

Forensic Psychiatric Hospital Feasibility Study

Executive Summary • July 2019

PREPARED FOR THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES DIVISION OF BEHAVIORAL HEALTH

It is well-established in federal and state law that criminal defendants must be legally competent before a criminal case against them may proceed.

Over the past two decades across the country, there has been a significant increase in the number of competency evaluations requested and the number of defendants found incompetent to stand trial and referred for restoration to competency services.

The increase in demand for competency evaluations and restorations has strained many states' inpatient mental health resources and led to federal lawsuits and settlements that require states to make restoration treatment available to all defendants found incompetent to stand trial within a specified timeframe.

Project Overview

The original intent of this study was to explore the feasibility and cost of relocating and expanding the Alaska Psychiatric Institute current forensic psychiatric unit. Discussion with stakeholders, research, and data analysis in Phase I of the project led to modifications to deliverables to include identification of policy process and statute changes to address the competency evaluation and restoration backlog in Alaska, and to improve the forensic psychiatric system overall.

The study conclusions from Phase I led to changed deliverables in Phase II to include research and analysis of alternatives to inpatient restoration treatment; research of the forensic psychiatric workforce in Alaska and five other states; identification of a data tracking tool or system for monitoring statewide competency evaluations and restoration; and, refinement of estimated number of beds and approaches to meet the need for competency evaluation and restoration.

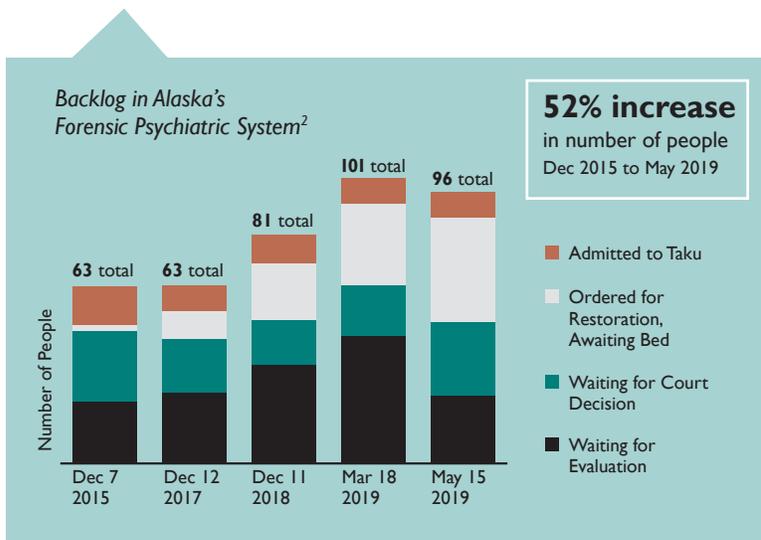
Alaska's Forensic Psychiatric System is Overloaded

The State of Alaska operates the Alaska Psychiatric Institute (API), an 80-bed psychiatric hospital, which includes the ten-bed Taku Unit for forensic psychiatric treatment.

In 2018, individuals waited an average of seven weeks to receive an evaluation for competency and another sixteen weeks to be admitted to API for restoration. Approximately 72 percent of individuals are held in Department of Corrections (DOC) facilities while they wait for competency evaluation and restoration.¹

Overall, Alaska faces a constellation of issues that drive the need for this study including:

- High demand for forensic psychiatric evaluation and treatment services among people with mental illness who are justice-involved. In Alaska, the demand for forensic psychiatric services has increased 52 percent from December 2015 to May 2019;
- Increasing volume of court-orders for competency to stand trial evaluations and incompetent to stand trial restoration treatment and a very limited number of inpatient beds to provide restoration treatment resulting in lengthy delays;
- Pressures on staff who both complete evaluations and provide restoration treatment; and,
- Very limited options to safely discharge individuals determined incompetent to stand trial following restoration treatment, contributing to some individuals cycling through the courts, corrections, API, and crisis services, increasing the risk of harm to the individual and to the community.



Current Forensic Psychiatric System

The delays in Alaska’s competency evaluation and restoration system are primarily due to two factors:

- The number of forensic psychologists employed by the State of Alaska at API are unable to complete evaluations at a pace that meets demand.
- The ten beds in the Taku Unit are not adequate to meet the demand for inpatient competency restoration.

Additional factors that contribute to the system backlog include a lack of pre- and post- arrest diversion programs to decrease the flow of mentally ill individuals into the criminal justice system and limited options for safe and supported discharge to the community for individuals found incompetent to stand trial and not restorable. Individuals with a mental illness are often released to the community with little or no supports and are frequently arrested on new charges and returned to the forensic psychiatric process.

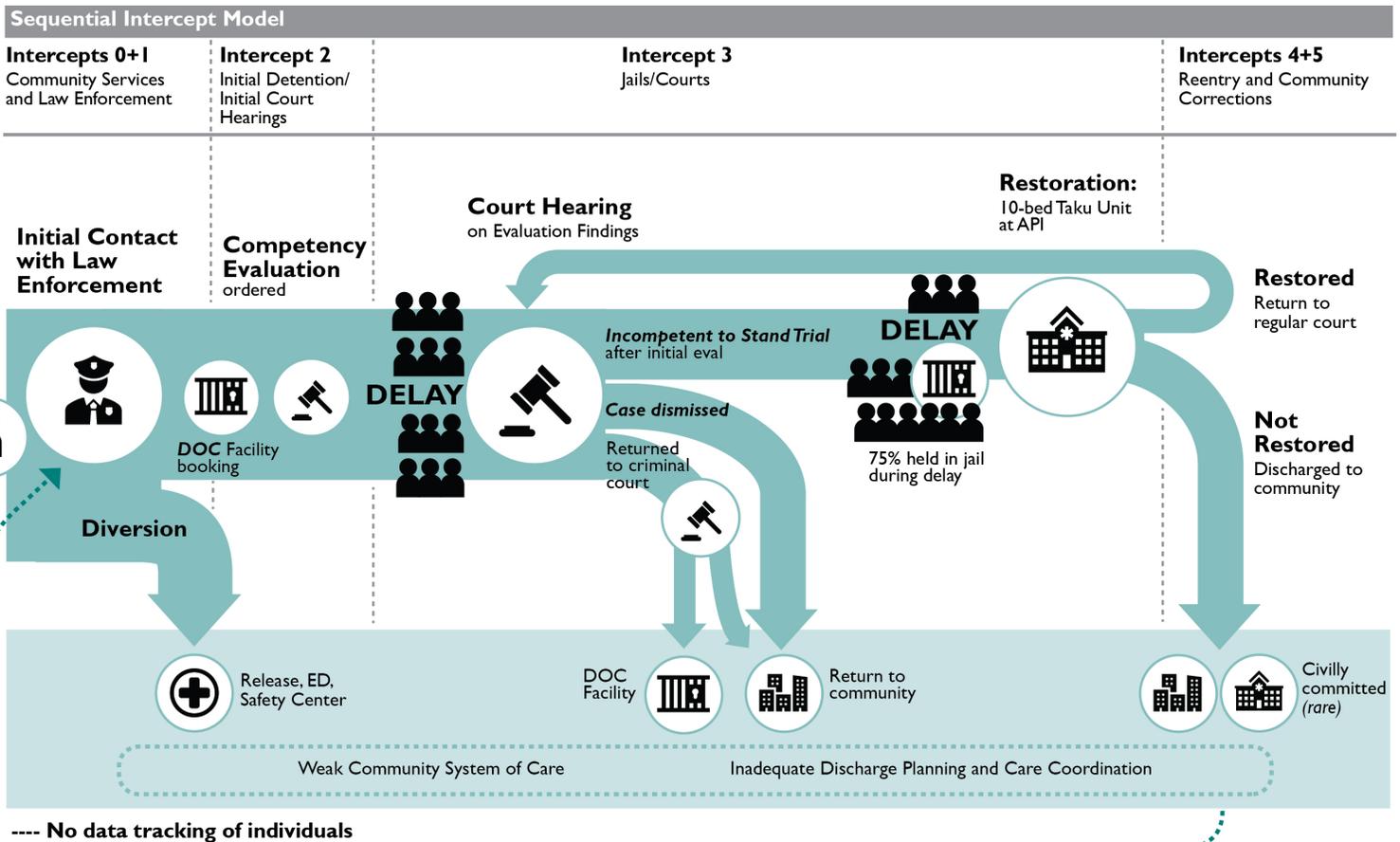
Sequential Intercept Model

Alaska has explored and adopted the Sequential Intercept Model, developed by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) GAINS Center, for the diversion of persons with mental health disorders from the criminal justice system as part of its comprehensive approach to reducing recidivism to Alaska’s jails.³

The model intends to divert from criminal justice involvement those persons whose behaviors are primarily driven by their mental health condition and not by criminogenic factors.

The model provides a useful framework to apply to the forensic psychiatric process to identify the six intercept points where potential exists to divert a person from deeper involvement in the criminal justice system.

Alaska’s Forensic Psychiatric System, Delays in Competency Evaluation and Restoration



Key Findings

The key findings of this study demonstrate the need to expand capacity for competency evaluations and restoration, and to expand diversion and discharge services to reduce inflow and returns to the forensic psychiatric system.

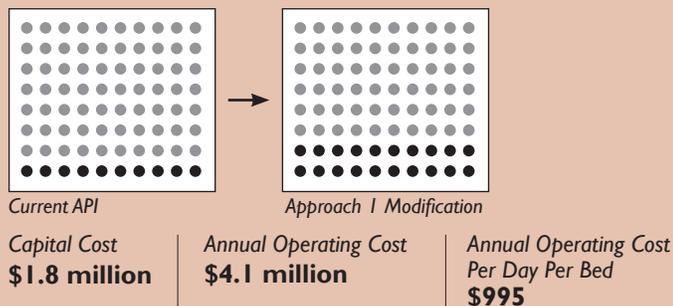
- 1 Alaska lacks services to divert people experiencing mental illness and psychiatric crisis from the criminal justice system and has an insufficient supply of treatment and behavioral management programs as well as programs that address basic needs.
- 2 Available competency evaluation and restoration services do not meet the demand for these services.
- 3 Individuals committed to API for competency restoration are most likely to be a younger adult male, with a diagnosis of schizophrenia, and are more likely to be a person of color compared to the civilly committed population at API.
- 4 Nearly three-quarters of individuals who are engaged in the competency evaluation and restoration process are waiting in jail.
- 5 Nearly two-thirds of competency cases involve at least one felony charge and over 50 percent of those evaluated are found incompetent to stand trial. Delays in the competency evaluation and restoration process sometimes lead to criminal charges being dismissed.
- 6 Restoration rates at API are low compared with other states and national averages.
- 7 There is significant cycling of patients through Corrections, the court system, and API's forensic and civil units due in part to very limited options for safe discharge from API, especially for those deemed 'non-restorable' and whose criminal charges are dismissed.
- 8 No comprehensive coordination of competency evaluations and restoration or data monitoring exists for this process. Fragmented and incomplete data tracking makes identifying and addressing the breakdowns in this system challenging.

This study analyzes four possible approaches to meet the demand for inpatient restoration beds.

● Forensic or jail-based restoration beds ● Civil or jail beds

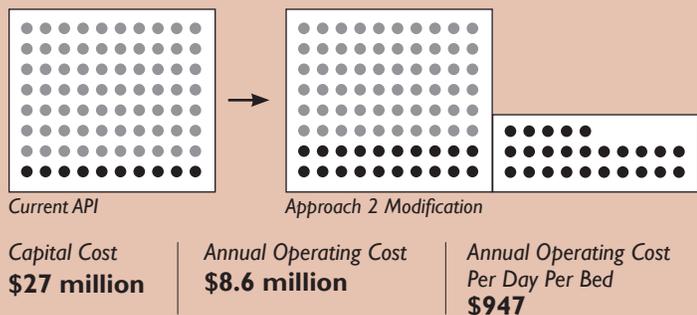
Approach 1

Modify one of the existing API treatment units to provide inpatient restoration treatment to 10 additional patients for a total of 20 forensic beds.



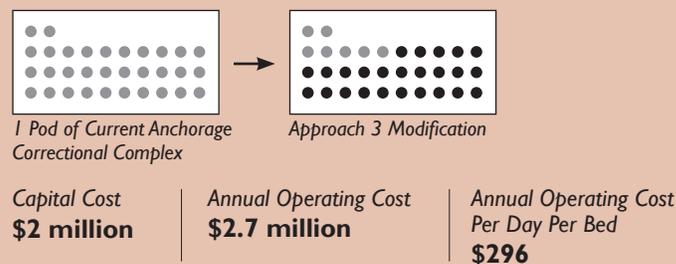
Approach 2

Expand API to add two new inpatient restoration treatment units. Move Taku patients into new space, convert Taku to civil treatment beds. New forensic count to increase from 10 to 25 patients.



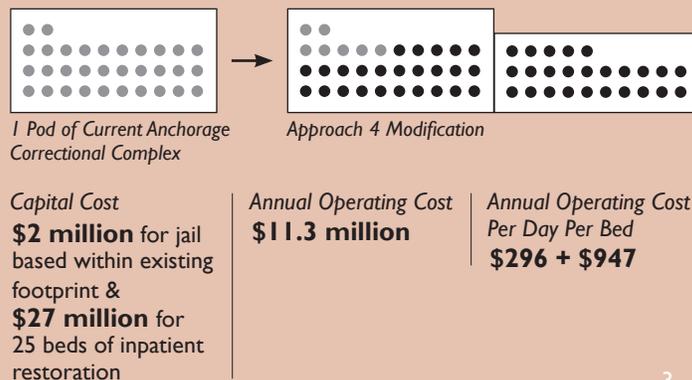
Approach 3

Develop a jail-based restoration program in the Anchorage Correctional Complex. Program to include 25 patients in one of the 32-bed existing housing pods.



Approach 4

Expand the Anchorage Correctional Complex for additional inpatient restoration beds. Sized for current (25 beds) or future capacity needs. Additionally, 25 beds of jail-based restoration would be provided at the Anchorage Correctional Complex under Approach 4.



Goals for System Improvement

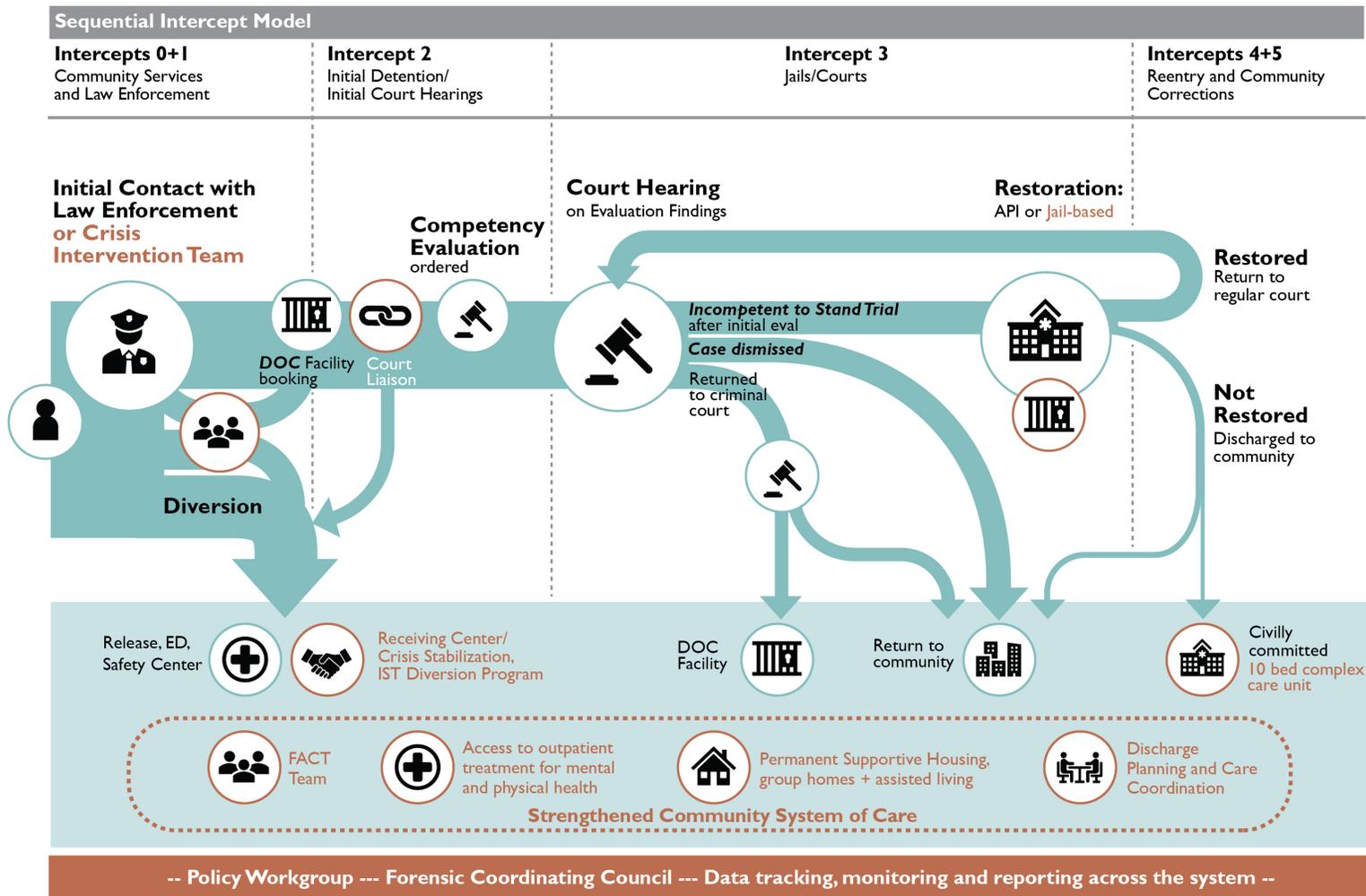
Based on the findings of this study, there are three main goals to guide improvement of Alaska's forensic psychiatric system:

- 1** Increase safety for individuals with mental illness and for the community, and reduce inflow to the system, by reducing contacts with the criminal justice system that result in the initiation of competency proceedings.
- 2** Increase system efficiency so that individuals proceed through the process to the most appropriate disposition without delay.
- 3** Reduce returns to the system by connecting individuals with appropriate long-term supports to address health and social needs.

Recommended Improvements to the Forensic Psychiatric System

The graphic below illustrates Alaska's forensic psychiatric system with the recommended improvements (in red) from this study to achieve the three goals identified above. These recommendations are based on the key findings of this study and are described on the following pages.

Alaska's Forensic Psychiatric System, Recommended Improvements



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Recommendations + Implementation Plan

Urgent Action is Needed

Five western states (Colorado, Nevada, Oregon, Utah and Washington) have been sued over delays in competency evaluation and restoration in recent years. The average wait times for restoration beds in the western states with lawsuits ranged from 32 days to six months at the time of the lawsuits. The average wait for a bed at API from completion of evaluation to admission was four months in 2018.

If Alaska were under a similar order to Colorado, the estimated cost to the state in fines in 2018 could have been at least 3.4 million dollars.⁴

The implementation plan includes immediate, medium, and long-term recommended actions to address the findings from this study.



Recommendations for Immediate Action (0 – 6 Months)

Strategy	System Component Targeted	Lead	Needed Resources or Next Steps
Increase availability of co-responders to CIT teams	Diversion	Alaska Mental Health Trust Authority	Funding for mental health co-responders, training in CIT model, workforce development
Expand evaluation staffing	Court Process + Evaluation	API	In progress, contracted evaluators in place
Contract for external oversight of forensic evaluation services	Court Process + Evaluation	API	Funding and RFP process for contractor
Include a screening for level of restoration treatment in initial evaluation	Court Process + Evaluation	API	Research best practice screening, develop screening tool and format for reporting findings to court
Temporarily add 10 forensic beds to existing API footprint	Restoration	API	Identify unit modifications needed for forensic population, unit staffing; secure funding
Implement jail-based outreach restoration	Restoration	API, DOC	Identify program elements and staffing
Formalize process for restoration of juveniles	Restoration	API, DJJ	Develop MOA, develop restoration education curriculum for use with juvenile offenders
Update the Urgent Forensic Discharge MOA and use statewide.	Discharge	Alaska Mental Health Trust Authority	Reconvene parties named in MOA
Establish a forensic psychiatric coordinating council to oversee implementation of system improvements.	Across the Forensic System	Alaska Mental Health Trust Authority	Identify lead to establish council membership, coordinate meetings and take notes

Recommendations + Implementation Plan

Recommendations for Medium-term Action (6 Months – 2 Years)

Strategy	System Component Targeted	Lead	Needed Resources or Next Steps
Implement a Crisis Now crisis stabilization model	Diversion	Alaska Mental Health Trust Authority, Division of Behavioral Health	Technical assistance contract with RI International to provide recommendations on development of crisis stabilization in Alaska
Create a court liaison pilot program in the Anchorage District Court	Diversion	Anchorage District Court, community behavioral health provider	Funding for court liaison position, program model
Implement a statewide competency calendar	Court Process + Evaluation	Alaska Court System	Additional staff to expand Anchorage competency calendar statewide
Create new psychologist job classification	Court Process + Evaluation	DHSS	Job classification analysis
Designate a unit for jail-based restoration	Restoration	DOC	Space within existing facility or expanded facility, staffing and programming
Evaluate current restoration programming at API	Restoration	DHSS	Funding for contracted evaluator and program improvements
Amend Title 12 Statute to provide clarity on involuntary medication	Restoration	DOL	Workgroup convening to review statutory language in other states and develop draft statute revision
Designate a 10-bed complex behavior unit at API	Discharge	API	Identify unit modifications and staffing needs
Develop appropriate community supports for patients found incompetent to stand trial after restoration	Discharge	Alaska Mental Health Trust Authority, Division of Behavioral Health, DHSS	Funding for community supports
Develop a data tracking and reporting system	Across the forensic system	API, DOC, Alaska Court System	Select key data points, identify data tracking system and mechanism for communication

Recommendations for Long-term Action (2 Years +)

Strategy	System Component Targeted	Lead	Needed Resources or Next Steps
Expand API by 25 beds	Restoration	DHSS	Funding, construction of new facility



This report was prepared by Agnew::Beck Consulting, Steve Fishback Architect, Dr. Patrick Fox and Colston Consulting for the State of Alaska Department of Health and Social Services and the Alaska Mental Health Trust Authority. The full report and appendices are available at mhtrust.org.

Sources:

- 1 Data compiled and analyzed by Agnew::Beck from one year's worth of API Tuesday Reports for calendar year 2018.
- 2 Point in Time counts from API Tuesday Reports, December 7, 2015, December 12, 2017, December 11, 2018; Hand counts provided by API staff March 18, 2019, May 15, 2019
- 3 Concepts from the Sequential Intercept Model have been adopted by the Alaska Prisoner Reentry Initiative and the Alaska Criminal Justice Commission.
- 4 Sixty-one individuals found incompetent to stand trial multiplied by \$500 per day waiting, multiplied by 112 days waiting