

The JFA Institute
Washington, D.C./Austin, Texas

Conducting Justice and Corrections Research for Effective Policy Making

**Bureau of Justice Assistance
Corrections Options Technical Assistance Program**

**Analysis of Alaska Department of Corrections Databases to
Identify Mentally Ill Offenders**

Technical Assistance Team

Dr. Tony Fabelo

Angie Gunter

***The JFA Institute
Austin, Texas Office***

May 2005

Acknowledgements

The authors would like to thank the Alaska Department of Corrections for supplying not only the necessary data for this study but also advice and feedback. In particular, we'd like to acknowledge Colleen Patrick-Riley for her assistance in understanding the mentally ill population, Mary Collins for her assistance and insight with the OTIS data, and Michael Gimm for supplying the CONCON data. Many thanks also to Russell Webb of the Mental Health Trust Authority for helping to coordinate and frame the research effort. In addition, we'd like to thank John Bajowski of the Department of Health and Social Services who provided both assistance and advice in the effort to frame the issue of mentally ill offenders in Alaska.

Table of Contents

I. Introduction	- 1 -
II. Data and Methodology	- 2 -
III. Analysis of Admissions	- 3 -
A. Overview	- 3 -
B. Admissions for Mentally Ill Offenders	- 5 -
IV. Mental Health Indicators	- 8 -
V. Title 47 Admissions	- 12 -
VI. Releases/Time Served.....	- 14 -
VII. Discussion and Recommendations	- 20 -

Table of Tables

Table 1: Number and Percentage of Persons Admitted with a Mental Health Record by Type of Admission, FY2004.....	5 -
Table 2: Gender for All Persons Admitted and for Persons Admitted with a Mental Health Record, FY2004	6 -
Table 3: Race/Ethnicity for All Persons Admitted and for Persons Admitted with Mental Health Record, FY2004	6 -
Table 4: Percent by Race/Ethnicity of Persons with Mental Health Record, FY2004 ..	7 -
Table 5: Tribal Distribution for Native Alaskans Admitted with a Mental Health Record, FY2004	7 -
Table 6: Arrest Location for All Persons Admitted and Persons Admitted with a Mental Health Record, FY 2004	8 -
Table 7: Distribution of Axis 1 Diagnosis for Persons Admitted with a Mental Health Record, FY2004.....	9 -
Table 8: Distribution of Axis 2 Diagnosis for Persons Admitted with a Mental Health Record, FY2004.....	9 -
Table 9: Percent by Race/Ethnicity of Persons Admitted for Title 47, FY2004	14 -
Table 10: Proportion of Persons Admitted by Gender That Were Admitted Under a Title 47 Hold, FY2004	14 -
Table 11: Number of Persons Released by Mental Health Status and Average Releases per Person for Year, FY 2004	15 -
Table 12: Arrest Location for All Persons Released and Persons Released with a Mental Health Record, FY 2004	15 -
Table 13: Length of Stay for All Felony Level Releases, FY2004	16 -
Table 14: Length of Stay for All Misdemeanor Level Releases, FY2004.....	17 -
Table 15: Distribution of Axis 1 Diagnosis for Persons Admitted with a Mental Health Record, FY2004.....	17 -
Table 16: Distribution of Axis 2 Diagnosis for Persons Admitted with a Mental Health Record, FY2004.....	18 -

Table of Figures

Figure 1: Number of Admissions by Type of Admission, FY2004.....- 4 -

Figure 2: Number of Persons Admitted by Type of Admission, FY2004.....- 4 -

Figure 3: Average Number of Admissions per Person in FY2004 for Persons Admitted with No Mental Health Record and Persons Admitted with Mental Health Record- 10 -

Figure 4: Number of Persons Admitted with a Mental Health Record with a Record of Admissions to the Alaska Psychiatric Institute (API) and the Number of API Admissions for the Group, FY 2004.....- 11 -

Figure 5: Number of Persons Admitted with History of Suicide Attempts or Chemical Dependency, FY2004- 11 -

Figure 6: Offense Classification for Persons Admitted with a Mental Health Record, FY2004- 12 -

Figure 7: Number of Admissions for Persons Admitted under- 13 -

Figure 8: Offense Classification for Persons Released with a Mental Health Record, FY2004- 16 -

Figure 9: Number of Persons Released with a Mental Health Record Diverted to a Diversion Program, FY2004.....- 19 -

Summary

This report presents an analysis of Alaska Department of Corrections databases to identify mentally ill offenders in their correctional system. The analysis concludes work started under a National Institute of Corrections/Council of State Governments (NIC/CSG) Technical Assistance (TA) program in 2004 that could not be completed when Alaska was not selected as one of the final sites to receive further technical assistance under this initiative.

Alaska's Department of Corrections (DOC) and Department of Health and Social Services (DHSS) applied for the NIC/CSG TA because they were interested in streamlining their data systems in order to more readily identify their shared population of offenders with mental illness. DOC and DHSS want to improve or expand programs that divert appropriate mentally ill offenders from incarceration, improve re-entry services in the community for incarcerated offenders with a mental illness, and increase collaboration across agencies. The Alaska Mental Health Trust Authority, the agency that has fiduciary responsibility to manage the state trust fund dedicated to mental health services, has also been involved in setting the long-term goals in this area.

Dr. Tony Fabelo and Angie Gunter of *The JFA Institute* were selected by CSG/NIC to become the TA team to assist Alaska. When Alaska was not selected for Phase II of the NIC/CSG project, Alaska applied for technical assistance with the U.S. Department of Justice, Bureau of Justice Assistance (BJA), Corrections Options Technical Assistance (COTA) program.

The COTA program is administered by *The JFA Institute* which employs the original TA team that assisted Alaska. Alaska was granted the assistance by BJA in March 2005 and the original TA team was assigned to complete the analytical work started during the prior initiative. In addition, BJA requested Dr. Fabelo to participate in their April 2005 Alaska Tribal Leadership Conference in Anchorage to further familiarize the TA team with issues impacting the Alaska Native population. Issues particularly affecting this population may become relevant in Alaska's goals of diverting mentally ill populations from the correctional system.

Two DOC databases were identified as potential sources of data to analyze the offender population. The OTIS database is the main offender tracking system, providing a computerized record for all offenders admitted into DOC. Demographic information, offense information, and key transactional movements are maintained in this system. All persons admitted into DOC are screened for mental health conditions. Persons that require further evaluation are referred to the DOC clinical staff. At this time clinical staff opens a record in a database called CONCON. The CONCON database also tracks assessment, diagnosis and treatment information. This database allowed the research team to determine a baseline count of mentally ill offenders in the DOC system in fiscal year 2004.

The OTIS and CONCON databases were analyzed together to determine how many offenders who were admitted or released from DOC in FY2004 also had a record in the CONCON database at any point in time. Any person with a record in the CONCON database is classified as a mentally ill offender for purposes of this report. This broad definition will allow for a more thorough evaluation of the mentally ill population in Alaska in subsequent analyses involving DHSS and other resources. However, the data to determine how many of the persons admitted or released have had a contact or record with the “outside” mental health system has not been analyzed at this time.

The Alaska average daily correctional population increased from 4,279 persons in 2000 to 4,832 in 2003, a 13% increase. This report was not oriented to determine the factors that explain this increase but the DOC staff states that the growing number of mentally ill offenders in the system has contributed to this increase. In FY 2004, the correctional system admitted 2,664 persons with a mental health record to its institutions. This represented 11.5% of all persons admitted. This percentage parallels national studies showing that the percentage of jail admissions of mentally ill persons range from 10% to 16%.¹ In addition, another 1,700 persons (7.3% of persons admitted), were admitted under a Title 47 Hold. These are admissions for persons with non-criminal protective holds, primarily persons in danger from alcohol, from whom no effective diversion alternative exists.

Most mentally ill offenders were admitted for non-violent offenses (63.1%) and did not stay long in the system (37% were released within a week). Unfortunately, the system does not offer enough re-entry programs and diversion capacity. In 2004 less than 1% (25 offenders) of the mentally ill offenders released had been placed on the special re-entry program (IPD+) at some time; only 1.3% (36 offenders) had been placed in the pre-trial diversion program (JAS) at some time. This is in spite of the fact that over 50% of the mentally ill and Title 47 persons were arrested in Anchorage or the surrounding area, which would allow for the concentration of diversion/re-entry resources in this area to impact a large percentage of the population. Persons from other parts of the state would be more difficult to serve given the fact they are in sparsely populated areas. Because persons admitted under Title 47 stayed an average of one day, it is unlikely that the correctional system can provide any meaningful treatment to reduce their recycling. This presents an opportunity for collaboration between DOC and DHSS in potentially designing more effective interventions for this population.

Special attention should be given to the female population and their particular needs. The proportion of all persons admitted that was female was 22.7%. However, the proportion of females in the mentally ill population was 28.5%. The proportion of females having Title 47 holds is even higher, at 32.02%, indicating that this population is particularly vulnerable to substance abuse issues. Generally speaking, female offenders tend to have non-violent records which would allow more of them to become eligible for diversion programs. Almost 50% of the females admitted with a mental health record were admitted for a misdemeanor compared to 38% of the males admitted with a mental

¹ Bureau of Justice Statistics, U.S. Department of Justice, July 1999. “Mental Health and Treatment of Inmates and Probationers”

health record. On the other hand, female offenders may face particular issues related to housing, family violence, and child support that lend itself to programming initiatives developed in cooperation between ADOC and DHHS.

The correctional system is affected by “frequent flyers” that continue to use services. Almost 9% of the persons admitted under a Title 47 Hold were admitted four or more times during 2004. The great majority of this population is Native Alaskan with severe alcohol abuse problems. Of the 2,664 mentally ill offenders, 17% had prior admissions to the Alaska Psychiatric Institute. Of those with API admissions, 17% had five or more admissions. Although these offenders may not consume a lot of space due to their relatively short lengths of stay in DOC, this population continues to rely on the correctional system for services, and the correctional system does not seem to have the program capacity to provide effective diversion services. Unless Alaska takes a more aggressive approach to identify offenders for diversion, add program capacity to more effectively reduce their clinical and criminal recidivism, and improve coordination with DHSS in the delivery of mental health services outside the correctional system, the DOC will continue to be the default institution providing some institutional intervention to mentally ill persons and Native Alaskans with persistent alcohol problems.

If Alaska decides to take a more aggressive role in addressing this issue, DOC, DHHS and the Alaska Mental Health Trust Authority should create a formal Planning Committee to oversee the development of analysis and policies. The committee should commission a sample study of mentally ill and Title 47 cases to identify potentially eligible populations for diversion and re-entry initiatives. Particular attention should be paid in identifying females for diversion programs. DOC and DHSS should also identify shared populations by matching their databases and conduct an inventory of program capacity for these populations. Best-practices programs and service models should be agreed upon. Finally, all the above information should be integrated in a plan with policy recommendations for agency leaders, the Governor and the legislature to consider.

I. Introduction

The National Institute of Corrections (NIC) and the Council of State Governments (CSG) in 2004 combined their expertise and resources to help state and local jurisdictions develop effective strategies to improve the response to people with mental illness who are under supervision of correctional agencies. More than 60 jurisdictions applied to receive initial technical assistance and 13 were selected. Alaska was selected as one of the sites to receive technical assistance for Phase I of the CSG/NIC project. Dr. Tony Fabelo and Angie Gunter of *The JFA Institute* were selected by CSG/NIC to become the Technical Assistance (TA) team to assist Alaska with its goals.

Alaska's Department of Corrections (DOC) and the Department of Health and Social Services (DHSS) applied for TA because they were interested in streamlining their data systems in order to more readily identify their shared population of offenders with mental illness. DOC and DHSS want to improve or expand programs that divert appropriate mentally ill offenders from incarceration, improve re-entry services in the community for incarcerated offenders with a mental illness, and increase collaboration across agencies. The Alaska Mental Health Trust Authority, an agency that has fiduciary responsibility to manage the state trust fund dedicated to mental health services, has also been involved in setting the long-term goals in this area. The long-term goals include reducing incarceration costs, reducing the criminalization of mentally ill offenders, and improving interventions to reduce clinical and legal recidivism.

The TA team conducted a site visit in November 2004 to review the DOC and DHSS data systems and their potential use for generating data for the project. A Site Visit report was produced the same month delineating for Alaska a strategy to proceed to accomplish their goals. At the same time, the TA team requested some relevant databases to start the analytical tasks.

Two DOC databases were identified as potential sources of data for analysis. These were the Offender Tracking Information System (OTIS) and the CONCON databases. The OTIS database is the main offender tracking database for DOC. A computerized record is created in OTIS for all persons admitted into DOC. Once a record is opened, key transactions are tracked in the database along with demographic and criminal record variables. All persons admitted into DOC are screened for mental health conditions. This screening is done on paper and the information is not computerized. However, persons that are determined upon initial screening to need further evaluation and potential mental health services are referred to the DOC clinical staff for further assessment. For these persons, the clinical staff opens a computerized record in the CONCON database.

The TA team was able to match records between the OTIS and CONCON databases. In January 2005 a preliminary count of the number of admissions and releases of persons with a mental health record was determined, and a report with this analysis was presented to Alaska. However, the analysis was not comprehensive and more work was needed to understand the profile of the target population. In the meantime, CSG did

not select Alaska as one of four sites to continue to receive TA services for Phase II of their project. Therefore, to complete the analysis, Alaska applied for technical assistance with the U.S. Department of Justice, Bureau of Justice Assistance (BJA), Corrections Options Technical Assistance (COTA) program.

The COTA program is administered by *The JFA Institute* which employs the original TA team that assisted Alaska. Alaska was granted the assistance by BJA in March 2005 and the original TA team was assigned to complete the analytical work started during the prior initiative. Furthermore, BJA requested Dr. Fabelo to participate in their April 2005 Alaska Tribal Leadership Conference in Anchorage to further familiarize the TA team with issues impacting the Alaska Native population. Issues particularly affecting this population may become relevant in Alaska's goals of diverting mentally ill populations from the correctional system.

This report completes the analysis started with the NIC/CSG and makes recommendations regarding further analysis and planning steps that Alaska should take to achieve its goals in this area. This report analyzes fiscal year 2004 admission and release data for DOC. The analysis presented here updates the prior analysis with more precise queries and data strategies that have been developed as the team has become more familiar with the databases.

II. Data and Methodology

As discussed earlier, two DOC databases were identified as potential sources of data to analyze the offender population. As the main offender tracking system, the OTIS database provides a computerized record for all persons admitted into DOC. Demographic information, offense information, and key transactional movements are maintained in this system. For this study, the research team selected all admissions to and releases from DOC for fiscal year 2004. Additional queries selected demographic and offense information for all offenders with an admission or release record in the relevant timeframe. The offense information represents the most serious charge or conviction for an offender at the time of admission or release.

All persons admitted to DOC are screened for mental health conditions. Persons that require further evaluation are referred to the DOC clinical staff. For these persons, the clinicians create a computerized record in the CONCON database. This database allowed the research team to determine a baseline count of mentally ill offenders in the DOC system in fiscal year 2004. The CONCON database also tracks assessment, diagnosis and treatment information. For this study, the researchers derived the primary Axis 1 diagnosis for the mentally ill population from three possible options in the database, selecting for the most severe illness out of the three. The same methodology was used in deriving the Axis 2 diagnosis. A review of the clinician case files may be necessary to provide a more complete diagnosis of the mentally ill offenders, as this methodology highlights only the most serious for purposes of high-level classification.

The OTIS and CONCON databases were analyzed together to determine the number of offenders admitted or released from DOC in FY2004 that also had a record in the CONCON database at any point in time. Any person with a record in the CONCON database is classified as a mentally ill offender in this report. This broad definition will allow for a more thorough evaluation of the mentally ill population in Alaska in subsequent analyses involving DHSS and other resources. However, the data to determine how many of the persons admitted or released have had a contact or record with the “outside” mental health system has not been analyzed at this time.

It is important to note the scope of this research effort in order to understand the results in the proper context. This study examined all admissions and releases to the DOC, covering all facilities, institutions, and community residential centers where such activities occur. These facilities may hold convicted felons and misdemeanants as well as offenders newly arrested or awaiting trial. Consequently, the proportion of felons to misdemeanants is much lower than the annual Offender Profile report produced by DOC, which takes a snapshot view of the convicted population to derive its results. In order to provide the broadest look at the mentally ill population, this assessment included all movements in and out of state custody under whatever legal status the offender happened to reach for that admission. In the tables and charts that follow, the report distinguishes the offender population based on offense severity (felony or misdemeanor), regardless of whether the offender was convicted.

III. Analysis of Admissions

A. Overview

Figure 1 shows the number of admissions to DOC by type of admission in 2004. Alaska operates a system of institutions and community residential centers, both of which hold felons and misdemeanants. There were a total of 36,990 admissions to this system with the majority (25,125 or 67.9%) being admissions for misdemeanor offenses. Admissions for felony offenses accounted for 21.7% of the admissions (8,013) and admissions for persons with non-criminal protective holds (commonly known as Title 47 admissions in reference to the Alaska law establishing this policy) accounted for 8.3% of admissions (3,080). According to DOC officials, Title 47 non-criminal holds occur as a default response to provide safety to persons in emergency circumstances, primarily those in danger due to incapacitation from alcohol, for whom no alternative exists to which they can be safely diverted.

Figure 1: Number of Admissions by Type of Admission, FY2004

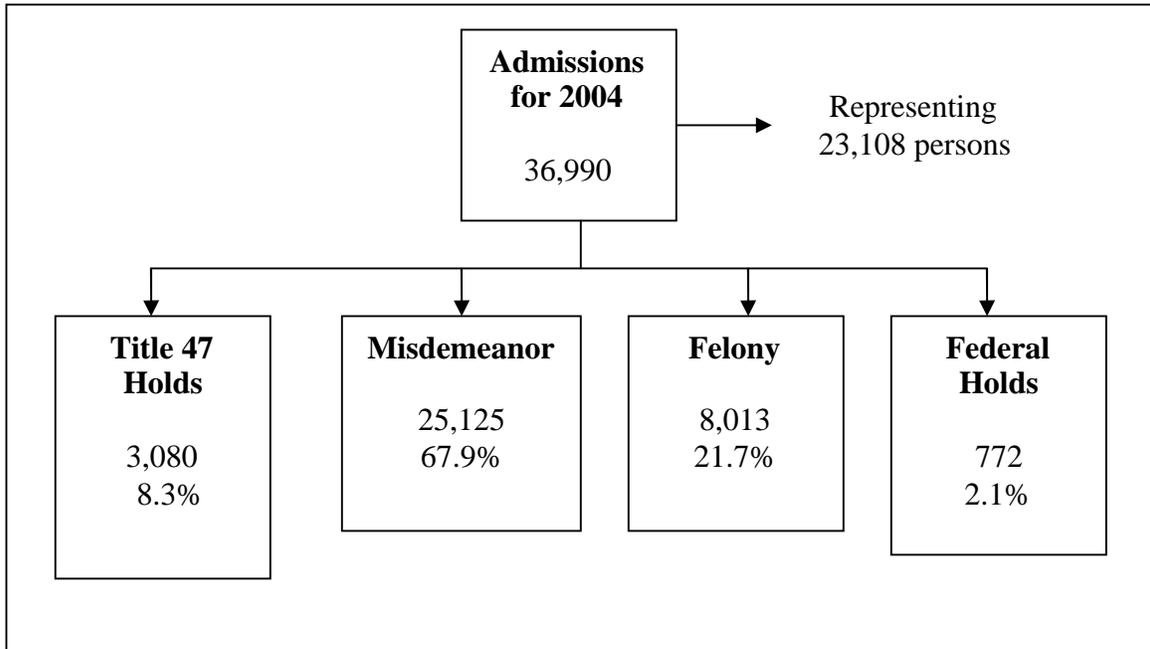
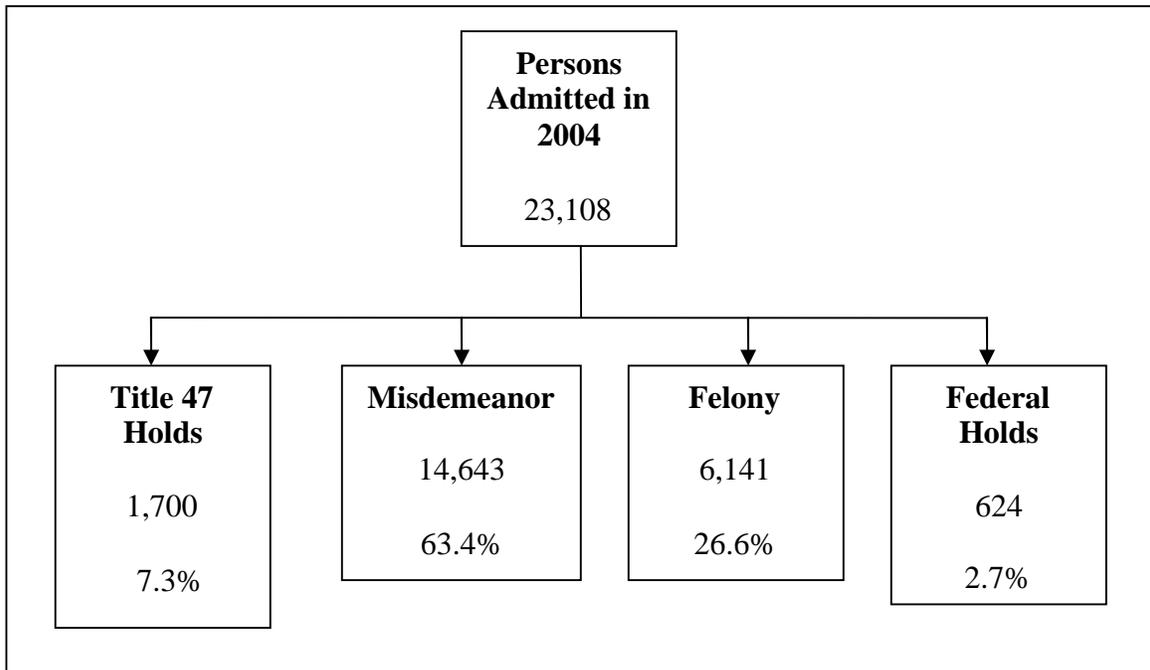


Figure 2 below shows the number of persons admitted in 2004. Although there were 36,990 admissions, these admissions represented only 23,108 persons since many persons are admitted more than once during the year.

Figure 2: Number of Persons Admitted by Type of Admission, FY2004



Persons admitted for misdemeanors represented 63.4% of all persons admitted compared to 67.9% of all admission events. In other words, the 14,643 persons admitted for misdemeanor charges accounted for 25,125 admissions for the year. The 6,141 persons admitted for felonies accounted for 8,013 admissions and the 1,700 persons admitted with Title 47 Holds accounted for 3,080 admissions.

B. Admissions for Mentally Ill Offenders

Table 1 shows the number and percentage of persons admitted with a mental health record by type of admission. Mental health record here means that the offender had a record in the CONCON database for a prior admission or for the present admission. The term mentally ill offender is also used here to refer to this population. It is possible that an offender has had a contact with the mental health system outside the correctional system but these data are not available for analysis at this time.

There were 2,664 mentally ill offenders admitted in 2004, representing 11.5% of the admissions. The largest number of mentally ill offenders was admitted for felonies (1,310). Mentally ill offenders represented 21.3% of the persons admitted for felonies compared to 7.5% of those admitted for misdemeanants and 10.6% of those admitted under Title 47. The population admitted with federal holds/warrants also included mentally ill offenders, representing 11.1% of the admissions for this group.

Table 1: Number and Percentage of Persons Admitted with a Mental Health Record by Type of Admission, FY2004

Type of Admission	Persons Admitted	Admitted with a Mental Health Record	% by Type of Admissions
Title 47	1,700	181	10.6%
Misdemeanants	14,643	1,104	7.5%
Felons	6,141	1,310	21.3%
Federal	624	69	11.1%
Total	23,108	2,664	11.5%

Table 2 shows the gender distribution for all persons admitted and for persons admitted with a mental health record. Females comprised a higher proportion of admissions for mentally ill offenders (28.5%) than for overall admissions (22.6%). From a different perspective, the proportion of females that had a mental health record was 14.5% compared to 10.7% for males. Not shown in Table 2, is the proportion of males and females with mental health records that were admitted for misdemeanors. Females were more likely to be admitted with misdemeanors, 49.8% (398 of 759) compared to 38.1% (726 of 1,905) of the males with a mental health record.

Table 2: Gender for All Persons Admitted and for Persons Admitted with a Mental Health Record, FY2004

Gender	Persons Admitted (% Admissions)	Persons with a Mental Health Record	Percent Mental Health by Gender
Male	17,873 (77.4%)	1,905 (71.5%)	10.7%
Female	5,235 (22.6%)	759 (28.5%)	14.5%
Total	23,108 (100%)	2,664 (100%)	

Table 3 shows the race/ethnicity for all persons admitted and for persons admitted with mental health records. Caucasians represented 56.6% of mentally ill offenders compared to 52% of the admissions. Native Alaskans and Native Americans represented the second largest group of mentally ill offenders at 31.2% but this percentage was slightly lower than their representation in overall admissions (33.6%). Blacks were slightly over represented in the admissions for mentally ill offenders (7.8% compared to 7.1% for all admissions) and Hispanics (2.3% compared to 3.7% for all admissions) and Asian (1.2% compared to 3% for all admissions) were slightly under represented.

Table 3: Race/Ethnicity for All Persons Admitted and for Persons Admitted with Mental Health Record, FY2004

Race/Ethnicity	Persons Admitted	Percent of Persons Admitted	Persons with a Mental Health Record	Percent of Persons with a Mental Health Records
Caucasian	12,021	52%	1,508	56.6%
Native	7,759	33.6%	832	31.2%
Black	1,645	7.1%	209	7.8%
Hispanic	854	3.7%	63	2.3%
Asian	687	3.0%	34	1.2%
Unknown	142	<1%	18	<1%
Total	23,108		2,664	

Table 4 shows the same information regarding race/ethnicity but from a different angle, namely the percentage of mentally ill offenders in each racial group. Blacks and Caucasians had the highest percentage of mentally ill offenders (12.7% and 12.5% of their group) followed by Native Alaskans (10.7%), Hispanics (7.3%) and Asians (4.9%).

Table 4: Percent by Race/Ethnicity of Persons with Mental Health Record, FY2004

Race/Ethnicity	Persons Admitted	Persons with a Mental Health Record	Percent by Race/Ethnicity with a Mental Health Record
Caucasian	12,021	1,508	12.5%
Native	7,759	832	10.7%
Black	1,645	209	12.7%
Hispanic	854	63	7.3%
Asian	687	34	4.9%
Unknown	142	18	
Total	23,108	2,664	

Table 5 shows the tribal distribution for Alaskan Natives and Native Americans admitted with a mental health record in CONCON. Unfortunately, the tribal affiliation was unknown or not captured for almost 60% of the admissions.

Table 5: Tribal Distribution for Native Alaskans Admitted with a Mental Health Record, FY2004

Tribe	Admitted with a Mental Health Record	Percent
Unknown Tribe	496	59.6%
Native American	115	13.8%
Yup'Ik	78	9.34%
Inupiat	47	5.6%
Aleut	39	4.7%
Indian	16	1.9%
Tlingit	15	1.8%
Athabaskan	12	1.4%
Tsimshian	7	0.8%
Haida	4	0.5%
Cup'Ik	3	0.4%
Total	832	

Table 6 shows the arrest city for all persons admitted and for persons admitted with a mental health record. Close to half of the mentally ill offenders admitted were arrested in Anchorage (49.5%) compared to about one-third of all offenders admitted (34.0%). Palmer, close to the Anchorage area, accounted for the arrest location of another 6.1% of the mentally ill offenders admitted. Other major cities like Fairbanks,

Bethel and Juneau each accounted for the arrest location of about 2 to 5% of the group. All other areas of the state accounted for 18.9% of the locations. No arrest location data were available for 15.7% of persons admitted.

Table 6: Arrest Location for All Persons Admitted and Persons Admitted with a Mental Health Record, FY 2004

Arrest Location	Persons Admitted		Persons Admitted with Mental Health Record	
	Count	Percentage	Count	Percentage
Anchorage	7,868	34.0%	1,319	49.5%
Bethel	762	3.3%	63	2.3%
Fairbanks	2,189	9.4%	133	4.9%
Juneau	916	3.9%	119	4.4%
Kenai	612	2.6%	126	4.7%
Ketchikan	662	2.8%	85	3.1%
Palmer	1,465	6.3%	163	6.1%
Wasilla	633	2.7%	66	2.4%
All Others	4,374	18.9%	389	14.6%
(No data)	3,627	15.7%	201	7.5%
Total	23,108		2,664	

IV. Mental Health Indicators

The CONCON database provided several fields to capture various levels of mental illness in the DOC population using the axis matrix of the DMS IV psychiatric diagnosis manual. Axis 1 diagnosis predominantly refers to psychotic disorders, organic disorders, mood disorders, and substance abuse disorders. Axis 2 diagnosis refers to personality disorders, and also developmental disorders or Borderline Intellectual Functioning (BIF). These two levels of mental illness were examined for this study. The Axis 3 diagnoses refer to medical conditions or complaints, and were not evaluated.

For analytical purposes, the researchers classified the mentally ill population by the most severe diagnosis out of several fields in the database. This methodology does not describe the full range of mental illnesses, but does permit a high-level perspective of the mentally ill population. Table 7 shows the distribution of Axis 1 primary diagnoses for persons admitted with a mental health record in FY2004. A majority of offenders had substance abuse disorders or depression, followed by mood disorders and adjustment disorders. However, almost 20% of Alaska’s mentally ill offenders collectively had a primary diagnosis of Schizophrenia, Psychotic Disorder, or Bipolar Disorder. It is important to note that many offenders had more than one Axis 1 diagnosis, although the table below shows only the primary diagnosis. Also important to note is the fact that almost half of the mentally ill offenders (45.5%) had a substance abuse disorder in addition to one of the primary diagnoses listed below.

Table 7: Distribution of Axis 1 Diagnosis for Persons Admitted with a Mental Health Record, FY2004

Axis 1 Diagnosis	Number of Persons	Percent
Schizophrenia/Schizoaffective DO	195	7.3%
Psychotic Disorder	161	6.0%
Bipolar Disorder	176	6.6%
Delusional Disorder	9	0.3%
Adjustment Disorder	289	10.8%
Mood Disorder	308	11.6%
Depression	517	19.4%
Malingering	124	4.7%
Anxiety Disorder	74	2.8%
Substance Abuse Disorder	587	22.0%
Other Disorders	65	2.5%
None Specified	159	6.0%
Total	2,664	

Table 8 shows the distribution of Axis 2 diagnoses for persons admitted with a mental health record in FY2004. While 94% of the inmates seen by a mental health clinician have an Axis 1 diagnosis, only 56.4% of these individuals have an Axis 2 diagnosis. A majority of the offenders with an Axis 2 diagnosis had personality disorders, either not otherwise specified (NOS) or antisocial in nature.

Table 8: Distribution of Axis 2 Diagnosis for Persons Admitted with a Mental Health Record, FY2004

Axis 2 Diagnosis	Number of Persons	Percent
Personality Disorder NOS	646	24.2%
Antisocial Personality Disorder	516	19.4%
Borderline Personality Disorder	159	6.0%
Dependent Personality Disorder	49	1.8%
Narcissistic Personality Disorder	22	0.8%
Paranoid Personality	7	0.3%
Schizoid/Schizotypal Personality	15	0.6%
Developmental Disorder or BIF	59	2.2%
Other	30	1.1%
None Specified	1,161	43.6%
Total	2,664	

Figure 3 shows the average number of admissions per person for persons admitted with no mental health record and persons admitted with a mental health record. Mentally ill offenders accounted for an average of 1.89 admissions during the year compared to 1.56 for offenders not having a mental health record, suggestive of an increased recycling problem among mentally ill offenders.

Figure 3: Average Number of Admissions per Person in FY2004 for Persons Admitted with No Mental Health Record and Persons Admitted with Mental Health Record

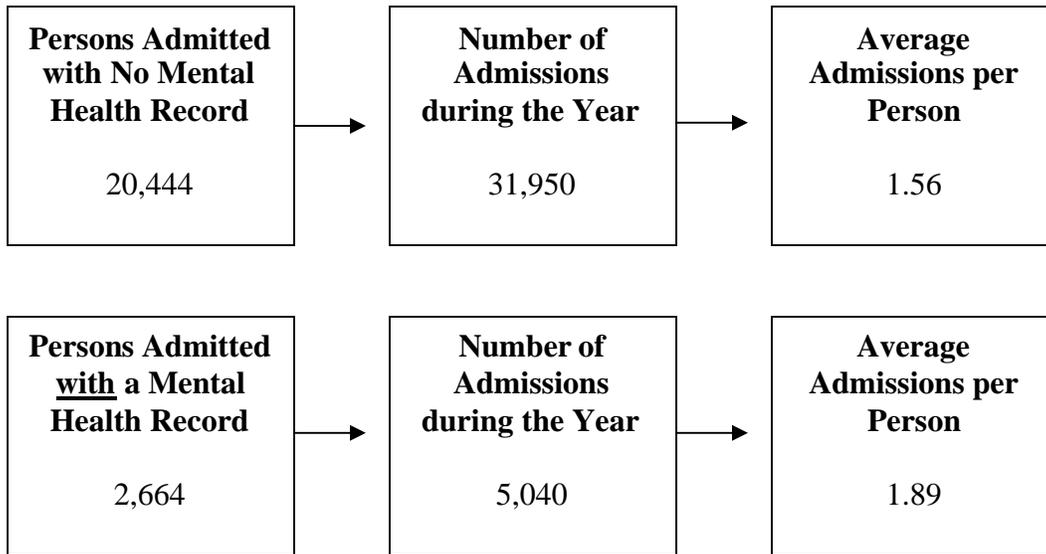


Figure 4 shows the number of mentally ill offenders admitted that had prior admissions to the Alaska Psychiatric Institute (API), the state mental health hospital. There were 467 offenders, or 17.3% of the mentally ill offenders, who reported an admission to API. These offenders are “high users” of mental health services as they accounted for 1,526 admissions to API. Within this group, 79 persons had reported 5 or more admissions to API.

Figure 4: Number of Persons Admitted with a Mental Health Record with a Record of Admissions to the Alaska Psychiatric Institute (API) and the Number of API Admissions for the Group, FY 2004

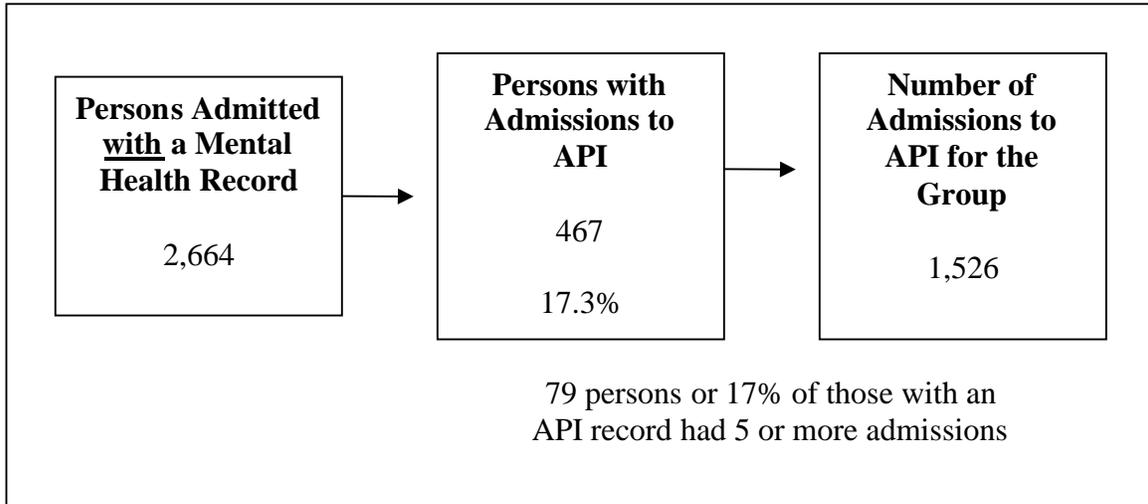


Figure 5 shows the number of mentally ill offenders with a history of suicide attempts or chemical dependency. Of the mentally ill offenders, 30.9% had a suicide history and 80.1% had a history of chemical dependency according to information gathered in the CONCON database.

Figure 5: Number of Persons Admitted with History of Suicide Attempts or Chemical Dependency, FY2004

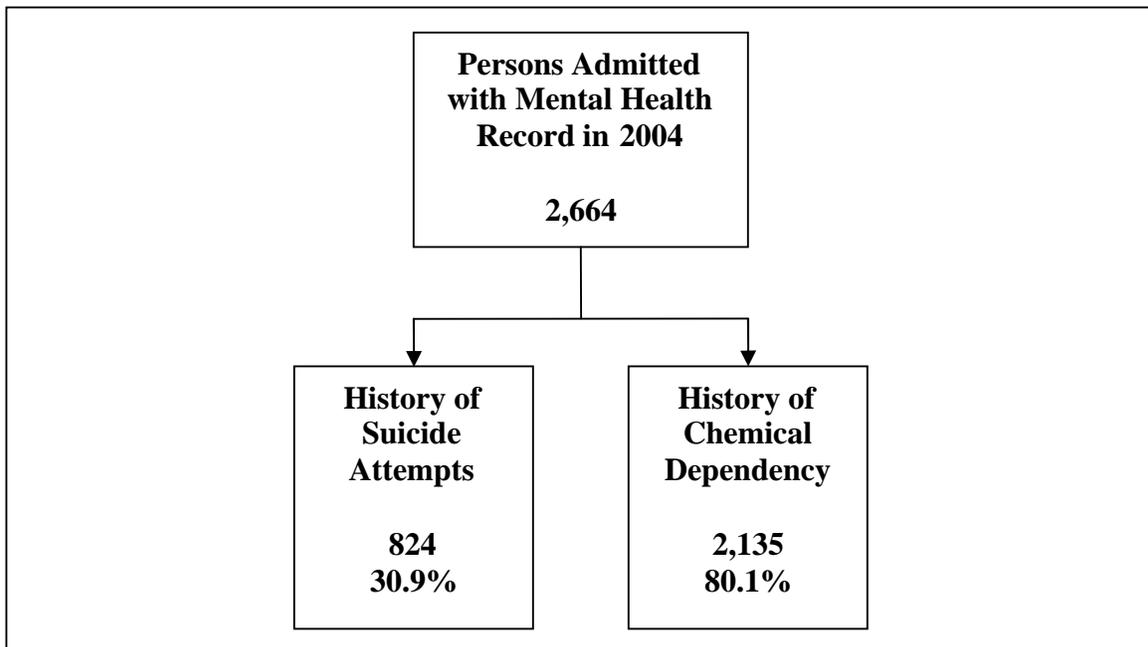
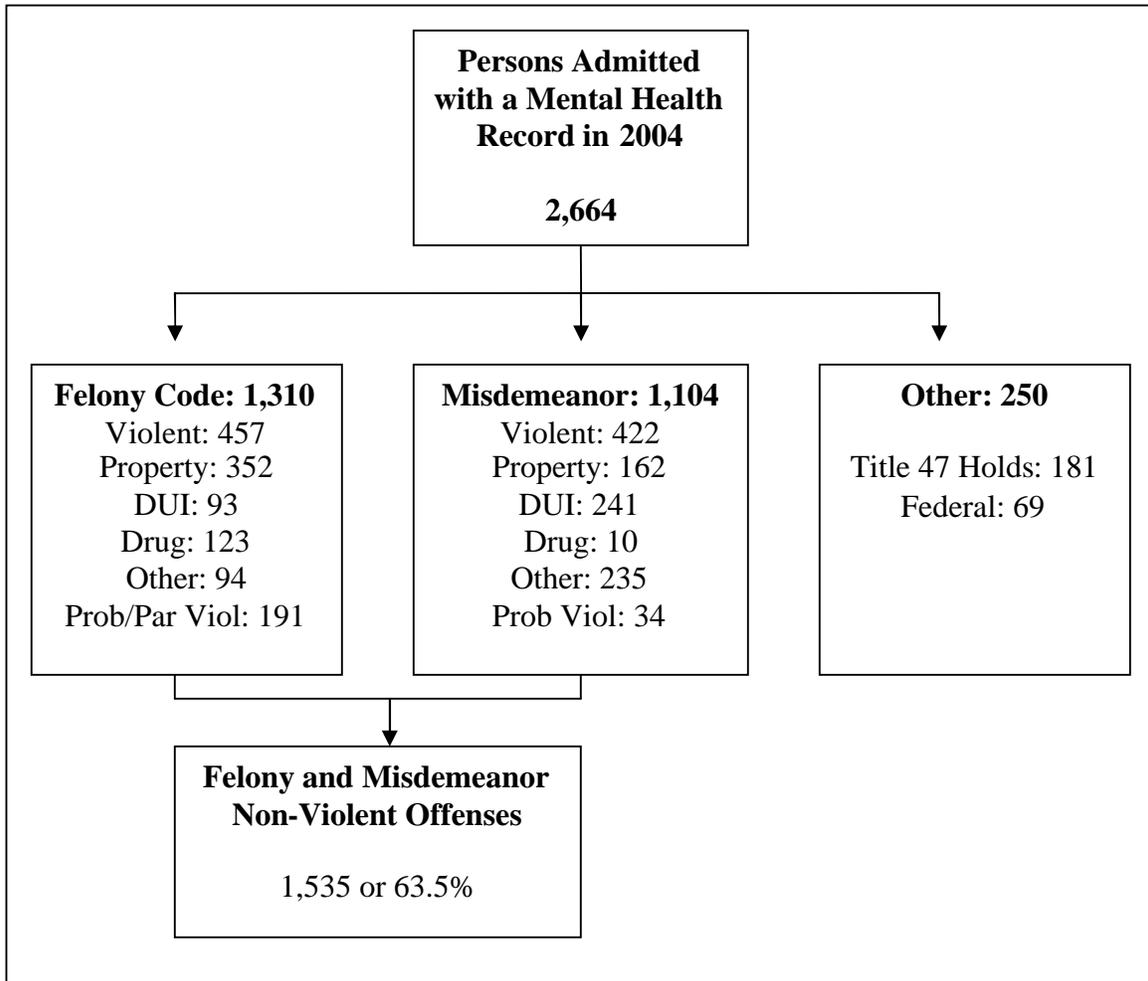


Figure 6 shows the offense classification for persons admitted with a mental health record. Almost half of the group was admitted for a felony offense (49.1%). However, if you exclude violent felony and violent misdemeanor offenses, 63.5% of the mentally ill offenders admitted were admitted for felony and misdemeanor property, DUI, drug and probation/parole violations.

Figure 6: Offense Classification for Persons Admitted with a Mental Health Record, FY2004



V. Title 47 Admissions

Title 47 admissions are admissions for persons with non-criminal protective holds. According to DOC officials non-criminal holds occur as a default response to provide safety to persons in emergency circumstances, primarily those in danger due to

incapacitation from alcohol, for whom no alternative exists to which they can be safely diverted.

Figure 7 shows the number of admissions during FY2004 for persons admitted under Title 47. Most (74.4%) were admitted only once during the year but almost 25% were admitted more than once. Within this group, 8.8% were “high users” as they were admitted four or more time during the year. Persons admitted under Title 47 stay an average of one day under the custody of DOC. Almost one-third of the persons admitted were female. For all persons admitted to DOC in FY2004, only 22.6% were female. The proportion of females in the mentally ill population was 28.5%. The proportion of females having Title 47 holds is even higher, at 32.02%, indicating that this population is particularly vulnerable to substance abuse issues.

Figure 7: Number of Admissions for Persons Admitted under Title 47 Hold and Gender Distribution, FY 2004

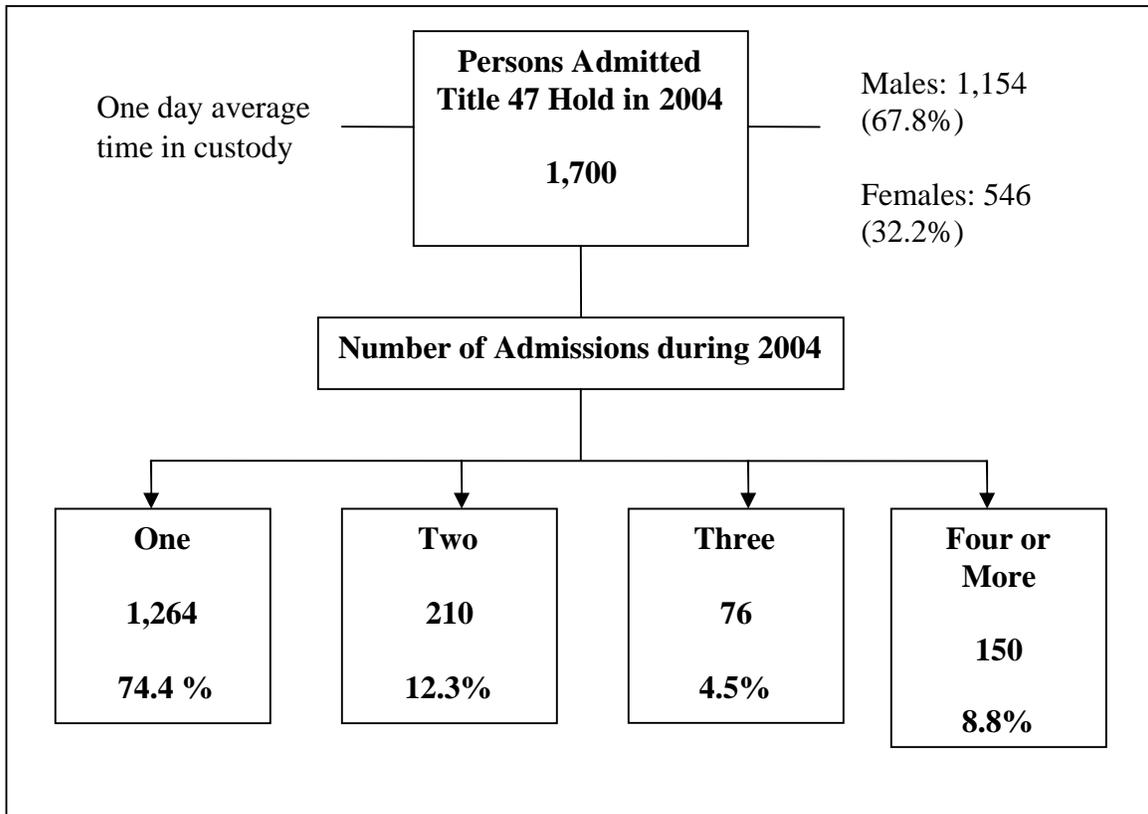


Table 9 shows the percentage of persons admitted in each race/ethnic group that was admitted under Title 47. As can be seen, 16.5% of the Native Alaskan admitted, were admitted under Title 47. Title 47 represented only 1 to 3% of the admissions for the other racial/ethnic groups. Native Alaskans represented 75.3% of the persons admitted under Title 47 compared to their 33.6% representation among all persons admitted.

Table 9: Percent by Race/Ethnicity of Persons Admitted for Title 47, FY2004

Race/Ethnicity	All Persons Admitted	Persons Admitted Title 47	Percent by Race/Ethnicity Title 47
Caucasian	12,021	363	3.0%
Native	7,759	1,280	16.5%
Black	1,645	24	1.4%
Hispanic	854	14	1.6%
Asian	687	10	1.4%
Unknown	142	9	
Total	23,108	1,700	
Percent Native	33.6%	75.3%	

Table 10 shows the proportion of persons admitted by gender that were admitted under a Title 47 Hold. A higher proportion of females were admitted under Title 47 (10.4%) than males (6.5%).

Table 10: Proportion of Persons Admitted by Gender That Were Admitted Under a Title 47 Hold, FY2004

Gender	Person Admitted	Title 47
Male	17,873 77.3%	1,154 (6.5%)
Female	5,235 22.7%	546 (10.4%)
Total	23,108 (100%)	

VI. Releases/Time Served

Table 11 shows the number of persons released in FY2004, the number of releases that they represented, and the average number of releases per person. There were 23,529 persons released in FY2004 representing 36,964 releases. Persons with a mental health record represented 11.6% of the persons released and 13.4% of the total release events. Mentally ill offenders average 1.82 releases per person for the year compared to 1.54 for those with no mental health record.

Table 11: Number of Persons Released by Mental Health Status and Average Releases per Person for Year, FY 2004

Group	Unique Persons	Number of Releases	Avg Release per Person
No Mental Health Record	20,797	31,980	1.54
Percentage	88.4%	86.6%	
With a Mental Health Record	2,732	4,984	1.82
Percentage	11.6%	13.4%	
Total	23,529	36,964	

Table 12 shows the arrest city for all persons released and for persons with a mental health record. As with the admissions analysis, almost half of the mentally ill offenders released were arrested in Anchorage compared to one-third of all persons released. As can be expected, the distribution of arrest locality parallels the distribution for arrest locality shown for persons admitted.

Table 12: Arrest Location for All Persons Released and Persons Released with a Mental Health Record, FY 2004

Arrest Location	Persons Released		Persons with Mental Health Record	
	Count	Percentage	Count	Percentage
Anchorage	8,067	34.29%	1,351	49.45%
Bethel	759	3.23%	59	2.16%
Fairbanks	2,223	9.45%	134	4.90%
Juneau	945	4.02%	126	4.61%
Kenai	629	2.67%	121	4.43%
Ketchikan	680	2.89%	94	3.44%
Palmer	1,450	6.16%	159	5.82%
Wasilla	634	2.69%	70	2.56%
All Others	4,444	18.89%	406	14.86%
(No data)	3,698	15.72%	212	7.76%
Total	23,529		2,732	

Figure 8 shows the offense classification for persons released with a mental health record. As with the admissions, almost half of the group released had been charged or convicted for a felony offense (46.8% compared to 49.1% for admissions). However, if you exclude violent felony and violent misdemeanor offenses, 63.2% of the mentally ill offenders released were released for felony and misdemeanor property, DUI, drug and probation/parole violations (compared to 63.5% of admissions).

Figure 8: Offense Classification for Persons Released with a Mental Health Record, FY2004

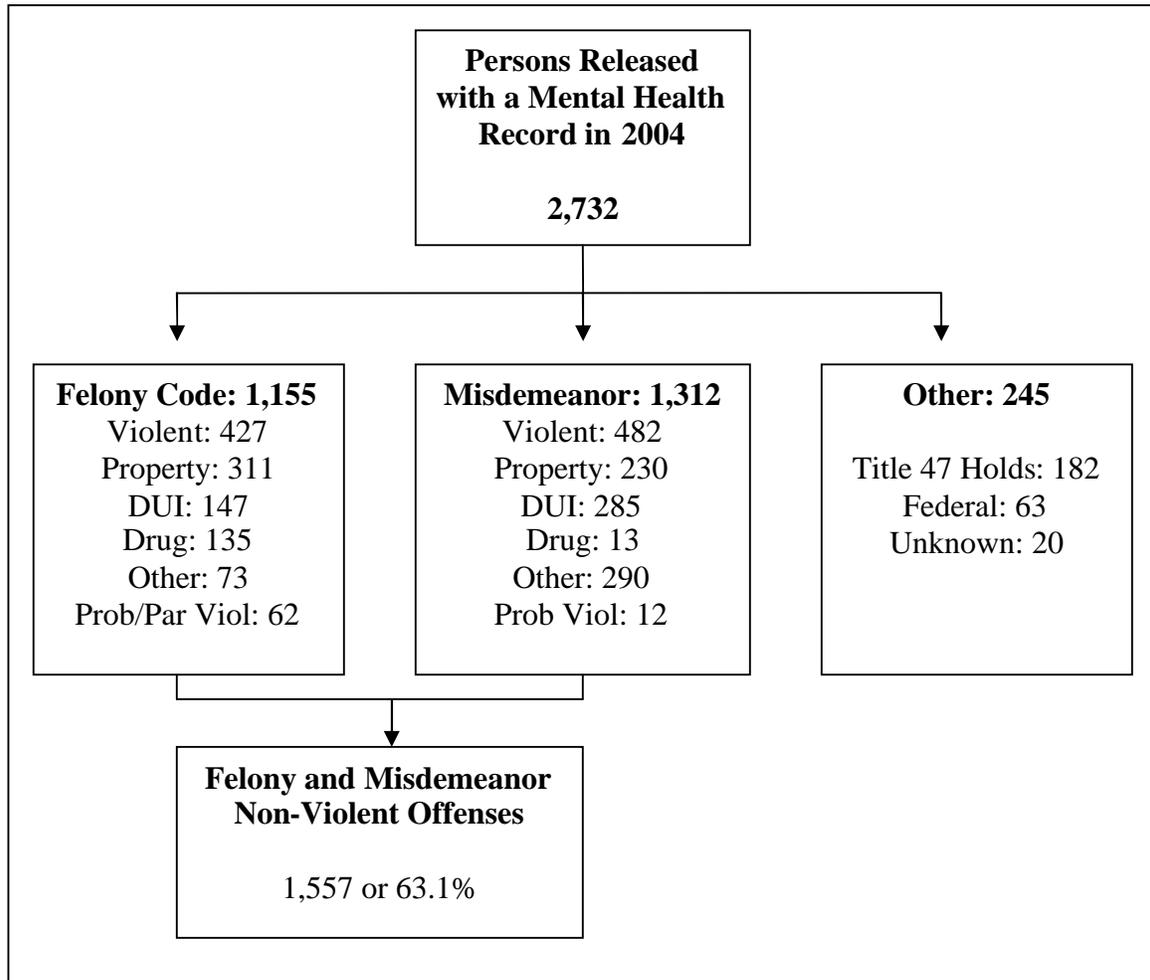


Table 13 shows the length of stay in correctional institutions for all felony offenders released and for felony offenders having a mental health record. Table 14 shows the same information for misdemeanor offenders released. Over half of those released with a felony (52.6%) and 42.1% of the felons released who had a mental health record were released within 1 month of admission. For misdemeanants, the equivalent percentage was 87.4% and 75.5%. Almost 50% of all misdemeanants with a mental health record were released within one week of admission. These short lengths of stay are likely due to the fact that the analysis in this report included bookings and pretrial offenders in addition to convicted offenders.

Table 13: Length of Stay for All Felony Level Releases, FY2004

Length of Stay	All Releases Felony	Percent of Releases	Releases for Offenders with a MH Record	Percent of Releases w/ MH Record
Within 1 week	2,068	27.7%	293	17.5%
Within 2 weeks	859	11.5%	170	10.1%
Within 1 month	1,003	13.4%	244	14.5%
1 to 6 months	2,073	27.7%	561	33.4%
6 to 12 months	722	9.7%	186	11.1%
1 to 2 years	457	6.1%	137	8.2%
2 to 5 years	260	3.5%	75	4.5%
More than 5 yrs	35	0.5%	12	0.7%
Total	7,477		1,678	

Table 14: Length of Stay for All Misdemeanor Level Releases, FY2004

Length of Stay	All Releases Misdemeanants	Percent of Releases	Releases for Offenders with a MH Record	Percent of Releases w/ MH Record
Within 1 week	17,080	67.8%	1,360	49.4%
Within 2 weeks	2,071	10.7%	362	13.1%
Within 1 month	2,232	8.9%	357	13.0%
1 to 6 months	2,831	11.2%	594	21.6%
6 to 12 months	273	1.1%	69	2.5%
1 to 2 years	55	0.2%	9	0.3%
2 to 5 years	15	0.1%	4	0.1%
More than 5 yrs	0	0.0%	0	0.0%
Total	25,187		2,755	

Table 15 shows the distribution of persons with mental illnesses who were released from DOC in FY2004. The proportions are very similar to those in the admissions table, emphasizing the relatively short lengths of stay for offenders in Alaska's correctional system. Again, a majority of offenders had substance abuse disorders or depression, followed by mood disorders and adjustment disorders. Nearly 20% of Alaska's mentally ill offenders had a primary diagnosis of Schizophrenia, Psychotic Disorder, or Bipolar Disorder. And, almost half of the mentally ill offenders (45.7%) had a substance abuse disorder in addition to one of the primary diagnoses listed below.

Table 15: Distribution of Axis 1 Diagnosis for Persons Admitted with a Mental Health Record, FY2004

Axis 1 Diagnosis	Number of Persons	Percent
Schizophrenia/Schizoaffective DO	195	7.1%
Psychotic Disorder	156	5.7%
Bipolar Disorder	182	6.7%
Delusional Disorder	12	0.4%
Adjustment Disorder	319	11.7%
Mood Disorder	306	11.2%
Depression	527	19.3%
Malingering	137	5.0%
Anxiety Disorder	75	2.7%
Substance Abuse Disorder	605	22.1%
Other Disorders	67	2.4%
None Specified	151	5.5%
Total	2,732	

Table 16 shows the distribution of Axis 2 diagnoses for persons released in FY2004 with a mental health record. Again, the distribution by type of disorder for released offenders is similar to the distribution for admitted offenders. A majority of the mentally ill offenders with an Axis 2 diagnosis had personality disorders, either not otherwise specified (NOS) or antisocial in nature.

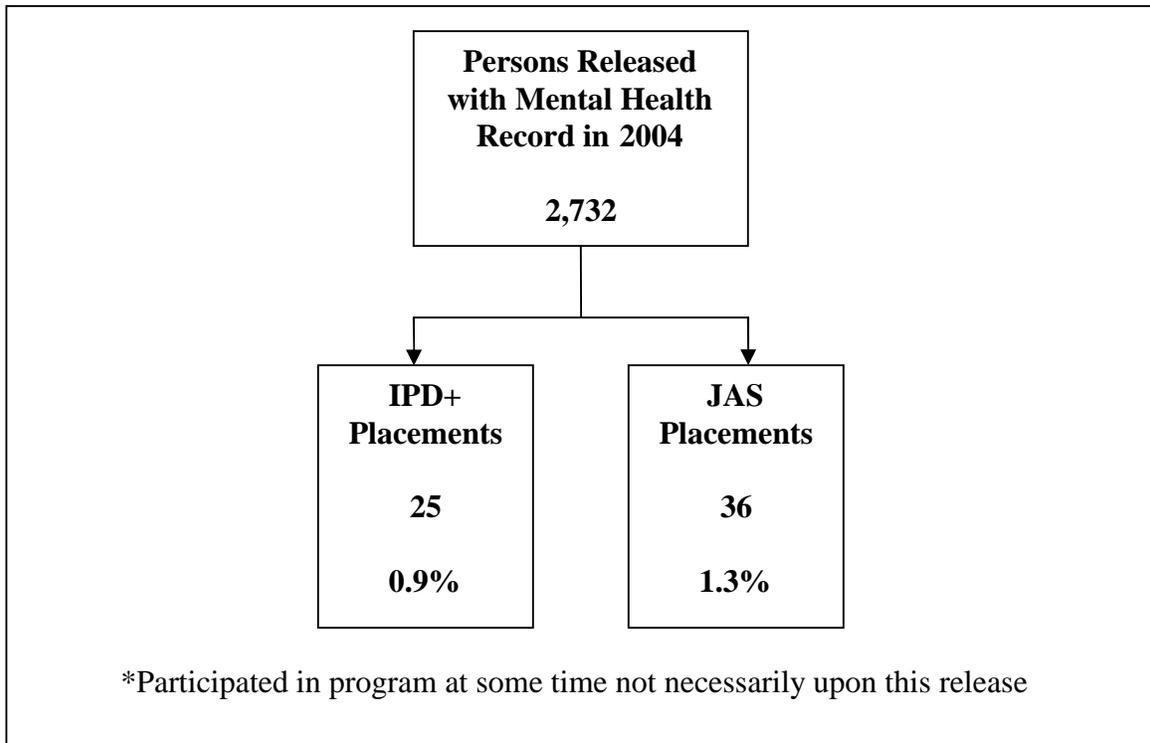
Table 16: Distribution of Axis 2 Diagnosis for Persons Admitted with a Mental Health Record, FY2004

Axis 2 Diagnosis	Number of Persons	Percent
Personality Disorder NOS	666	24.4%
Antisocial Personality Disorder	535	19.6%
Borderline Personality Disorder	157	5.7%
Dependent Personality Disorder	47	1.7%
Narcissistic Personality Disorder	30	1.1%
Paranoid Personality	6	0.2%
Schizoid/Schizotypal Personality	18	0.7%
Developmental Disorder or BIF	64	2.3%
Other	28	1.0%
None Specified	1,181	43.2%
Total	2,732	

Figure 9 show the number of persons released with a mental health record that had a record of participation in the IPD+ and JAS programs. The IPD+ is a program for those released on felony probation or parole in which a treatment plan is administered and monitored by a DOC specialist. The JAS program refers to the Jail Alternative Service program. This is a post-trial diversion program for persons who commit misdemeanors and who have a qualifying mental health diagnosis. There are about 40 slots available in this program and 35 to 50 available in the IPD+ program.

Very few of the offenders released who had a mental health record had a record of participation in the diversion programs. Only 25 of the 2,732 mentally ill offenders had record of IPD+ placement and 36 in JAS placement.

Figure 9: Number of Persons Released with a Mental Health Record Diverted to a Diversion Program, FY2004



VII. Discussion and Recommendations

The Alaska average daily correctional population increased from 4,279 persons in 2000 to 4,832 in 2003, a 13% increase. This report was not oriented to determine the factors that explain this increase but the DOC staff states that the growing number of mentally ill offenders in the system has contributed to this increase. In FY 2004, the system admitted 2,664 persons with a mental health record to its institutions. This represented 11.5% of all persons admitted. This percentage parallels national studies showing that the percentage of jail admissions that are for mentally ill person range from 10% to 16%.² In addition, another 1,700 persons (7.3% of persons admitted), were admitted under a Title 47 Hold.

Most mentally ill offenders were admitted for non-violent offenses (63.1%) and did not stay long in the system (37% were released within a week). Moreover, the system does not provide enough re-entry program and diversion capacity. In FY2004 less than 1% (25 offenders) of the mentally ill offenders released was placed on the special re-entry program (IPD+) and only 1.3% (36 offenders) was placed in the pre-trial diversion program (JAS). This is in spite of the fact that over 50% of the mentally ill and Title 47 persons were arrested in Anchorage or surrounding areas which would allow for the concentration of diversion/re-entry resources in this area impact a great percentage of the population. Persons from other parts of the state would be more difficult to serve given the fact that they are in sparsely populated areas. Because persons admitted under Title 47 stayed an average of one day, it is unlikely that the correctional system can provide any meaningful treatment to reduce their recycling. This may be an opportunity for collaboration between DOC and DHSS in potentially designing more effective interventions for this population.

Special attention should be given to the female population and their particular needs. The proportion of all persons admitted that was female was 22.7%. However, the proportion of females in the mentally ill population was 28.5%. The proportion of females having Title 47 holds is even higher, at 32.02%, indicating that this population is particularly vulnerable to substance abuse issues. Generally speaking, female offenders tend to have non-violent records which would allow more of them to become eligible for diversion programs. Almost 50% of the females admitted with a mental health record were admitted for a misdemeanor compared to 38% of the males admitted with a mental health record. On the other hand, female offenders may face particular issues related to housing, family violence, and child support that lend itself to programming initiatives developed in cooperation between ADOC and DHHS.

The correctional system is also affected by “frequent flyers” that continue to use services. Almost 9% of the persons admitted under a Title 47 Hold were admitted four or more times during 2004. The great majority of this population is Native Alaskan with severe alcohol abuse problems. Of the 2,664 mentally ill offenders admitted in 2004, 17% had prior admissions to the Alaska Psychiatric Institute. Of those with API admissions,

² Bureau of Justice Statistics, U.S. Department of Justice, July 1999. “Mental Health and Treatment of Inmates and Probationers”

17% had five or more admissions. Although these offenders may not consume a lot of space due to their relatively short lengths of stay in DOC, this population continues to rely on the correctional system for services, and the correctional system does not seem to have the program capacity to provide effective diversion services. Unless Alaska takes a more aggressive approach to identify offenders for diversion, add program capacity to more effectively reduce their clinical and criminal recidivism, and improve coordination with DHSS in the delivery of mental health services outside the correctional system, the DOC will continue to be the default institution providing some institutional intervention to mentally ill persons and Native Alaskans with persistent alcohol problems.

If Alaska decides to take a more aggressive role in addressing this issue, the following is recommended:

Creation of a Planning Committee

The Planning Committee should be composed of executive level staff from the DOC, DHSS, the Mental Health Trust Authority, the Governor's Office and members of key legislative committees. Representatives from the Alaska Native Justice Center should also participate given the high representation of Alaska Natives, particularly in the Title 47 population. The Planning Committee should oversee planning efforts, develop policy initiatives for the agencies to consider and provide support to any executive or legislative efforts to change policies.

The Planning Committee should conduct or commission to conduct the following:

Sample Study of Mental Health Cases

An in-depth study of a sample of the admissions/correctional records of mentally ill and Title 47 persons should be conducted to identify a population that can be eligible for pre-trial diversions and/or re-entry programs. The study should provide the basis to estimate different policy scenarios to reduce the incarceration of these populations and improve interventions to reduce their clinical and legal recidivism. Particular attention should be paid in identifying females for diversion programs.

Identification of DOC and DHSS Shared Populations

Explore the addition of AK-AIMS and Medicaid MIS data to the analytical strategy. These two databases may provide the information needed to identify the shared populations between DOC and DHSS. Conduct an analysis if a match is successful in identifying the shared populations, particularly where an offender in the DOC population has had prior contact with the mental health system but does not have a record in the CONCON database.

Identification of Program Inventory

Conduct an inventory of capacity for programs that currently serve the mentally ill population and Title 47 population both inside and outside the DOC.

Development of Best-practice Programs and Service Models

Identify programs and services in the field with proven effectiveness and analyze appropriateness of programs to Alaska's needs.

Development of Policy Recommendations

Analyze cost avoidance/ cost reductions and new expenditures associated with the implementation of new programs. Compare estimates of programs with costs of incarceration in jails and prisons. Develop policy alternatives to improve or expand programs that divert appropriate mentally ill offenders from incarceration, improve re-entry services in the community for incarcerated offenders with a mental illness, and increase collaboration across agencies.

Development of Evaluation Infrastructure

Develop an evaluation infrastructure that can be incorporated as part of a final implementation plan. The plan should include recommendations regarding data collection needs, matching of data bases and analytical reports that should be routinely generated to inform managers and policy makers.