
Feasibility Study for a Forensic Psychiatric Hospital

Phase I Draft Report Key Findings + Recommendations

Strategic Session

February 25, 2019

Engage Plan Implement



Agenda

Introductions

Review Scope of Work + Target Population

Present + Discuss Key Findings from Draft Phase 1 Report

- Characteristics of Individuals Involved in Competency + Restoration Process
- Backlog + System Monitoring

Discuss Recommendations + Scope for Phase 2

Consultant Team:

- Agnew::Beck Consulting: Project Management, Qualitative & Quantitative
- Steve Fishback, Architect: Site Assessment, Facility Parameters
- Colston Consulting Group, LLC: Operations & Staffing
- Dr. Patrick Fox: Quantitative, Operations & Staffing

Scope of Work: Phase I

Study Goal: Explore feasibility and potential cost of relocating and expanding current forensic psychiatric unit to another facility in the Municipality of Anchorage.

Quantitative Assessment of Demand

- How extensive is the backlog? How has that changed over time?
- Where is the demand coming from? What is driving it?
- What type of charges are involved? How does the wait time differ by charge type?
- Are people cycling through?

Data Sources

- **Pre-API admit:** API Tuesday Reports, Dr. Becker's Counts, Anchorage Competency Court Calendar
 - **Post-API admit:** API Meditech
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Scope of Work: Phase I

Qualitative Assessment of Key Stakeholder Concerns & Parameters

- Department of Law, Civil Division – Complete
- Department of Law, Criminal Division
- Alaska Department of Health and Social Services, Division of Behavioral Health – Complete/Ongoing conversations
- Alaska Psychiatric Institute – Tour Complete/Ongoing conversations
- Alaska Department of Corrections - Complete
- Alaska Court System – Data Meetings – Meeting with Judges – Complete
- Municipality of Anchorage
- Alaska Mental Health Board – Complete
- Alaska Mental Health Trust Authority – Complete
- Division of Juvenile Justice – Complete
- Public Defender Agency
- Review of existing reports – Ongoing

Phase 1 Deliverable: Summary report on findings & proposing scenarios for expanding capacity for forensic/competency evaluations & restoration to study further in Phase 2. Submitted February 1, 2019.

Scope of Work: Phase II

- Site Assessment & Identify Parameters for Facility, Operations, Staffing and Transport
 - Site Identification
 - Land Use
 - Condition Assessments
 - Cost Analysis
 - Accreditation
 - Staffing & Operations
 - Transportation
 - Identify and recommend policy and statute changes to improve backlog associated with competency proceedings.
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Target Population

Forensic: Related to an individual's mental capacity to participate in his/her legal proceedings. Directed by the courts/legal proceedings.

Forensic related and part of the target population

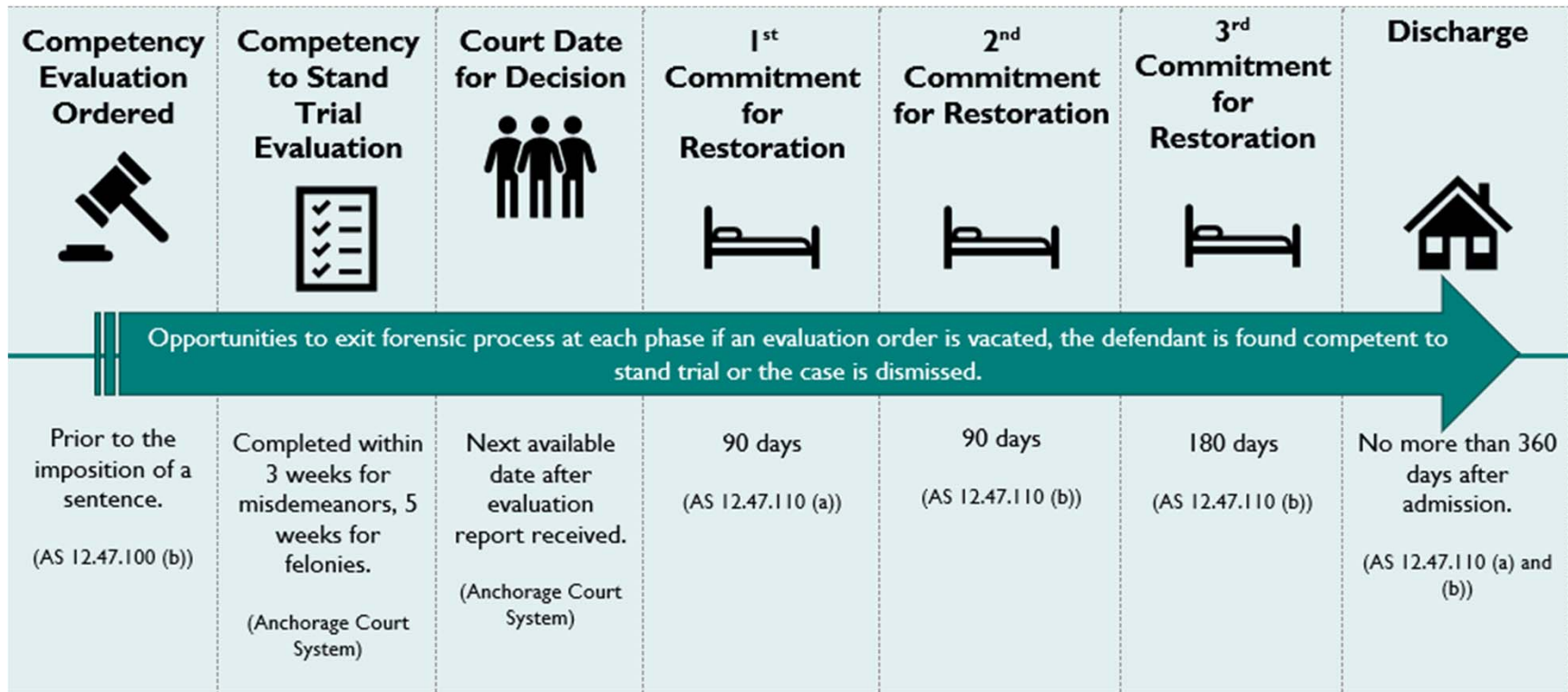
1. Those needing a competency to stand trial evaluation: Many evaluations occur at DOC facilities with API staff

2. Those deemed Incompetent to Stand Trial (IST) & in need of treatment to be restored: Restoration occurs at API

3. Those with an IST designation and deemed non-restorable after undergoing treatment who were charged with serious crimes and civilly committed.

4. Those deemed by the courts to be Not Guilty by Reason of Insanity (NGRI) and civilly committed to DHSS custody.

Continuum of Forensic Psychiatric Services



Key Findings: Interview Themes

- Backlog in the system for those awaiting competency evaluations and restoration
- Treatment provided to restore competency has different goals from mental health treatment but often results in improved mental state for the patient.
- About one-half of forensic patients have previously been admitted to API through a civil or forensic commitment.
- Need new beds for restoration; does not necessarily need to be a new and separate building from API.
- In addition to new physical space, process and statute changes needed to improve backlog of forensic population. Examples:
 - Forensic evaluator hired by the Courts
 - Jail-based restoration and/or outpatient restoration
- No designated space for juveniles needing competency evaluation and restoration.
- Lack of data monitoring and statewide coordination of orders for evaluation and restoration makes system improvement difficult.

Key Findings: Phase I Report

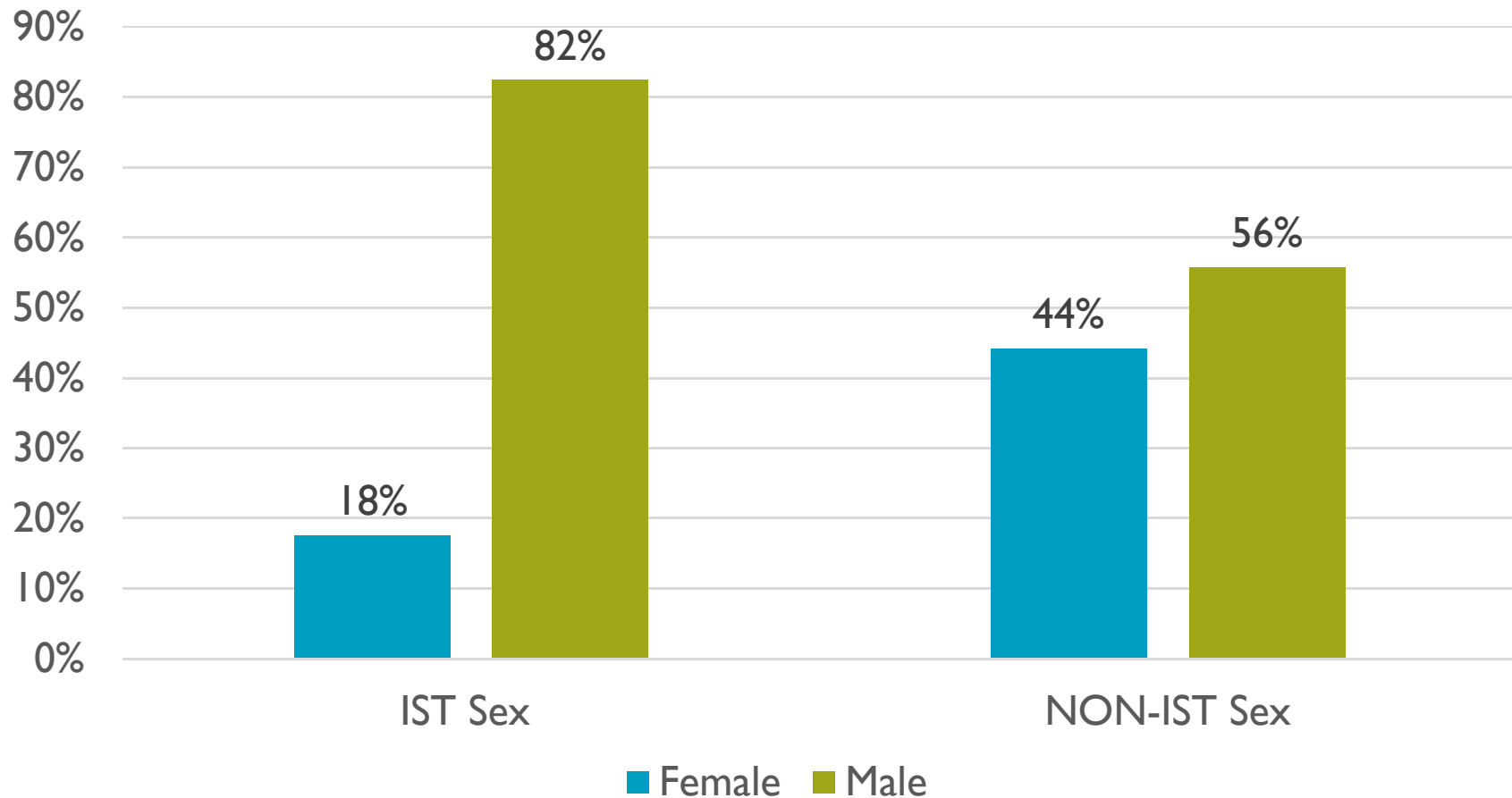
1. **Individuals:** Who is involved in the competency and restoration process?
 2. **Backlog:** What are the extent and causes of the backlog? What are the implications for individuals and the system?
 3. **System:** Where are the gaps and barriers to be addressed?
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Key Findings: Individuals Involved in Competency + Restoration Process

- December 2018: 81 people were waiting an average of 23 weeks between order for evaluation and admit for restoration.
- Majority are male. Over-representation of patients who identify as Alaska Native and African American among forensic population at API. Half of civil patient population at API identifies as white, compared to 28% of forensic population.
- Half of forensic patient population has a diagnosis of unspecified schizophrenia, compared to 11% of the civil population at API.
- About half of all individuals evaluated are deemed incompetent to stand trial. About 2/3 had at least one felony charge.
- 48% of forensic patients admitted in FY18 had a prior civil and/or forensic commitment to API between FY15 and FY18.

INDIVIDUALS

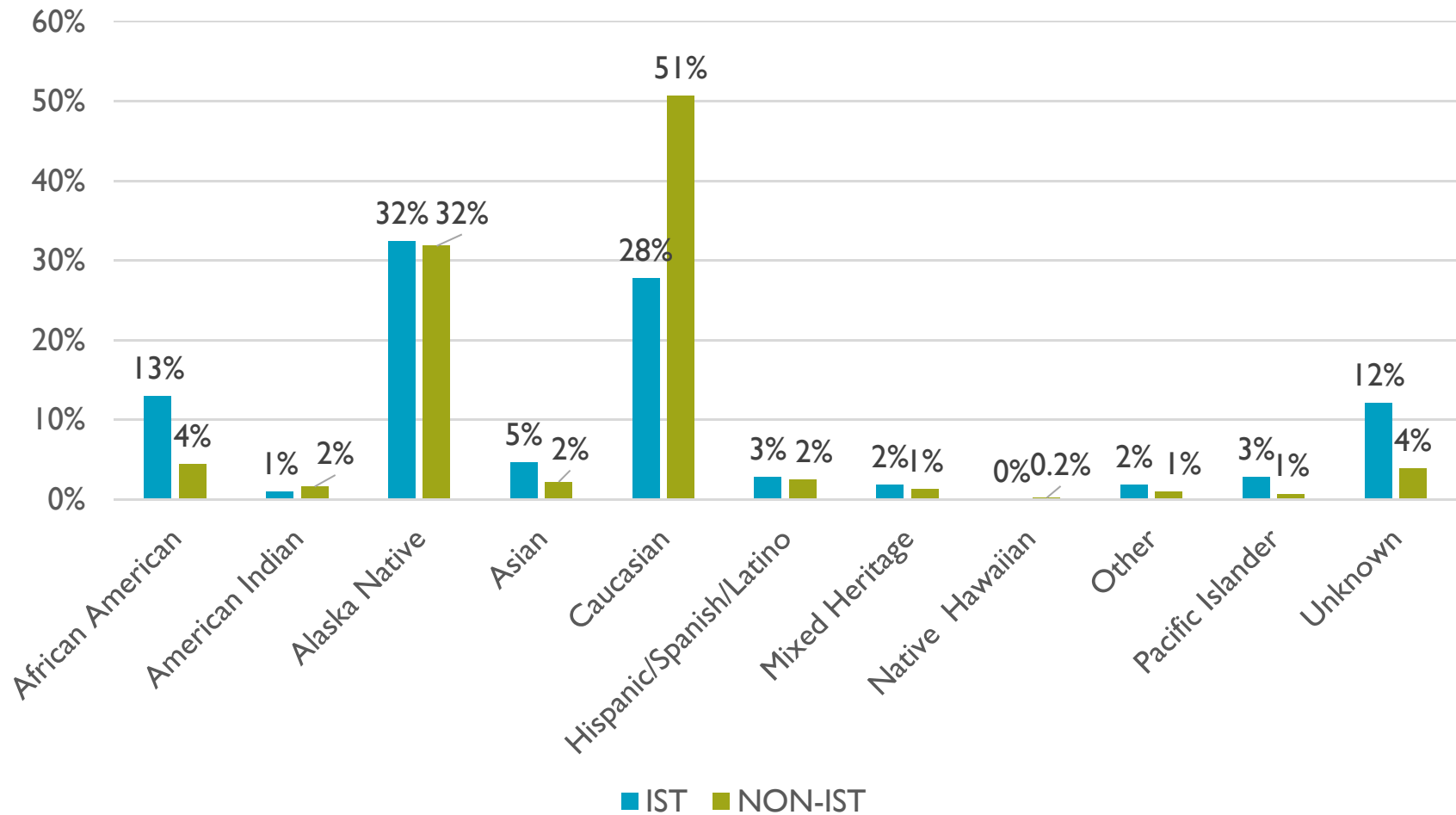
Forensic patients at API are much more likely to be male.



Source: API Meditech Electronic Health Records. IST and Non-IST Demographics, Unduplicated.
July 1, 2015 – December 31, 2019.

INDIVIDUALS

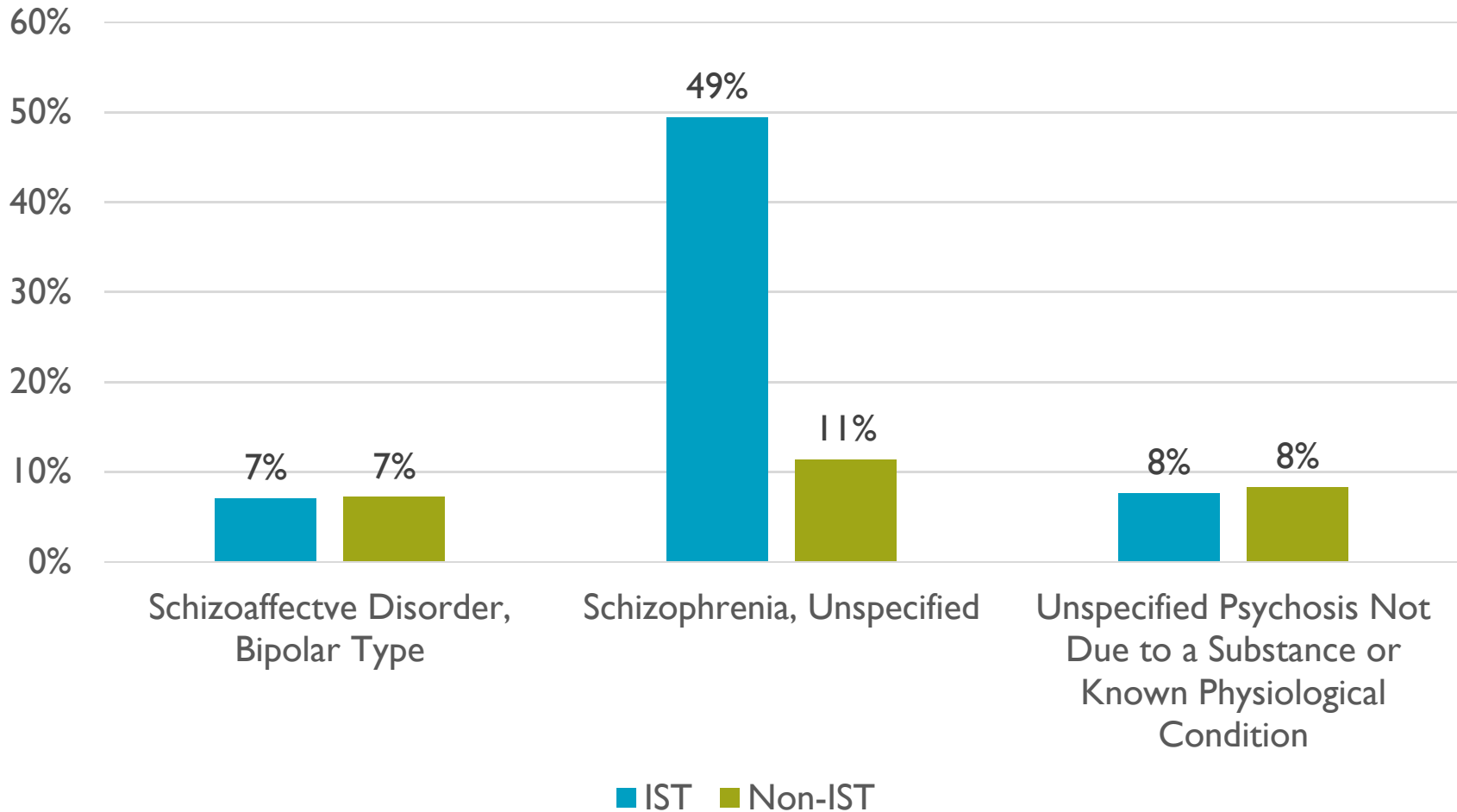
Over half of civilly committed patients are white, while just 28% of forensic patients are white.



Source: API Meditech Electronic Health Records. IST and Non-IST Demographics, Unduplicated. July 1, 2015 – December 31, 2019.

INDIVIDUALS

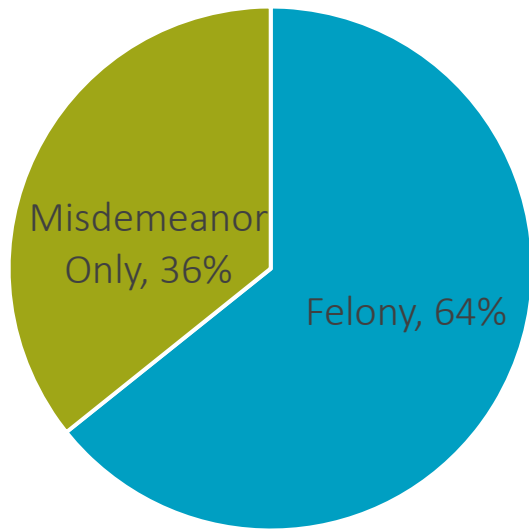
Nearly half of forensic patients have a diagnosis of unspecified schizophrenia



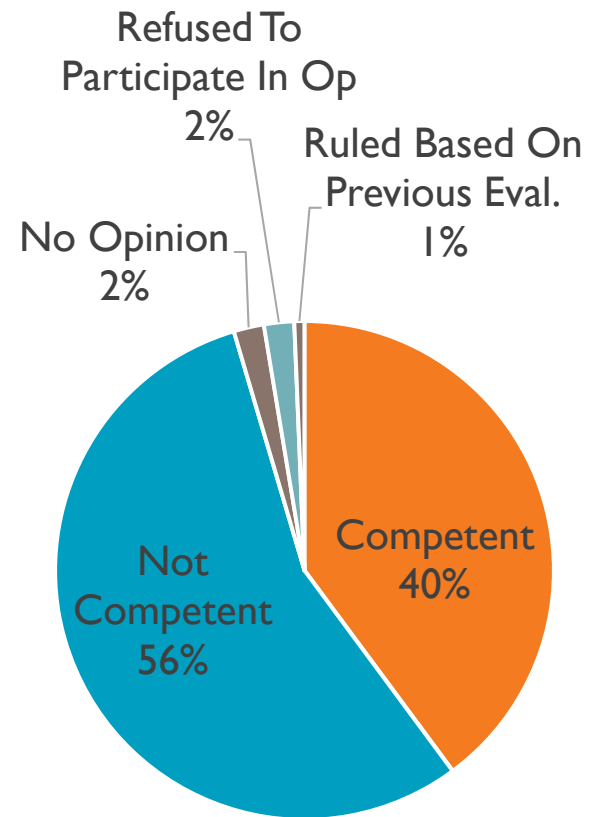
Source: API Meditech Electronic Health Records. IST and Non-IST Discharge Diagnosis. July 1, 2015 – December 31, 2019.

INDIVIDUALS

64% of all competency cases in 2018 had at least one felony charge.



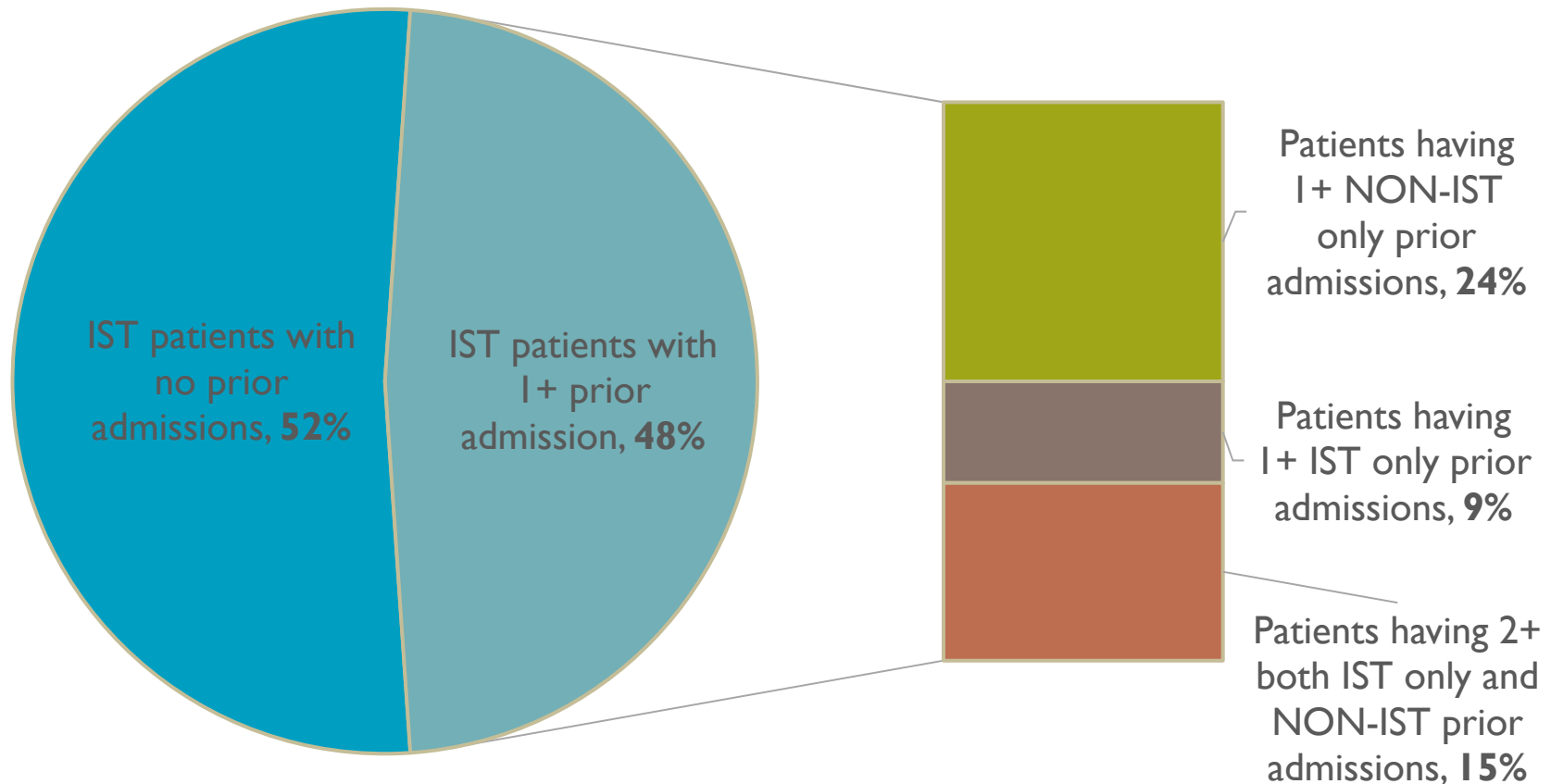
56% of individuals who received a competency evaluation were deemed Incompetent to Stand Trial.



Source: Data compiled and analyzed by Agnew::Beck from on year's worth of API Tuesday Reports for calendar year 2018.

INDIVIDUALS

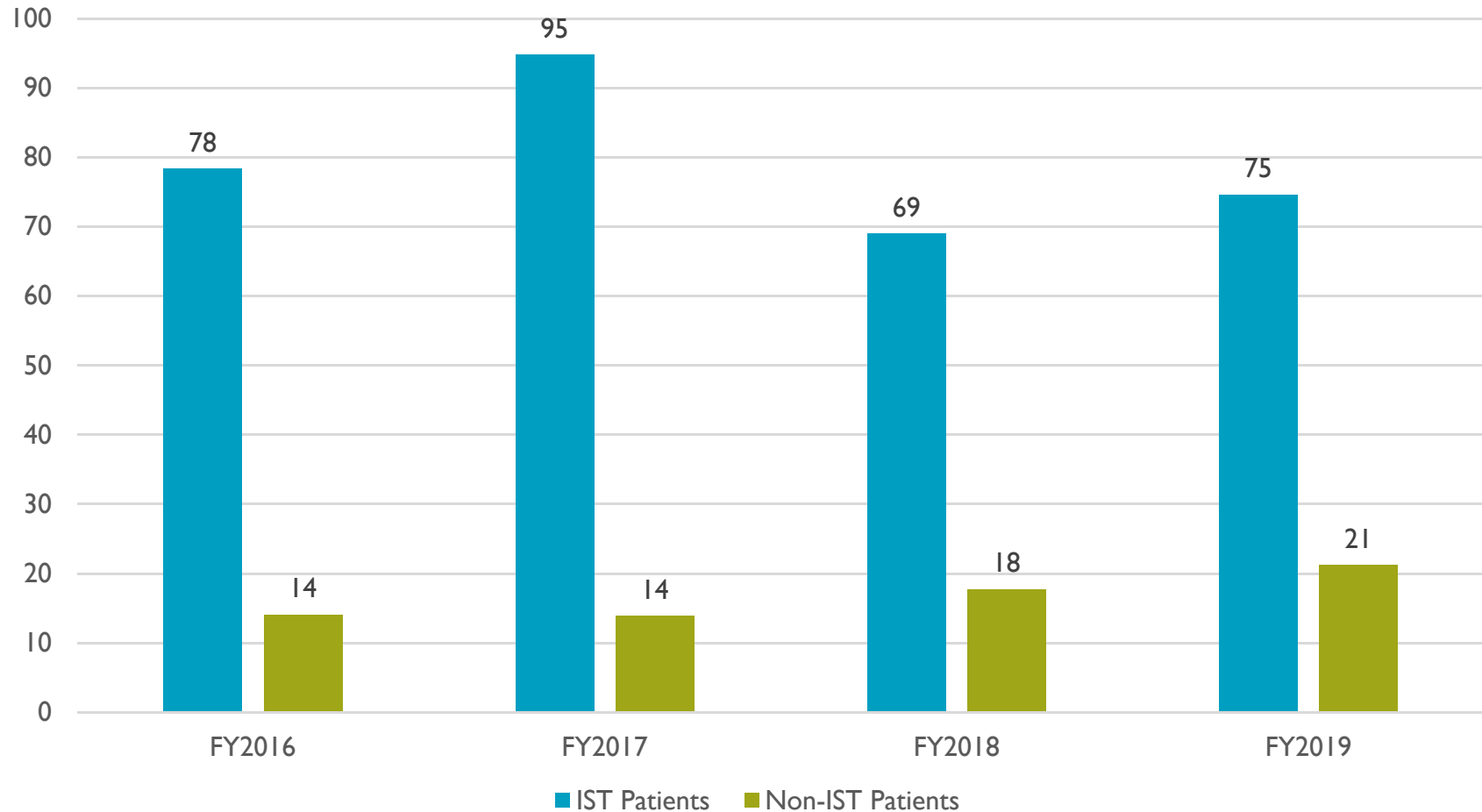
48% of forensic patients admitted in FY18 had a prior civil and/or forensic commitment to API between FY15 and FY18.



Source: Meditech Electronic Health Records. Fiscal Year 2018 IST Patients with Prior Admissions, Fiscal Year 2015 – Fiscal Year 2018. IST = Incompetent to Stand Trial (forensic) Non-IST = Civil commitment.

INDIVIDUALS

The average length of stay for forensic patients is significantly longer than for civilly committed patients, and treatment goals are different.

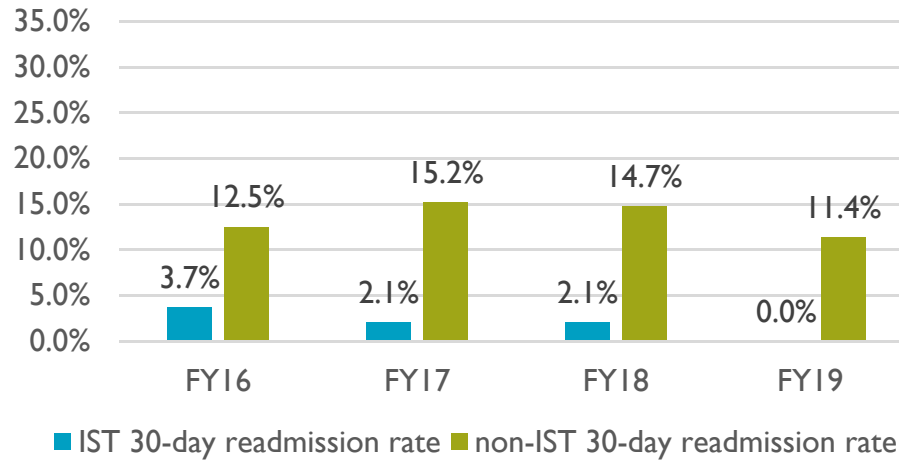


Source: Meditech Electronic Health Records. Average Length of Stay for Discharged IST and Non-IST Patients, Fiscal Year 2016 – Fiscal Year 2019.

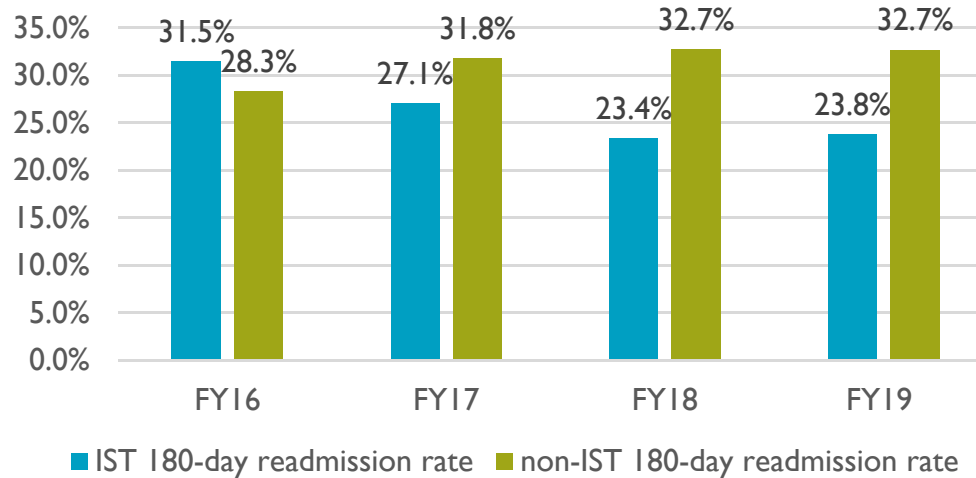
INDIVIDUALS

180-day readmission rates are high for both forensic and civil patients.

30 Day API Readmission Rates



180-Day API Readmission Rates



INDIVIDUALS

Discussion: Individuals

1. Is the data consistent with what you experience in the forensic system?
2. What questions do you have?
3. Given the characteristics of individuals in the forensic psychiatric system, how could the system address their needs more efficiently to achieve better outcomes?

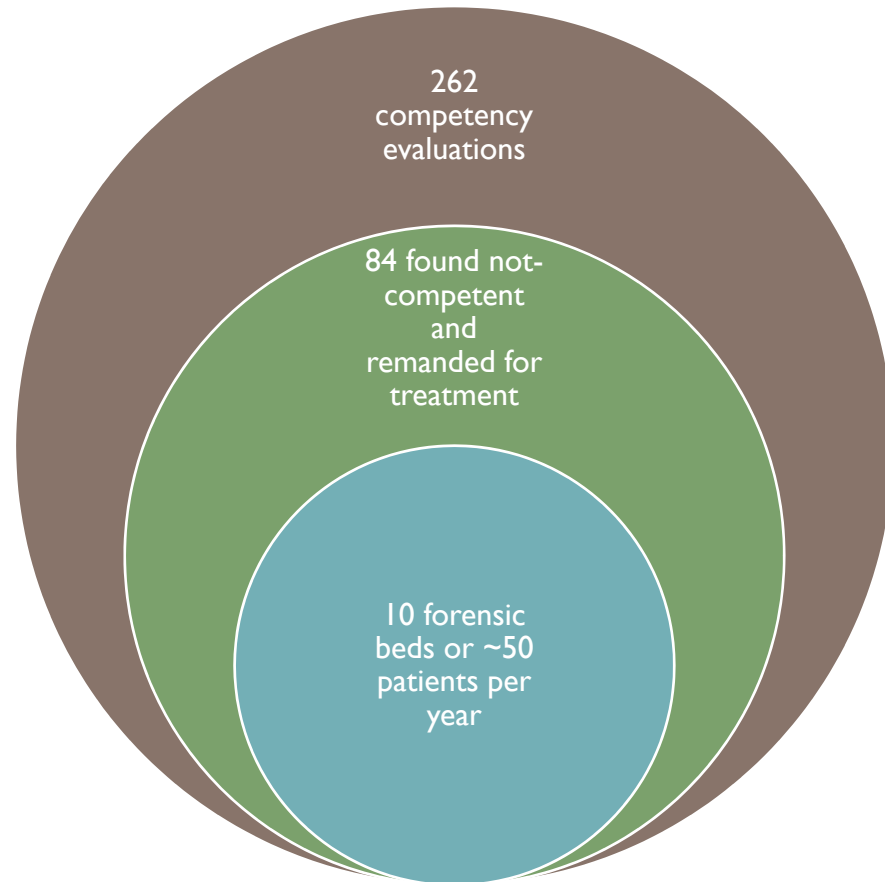
Key Findings: Backlog

- December 2018: 81 people were waiting an average of 23 weeks between order for evaluation and admit for restoration.
- More people are entering the competency process than in previous years. Wait times at all phases in the process are long and increasing.
- Delays in the competency evaluation and restoration process increasingly lead to criminal charges being dismissed.
- 42% of cases ordered to API for restoration by Anchorage Courts were found Incompetent to Stand Trial after restoration efforts and cases were dismissed.
- Most people (72 percent) are waiting in DOC custody.

BACKLOG

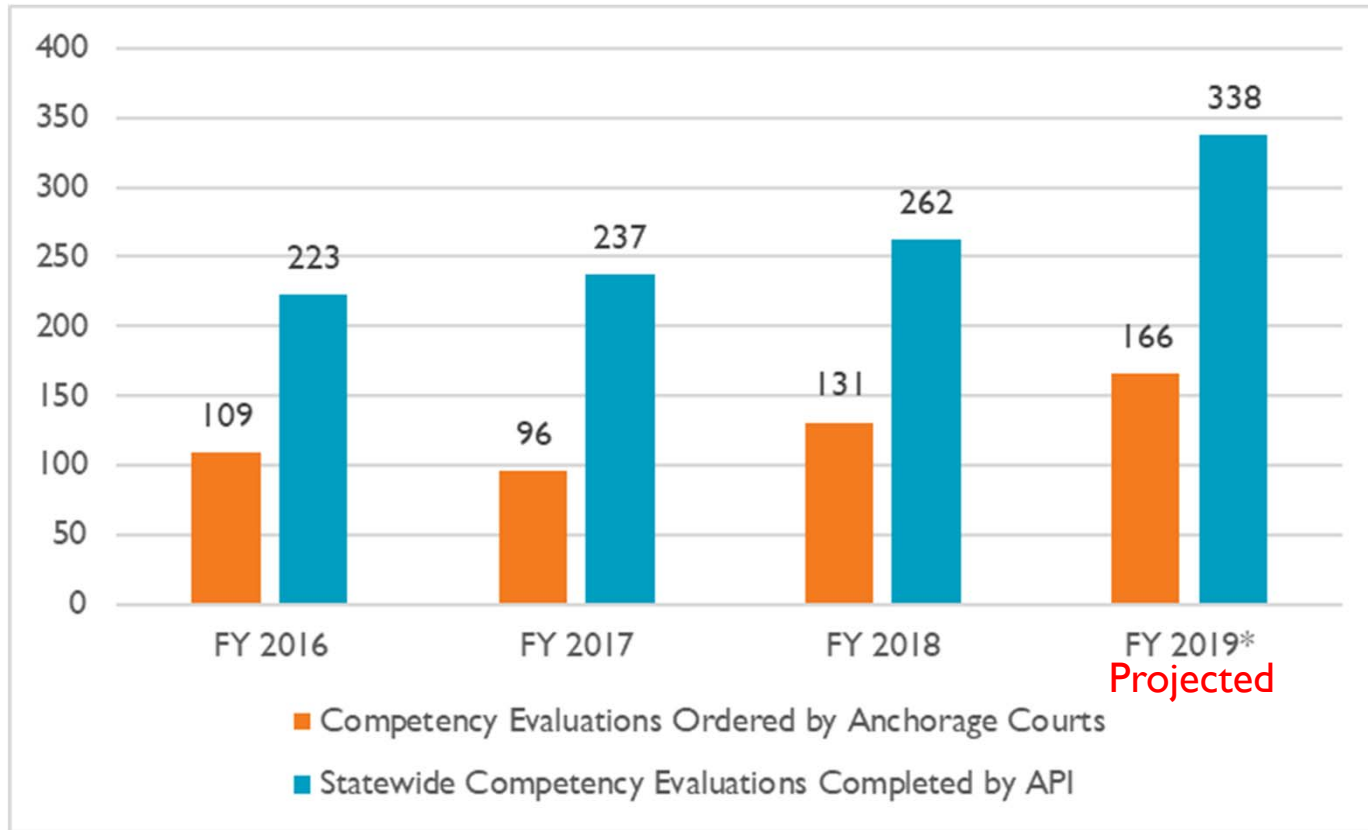
The current system funnels all patients in need of restoration to API's 10 forensic beds

- By statute, restoration must occur at API.
- The average time for individuals waiting for a restoration bed was 16 weeks.
- The average length of stay for restoration patients was 75 days in FY19.
- API can currently serve about 50 restoration patients per year, but need is forecasted to be 169 patients per year.



BACKLOG

The estimated number of evaluation orders in FY19 is up 51% from FY16



Projected totals for FY 2019

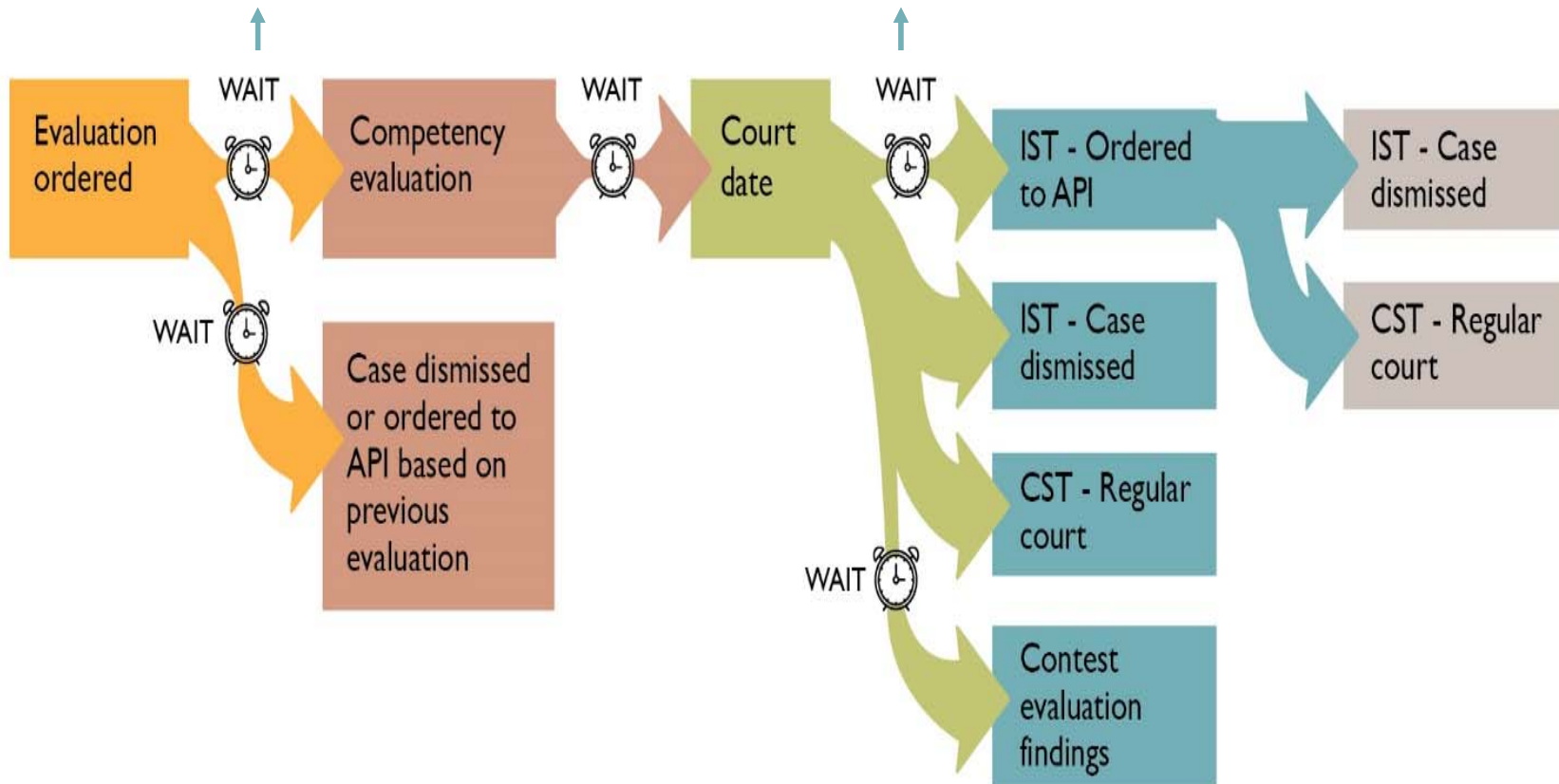
Source: Anchorage Court Competency Calendar Hearing Data, July 1, 2015 – December 31, 2018 and Dr. Becker, Counts of Evaluations completed by API

BACKLOG

Wait Times are Long

Average Wait = 7.5 weeks
(53 days)

Average Wait = 16 weeks
(112 days)



Source: 2018 calendar year Tuesday Reports from API

BACKLOG

The number of individuals waiting at any stage in the process is up 45%

Status	Dec 2015	Dec 2017	Dec 2018
Number of People Waiting - Point in Time			
Waiting for Competency Evaluation	22	25	35
Waiting for Court Finding: Have been Evaluated	25	19	16
Waiting for Admission for Restoration: Court has Ruled	2	10	20
Subtotal Waiting	49	54	71
<i>percent change from 2015</i>		10%	45%
Admitted to Taku for Restoration*	14	9	10
Total	63	63	81

*In 2015, 1 juvenile was at McLaughlin Youth Center and 3 forensic patients were on the Denali unit at API for a total of 14 forensic patients. Source: API Tuesday Reports: December 7, 2015, December 12, 2017 and December 11, 2018

Source: API Tuesday Reports, Point in Time December 2015, 2017 and 2018.

BACKLOG

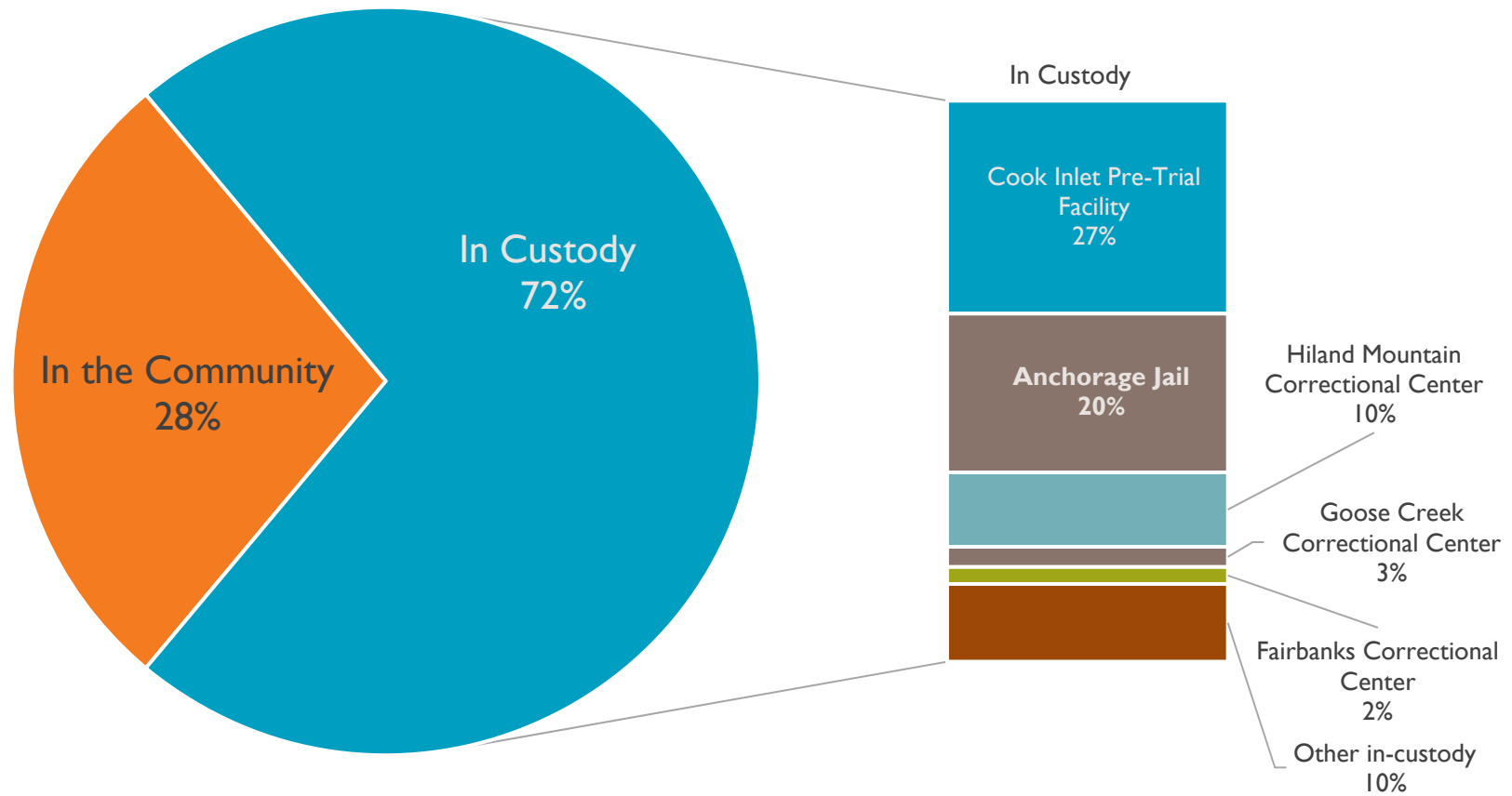
The wait time for those charged with a misdemeanor only is slightly less than those with at least one felony charge.

	2018 Average Days: Misdemeanor Only		
	All	Anchorage	Non-Anchorage
Waiting for Evaluation	44	34	52
Waiting for Admission: Evaluation Complete	113	133	95
Waiting from Date of Order for Evaluation to Admission	138	139	136
	2018 Average Days: At Least One Felony		
	All	Anchorage	Non-Anchorage
Waiting for Evaluation	56	52	61
Waiting for Admission: Evaluation Complete	113	108	137
Waiting from Date of Order for Evaluation to Admission	172	165	200

Source: API Tuesday Reports, Point in Time December 2015, 2017 and 2018.

BACKLOG

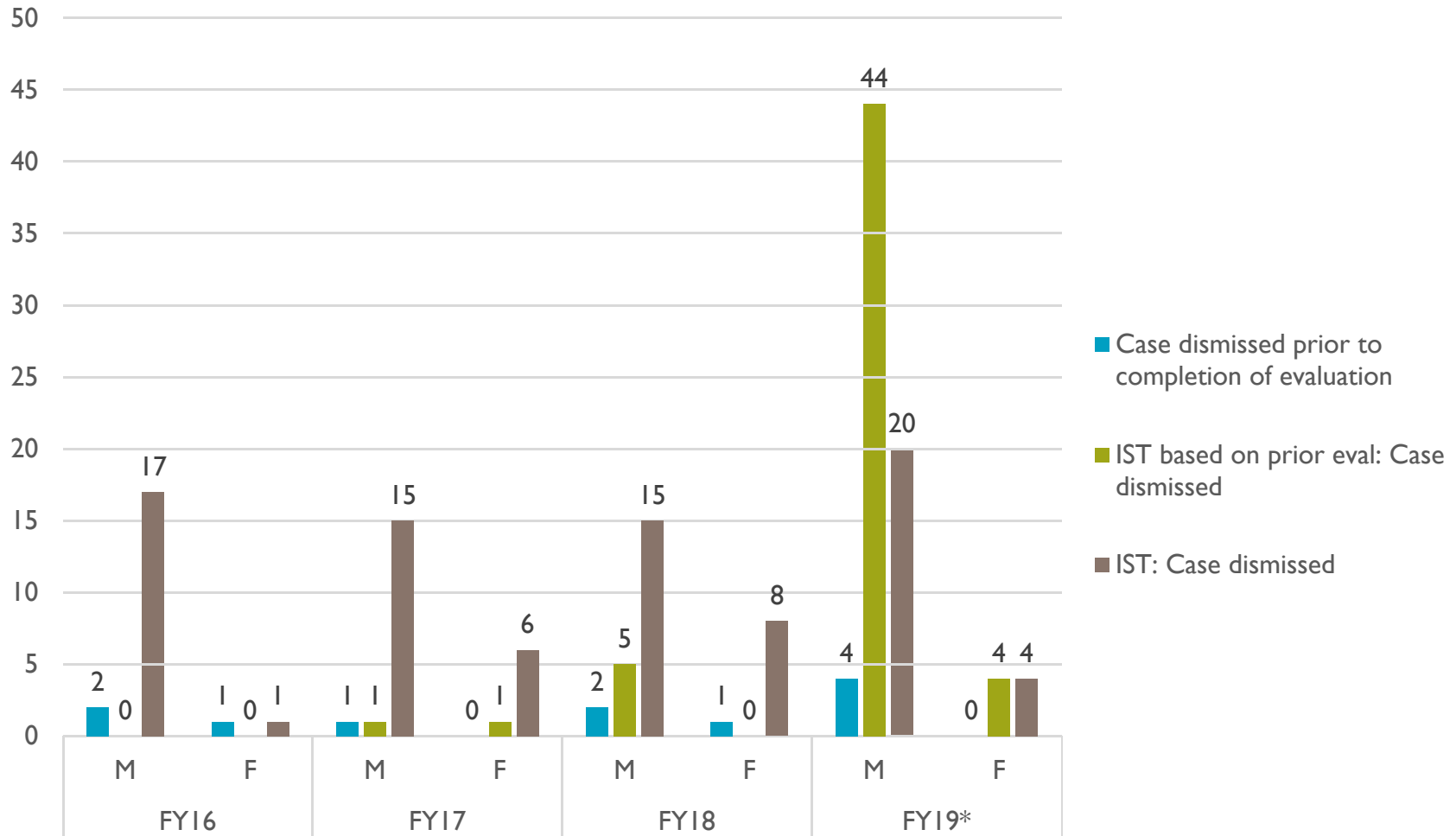
72% of individuals were held in custody while awaiting a competency evaluation.



Source: Data compiled and analyzed by Agnew::Beck from on year's worth of API Tuesday Reports for calendar year 2018.

BACKLOG

In Anchorage, the number of misdemeanor cases ruled IST and dismissed based on a prior eval is expected to increase significantly in FY19.

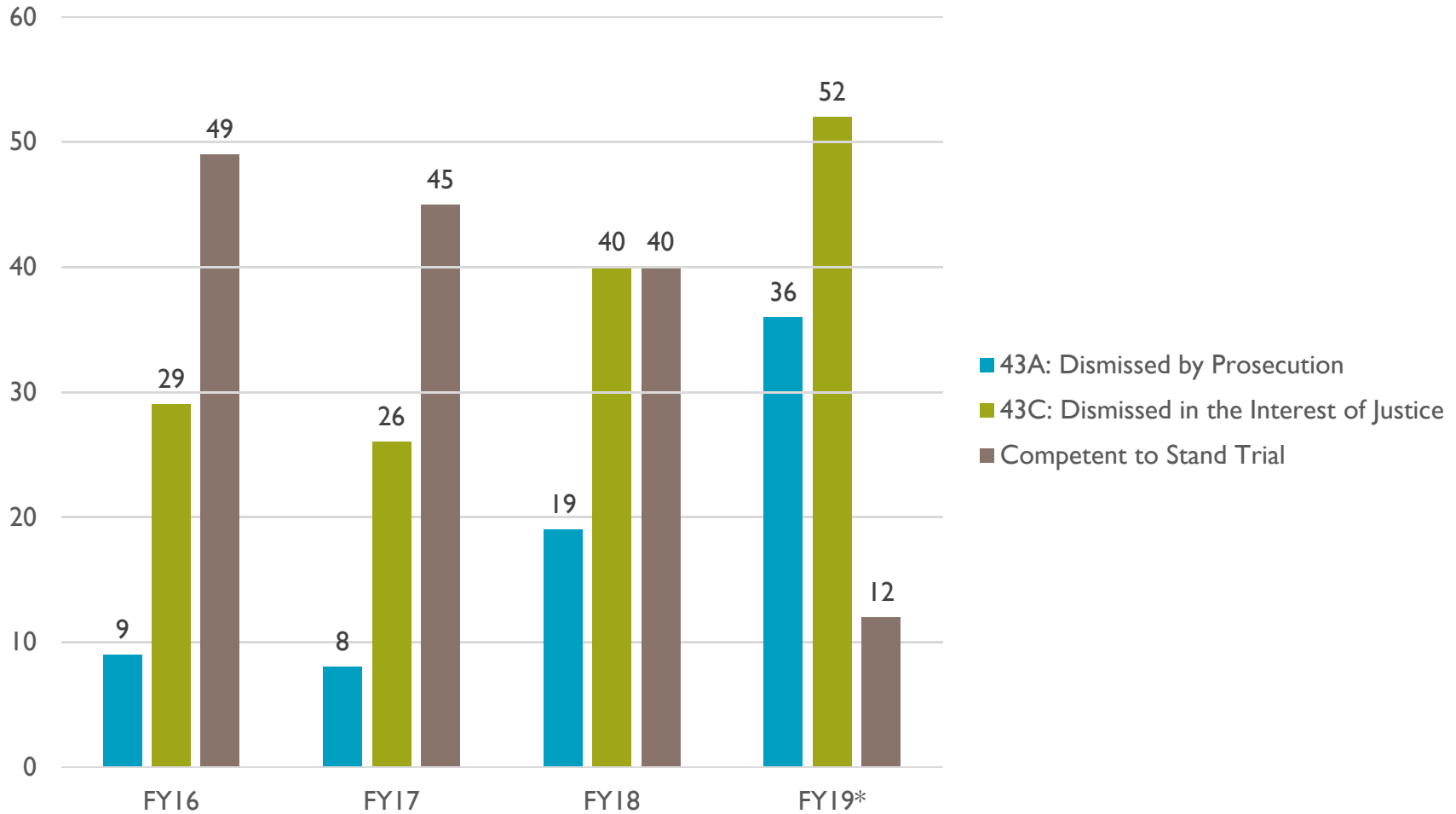


Projected totals for FY 2019

Source: Anchorage Court Competency Calendar Hearing Data, July 1, 2015 – December 31, 2018

BACKLOG

In Anchorage, the number of cases dismissed has increased over past four years, while the number of individuals proceeding to trial has decreased.

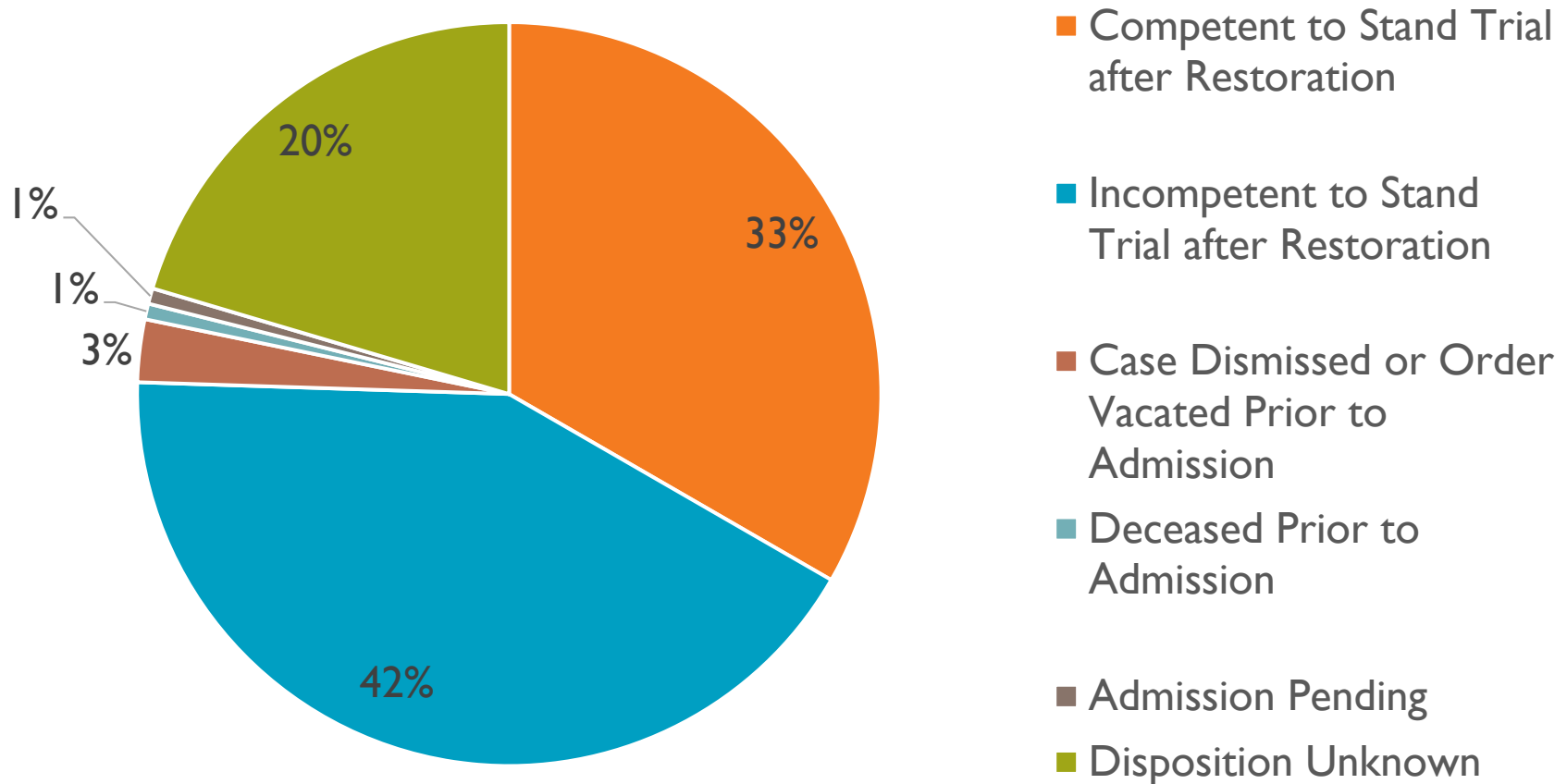


Projected totals for FY 2019

Source: Anchorage Court Competency Calendar Hearing Data, July 1, 2015 – December 31, 2018

BACKLOG

42% of cases ordered to API for restoration by Anchorage Courts were found IST after restoration efforts and cases were dismissed.



Source: Anchorage Court Competency Calendar Hearing Data, July 1, 2015 – December 31, 2018

BACKLOG

Key Findings: System Monitoring

- No data tracking system between DOC, Courts and API/DHSS.
- Data for individuals awaiting an evaluation or a bed at API is managed separately from API's electronic health record and is manually compiled on a weekly basis without aggregation or tracking over time.
- Demand for competency process is driven by the court system, which has no mechanism for coordinating or prioritizing individuals for evaluation and restoration.
- Data is not gathered or monitored from the court system statewide.
- Evaluations are conducted most often at a DOC facility but by API staff.
- All restoration must happen at API by statute.

SYSTEM

Discussion Questions: Backlog + System Monitoring

1. Is the data consistent with what you experience in the forensic system?
2. What questions do you have?
3. What are the implications of the backlog in the forensic system and the limited ability to monitor the system?

BACKLOG

BREAK

Recommendations for Phase 2

Competency Evaluation

- Add one additional forensic evaluator.
- Create court-funded evaluation capacity when backlog reaches certain levels.
- Allow courts to prioritize competency evaluations based on risk for legal exposure and other factors.
- Update Alaska statutes as identified by the 2016 WICHE report to API and the 2014 Review of Alaska Statutes completed by the team from UNLV.

Recommendations for Phase 2

Restoration

- Increase bed capacity at API for forensic beds.
- Explore jail-based restoration.

System Monitoring

- Develop a statewide coordinated tracking system for competency evaluations, and centralized data monitoring for individuals.

Those Deemed Non-Restorable

- Increase capacity at API to provide long-term treatment to civilly committed patients including those deemed non-restorable through the forensic process.
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Refine Forensic Demand

Jail-based restoration & new forensic API beds come on-line

Backlog slows

Items	Current	Planning	Design	Implementation Years						
	Year 1 FY19	Year 2 FY20	Year 3 FY21	Year 4 FY22	Year 5 FY23	Year 6 FY24	Year 7 FY25	Year 8 FY26	Year 9 FY27	Year 10 FY28
<u>Demand for Restoration Beds</u>										
Number of Evaluations [1]	338	374	413	457	505	558	617	629	642	655
% of Evals Requiring Restoration	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Restoration Demand From New Evaluations	135	149	165	183	202	223	247	252	257	262
<u>Restoration Demand due to Lack of Capacity in Prior Year</u>	34	119	219	334	176	83	35			
Subtotal: Individuals in Need of Restoration	169	269	384	516	378	306	282	252	258	264
% Requiring Restoration in a Hospital Setting [2]	100%	100%	100%	67%	67%	67%	67%	67%	67%	67%
Demand for Restoration Beds: Individuals	169	269	384	346	253	205	189	169	173	177
<i>Estimated Individuals Served in Jail-Based Restoration</i>				170	125	101	93	83	85	87

[1] Based on YTD evals in FY19 & assumes 11% annual growth in evals between FY 2019 and FY 2025. Starting in FY 2026, the assumed average annual growth rate drops to 2 percent as backlog is cleared in the system.

[2] This model assumes 67% of those needing restoration require an inpatient setting and/or jail based restoration capacity is limited to serving 33% of the clients (1/3 to 1/2 is reasonable). This assumption requires further discussion with API and DOC.

56% of evaluations resulted in an incompetency opinion. 32% of those evaluated in 2018 were admitted for restoration 40% of evaluations require restoration assumed for modeling.

Refine Forensic Supply

Jail-based restoration & new forensic API beds

come on-line

Backlog slows

Items	Current Planning Design			Implementation Years						
	Year 1 FY19	Year 2 FY20	Year 3 FY21	Year 4 FY22	Year 5 FY23	Year 6 FY24	Year 7 FY25	Year 8 FY26	Year 9 FY27	Year 10 FY28
Demand for Restoration Beds: Individuals	169	269	384	346	253	205	189	169	173	177
<i>Estimated Individuals Served in Jail-Based Restoration</i>				170	125	101	93	83	85	87
<u>Capacity for API Restoration in Hospital</u>										
Current API Restoration Capacity - Individuals Served	50	50	50	50	50	50	50	50	50	50
New API Restoration Capacity - Individuals Served	-	-	-	120	120	120	120	120	120	120
Subtotal API Restoration Capacity - Individuals Served	50	50	50	170	170	170	170	170	170	170
Surplus (Deficit) of Capacity - Individuals Served	(119)	(219)	(334)	(176)	(83)	(35)	(19)	1	(3)	(7)
Total Beds Needed [3]	35	55	79	71	52	42	39	35	35	36
Existing Beds	10	10	10	10	10	10	10	10	10	10
New Restoration Beds Needed	25	45	69	61	42	32	29	25	25	26

25 new beds are recommended, assuming jail based restoration is provided

Alternative methods show between 15 and 31 new beds needed, assuming jail based restoration

Phase 2 Scope of Work

Current Contract

- Expires March 1
- Requires operations model; potentially redundant with new operator.
- Requires site selection process; not necessary if all agree a new site is not needed.

Proposed Approach

- Extend contract to June 30, 2019
 - Facilitate work group with courts, DOC, DJJ, DHSS/API, Trust & Wellpath
 - Refine projections for new beds needed.
 - Explore jail-based restoration.
 - Create implementation plan for statute and process changes.
 - Create implementation plan for new shared data system.
 - Revisit API facility expansion study to integrate Phase I findings. Create summary report on facility requirements.
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Discussion: Recommendations for Phase 2

1. Do we all agree a new hospital site is not necessary?
2. Should we explore jail-based restoration? What research and questions need to be addressed?
3. Which stop-gap measures can we implement now to reduce backlog, particularly before new restoration beds become available?
4. How do we change policies, statutes and create common data system?