

# Mental Health Services Alaska Department of Corrections

January, 2018



The Bureau of Justice Statistics indicates that more than half of all prison and jail inmates have a mental health problem, including 705,600 inmates in State prisons, 78,800 in Federal prisons and 479,900 in local jails. These estimates represented 56% of State prisoners, 45% of Federal prisoners, and 64% of jail inmates.

The Alaska Department of Corrections (ADOC) is the largest behavioral health provider in the state. According to a 2012 Mental Health Trust Authority report, on any given day 65% of the ADOC’s population are Trust beneficiaries. The Trust defines beneficiaries as individuals with mental illness, developmental disabilities, chronic alcoholism and other substance use disorders, dementia and traumatic brain injuries.

ADOC has on-site master’s level clinicians, psychiatric nurse practitioners and psychiatrists that provide mental health services to the inmate population. Telepsychiatry clinics are also in place for facilities that do not have on-site psychiatry. Inmates are screened at arrest for mental health concerns and throughout their stay in ADOC. Individual brief therapy, crisis intervention, group counseling and release planning are available for offenders who have mental health needs. In addition, ADOC has over 300 psychiatric treatment beds for those inmates requiring a higher level of care or who cannot safely function in general population due to a mental illness or cognitive disability. Although we cannot quantify the exact impact these services and programs have on recidivism, ADOC is meeting and in most areas exceeding the community standard for care of offenders with mental health conditions.

The table below shows the number of Behavioral Health contacts for the past five years. A contact includes formal interviews conducted by both our mental health staff and psychiatric providers. These contacts could include initial intakes, routine follow ups, crisis interventions and release planning. These numbers include only those contacts/services provided by ADOC employees and does not include contacts/services provided by contract providers. This table does not reflect all contacts recorded on hand written consults and progress notes by providers, psychiatric nursing staff and mental health staff; this table does not include contacts from segregation rounds, groups, classes and programming provided by mental health staff.

<b>Behavioral Health Contacts FY08-FY16</b>			
<b>Year</b>	<b>Provider Contacts*</b>	<b>MH Staff Contacts**</b>	<b>Total Contacts</b>
FY13	4,617	13,492	18,109
FY14	4,500	12,635	17,135
FY15	4,945	14,799	19,744
FY16	6,353	14,724	21,077
FY17	5,683	11,583	17,266

*\* Contacts by psychiatrists and psychiatric advanced nurse practitioners.*

*\*\* Contacts by doctoral, masters and bachelors level mental health staff.*

In FY17, mental health services had 17,266 total contacts with offenders. These numbers only include those offenders that had a formal mental health consult completed and do not include offenders served in groups or through responses to offender requests.

We know based on a 2012 study by the Alaska Mental Health Trust Authority that:

- Within the first year after release Trust Beneficiaries recidivate at nearly twice the rate of those who are not Trust Beneficiaries (40.9% vs. 22.0%).
- Trust Beneficiaries were significantly more likely to be convicted of felony crimes (34.6%) than the rest of the ADOC inmate population (21.4%).
- Alaska Natives are a disproportionate share of the Trust Beneficiary population, representing over one third of the total (38.5%) compared to their share of the State's general population in the community (15%).
- The median length (or mid-point) of stay for Trust Beneficiaries is significantly longer than for other offenders. For those committing felonies, it is double that of a non-Trust offender; for misdemeanors, it is 150 percent longer.

The ADOC provides statutorily required mental health services to the inmate population. Not only do mental health services meet the statutory requirements as defined in AS33.30.011, they play a vital role in the rehabilitation of offenders. In order to meet the needs of this population, mental health staff offer a wide variety of services ranging from outpatient brief interventions to acute inpatient services. Below is a more detailed description of mental health services offered within the department focused on offender rehabilitation and reduction of recidivism.

- **On-site Clinical Services:** Institutional mental health services provided by on-site Department of Corrections' mental health staff. Services offered include suicide assessment and intervention, crisis intervention, diagnostic assessment, psychiatric referral, treatment planning, counseling, medication monitoring, community treatment referral and release planning.
- **On-site Dual Diagnosis Clinical Services:** Institutional clinical services provided by on-site ADOC staff. Services offered focus specifically on assessment, treatment and release planning for offenders diagnosed with a severe and persistent mental illness in conjunction with a substance abuse diagnosis.
- **On-site Psychiatric Services:** Institutional psychiatric services provided by on-site Department of Corrections staff. Services included medication assessment and ongoing monitoring by Psychiatrist or psychiatric provider.
- **Acute Psychiatric Units:** Inpatient mental health unit that provides 24-hour hospital-level psychiatric care for acutely and chronically mentally ill offenders. Offenders are admitted to these units for observation, assessment, and stabilization. Offenders admitted to these units may suffer from a wide array of mental health diagnosis and/or acute crisis. These units provide a safe, highly structured therapeutic environment where an offender may receive medication management, individual and/or group therapy focused on providing the skills needed to function in other, less restrictive settings.
- **Sub-Acute Psychiatric Units:** Step-down inpatient mental health unit that provides a structured therapeutic environment for offenders diagnosed with a severe and persistent mental illness. Offenders placed on this are unable to function well in general population due to limitation placed on them by their mental illness. These units provide a safe environment where offenders can receive medication management, individual and/or group therapy focused on providing the skills needed to function in other, less restrictive settings.
- **Tele-psychiatry:** Psychiatric services are provided remotely by psychiatrist or psychiatric provider.

- **Contracted Clinical Services:** Institutional mental health services provided by a local community mental health clinician. Services include suicide assessment and intervention, crisis intervention, diagnostic assessment and ongoing mental health services.

The Department has two specialized release programs designed to aid in transitioning and maintaining seriously mentally ill offenders in the community.

- **IDP+:** The Institutional Discharge Project Plus program is designed to aid offenders on felony probation or parole that have been diagnosed with a severe and persistent mental illness in transitioning and maintaining in the community. IDP+ clinicians maintain regular contact with treatment providers, probation staff and offenders for the purpose of monitoring stability and treatment compliance in the community. The hope is that having this intensive service in the community will contribute to the overall reduction of recidivism.
- **APIC:** The primary goal of the APIC initiative is to assist eligible beneficiaries with severe mental illness and/or cognitive disorders to engage and remain in services with a community agency following incarceration to *contribute* to the overall reduction of recidivism by increasing access to treatment. APIC is voluntary and requires a Release of Information (ROI) from the participant indicating a willingness to receive this assistance and for ADOC to communicate with community providers.

In an effort to reduce recidivism and have the most impact on improving the overall mental health the ADOC focuses on providing evidence based interventions utilizing cognitive behavioral interventions. Cognitive behavioral therapy programs help offenders improve their social skills, focus on means-ends problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management and self-efficacy. Some of the programming the mental health department offers includes but is not limited to the following:

- **Anger Management:** SAMHSA's 12-session, evidence-based anger management program, designed to aid offenders in managing their anger by addressing the following areas: Events and Cues: A Conceptual Framework for Understanding Anger; Anger Control Plans: Helping Group Members Develop a Plan for Controlling Anger; and The Aggression Cycle: How to Change the Cycle.
- **Healthy Living/Coping with Incarceration:** An ongoing open ended group that utilizes cognitive behavioral interventions designed to assist offenders in adjusting to incarceration and provide basic tools for overall healthy living.
- **48-Week Offender Management Program:** Programming designed to target antisocial attitudes, values and beliefs. This program uses a variety of cognitive behavioral interventions focused on the specific dynamic risk factors of impulsivity, egocentrism, weak problem-solving/self-regulation skills, aggressiveness and deficits in critical reasoning and abstract thinking.
- **Rational Emotive Behavioral Therapy for Depression and Anxiety:** REBT helps clients learn and practice new ways of thinking, feeling and acting.
- **Seeking Safety:** An evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma

narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.

- **A New Direction:** A comprehensive cognitive-behavioral therapy treatment program that trains chemically dependent offenders to challenge their thinking in order to change their criminal and addictive behavior patterns.
- **Moving On:** Consists of six core modules: Transitions (Section 1), Listening and Being Heard, Building Healthy Relationships, Expressing Emotions, Making Connections and Staying Healthy, Transitions (Section 2). The program content is organized around the following themes: encouraging personal responsibility, enhancing motivation for change, expanding connections and building healthy relationships, skill enhancement, development and maintenance, relaxation and stress management skills.
- **Criminal Conduct and Substance Abuse Treatment:** Focuses on 12 core components: Orientation, Cognitive Behavioral Approach to Change and Responsible Living, Alcohol and Other Drug use Patterns and Outcomes, Understanding and Changing Criminal Thinking and Behavior, Sharing and Listening: Communication Pathways to Self-Awareness and Other-Awareness, Understanding and Preventing Relapse and Recidivism, Steps, Stages and Skills for Self-Improvement and Change, Mental Self Control: Managing Thoughts and Emotions, Social and Relationship Skills Building, Skills for Social and Community Responsibility, Relapse and Recidivism Prevention & Strengthening Ownership of Change.
- **Dialectical behavior therapy (DBT):** DBT is a cognitive behavioral therapy designed to help people change patterns of behavior that are not helpful, such as self-harm, suicidal thinking, and substance abuse.

Challenges impacting the provision of mental health services in the Department include an increasing number of offenders needing mental health interventions overall, more young offenders coming into ADOC with complex mental health needs, an increase in complex co-occurring disorders complicated by new street drugs, limited community resources for support upon release and a lack of sufficient mental health workforce. Some of these include but are not limited to the following:

- **Increase in number of offenders requiring mental health services:** As indicated above ADOC's mental health department has seen a 61% increase from FY08 to FY16 in the total number of contacts each year. This is in part to do with better identification of offenders presenting with mental illness with improved screening and staff training on what signs and symptoms to look for and identify individuals struggling with mental illness. The Department is also seeing offenders coming in sicker than ever before. Over the past four years the Department has seen a 19% increase in the number of offenders suffering with Severe and Persistent Mental Illness (SPMI).
- **Increase in the number of offenders presenting with dual diagnosis:** It is estimated that approximately 80% of the Department's population struggles with substances. The use of Bath Salts and Spice which often produces behaviors that mimic the symptoms of mental illness has placed additional strain on the mental health staff and the Department of Corrections.

- **Limited housing and community service providers:** As indicated above offenders identified as Trust beneficiaries are twice as likely to return to incarceration. This is in part due to the limited availability of specialized housing options for individuals diagnosed with a SPMI. This coupled with limited availability of wrap around services in communities results in individuals often not following through with treatment often resulting in return to incarceration.
- **Limited resources for offenders deemed in need for placement on an acute mental health unit during incarceration:** Currently the Department has two acute mental health units available to treat offenders statewide in need of inpatient care. The men's 28 bed acute unit is housed at ACCW and the female's 18 bed acute unit is housed at HMCC. Given that each of these units have limited capacity the Department is seeing more and more these units are becoming brief intervention crisis stabilization units. Changes secondary to the Loughner case has also impacted the Department's ability to intervene for those offenders who are found to be gravely disabled while in pretrial status. This has resulted in gravely disabled offenders having to stay longer on acute units further limiting the number of beds available statewide.
- **Limited workforce:** Finding trained qualified mental health staff is a challenge in general for behavioral health agencies statewide. More and more the Department is finding it difficult to recruit staff who have the skillset needed to work with such a diverse and challenging population.