemeanor offenders with community services. Compliance with treatment becomes a condition of probation in sentencing. The Case Coordinator also performs the role of monitor to ensure that probation conditions are satisfied. Based upon positive outcomes, the Department of Corrections and associated stakeholders may explore options for continuing and expanding the project in Anchorage and replicating it in other communities.

Specialized Probation Officers:

The Department of Corrections may explore options for designating additional Specialized Probation Officers to work with probationers with mental illness and other chronic and acute disorders in the community. Specialized Probation Officers can assist in providing information to the legal system on the behaviors and needs of the mentally ill and other special needs offenders, so that sanctions and supports can be applied in a meaningful manner. Probation Officers can also be a meaningful part of a mentally ill offender's treatment team. Additional training could assist all Probation Officers dealing with mentally ill offenders to recognize symptoms and effectively manage them in the community.

Specialized Sex Offender Treatment for the Mentally Ill:

There is a need to provide specialized treatment for mentally ill sex offenders that focuses on relapse prevention. Participating in and completing treatment is often a requirement for acceptance into housing and substance abuse treatment services. The Parole Board or court can revoke good time for offenders who have not successfully completed sex offender treatment. Providing specialized sex offender treatment for mentally ill offenders could make them eligible for parole or furlough if legally and clinically indicated. A recent review of the Mike Module caseload statistics demonstrates that approximately 23% of the chronic and acutely mentally ill male inmates are sex offenders.

Cultural Relevance:

The Department of Corrections will continue its practice of providing culturally relevant programming for mentally ill inmates treated on Mike Module. Mentally ill inmates treated on Mike Module are offered talking circles, and DOC seeks to provide similar services for mentally ill women treated on the Hilland Mountain Correctional Center Women's Psychiatric Treatment Unit.

Outpatient Services for Non-Chronic and Non-Acutely Mentally Ill Beneficiaries:

Currently, Department of Corrections' mental health staff address some of the needs

of the non-chronic/non-acutely mentally ill population through counseling groups offered to the general prison population and the 48 week offender treatment program. DOC may explore additional resources for providing services to non-chronic and non-acutely mentally ill Trust beneficiaries in correctional institutions who do not pose a management problem.

**There is a need
to enhance
substance
abuse
treatment
services in
DOC.**

Transitional Care Services for Non-Chronic and Non-Acutely Mentally Ill

Beneficiaries:

The Department of Corrections may explore resources for providing transitional care services for non-chronic and non-acutely mentally ill inmates transitioning to community care.

Existing Substance Abuse Continuum of Care in DOC

Emergency Services

- Title 47 Non-Criminal Holds.
- Education and prevention services for intravenous drug users and pregnant women who are pending immediate release.

Prevention/Education

- The basic alcohol and drug education program as well as the education with an introduction to treatment program, is for inmates with short sentences or for inmates entering treatment. Critical prevention topics covered by in the education program include: Fetal Alcohol Syndrome/Fetal Alcohol Effect and HIV/AIDS/STD's and other communicable diseases.

Treatment

- Screenings: substance abuse counselors screen inmates for entry into the ISAT program.
- Clinical Assessments: substance abuse counselors assess, diagnose, and provide treatment recommendations for inmates in the Inmate Substance Abuse Program.
- Institutional outpatient treatment in the institutions.
- Residential Substance Abuse Treatment in the institution for female inmates.

Discharge Planning/Transitional Care

- Referral to community substance abuse treatment providers.
- Referral to the LINKS (Living In New Knowledge Successfully) release project for women.

Substance Abuse Treatment Recommendations

The Department of Corrections will explore options and additional resources to implement the following prioritized recommendations. Prioritization is based upon clinical necessity.

The Department of Corrections will continue to work to ensure that an appropriate continuum of substance abuse treatment services exists in correctional facilities. Contract substance abuse providers will continue to provide substance abuse assessments and education in all correctional facilities, and institutional outpatient treatment in long term facilities. The Department recognizes that there is a critical need to enhance the scope and intensity of substance abuse treatment services in its correctional institutions.

A residential treatment program for male inmates with a history of chronic substance abuse and criminal activity is needed.

Residential Substance Abuse Treatment for Male Inmates in DOC Institutions:

The Department of Corrections does not currently provide a complete continuum of substance abuse treatment services for male inmates. The Department of Corrections will explore options for creating a residential treatment program for male inmates with a history of chronic substance abuse and criminal activity. Residential treatment would require an array of contract treatment staff including a Clinical Director, an Assessment Specialist, Counselors and support staff. Three separate surveys demonstrated that approximately 100 inmates on a given day need this level of intensive treatment. The surveys included inmates serving sentences of at least four years. The surveys did not include sex offenders, mentally ill inmates, or inmates with serious medical conditions.

Substance Abuse Discharge Project for Male Inmates:

In the event that the Department of Corrections develops a residential treatment program for male inmates, options need be explored for transitional care in the community for graduates of the program. Aftercare/ transitional care in the community will be critical for positive program outcomes.

Substance Abuse Post Conviction/Sentencing Screenings:

All inmates who have been convicted/sentenced should be screened by DOC for substance abuse treatment needs at the onset of serving out their sentences. Developing a standardized screening mechanism would assist the correctional system in identifying inmates who need substance abuse treatment. It would also assist DOC in directing inmates to the Inmate Substance Abuse Program (ISAT), where a full clinical assessment for the appropriate level of care can be conducted. A standardized screening mechanism would help DOC to demonstrate the prevalence of alcohol and drug abuse among inmates. In a 1998 resolution for substance abuse treatment among offenders, the Advisory Board on Alcoholism and Drug Abuse recommended that DOC establish the universe of inmates needing services by conducting standardized screenings.

Clinical Resources and Funding Levels:

As the inmate population continues to grow, DOC will require additional substance abuse treatment staff to provide the minimal continuum of care now available. Any enhancements to the substance abuse continuum of care in DOC institutions will require additional resources and staff. It is also critical for DOC to keep Substance Abuse Counselors who have gained institutional experience and knowledge of the correctional clientele. In order to retain counseling staff, DOC should ensure that the Inmate Substance Abuse Program is adequately funded.

Institutional Outpatient Substance Abuse Treatment Services:

The Department of Corrections currently provides outpatient substance abuse treatment services through its Inmate Substance Abuse Program (ISAT). It is estimated that DOC provides outpatient treatment to a small percentage of the inmates who need such treatment. The Department of Corrections may explore possibilities for augmenting its outpatient substance abuse treatment services in correctional institutions. The Department of Corrections will continue to evaluate the Inmate Substance Abuse Program to determine which facilities and programs may require additional treatment staff.

Dual Diagnosis Treatment Program:

The Department of Corrections may explore options for providing dual diagnosis treatment to inmates with substance abuse disorders and developmental disabilities or mental illness. Recognizing that up to 77% of mentally ill inmates have co-occurring substance abuse disorders, there is a critical need for dual diagnosis treatment. Results for the Institutional Discharge Program Plus (IDP+) further demonstrate that 60% of the re-arrests for IDP+ clients are due to substance abuse involvement.

**There is a need
to augment
outpatient
substance
abuse
treatment in
correctional
institutions.**

Coordination with Medical Staff:

Increased coordination between DOC medical staff and contract substance abuse treatment providers could assist in identifying inmates with substance abuse problems. Through the health care screening process, nurses may refer inmates with acute alcohol and drug treatment needs to contract substance abuse treatment staff. DOC may also utilize the medical screening forms to gather data on the prevalence of alcohol and drug problems among inmates booked into DOC facilities.

Substance Abuse Education Services:

There is a need to augment substance abuse education services in correctional intake facilities. An institution such as Sixth Avenue Correctional Center is the busiest intake facility in the state of Alaska, with approximately 10,000 bookings per year. The current half-time substance abuse counseling position for the institution is inadequate given the volume and needs of the inmates who are typically misdemeanants with substance abuse problems who could benefit from education and referrals to treatment in the community.

Living in New Knowledge Successfully (LINKS) Release Project for Women:

The Department of Corrections, the Division of Alcoholism and Drug Abuse, the Division of Family and Youth Services, the Advisory Board on Alcoholism and Drug Abuse, and community treatment providers have created a mechanism to assist graduates of the HMCC substance abuse treatment program, who have children, successfully transition into the community of Anchorage. Based upon positive outcomes, entities involved in creating and implementing LINKS may explore options for expanding the project to other communities.

Culturally Relevant Programming:

The Department of Corrections will continue to ensure that culturally relevant programming is provided to inmates in the ISAT program. It will also strive to provide cultural diversity training to ISAT counselors so that they will have the resources and knowledge to make their programs culturally meaningful. Information on Alaska Native tribes and history, culturally specific intake and assessment techniques, treatment strategies designed to incorporate traditional Native values, case management in rural areas, and the role of Native elders in the sobriety movement should be components of future training programs.

Improved screening, identification, treatment and referral of developmentally disabled inmates is needed.

Recommendations for Developmentally Disabled Inmates

The Department of Corrections does not have staff specifically dedicated to the needs of developmentally disabled inmates in its institutions. Consequently, recommendations will require significant levels of new staff and resources for implementation.

The Department of Corrections will explore options and additional resources to implement the following recommendations based upon the continuum of care.

Screening, Treatment and Referral:

The Department of Corrections may collaborate with the Division of Mental Health and Developmental Disabilities (DMHDD) and the Governor's Council on Disabilities and Special Education (GCDSE) to develop screening, assessment, treatment and referral protocols for developmentally disabled inmates in DOC institutions. Currently, inmates with an obvious or severe developmental disability are referred to DOC mental health, medical or education staff for assessment and treatment recommendations. However, the Department of Corrections recognizes that there are far more individuals with developmental disabilities than are currently identified or who receive special services in the system. Involvement of DMHDD and the GCDSE is recommended. Improved screening and identification would result in a more thorough picture of the prevalence and service needs of inmates with developmental disabilities.

Proposal for Screening, Identification and Referral:

1. DOC screens and identifies inmates who may have a developmental disability.
2. DOC refers inmates who appear to have a developmental disability to mental health, medical, or education staff (or)
3. DOC refers inmates who appear to have a developmental disability to DMHDD.
4. DMHDD conducts an eligibility examination on inmates identified through the DOC screening process, and if eligible places them on a wait list for services in the community.
5. DOC notifies DMHDD prior to the release of a previously identified developmentally disabled inmate.

Specialized Services:

The Department of Corrections may work with the Division of Mental Health and Developmental Disabilities and the Governor's Council on Disabilities and Special Education to enhance the programming and services for developmentally disabled inmates in correctional institutions. The Department of Corrections may explore options and resources for providing specialized substance abuse treatment services, additional educational/vocational services, and sex offender treatment for developmentally disabled inmates.

Transitional Care Services:

The Department of Corrections may coordinate with other agencies to obtain improved transitional care services for developmentally disabled inmates releasing from correctional institutions into the community. There is currently a need for additional housing and employment opportunities for developmentally disabled offenders releasing from correctional institutions.

Recommendations for Inmates with Alzheimer's Disease and Related Disorders

Individuals arrested with dementias usually are found incompetent to stand trial, and committed to the custody of the Department of Health and Social Services. Inmates who develop dementias after they are convicted, will need special care or may be eligible for medical parole to nursing homes in the community.

As the state of Alaska's general population ages, so too will Alaska's inmate population. The Alaska Commission on Aging's (ACoA) projections suggest that by the year 2,000, 6 percent of Alaskans will be 65 years of age and older. Risk projections suggest that by year 2,000, more than 500 Alaskans will be at risk for Alzheimer's Disease, and by 2,015, over 1,500 Alaskans will be at risk.

Currently DOC medical staff monitor and make appropriate referrals for inmates with Alzheimer's Disease and Related Disorders (ADRD) when indicated. The Department of Corrections will explore options and additional resources to:

- Develop improved methods for identifying and tracking inmates with Alzheimer's Disease and Related Disorders.
- Coordinate with the Alaska Commission on Aging (ACoA) to develop population projections on the number of ADRD inmates in institutions, halfway houses and on probation and parole who will require care.
- Identify the types of care required by the ADRD population in DOC.
- Provide care to inmates with Alzheimer's Disease and Related Disorders in DOC institutions.
- Train Department of Corrections' staff to identify and manage inmates with Alzheimer's Disease and Related Disorders.
- Provide medical parole for inmates with Alzheimer's Disease and Related Disorders.

Recommendations for Juvenile Offenders

On February 1, 1999, there were 402 inmates age 21 and under in state facilities and halfway houses. The Department formed a task force to examine the housing security, and programming needs of juvenile offenders. The task force has recommended creating a discrete unit for some of these inmates with education, mental health and substance abuse programming.

The Department of Corrections will explore options and additional resources to:

- Establish a discrete unit for inmates age 18 and under, with specialized mental health, substance abuse and educational programming and treatment staff.
- Provide additional psychiatric services for juvenile inmates.
- Coordinate with the Department of Education to implement and refine as necessary the Memorandum of Agreement (MOA) for providing special education services to eligible inmates under the age of twenty two.
- Collaborate with the Department of Education to develop mechanisms for obtaining the records of inmates qualifying for special education services.

A separate unit with specialized programming is needed for some of the 402 inmates age 21 and under.

A new MIS system will help DOC identify Trust beneficiaries in its system, and collect demographic and diagnostic information.

III. Program Effectiveness and Management Information Systems

The Department of Corrections is required to demonstrate the effectiveness of its services for treating Trust beneficiaries. The Trust Authority requires the Department to report on indicators and performance measures for Trust funded projects and General Fund/Mental Health increments. To improve its ability to measure the effectiveness of programs, the Department of Corrections must create an enhanced Management Information System. It is critical that the new Management Information System have the capability to provide the numerical and demographic data requested by the Trust Authority, Legislature, federal government and the beneficiary boards.

The Department of Corrections will explore options and additional resources for developing a Management Information System that:

- Enables DOC to identify all Trust beneficiaries at any point in time.
- Provides aggregate demographic and diagnostic information on Trust beneficiaries.
- Tracks the unduplicated number of Title 47 non-criminal mental health and substance abuse holds.
- Tracks the service needs of Trust beneficiaries.
- Enables DOC to effectively and efficiently measure program performance and client outcomes.
- Enables DOC to track recidivism rates.
- Interfaces with other state Departments' Management Information Systems to provide unduplicated data on Trust beneficiaries across state systems.

IV. Planning and Research

The Department of Corrections will explore options and additional resources to:

- Hire a health care services Research Analyst to assist with data collection, statistical analysis and information requests specific to Trust beneficiaries.
- Conduct a yearly review of recommendations for Trust beneficiary services.
- Conduct a periodic profile of inmates to identify beneficiary needs and services. Surveys should include prevalence statistics, and a determination of the comprehensive treatment needs of beneficiaries. Future studies may also include the prevalence and service needs of non-chronic and non-acute beneficiaries who are not currently receiving treatment in DOC.
- Continue to participate in the State Comprehensive Mental Health Plan (CIMHP), the API planning process, the beneficiary board strategic planning processes, and the Decriminalizing the Mentally Ill subcommittee of the Criminal Justice Assessment Commission and similar activities.
- Continue to utilize the National GAINS Center for the Treatment of Co-Occurring Disorders in the Justice System, for technical assistance in developing and evaluating programs.
- Utilize data from the Substance Abuse Need for Treatment Among Arrestees

(SANTA) study and the Arrestee Drug Abuse Monitoring (ADAM) project to assess the substance abuse treatment needs of Alaskan inmates, and to plan for services.

V. Partnerships

The Department of Corrections will continue to collaborate with:

It is essential that DOC continue to partner with the Trust Authority and the beneficiary boards in their planning and budgeting processes.

The Trust Authority

- The Department of Corrections will continue to participate in the Trust Authority Request for Recommendations budget process by submitting yearly budget requests and bi-annual status reports on Trust funded projects and General Fund/Mental Health increments.
- The Department of Corrections will strive to enhance the beneficiary-specific data provided to the Trust Authority as part of the yearly Request for Recommendations process.
- The Department of Corrections will continue to refine its accounting systems to more accurately reflect mental health expenditures.
- The Department of Corrections will continue to explore opportunities for funding partnerships with the Trust Authority and the Department of Justice for substance abuse treatment services for incarcerated inmates.
- The Department of Corrections will continue to collaborate with the Trust Authority to advocate for services for its beneficiaries.

Beneficiary/Advocacy Boards

- The Department of Corrections will continue to participate in the beneficiary boards' budgeting and planning processes.
- The Department of Corrections will submit yearly budget and data information to the beneficiary boards.
- The Department of Corrections will continue to participate in the boards' strategic planning processes and related planning activities.
- The Department of Corrections will increasingly coordinate with the Governor's Council on Disabilities and Special Education.
- The Department of Corrections will increasingly coordinate with the Alaska Commission on Aging.

State Departments

DOC will collaborate with other state Departments:

Department of Health and Social Services

- Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effect (FAE) prevention and education, and the development of a statewide FAS plan of action. The Departments will also collaborate to survey the inmate population to establish a baseline number of inmates with FAS/FAE.
- The Institutional Discharge Program Plus (IDP+).
- The LINKS (Living in New Knowledge Successfully) women's release project.
- Substance abuse surveys and studies.
- The Department of Corrections will continue to collaborate with the Division of Mental Health and Developmental Disabilities staff, including API and mental health grantees.

DOC will continue to collaborate with DHSS on FAS/FAE prevention and education and other joint projects.

- The Department of Corrections will continue to collaborate with the Division of Alcoholism and Drug Abuse through the Oversight Committee.
- The Department of Corrections and the Department of Health and Social Services may explore options for linking their respective Management Information Systems.

Department of Education

- The Department of Corrections will continue to coordinate with the Department of Education to provide special education services to eligible inmates under age twenty two. Further refinement of procedures with individual school districts may be necessary.
- The Department of Corrections will continue to collaborate with the Department of Education to develop mechanisms for obtaining the educational records of inmates qualifying for special education services.

Community Treatment Providers

The Department of Corrections will continue to collaborate with community treatment providers to:

- Coordinate treatment and release plans for inmates with chronic and acute illnesses.
- Advocate for necessary community-based services for all Trust beneficiaries.

Criminal Justice System

DOC will coordinate with the Criminal Justice System on:

- Specialized Sentencing Projects.
- Court Coordinated Resources Project (Mental Health Court).
- Drug Courts.
- Trainings for criminal justice system personnel.
- The Criminal Justice Assessment Commission, and the Decriminalizing the Mentally Ill Subcommittee and associated Subcommittees.
- Title 47 Issues and Workgroups:
 - Anchorage involuntary commitment committee.
 - Bethel Title 47 work group.
 - Fairbanks Interagency work group.
 - Other Title 47 work groups as developed.

Native Organizations

The Department of Corrections will:

- Consult with Native organizations on inmate programming.
- Encourage cultural diversity trainings for treatment providers.
- Provide potlaches and other cultural activities.
- Provide a role for culture-based sobriety activities, including elder visits, talking circles, and utilizing Native speakers as role models.

U.S. Department of Justice

The Department of Corrections will collaborate with the U.S. Department of Justice on:

- Program development.
- Technical assistance.
- Trainings.
- Fiscal support.

**DOC will
continue to
encourage
cultural
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VI. Training and Education

The Department of Corrections will coordinate with stakeholders to explore options and additional resources to:

- Train criminal justice system personnel (judges, lawyers, police and probation officers) on identification, referral, and treatment options for Trust beneficiaries.
- Educate the Trust Authority, beneficiary boards, state Departments and treatment providers on the criminal justice system.
- Train communities on the needs of mentally ill and special needs offenders.

Training for Department of Corrections Personnel

The Department of Corrections will explore options and additional resources to:

- Train staff on results, indicators and performance measures and developing evaluation components for programs.
- Train staff on the new Management Information System.
- Ensure that treatment staff are trained to provide culturally relevant treatment services.
- Provide cross-training for substance abuse and mental health treatment providers.
- Ensure that mental health staff have training opportunities on effective treatment modalities.
- Educate and train correctional staff on identifying and intervening with inmates with mental illness, developmental disabilities, acute substance abuse disorders, Alzheimer's Disease and Related Disorders, and organic impairments.

CORRECTION

**THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION**



Rev. 6/98

Central Microfilm Services
Department of Education & Early Development
State of Alaska

U.S. Department of Justice

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Data on Trust Beneficiaries in the Department

I. Mental Health Trust Authority Beneficiary Definitions

Trust beneficiaries include individuals who are:

- Mentally Ill
- Chronic Alcoholics with Psychosis
- Developmentally Disabled, and
- Individuals who have Alzheimers Disease and Related Disorders

The Alaska Mental Health Board (AMHB) utilizes the ten diagnostic categories established in statute, and breaks these down into nearly 200 specific DSM IV diagnostic codes to identify mentally ill Trust beneficiaries. The diagnostic categories for mentally ill beneficiaries include: Schizophrenia, Delusional Disorders, Mood Disorders, Anxiety Disorders, Somatoform Disorders, Organic Mental Disorders, Personality Disorders, Dissociative Disorders, other Psychotic or Severe and Persistent Mental Disorders, and Childhood Disorders.

The Advisory Board on Alcoholism and Drug Abuse (ABADA) counts as their Trust beneficiaries those individuals who fall into seven diagnostic categories and ten specific DSM IV diagnostic codes. The diagnostic categories include: Alcohol Withdrawal Delirium, Alcohol Hallucinoses, Alcohol Amnesic Disorder, Dementia Associated with Alcoholism, Alcohol-Induced Organic Mental Disorder, Alcoholic Depressive Disorder, and other Severe and Persistent Disorders. ABADA also utilizes an operational definition to track its Trust beneficiaries through the Division of Alcoholism and Drug Abuse Management Information System. The operational definition includes three criteria: alcohol is the first drug of choice, the individual is assessed as either dysfunctional or dependent, and the individual reports consuming alcohol at least six days per week.

The Governor's Council on Disabilities and Special Education (GCDSE) utilizes seven diagnostic categories to identify their beneficiaries which include: Cerebral Palsy, Epilepsy, Mental Retardation, Autistic Disorder, Severe Organic Brain Impairment, significant developmental delay during early childhood indicating a risk of developing the disorders, and other severe and persistent mental disorders. The GCDSE also utilizes the state and federal definition of developmental disability and delay. The state defines individuals as developmentally disabled when they experience a severe and chronic disability that is: attributable to a mental or physical impairment or combination of mental and physical impairments, is manifested before age 22, is likely to continue indefinitely, results in substantial functional limitations, and reflects a need for lifelong care.

The Alaska Commission on Aging (ACoA) plans and advocates for individuals who have the following diagnoses as defined in statute: Primary Degenerative Dementia of the Alzheimer type, Multi-Infarct Dementia, Senile Dementia, Presenile Dementia, and other severe and persistent mental disorders. The ACoA also utilizes a functional definition to identify their beneficiaries.

**Trust
beneficiaries
include
individuals who
are: mentally
ill,
chronic
alcoholics with
psychosis,
developmentally
disabled, and
individuals
who have
Alzheimer's.**

II. Number of Trust Beneficiaries in Department of Corrections—Fiscal Year 1997

The Department of Corrections does not currently have a Management Information System that allows for unduplicated counts of Trust beneficiaries. Estimates as to the prevalence of Trust beneficiaries for the purposes of this document are taken from two principle sources: the 1997 Trust Beneficiary DOC Needs Assessment, and national prevalence rates (some of which are used by the beneficiary boards) applied to the DOC institutional population on 1/15/97

The national prevalence estimates for the four categories of beneficiaries are based upon different methodologies.

	CONFIRMED	ESTIMATES
	Trust Beneficiary DOC Needs Assessment: 3,091 Inmates in DOC Institutions on 1/15/97	National Prevalence Estimates applied to DOC Institutional population of 3,091 Inmates on 1/15/97
Mentally Ill Severely Mentally Ill	29% (883 inmates) 12% (373 inmates)	10% (309 inmates) National Commission on Correctional Health Care cites prevalence rates of 6-14% for inmates with major psychiatric disorders. 10% is the average.
Chronic Alcoholics with Psychosis	8% (258 inmates)	6.55% (202 inmates) Gallup Poll
Developmentally Disabled	0.4% (12 inmates)	1.8% (56 inmates) National prevalence rate for the general population. 6% (185 inmates) National Commission on Correctional Health Care cites prevalence rates of 2-10% for inmates with mental retardation, 6% is the average.
Alzheimer's Disease	1 inmate	4% (2 inmates) National Prevalence Rate for individuals age 65-74 is applied to the 51 inmates age 60+ in DOC in 1/15/97

Trust Beneficiary DOC Needs Assessment

Researchers conducted the Trust Beneficiary DOC Needs Assessment by surveying the Department of Corrections' population in institutions and halfway houses, and by sampling the probation and parole population. The Needs Assessment numbers are based on individuals in DOC custody on 1/15/97, identified as potential beneficiaries by DOC staff, whose diagnoses could be confirmed in DOC chart audits. The researchers utilized January 15, 1997 as the point in time to survey the correctional population. Researchers utilized the Trust Authority's statutory definitions of Trust beneficiaries as well as the board's operational definitions for beneficiary categories. Presented above and discussed below, are the researchers' findings regarding the number of Trust beneficiaries in DOC institutions. Trust beneficiaries accounted for 37 percent of the DOC institutional population on January 15, 1997.

The National Commission on Correctional Health Care reports that 6 to 14 percent of inmates have a major psychiatric disorder.

Mentally Ill

Of the 3,091 individuals incarcerated in the state's thirteen correctional facilities on 1/15/97, 883 individuals or 29 percent of the institutional population were identified as mentally ill Trust beneficiaries, including individuals with personality disorders. Of these, 373 individuals (337 men and 36 women) or 12 percent of the total incarcerated population were identified as suffering from a severe mental illness.

Chronic Alcoholics with Psychosis

As the chart above demonstrates, 8 percent (258) of the DOC institutional population were chronic alcoholics with psychosis on the sample day. Researchers explained, however, that there were an additional 490 inmates who they identified as either "dependent" or "dysfunctional" (two of the three operational criteria for chronic alcoholism with psychosis) but who were not counted as beneficiaries as they did not use on a daily basis.

Developmentally Disabled

Researchers noted that as IQ tests are not systematically conducted in any institution or program other than the Meadow Creek Correctional Center sex offender treatment program, it is likely that the number of developmentally disabled beneficiaries is under-reported in the Trust Beneficiary DOC Needs Assessment.

Alzheimers Disease and Related Disorders

Researchers identified one inmate with Alzheimer's Disease in DOC institutions on 1/15/97.

Beneficiary Board and National Prevalence Estimates

Alaska Mental Health Board Prevalence Estimates

In the National Commission on Correctional Health Care 1997 Report: Standards for Health Care Services in Prisons, it is explained that 6 to 14 percent of inmates have "a major psychiatric disorder." National prevalence estimates for the incarcerated seriously mentally ill (SMI) population do not typically include personality disordered individuals. The Trust Beneficiary DOC Needs Assessment finding that 29 percent (883 inmates) were mentally ill on 1/15/97 in Alaska correctional facilities includes personality disordered individuals. The Alaska Mental Health Board explains that in all states, the percent of mentally ill in correctional facilities is higher than the 6.3 percent national prevalence estimate for the general population.

National prevalence estimates show that there are up to 185 developmentally disabled inmates in DOC.

Advisory Board on Alcoholism and Drug Abuse Prevalence Estimates

The Advisory Board on Alcoholism and Drug Abuse utilized a Gallup Poll telephone survey of 8,000 Alaskans to estimate the prevalence of chronic alcoholics with psychosis in Alaska. The poll demonstrated that 3.7 percent of Alaskans have diagnoses of severe alcohol dependence, and 5.7 percent have diagnoses of mild to moderate substance dependence. ABADA concluded that all of the Alaskans with severe dependence disorders are beneficiaries, and half of the moderately dependent individuals (2.85 percent) are beneficiaries, for a prevalence rate of 6.55 percent. Applying the 6.55 percent prevalence rate to inmates in correctional institutions on 1/15/97, results in an estimate of 202 inmates with chronic alcoholism with psychosis on the sample day. It should be noted that the 6.55 percent prevalence estimate is for the general population, and is not a rate specifically designed for the incarcerated population.

Governor's Council on Disabilities and Special Education Prevalence Estimates

The Governor's Council on Disabilities and Special Education utilizes the national prevalence rate of 1.8 percent to estimate the number of Alaskans with developmental disabilities. The GCDSE notes that due to Alaska's high rates of accidents, deafness, head injuries, and Fetal Alcohol Syndrome, the national prevalence rate may underestimate the number of developmentally disabled Alaskans.

When the 1.8 percent prevalence rate is applied to the DOC institutional population, it appears that the Trust Beneficiary DOC Needs Assessment may have under-represented the number of developmentally disabled inmates. Needs Assessment researchers explained that there were a group of 30 inmates in their study who were "potentially" developmentally disabled, but who had not been formally diagnosed or screened, and were therefore not confirmed as beneficiaries. It should be noted, however, that the 1.8 percent figure is the prevalence estimate for the general population, with no specific adjustments made for the prison population. The National Commission on Correctional Health Care estimates that 2-10 percent of the incarcerated population includes individuals with mental retardation.

Alaska Commission on Aging Prevalence Estimates

When the national prevalence estimate of a 4 percent rate for ADRD among individuals age 65-74 is applied to the 51 inmates age 60 and older in DOC institutions on 1/15/97, two inmates would be expected to have ADRD in DOC institutions. *(The Trust Beneficiary DOC Needs Assessment age category of 60+ is the closest match to the 65-74 age category used in the national statistics.)*

III. Demographics of Beneficiaries

The Department of Corrections does not have the ability to gather aggregate socioeconomic and demographic information on beneficiaries, and is utilizing the Trust Beneficiary DOC Needs Assessment sample as representative of its Trust beneficiary population as a whole. The following pages (5-7) depict demographic information on Trust beneficiaries in correctional facilities on 1/15/97. Demographic information is not provided for the one inmate with Alzheimer's Disease, to protect the confidentiality of the individual.

**Demographics of Mentally Ill Trust Beneficiaries in Department of
Corrections Institutions on
1/15/97**

**Trust Beneficiary DOC Needs Assessment
(Unduplicated)**

Age Groups	Number	Percentage
6 - 17 years	0	0.0%
18 - 21 years	31	3.5 %
22 - 59 years	834	94.5%
60 + years	14	1.6%
Unknown	4	0.4%
Total	883	100%
Sex	Number	Percentage
Female	78	8.8%
Male	805	91.2%
Total	883	100%
Race	Number	Percentage
Asian	13	1.5%
Black	106	12.0%
Hispanic	20	2.3%
Indian	39	4.4%
Native	235	26.6%
Unknown	0	0.0%
White	470	53.2%
Total	883	100%
Educational Status	Number	Percentage
< 12 years	424	48.0%
High school	343	38.8%
Some college	76	8.6%
College degree	9	1.0%
Post-bachelor's	4	0.5%
Unknown	27	3.1%
Total	883	100%
Marital Status	Number	Percentage
Unknown	183	20.7%
Cohabiting	1	0.1%
Divorced	67	7.6%
Separated	8	0.9%
Married	131	14.9%
Single	485	54.9%
Widowed	8	0.9%
Total	883	100%

Demographics of Chronic Alcoholics with Psychosis

Trust Beneficiaries in Department of Corrections Institutions on 1/15/97

Trust Beneficiary DOC Needs Assessment (Unduplicated)

Age Groups	Number	Percentage
6 - 17 years	0	0.0%
18 - 21 years	8	3.1%
22 - 59 years	245	95.0%
60 + years	5	1.9%
Unknown	0	0.0%
Total	258	100%
Sex	Number	Percentage
Female	22	8.5%
Male	236	91.5%
Total	258	100%
Race	Number	Percentage
Asian	1	0.4%
Black	20	7.8%
Hispanic	3	1.2%
Indian	16	6.2%
Native	114	44.2%
Unknown	0	0.0%
White	104	40.3%
Total	258	100%
Educational Status	Number	Percentage
< 12 years	123	47.7%
High school	103	39.9%
Some college	16	6.2%
College	0	0.0%
Post-bachelor's	6	2.3%
Unknown	10	3.9%
Total	258	100%
Marital Status	Number	Percentage
Unknown	41	15.9%
Cohabiting	2	0.7%
Divorced	25	9.7%
Separated	0	0.0%
Married	33	12.8%
Single	157	60.9%
Widowed	0	0.0%
Total	258	100%

Demographics of Developmentally Disabled Trust Beneficiaries in

Department of Corrections

Institutions & Community

Residential Centers on 1/15/97

Trust Beneficiary DOC Needs Assessment (Unduplicated)

Age Groups	Number	Percentage
6 - 17 years	0	0.0%
18 - 21 years	1	6.7%
22 - 59 years	14	93.3%
60 + years	0	0.0%
Unknown	0	0.0%
Total	15	100%
Sex	Number	Percentage
Female	1	6.7%
Male	14	93.3%
Total	15	100%
Race	Number	Percentage
Asian	1	6.7%
Black	1	6.7%
Hispanic	1	6.7%
Indian	1	6.7%
Native	4	26.6%
Unknown	0	0.0%
White	7	46.6%
Total	15	100%
Educational Status	Number	Percentage
<12 years	8	53.3%
High school	4	26.7%
Some college	2	13.3%
College degree	0	0.0%
Post-bachelor's	0	0.0%
Unknown	1	6.7%
Total	15	100%
Marital Status	Number	Percentage
Unknown	2	13.3%
Cohabiting	0	0.0%
Divorced	3	20.0%
Separated	0	0.0%
Married	3	20.0%
Single	7	46.7%
Widowed	0	0.0%
Total	15	100%

DOC primarily treats those inmates with chronic or acute mental illness or severe personality disorders.

IV. DOC Fiscal Year 1997 Service Data

Fiscal Year 1997 Total Number of Unduplicated Inmates Served by Mental Health Staff in DOC Correctional Facilities

<u>Diagnostic Category</u>	<u>Numbers Served</u>
Schizophrenia	313
Delusional/Paranoid Disorders	24
Mood Disorders	688
Anxiety Disorders	54
Somatoform Disorders	4
Organic Mental Disorders	52
Personality Disorders	329
Dissociation Disorders	0
Other Psychotic/Severe Disorders*	317
Primary Substance Abuse Disorders*	207
Total:	1,988

**Other Psychotic/Severe Disorders*

Inmates identified as Other Psychotic/Severe and treated by DOC mental health staff includes: Psychotic Disorders Not Otherwise Specified, assessments at staff or inmate request for mental illness or suicidal ideation, Fetal Alcohol Syndrome, mental retardation, and Attention Deficit Disorder among others.

**Substance Abuse Disorders*

Department of Corrections tracked the number of mentally ill individuals with a primary or secondary diagnosis of substance abuse or dependence. DOC mental health staff treated 207 inmates with a primary diagnosis of substance abuse/dependence, and 979 inmates with a secondary diagnosis of substance abuse/dependence. The actual number of inmates with co-occurring substance abuse disorders is under-reported, because mental health staff may only record the primary diagnosis of the mentally ill inmates they are treating. There is currently no systematic recording of all mentally ill individuals who have co-occurring substance abuse disorders in the correctional system. However, the Department of Corrections is engaged in efforts to standardize its mental health assessments to obtain more reliable and consistent data on co-occurring disorders.

Department of Corrections primarily treats only those individuals with chronic or acute mental illness or severe personality disorders who present significant behavior and management problems in the institutions. DOC does not have the mental health staff or resources to treat less severe disorders, which include the majority of the personality disordered individuals. However, crisis intervention and supportive counseling services are provided to individuals who are suicidal or experience a traumatic personal loss, such as a death in the family or divorce. In addition, DOC offers a 48-week offender mental health treatment program which is available to beneficiary and non-beneficiary individuals in DOC facilities. Although participant numbers are not reflected on these charts or included in the overall count of mentally ill Trust beneficiaries served by DOC, 140 inmates participated, with 61 completing the treatment program. Preliminary results show a marked improvement in institutional functioning and change in anger management skills and thinking errors for program participants

Department of Corrections
Inmate Substance Abuse Treatment Program/DOC Institutions
Fiscal Year 1997 Duplicated Data

<u>Treatment Activity</u>	<u>Totals*</u>
Formal Clinical Assessments	1,577
Basic Alcohol and Drug Education Admissions	1,681
Institutional Outpatient Treatment Program Admissions	807
Institutional Outpatient Treatment Program Completions	485**
Referrals to ISAT Aftercare Program or Community Aftercare Program	359
Referrals to Community Substance Abuse Treatment Programs	826

*Totals do not reflect an unduplicated count.

**Other inmates in treatment were transferred to other institutions, released, or discharged for non-compliance.

Inmates Treated by DOC Mental Health Staff in Fiscal Year 1997 with Primary and Secondary Substance Abuse Disorders

Correctional Centers	Number of Mentally Ill	Percent of Mentally Ill with Co-Occurring Substance Abuse Disorders	Substance Abuse Primary Disorder	Total Number of Inmates Treated by Mental Health	Percent of Inmates with Substance Abuse Disorders Treated by Mental Health
Anvil Mountain	73	52%	6	79	50%
Cook Inlet Pretrial	333	55%	9	342	56%
Fairbanks	185	72%	43	228	78%
Hiland Mountain	91	57%	2	93	58%
Ketchikan	62	34%	9	71	42%
Lemon Creek	112	54%	10	122	57%
Palmer/Mat-Su Pretrial	159	64%	23	179	73%
Sixth Avenue	383	67%	66	449	72%
Spring Creek	164	15%	2	166	16%
Willowood	113	51%	14	127	57%
Yukon-Kuskokwim	79	27%	23	102	43%
Institutional Discharge Program Plus	30	77%	0	30	77%
TOTAL	1,781	55% (979/1,781)	207	1,988	60% (1,186/1,988)

Data is unduplicated

The IDP+ program has proven effective in reducing legal and clinical recidivism for its clients.

V. Institutional Discharge Program Plus (IDP+)

Institutional Discharge Program Plus (IDP+)

Summary of March 1998 IDP+ Program Evaluation

IDP+ Caseload: Since its inception in 1994, 76 clients have been referred to the IDP+ program, and 68 clients have been accepted into the program.

Co-Occurring Substance Abuse Disorders: 87 percent (59/68) of the IDP+ clients have co-occurring substance abuse disorders. In Fiscal Year 1997, 77 percent of the IDP+ clients had co-occurring substance abuse disorders.

Legal Recidivism: 33 of the 68 IDP+ clients (48 percent) have been arrested since the inception of the program. However, only six arrests were for new charges, and only one of these arrests was a new felony charge.

IDP+ Re-Arrests

- 27 Probation Violations.
- 5 New Misdemeanor Charges.
- 1 New Felony Charge.

Although arrest on a probation violation is not viewed as a desirable outcome, it is one of the tools available to help clients adjust to the community and conform their behavior to acceptable standards. It is for the enforcement value of probation conditions that one of the main eligibility criteria for IDP+ is the existence of formal conditions of probation. It is highly probable that enforcement of probation conditions results in reduced numbers of new offenses being committed.

Substance Abuse

- 87 percent (59/68) of IDP+ clients have a co-occurring substance abuse disorder.
- 94 percent (32/34) of IDP+ clients re-arrested have substance abuse disorders.
- 59 percent (20/34) of the IDP+ re-arrests were directly related to clients engaging in substance abusing activities.

Clinical Recidivism and API Admissions

Although statistical analysis has not been performed to correct for the time differential (three and a half years of IDP+ versus clients' lifetimes) it is apparent that IDP+ involvement has significantly reduced admissions for this group of frequent users of Alaska Psychiatric Institute (API). API admission rates for IDP+ clients dropped from a pre IDP+ rate of 85 percent with an average number of admissions per total client population of 5.2, to an admission rate of 19 percent with an average number of admissions per total client population of .3 while engaged in IDP+.

	IDP+ Caseload	Number of Clients Admitted to API	Total Number of Admissions to API	Average Admissions/Client
Prior to IDP+	68	57 (85%)	348	5.2
During IDP+	68	13 (19%)	20	.3

VI. Title 47 Non-Criminal Holds

Individuals may be placed in correctional facilities as Title 47 non-criminal substance abuse and mental health holds, if they are incapacitated by alcohol or present a mental health emergency. DOC medical and mental health staff provide interim services to individuals brought into Department of Corrections facilities on non-criminal Title 47 mental health holds pending transfer to the Alaska Psychiatric Institute or other designated evaluation and treatment facilities. Individuals who are incapacitated by alcohol or drugs and who require protection for health and safety purposes can be taken into state or municipal detention facilities for up to 12 hours if no treatment facilities or emergency medical services are available.

**In Fiscal Year
1997 there
were 2,585
Title 47 Non-
Criminal
mental
health and
substance
abuse holds in
DOC.**

The Department of Corrections has tracked Title 47 non-criminal admission data since Fiscal Year 1991, and although the statewide numbers are on a downward trend, DOC still had **2,585** Title 47 admissions in Fiscal Year 1997. Fairbanks Correctional Center and Yukon Kuskokwim Correctional Center in Bethel have recently had the highest and second highest number of Title 47 holds. Interagency workgroups have been formed in these communities to begin developing the mechanisms and resources for reducing the number of holds in correctional facilities. The Department of Corrections does not currently have the capability to statistically separate the mental health holds from the substance abuse holds, but estimates from DOC staff suggest that up to 90 percent of the holds are alcohol-related. In their 1999 state plan, the Advisory Board on Alcoholism and Drug Abuse has recommended that the Department of Corrections produce an annual report on Title 47 holds that includes data from the 15 community jails (operated by local municipalities/boroughs), and that DOC distinguish between the type of holds.

Title 47 Non-Criminal Holds

Location	FY 1997 Total
Anchorage—6th Avenue	315
Anvil Mountain	290
Fairbanks	999
Ketchikan	17
Lemon Creek	228
Mat Su Pre-Trial	13
Wildwood	43
Yukon-Kuskokwim	680
Total	2,585

48 percent of the inmates interviewed and tested for the SANTA study were abusing or dependent on alcohol.

VII. Substance Abuse Need for Treatment Among Arrestees (SANTA) Study

The SANTA study was conducted at Fairbanks Correctional Center, Yukon Kuskokwim Correctional Center, Cook Inlet Pretrial, and Sixth Avenue Correctional Center from March through July of 1997. Voluntary interviews and urinalysis testing were conducted on arrestees within 48 hours of booking. Information was also collected on inmates' substance abuse histories, and their previous treatment history.

Division of Alcoholism and Drug Abuse Summary of the SANTA Study

Study Method

- Study conducted at four state correctional facilities (March – July 1997)
—Fairbanks, Bethel, Cook Inlet Pretrial, Sixth Avenue
- All volunteers – arrested within 48 hours of interview
- Both interviews conducted and urine samples collected

Sample Size

- Although 658 individuals were interviewed, the sample size only includes the 503 inmates who were both interviewed and had urine collected.
n=503
 - 48% abusing or dependent on alcohol
(48.3% of males – 50.3% of females)
 - 18.5% abusing or dependent on cocaine
(14.3% of males – 31.3% of females)
 - 13.1% abusing or dependent on marijuana
(15.2% of males – 6.7% of females)
- Percentage of inmates testing positive for drugs n=503

Positive Drug	Fairbanks n=121	Bethel n=46	6th Ave. n=259	CIPT n=77	Test Sample n=503
—Any Drug	51.2%	47.8%	62.9%	61.0%	
—Cocaine	15.7%	0%	36.7%	40.3%	
—Marijuana	37.2%	47.8%	32.8%	28.6%	

- Treatment history/need for treatment among inmates who tested positive for drugs

	All	Male	Female
Treated in past year	21.4%	19.6%	26.3%
Need treatment	37.3%	32.9%	50.0%

*Information on treatment history and need for treatment is derived from inmate self-reports.

History and Milestones

1956: The Alaska Mental Health Enabling Act is passed and a land grant of one million acres is created for the necessary expenses of mental health programs in Alaska.

- 1899:** Congress passes the Criminal Code of 1899. Allows the Territorial Governor to contract with a western asylum for the psychiatric treatment of mentally ill Alaskans.
- 1901-1904:** Psychiatric patients from Alaska are sent to the Oregon State Insane Asylum in Salem.
- 1904-1962:** Alaskan psychiatric patients receive treatment at Morningside Hospital in Portland.
- 1949:** Department of Interior commissions two studies to examine the mental health needs in Alaska. Teams of research experts recommend constructing a psychiatric hospital in Alaska.
- 1953:** Third Avenue Correctional Center opens.
- 1956:** Alaska Mental Health Enabling Act is passed. Responsibility for mental health programs is transferred from the federal Government to the Territory of Alaska, and a land grant of one million acres is created for the necessary expenses of the mental health programs of Alaska.
- 1959:** Alaska Statehood Act. Responsibility for management of the Trust is transferred to the state.
- 1962:** Alaska Psychiatric Institute is constructed. No provisions are made for criminally committed patients, such as the Not Guilty by Reason of Insanity (NGI), in the design or construction of the hospital.
- 1962:** Palmer Correctional Center opens.
- 1965:** Alaska Psychiatric Institute expands to 225 beds.
- 1967:** Fairbanks Correctional Center opens.
- 1967:** Harborview Developmental Center opens with a 96 bed capacity for the developmentally disabled/mentally challenged, and special needs nursing care populations.
- 1969:** Not Guilty by Reason of Insanity Patients who were housed at the Norman Beatty Hospital in Indiana, are returned to Alaska.
- 1969:** Lemon Creek Correctional Center opens.
- 1972:** Atascadero State Hospital in California agrees to temporarily take Alaska's Not Guilty by Reason of Insanity patients.
- 1972:** Legislature creates the state Office of Alcoholism and a separate Office of Drug Abuse. Legislation is modeled after the federal Uniform Alcoholism and Intoxication Treatment Act.

1978: Rust v. State. Standards for the provision of mental health services in the correctional system are defined by the Alaska Supreme Court.

- 1973:** Sixth Avenue Annex opens.
- 1974:** Hiland Mountain Correctional Center opens.
- 1975:** Community Mental Health Services Act is passed. Act is designed to assist communities in planning, organizing, and financing community mental health services through locally developed, administered, and controlled community mental health programs.
- 1977:** A 14 bed Psychiatric Security Unit at API is constructed, and is immediately filled with in-state criminally committed patients.
- 1977:** The state Office of Alcoholism and state Office of Drug Abuse are merged into the state Office of Alcoholism and Drug Abuse (SOADA).
- 1978:** State of Alaska redesignates Mental Health Trust Lands as general grant lands through AS 37.14.070.
- 1978:** Rust v. State. Standards for the provision of mental health services in the correctional system are defined by the Alaska Supreme Court. The Court concludes that prisoners in DOC custody are entitled to receipt of psychological and psychiatric treatment.
- 1978:** Department of Law obtains a Law Enforcement Administration Act grant to establish a pre-trial diversion program in Anchorage.
- 1980:** Atascadero requests arrangement for return of Not Guilty by Reason of Insanity patients to Alaska.
- 1980:** Alaska adopts Presumptive Sentencing, wherein mandatory sentences are established for certain crime categories. Contributes to significant rise in Alaska's inmate population.
- 1980:** Legislature provides funding for statewide expansion of the pretrial diversion program.
- 1981:** Legislature provides funding for three Substance Abuse Counselor positions for the Division of Corrections.
- 1981:** Meadow Creek Correctional Center and Ridgeview open. From 1981 to 1985, Ridgeview is utilized as a lower security facility for those with DWIs, and for many of the female offenders.
- 1981:** Cleary v. Smith is filed in the Alaska Superior court in Anchorage challenging: the conditions of confinement, the adequacy of rehabilitative programs, and the policy of utilizing federal prisons to hold state prisoners.
- 1981-82:** Atascadero patients are returned to Alaska, and transferred to an 18 bed unit at API.
- 1982:** A Title 12 patient at API (Charles Meach) murders four teenagers in Anchorage while on a work pass.

- 1982:** Weiss et. al. v. State of Alaska. Lawsuit filed by Vern Weiss alleging that the 1978 redesignation of Trust Lands was a breach of the state's responsibility under the 1956 Alaska Mental Health Enabling Act.
- 1982:** Legislature appropriates funds to the Department of Health and Social Services for the development of a Forensic Treatment Program for all classes of criminally committed patients.
- 1982:** First phase of the state Forensic Treatment Program is implemented with the transfer of Court Ordered Examination patients from API to a Secure Treatment Unit at Hilland Mountain Correctional Center. This same year, however, the Division of Adult Corrections advises Division of Mental Health and Developmental Disabilities that it cannot turn house one at Hilland Mountain into a Forensic Treatment Program, due to acute shortages of secure correctional beds.
- 1982:** Transitional Living Center opens in Anchorage. Targets individuals coming out of API, by providing transitional, crisis respite, and rehabilitative housing and services.
- 1983:** Forensic Consultation Team is formed. Department of Health and Social Services provides the Division of Corrections with a team of mental health professionals. Primary duty of the Team is to perform court appointed examinations, secondary function is to provide clinical care for the mentally ill offender in DOC.
- 1983:** Revision of Insanity Statutes. Alaska's Insanity Defense is modified and extensively narrowed, and the Guilty But Mentally Ill (GBMI) defense is created.
- 1983:** Department of Health and Social Services' operating budget is cut, and the Forensic Treatment Program budget is impacted accordingly.
- 1983:** State substance abuse counseling positions for DOC are deleted, and substance abuse treatment services for DOC are provided through contract providers. Clitheroe oversees all contract substance abuse service providers working in DOC.
- 1983:** Department of Corrections' statewide offender tracking system is implemented.
- 1983:** Nygren v. State outlines regulations for granting offenders credit for time spent in rehabilitation facilities.
- 1983:** Cook Inlet Pretrial, Ketchikan Correctional Center, and Wildwood Correctional Center open.
- 1984:** Department of Corrections is created, pursuant to Executive Order No. 55, from the former Division of Corrections under the Department of Health and Social Services. Roger Endel is the first Commissioner.

1983:
**Forensic
 Consultation
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- 1984:** The new Seward Correctional Center is considered and rejected as the location for a forensic unit.
- 1984:** Goose Bay and Yukon-Kuskokwim Correctional Centers open.
- 1985:** Susan Humphrey-Barnett, Director of Statewide Programs for the Department of Corrections initiates the process of developing a parallel system within DOC, (to that of DH&SS) of mental health services. Humphrey-Barnett hires five Mental Health Clinicians to provide treatment in the institutions in Anchorage, Fairbanks, Juneau, and Palmer.
- 1985:** Wildwood Pretrial Facility and Anvil Mountain Correctional Center open.
- 1986:** President Reagan signs Public Law 99-660, the Mental Health Planning Act of 1986, authorizing grants to states for the development and implementation of Comprehensive Mental Health Plans for persons with severe and disabling mental illnesses.
- 1986:** Mat-Su Pretrial facility opens.
- 1986:** Harborview Developmental Center opens a 16 bed nursing care unit for the dually diagnosed with nursing and psychiatric and/or behavioral management needs.
- 1986:** State de-funds the pre-trial diversion program, particularly impacts the mentally ill misdemeanor.
- 1986-1992:** Closure of several boarding homes for the mentally ill.
- 1987:** Alaska Mental Health Board (AMHB) is formed to create a Comprehensive and Integrated Mental Health Program for the state of Alaska. The AMHB assumes responsibility for planning and evaluative services for mentally ill Alaskans under AS 47.30.661-669.
- 1987:** Mentally Ill Offender Task Force is created to define the needs of the mentally ill offender, and to recommend necessary services for the mentally ill offender.
- 1988:** A Memorandum of Agreement is signed between the Department of Corrections and the Department of Health and Social Services. The MOA addresses the state's responsibility for caring for the mentally ill offender, and delineates Departmental roles for providing care.
- 1988:** The Advisory Board on Drug Abuse and the Review Board on Alcoholism are merged through Executive Order.
- 1988:** Spring Creek Correctional Center opens.
- 1989:** A Memorandum of Agreement is signed between the Department of Corrections and the Department of Health and Social Services outlining the terms and conditions under which substance abuse treatment services are to be provided to incarcerated inmates.

1990: Cleary v. Smith Final Settlement Order contains provisions related to mental health services, counseling, specialized women's services, and rehabilitation services.

- 1989:** The Mentally Ill Offender Task Force estimates that there are two-three times as many mentally ill in the Department of Corrections as are hospitalized in the Alaska Psychiatric Institute (API). Task Force explains that DOC is the largest provider of institutional services to the mentally ill in Alaska.
- 1990:** Cleary v. Smith Final Settlement Agreement and Order contains provisions related to mental health services, counseling, life skills and educational services, specialized women's services, and rehabilitation services, including substance abuse programming.
- 1990:** First allocation of Mental Health Trust Funds to the Department of Corrections.
- 1990:** Institutional Discharge Project (IDP) is created by the Department of Health and Social Services from the Long Term Care Task Force. The project targets individuals from API, Designated Treatment Facilities, or correctional facilities who have severe mental illnesses and require augmented services to live successfully in the community.
- 1990:** The Division of Alcoholism and Drug Abuse (ADA) is established through Executive Order, replacing the State Office of Alcoholism and Drug Abuse (SOADA). The Division is statutorily charged with planning and implementing statewide substance abuse treatment programs and establishing standards to ensure quality services.
- 1990:** Bureau of Justice Assistance researchers recommend that the Alaska Department of Corrections develop a standardized statewide plan for substance abuse programs. Researchers issue a series of recommendations for substance abuse treatment including enhanced funding for substance abuse treatment services, and the development of a substance abuse Management Information System.
- 1991:** The Forensic Consultation Team is transferred from the Department of Health and Social Services to the Department of Corrections. The primary mission of the Team is to create, implement and oversee a system of correctional mental health services.
- 1991:** Mike Module at Cook Inlet Pretrial Facility opens with 28 beds to provide assessment and treatment for acutely and severely mentally ill male inmates.
- 1991:** The Substance Abuse Oversight Committee composed of members from the Division of Alcoholism (ADA) and the Department of Corrections is formed. ADA staff provides technical assistance to DOC.
- 1991:** Department of Corrections receives a federal grant for a Program Coordinator position to oversee its substance abuse treatment programs.
- 1991:** Department of Corrections' four-year plan includes projections for increasing numbers of special needs populations, including chronically mentally ill inmates and female offenders.

**1994:
Settlement of
the Mental
Health Lands
Trust
Litigation.**

- 1991:** State of Alaska has the fourth highest incarceration rate in the United States.
- 1992:** Transitional Living Center closes. The Transitional Living Center was the largest mentally ill halfway house in Alaskan history.
- 1992:** Alaska Mental Health Board creates a Forensic Action Team to examine the need for acute care beds within the correctional system, and to plan for a full continuum of mental health care within DOC institutions, and for mentally ill offenders transitioning into the community.
- 1992:** With a blend of funding from DOC and DMHDD, the Department of Corrections contracts for a 16 bed Halfway House for the mentally ill.
- 1993:** Department of Corrections Division of Statewide Programs is dissolved, and Medical, Mental Health, Substance Abuse, Education, Vocational, and Sex Offender programming are placed under the Division of Institutions.
- 1993:** Alaska Mental Health Board (AMHB) issues its Forensic Action Team plan. The plan is adopted by the board as part of its strategic plan, "A Shared Vision." The plan includes recommendations for a continuum of care for mentally ill offenders, and provides objectives, strategies, and action plans for enhancing services. The forensic population is one of four mentally ill populations addressed in the plan.
- 1993:** Point Mackenzie Facility opens.
- 1994:** Settlement of the Mental Health Lands Trust Litigation. Trust is reconstituted through: one million acres of land, a \$200 million permanent trust fund and a seven-member Trust Authority to protect and administer these assets. The Legislation also provides the Trust Authority with the responsibility for developing a Comprehensive Integrated Mental Health Program for the state, as well as the authority to produce a separate annual appropriation bill for the Governor and legislature to fund the program.
- 1994:** Department of Corrections' contract Halfway House for the Mentally Ill closes.
- 1994:** Institutional Discharge Program Plus (IDP+) is developed and initiated by the Department of Corrections and the Division of Mental Health and Developmental Disabilities to provide individualized treatment services for the mentally ill offender releasing into the community on felony probation.
- 1994:** Division of Alcoholism and Drug Abuse creates its strategic plan "Meeting the Challenge." The Division outlines the connections between crime and substance abuse, and recommends providing substance abuse prevention and treatment for offenders to help reduce crime.
- 1996:** Department of Corrections is awarded a federal Byrne grant to provide Enhanced Probation/Parole Services (EPPS) in the Anchorage field supervision office. The program targets probationers and parolees who are substance abusers and/or who have domestic violence behavior, and who have non-felonious violations of their community supervision conditions.

1999: The beneficiary boards identify mental health and substance abuse treatment for inmates as priorities in their state plans.

- 1998:** Alaska Mental Health Trust Authority provides the Department of Corrections with funding to create an 18 bed Women's Psychiatric Treatment Unit at Hiland Mountain Correctional Center.
- 1998:** Department of Corrections converts Hiland Mountain Correctional Center into the state's designated female facility.
- 1998:** Department of Corrections creates a Special Needs Wing for female mentally ill offenders. The Wing also houses developmentally disabled, organically impaired and other special needs female offenders.
- 1998:** Alaska Mental Health Trust Authority provides funding for a DOC Planner to coordinate with the beneficiary boards and the Trust, and to draft a strategic plan for Trust beneficiaries in the correctional system.
- 1998:** Alaska Mental Health Trust Authority provides funding to the Department of Corrections to initiate a pilot project, Jail Alternative Services to provide sentencing recommendations, links to community resources, and monitoring for mentally ill misdemeanants in Anchorage.
- 1998:** The Anchorage district court initiates the Coordinated Resources Project (Mental Health Court) to provide specialized sentencing for mentally ill, developmentally disabled, and organically impaired misdemeanants.
- 1998:** Department of Corrections initiates a Residential Substance Abuse Treatment Program for female inmates at Hiland Mountain Correctional Center, through a combination of funding from the Office of Justice Programs and the Trust Authority.
- 1998:** An interagency team creates LINKS, a special discharge project for women with children transitioning from the Hiland Mountain Correctional Center Residential Substance Abuse Treatment Program into the community.
- 1998:** Department of Corrections' Health Care Administrator becomes an Ex-Officio member of the Alaska Mental Health Board (AMHB), and the Governor's Council on Disabilities and Special Education (GCDSE) adds DOC staff to its board membership.
- 1999:** The Alaska Mental Health Board (AMHB) creates "A Shared Vision II," its strategic plan for mental health services. The plan identifies criminalization of the mentally ill as a key concern, and quantifies and identifies the services and needs of the mentally ill offender. The forensic population continues to be one of four mentally ill populations targeted by the board.
- 1999:** The Advisory Board on Alcoholism and Drug Abuse creates "Results Within Our Reach," its state plan for alcohol and drug abuse services. The board identifies appropriate substance abuse treatment for inmates as critical.

A complete description of this history is available in the Department of Corrections document: "History of the State's Care for Trust Beneficiaries in the Correctional System."

Additional Services Available to Beneficiaries

Inmate Medical Services

Inmate Medical Mission: To provide essential cost-effective physical and mental health services for persons incarcerated under the custody of the Department of Corrections.

Inmate Medical's Relationship to Beneficiaries in DOC: Department of Corrections medical staff play a critical role in connecting Trust beneficiaries to essential mental health services. Medical staff conduct the initial mental health status screenings on all inmates booked into Correctional facilities. If the mental status exams indicate a need for mental health treatment, medical staff refer inmates to DOC mental health staff for further assessment, diagnosis, and treatment recommendations. Medical staff are critical to the successful identification and triage of seriously mentally ill and suicidal inmates, and in some facilities, medical staff are the primary mental health providers.

Essential Health Care: Health care is considered essential when a health care provider, with reasonable medical certainty and exercising ordinary skill and care at the time of observation, concludes: that the prisoner's symptoms indicate a serious disease or injury; treatment could cure or substantially alleviate the disease or injury; the potential for harm, if treatment is delayed or denied, could be substantial; or services are needed to alleviate pain and suffering. This includes procedures necessary to aid in increasing the level of functioning throughout the prisoner's sentence to a level which would allow participation in rehabilitative services.

Medical Services: Routine medical services are provided at the institutions on a daily basis through contact with nurses and written requests to see a health practitioner (contract Physician, Physician Assistant or Nurse Practitioner). Inmates are seen within three days, depending on the urgency of the request.

Pharmacy: The Department of Corrections has a central pharmacy operation staffed by one Pharmacist and two Pharmacy Assistants. The pharmacy serves the needs of the entire DOC inmate population, including mentally ill beneficiaries, and inmates with acute detoxification needs.

Dental Services: The Department has one staff Dentist who, along with an assistant and a hygienist, provide essential dental services to inmates at Cook Inlet Pre-trial and residents of the Anchorage Community Residential Centers. Dental services are provided in other locations by contract providers or on a fee-for-service basis in the local communities.

Emergency Care: Institutional medical staff handle medical and traumatic emergencies where possible, and transfer more serious cases to emergency departments.

Medical Advisory Committee: The Medical Advisory Committee oversees all medical care provided by the Department of Corrections, approves medical policy and protocols, approves formulary drugs, and reviews requests for routine surgeries.

DOC medical staff play a critical role in connecting Trust beneficiaries to essential mental health services.

**Enhancing
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medical and dental prosthetics and other diagnostic procedures. The Committee is chaired by the Department's Health Care Administrator.

Medical Staff: Department of Corrections Medical Division has a staff of 100 Departmental and contract medical staff. The total does not include the medical staff on the mental health units.

Inmate Educational Programs

Mission: *The Department of Corrections is committed to encouraging prisoners to continue their education.*

Relationship of Inmate Education Program to DOC Beneficiaries: Enhancing educational and vocational opportunities for beneficiaries is critical to improving the quality of their lives, as well as the chances for successful rehabilitation upon release.

Education Program Eligibility Criteria: All inmates who are incarcerated for ten or more days are eligible for education programs. In many institutions, education programs are held in both the day and evening to maximize the availability of the programs. When an inmate requests entry into an educational program at any of the facilities, the Education Coordinator conducts an assessment of the inmate's academic background and educational needs. This may include obtaining school records, as well as conducting screening tests and academic counseling.

Inmate Education Staff: At each correctional facility, there are Education Coordinators who plan, develop, and implement the prisoner education program. Coordinators also provide academic and vocational counseling to prisoners and teach classes on a limited basis. Larger correctional facilities have two Education Coordinators and smaller facilities have one Coordinator. Due to limited educational staff at correctional facilities, the Educational Coordinators are unable to provide direct inmate services on a full time basis. Depending upon the subject areas addressed, courses may be taught by Education Coordinators, contractors, or volunteers. The vocational and apprenticeship programs are taught by contract employees who are specifically trained in the subject areas. Most institutions do not conduct routine educational assessments of all inmates upon entry into facilities. In the pretrial facilities, it is typical that inmates are not assessed unless they enroll in an education class. In some of the larger sentenced facilities, efforts are made to conduct an educational assessment on new prisoners, however, this effort has been somewhat hampered in recent times due to the high population turnover. Inmates with severe developmental disabilities and mental retardation are typically assessed and treated by DOC mental health staff, and receive specialized services from education staff.

The Department has an Administrator who provides oversight and coordination for all education and vocational programs in state correctional facilities.

**The DOC
Education
Program
provides five
core
curriculum
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inmates.**

Overview of the Department of Corrections' Inmate Education Program

The Department of Corrections provides five core curriculum areas for inmates, including: Adult Basic Education (ABE), General Equivalency/Diploma (GED) preparation, life skills programming, post secondary education, and vocational education.

Adult Basic Education includes academic instruction in reading, writing, and computational skills below the ninth-grade level. The basic education program also includes English as a second language (ESL) and literacy instruction.

General Equivalency Degree (GED) includes instruction above the eighth-grade level and below the college level for adults whose inability to speak, read or write the English language and/or perform basic math computations prevents their functioning at the highest level of their ability. GED preparation includes instruction in the areas of writing, science, social studies, reading and mathematics.

Life Skills Programming includes learning opportunities directed at independent living through practical preparation in a variety of areas. The program offers classes, services and other activities in four core curriculum areas including:

- **Health and Safety;** includes programs in anger and stress management, CPR/first aid, personal hygiene, and decision making.
- **Communication Skills;** includes programs in interpersonal relationships, parenting, and values clarification.
- **Cultural Activities;** includes programs and activities in cross-cultural communication, Native languages, and cultural awareness.
- **Pre-Release/Pre-Employment Preparation;** includes programs in career planning, budgeting and money management, consumer education, job-seeking skills, and resume writing.

Post-Secondary Education Program includes college-level courses that inmates may enroll in through correspondence. Expenses for these courses are paid by inmates, although the Education Coordinators assist inmates with applications and tutoring as needed.

Vocational Education Programs includes a sequence of courses designed to prepare individuals for employment in occupations that do not require a Bachelors or an advanced degree. Apprenticeship programs which meet the requirements of the U.S. Department of Labor are also offered as part of the vocational education programming.

Special Education Services for Juveniles in Adult Corrections: In 1997, a Memorandum of Agreement between the Department of Corrections and the Department of Education was developed to provide special education and related services to incarcerated individuals in adult correctional facilities through age 21. Local school districts inform correctional facilities when students who have current Individualized Educational Plans (IEP's) are incarcerated in an adult correctional facility. Through local school districts, the Department of Education conducts educational evaluations and develops and implements IEP's for qualified inmates in collaboration with DOC educational staff.

DOC provides sex offender treatment at Lemon Creek Correctional Center, Meadow Creek Correctional Center, and in the community.

Sex Offender Treatment Programs

Mission/Philosophy of Treatment: *The Department of Corrections operates sex offender treatment programs based upon the premise that sex offenders can change, and are therefore treatable, but that the process is complex and difficult. It is further believed that the process of treatment can significantly lower, but not completely eliminate the sex offenders' risk to the community.*

The Department of Corrections provides sex offender treatment at Lemon Creek Correctional Center (LCCC), Meadow Creek Correctional Center (MCCC), and in the community.

Pre-Treatment/Pre-Release Program (LCCC). The program has two primary purposes: to prepare high custody inmates for entry into the program at Meadow Creek Correctional Center, and to provide assessment and orientation to community-based treatment for offenders who do not have a long-enough sentence to enter the institutional treatment program at MCCC. The pre-treatment/pre-release program houses up to 24 inmates at a time who participate in comprehensive assessments and psycho-educational groups.

Comprehensive Treatment Program (MCCC). The comprehensive treatment program provides intensive treatment in a milieu setting at Meadow Creek Correctional Center. The program was recently moved from Hilland Mountain Correctional Center to MCCC. It has been restructured to reflect goals that are more offense-specific. The program consists of two parts, the Core Program and Additional Treatment goals. All offenders must complete the Core Program which includes assessment, taking responsibility for the offense, self-regulation, relapse prevention planning and other modules necessary for all sex offenders. Additional treatment goals are assigned as necessary, based upon individual issues and problems such as substance abuse, unclear sexual orientation, and conflicts in close relationships that directly relate to the behavior patterns found in the offense. At MCCC group therapy occurs daily, and inmates involved in the program reside together. The MCCC program houses a social skills wing that accommodates lower functioning individuals. While there is a Therapist trained on working with mentally ill and developmentally disabled sex offenders in the social skills wing, there is a need to expand services for this population. Services are provided to female sex offenders by program staff on an as needed basis.

Community Sex Offender Treatment Programs are currently offered in Anchorage, Fairbanks, Juneau, Ketchikan and Kenai. In community programs, group therapy typically is provided once per week, with individual treatment provided one to two times per month, as well as assessment and educational modules as needed.

Referral: Offenders may be referred to sex offender treatment through order by the court or Parole Board, or by correctional staff. Offenders may also request sex offender treatment. Offenders are initially referred as part of the sentenced classification procedures and are transferred to a specific site for treatment, as spaces are available. Offenders on probation or parole in the community are referred by their probation officer to an approved community provider.

Therapists: Treatment is provided by trained professional Therapists who are approved by the Department of Corrections to provide treatment to offenders using a relapse prevention model. Therapists must have a minimum of a Masters Degree in the Behavioral Sciences, must be licensed in their respective field, and must have experience working with sex offenders. At Meadow Creek Correctional Center, there are specially-trained correctional officers who work in conjunction with the Therapists to provide overall management and assist in the treatment of offenders. In the community sex offender treatment programs, the Probation Officers may work in conjunction with the Therapist on treatment issues, particularly in the area of risk issues.

The DOC Sex Offender Treatment Program provides some specialized services for developmentally disabled and mentally ill sex offenders.

Treatment Components:

- Assessments (including risk assessments).
- Education classes.
- Group and individual therapy.
- Family or marital counseling.
- Treatment teams and treatment planning.

Special Needs Inmates: Although most sex offenders have an average or above average intellectual ability, some sex offenders are limited in their intellectual functioning. Treatment for these offenders is similar to that provided for other offenders; however, the presentation of treatment concepts is simplified. The MCCC program has a wing designated to provide specialized services for up to eleven special needs sex offenders. Additionally, some community providers have become skilled in working with these offenders. Two approved providers in the community currently operate specialized programs for developmentally disabled and/or mentally ill sex offenders and correctional clients may be accepted into these programs.

Eligibility Criteria: The Department of Corrections is committed to providing the opportunity for all inmates committed to DOC for a sexual crime to be considered for sex offender treatment services. In order to establish uniform criteria for eligibility into any of the sex offender treatment programs, DOC has adopted the following minimum mandatory criteria for acceptance.

- Inmate requests to participate in the program.
- Inmate is of average or better intelligence, although some inmates may be treatable on the social skills wing at Meadow Creek Correctional Center.
- Inmate is able to speak and understand the English language, although arrangements have been made for mentors to work with those inmates with limited English skills.
- Inmate has engaged in sexual offending behavior.
- Inmate is not appealing his sex offense conviction.
- The inmate did not engage in sadistic/ritualistic behaviors with his victim(s).
- The inmate is not actively psychotic or suffering from a disabling major mental disorder, with symptoms so severe as to preclude him from benefiting from treatment.
- The inmates' sentence structure provides adequate time for him to benefit from the prison treatment program.

The prison batterer programs provide services to inmates who have been perpetrators of domestic violence.

Program Model: The Department of Corrections utilizes a Relapse Prevention treatment model as the core of its treatment approach. The Relapse Prevention model is a maintenance oriented, self-control program based upon cognitive-behavioral principles. Sex offenders are taught their high risk to re-offend situations, self destructive behaviors, and their deviant cycle patterns. The model is believed to offer the best protection for the community and effective treatment for the sexual offender.

Chaplaincy

Mission: *The mission of the Department's Chaplaincy program is to provide opportunities for prisoner reformation and rehabilitation by offering religious services and programs to encourage responsible behavior, promote spiritual growth and moral development, and improve relationships with God, family, self, and community. DOC's Chaplaincy program offers pastoral care and support to prisoners, furloughees, probationers and parolees, and provides opportunities for the exercise of religious freedom and practice as guaranteed by the U.S. Constitution.*

Chaplaincy Program's Relationship to DOC Beneficiaries: The Chaplaincy program can assist DOC beneficiaries to improve their psychosocial level of functioning. The Chaplaincy program can provide a positive source of support for beneficiaries by addressing their spiritual needs. If a positive and ongoing relationship is established between a religious volunteer and a beneficiary, the volunteer may assist the individual to transition back into their home community.

The correctional Chaplaincy program provides structured opportunities for religious practice, spiritual and moral development, and pastoral care. The Chaplaincy services are designed to address the pluralistic spiritual and moral needs and interests of inmates. The Chaplaincy program provides denominational and non-denominational worship services, Bible and religious studies, administration of sacraments ordinances and other religious rites, pastoral care and counseling, lay counseling, group counseling, visitation ministry, crisis intervention, religious/sacred music, and other special projects and events. There is also a prison match program whereby religious volunteers are matched with inmates who receive little or no visits from family and friends.

Prison Batterer Programs

The prison batterer programs provide services to inmates in correctional facilities who have been perpetrators of domestic violence, whether or not that is the crime for which they are incarcerated. The program utilizes a psychodynamic model that focuses on correcting learned behaviors. Prison batterer programs offer lethality assessments and psycho-educational groups focusing on decreasing violence. The program staff also routinely conduct safety checks with the offender's victims. Batterer programs are provided at Fairbanks Correctional Center, Lemon Creek Correctional Center, and Palmer Correctional Center through a Memorandum of Agreement with the Council on Domestic Violence and Sexual Assault. The program is funded by DOC and operated by the Council on Domestic Violence and Sexual Assault.

Cultural Diversity

The Department of Corrections' Rural Affairs Coordinator works to ensure that the Department's programs are culturally relevant for Alaska Native inmates. The Department recently provided cultural diversity training to its Inmate Substance Abuse Counselors to assist in the delivery of treatment services to Alaska Native inmates.

**The Rural
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Coordinator
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relevant for
Alaska Native
inmates.**

The Department of Corrections has also engaged in the following activities aimed at enhancing culturally relevant programming:

- **Sobriety Potlatches:** The Department has worked with Native Culture Clubs to sponsor sobriety potlatches at correctional facilities in Bethel, Eagle River, Fairbanks, Juneau, Kenai, Ketchikan, Nome, Palmer and Seward.
- **Culturally Relevant Halfway Houses:** Halfway house contractors collaborate with the Department of Corrections to enhance the cultural relevance of their services. The Department has contracted with the North Slope Borough for a culturally relevant halfway house in Barrow, and with Maniilaq Association Inc. for a culturally relevant halfway house in Kotzebue. The Department also intends to contract for a culturally relevant halfway house in Nome.
- **Native Issues Work Group:** The Department of Corrections has developed a Native Issues Work Group to address such issues as alcohol abuse and dependency among Alaska Native inmates, and to develop solutions for keeping Native sex offenders enrolled in the Department's sex offender treatment programs.
- **Meadow Creek Sex Offender Treatment Program:** The program has incorporated several culturally-oriented elements including: an Alaska Native support group, a mentor program, and outreach to families.

Community Jails

There are fifteen community jails on contract with the state of Alaska in: Barrow, Bristol Bay, Cordova, Craig, Dillingham, Haines, Homer, Kodiak, Kotzebue, Petersburg, Seward, Sitka, Unalaska, Valdez, and Wrangell.

Mission: The mission of the community jails is to provide short term local facilities suitable for the detention and confinement of persons held under the authority of state law. These facilities are operated by local borough or city authority and house state prisoners through a state contract for jail services. To carry out this mission, community jails will confine persons under authority of state law:

- (a) who are committed in order to secure their attendance as witnesses in criminal cases;
- (b) who are charged with a crime and awaiting court proceedings;
- (c) who are sentenced to confinement with 30 days or less to serve;
- (d) who are sentenced and awaiting transport to a state Correctional facility;
- (e) who are committed for contempt, or upon civil process, or by other authority of law including immigration or other federal agencies;
- (f) who are sentenced prisoners within 30 days of release and returning to the local community; or
- (g) who are held under AS 47

**There are
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Performance Measures

- Percentage of community jails meeting community jails standards by passing annual compliance reviews.
- Percentage of prisoners arrested and presented but unable to be housed in community jails.

Recommendations for Trust Beneficiaries in Community Jails

Community jails may house Trust beneficiaries for brief detentions, and currently have a need for emergency mental health and psychiatric triage services to help prevent suicides and to ensure the safe management of chronic and acutely mentally ill detainees arrested for misdemeanor crimes. The jails are also utilized for Title 47 non-criminal mental health and substance abuse holds.

Department of Corrections in conjunction with other state Departments and agencies will explore options to:

- Train community jail staff on suicide assessment, prevention and intervention.
- Train community jail staff to link mentally ill individuals to community treatment resources.
- Track the number of Title 47 non-criminal mental health and substance abuse holds, as well as the referral of these individuals to community treatment resources.
- Create processes for reducing the number of Title 47 non-criminal mental health and substance abuse holds.
- Utilize telepsychiatry to provide emergency suicide screening and mental health services, and to create links between community jails and community mental health centers.

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CORRECTION

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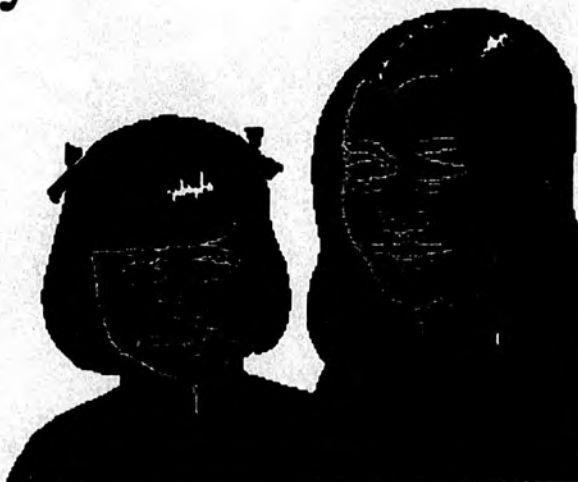
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STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

LINKS

Living in New Knowledge
Successfully



Operational Guidelines

Mission Statement

Our mission is to provide successful transition that enhances recovery and permanency planning (reunification, relative placement, guardianship, and adoption) for female offenders with children completing the Hiland Mountain Correctional Center Women's Residential Substance Abuse Treatment Program and returning to the greater Anchorage community.

LINKS Operational Guidelines

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History

LINKS (Living in New Knowledge Successfully) is a release project for women with children who are transitioning into the community after receiving treatment in the Hiland Mountain Correctional Center (HMCC) Residential Substance Abuse Treatment Program. The concept of the project was inspired and initiated by Loren Jones, Director of the Division of Alcoholism and Drug Abuse (ADA), Department of Health and Social Services.

Background Information: In March of 1998, the Inmate Substance Abuse Treatment Program Oversight Committee began discussion of how to better serve women inmates as HMCC was in the process of becoming the Department of Corrections' designated women's facility. At the Advisory Board on Alcoholism and Drug Abuse meeting in March, the Board agreed to participate in the release project via the Board's Program Evaluation Committee. In late April, representatives of the Division of Alcoholism and Drug Abuse, the Board, and Department of Corrections met to further discuss the scope of the project. After the legislative session ended and the planned Therapeutic Community in Valdez was postponed, Department of Corrections proposed a major change in the scope of substance abuse services at HMCC.

Need for Treatment: In Phil Smith & Associates, March, 1998 "Assessment of the Needs of Women Offenders in Custody of the Alaska Department of Corrections", researchers interviewed 118 female inmates statewide and found two thirds of the respondents (N=79) were under the influence of drugs or alcohol when they committed their crimes. Researchers further reported that 96% of the women who committed substance abuse related crimes self-reported that they were under the influence of drugs or alcohol at the time of the crime. In addition, 60% of the respondents self-reported that their substance abuse was a problem. The needs of this target population were found to be multiple and complex.

Need for LINKS Release Project: The Women's RSAT Program approach has been validated to be an effective means of addressing the substance abuse treatment needs of women inmates. However, much of the benefit of such an approach is threatened if the transition into the community is not supportive of the recovery process started in the institution.

For a woman, especially if she has children, this transition can be especially critical. Regaining the custody of her children and/or resuming her parenting role, is an incentive to complete treatment. Without support, this incentive can be an additional burden and threaten her recovery and transition back into the community.

She needs to re-establish her parental relationship, find economic support, safe housing and a sober environment. She also will most likely need to comply with the conditions of furlough or probation/parole and the expectations of the Division of Family & Youth Services. For some women decision making may include participation in developing a plan for permanent, nonparental placement of their children.

Department of Corrections Response: The Department of Corrections submitted a proposal to the Federal Office of Justice Programs for Residential Substance Abuse Treatment (RSAT). Funding was requested to upgrade the existing outpatient treatment program for women at HMCC to a residential substance abuse treatment program. The award was granted. On October 2, 1998, the State Legislature gave the Department of Corrections receipt authority for the RSAT matching funds provided by the Mental Health Trust Authority.

The Inmate Substance Abuse Program Oversight¹ Committee established a Project Team to address the transitional needs of these women. The team members created the mission, goal, objectives, as well as the LINKS Operational Guidelines. They will continue to serve as a resource for oversight and support while the project is implemented.

The Project Team asked the women in treatment at the HMCC to submit names for the release project. Of the several excellent submissions the team members chose LINKS, the acronym for Living in New Knowledge Successfully.

LINKS Project Team Members:

Jason Allen, Anchorage Field Probation Office, P.O. II
Ken Braz, DOC, P.O. IV, Assistant Classification Officer
Marion Brown, Alaska Women's Resource Center, Program Director
Patti Bruce, ADA, Associate Coordinator
Melinda Freemon, Clitheroe Center, Program Director
Bernita Hamilton, DFYS, Statewide Evaluation Unit Supervisor
Cheryl Mann, Chair of the Advisory Board on Alcoholism and Drug Abuse, Associate Professor of Human Services at UAA
Dave Sager, DFYS, Program Evaluator
Viki Wells, Clitheroe Center, Anchorage RSAT Coordinator
Sarah Williams, DOC, Substance Abuse Program Coordinator

¹ ISAP is the Inmate Substance Abuse Program funded by the State and available in every DOC institution statewide. RSAT is the federally funded women's treatment program at HMCC.

Mission - Goals and Objectives

Mission: Our mission is to provide successful transition that enhances recovery and permanency planning (reunification, relative placement, guardianship, and adoption) for female offenders with children completing the HMCC Women's Residential Substance Abuse Treatment Program and returning to the greater Anchorage community.

LINKS currently focuses on women transitioning into the Anchorage area because the majority of women being released from prison in Alaska return to Anchorage. Anchorage LINKS serves as the prototype for future release projects. In time it is hoped that the project will grow to include other communities in Alaska. The Project Team thought it wise to concentrate efforts in one community, since this is the first project of its kind in Alaska.

The reason why the Project Team used "permanency planning" instead of simply "reunification" in the mission statement is because it did not want a woman using LINKS to feel that her participation in the project was "unsuccessful" if she decided that she could not be the legal custodian of her children. It wanted her to feel supported in making the best decision possible for her children and her own recovery whether it is to regain custody or use another placement option.

Goal: To develop and maintain a transitional program for female offenders through a system of community collaboration.

Objectives:

1. Maintain gains made in the HMCC Women's Residential Substance Abuse Treatment Program.
2. Remove barriers to transition into the community. These barriers include but are not limited to:

Child Care	Transportation	Housing
Parenting	Family Counseling	Special Needs
Child Support Payments	Respite Care	Vocational Needs
3. Develop Memorandums of Agreement with Community agencies for their participation in the LINK project.

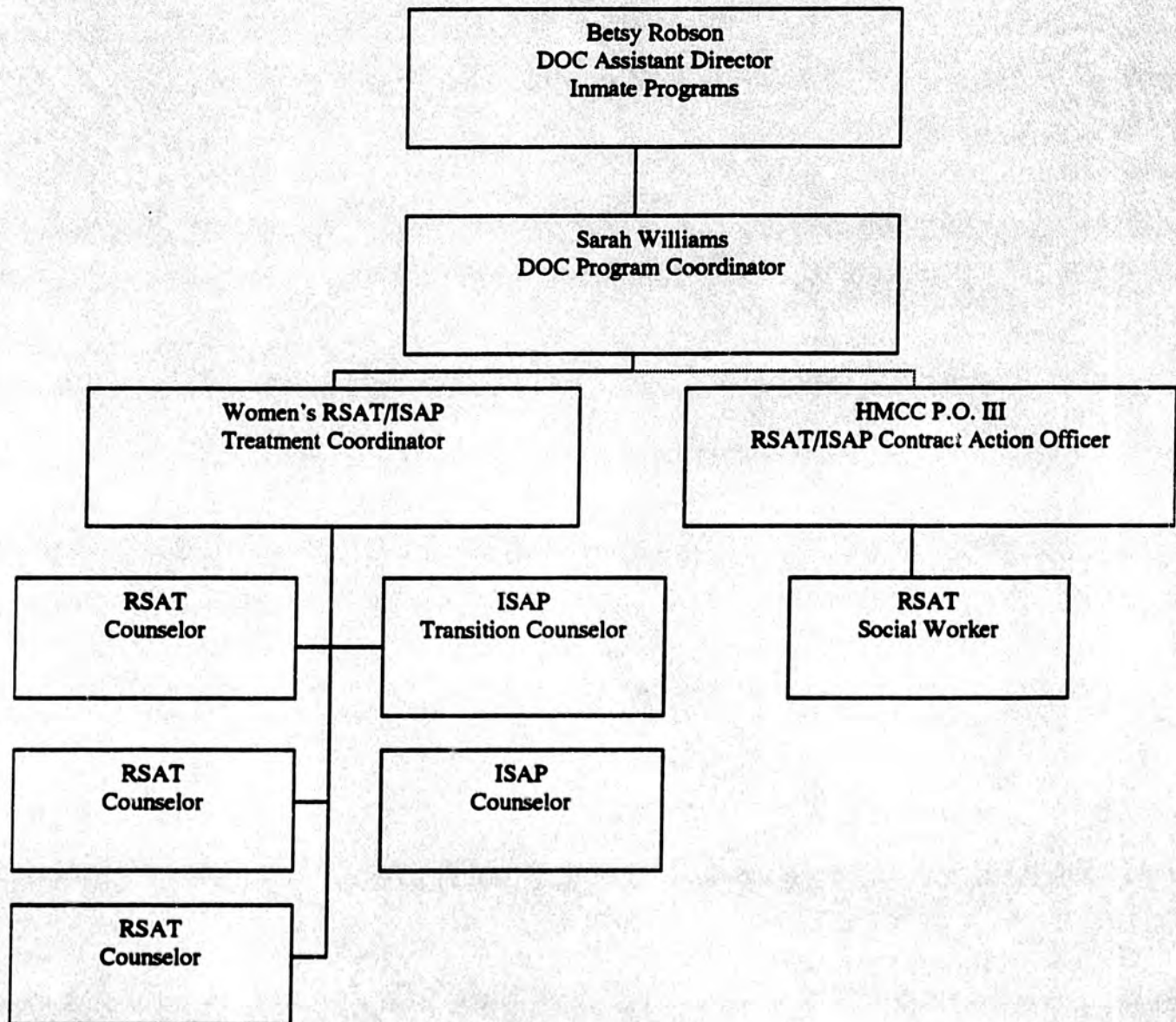
Program Description

Program Site: The LINKS Program is co-located with the HMCC's RSAT Program. One of the four houses at HMCC is the site for the Women's RSAT Program. Each of the four wings will have sixteen female inmates involved in one of the three levels of treatment, for a total of 64 participants. The three levels include substance abuse education, primary care, and transitional care. The contract treatment provider delivers services during the day and into the evening. The correctional staff maintains a presence 24 hours a day and debriefs with treatment staff at various times during the day. The treatment team consists of five certified substance abuse counselors and a treatment coordinator. The six to twelve month long program is structured so that a woman may participate in institutional jobs and educational/vocational classes as a part of her treatment plan. This gender specific treatment program will also address recovery as it relates to issues of parenting and children.

Staff: The key staff in the daily operation of LINKS are the HMCC Treatment Coordinator, the Transition Counselor, and the RSAT Social Worker. The other professionals are incorporated in LINKS depending upon the individual case. Each woman using LINKS will have a Social Worker at the Division of Family & Youth Services, an Aftercare Counselor from a substance abuse treatment agency in the community, an Institutional Probation Officer, a Furlough Officer or a Field Probation/Parole Officer, and other support identified as her transitional needs become apparent.

The LINKS Project Team remains in the background ready to provide guidance to LINKS if needed.

Organizational Chart



Service Plan:

- At least six months prior to the woman's release (during level III), the client, the Transition Counselor, the DFYS Caseworker, the RSAT/ISAP Counselor and the Institution and Field Probation Officer will meet to develop a release plan.
- The release plan will address the woman's living arrangement; DOC conditions of release; the DFYS case plan; vocational plan and substance abuse continuing care plan.
- Three months prior to release from HMCC, the client will begin participating in the LINKS bridge transition group which focuses on identifying and building community support. The group will meet on a regularly scheduled basis. Speakers from community programs will present information about their services to the bridge group. The group will be facilitated by the Transition Counselor.
- Upon release the Transition Counselor will continue to meet with the women to monitor their progress.
- The Transition Counselor will participate in case review meetings to monitor the woman's progress with her release plan. The Transition Counselor will ensure that any modifications in the release plan are recorded.
- The release plan will accompany the woman into community aftercare treatment. It will serve as the basis for evaluating her progress in meeting her goals for recovery.

Inmate Orientation to LINKS: All inmates arriving at HMCC are assigned to the Orientation wing of the intake-housing unit. During the first two weeks, the inmate is required to participate in an orientation program, structured to acquaint the inmate with the rules, behavioral expectations, and program offerings of the Correctional Center. The Probation Officer III/Program Director meets with the Orientation group every two weeks providing an overview of the programs that are available to the inmate population and the choices of tracks for sentenced inmates.

Program Review: Within 60 days after sentencing, a Program Review is held to inform the inmate of track options. The members of the Program Review Team are the Correctional Officer III who is the House Supervisor for HMCC Houses 1,2,3, and 4, the Institutional Probation Officer, the Education Coordinator, the Institutional Social Worker, and the inmate. The House Supervisor describes the programs and levels of participation available to the inmate while serving the sentence. They include Track I, the Cognitive Track, Track II, the Work Education Track, and Track III, the Non- Productively Involved Track (NPI).

Track Options:

1. The programs included in this track are characterized by the members participating in morning groups. The **Cognitive Track** includes the "self-change" programs, designed for an offender to initiate lasting changes of behavior that would place them at reduced risk to reoffend in the community. Currently the programs offered in this track are the Institutional Residential Substance Abuse Program, the Female Offender/Cognitive Self Change Program, and the Mental Health Special Needs Group.

As criminal thinking errors are a focus of each of these groups, there is a tendency for these program participants to be the more model inmates in the prisoner population, and can be expected to be at lower risk to relapse or reoffend upon release from the structured institutional environment. Members of the cognitive track may work an institutional job, and participate in education and other programs offered.

2. The **Work/Education Track** includes inmates who choose to participate in a minimum of 40 hours a week of any combination of educational programs and institutional jobs.

3. The **Non-Productively Involved Track** includes inmates who do not wish to commit to the requirements of the other tracks, do not wish to have any participation beyond serving their sentence, or have been removed from one of the other tracks due to disruptive behavior or insufficient participation.

Admission Criteria:

Admission into the LINKS program will be based on the following criteria:

- Women who are participants in the Women's RSAT Program at HMCC.
- Women who will be living in Anchorage upon release.
- Women who have children in DFYS custody or other's care.

Discharge Criteria:

Discharge from the LINKS program will be based on the following criteria:

- Successful completion of client program goals.
- Administrative discharge: significant noncompliance with one or more areas of release plan.
- Against Treatment Advise: client leaves the LINKS program prior to meeting goals as stated in the release plan.

Confidentiality:

As with all of DOC's substance abuse treatment providers, the provider at the HMCC Women's RSAT Program will abide by the federal confidentiality regulations CFR 42, Part II. Please refer to the LINKS Operational Guidelines Appendix for the complete regulation provisions.

The substance abuse treatment team staff at the HMCC RSAT and the correctional staff both work toward rehabilitation of the offender. The correctional staff maintains the security of the program in the institution 24 hours a day, while the treatment staff provides the clinical services during the day and early evening. The correctional staff does not participate in clinical activities or have access to clinical records, but they have an important role in the treatment milieu. They debrief the treatment staff on program developments or particular offender behavior that transpired overnight or on weekends. They are aware of the program's goals and objectives and support them on a day-to-day basis. The treatment staff also keep the correctional staff aware of program activities and offender behavior that may impact security. Together the treatment team and the correctional personnel form a cohesive unit through consistent communication and coordination.

The relationship between the treatment staff and security staff described above also applies to the operations of LINKS, which is a part of the treatment program. Because LINKS focuses on using community resources to assist offenders to make a successful transition into the community, confidentiality protocol for communicating with other agencies has been established.

Confidentiality Protocol:

- During the intake and orientation session, the RSAT Counselor will provide a brief overview of the Residential Substance Abuse Program and LINKS. The RSAT Counselor will review the Consent to Release Confidential Information with the client, taking care to assure that the client understands the information and that the form is completed appropriately. The Consent to Release Confidential Information will remain in the client's case file.
- It is the policy of the Residential Substance Abuse Treatment program to thoroughly assess the ongoing needs of the incarcerated individual, and to assist the individual in obtaining services from other agencies when those services are not available from RSAT or can be better met by an outside provider. Outside providers will adhere to established confidentiality standards.
- The RSAT staff will involve the individual being served in all decisions regarding referral, exit/discharge and follow-up processes, and will document such services with a written discharge summary and follow-up summary. No information concerning the individual shall be released without a signed consent by the individual.

Child Protection Statute Interface: The LINKS project has as its primary goal the reuniting of mothers and children after a period of incarceration. The children, who are in state custody and the care of DFYS, may be in placement with relatives or in licensed foster homes.

The program will attempt to facilitate this goal through case management activities that will include visitation with children and other family support systems coordinated with the DFYS

worker. In view of the changes in the new child protection law, the communication between the LINKS Social Worker and the DFYS Social Worker is essential for the success of the program.

The changes in the child protection law, effective September 1998 have several main principles. Safety of children is of primary concern. When children are placed in foster care, it should be considered a temporary resolution. Permanency planning will begin immediately, as soon as a placement occurs. Permanency planning means developing a placement for a child in a permanent home through adoption or guardianship.

Coordinated approaches by service providers and improved linkages between them are essential for resolution of placement issues and determination of continued placement or return home.

For the purposes of the LINKS project, the most important aspects of the child protection law that will effect the desired result of reunifying mothers who are incarcerated with their children, are the new standards that have very specific time frames for decision making. The time frames are radically changed and now require a permanency determination be made within 12 months instead of 18 months. There will be a permanency court hearing when the child has been in care for one year. Termination of parental rights proceedings will be initiated for children who have been in care for 15 of the last 22 months.

While reaffirming that reunification is a viable option for families, the time frames push the system to move faster and not allow children to languish in foster care. Also, the changes require parents to show progress with their case plans to avoid the termination track.

For a parent in the LINKS program who is serving a long sentence and has children in the foster care system, it is possible for the termination process to be activated. This is especially true when the children are young. If a participant of the LINKS program is making progress in all phases of treatment, then this should be brought to the attention of the DFYS worker in regularly scheduled contacts. As the law also requires reasonable visitation between child and family when there is removal, then this will also necessitate close contact and regular communication between the case managers to set up the appropriate schedule of visitation.

Successful reunification is a hoped for result of clients' participation in the LINKS project. However, the child's needs for stability and safety have to be balanced with the parent's rights for service. It is through the crucial linkage between case managers of LINKS and DFYS that determination will be made regarding the permanent plan for a child.

Community Partnerships: Partnerships with LINKS and community agencies will be necessary to develop a comprehensive support system for each woman. In order to formalize these partnerships, memorandums of agreement (MOA) will be drawn up with agencies being used on a routine basis. One of the primary MOA's needed by LINKS is between the Department of Corrections and the Division of Family and Youth Services. A specific MOA has been developed for use between these two programs (Appendix C). A template MOA has been developed for use with other agencies. A list of community resources with whom MOA's may be desirable has been developed (Appendix B). LINKS will use the "Alaska Resource Manual",

produced by Access Alaska, for detailed information about the agencies currently on the list, and for seeking out other services and agencies which may not already be on the list.

Evaluation of LINKS

PROCESS EVALUATION:

The women participating in LINKS will be in the transition phase of the HMCC Women's RSAT Program. The program as a whole will be continually involved in process evaluation. In addition to offender profile information we will know at what junctures the women are discharged from the treatment program and why. We will know how many women are on the waiting list for treatment inside and outside of twelve months.

OUTCOME EVALUATION:

Short-term outcome: Short-term evaluation will provide information early on regarding how well the program is doing. For instance, urinalysis testing will be conducted. Each woman will receive a base-line UA when she enters the treatment program as well as a random UA once a month for the duration of her program participation. The treatment staff will also score the women on pre and post-tests for the substance abuse educational components.

Intermediate-term outcome: DOC is interested in how the treatment program, including LINKS, effects relapse and recidivism in the community. Six months after the offender has been released to the community either on furlough, probation or parole, a follow-up will be conducted by the DOC Substance Abuse Program Coordinator. All graduates will be studied with the LINKS participants clearly identified. The Furlough/Probation/Parole Officer will be asked the following questions regarding the program graduates.

1. How well is the offender complying with conditions of furlough, probation, parole? (A scale will indicate the choices of poorly, somewhat poorly, reasonably well, and extremely well.)
2. Has the offender violated conditions of supervision resulting in the filing of a Petition to Revoke Probation/Parole Violation Revocation, or a return to incarceration if a furloughee? If yes, was a positive urinalysis test result involved?
3. Did she enter the treatment program she was referred to for aftercare services?
4. Is the offender productively engaged? (Options include job, school, other)
5. Does she have adequate/safe housing?
6. If she participated in LINKS, is she still living with her children?

Long-term outcome: In July of 2000, or approximately two years after program start-up, DOC will conduct a study to determine how many of the treatment program graduates have been

reincarcerated. The LINKS graduates will also be identified in the study. It would be ideal to also obtain arrest and conviction records. Because the DOC information system cannot currently provide this data, the court system would need to be accessed. If resources allow, such a study could be conducted.

SUBCHAPTER A—GENERAL PROVISIONS

PART 1 [RESERVED]

PART 2—CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Subpart A—Introduction

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- 2.66 Procedures and criteria for orders authorizing disclosure and use of records to investigate or prosecute a program or the person holding the records.
- 2.67 Orders authorizing the use of undercover agents and informants to criminally investigate employees or agents of a program.

AUTHORITY: Sec. 408 of Pub. L. 92-255, 86 Stat. 79, as amended by sec. 303 (a), (b) of Pub. L. 93-282, 83 Stat. 137, 138; sec. 4(c)(5)(A) of Pub. L. 94-237, 90 Stat. 244; sec. 111(c)(3) of Pub. L. 94-581, 90 Stat. 2852; sec. 509 of Pub. L. 96-88, 93 Stat. 695; sec. 973(d) of Pub. L. 97-35, 95 Stat. 598; and transferred to sec. 527 of the Public Health Service Act by sec. 2(b)(16)(B) of Pub. L. 98-24, 97 Stat. 182 and as amended by sec. 106 of Pub. L. 99-401, 100 Stat. 907 (42 U.S.C. 290ee-3) and sec. 333 of Pub. L. 91-616, 84 Stat. 1853, as amended by sec. 122(a) of Pub. L. 93-282, 88 Stat. 131; and sec. 111(c)(4) of Pub. L. 94-581, 90 Stat. 2852 and transferred to sec. 523 of the Public Health Service Act by sec. 2(b)(13) of Pub. L. 98-24, 97 Stat. 181 and as amended by sec. 106 of Pub. L. 99-401, 100 Stat. 907 (42 U.S.C. 290dd-3), as amended by sec. 131 of Pub. L. 102-321, 106 Stat. 368, (42 U.S.C. 290dd-2).

SOURCE: 52 FR 21809, June 9, 1987, unless otherwise noted.

Subpart A—Introduction

§2.1 Statutory authority for confidentiality of drug abuse patient records.

The restrictions of these regulations upon the disclosure and use of drug abuse patient records were initially authorized by section 408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act (21 U.S.C. 1175). That section as amended was transferred by Pub. L. 98-24 to section 527 of the Public Health Service Act which is codified

§ 2.2

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at 42 U.S.C. 290ee-3. The amended statutory authority is set forth below:

§ 290ee-3. CONFIDENTIALITY OF PATIENT RECORDS.

(a) *Disclosure authorization*

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b) *Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent*

(1) The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) *Prohibition against use of record in making criminal charges or investigation of patient*

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a

patient or to conduct any investigation of a patient.

(d) *Continuing prohibition against disclosure irrespective of status as patient*

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) *Armed Forces and Veterans' Administration; interchange of records; report of suspected child abuse and neglect to State or local authorities*

The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

(f) *Penalty for first and subsequent offenses*

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

(g) *Regulations; interagency consultations; definitions, safeguards, and procedures, including procedures and criteria for issuance and scope of orders*

Except as provided in subsection (h) of this section, the Secretary, after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section, as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(Subsection (h) was superseded by section 111(c)(3) of Pub. L. 94-581. The responsibility of the Administrator of Veterans' Affairs to write regulations to provide for confidentiality of drug abuse patient records under Title 38 was moved from 21 U.S.C. 1175 to 38 U.S.C. 4134.)

§ 2.2 Statutory authority for confidentiality of alcohol abuse patient records.

The restrictions of these regulations upon the disclosure and use of alcohol

abuse patient records were initially authorized by section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4582). The section as amended was transferred by Pub. L. 98-24 to section 523 of the Public Health Service Act which is codified at 42 U.S.C. 290dd-3. The amended statutory authority is set forth below:

§ 290dd-3. CONFIDENTIALITY OF PATIENT RECORDS

(a) Disclosure authorization

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b) Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent

(1) The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to

the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Prohibition against use of record in making criminal charges or investigation of patient

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) Continuing prohibition against disclosure irrespective of status as patient

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) Armed Forces and Veterans' Administration; interchange of record of suspected child abuse and neglect to State or local authorities

The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

(f) Penalty for first and subsequent offenses

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

(g) Regulations of Secretary: definitions, safeguards, and procedures, including procedures and criteria for issuance and scope of orders

Except as provided in subsection (h) of this section, the Secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section, as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(Subsection (h) was superseded by section 111(c)(4) of Pub. L. 94-581. The responsibility of the Administrator of Veterans' Affairs to write regulations to provide for confidentiality of alcohol abuse patient records under Title 38 was moved from 42 U.S.C. 4582 to 38 U.S.C. 4134.)

§2.3

§2.3 Purpose and effect.

(a) *Purpose.* Under the statutory provisions quoted in §§2.1 and 2.2, these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program. The regulations specify:

(1) Definitions, applicability, and general restrictions in subpart B (definitions applicable to §2.34 only appear in that section);

(2) Disclosures which may be made with written patient consent and the form of the written consent in subpart C;

(3) Disclosures which may be made without written patient consent or an authorizing court order in subpart D; and

(4) Disclosures and uses of patient records which may be made with an authorizing court order and the procedures and criteria for the entry and scope of those orders in subpart E.

(b) *Effect.* (1) These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstance exists under which disclosure is permitted, that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus, the regulations do not require disclosure under any circumstances.

(2) These regulations are not intended to direct the manner in which substantive functions such as research, treatment, and evaluation are carried out. They are intended to insure that an alcohol or drug abuse patient in a federally assisted alcohol or drug abuse program is not made more vulnerable by reason of the availability of his or her patient record than an individual who has an alcohol or drug problem and who does not seek treatment.

(3) Because there is a criminal penalty (a fine—see 42 U.S.C. 290ee-3(f), 42 U.S.C. 290dd-3(f) and 42 CFR 2.4) for violating the regulations, they are to be construed strictly in favor of the potential violator in the same manner as a criminal statute (see *M. Kraus & Brothers v. United States*, 327 U.S. 614, 621-22, 66 S. Ct. 705, 707-08 (1946)).

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§2.4 Criminal penalty for violation.

Under 42 U.S.C. 290ee-3(f) and 42 U.S.C. 290dd-3(f), any person who violates any provision of those statutes or these regulations shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

§2.5 Reports of violations.

(a) The report of any violation of these regulations may be directed to the United States Attorney for the judicial district in which the violation occurs.

(b) The report of any violation of these regulations by a methadone program may be directed to the Regional Offices of the Food and Drug Administration.

Subpart B—General Provisions

§2.11 Definitions.

For purposes of these regulations:

Alcohol abuse means the use of an alcoholic beverage which impairs the physical, mental, emotional, or social well-being of the user.

Drug abuse means the use of a psychoactive substance for other than medicinal purposes which impairs the physical, mental, emotional, or social well-being of the user.

Diagnosis means any reference to an individual's alcohol or drug abuse or to a condition which is identified as having been caused by that abuse which is made for the purpose of treatment or referral for treatment.

Disclose or disclosure means a communication of patient identifying information, the affirmative verification of another person's communication of patient identifying information, or the communication of any information from the record of a patient who has been identified.

Informant means an individual:

(a) Who is a patient or employee of a program or who becomes a patient or employee of a program at the request of a law enforcement agency or official; and

(b) Who at the request of a law enforcement agency or official observes one or more patients or employees of

the program for the purpose of reporting the information obtained to the law enforcement agency or official.

Patient means any individual who has applied for or been given diagnosis or treatment for alcohol or drug abuse at a federally assisted program and includes any individual who, after arrest on a criminal charge, is identified as an alcohol or drug abuser in order to determine that individual's eligibility to participate in a program.

Patient identifying information means the name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information. The term does not include a number assigned to a patient by a program, if that number does not consist of, or contain numbers (such as a social security, or driver's license number) which could be used to identify a patient with reasonable accuracy and speed from sources external to the program.

Person means an individual, partnership, corporation, Federal, State or local government agency, or any other legal entity.

Program means:

(a) An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment; or

(b) An identified unit within a general medical facility which holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment; or

(c) Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers. (See § 2.12(e)(1) for examples.)

Program director means:

(a) In the case of a program which is an individual, that individual;

(b) In the case of a program which is an organization, the individual designated as director, managing director, or otherwise vested with authority to

act as chief executive of the organization.

Qualified service organization means a person which:

(a) Provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy, and

(b) Has entered into a written agreement with a program under which that person:

(1) Acknowledges that in receiving, storing, processing or otherwise dealing with any patient records from the programs, it is fully bound by these regulations; and

(2) If necessary, will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by these regulations.

Records means any information, whether recorded or not, relating to a patient received or acquired by a federally assisted alcohol or drug program.

Third party payer means a person who pays, or agrees to pay, for diagnosis or treatment furnished to a patient on the basis of a contractual relationship with the patient or a member of his family or on the basis of the patient's eligibility for Federal, State, or local governmental benefits.

Treatment means the management and care of a patient suffering from alcohol or drug abuse, a condition which is identified as having been caused by that abuse, or both, in order to reduce or eliminate the adverse effects upon the patient.

Undercover agent means an officer of any Federal, State, or local law enforcement agency who enrolls in or becomes an employee of a program for the purpose of investigating a suspected violation of law or who pursues that purpose after enrolling or becoming employed for other purposes.

[52 FR 21809, June 9, 1987, as amended by 60 FR 22297, May 5, 1995]

§ 2.12 Applicability.

(a) **General**—(1) **Restrictions on disclosure.** The restrictions on disclosure in

these regulations apply to any information, whether or not recorded, which:

(i) Would identify a patient as an alcohol or drug abuser either directly, by reference to other publicly available information, or through verification of such an identification by another person; and

(ii) Is drug abuse information obtained by a federally assisted drug abuse program after March 20, 1972, or is alcohol abuse information obtained by a federally assisted alcohol abuse program after May 13, 1974 (or if obtained before the pertinent date, is maintained by a federally assisted alcohol or drug abuse program after that date as part of an ongoing treatment episode which extends past that date) for the purpose of treating alcohol or drug abuse, making a diagnosis for that treatment, or making a referral for that treatment.

(2) *Restriction on use.* The restriction on use of information to initiate or substantiate any criminal charges against a patient or to conduct any criminal investigation of a patient (42 U.S.C. 290ee-3(c), 42 U.S.C. 290dd-3(c)) applies to any information, whether or not recorded which is drug abuse information obtained by a federally assisted drug abuse program after March 20, 1972, or is alcohol abuse information obtained by a federally assisted alcohol abuse program after May 13, 1974 (or if obtained before the pertinent date, is maintained by a federally assisted alcohol or drug abuse program after that date as part of an ongoing treatment episode which extends past that date), for the purpose of treating alcohol or drug abuse, making a diagnosis for the treatment, or making a referral for the treatment.

(b) *Federal assistance.* An alcohol abuse or drug abuse program is considered to be federally assisted if:

(1) It is conducted in whole or in part, whether directly or by contract or otherwise by any department or agency of the United States (but see paragraphs (c)(1) and (c)(2) of this section relating to the Veterans' Administration and the Armed Forces);

(2) It is being carried out under a license, certification, registration, or other authorization granted by any de-

partment or agency of the United States including but not limited to:

(i) Certification of provider status under the Medicare program;

(ii) Authorization to conduct methadone maintenance treatment (see 21 CFR 291.505); or

(iii) Registration to dispense a substance under the Controlled Substances Act to the extent the controlled substance is used in the treatment of alcohol or drug abuse;

(3) It is supported by funds provided by any department or agency of the United States by being:

(i) A recipient of Federal financial assistance in any form, including financial assistance which does not directly pay for the alcohol or drug abuse diagnosis, treatment, or referral activities; or

(ii) Conducted by a State or local government unit which, through general or special revenue sharing or other forms of assistance, receives Federal funds which could be (but are not necessarily) spent for the alcohol or drug abuse program; or

(4) It is assisted by the Internal Revenue Service of the Department of the Treasury through the allowance of income tax deductions for contributions to the program or through the granting of tax exempt status to the program.

(c) *Exceptions—(1) Veterans' Administration.* These regulations do not apply to information on alcohol and drug abuse patients maintained in connection with the Veterans' Administration provisions of hospital care, nursing home care, domiciliary care, and medical services under title 38, United States Code. Those records are governed by 38 U.S.C. 4132 and regulations issued under that authority by the Administrator of Veterans' Affairs.

(2) *Armed Forces.* These regulations apply to any information described in paragraph (a) of this section which was obtained by any component of the Armed Forces during a period when the patient was subject to the Uniform Code of Military Justice except:

(i) Any interchange of that information within the Armed Forces; and

(ii) Any interchange of that information between the Armed Forces and