

Area of Focus

Services in Institutional Settings

Trust beneficiaries who are in an institutional setting receive the necessary services and recovery supports to return to the community of their choice.

Objective 8.1: Uphold a standard of care that provides equitable, person-centered, developmentally and culturally appropriate, and trauma-informed care in institutional settings.

Objective 8.2: Ensure Alaskans who are in non-correctional institutional settings are provided the appropriate therapy and services in accordance with an individual's person-centered support plan.

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

Objective 8.4: Ensure Alaskans who are transitioning out of institutional settings have essential supports.

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), state correctional facilities, Division of Juvenile Justice (DJJ) facilities, out-of-state Intermediate Care Facilities (ICFs) for individuals experiencing Intellectual or Developmental Disabilities, a residential psychiatric treatment center (RPTC), or nursing home.

With state suicide and substance use rates considerably higher than the national average, coupled with limited options for quality treatment, particularly in remote communities, improving the behavioral health system continues to be an Area of Focus and intensive concern for Alaskans. There is an increased need to ensure that

individuals receiving services within our institutions can transition successfully to a less restrictive environment when appropriate. This plan emphasizes fostering a supportive environment within these institutions and facilitating a seamless transition of individuals back to their preferred communities.

In 2012, 65% of individuals in the DOC were Trust beneficiaries¹. This group was more likely to be convicted of felony crimes and their median length of stay is significantly longer compared to non-Trust beneficiaries. Furthermore, a considerable number of these individuals had previous interactions with the juvenile justice system. Recidivism creates both challenges and opportunities. Challenges result from a concentration of behavioral health conditions within congregate carceral settings; yet opportunities also exist within the justice system to address behavioral health conditions among vulnerable populations in a way that breaks the cycle of behavioral health-related incarceration and improves the well-being of Alaska's communities.

The health status of individuals entering institutional care are typically poorer than for those in community settings. As the justice-involved population ages, it will become more common for elderly individuals with behavioral health issues to spend their final years in institutional care. This trend, reflective of national patterns, poses a significant challenge to institutions, including those in Alaska where correctional facilities designed for providing skilled nursing care are limited. Policy decisions regarding treatment for incarcerated individuals, including those with mental and physical disabilities, terminal illness, disabilities, or special needs should prioritize their dignity, with a focus on health, social, and economic factors throughout the lifespan.

For individuals in institutional settings, it is imperative that their right to receive essential health care and mental health services is protected. This includes making sure that incarcerated persons understand their rights and responsibilities and remain active in their treatment and plans for discharge or reintegration into the community. Emphasizing individual choice in treatment, through a recovery-oriented approach, not only enhances the quality of life but also facilitates a smoother transition back into the community.

Page 66 Page 67

Area of Focus

Services in Institutional Settings

Objective 8.1: Uphold a standard of care that provides equitable, person-centered, developmentally and culturally appropriate, and trauma-informed care in institutional settings.

- a. **Strategy:** All individuals residing in an institutional setting are assessed at intake and reassessed at regular intervals to ensure they are at the appropriate level of care and information from reassessment is incorporated into the personcentered support plan as updates.
- b. **Strategy:** Align quality of care standards to ensure that state, federal, and accreditation standards are met and followed.
- c. **Strategy:** Provide a robust therapeutic offering of various physical, mental, emotional, vocational, recreational, and psychosocial activities.
- d. **Strategy:** Provide routine health screening and treatment for all patients residing in an institutional setting at intake and, at minimum, on a yearly basis.
- e. **Strategy:** Individuals residing in institutional settings are offered information on less restrictive setting options and benchmarks they must reach in their treatment to transition to this level of care.

Objective 8.2: Ensure Alaskans who are in non-correctional institutional settings are provided the appropriate therapy and services in accordance with an individual's person-centered support plan.

- a. **Strategy:** Provide continuing education to clinical and direct-care staff on practice-informed practice models and interventions to best serve their patient population.
- b. **Strategy:** Assess the effectiveness of the programming offered to patients in institutional settings through an internal quality assurance program.
- c. **Strategy:** The Office of the Long-Term Care Ombudsman (OLTCO) visits all skilled nursing facilities at least twice annually and all assisted living homes licensed to service seniors at least annually.

- d. **Strategy:** All individuals in institutional settings undergo an initial review of individuals' background and subsequent reassessments include efforts to clarify or obtain additional background information.
- e. **Strategy:** Streamline the waiver process for new applications and transfers between waiver types.
- f. **Strategy:** Environments are designed to be supportive of an individual's physical, developmental, and mental well-being.
- g. **Strategy:** Alaskans will have the opportunity to provide feedback on care and types of services available as well as treatment received.

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

- a. **Strategy:** All correctional and juvenile facility staff are trained in addressing mental health including developmentally appropriate trauma informed care, suicide prevention, 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, behavioral, and/or substance use disorders.

c. **Strategy:** Provide therapeutic environments for individuals who require specialized physical and programmatic efforts to meet their needs.

d. **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.

McKenna et al., 2023²

THERAPEUTIC

ENVIRONMENTS:

Require strengths-based,

recovery-oriented, and trauma-

informed person-centered care

facilitated through collaborative

engagement that builds trust.

Page 6

Services in Institutional Settings

- e. **Strategy:** Provide screening for appropriate intervention and accommodation/ placement for Alaskans with neurobehavioral disabilities (fetal alcohol spectrum disorders, traumatic and acquired brain injuries, Alzheimer's disease or related dementia, etc.) who are incarcerated or detained.
- f. **Strategy:** Support DOC and DJJ in expanding their mental health and substance use workforce to meet the needs of the population.

Objective 8.4: Ensure Alaskans who are transitioning out of institutional settings have essential supports.

- a. **Strategy:** Enhance community case management process and wraparound services for a successful transition from an institutional setting.
- b. **Strategy:** Improve the system for those with complex behavioral needs by enhancing service-level options.

WRAPAROUND SERVICES:

Can include case management, counseling, medical care and health services, family services, social work, housing assistance, and dietitian assistance.

Rural Health Information Hub

— Wraparound Services and
Community-Based Supports for
Mental Health Model³

RE-ENTRY:

Services and programs that assist an individual in their transition from incarceration back into the community.

<u>Alaska Department of</u>
<u>Corrections — What is Reentry?</u>⁴

- c. **Strategy:** Each individual in an institutional setting receives a person-centered discharge plan that includes continued services appropriate for the level of care, as well as ongoing follow-up and adjustments to plans as needed.
- d. **Strategy:** Establish processes for transition to the community of choice when an individual is discharged or transferred from an institutional setting to a step-down level of care/setting that is not located in the community of choice.
- e. **Strategy:** Support re-entry coordination for justice-involved individuals returning to the community.

f. **Strategy:** Expand support services and staff training that address trauma and resiliency for individuals involved with DFCS and DOC systems.

ENDNOTES

- In 2012, 65% of individuals in the DOC were Trust beneficiaries. https://alaskamentalhealthtrust.org/wp-content/uploads/2018/05/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf
- 2 McKenna et al., 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10289825/
- 3 Rural Health Information Hub Wraparound Services and Community-Based Supports for Mental Health Model. https://www.ruralhealthinfo.org/toolkits/mental-health/2/affordability/wraparound
- 4 Alaska Department of Corrections What is Reentry? https://doc.alaska.gov/rehabilitation-reentry/faq

pe 70 Page 71