

Alaska Department of Corrections

HMCC WOMEN'S INTEGRATED CARE UNIT



A growing need

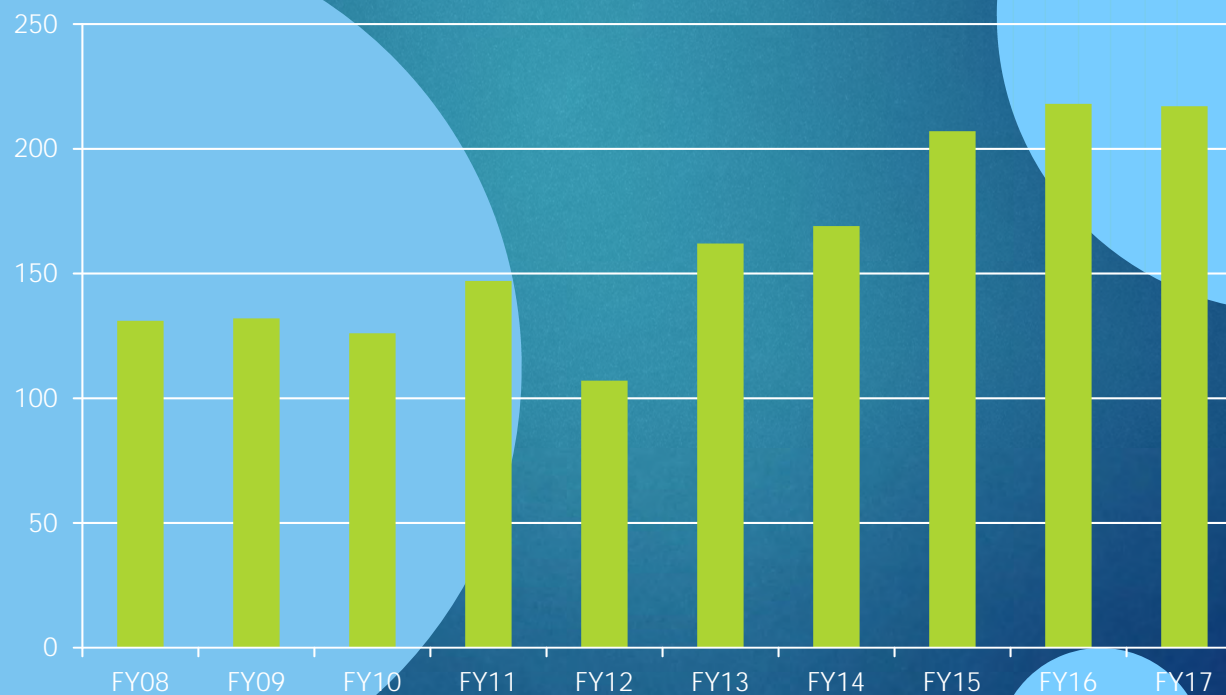
- ▶ The Department of Corrections remains the largest behavioral health provider in the state.
- ▶ There has been a 19% increase in the number of offenders diagnosed with Severe & Persistent Mental Illness (SPMI) since FY08.
- ▶ There is a rapidly growing number of dually diagnosed offenders entering the system.
- ▶ They come to DOC with more complicated medical and psychiatric needs due to the increased use of street drugs—spice, heroin and meth; as well as increased prescription drug use.
- ▶ The number of opioid related overdoses is on the rise.

The growing needs of female offenders

- ▶ Female Beneficiaries represent 30% of Trust Beneficiaries served within DOC.
 - ▶ DOC has 840 female Beneficiaries in custody on any given day.
- ▶ The number of female Beneficiaries being served in DOC continues to increase.

- There has been a 65.6% increase in Beneficiary admissions to the women's acute unit since 2008.

HMCC MH Unit Admissions

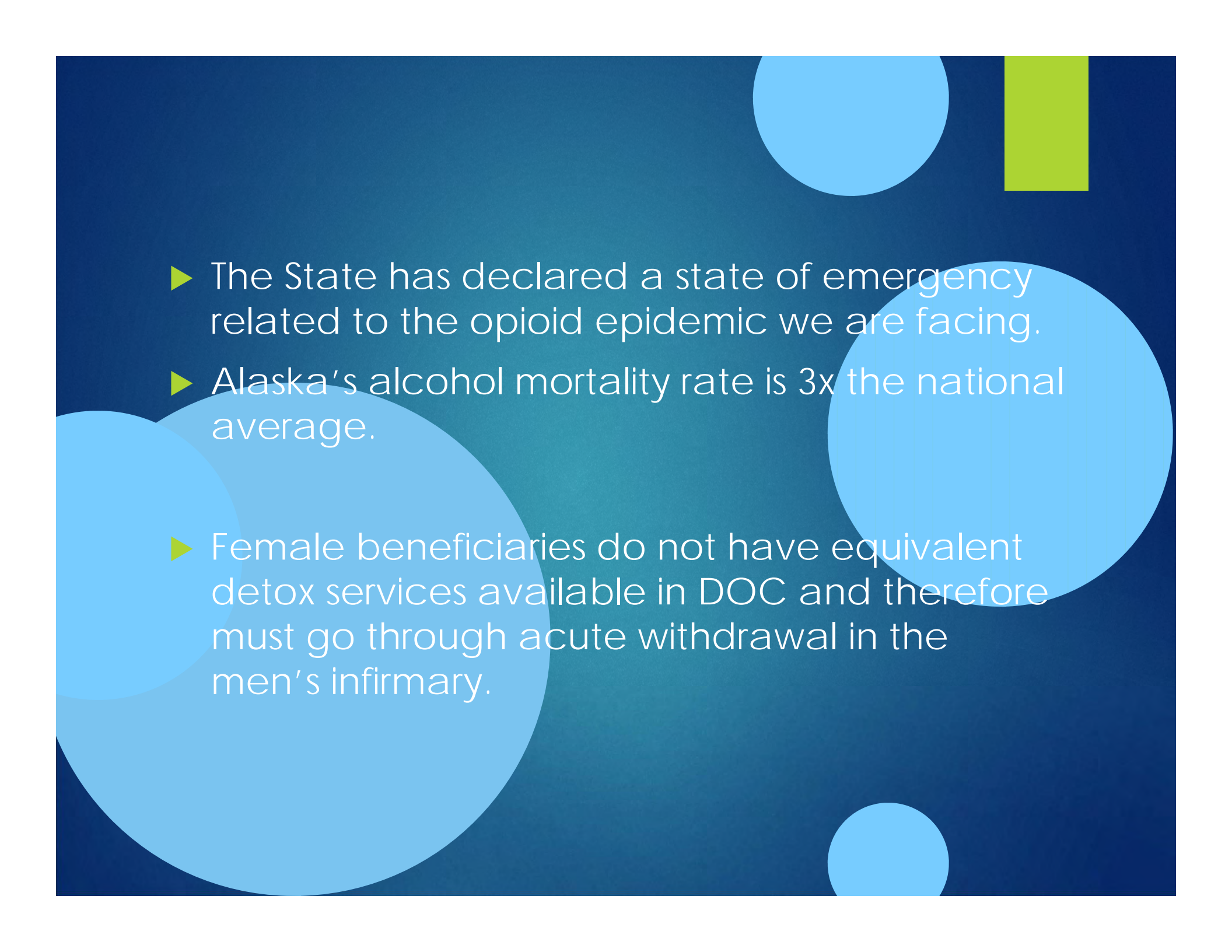


- ▶ Women in rural communities are placed in segregation while they wait for an acute mental health bed to become available.

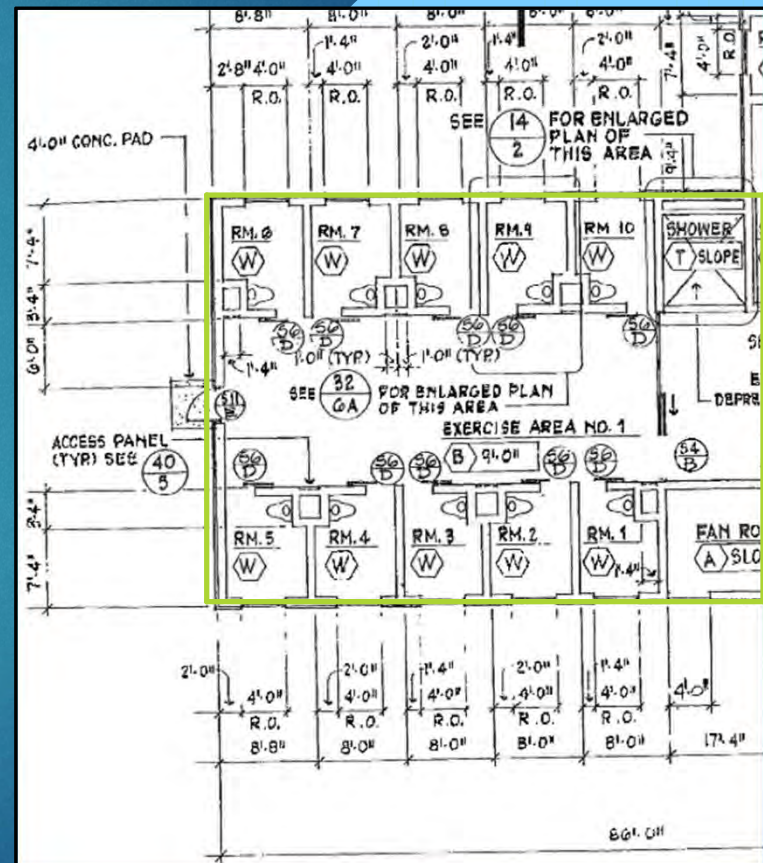


- ▶ Because DOC has outgrown space for acute treatment of women, female offenders with SPMI are frequently placed in segregation for their safety while awaiting placement on the acute unit.



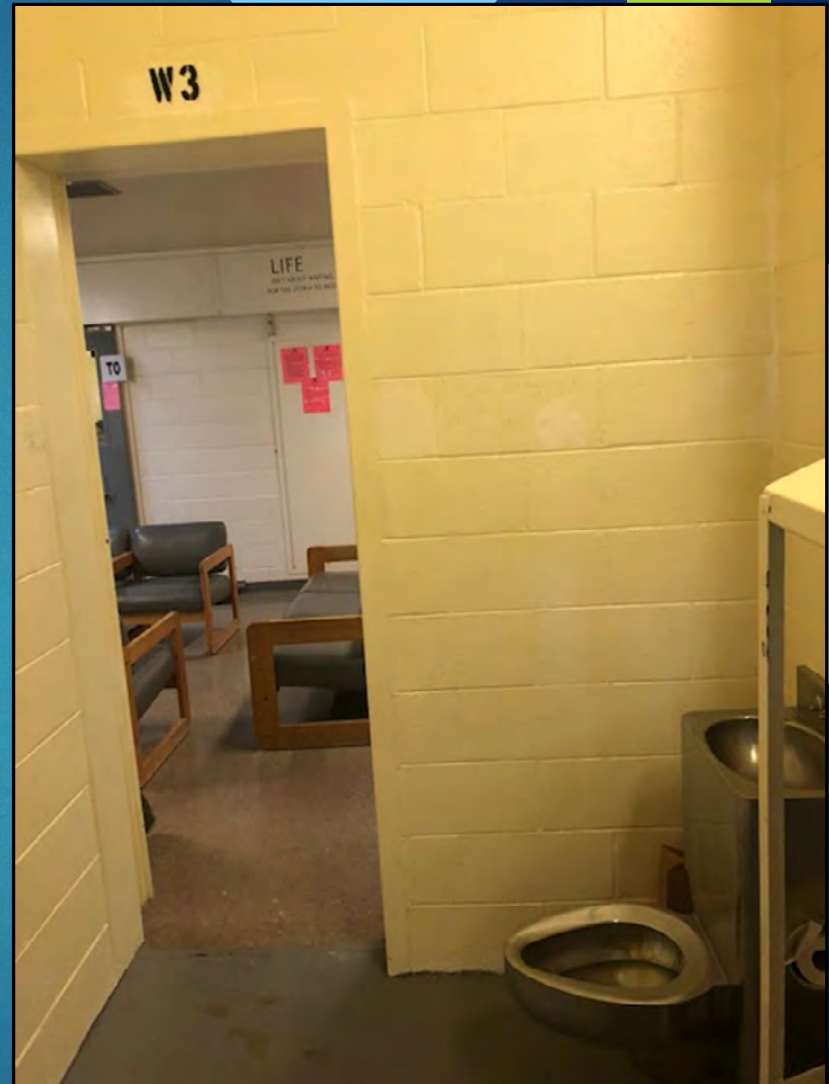
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- ▶ The State has declared a state of emergency related to the opioid epidemic we are facing.
 - ▶ Alaska's alcohol mortality rate is 3x the national average.
 - ▶ Female beneficiaries do not have equivalent detox services available in DOC and therefore must go through acute withdrawal in the men's infirmary.

► The women's acute mental health unit, a former segregation unit retrofitted to serve as a treatment unit, is always full and often overcapacity.



- ▶ 850 SF unit
- ▶ 425 SF day room






10 cells with 18 beds





300 SF outdoor rec space



Because of the **disparity** between men's and women's mental health treatment, the increased number of mentally ill females held in **segregation** and because of the **safety** concern for those who experience acute withdrawal, the Department has developed a plan to remodel an existing area of HMCC to meet the increasing needs of these offenders.

Where we are headed

- ▶ 3801 SF unit
- ▶ 27 beds
 - ▶ 23 MH beds
 - ▶ 4 detox beds
- ▶ 905 SF day room
- ▶ 427 SF outdoor rec space
- ▶ A group tx room
- ▶ 3 private interview rooms

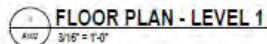
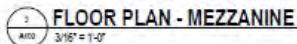


Benefits of an integrated care unit

- ▶ Decrease the number of SPMI being placed in segregation.
- ▶ Parity for female beneficiaries and safe space for female prisoners to medically detox.
- ▶ Reduce the wait time for SPMI offenders in rural areas to get to treatment.
- ▶ Provide a more therapeutic environment.
- ▶ Shared resources.
- ▶ Provide true integrated care for Beneficiaries.
 - ▶ Many present with significant complex medical issues/conditions.
 - ▶ Dementia
 - ▶ Serious suicide attempts requiring medical attention
 - ▶ End of life patients needing palliative care

The investment

- ▶ HMCC Integrated Care Unit Project Estimate: \$3.89m
 - ▶ Mental Health Unit - \$2.29m
 - ▶ Medical Unit - \$1.6m
- ▶ Total spent on the HMCC Integrated Unit:
 - ▶ \$105,462 – to date
 - ▶ \$161,091 – pending
 - ▶ Environmental safety scans are complete.
 - ▶ Preliminary architectural drawings are complete.
 - ▶ Revisions and design modifications are underway.



- LEGEND
- ADMIN
 - Circulation
 - Common Programs
 - Double Wet Cell
 - INFIRMARY
 - MEDICAL / DENTAL
 - Single Wet Cell
 - Suicide Cell
 - SUPPORT

STEVE FISHBACK ARCHITECT / ICEFALL
CONCEPT LAYOUT - JUNE 19, 2018

The background is a dark blue gradient. It features several light blue circles of varying sizes. One large circle is on the left, another large one is on the right, and a smaller one is at the top. A small green rectangle is located in the top right corner.

Thank you for your
continued support.