

GOAL 8

TRUST BENEFICIARIES WHO ARE IN AN INSTITUTIONAL SETTING RECEIVE THE NECESSARY SERVICES AND RECOVERY SUPPORTS TO RETURN TO THE COMMUNITY OF THEIR CHOICE.

- 8.1 Objective:** Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out of state.
- 8.2 Objective:** Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) are provided the appropriate therapy and supports.
- 8.3 Objective:** Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.

GOAL 8: SERVICES IN INSTITUTIONAL SETTINGS

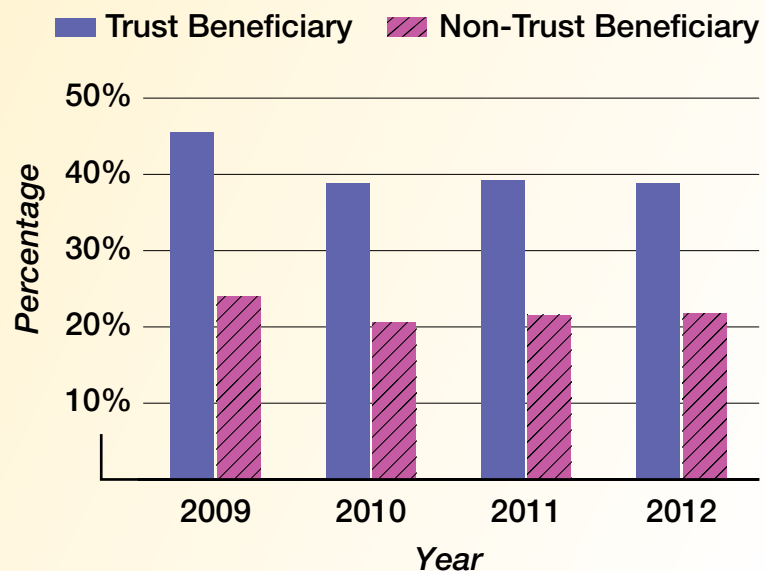
Alaska Mental Health Trust Authority (the Trust) beneficiaries experience high levels of placement within institutional settings, which may result in a loss of connection with their culture and home community. Examples of institutional settings include the Alaska Psychiatric Institute (API), correctional facilities, Division of Juvenile Justice (DJJ) facilities, and out-of-state Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), a residential psychiatric treatment center (RPTC), or nursing home.

Institutional settings such as API are at the center of a fragile network of behavioral health services in Alaska. With state suicide and substance abuse rates considerably higher than the national average, coupled with limited options for quality treatment, particularly in remote villages, improving the behavioral health system continues to be an area of focus and intensive concern for Alaskans.¹

In 2012, 65% of the Alaska Department of Corrections (DOC) population were Trust beneficiaries.

Those beneficiaries were significantly more likely to be convicted of a felony crime and stayed in custody

Figure 14: One-Year Recidivism Rates by Trust Beneficiary Status



Source

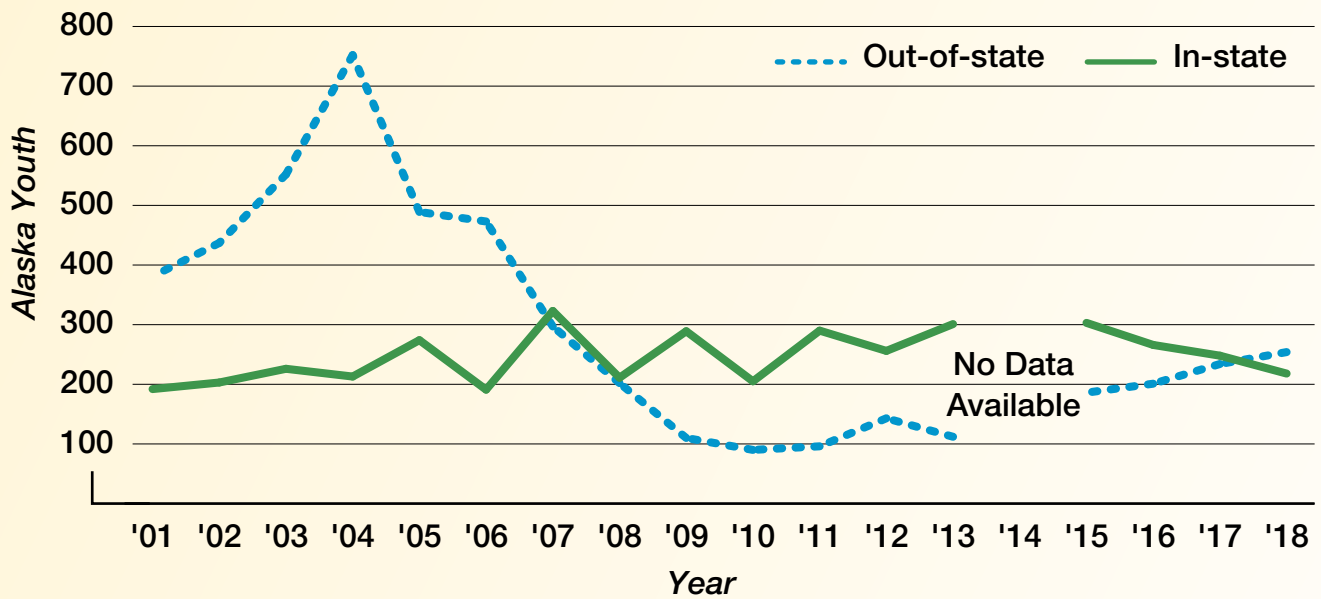
Data from the 2014 Trust - Hornby Zeller & Associates report on Trust Beneficiaries in Alaska's Department of Corrections.

Alaska one-year recidivism rates are defined as the percentage of Trust beneficiary or non-Trust beneficiary groups committing a new crime within one year of discharge.

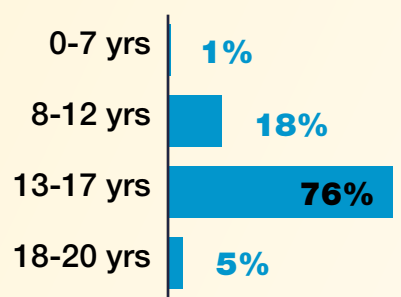
significantly longer compared to the rest of the inmate population. Nearly one-quarter of these individuals (4,309) also had a history with the juvenile justice system. This reality goes beyond the burden imposed by people with mental illness, substance misuse, and other disorders by perpetuating the overall expansion of the incarcerated population and further crippling an already fragile behavioral health, juvenile justice, and correctional system.²

The health situation of many individuals residing in institutional levels of care is, generally speaking, worse than in the community. This health decline is often attributed to the

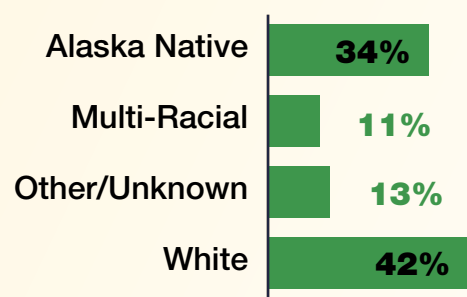
Figure 15: Alaska Youth in Residential Psychiatric Treatment Facilities: In-State vs. Out-of-State



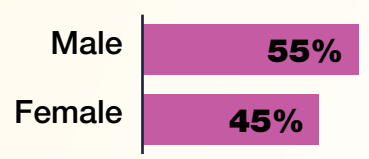
% By Age FY2015-2018



% by Race FY2015-2018



% by Sex FY2015-2018



Source

Data from Alaska Department of Health and Social Services, Division of Behavioral Health

ways they lived before, as well as the pains that institutional settings impose on them. Thus, there are more elderly people suffering from various behavioral health illnesses, who, because of their age, health, long sentence, or a security-related reason, may die in institutional levels of care. Nationally, prisons may become a place where people die. This trend poses a challenge in many institutions across the nation, including Alaska. When considering policy decisions and providing rationale and response regarding the dignity of beneficiaries who are in institutions, special consideration should be given to health, social, and economic practices for older adults, including those with mental and physical disabilities, terminal illnesses, and special needs populations.³

Individuals who are within an institutional setting, either voluntarily or involuntarily, should 1) have their needs accommodated appropriately, 2) understand their rights and responsibilities, and 3) be given the opportunity to participate in their treatment and discharge/re-entry planning. Individual choice as part of treatment (through a recovery-oriented approach) provides more opportunities to live a meaningful life and will aid in the transition from an institutional setting back to the community of choice.

8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out of state.

- a. Strategy:** Ensure all individuals residing in an institutional setting are regularly reassessed.
- b. Strategy:** Discharge planning from an institutional setting back to one's home community includes a warm hand-off to the respective step-down level(s) of care.
- c. Strategy:** Improve the system for those with complex behavioral needs by enhancing service-level options.
- d. Strategy:** Establish quality-of-care standards and improvement processes for psychiatric inpatient services.

WARM HAND-OFF:
a transfer of care between two members of the healthcare team, occurring in front of the patient and family⁴

8.2 Objective: Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) are provided the appropriate therapy and supports.

- a. Strategy:** Enhance care coordination process and wraparound services for a successful transition from a nursing home or ICF/IID setting back to one's community of choice.
- b. Strategy:** Improve the system for those with complex behavioral needs by enhancing service-level options.
- c. Strategy:** Ensure all individuals residing in nursing homes and ICF/IID settings receive information on less restrictive setting options.
- d. Strategy:** Create person-centered after-care plans and provide case management, as well as ongoing follow-up for adjustments to plans as needed.
- e. Strategy:** Ensure that the Office of the Long-Term Care Ombudsman (OLTCO) visits a minimum of 90% of assisted living and nursing homes each year that are licensed to serve seniors. (Pending approval from the OLTCO)

CARE COORDINATION: a process of improving communication among various medical professionals with whom patients come in contact and between these professionals and the patients themselves (and their families)⁵

8.3 Objective: Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.

- a. Strategy:** Ensure all correctional and juvenile facility staff is trained in Mental Health First Aid, or similar approaches, to properly respond to crises as they occur.
- b. Strategy:** Support the efforts of the DOC and DJJ to expand access to care for people with mental, cognitive, and/or substance use disorders.
- c. Strategy:** Provide therapeutic environments for individuals in the mental health, aging, and substance use disorder units.
- d. Strategy:** Support the DOC's efforts to expand upon and provide the full range of medication-assisted treatment (MAT) options.
- e. Strategy:** Provide opportunities for funding and technical assistance that aid DOC and DJJ efforts to eliminate suicides that occur inside a correctional or detention facility.

THERAPEUTIC ENVIRONMENTS: can refer to physical, social, and psychological safe spaces that are specifically designed to be healing⁶

- f. Strategy:** Conduct an assessment of the current therapeutic treatment units and least restrictive treatment interventions to aid in enhancing living with dignity for incarcerated Trust beneficiaries.
- g. Strategy:** Provide screening for appropriate intervention and accommodation/ placement for Alaskans with neurobehavioral disabilities (fetal alcohol spectrum disorders, traumatic and acquired brain injuries, and Alzheimer’s disease or related dementia) who are incarcerated.
- h. Strategy:** Support DOC and DJJ in expanding their mental health and substance use workforce to meet the needs of the population.
- i. Strategy:** Support re-entry coordination for returning citizens.

RE-ENTRY: services and programs that assist an individual in their transition from incarceration back into the community⁷

ENDNOTES

1. http://dhss.alaska.gov/HealthyAlaska/Documents/Initiatives/API%20Privatization%20Feasibility%20Report_Jan%2026%202017.pdf
2. <https://alaskamentalthrust.org/wp-content/uploads/2018/05/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>
3. <https://journals.sagepub.com/doi/full/10.1177/1078345816685116>
4. <https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/warmhandoff.html>
5. <https://innovation.cms.gov/Files/reports/Best-Prac-Congressional-Report.pdf>
6. <https://study.com/academy/lesson/therapeutic-environments-definition-history-principles.html>
7. <http://www.correct.state.ak.us/rehabilitation-reentry/faq>