

Alaska Department of Corrections 2020 Update

Alaska Mental Health Trust Authority
Programs & Planning Committee
October 22, 2020



COVID-19 Challenges

- All programming groups were suspended due to group gathering restrictions.
- Contractor access to facilities was suspended.
- Community based services were suspended. Many of these services have restarted but with reduced capacity and additional screening requirements.
- All in-person training was cancelled due to restrictions on group gatherings.
- Travel restrictions in rural communities limited access of some providers.
- Limited infrastructure in place to support broad use of telehealth and other video-based services.

COVID Response

- Mental Health one-to-one services continue and follow CDC guidelines.
 - In facilities with active cases of COVID staff see individuals in no-contact visiting areas.
- Psychiatric services are being provided via telehealth.
- Small group are being held on the acute and sub-acute mental health units following CDC guidelines. This was made possible as each unit is considered a “household”.
- Education and vocational programming providing one-to-one instruction and assistance including tutoring, reviewing work and testing.
- Self-directed workbooks and DVD instruction are available for a variety of topics.
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COVID Response

- Many SUD and SOMP services are being provided via telehealth (video or telephonic):
 - SUD assessments
 - Men's RSAT
 - Men's IOPSAT
 - SOMP services
- In conjunction with ASAM, computerized Continuum Co-Triage screening tools were converted to a paper format.
- Converted in person training to web-based video trainings:
 - A New Direction refresher course
 - Helping Men/Women Recover trauma training
 - Suicide Prevention and Intervention



Integrated Care Unit for Women

Growing Needs of Female Offenders

Female Beneficiaries
represent 30% of Trust
Beneficiaries served
within DOC.

- 19% increase in the number of offenders diagnosed with Severe & Persistent Mental Illness (SPMI) since FY08.
- Rapidly growing number of dually diagnosed offenders entering the system.
- More complicated medical and psychiatric needs due to the increased use of street drugs as well as increased prescription drug use.
- Women in rural communities are often held 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 often placed in segregation cells for their safety while awaiting placement on the acute unit.
- Female beneficiaries do not have equivalent detox services available in DOC and therefore must go through withdrawal in the men's infirmary.

Integrated Care Unit for Women

*DOC has 850 female
Beneficiaries in custody on
any given day.*

Current Unit

- ▶ 850 SF unit
- ▶ 18 MH beds
- ▶ 0 detox/infirmarary beds
- ▶ 425 SF day room
- ▶ 300 SF outdoor rec space
- ▶ 0 group tx rooms
- ▶ 0 private interview rooms

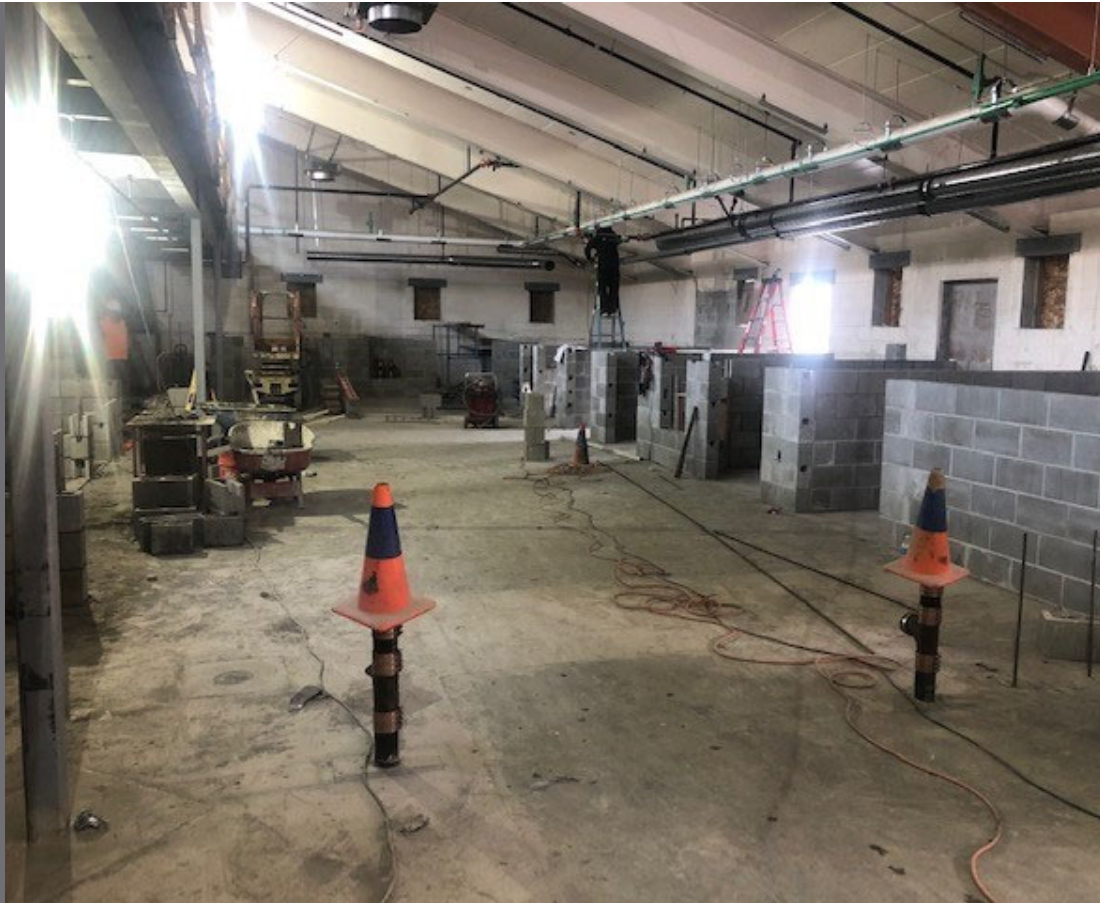
New Unit

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

Benefits of an Integrated Care Unit

*DOC has 850 female
Beneficiaries in custody on
any given day.*

- 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.



Ground view progress!



View from the mezzanine.

Patient occupation projected as soon as April 2021.

Thank you to the Trust for your ongoing support of this project.