



Recidivism Reduction Joint Annual Report

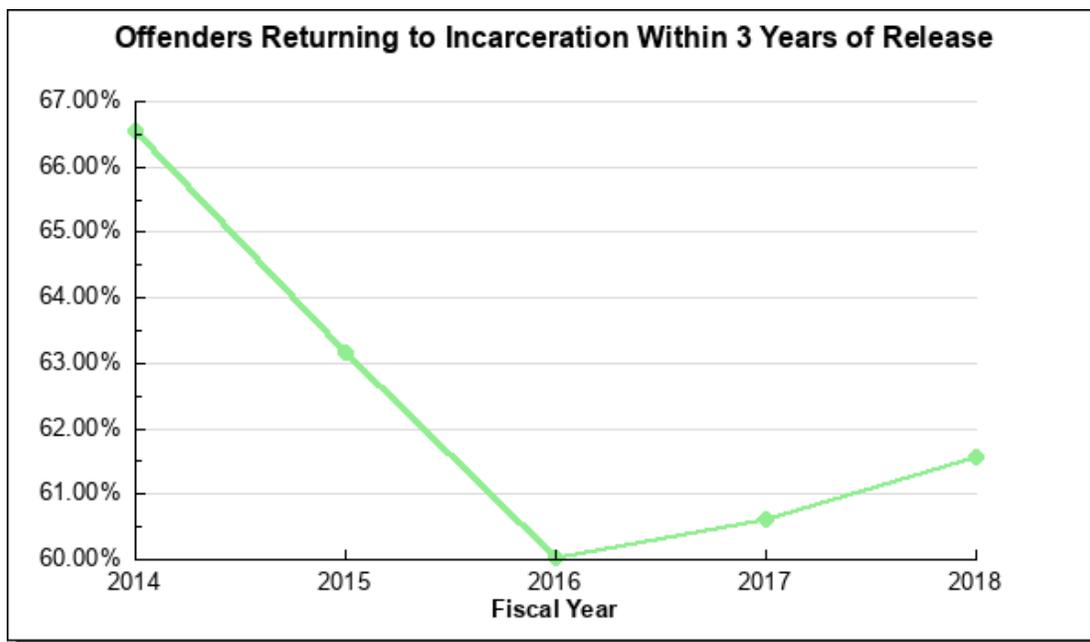
Fiscal Year 2021

July 1, 2020 – June 30, 2021

Background

Alaska Statute 47.38.100 requires the Department of Corrections (DOC) and the Department of Health and Social Services (DHSS) to develop a joint annual report on recidivism reduction services.

Overall recidivism reduction is the goal of DHSS and DOC reentry programs. Recidivism rates are calculated based on the definition defined in AS 44.19.647: All felons released within a given year who return to incarceration within three years for any offense conviction (felony or misdemeanor) or any probation/parole violation. This definition makes Alaska unique in that most states do not include misdemeanor convictions and some states do not include probation/parole violations. The chart below shows an overall decrease in recidivism in the past seven years. Because recidivism numbers are based on three years' post-release, current data is from the cohort released in 2018.



Recidivism Reduction Initiatives and Services

The Division of Behavioral Health (DBH) in DHSS manages grants, contracts, and initiatives that align with increasing successful health and public safety outcomes. The division works with a diverse stakeholder group, including law enforcement, state stakeholders such as the Alaska Court System (ACS), DOC, the Alaska Mental Health Trust Authority¹, and the Department of Labor and Workforce Development (DOLWD), community providers, and reentrants and their families. Based on the FY 2021 authorized budget, DBH received \$7,050,900 in recidivism reduction funding. DHSS utilizes a portion of recidivism reduction funding to support a variety of evidence-based treatment programs, including psychiatric emergency services, outpatient treatment services for individuals with severe mental illness (SMI), and to treat seriously emotionally disturbed (SED) transitional aged youth (18-22). Evidence-based treatment programs and services help meet the diverse and complex needs of reentrants within their local communities upon release. The division also allocated \$1,625,000 to fund community-based recidivism reduction and reentry activities.

Department of Corrections

DOC utilizes partnerships with other state entities to include the Alaska Mental Health Trust Authority, DHSS, Department of Public Safety (DPS), DOLWD, the Department of Education and Early Development, and ACS along with private organizations statewide to aid in reducing recidivism rates for criminal justice involved individuals.

Throughout FY 2021, DOC continued to broaden recidivism reduction and reentry efforts statewide through these efforts:

- Expansion of the Second Chance Act Grant Statewide Recidivism Reduction Grant awarded from the Federal Bureau of Justice Assistance (BJA).
- Submission and acceptance of a proposal for the BJA Correctional Adult Reentry, Education, Employment & Recidivism Reduction Strategies (CAREERRS) grant that will expand existing, educational, vocational, and employment services training for incarcerated offenders reentering the rural workforce. Completion of this training is expected to improve educational and employment outcomes, as measured by the number of credentials and job offers received. DOC received \$900,000 for a three-year period through this grant.
- Funding to support eight Reentry Unit positions: Reentry Program Manager, Reentry Grant Manager, Criminal Justice Planner for Education and Vocational Training, Education Specialist I, two Program Coordinator IIs, and a Criminal Justice Technician II.
- Expansion of medication assisted treatment services.
- Expansion of re-entry supports for individuals struggling with substance use disorders.
- Expansion of substance use disorder (SUD) screening and assessments within community residential centers (CRCs).
- Increased access to peer-based supports and training.
- Building stronger relationships with community partners.
- Establishing new partnerships to aid in the successful transition of reentrants into communities throughout Alaska.

¹The Alaska Mental Health Authority funds four Reentry Coalition Coordinator positions through partnership grants.

COVID-19 and Reentry

In FY 2020, the State of Alaska declared a public health emergency in response to the COVID-19 pandemic. The COVID-19 pandemic changed the way in which community-based reentry providers worked with inmates releasing from prison or jail. In response to the pandemic, DOC institutions adopted emergency safety measures to mitigate the spread of COVID-19. The challenges of COVID-19 continued in FY 2021.

Impact on Reentry Programming

Challenges emerged as reentry service providers attempted to transition from face-to-face in-reach² to other methods of assisting inmates with services upon release. Reentrants faced setbacks as they navigated municipal and state emergency orders while attempting to gain or maintain employment, housing, and access to treatment. Many reentrants struggled to access the internet due to cost, lack of necessary devices, and limited knowledge and education about virtual platforms that have become widely used during the pandemic.

Impact of COVID-19 on Treatment Services within DOC

COVID-19 continued to have an impact on the provision of treatment services statewide. Some of the challenges resulting from COVID-19 include:

- Treatment groups were suspended due to group size restrictions and limited access to institutions.
- Community based services were suspended, then restarted with reduced capacity and additional screening requirements.
- In-person training was limited due to restrictions on group size.
- Limited infrastructure in place to support offsite telehealth services.
- Reduced DOC workforce due to COVID-19.

Response to COVID -19 Challenges

FY 2021 continued to be a challenging for reentry service providers; however, there were program successes in the areas of housing and employment, peer support, medication-assisted treatment, and telehealth services.

To mitigate the challenges resulting from COVID-19 DOC implemented the following:

- Substance use disorder services (SUD) services moved to providing services via telehealth.
 - Assessments moved to telehealth except at the Anchorage Correctional Complex-East which continued to conduct 1:1 in person assessments following CDC guidelines.
 - Residential Substance Abuse Treatment (RSAT) moved to 1:1 telephonic sessions.
 - Intensive Outpatient Substance Abuse Treatment (IOPSAT) moved to 1:1 telephonic sessions.
- In conjunction with American Society of Addiction Medicine (ASAM) staff converted the computerized Continuum Co-Triage screening tool to a paper version so it could be completed offline.
- Individual mental health services continued in person following CDC recommended guidelines.
 - In facilities with active COVID-19 cases, staff conducted no-contact sessions in the visitor's area.

- Mental health staff completed remaining group requirements on a one- to-one basis.
- Many psychiatric services were provided via telehealth.
- Small group services were provided in the acute and sub-acute mental health units following CDC recommended guidelines. This was made possible as each unit was considered a “family unit”.

Housing and Employment

Of the eight reentry hubs that receive funding from DBH³, Anchorage has the highest number of reentrants releasing back into the community. A significant number of these individuals have committed sexual offenses and are supervised by DOC. Due to the nature of the offense this population presents unique challenges for providers in securing transitional housing and increasing employment opportunities while still protecting the public. Community reentry providers utilize recidivism reduction funding to connect this high-risk population to emergency supports and transitional housing, with the goal of increasing permanent placements within the reentrant’s community of residence. Recidivism reduction funding ensures that secure housing, employment, and treatment are more readily available upon release, which increases the likelihood that reentrants will continue to engage in positive behaviors that reduce recidivism.

Quarantine requirements also created challenges for transitional living placements. Transitional housing is used by community reentry providers to temporarily secure emergency housing options for reentrants who would otherwise be homeless. Transitional housing allows reentrants to access treatment, search for employment, and connect with community supports. Due to a period of increased COVID-19 cases, collaborations between community-based providers around quarantine placements became a crucial element in mitigating the spread of COVID-19 within transitional housing placements. DBH used Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to assist with safe quarantine placements in Anchorage and the Mat-Su Valley.

² In-reach is a meeting that takes place with the inmate prior to release. The intended purpose of in-reach is to work with inmates to assess needs, such as employment connections and treatment, prior to release so that community supports will be in place in time for their release date.

³ DBH administers reentry grants and contracts in the areas of Anchorage, the Mat-Su, Fairbanks, Juneau, the Kenai Peninsula, Nome, Bristol Bay, and Ketchikan.

A main focus for reentrants is on securing education and competitive employment to aide in self-sufficiency. With local mandates and shutdowns, reentry case managers reported increases in assistance to reentrants who lost their employment during this time. Reentry service providers assisted reentrants in applying for emergency supports – including applications for unemployment, public assistance, and food stamps – which allowed reentrants to maintain community-based support during the pandemic. With many services moving online, reentry case managers focused on ensuring reentrants gained access to Internet connections upon release. Thereby ensuring reentrants could successfully apply for, and maintain, emergency supports during the pandemic.

Throughout the pandemic, reentry service providers continued to work with the reentrant towards permanent housing placements within the community and competitive employment.

Telehealth Services

The pandemic required reentry service providers find new and innovative ways to connect reentrants to community-based services and supports.

Reentrants continued to face increased challenges in maintaining their sobriety and mental health during the pandemic. Isolation from friends and family and interruptions to daily routines can exacerbate mental health issues such as depression and suicidal ideation. Relapse for drugs and alcohol, which remains highest in the weeks immediately after releasing from prison, were also areas of concern as many service providers began delivering services through online or telehealth platforms. In response to this emerging need, reentry service providers utilized funding to purchase devices that allowed reentrants to access behavioral health and emergency supports.

Diversion and Intervention

DBH and DOC work collaboratively to divert individuals from further involvement with the criminal justice system by connecting them to treatment, supervision, or services that address the underlying issues leading to law enforcement encounters. DBH works with several community coalitions across the state to encourage local intervention and partnerships at the community-level.

Alcohol Safety Action Program (ASAP)

The Alcohol Safety Action Program (ASAP) provides substance abuse screening, case management and accountability for Driving While Intoxicated (DWI) and other alcohol/drug related misdemeanor cases. The work of ASAP leads to:

- Increased accountability of offenders.
- Reduced recidivism resulting from successful completion of required education or treatment.
- Significant reductions in the amount of resources used by the criminal justice system due to successful compliance from offenders.
- Safer communities and protections from revictimizations of innocent citizens due to adherence by offenders to probation conditions, court appearances, and participation in treatment.

In FY21, there were approximately 3,800 ASAP admissions statewide, with 2,500 of those cases in the Anchorage area.

Because of the COVID-19 pandemic, each client was encouraged to contact ASAP via phone or email and participate in an on-line orientation. Following orientation, ASAP Probation Officers meet virtually with individual clients to administer an actuarial assessment tool, the Level of Service Inventory-Revised (LSI-R), which is used to identify the client's risks and needs. During the interview, barriers to treatment are also

identified. After the interview, ASAP Probation Officers assist with connecting clients to treatment and monitoring progress within the treatment program, making it more likely that the client will succeed. The ASAP office has also developed regular on-line training opportunities for staff and treatment providers to maintain consistent program procedures statewide.

ASAP has been able to continue the community supervision of therapeutic court participants who are either COVID-19 positive or who have had contact with someone who was positive. ASAP has been using several phone apps while delivering urinalysis (UA) sample kits to participant's residences and then retrieving the kits once the participants have donated the sample and sealed the containers to send to the lab for testing. By implementing this process, we have been able to uphold the integrity of our testing program throughout the pandemic.

Department of Corrections and the Therapeutic Courts

In FY 2021, DOC continued to partner with the ACS on therapeutic courts statewide. The department has a long-standing partnership with the therapeutic courts to aid in identifying referrals and assisting in coordinating services with community providers. DOC's partnership with the therapeutic courts focuses primarily on individuals struggling with mental illness and/or addiction, in addition to providing referrals and assistance in linkage to treatment. One example of this partnership is the Palmer Wellness Court where many of the substance use disorder services for participants are provided through a vendor contracted through DOC. The Palmer Coordinated Resources Project (PCRP) was able to serve an average of 14 individuals a month. The Palmer Wellness Court (PWC) was able to serve an average of 23 individuals a month.

Individuals accepted into a therapeutic court are required to attend court status hearings weekly, bi-monthly or monthly depending on their stage in the program. The court team meets weekly to review their progress, and to suggest incentives or sanctions that may best encourage the participants' success. Although the details vary within each of the therapeutic courts, the basic structure is the same:

- A team approach to supervise and encourage a participant's progress.
- A system of sanctions and incentives for performance in the program.
- Upon successful completion of the program, participants' sentences are imposed according to the initially negotiated agreements.
- Participants who are unable or unwilling to complete the program are dismissed and the original sentence is immediately imposed.
- In the Children's Therapeutic Court, children are either reunited with their parent(s) or parental rights are relinquished, and the case is closed with the Office of Children's Services.

DOC participated in the Legislative Task Force on Therapeutic Courts which examined the therapeutic court model of criminal offender treatment and will be provided recommendations for improvements and expansion of existing programs and accessibility within the state.

Department of Corrections and the PACE Program

DOC's Probation Accountability with Certain Enforcement (PACE) program aims to reduce crime and drug use among criminal offenders. PACE identifies probationers who are likely to violate their conditions of probation, notifies them that violations will have consequences, requires frequent randomized drug and/or alcohol tests, and responds to violations with swift, certain, and short terms of incarceration. DOC's PACE is a program made possible through cooperation with the Alaska Court System, the Department of Law, the State Public Defender's Office, the Office of Public Advocacy, the

Department of Public Safety, and local/municipal law enforcement in participating communities.

Department of Corrections and Integrated Substance Use Disorder Services

In FY 2021, DOC expanded a program that embeds substance use disorder (SUD) counselors in field probation offices in Palmer and Kenai. The program utilizes the screening, brief intervention, and referral to treatment (SBIRT) model. The goal is to eliminate any barriers to accessing treatment when the need is identified. This also allows for an option to increase treatment supports in lieu of jail time for offenders who historically might receive technical violations associated with substance misuse. The plan in FY 2022 is to place additional SUD staff in hub offices statewide.

Community Reentry Coalitions

Eight reentry coalitions around the state continue to develop innovative ideas for community-based interventions for at-risk populations. The division uses recidivism reduction funding to support rural coalitions in four locations across Alaska. Coalitions serve the community in Juneau, Fairbanks, Anchorage, the Mat-Su, Dillingham, Nome, the Kenai Peninsula, and Ketchikan. Local law enforcement, correctional staff, businesses, community providers, and concerned citizens collaborate with state stakeholders to increase public safety outcomes through the implementation of strategic, community-based goals developed through community reentry coalitions.

Reentry coalitions also serve as a platform for sharing information, meeting and networking with individuals and programs engaged in prisoner reentry and providing the means for learning about new and existing reentry and criminal justice programs and issues. Common challenges identified at the coalition-level include the shortage of reentry and low-income housing, access to physical and mental health care treatment and services, educational and training opportunities, employment, transportation, and emergency supports. Similar to FY20, these challenges continue to be amplified by the COVID-19 pandemic.

Through the coalition framework, which brings diverse community members together to work on challenging local issues, the following action plans have been operationalized across the state:

- Community awareness about reentry barriers,
- Annual community needs assessments,
- Safe and Sober community gatherings,
- Reentry program graduations,
- Joint events with coalitions and local correctional institutions,
- Increased local reentry case management in rural areas,
- Partnerships with local Department of Labor and Workforce Development Job Centers,
- Board positions and coalition membership includes local partners representing the Department of Health and Social Services, the Department of Corrections, the Department of Labor and Workforce Development, local law enforcement agencies, the Alaska Court System, municipality and borough government representatives, treatment providers, and housing and homelessness advocates.

Coalition activities include:

- Gathering community donations for reentrants, including:
- Serving as the local point of contact for DOC and other interested stakeholders around reentry, reducing recidivism, and local public safety efforts,
- Serving as statewide training and conference leads, and
- Developing community-based reentry program standards and guides statewide

DBH is committed to supporting rural communities interested in developing and implementing reentry programs that are not currently served by existing coalitions, with a particular focus on the Bethel area.

Treatment and Recovery Services

In FY21, DBH continued to focus on increasing treatment and recovery services for the criminal justice population. Specifically, the division focused on the following areas:

- Bridging the gap between pre-release connections and post-release services,
- Increasing independence through employment and training opportunities,
- Enhancing recovery through a focus on aspects related to increased health and wellness outcomes, and
- Increasing the use of peer support services.

DBH Medication-Assisted Treatment

The division continued its commitment to bridge the gap between social services agencies and medication-assisted treatment providers (MAT). MAT services include buprenorphine, extended-release naltrexone, naltrexone, and methadone. Reentry case managers facilitate referrals to MAT providers, assist reentrants in applying for medical benefits to access MAT services, and provide transportation assistance to medical appointments.

Department of Corrections Treatment Initiatives

In FY 2021, DOC continued to focus on expanding, standardizing, and streamlining treatment and recovery services. The department has an initiative to implement evidence-based services system wide and has been systematically exploring programming and services to ensure the following:

- Programming is evidence-based or evidence-informed.
- There is continuity of care between institutions and community-based programming.
- The interventions being provided between programs address similar core interventions to aid in reducing recidivism rates across the system of services. For example: utilizing cognitive behavioral interventions in all programs so that the core skills learned may be generalized and applied to multiple areas.
- Programming that addresses identified criminogenic needs.
- Programming clearly outlines participant expectations and what is needed to be successful in treatment.
- Programming is being provided at the right time, for the right population.
- Increased access to assessments and community aftercare or programming.
- Standardized criteria for admission, discharge, and completion of programming systemwide.
- Standardized evaluation criteria to ensure programming is being utilized to fidelity.

Access to Treatment

DOC offers a full spectrum of care for individuals struggling with addiction. These services are based on the American Society of Addiction Medicine (ASAM) levels of care.

SUD Screening and Assessment

In FY 2020, DOC began utilizing the ASAM Continuum: Co-Triage screening tool for initial SUD screenings.

This screening provides a preliminary level of care and diagnosis for the individuals being screened. This tool has allowed DOC to better allocate services based on identified offender needs.

SUD assessments are the basis for the type of care offered to offenders within DOC. The SUD assessment is used to determine the most appropriate level of care and intensity of needed services. Each assessment includes the nature and extent of an offender's drug problems; establishes whether problems exist in other areas that may affect recovery; helps form an appropriate treatment plan; and uses the ASAM Continuum assessment tool, considered to be the gold standard for assessing the needs of individuals struggling with addiction. DOC partnered with ASAM to develop a corrections-specific tool to better meet the needs of the targeted population.

Intensive Outpatient Substance Abuse Treatment (IOPSAT) Level 2.1

Intensive Outpatient Substance Abuse Treatment (IOPSAT) provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program using evidenced-based interventions. Within DOC, IOPSATs are typically 15 weeks in duration and individuals are provided 15 hours of group per week, plus individual sessions. The female IOPSAT program uses gender specific curriculum, Criminal Conduct, and Substance Abuse Treatment. The male program uses New Directions and Living in Balance.

In FY 2021 IOPSAT services were provided by contract staff. IOPSAT is provided at Goose Creek Correctional (Wasilla), Fairbanks Correctional Center (Fairbanks), Anvil Mountain Correctional Center (Nome) and Hiland Mountain Correctional (Eagle River). In addition to facility-based services, the department also offers community-based IOP services in Anchorage, Mat-Su Valley, and Fairbanks communities.

Institutional Residential Substance Abuse Treatment (RSAT) Level 3.5

Residential treatment services use a modified therapeutic community (MTC) model of treatment. MTCs use a combination of counseling, group therapy, and peer activities to promote multi-dimensional change of the whole person including drug abstinence, elimination of antisocial behavior, and the development of prosocial behavior, attitudes, and values. Studies find that MTC participants show improvements in substance use, criminal behavior, and mental health symptoms. Additionally, MTCs provide a cost-effective way to decrease substance use and improve public safety.

DOC has three RSATs: two male programs and one female program. The treatment programs use New Directions and Living in Balance for their curriculum. The female program adds the Moving On curriculum to assist in addressing gender specific treatment issues. Both male and female RSATs are approximately six months in duration and require 25 hours of group per week plus individual sessions.

In FY 2021 RSAT services were provided at Hiland Mountain Correctional (Eagle River) and Wildwood Correctional center (Kenai) by contract providers. In FY 2022, the department will add an additional 40 bed treatment program at the Palmer Correctional Center.

Substance Abuse Re-Entry Coordination

In FY 2021, DOC added a Substance Abuse Re-Entry Coordination (SARC) position focused on aiding those individuals struggling with addiction to connect to community treatment resources and reintegrating successfully into the community. FY 2021 proved to be a challenging year for the SARC position due to difficulties related to COVID 19. Services were initiated in the Mat-Su Valley through a partnership with a local community SUD provider. To improve SARC services, DOC plans to add additional SARC positions in FY22.

Sober Living Units

DOC Sober Living Units provide those individuals actively engaged in treatment, or who have completed treatment, the opportunity to reside in an environment focused on maintaining sobriety through the practice of healthy living. These units use a combination of staff and peer mentors to provide a positive, prosocial environment.

Number of Offenders Completing an Institutional or Community-Based Substance Abuse Treatment Program

Fiscal Year	Assessment / Referrals	IOP	RSAT	YTD Total
FY 2021	1,071	8	32	1,111
FY 2020	1,127	337	88	1,552
FY 2019	1,106	196	76	1,378
FY 2018	913	71	34	1,018
FY 2017	851	283	151	1,285

DOC Medication-Assisted Treatment

When clients at an Opioid Treatment Program (OTP) are incarcerated, DOC and DBH work together with the OTPs to provide continuation of the methadone if the individual is incarcerated for less than 30 days. If incarceration is beyond 30 days, the OTP will provide a tapering service to safely end the medication for the individual. Coordination between OTPs, DOC, and DBH staff ensures compliance with federal regulations and treatment needs for the individual. DOC, DBH, and OTPs continue to review these processes and internal policies to enhance efficiency of the coordination of care of incarcerated individuals with an OUD.

During FY21 Medication Assisted Treatment- Reentry (MATR) services continued at Anchorage Correctional Complex (Anchorage), Hiland Mountain Correctional (Eagle River), Fairbanks Correctional Center (Fairbanks), Goose Creek Correctional Center (Wasilla), Wildwood Correctional Center (Kenai) and Anvil Mountain Correctional Center (Nome), Lemon Creek Correctional Center (Juneau) and Spring Creek Correctional Center (Seward). The department allows open access to this program to both sentenced and un-sentenced offenders and expanded services to include bridging of MATR services for up to 30 days after remand.

Medications Assisted Treatment interventions and treatment options the department offers include:

- Screening all offenders entering a DOC facility for an Opioid Use Disorder (OUD). Substance Use Disorders (SUD) assessments as needed to further determine seriousness of OUD needs.
- Methadone and buprenorphine bridging for up to 30 days for offenders remanded with a verified community prescription with tapering off medications starting after the initial 30 days.
- Continuation of MATR for pregnant offenders as long as therapeutically necessary to ensure the overall health of the mother and child.

- Providing resources while incarcerated and when returning to the community to include education, counseling, help with housing, connection to benefits and other associated needs.
- Extended-release naltrexone is available to offenders meeting criteria, prior to releasing back into the community.
- Offering a Narcan Rescue Kit offenders releasing back into the community to help in the event they or someone they know experiences an overdose due to the use of opiates.

In FY 2021, the program provided services to 408 offenders. This includes services for 16 offenders prescribed Vivitrol, 191 offenders prescribed Suboxone, and 201 individuals prescribed Methadone. In addition to the Vivitrol programs, the department continued its Methadone bridging services with three Opioid Treatment Programs in the Anchorage bowl, Mat-Su Valley, Fairbanks, and Nome. These services provide bridging of Methadone for up to 30 days to minimize any break in treatment for those individuals incarcerated for short periods of time. These services are available at Anchorage Correctional Complex (Anchorage), Anvil Mountain Correctional Center (Nome), Hiland Mountain Correctional (Eagle River), Matsu Pre-Trial (Palmer), Goose Creek Correctional Center (Wasilla) and Fairbanks Correctional Center (Fairbanks). In 2022 the department plans to expand these services to Lemon Creek Correctional Center (Juneau), Wildwood Correctional Center (Kenai), and Ketchikan Correctional Center (Ketchikan).

Cognitive Behavioral Interventions

DOC focuses on providing evidence-based programming utilizing cognitive behavioral interventions in order to reduce recidivism and have the most impact on improving overall mental health.

Cognitive behavioral therapy programs help offenders improve their social skills, focus on means-ends problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management, and self-efficacy. Some of the programming DOC offers offenders while in custody includes but is not limited to:

- **Anger Management:** The Substance Abuse and Mental Health Services Administration’s (SAMHSA) 12-session, evidence-based anger management program, designed to aid offenders in managing their anger by addressing the following areas: Events and Cues: A Conceptual Framework for Understanding Anger; Anger Control Plans: Helping Group Members Develop a Plan for Controlling Anger; and The Aggression Cycle: How to Change the Cycle.
- **Healthy Living/Coping with Incarceration:** An ongoing open-ended group that utilizes cognitive behavioral interventions designed to assist offenders in adjusting to incarceration and provide basic tools for overall healthy living.
- **Cognitive Change Programs:** Cognitive change programs focus on changing the criminogenic thinking of offenders through cognitive restructuring (identifying, challenging, and altering antisocial thought patterns and beliefs), social skills development, and development of problem-solving skills. These classes help offenders learn to recognize when their thoughts and feelings are leading them toward criminal behaviors, what impact those behaviors have on others and on their own lives, and how to redirect those thoughts and feelings in a manner that leads to healthier behaviors. These programs help identify and provide alternatives to what are often referred to as “criminal thinking errors.” Several Reentry Unit staff and institutional education coordinators were trained in the National Institute of Corrections’ Thinking for a Change Program. A plan is being developed for delivery of this program to inmates in FY22 and for additional training of staff, including a train-the-trainers class.
- **Rational Emotive Behavioral Therapy for Depression and Anxiety:** REBT helps clients learn and practice new ways of thinking, feeling, and acting.
- **Seeking Safety:** An evidence-based, present-focused counseling model to help people attain

safety from trauma and/or substance abuse. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.

- **Dialectical Behavior Therapy (DBT):** DBT is a cognitive behavioral therapy designed to help people change patterns of behavior that are not helpful, such as self-harm, suicidal thinking, and substance abuse.

1115 Behavioral Health Medicaid Waiver

A common challenge for individuals releasing into the community is access to behavioral health treatment across the continuum of care. As part of behavioral health reform efforts, the 1115 Behavioral Health Medicaid Waiver (1115 Waiver) allows the department to support new and expanded community-based behavioral health programs for Medicaid eligible individuals, including inmates exiting from correctional facilities. The 1115 Waiver has two components, a substance use disorder (SUD) component and a behavioral health component.

The 1115 Waiver SUD component focuses specifically on increasing access to care and improving the quality of SUD treatment, these services include:

- Community and recovery support services, including peer support services
- Intensive outpatient treatment
- Ambulatory and residential withdrawal management
- Residential treatment levels of care
- Intensive case management
- Substance use disorder care coordination
- Partial hospitalization
- Mobile outreach and crisis response
- Medically monitored intensive inpatient services
- Medically managed intensive inpatient services
- Medically monitored inpatient withdrawal management services
- Medically managed intensive inpatient withdrawal management services

Goals related to substance use disorder and opioid treatment include:

- Match individuals with substance use disorder with the services and tools necessary for recovery using the American Society of Addiction Medicine (ASAM) criteria
- Increase substance use disorder treatment options for youth
- Improve substance use disorder infrastructures, workforce, and capacity utilizing certification and ongoing accountability
- Expand the use of effective pharmacological treatment for substance use disorders
- Define clear standards of care for opioid treatment services

Regulations for the behavioral health component of the 1115 Waiver were made permanent in October 2020. Providers began to onboard and provide these services shortly after the effective date. The behavioral health component of the waiver includes additional community-based services, such as:

- Assertive community treatment teams

- Intensive Case Management Services
- Home-based family treatment
- Adult mental health residential
- Peer-based crisis services
- 23-hour crisis observation and stabilization services
- Crisis stabilization services

Medicaid and Behavioral Health Reform

DBH is engaged in behavioral health reform efforts, including services that address the behavioral health needs of individuals releasing from correctional facilities. DHSS behavioral health treatment supports are leveraged with criminal justice specific supports, such as linkages to treatment providers prerelease; transitional, rapid or permanent housing placements; increased enrollment in Medicaid (to facilitate greater access to treatment resources); transportation support for individuals trying to make appointments; and cognitive behavioral supports.

As part of Medicaid and public safety efforts, DOC provides assistance in completing hardcopy Medicaid applications for individuals who are within 30 days of their release date. DOC field probation officers and Community Residential Center staff also assist offenders in applying for Medicaid benefits. DHSS processes applications and pays claims on Medicaid services, including those for qualifying individuals with criminal backgrounds.

Individual Placement and Support (Employment)

The Individual Placement and Support (IPS) model is an evidence-based practice that assists individuals with behavioral health disorders to gain competitive employment. The IPS model is based on 8 practice principles: systematic job development, rapid job search, integrated services, benefits planning, zero exclusion, time-unlimited supports, competitive employment, and worker preferences. The IPS model adheres to a 25- item fidelity scale. IPS programs that adhere to good fidelity are more likely to achieve enhanced competitive employment outcomes. Many of the individuals accessing IPS supports have been involved with the criminal justice system. In FY 2021, DBH funded 5 supported employment programs. The grantees are located in Sitka, Homer, Soldotna, Anchorage, and Fairbanks.

Section 811 Project-Based Rental Assistance (PRA) Program

The Section 811 Project-Based Rental Assistance program is a partnership between the State of Alaska and the Alaska Housing Finance Corporation and is partially funded by the Department of Housing and Urban Development (HUD). This Permanent Supportive Housing program provides participants with safe and affordable housing, and the necessary services and supports to ensure participants maintain independent community living. The program serves individuals between the ages of 18-62 who have a disability and are considered low income. Since 2018, DBH has expanded the target population to include individuals who are re-entering the community from institutional care, including from an inpatient psychiatric or residential treatment facility, jail, or prison. DBH grantees actively coordinate with DOC to facilitate program access for individuals who are currently being released or who have been in a correctional facility within the past 12 months.

Mainstream Vouchers

Mainstream vouchers provide housing assistance for individuals who have a disability and who are homeless, at risk of homelessness, institutionalized, or at risk of institutionalization. DBH works with the Alaska Housing Finance Corporation to distribute a total of 65 vouchers in the communities of Anchorage, Palmer, Wasilla, Fairbanks, Juneau, Kenai, Soldotna, and Homer.

Recovery Residences

Recovery residences refer to safe, healthy, and substance-free living environments that support individuals in recovery from addiction. Across the state, there has been a lack of recovery residences (also referred to as sober housing) for people in recovery from substance use disorders, many of whom have DOC involvement related to substance use disorders. Under the federally funded State Opioid Response (SOR) program, DBH has established eleven recovery residences located in Anchorage, Mat-Su, Soldotna, and Fairbanks. In FY21, two rural recovery residences were funded to serve communities in Juneau and Seward. These residences have a large peer support component of the recovery residences, with many peer-led groups taking place in the homes.

Peer Support

All DBH funded reentry grant programs have a peer support case manager. This person has the lived experience of successfully transitioning from the criminal justice system to the community. Peer support continues to be an essential part of treatment recovery in mental health, substance use disorders and reentry. Peer support is defined as people with a “lived or personal experience” who are qualified through training and/or supervised work experience to help others with similar circumstances reach goals and achieve recovery. Reentry case managers refer reentrants to peer support programs in their community. Together reentry case managers and peer supports assist reentrants in obtaining support in an array of services, such as housing, sober leisure skills, substance use treatment, mental health treatment, employment, and overall support of transitioning back into the community. DBH and the Alaska Mental Health Trust Authority remain committed to supporting peer support services throughout Alaska.

In January 2021, the Alaska Commission for Behavioral Health Certification began accepting applications for Peer Support Professional (PSP) and Traditional Peer Support Professional (TPSP) certifications. The certification process is multi-tiered and ranges from a Peer Support to a Peer Support Professional III. To date there have been 45 certified PSPs and TPSP. Many reentry case managers are certified, and some hold the highest certification of PSP IIIs and TPSP IIIs. There are 84 applications and applicants are from across the state. Application areas include Anchorage, Big Lake, Homer, Kenai, Juneau, North Pole, Fairbanks, Soldotna, Wasilla, Palmer, and Valdez.

DOC has utilized peer mentors through all levels of care within its SUD and mental health services for a number of years. In an effort to expand future employment opportunities for individuals acting as peer mentors, in FY 2021 DOC started development of a peer certification training that would meet the certification requirements to become a peer support specialist upon release. DOC plans to have the peer certification training fully implemented by the end of FY 2021.

SCAG and DBH Grants

DBH and the DOC Reentry Unit continue to work with community-based reentry programs, including reentry case managers, reentry centers, and social service agencies, to provide access to emergency support services and case management. To improve program sustainability, community-based reentry programs have applied for Individual Beneficiary grants with qualified clients, as well as for state and federal grants that complement the services offered to program participants. These grants assist reentrants with transitional housing, transportation such as bus passes, clothing, and a wide array of other items to help with reentrant self-sufficiency

In addition to established reentry services, in FY 2021 DOC continued with the Second Chance Act Grant (SCAG) for Statewide Recidivism Reduction. The SCAG reentry program was designed to help states take

a systematic, sustainable approach to establishing policies and practices that will improve recidivism outcomes for people released back into the community from state prison. Specifically, the program calls on state correctional departments to invest in evidence-based programs and practices that reduce recidivism by addressing three content areas:

- Use risk and needs assessments to inform resource-allocation decisions and individual case plans;
- Evaluate recidivism-reduction programs, practices, and trainings and ensure they are implemented with fidelity; and
- Implement community supervision policies and practices that promote successful reentries.

Reentry Services

In FY 2020, DOC moved to the implementation phase, and this continued through FY 2021. Several of the deliverables for this Bureau of Justice Assistance Grant were completed, including the building of a Reentry Unit. The Unit has eight positions: Program Manager, Grant Manager, Criminal Justice Planner for Education, Education Specialist, two Program Coordinators, a Protective Services Specialist, and a Criminal Justice Technician II. All positions were filled in FY2021.

The Reentry Unit aims to formalize a Coordination of Care model that holistically addresses the individual's needs at each intercept throughout the incarceration process. DOC is developing a coordinated reentry model that will focus on prioritizing individual needs upon release to best address their identified risks. The reentry program is collaborative and includes prerelease programming, peer mentoring, and in-reach and case management prior to release with outside community providers. The goal of the program is to use strategic plans that are informed by a data-driven assessment, drivers of recidivism in the state, and system limitations to focus on system-level reforms related to risk- and need-driven case planning and resource allocation, delivery of quality programming targeting criminogenic needs, and effective supervision processes. Design elements include establishment of a reentry program that incorporates institutional programming with the risk-needs assessment analysis for each inmate. This analysis culminates in an Offender Management Plan that is updated as needed as the offender moves into reentry. At this point the data-sharing element will begin, as needed, to ensure a coordination of efforts between DOC and community providers. Other elements include taking steps toward continuous quality improvement and quality assurance.

As the Reentry Unit works its way through the scope of work for this grant, the infrastructure is being established, making the coordination of care and other programs, both created and enhanced with the grant, sustainable at the grant's conclusion, currently September 30, 2022. The grant may be extended by the BJA due to the problems with program implementation during the pandemic.

In FY 2021, DOC Reentry Unit was awarded a second Bureau of Justice Assistance Grant for \$900,000 dollars. The goal of the DOC's CAREERRS Rural Reentry Program is to implement new and to expand existing educational, vocational, and employment services training for incarcerated adult offenders reentering the rural workforce. Completion of this training will result in improved educational and employment outcomes, as measured by the number of credentials and job offers received. In FY21, the division continued to focus on increasing treatment and recovery services for the criminal justice population. Specifically, the division focused on the following areas:

- Bridging the gap between pre-release connections and post-release services.
- Increasing independence through employment and training opportunities.

- Enhancing recovery through a focus on aspects related to increased health and wellness outcomes.
- Increasing the use of peer support services.

Training will focus on a three-year period before release, with follow-up services upon reentry. ADOC objectives are to:

- Develop an action plan upon BJA funding approval.
- Establish awareness and training with correctional system staff, the community workforce, reentry service providers, and community coalitions to launch the reentrant career pathway.
- Establish reentrant coordinated pathway pre- and post-release with cognitive-based, mental health, substance abuse, and reentry services.
- Establish labor market, needs-informed education and training by increased instruction in basic literacy, vocation, and job training in eight institutions; implement three new training programs and Alaska Native life skills for offenders returning to the designated low-income rural areas.
- Develop partnerships with local employers to create offender jobs skills training proven to lead to post release employment.
- Conduct individualized reentry career planning at the start of incarceration through post-release, and
- Establish program sustainability through evidenced based programs, practices, and strategies.

The CAREERRS Rural Reentry Program will serve approximately 300 total beneficiaries and will target the most overrepresented population within the Alaska DOC, the Alaska Native population.

One of the Reentry Unit's program coordinators has assumed responsibility for the scope of work for this three-year grant. The grant provides for hiring a full-time Career Counselor who will work with the offenders while incarcerated and after release. Services will begin to the participants in FY22. Additionally, DOC has specialized reentry services focused on meeting the needs of individuals diagnosed with a mental illness, substance use disorder, or who are dually diagnosed. DOC recognizes that mentally ill offenders recidivate at more than twice the rate of non-mentally ill offenders and it is DOC's goal to reduce clinical relapse, reduce legal recidivism, and increase successful reentry for this vulnerable demographic. 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 program is designed to aid offenders on felony probation or parole who have been diagnosed with a severe and persistent mental illness in transitioning and maintaining 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 APIC initiative is to assist eligible beneficiaries with severe mental illness and/or cognitive disorders to engage and remain in services with a community agency following incarceration to *contribute* to the overall reduction of recidivism by increasing access to treatment. In FY 2021, APIC was able to provide services for 859 referrals of which 538 were unduplicated individuals.

On average, 43.5% of those offenders who participate in IDP+ release programming do not return to incarceration.

DBH continues to work with community-based reentry programs, including reentry case managers, reentry centers, and social service agencies, to provide access to emergency support services and case management. Services include assistance with both transitional and permanent housing, linkages to treatment and employment, and transportation assistance. When possible, case managers also provide pre-release planning, quarterly and bi-weekly pre-release planning sessions within correctional institutions. These services are subject to DOC's COVID-19 protocols and policies and have varied greatly depending on current community conditions related to COVID-19.

To improve program sustainability, community-based reentry programs have applied for Individual Beneficiary grants on behalf of clients, as well as for state and federal grants that complement the services offered to program participants. Each reentry case management caseload has a maximum of 40 individuals, with the highest referral and caseload numbers in Fairbanks and Anchorage. In FY21, reentry case managers conducted approximately 655 intakes across the state. Though individual client needs vary, most clients have behavioral health and medical needs and require some form of housing assistance. COVID-19 has continued to limit the ability of community-based reentry programs to make face-to-face contact pre-release with inmates, and has disrupted typical day-to-day interaction with reentrants, which is largely based on in-person interactions and service delivery. To overcome this barrier, reentry programs in collaboration with DOC have produced informational videos that highlight the community-based services each agency provides.

In FY21, reentry case managers began working in Nome and the Kenai Peninsula to provide services for reentrants in more rural areas of Alaska. Nome's reentry program has been well received by both the community and stakeholders and is an example of a successful partnership between various stakeholders. In FY21, the Nome reentry program assisted 56 individuals with transitioning back into the community.

DOC continues to assist offenders in obtaining valid identification documents prior to, or upon release, in accordance with the requirements set forth in AS 33.30.011.

Information and Referral Management and Program Evaluation

Through community reentry coalition assessments and meetings with community reentry programs, DBH and DOC received feedback that increased connections between community providers and institutions would assist with successful referrals upon release. Community providers continue to reiterate the importance of reentry plans, including access to release dates, as a means of increasing prerelease connections with inmates.

Information Management

As part of reentry case management, DBH utilizes the Alaska Automated Information Management System (AKAIMS) for tracking client information, including case notes. Reentry case managers utilize a module within AKAIMS that has been modified to track reentry case management outcomes. The funding for this module also supports the Therapeutic Courts use of AKAIMS.

Referral Management

The division, along with DOC, continues to use the reentry module that is connected to the Alaska Corrections Offender Management System (ACOMS). This module allows for timely information sharing

and referrals between institutions and reentry case managers. Together DOC and DBH, and community partners continue to problem solve ways to effectively and efficiently provide information to facilitate successful referrals to community supports.

Improvements

To implement criminal justice and health care reform, DOC and DHSS have been working together to improve reentry planning and access to treatment for individuals releasing from correctional institutions. Future improvements to reducing recidivism include virtual in-reach options, increased reentry services for rural areas, increased peer supports, and increased release planning, including identification options for releasing inmates.

Virtual In-Reach option

The use of virtual in-reach to connect possible reentrants with reentry case managers has been a topic that has been championed by reentry coalitions and case managers. Access to virtual in-reach may also increase the likelihood that inmates from various institutions can establish prerelease connections with providers from the area to which they will be released. Community-based reentry service providers continue to stress the importance of pre-release contact to ensure that housing, transportation, and emergency supports are in place upon release. DBH partnered with community agencies throughout the State and produced a short, informative video that can be played during DOC reentry classes. This video is meant to provide reentrants with contract information and an overview of services offered by each community partner.

Increase Services in Rural Alaska

Community providers continue to request additional reentry services in more rural areas of the state. There is continued opportunity for collaboration between state entities and local providers to reduce implementation hurdles – such as access to identification prerelease – and to assist reentrants with more immediate connections to vital supports that are key for long-term success – such as access to community-based substance use disorder and mental health treatment.

With the CAREERS grant, DOC will place additional focus on expanding education, vocation, and employment services training for incarcerated offenders reentering the rural workforce. In addition, this grant will also fund in-custody, rural-focused training programs, Alaska Native Elder peer supports, and a DOC Career Counselor who will focus on preparing incarcerated individuals to transition into the rural workforce.

Program Review

The SCAG grant supports hiring a national consultant to look at programming within DOC institutions to determine program efficacy and make recommendations for improvement. In addition, the national consultant will train DOC staff to continue with the evaluations on an annual basis. Inmates will be assigned to programming that fits their risk assessment. Once in the community, the reentrant will be referred to programs and services to continue addressing identified risks and needs. The programming analysis is scheduled for FY22. Due to COVID restrictions, this analysis, which includes observation of current groups and classes within the institutions, has been postponed. A contract with the Crime and Justice Institute includes the programming analysis and the training of current DOC staff to carry on with the program reviews annually.

Culturally Relevant Programming

Another step currently underway in DOC is the development of more culturally relevant programming

for the Alaska Native/American Indian population. A workgroup of members of Alaska Native/American Indian organizations/tribes is being established to advise and work with DOC to provide more programming specific to these populations. This programming was also put on hold during the COVID restrictions at the institutions. Currently, DOC has a contract with a program facilitator who will be surveying and meeting with Alaska Native/American Indian organizations/tribes to discuss how DOC can work with them to lower the recidivism rate of Alaska Natives/American Indians. This work will take place during FY 2022 with implementation of the suggested programs starting towards the end of FY 2022 or in FY 2023, depending on the COVID restrictions for the institutions.

Reentry Planning

DOC continues to work toward the requirements set forth in AS 33.30.011 of solidifying formal release planning with Institutional Probation Officers (IPOs). All individuals sentenced to 30 days or more are required to have an Offender Management Plan (OMP) release completed. Ninety days prior to release, the OMP is updated by the IPO, often with the assistance of a community case manager or a member of DOC Reentry Unit. This update includes information regarding ongoing or completed institutional classes, certificate programs, and updates about an offender's housing, work, and treatment.

Reentry case managers and DOC Reentry Unit staff utilize the release plans and risk assessment scores to coordinate community services that are in line with DOC's evidence-based practices for reducing recidivism and increasing public safety. Through follow-up meetings and updates of reentry plans, efficacy is recorded and reported to the Bureau of Justice Assistance and to the State of Alaska legislature.