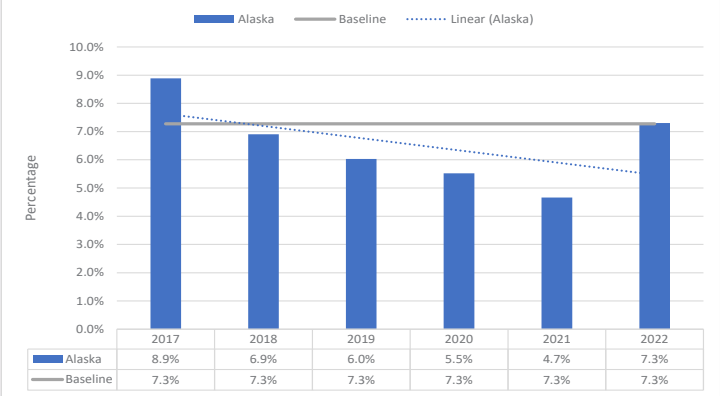
SERVICES IN INSTITUTIONAL ENVIRONMENTS

INDICATOR 23: Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 12 to 17)

Story Behind the Baseline

Alaska youth with complex backgrounds, including childhood and historical trauma, can experience escalated behaviors and, as a result, are led to seek services in a psychiatric setting, sometimes out of state. At times, these psychiatric settings are not the most appropriate or do not have the capacity to serve them. Unfortunately, youth often transition from one state system to another, are placed in different homes and schools, and lack consistent providers.

It is common for youth sent to out-of-state psychiatric treatment centers to present with the following risk factors: family history of substance misuse and mental illness, multiple traumas, one or more comorbidities, education as a psychosocial risk factor, a school suspension, or an individualized education plan (IEP).



	2017	2018	2019	2020	2021	2022
Alaska	8.9%	6.9%	6.0%	5.5%	4.7%	7.3%
Baseline	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%

Population: Alaska Readmissions Statewide (Ages 12 to 17)

Data Sources:

- Alaska Division of Public Health, Health Analytics and Vital Records Section, Health Facilities Data Reporting

Data Source Contact:

- Research Unit, Health Analytics and Vital Records; Division of Public Health, Department of Health
  Email: healthanalytics@alaska.gov

In Alaska, youth receive acute crisis services from psychiatric institutional settings which include the Alaska Psychiatric Institute (API), the State's Designated Evaluation and Stabilization or Designated Evaluation and Treatment (DES/DET) facilities, and private hospitals. Furthermore, youth can receive sub-acute services from group homes, therapeutic treatment foster homes, independent living, or a behavioral rehabilitation facility.

Efficient and effective care coordination and discharge planning between the various providers, including state services systems, have historically been problematic. Utilization and capacity for each component of the continuum of care seems to fluctuate based on advocacy, funding, or variables as simple as awareness of available resources. Out-of-home placement may result in a loss of connection with family, culture, and home community. It is important that professionals work to mitigate these consequences as much as possible.

What Works?

For youth with complex behavioral needs to transition from an institutional setting to the community of their choice in a timely and coordinated manner, a collaborative team of compassionate, trauma-informed professionals focused on effective delivery of person-centered care is considered critical. Specific programming and services that will assist in prevention of admission and readmission include: The Alaska Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver), Crisis Now model, and programs such as the Complex Behavior Collaborative and the Family Services Training Center through the Division of Behavioral Health.

To best serve Alaskan youth with behavioral health needs, enhanced strategies are needed, such as building in-state capacity for lower levels of care and for nonresidential care; expanding care coordination across all levels of care; improving reporting mechanisms to monitor system access; measuring outcomes and service utilization; developing partnerships with communities and in-state providers to organize the resources and assistance needed to serve children experiencing severe disturbances and their families; and implementing strategies to develop and maintain a skilled in-state workforce.

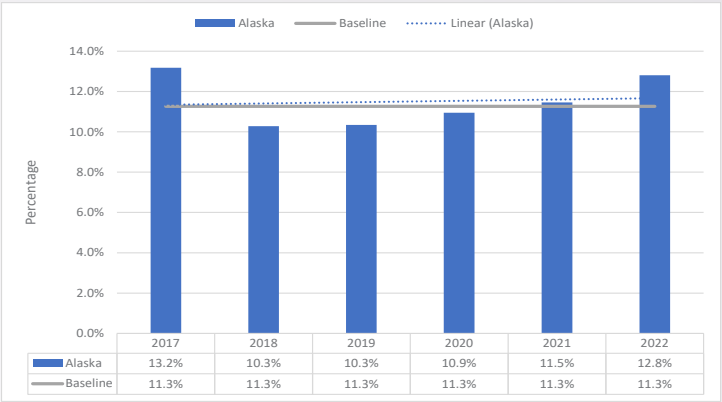
Sources:

- Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Report, August 2017
- Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Stakeholder Workgroup – DOH Office of the Commissioner
- Out-of-Home Care Conference Powerpoint
- Alaska's 1115 Behavioral Health Medicaid Waiver
- Recovery Innovations Crisis Now Consultation Report
- Bring the Kids Home

INDICATOR 24: Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 18+)

Story Behind the Baseline

Community-based behavioral health services and supports are the best model for preventing behavioral health crises, but most Alaskan communities lack the full continuum of care needed. Due to the lack of community-based behavioral health services, both urban and rural areas rely heavily on law enforcement, emergency responders, and hospital emergency rooms to serve people in crisis. Many patients presenting to emergency departments with behavioral health conditions have an alcohol or drug-related diagnosis, other comorbidities, and/or complex social needs in addition to their medical needs. Law enforcement officers are faced with challenging situations when beneficiaries with behavioral and/or medical needs are also charged with crimes, often resulting in the Department of Corrections acting as a provider of psychiatric care without the proper supports.



	2017	2018	2019	2020	2021	2022
Alaska	13.2%	10.3%	10.3%	10.9%	11.5%	12.8%
Baseline	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%

Population: Alaska Readmissions Statewide (Ages 18+)

Data Sources:

- Alaska Division of Public Health, Health Analytics and Vital Records Section, Health Facilities Data Reporting

Data Source Contact:

- Research Unit, Health Analytics and Vital Records; Division of Public Health, Department of Health
  Email: healthanalytics@alaska.gov

Without strong preventive and treatment services embedded in Alaskan communities, Trust beneficiaries experience high levels of placement within psychiatric institutional settings. In Alaska, these settings include the Alaska Psychiatric Institute (API) and the state's Designated Evaluation and Stabilization or Designated Evaluation and Treatment (DES/DET) facilities.

The number of Alaskans needing mental health services is growing (mirroring national trends) and the state cannot recruit or retain an adequate number of mental health and substance use disorder treatment providers to match. Consequently, API and Alaska's DES/DET institutions are in high demand, understaffed, and are often over capacity. Alaska has experienced an increase in patients who must wait in emergency room boarding for six days or longer for evaluation, and patients needing long-term inpatient treatment may have to travel out of state.

What Works?

Prevention and early intervention of psychiatric patients reduces the strain on institutions and improves the quality of care. Implementation of Mental Health First Aid Training is an early intervention tool, which focuses on how to identify, understand, and respond to signs of mental illness or substance use disorders. States nationwide, including Alaska, are also implementing Crisis Intervention Team (CIT) training for law enforcement, preparing officers to recognize a mental health crisis, triage the person in need to the proper medical services, and emphasize treatment rather than incarceration when possible.

State policy is another strategy to improve access to behavioral health services along with a strong continuum of care. In Alaska, the Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver) emphasizes early interventions, community-based outpatient services, inpatient residential treatment when appropriate, and enhanced peer recovery supports to improve care and reduce the risk of readmission. By expanding reimbursement options for providers working along the entire continuum of care, the 1115 Waiver strategy also works to reduce the burden on acute end-of-care facilities like API.

Alaska and states across the nation are also adopting tiered crisis stabilization systems as part of strengthening institutional care. Crisis Now is an example of a model being implemented in Alaska and deploys three core elements:

1. A statewide crisis call center to coordinate services.
2. Mobile crisis teams that travel to individuals in crisis.
3. Crisis response centers to stabilize patients whose needs extend beyond the call center or crisis team.

There are several strategies to improve care and coordination for an Alaskan returning from an institutional setting, such as a warm hand-off back to the individual's local community provider. Additional strategies could include reducing the current delay in psychiatric evaluations, creating procedures to enable off-site evaluations of persons waiting for an inpatient bed, and bolstering capacity for longer-term treatments. Adding staff capacity to manage psychiatric evaluations issued by courts, track available beds, and coordinate between the Department of Health and other departments may reduce burdens on the institutions

providing care to patients. Discharge planning with a multi-agency team is key. For example, some patients may need assistance finding safe housing, transportation to follow-up appointments, and appropriate peer support services. Strong discharge planning also ensures that providers at DES/DET facilities can focus on treating the patient's medical needs.

Sources:

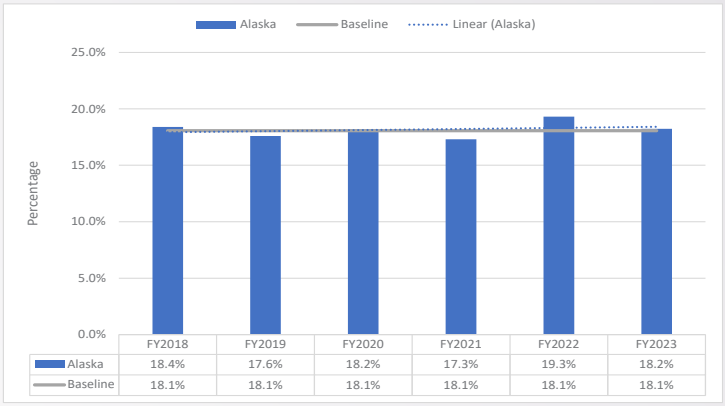
- Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Report, August 2017
- Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Stakeholder Workgroup – DOH Office of the Commissioner
- Out-of-Home Care Conference Powerpoint
- Alaska Behavioral Health Reform 1115 Waiver Concept Paper
- Alaska's 1115 Behavioral Health Medicaid Waiver
- Recovery Innovations Crisis Now Consultation Report

SERVICES IN INSTITUTIONAL ENVIRONMENTS

INDICATOR 25: Percentage of Alaskans who meet criteria for an institutional level of care who were served in nursing homes and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD)

Story Behind the Baseline

Alaskans with intellectual disabilities experience high levels of placement within institutional settings, which may result in a loss of connection with their culture and home community. Nursing homes are residential facilities that provide a high level of long-term personal or nursing care for persons who are unable to care for themselves. The Division of Senior and Disabilities Services (DSDS) reported on the FY22 Continuum of Care report that there were 1,062 individuals in nursing homes in Alaska. The average cost per person per year residing in a nursing home is $159,367 compared to $80,376 for Alaskans residing in their community being served by an Adults with Physical and Developmental Disabilities waiver, or $87,744 for an Intellectual and Developmental Disabilities waiver. Discharging individuals from a nursing home back to their home is challenging if home-based services are not available or in place, especially with individuals with behavioral or complex needs.



	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023
Alaska	18.4%	17.6%	18.2%	17.3%	19.3%	18.2%
Baseline	18.1%	18.1%	18.1%	18.1%	18.1%	18.1%

Population: Alaska Statewide

Data Source:

- Medicaid Management Information System via COGNOS

Data Source Contacts:

- Anastasiya Podunovich, Research Analyst
  Division of Senior and Disability Services, Department of Health
  Email: anastasiya.podunovich@alaska.gov

Home and community-based waivers (HCBW) provide an opportunity for Alaskans experiencing disabilities to avoid institutional care such as nursing homes, which helps them to remain in their home community and pursue as much independence as possible. DSDS contracts with provider agencies statewide to help people with daily activities such as eating, bathing, dressing, finding and keeping employment, and connecting with friends and

neighbors. To serve Alaskans with complex behavioral needs, increased opportunities and access to community supports are needed. Currently, Alaska does not have any Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD) in the state and very few individuals with developmental disabilities are served in nursing homes.

What Works?

The key component for Alaskans to remain in, or return to, their community from a residential setting is local home and community-based services (HCBS). Examples of HCBS providers include direct service professionals and personal care services providers. Additionally, subsidized housing options are needed to give individuals the opportunity to stay in their own home with supports less restrictive than nursing home placements and let individuals pursue as much independence as possible at the lowest cost to the state. Furthermore, to prevent individuals from being admitted to a nursing home or to aid in discharge, access to assisted living facilities is imperative for safe transitions.

One program that has been shown to work in Alaska is the Complex Behavior Collaborative (CBC). The CBC helps providers meet the needs of Medicaid clients with complex needs who are often aggressive, assaultive, and difficult to support. The CBC program offers consultation and training to providers and clients' natural supports, including family members.

Sources:

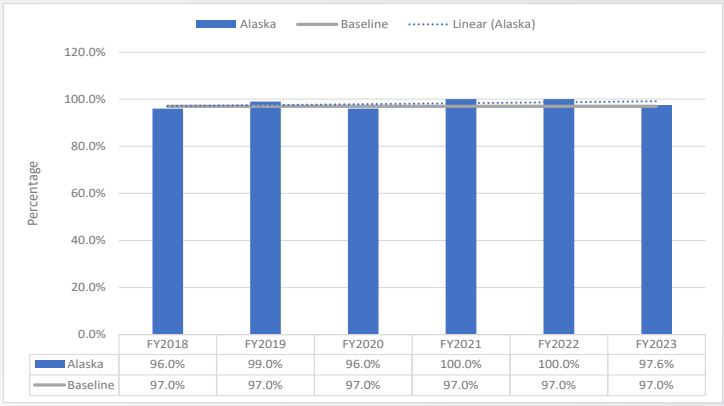
- State of Alaska Home and Community-Based Waiver Programs
- State of Alaska Continuum of Care – Senior and Disabilities Services: Data Source: State of Alaska Automated Budget System, Final Auth 20 Report, COGNOS

SERVICES IN INSTITUTIONAL ENVIRONMENTS

INDICATOR 26: Percentage of juveniles in a Division of Juvenile Justice facility with an identified behavioral health or neurobehavioral condition in a secure treatment unit

Story Behind the Baseline

The number of youths entering secure treatment services with the Division of Juvenile Justice (DJJ) have continued to increase for the last several years. Since 2006, the DJJ has collected data on the number of youths with an assessed behavioral health disorder. This data illustrates the story that it is imperative to provide clinical services and targeted behavioral health interventions to ensure the well-being of individuals, families, and communities after youth are released from a secure facility.



	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023
Alaska	96.0%	99.0%	96.0%	100.0%	100.0%	97.6%
Baseline	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%

Population: Alaska Statewide Juveniles

Data Source:

- Alaska Division of Juvenile Justice

Data Source Contacts:

- Bridget Grieme, Information System Coordinator
  Division of Juvenile Justice, Department of Health
  Email: bridget.grieme@alaska.gov

Targeting interventions to best meet the needs of delinquent youth has been effective in reducing the likelihood of re-offense. Through a grant awarded by the Office of Juvenile Justice & Delinquency Prevention (OJJDP), the DJJ is currently reviewing best practice programming options that have been recently implemented in partner states that are aimed at effectively supporting youth with mental health diagnoses as well as violent offenders. This grant enables the DJJ to examine more specialized services for youth in secure facilities, specifically targeting improved mental health and behavioral health interventions, further allowing the DJJ to review internal assessments and screening processes to ensure that youth services are aligned.

What Works?

Currently being developed within the DJJ is a neurobehavioral program that focuses on individual treatment needs based on one's developmental age and brain differences. Often

times youth who experience neurobehavioral disorders have a lower IQ or struggle with cognitive processing. Thus, Cognitive Behavioral Therapy (which is generally the model used in the division's secure treatment programs) is often not effective. This new programming will allow staff, including mental health clinicians, to focus on understanding how an individual's brain works differently and apply interventions accordingly.

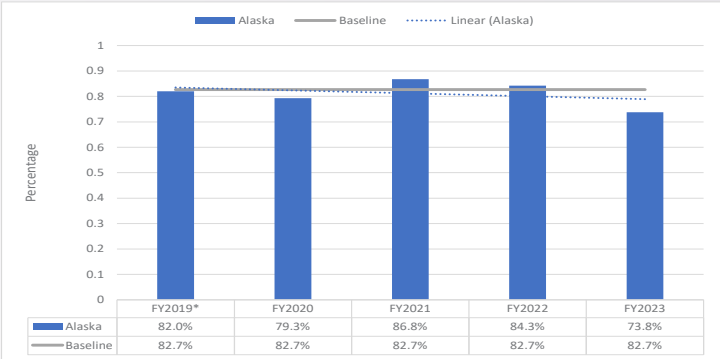
In 2015, in order to improve the youth reentry process, the DJJ began providing transitional services for juveniles using the nationally recognized Intensive Aftercare Program model, facilitating the difficult transition from long-term confinement to juveniles' home communities. This model continues to exist and includes reentry work to incorporate a continuum of care for youth to address their mental and behavioral health needs upon release into the community. The intensive reentry services within the DJJ have been a contributing factor in reducing the recidivism rates of youth leaving DJJ secure facilities.

Sources:

- Alaska Department of Health – Division of Juvenile Justice System Change Summary, 2018
- Alaska Department of Health – Division of Juvenile Justice System Improvement Summary, February 2015
- The National Reentry Resource Center Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System, 2014

INDICATOR 27: Percentage of incarcerated individuals diagnosed with a psychotic disorder or schizophrenia who received intensive clinical and case management reentry services

Story Behind the Baseline



	FY2019*	FY2020	FY2021	FY2022	FY2023
Alaska	82.0%	79.3%	86.8%	84.3%	73.8%
Baseline	82.7%	82.7%	82.7%	82.7%	82.7%

Population: Alaska Statewide

Data Source:

- Alaska Department of Corrections, APIC & IDP+ Program Management Tracking Systems

Data Source Contact

- Adam Rutherford, Chief Mental Health Officer
  Health & Rehabilitation Services, Department of Corrections
  Email: adam.rutherford@alaska.gov

***Note:**

- FY2019 is the first full year of indicator data. The FY2019-FY2021 average will serve as the averaged baseline for this indicator.

The Department of Corrections (DOC) is one of the largest behavioral health providers in Alaska. The DOC provides services to individuals who are experiencing mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementia, and traumatic brain injuries (herein referred to as "beneficiaries"). Beneficiaries experience high levels of placement within institutional settings like the DOC. Between July 1, 2008 (beginning of SFY 2009) and June 30, 2012 (end of SFY 2012), 60,247 unique individuals entered, exited, or resided in an Alaska Department of Corrections facility — of which 30.4% (or 18,323) were identified as beneficiaries. Of the 30.4% of the population that were identified as beneficiaries, approximately 22.3% of them were diagnosed with a psychotic disorder or schizophrenia. Some beneficiaries may have both disorders; thus, this percentage may be overestimated. Because of the potential overestimate of those that were eligible for specialized reentry services, it is possible that the percentage of those served is higher.

The DOC has specialized reentry services focused on meeting the needs of beneficiaries diagnosed with a mental illness, substance use disorder, or those who are dually diagnosed. The DOC recognizes that mentally ill offenders recidivate at more than twice the rate of non-mentally ill offenders, and it is the DOC's goal to reduce clinical relapse, reduce legal recidivism, and increase successful reentry for this vulnerable demographic. The DOC has two specialized

release programs designed to aid in transitioning and maintaining seriously mentally ill offenders in the community.

- **IDP+:** The Institutional Discharge Project Plus (IDP+) program is designed to aid offenders on felony probation or parole who have been diagnosed with a severe and persistent mental illness in transitioning into and maintaining a place in the community. IDP+ clinicians maintain regular contact with treatment providers, probation staff, and offenders for the purpose of monitoring stability and treatment compliance in the community.
- **APIC:** The primary goal of the Assess, Plan, Identify, and Coordinate (APIC) evidence-based program is to assist eligible beneficiaries with severe mental illness and/or cognitive disorders to access and remain engaged in community-based services following incarceration. The participant's active engagement with these services is critical and contributes to the overall reduction of recidivism. These reentry programs focus on the most acute population and the services are provided by the DOC's mental health clinicians.

These specialized reentry programs do not reflect those beneficiaries who were not enrolled in the above-mentioned programs. It is important to note that the indicator data only reflects persons with a psychotic disorder or schizophrenia diagnosis, even though both APIC and IDP+ have broader eligibility criteria as described above. Thus, it is likely that a slightly larger percentage of offenders receive release planning services upon release. Furthermore, the DOC's facility-based mental health clinicians provide reentry support regardless of program enrollment.

What Works?

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison. Upon release from jail or prison, many people with mental or substance use disorders continue to lack access to services and, too often, become enmeshed in a cycle of costly justice system involvement. In this implementation guide, SAMHSA outlines various strategies that have been adopted to assist with reentry for those individuals diagnosed with a mental illness or substance use disorder. The model outlined in SAMHSA's implementation guide is the APIC model, which the DOC has implemented with the targeted population discussed above, but the APIC model has much broader implications that have proven to reduce recidivism.

Trust beneficiaries, inclusive of those with severe and persistent mental illness, require their communities to have robust community treatment and support services that are

readily accessible. This can be challenging for Alaskan communities due to population size, location, and workforce challenges. Most Trust beneficiaries are Medicaid eligible and access their physical and behavioral healthcare from Medicaid providers or the tribal health system. In 2015, the Department of Health (DOH) initiated a multi-year effort to reform and redesign the state's Medicaid system, create cost efficiencies, improve access to services, and achieve improved Alaskan health outcomes.

To reach these goals, DOH implemented Alaska's Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver) in 2020. The 1115 Waiver redesigned community services aimed at improving access to the integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. It ensures that Medicaid recipients, including those returning to communities from incarceration, will have options across the full continuum of care; however, there will always be a portion of Alaskans reentering the community from a correctional setting that will be unable to access these resources and will continue to require support and services that aid them in successful reentry.

Having resources to expand the APIC model to a broader portion of beneficiaries exiting the DOC, and ensuring collaboration between state agencies and community providers, could have a significant impact on the success of beneficiaries. When state, tribal, and community-based systems identify a beneficiary's treatment needs and supports, communicate that information effectively across systems, provide ongoing case management and monitoring, collaborate with one another to promote beneficiary success, and design and support community-based treatment and service systems, beneficiaries reentering communities from incarceration will have a solid foundation from which to succeed. The DOC, DOH, and other key stakeholders will continue working together to improve Alaska's reentry programs so beneficiaries can be successful, criminal recidivism is reduced, and public safety is increased. Future improvements being explored include virtual in-reach options, increased reentry services in rural communities, increased peer supports, and increased release planning, including identification options for releasing inmates.

Sources:

- Assess, Plan, Identify, Coordinate (APIC): Number of Beneficiaries Served in APIC FY08 - FY13. Data Source: FY08-FY13 MHTAAR Status Reports
- Hornby H., Rubin M., & Zeller, D. (2014). Trust Beneficiaries in Alaska's Department of Corrections
- DOH & DOC Recidivism Reduction Joint Annual Report Fiscal Year 2023
- Substance Abuse and Mental Health Services Administration. Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide. (SMA)-16-4998. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017
- Alaska's 1115 Behavioral Health Medicaid Waiver