



ALASKA DEPARTMENT OF CORRECTIONS

HARS Division Update and the HMCC Women's Integrated Care Unit



DOC BEHAVIORAL HEALTH UPDATES

- DOC focus on decreasing the number of offenders housed in segregation
- Decreasing the amount of time spent in segregation
- Increasing programs & services available to those in segregation
- Echo Mod Transition Cells
- Partnership with ACLU for segregation redesign
- Green rooms
- MATR Program
- Pretrial Services and Trust Beneficiaries
- Substance Abuse Detox Protocols
- Substance Abuse Programming



SUBSTANCE ABUSE SERVICES

- Challenges:
 - Contract service provider withdrew from the contract in December of 2016
 - No response to RFPs
 - Extensive costs proposals
- Interim Services:
 - RSAT at SCC
 - IOPSAT at GCC
 - Psych-Ed at AMCC
 - Offender allowed to complete RSAT at HMCC
 - IOPSAT at HMCC
 - Fee for Service evaluations
 - Expansion of APIC to serve substance abuse



SUBSTANCE ABUSE SERVICES

- Current RFP's:
 - AMCC Awarded in January 2017: Psych Ed, Screening, Evaluations & MATR
 - WWCC Awarded July 2017: RSAT, Psych Ed, Screening, Evaluations & MATR
 - GCC & HMCC in process: RSAT(HMCC), Dual Diagnosis, IOP, Psych Ed, Screening, Evaluations & MATR
- Opioid Specific Treatment Services:
 - MATR Services: ACC, HMCC, AMCC, WWCC



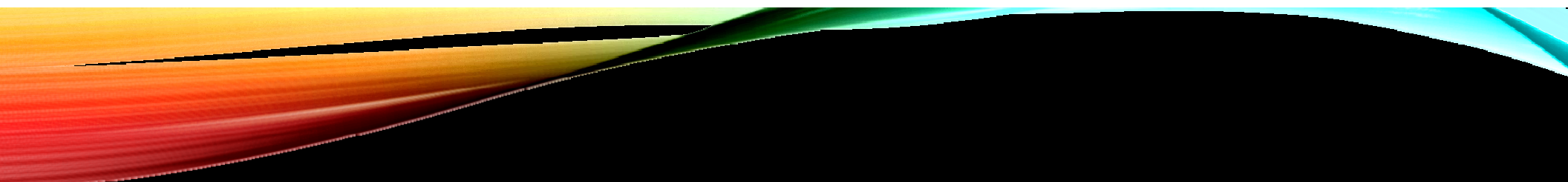
SUBSTANCE ABUSE & CO- OCCURRING NEEDS

- The Governor declared a State of Emergency related to the opioid epidemic.
- There are no beds available for female offenders who are going through serious detox/withdrawals or who have other complex medical needs.
- Each year approximately 100-150 females go through severe withdrawals at the Anchorage Correctional Complex.
 - Therefore two or three times a week women in acute withdrawal are housed in the men's infirmary.



MENTAL HEALTH NEEDS

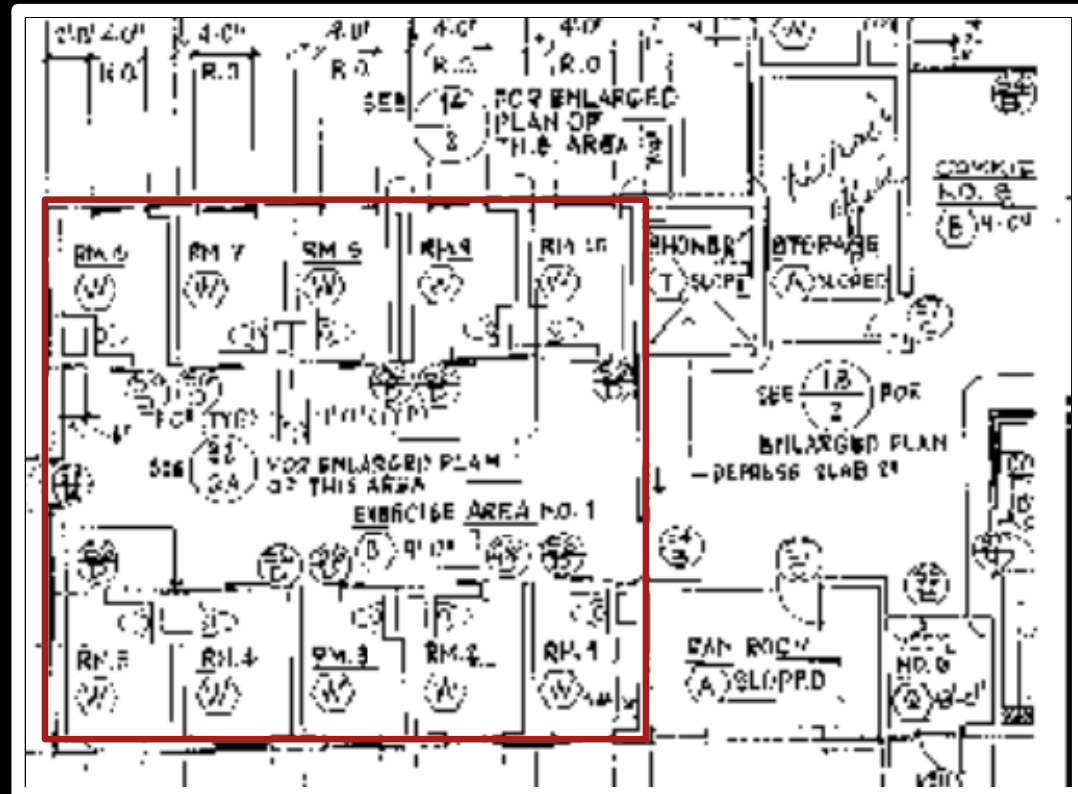
- The Department of Corrections remains the largest Behavioral Health Provider in the state.
- Female Beneficiaries represent 30% of the Beneficiaries served within DOC.
 - 840 female beneficiaries on any given day.
- 19% increase in the number of offenders diagnosed with SPMI since FY08.
- 5.4% increase in the number of female Beneficiaries.
- 5.7% increase in female Beneficiaries requiring acute mental health treatment.
- The women's acute mental health unit, a former segregation unit retrofitted to serve as a treatment unit, is always full and often overcapacity.
- Because DOC has outgrown space available for acute treatment of women, women with SPMI are frequently placed in segregation for their safety while awaiting placement on the acute unit.
- Women in rural communities are placed in segregation while they wait for an acute mental health bed to become available.



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

WHERE WE ARE NOW.

- 3690 SF
- 18 total beds
- 8 double cells
- 2 suicide resistant cells
- 0 private group tx rooms
- 0 infirmary beds
- 1 exam room
- 1 dental exam area
- Very limited day room and outside rec space.



WHERE WE ARE HEADED.

- 4220 SF
- 21 total beds
- 8 double cells
- 1 double ADA cell
- 3 suicide resistant cells
- 1 private group tx room
- 4 infirmiry beds
- 3 exam/interview rooms
- 1 dental exam area
- Expanded day room & outside rec areas





WHAT'S DRIVING THE NEED?

- Increase in the number of female Beneficiaries being served.
- Increase in dually diagnosed offenders.
- More complicated medical needs due to the increased use of street drugs such as spice, heroine and meth; as well as increased prescription drug use.
- Increase in the number of SPMI awaiting bed space on the acute mental health unit.
- Increase in the number of alcohol and opioid related overdoses and deaths.



BENEFITS OF AN INTEGRATED CARE UNIT

- Decrease in the number of SPMI being placed in segregation.
- Parity for female and male Beneficiary services.
- Reduce the wait time for SPMI in rural areas.
- Provide a more therapeutic environment.
- Provide onsite management facilities for female offenders detoxing.
- Provide true integrated care for Beneficiaries.
 - Many present with significant complex medical issues/conditions.
 - Alzheimer's and other dementia patients
 - Serious suicide attempts requiring medical attention
 - End of life patients needing palliative care



INVESTMENT

- The DOC has contributed approximately \$100,000 toward this project to date.
- Environmental safety scans are complete.
- Preliminary architectural drawings of the unit are complete.

- The total cost for this unit is projected to be \$2.75m.
- DOC is seeking matching funds in the amount of \$1.375m in order to move this project forward.



THANK YOU FOR YOUR
CONTINUED SUPPORT OF DOC.