

**Anchorage Reentry Coalition**  
**Meeting Minutes**  
**12/3/20**  
**Hosted online via Zoom**

**Representatives in attendance included those from the following organizations/groups:** Alaska Department of Corrections; Southcentral Foundation; Partners Reentry Center; Alaska Department of Labor and Workforce Development; Alaska Native Justice Center; Akeela Development Corporation; Choosing Our Roots; NeighborWorks Alaska; Running Free Alaska; Anchorage Neighborhood Health Center; Christian Health Associates; Supporting Our Loved Ones Group; Anchorage Public Library; Cook Inlet Tribal Council; Ladies First Program, Dept. of Health and Social Services; Project HOPE, Dept. of Health and Social Services; McLaughlin Youth Center, Dept. of Juvenile Justice; Alaska VA; GEO Group.

Estimated Total Attendees: 39

1. *Introduction: Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition ([jpistotnik@nwalska.org](mailto:jpistotnik@nwalska.org))*

Mr. Pistotnik welcomed attendees and introduced the agenda of speakers for the meeting.

2. *Justin Hatton, Restorative Justice Youth Program Manager ([jmhatton@anjc.net](mailto:jmhatton@anjc.net); 907-793-3551) and Michael Farahjood,, Youth Advocate II ([mfarahjood@anjc.net](mailto:mfarahjood@anjc.net); 907-793-3568) - Restorative Justice Youth, Alaska Native Justice Center*

Mr. Hatton and Mr. Farahjood introduced themselves and the Restorative Justice Youth Program at ANJC. Mr. Hatton brings over 15 years of experience working with youth programs, including prior experience working at SCF. Mr. Farahjood has been working at ANJC for about 2 years, with prior work experience with both CITC and SCF.

Mr. Hatton went on to explain that the youth reentry program at ANJC offers opportunities to youth ages 14-22 years old that are or has been in DJJ custody, and residents of Anchorage or within a 50 mile radius (includes the Mat-Su). Pre and post-release services are offered through this program that include group activities, cultural activities, one-on-one case manager via tele-conference or virtually, job training, education, and other supportive services. Mr. Hatton explained that their approach is to walk alongside their clients; when working with adolescents, they are still learning right from wrong, and in developmental phases. Program duration and service availability runs 6-12 months. It was explained the program began September, 2019 and has continually grown, and that services have still been offered throughout the pandemic. Groups have been held with youth inside McLaughlin Youth Center (MYC), although they have been done virtually during COVID-19; case management services are also being delivered virtually. Mr. Hatton stated that other resources available through this program could include: computers and technology access, clothing, resources for finding a place to live, and school items.

Mr. Farahjood explained further that there is outreach taking place to probation officers, public defender, District Attorney's Office in an effort to spread word about the program. This program is open to any youth, regardless of ethnic identity (doesn't have to be NA/AI). Mr. Farahjood explained that the goal is to model healthy relationships, create self-awareness, promote protective factors to minimize risks,

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promote motivation, and aid youth in achieving their goals as they transition into adulthood. The curriculum includes Prime For Life from the Prevention Research Institute and other life skills classes (time management, budgeting, coping skills). Mr. Farahjood explained that despite having to meet virtually with youth inside MYC, he is still having success; they have had to get creative and have found ways to prepare materials that can be passed along to the youth at MYC so that they can have fruitful interactions over Zoom. The hope is to build relationships so that the youth will continue to leverage the support services available through the program after they return to the community, including other related services available through CITC. There is hope to create peer support among program alumni, and to help build up leadership skills.

Mr. Hatton reiterated that the staff at MYC have been great partners during the pandemic, despite all the challenges. Mr. Hatton explained that they have promoted the use of this youth reentry program for 18-22 year olds that may be involved in the adult criminal justice system, as it may be more appropriate for their needs and stage of development; youth do go through an assessment process, so there is the ability to steer them towards the adult reentry program if it is appropriate. People are encouraged to contact ANJC if they have any questions.

3. *Michael Berger, Reentry Advocate (mb90799501@gmail.com)*

Mr. Berger explained that he is a person with lived experience of incarceration (~20 years) and someone who has been through treatment. Mr. Berger stated that he is working with a small group of individuals with similar backgrounds who are engaging with people on the streets, trails, and homeless camps to talk with folks and see if there is a way to help them. Mr. Berger stated that he is hearing people tell him that they are not making appointments for services (e.g. PRC) because they don't want to deal with the hassle of scheduling. Mr. Berger stated that there are many more people on the streets than what is being reported, and that many of them are being released from incarceration; they are both male and females, oftentimes have drug/alcohol issues, and don't know where to turn for help. Mr. Berger advocated that pre-release planning should occur 6-12 months in advance of release with so many programs and services available in the community, and that programming meet the needs of individuals. Mr. Berger emphasized the need to talk with those whom your program serves or aims to serve, to understand what they need and ways of keeping them engaged. One example: teaching older adults about the basics of using computers and cells phones. Mr. Berger relayed that people out on the streets feel scared and that when you are able to get folks to open up, you will hear that they are scared of COVID and that showing up in-person to complete applications or interviews concerns them. He mentioned that internet access is complicated for people on the street, and that he is trying to work with GCI to try and enhance access to phones and data. Lastly, Mr. Berger stressed the importance of understanding the role of SUD when addressing homelessness issues. He explained that utilizing small groups during treatment of trusted people (those with lived experience) that promote accountability can be effective.

[Other resources mentioned: Mutual Aid Network of Anchorage - <https://www.wearemana.org/> ; Gift Card Program - [https://moa-onlineforms.formstack.com/forms/assistance\\_application](https://moa-onlineforms.formstack.com/forms/assistance_application)]

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4. *Tim Easterly, Project HOPE ([tim.easterly@alaska.gov](mailto:tim.easterly@alaska.gov))*

*Alternative Project HOPE email contacts: [projecthope@alaska.gov](mailto:projecthope@alaska.gov) and [Paul.mcbride@alaska.gov](mailto:Paul.mcbride@alaska.gov)*

*Website: <http://dhss.alaska.gov/dph/Director/Pages/opioids/home.aspx>*

Mr. Easterly introduced himself as someone living in long-term recovery, and explained that he began working with DVR some time ago and obtained a volunteer position with DHSS, which eventually led to a paid position working closely with the Project HOPE Program Coordinator, Paul McBride. Mr. Easterly went on to provide some background on the project stating that in 2016 the State had obtained a SAMHSA grant to distribute naloxone and that in 2017 the State of Alaska declared a public health disaster due to the opioid epidemic.

Mr. Easterly explained that Project HOPE offers training so that naloxone can be legally possessed without a prescription, including training on how to administer naloxone and/or training to distribute naloxone. Mr. Easterly stated that they currently have over 100 partners, which includes DOC, public health nursing, and many other organizations around the state. To be trained, it is a simple application process and a quick training (15-45 minutes).

Mr. Easterly stated that Project HOPE primarily works with partners that distribute naloxone because these partner organizations have greater capacity. It was stated that during year 1 of the project about 7,000 kits were created and that over the last few years that number has grown to 9,000 per year; typically there are organized build-outs to assemble the kits. Mr. Easterly explained there are only two full-time on Project HOPE and that they would work with partner organizations to assist with the assembly of the kits. Since the COVID-19 pandemic began, it was stated that they have sought out new ways to get help with kit assembly, such as handing out bulk supplies and having it returned to the office as assembled kits. Organizations that are able to get together to safely assemble kits are encouraged to reach out. Mr. Easterly stated that the grant that funds the project is set to expire and that there are efforts to seek out new funding, and that more harm reduction approaches are being incorporated, including the inclusion of a fentanyl test strip into the kit.

Mr. Easterly said that the increased isolation and stressed social connections with family, friends, and support networks during the pandemic may be a cause for potential increases of opioids during recent months. Fentanyl has been another recent concern over the last 1.5 years and has been attributable to many opioid overdose deaths. Mr. Easterly said that investigations into overdoses frequently reveals the presence of other drugs, so messaging should be aimed at polysubstance use.

5. *Cynthia Ross, Ladies First Program, Outreach Manager ([cynthia.ross@alaska.gov](mailto:cynthia.ross@alaska.gov))*

*Program phone: 1-800-410-6266*

*Website: <http://dhss.alaska.gov/dph/wcfh/Pages/ladiesfirst/default.aspx>*

Ms. Ross explained that the Ladies First Program is housed within DPH at Alaska DHSS, and that the Ladies First Program is a cervical and breast cancer screening health check program that has existed in Alaska

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since 1995. Ms. Ross stated that services are available to women that have financial barriers to accessing screening services and that the program can help with costs associated with screenings; the program does not offer any direct medical services, but does facilitate access to such services by about 150 medical providers across Alaska. Subsequently, should someone need access to treatment, the program will assist with Medicaid enrollment. Ms. Ross explained that enrollment into Ladies First is very easy for individuals and that it is an inclusive program for those with a breast and/or a cervix. The program is for people 21-64 years of age; it is for women, but referrals for breast screening services for men are available; LGBTQ+ are welcome; and it is income based (limit is 250% of poverty level). For example, a single person household could make up to \$39,300/year and qualify for Ladies First; two person household could make up to about \$54,000/year. Enrollment and screening to qualify can be done over the phone. There is a focus on older women, ages 50-64. Ms. Ross explained current recommendations regarding mammograms and cervical screenings, and stated that screening services were underutilized during the early days of the pandemic, rebounded, but is dropping again. Ms. Ross explained that it is still important to get screened even despite COVID-19. The Ladies First Program is able to cover costs associated with services delivered via telehealth if necessary. Education materials regarding the program are available upon request.

6. *Jess Limbird, Program Manager, Recover Alaska (jlimbird@recoveralaska.org, 907-249-6645)*  
*Websites: <https://alaska-alliance.org/> and <https://recoveralaska.org/>*

Ms. Limbird explained that Recover Alaska is an Anchorage-based organization that serves all of Alaska, and aims to reduce the harms of excessive alcohol use and related harms. It was stated that The Alliance is a project based out of Recover Alaska, and is a broad-based coalition that receives grant funding through DBH. The Alliance has a primary focus on alcohol mis-use prevention, but is mindful to address other prevention-related issues as needed.

Ms. Limbird stated that Recover Alaska and The Alliance are systems-change efforts, and do not engage in direct-service delivery. It was explained that this approach strives to understand people-serving systems and work towards systems change by focusing deeply on connections and relationships, understanding how we address and identify power imbalances, and understanding mental models that inhibit progress. Ms. Limbird stated that The Alliance is structured in a way that recognizes the geography and diversity of Alaska by utilizing regional co-chairs that have place-based expertise regarding their own communities (co-chair contacts can be found on The Alliance website). Ms. Limbird explained that The Alliance has been in development for about a year, and that there is an emphasis on process over action in order to build a sustainable structure in the long-term. The three strategies of the coalition are building relationships, building power, and building shared meaning, and there are six modes of action. It was added that there is an explicit interest in achieving collective impact, to support existing efforts, and in holding systems accountable for how they engage people and seek equity.

There are several upcoming trainings being offered through Recover Alaska & The Alliance: LGBTQ+ Competency Training (Dec 9); the first cohort of the Adventure at Home (starting Dec 14); two-part series

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on confronting white womanhood (Dec 15 & Jan 21); Setting the Course equity and justice training (Feb, 2021). Mr. Pistotnik added that he believed there is a lot of potential benefit by participating in the Adventure at Home cohort, particularly as it relates to the reentry population, and would encourage people to check it out.

[More details about trainings be found on the Recover Alaska website: <https://recoveralaska.org/events/>]

7. *Geraldine Rouse, IPV Social Worker (Geraldine.rouse@va.gov 907-257-4827) and Samantha Adams-Lahti, Veterans Justice Outreach Social Worker (Samantha.Adams-Lahti@va.gov) - Strength at Home, Alaska VA*

Ms. Adams-Lahti and Ms. Rouse introduced themselves and the Strength at Home class offered through the Alaska VA for male Veterans that struggle with anger and conflict in relationships, or who want to prevent future relationship conflicts from escalating. It was explained that this is not an anger management class. Ms. Rouse explained that while working in groups participants works towards understanding abusive behavior and taking responsibility, understanding core themes that underlie trauma, manage stress more effectively, communicate assertively, develop emotional expression, and more. It was stated that group sessions are 2-hours over 12 weeks; it is a closed group of no more than 5-8 people; it may meet court-ordered DV treatment (as approved by courts/probation); the intake process involves a 60-90 minutes MI assessment; and outreach is also conducted to the partner in the relationship. It was stated that groups are held virtually and that there are resources available to Veterans to help facilitate access to classes if technology is a barrier. The first group is scheduled for January 5, 2021 with more groups planned in the future. Feel free to reach out to Ms. Rouse or Ms. Adams-Lahti for more information.

8. Open Discussion

*Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition ([jpistotnik@nwalaska.org](mailto:jpistotnik@nwalaska.org))*

Mr. Pistotnik mentioned that a housing provider in Anchorage recently alerted him to a positive COVID-19 case that he had in the house that he operates to house reentrants. It was explained to Mr. Pistotnik that that the housing provider was having to figure out how to handle the situation, given already limited capacity. Mr. Pistotnik explained his view that the housing providers that house reentrants in Anchorage are for the most part small operations that lack large staff to respond during a crisis, but despite this they still remain an important piece to the overall housing safety net. Mr. Pistotnik explained that without this network of housing providers, their residents would otherwise be more likely to be homeless or living in marginally-housed situations that may put them at a greater risk for falling back into old habits, engage with problematic social networks, etc.

*Janice Weiss, Reentry Unit Supervisor, Alaska DOC ([Janice.weiss@alaska.gov](mailto:Janice.weiss@alaska.gov))*

Ms. Weiss brought up an issue regarding access Alaska Mental Health Trust Authority Mini Grants, and that there is an interest in working a non-profit partner organization to help facilitate access to this opportunity for reentrants in the community that could use the extra support available through the mini

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grant. It was stated that as a governmental agency, the staff working within the DOC Reentry Unit are unable to directly access this resource. The partner organization would work with Michael Clark ([michael.clark@alaska.gov](mailto:michael.clark@alaska.gov)) of the DOC Reentry Unit and the individuals to complete the application process, and obtain and distribute the grant funds. Interested organizations may reach out directly to Ms. Weiss or Mr. Clark.

*John Hirst, Probation/Parole Officer II, Alaska DOC ([john.hirst@alaska.gov](mailto:john.hirst@alaska.gov))*

Mr. Hirst mentioned that there is a new reentry housing provider in Anchorage called Anchorage Reentry Services and that this could be a new housing resource.

*Other general information from the Zoom chat box*

*Christina Shadura (PRC)* - Partners Reentry Center is still open, although our building/center is closed due to COVID. We are all available by phone M-F 8:30-4:30pm, and if an individual walks up to see the doors closed there are directions for clients on how to get ahold of us and where to go for immediate housing if we're unable to connect at that moment.

*Julia Terry (Choosing Our Roots)* - The housing coalition is working on some housing surge resources right now to move people in to some rapid rehousing units and permanent supportive housing. Prioritizing people that are at high risk for covid exposure is part of the rubric for housing. There is also discussion of ban the box legislation (important for housing access!) being introduced, as I'm sure many of you know.

*Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition*

Mr. Pistotnik closed by reminding meeting attendees that it has been 265 days since outside visitors have been allowed inside any DOC facilities, meaning that sustained programming opportunities have been limited inside the institutions. Also, there have been two deaths among inmates attributable to COVID-19 and over 800 positive cases. Mr. Pistotnik advocated that people wear masks to protect yourself, those around you, but in doing so you also stem community spread of COVID-19 which can have a downstream impact that will serve to protect those who are incarcerated. Please contact Mr. Pistotnik reminded attendees that if you are interested in presenting at a future coalition meeting please contact him.

**Next Coalition Meeting**  
**TBD**