

# Alaska Community Reentry Program Guide

Supporting community efforts to reduce  
recidivism to corrections.

Alaska Community Reentry Program Coalitions

Alaska Mental Health Trust Authority

Department of Corrections

Department of Health and Social Services, Division of Behavioral Health

# The Alaska Community Reentry Program Guide

This guide has been produced through the efforts of the following:

***Department of Health and Social Services, Division of Behavioral Health***

***Department of Corrections***

***The Alaska Mental Health Trust Authority***

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## I. Overview

Multiple organizations, coalitions, and individuals in Alaska manage programs that provide support to Alaskans reentering the community after serving time in a prison or jail. The Alaska Community Reentry (ACR) Program provides funding and support to several reentry coalitions across Alaska. This guide is a toolkit for conducting the work of the ACR Program, a statewide effort to reduce recidivism to corrections through partnerships, supports and services that address the complex needs of people reentering their communities after serving time in a correctional facility.

- Chapter 1 provides short definitions of the key terminology and concepts related to the ACR Program. These items are further detailed in the main body of the guide.
- Chapter 2 gives a brief review of Alaska’s recidivism reduction efforts with a focus on the ACR Program.
- Chapter 3 offers an overview of the ACR coalitions and the people/processes that shape their operations.
- Chapter 4 describes the *Community Readiness Assessment*, the *ACR Resource Assessment* and the *ACR Comprehensive Community Reentry Plan*.
- Chapter 5 focuses on the evidence-based practices in corrections and the ACR Case Management Program processes used to support participating reentrants in their return to the community.

Figure I Program Adaptations

**Program Adaptations**

Coalitions funded by the Alaska Community Reentry (ACR) Program differ from one another in many ways, reflecting the unique needs and characteristics of their communities and coalitions. Various adaptations of the processes described in this manual have been used to address differences. Because the ACR Program promotes an integrated approach involving both local and state partnerships, it is recommended that the ACR coalitions discuss any adaptations with their DBH or Trust grant manager.

## Terminology and Key Concepts

### Programs

#### **Alaska Community Reentry (ACR) Program**

The ACR Program is a statewide effort to reduce recidivism to corrections through partnerships, supports and services that address the complex needs of inmates reentering their communities.

#### **Alaska Community Reentry (ACR) Case Management Program**

Through funding from Alaska Division of Behavioral Health (DBH), the ACR Case Management Program is a pilot program of the State of Alaska using an integrated system of assessment, support and transition planning to reduce recidivism of reentrants and improve public safety and community well-being.

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## People and Groups

### ***Alaska Community Reentry (ACR) Coalitions***

ACR coalitions are those reentry coalitions who are working with the ACR Program.

### ***Alaska Community Reentry (ACR) Coalition Coordinator***

Reentry coalition coordinators help facilitate and coordinate the activities of the coalition. Funding for the ACR Coalition Coordinator comes from DBH or the Alaska Mental Health Trust Authority (AMHTA).

### ***Alaska Community Reentry (ACR) Case Manager***

The ACR Case Manager supports the reentry efforts of participants in the ACR Case Management Program.

### ***Community Grantee or Fiscal Agent***

The community grantee supports the coalition by managing fiscal obligations such as budgeting, resource allocation and grant reporting.

### ***Inmate***

An inmate is an individual who is currently incarcerated at a Department of Corrections (DOC) facility.

### ***Reentrant or Returning Citizen***

A reentrant or returning citizen is an individual who has been released from a DOC facility and is transitioning back to living in a community.

### ***ACR Case Management Participant***

An ACR Case Management participant is a reentrant who is receiving case management services from an ACR Case Manager as part of the ACR Program.

### ***Probation Officer***

The Probation Officer (PO) is a DOC employee who works outside the correctional facility supervising reentrants who have court-mandated conditions of supervision.

### ***Institutional Probation Officer***

The Institutional Probation Officer (IPO) is a DOC employee who works within the correctional facilities to oversee and coordinate the needs of inmates.

### ***Single Points of Contact***

Within each DOC facility, the “single point of contact” is the employee responsible for communicating information about potential reentrants to the ACR Case Manager.

### ***Grant Managers***

Alaska funding for the ACR Program and the ACR Case Management Program comes from both DBH and the Trust. Each program has identified grant managers to oversee this funding. Names of the grant managers are identified on page 2 of this guide.

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## Plans and Documents

### **Community Readiness Assessment**

The *Community Readiness Assessment* measures the degree to which a community is ready to implement the priorities of the ACR Program.

### **Coalition Capacity Assessment**

The *Coalition Capacity Assessment* identifies the coalition's strengths and areas of growth around a set of domains critical to the development of collaborative partnerships.

### **The ACR Resource Assessment**

The *ACR Resource Assessment* is an assessment of assets, barriers and gaps in the available resources in a community for reentrants. This assessment uses data gathered through a variety of tools, including existing data, focus groups, interviews, surveys, asset mapping and DOC regional data. Information from this assessment is documented in the *ACR Resource Assessment* template (attached).

### **ACR Comprehensive Community Reentry Plan**

The *ACR Comprehensive Community Reentry Plan* is the strategic plan for the coalition and identifies goals related to resource development, community readiness and coalition capacity development.

### **Operational Guidelines**

*Operational Guidelines* outline the operations and procedures of the coalition. As an easy-to-access resource, the guidelines provide the framework for conducting the coalition's business.

### **Offender Management Plan**

The *Offender Management Plan* (OMP) is developed at 90 days after remand and is based on a current criminogenic and needs assessment. It is used as the case plan during incarceration and, upon updating it at 90 days before release, the plan is used to support development of the transition plan for those engaging in the ACR Case Management Program.

### **ACR Transition and Aftercare Plans**

The *ACR Transition Plans* are the "road maps" for ACR Case Management participants. Jointly developed by the participant, the PO, the ACR Case Manager and the providers of involved services, these plans outline a course of supports and services to support the participant's successful reentry. *ACR Aftercare Plans* are developed just before participants graduate from the ACR Case Management Program. These plans outline the tools and actions needed for continued success.

### **Behavioral Contract**

Behavioral contracts are developed at the start of the ACR Case Management and outline the expectations of the program. A specialized contract can be used when an ACR Case Management participant is not compliant with the transition plan.

### **Participant Survey**

The *Participant Survey* is given to ACR Case Management participants periodically to provide feedback on the ACR Case Management Program.



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## Presentations and Meetings

### ***Institutional Presentation***

The ACR Coalition Coordinator conducts informational presentations in the correctional facilities about community resources available to inmates upon release. At times, these presentations may be conducted by a community service provider talking about service availability after release.

### ***In-reach Case Management Meeting***

The In-Reach Case Management Meeting is held with an inmate, the ACR Case Manager, and (when available) the PO 30-45 days before release to discuss support service needs and expectations upon release. Other community providers may attend when asked by the ACR Case Manager.

### ***Community Outreach***

Community outreach presentations or contacts are made by the local ACR Coalition Coordinator and community partners to educate organizations about programs and resources that support reentrants and to share the goals of the ACR Program.

## Practices

### ***Evidence-based Practices***

Evidence-based practices are strategies or interventions that consistently demonstrate positive, effective results when tested. Using evidence-based practices increases the probability that a new program or project will be successful.

### ***Level of Services Inventory – Revised***

The Level of Services Inventory – Revised (LSI-R) is a validated assessment used by DOC to identify inmates' risk and needs in relation to recidivism.

### ***Risk-Need-Responsivity Principles***

The Risk-Need-Responsivity Principles provide the framework for effective correctional interventions by prioritizing supervision and treatment resources for reentrants with a higher criminogenic risk and targeting interventions that are responsive to temperament, learning style, motivation, gender, or culture.

### ***Risk***

Unless otherwise specified, the term “risk” as used in this guide, refers to the reentrant’s risk of reoffending and the need to match services to the level of risk. Those identified as high-risk would receive more intensive interventions than those identified as low-risk, who would receive more stabilization services related to housing and transportation. The target population for case management services through the ACR Program are those identified as having a high to medium risk for reoffending. It is also used to describe those factors associated with criminogenic needs.

### ***Needs***

Criminogenic needs are changeable factors that reflect the likelihood of committing a crime. The central eight criminogenic needs reflect a history of the following: anti-social behavior, antisocial personality pattern, antisocial cognitions, anti-social associates, poor quality family/marital relationships, low levels of school/work achievement, minimal involvement with non-criminal leisure activities, and substance use issues.

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## **Responsivity**

This principle maximizes the inmate’s ability to learn through cognitive-behavioral and social learning interventions that are aligned with the reentrant’s motivations, personality, ability, cultural identification and learning style.

## **Recidivism**

Recidivism is the tendency to relapse into specific behavior. In the context of this guide, recidivism is the relapse into criminal behavior. In Alaska, the DOC defines recidivism as the return to prison for any conviction, including misdemeanors and parole violations, within three years of release.<sup>1</sup>

## Abbreviations and Acronyms

Figure 2 Abbreviations and Acronyms

ABBREVIATIONS AND ACRONYMS	
<b>ACOMS</b>	Alaskan Corrections Offender Management System
<b>ACR</b>	Alaska Community Reentry
<b>AKAIMS</b>	Alaska Automated Information Management System
<b>The Trust</b>	Alaska Mental Health Trust Authority
<b>DBH</b>	Division of Behavioral Health
<b>DHSS</b>	Department of Health and Social Services
<b>DOC</b>	Department of Corrections
<b>DOLWD</b>	Department of Labor and Workforce Development
<b>PO</b>	Probation Officer
<b>IPO</b>	Institutional Probation Officer
<b>LSI-R</b>	Level of Service Inventory-Revised
<b>OMP</b>	Offender Management Plan

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<sup>1</sup> Alaska Department of Corrections, Commissioner’s Office.

# 2. Alaska's Efforts to Reduce Recidivism

Alaska's Recidivism Reduction Plan was developed in 2015 when the adult population in the state's prisons was increasing at an annual rate of 3 percent per year and released inmates in Alaska had a 66 percent recidivism rate.<sup>2</sup> This high rate of recidivism was extremely costly to the State; faced with serious budgetary concerns, bipartisan passage of Senate Bills 64 (SB 64) in the 28<sup>th</sup> Alaska State Legislature and 91 (SB 91) in the 29<sup>th</sup> Legislature began to shape a statewide reform of Alaska's justice systems and mandated improved oversight and management of the adult correctional system. These bills introduced system, community and technological innovations intended to reduce recidivism and costs while maintaining public safety.

The mission of Alaska's 2015 Recidivism Reduction Plan is to "improve public safety by reducing crime through implementation of a seamless plan of services and supervision developed with each returning citizen sentenced to 30 days or more, delivered through state and local collaboration, from the time they enter prison through their successful transition, reintegration, and aftercare in the community."<sup>3</sup> The fundamental goals of this reform are to:

- Promote public safety by reducing the threat of harm to persons, families and their property by citizens returning to their communities from prison;
- Increase success rates of reentrants by fostering effective, evidence-based criminogenic risk and need management and treatment, improving accountability of returning citizens and ensuring safety for the family, community and victims; and
- Advance positive public health outcomes for returning citizens, such as access to health care services, substance use and mental health treatment, public benefit programs and reduced homelessness.

In addition to mandating practices like incentives for good behavior and reduced sentences for non-violent inmates, these bills provided a path for the development of the Alaska Community Reentry (ACR) Program, a collaborative partnership of state and community organizations and individuals working together to implement a robust reentry program. This partnership joins the network of other reentry services offered within Alaska in support of these bills.

## The Alaska Community Reentry Program

The ACR Program envisions that inmates sentenced to thirty days or more will have the services and supports needed to successfully reenter their communities. These services and supports include, but are not limited to, access to healthcare (physical health, mental health and substance use treatment), employment, transportation, education and training, and housing. Inmates are introduced to community services and providers during incarceration to gain familiarity and establish relations with the supports they need for successful reentry. Communities with reentry programs work with local coalitions to support their capacity to meet the service needs of reentrants. These coalitions are supported, in part, through funding from the State of Alaska. This funding is channeled through community grantees working directly with the coalitions.

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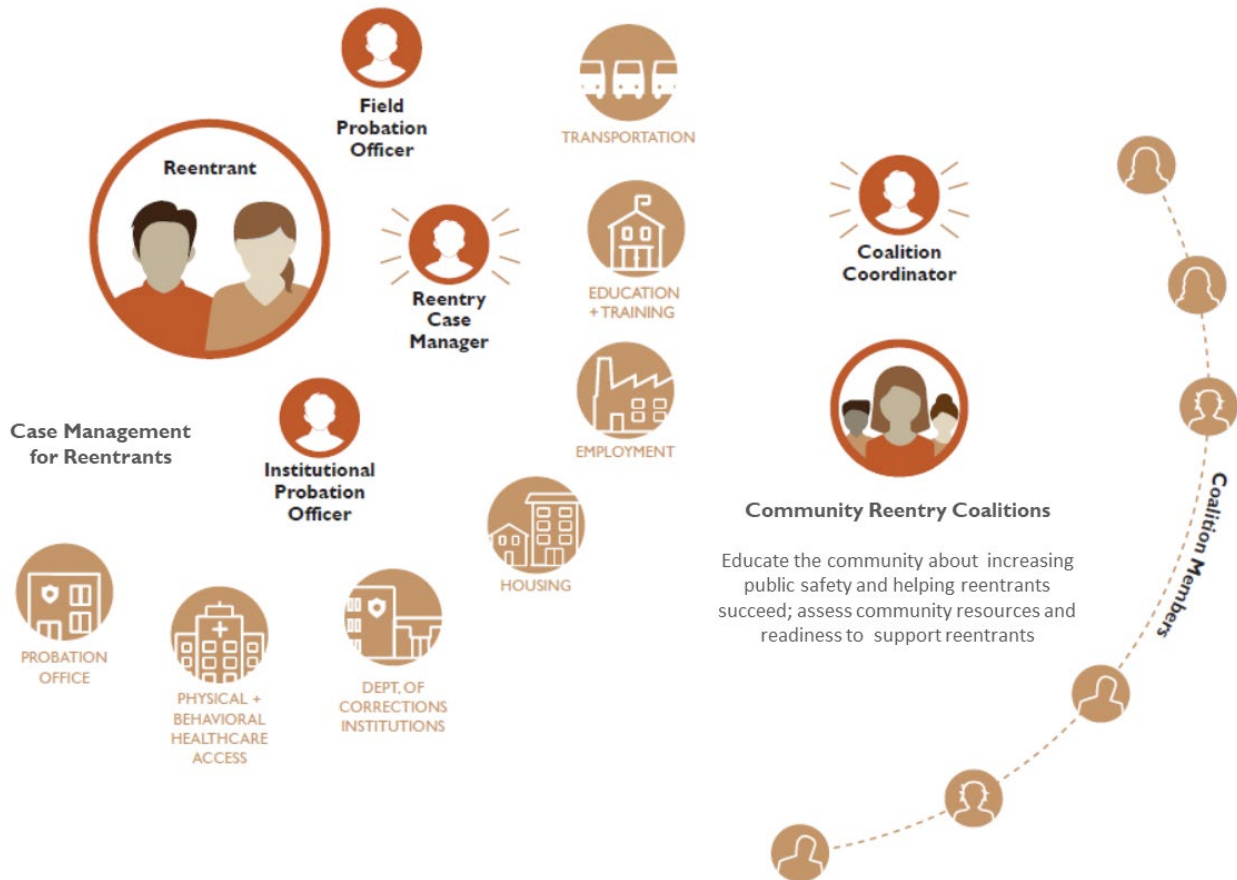
<sup>2</sup> Gutierrez, Carmen et al, 2015 Recidivism Reduction Plan: Cost Effective Solutions to Slow Prison Population Growth and Reduce Recidivism, page i. [http://www.correct.state.ak.us/commish/docs/HB266%20-%20Recidivism%20Reduction%20Plan%20Report%20\(2015\).pdf](http://www.correct.state.ak.us/commish/docs/HB266%20-%20Recidivism%20Reduction%20Plan%20Report%20(2015).pdf)

<sup>3</sup> Ibid, page 35

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The ACR Program is built around local reentry coalitions established in communities, most of which have a DOC facility. The coalitions consist of community members with an interest in reducing recidivism, improving lives for those released from a correctional facility, and increasing public safety. A key responsibility for these coalitions is to assess community needs and work with the community to address service gaps.

Figure 3 The Alaska Community Reentry Program



Work done by community reentry coalitions to increase public awareness of reentry needs and to increase resources will impact all reentrants. Some reentrants, however, benefit from the coordinated support of a team of people and agencies to help guide and encourage them. The coalitions partner with ACR Case Managers to engage and support returning citizen in accessing the services and treatment needed upon reentry. Eligible applicants for the ACR Case Management Program are individuals who have served over 30 days, are within 90 days of release, and are either felony inmates assessed to have a medium to high-risk for recidivism, high-risk misdemeanants or sex offenders. Priority is established by the number of post-release support services needed, the type of conviction (felony versus misdemeanor) and the need for housing. Participation in the program is voluntary.

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## Long-Term, Statewide Goals

The following three long-term, statewide goals for the ACR Case Management Program are identified along with their supporting measures, in the following table.

Figure 4 Goals for the Alaska Community Reentry Program

<b>1. Increase success rates of reentrants by fostering effective, evidence-based risk/need management and treatment, improving reentrant accountability and ensuring safety for the family, community and victims.</b>			
MEASURE	COLLECTION PERIODS	DATA SOURCE	OVERSIGHT BY
Measure 1: Number of services requested by or referred for an ACR Case Management participant.	Discharge	DBH AKAIMS	DBH Program Coordinator
Measure 2: Number of services received by an ACR Case Management participant.			
<b>2. Advance positive public health outcomes such as: access to health care services, substance use and mental health treatment, public benefit programs, and a reduction in the number of homeless reentrants.</b>			
MEASURE	COLLECTION PERIODS	DATA SOURCE	OVERSIGHT BY
Measure 1: Number of ACR Case Management participants in permanent housing at discharge from case management services.	30 days, 6 months, 1 year, 3 years	DBH AKAIMS	DBH Program Coordinator
Measure 2: Number of ACR Case Management participants enrolled in substance abuse treatment who successfully complete substance abuse treatment goals by discharge.			
<b>3. Promote public safety by reducing the threat of harm to persons, families and property by citizens returning to their communities from prison.</b>			
MEASURE	COLLECTION PERIODS	DATA SOURCE	OVERSIGHT BY
Measure 1: Number of ACR Case Management participants who stayed in the community and did not commit a felony level crime in the 3 years following release.	30 days, 6 months, 1 year, 3 years	DBH AKAIMS and DOC ACOMS	DBH Program Coordinator and DOC Reentry Project Manager
Measure 2: Number of ACR Case Management participants who stayed in the community and did not commit any crimes in the 3 years following release.			

## Key Partners

The ACR Program is a collaborative partnership between local communities and the Department of Corrections (DOC), the Department of Health and Social Services (DHSS) Division of Behavioral Health (DBH), and the Alaska Mental Health Trust Authority (the Trust) to achieve the goals of Alaska’s Recidivism Reduction Plan and eight reentry coalitions. At the heart of this program is each community’s ability to meet the service and support needs of the returning citizen. State, tribal, non-profit and other community agencies support the needs of reentrants through an array of services related to housing, physical and behavioral healthcare, employment, education, training, and transportation.

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## ***Alaska Department of Corrections (DOC)***

DOC is responsible for developing and implementing internal procedures to ensure alignment with efforts of other state and local agencies working to reduce recidivism across the state. DOC is also responsible for collecting and distributing data critical for measuring the success of this program.

## ***Alaska Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH)***

As managers of the 2017 Recidivism Reduction grants, DBH works closely with DOC to close gaps between pre-release reentry planning and post-release implementation. DBH also oversees the development and implementation of case management processes that support the inmate's reentry and align with DOC procedures. DBH uses Recidivism Reduction funding to support community reentry programs and initiatives intended to reduce recidivism and increase access to community services. DBH Recidivism Reduction funding also funds ACR Case Managers across Alaska and community reentry coalitions in rural areas, such as the Kenai Peninsula, Dillingham, Nome, and Ketchikan.

## ***The Alaska Mental Health Trust Authority (The Trust)***

Since 2015, the Trust funded four coalitions and coalition coordinators in Anchorage, Juneau, Fairbanks and Mat-Su. The Trust continues to support these positions and is actively engaged in the continued development of the ACR Program and the work of the reentry coalitions.

## ***Local Reentry Coalitions***

Several Alaska reentry coalitions are affiliated with the ACR Program and support returning citizen's in receiving needed services that increase their likelihood of success in the community. Local reentry coalitions may receive support from the Trust, DOC, and DHSS in carrying out their activities.

# 3. Alaska Community Reentry Coalitions

ACR coalitions engage community partners, local businesses and individuals to support individuals transitioning from corrections back into their communities and support reentrants in their engagement with these supports. The coalition is a point of contact for DOC, DHSS, the Trust, and other statewide partners to learn what is working at the community level and which system-wide reforms support positive change for communities and individuals.

For reentrants to succeed, the coalitions need to understand the service needs of reentrants and work with communities to effectively manage available resources and supports and build capacity as needed. Adequate services in the following areas are critical: employment, housing, physical health, mental health and substance abuse treatment, educational and training programs, cultural and social connectedness, and transportation systems. Local reentry coalitions consist of a cross section of people representing community members (including reentrants) as well as the services or supports available to reentrants in the community. Reentry coalitions work to:

1. Educate the community about the justice system and the reentry program,
2. Identify local challenges facing reentrants,
3. Identify local gaps in reentry services and identify collaborative solutions to build capacity in the community, and
4. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

## Coalitions

The following section provides a general overview of coalitions and offers recommendations and guidance on basic coalition development.

### What is a Coalition?

A coalition is a network of diverse organizations and individuals working together on one issue that is too complex or large for any one person or organization to solve alone. Coalitions exist within or across organizations, communities, regions, states, or nations. Although there are wide variations in their purposes, funding, and membership, effective coalitions have:<sup>4</sup>

- A clear organizational structure that clarifies roles and responsibilities, formalizes structures and practices and uses strong management strategies for communication, conflict resolution, and shared decision making;
- Membership capacity to do the work that will ensure the coalition meets its goals and achieves its mission; and

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<sup>4</sup> Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/capt/tools-learning-resources/components-effective-coalition>

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- A sustainability plan that embraces strong membership retention practices, clear member recruitment and leader succession processes, ongoing goals that align with the mission, and diversified funding streams.

## Why Do Coalitions Form and Why Are They Effective?

Coalitions are formed to address pressing community issues that need the broad involvement of both concerned citizens and community organizations with common interests and goals. These issues become identified through a variety of ways, including recently published/updated data or significant policy changes. Coalitions can be extremely effective because they:

- Bring diverse people and talents together,
- Pool expertise and resources,
- Go beyond individual and organizational efforts,
- Increase community involvement,
- Identify community needs,
- Change community values,
- Keep the issue public,
- Collect and share data,
- Educate policy makers, and
- Lend credibility to an issue.

## Coalition Identity

The foundation for a strong coalition consists of three important building blocks: its vision, mission and values. Together, these form the coalition's identity.

### **Vision**

A vision identifies the future the coalition is working to create. Strong visions are inspiring, clear statements that are broad enough to bring together varying viewpoints and are shared by all members.

### **Mission**

A mission identifies the coalition's specific role in bringing about the vision. It answers questions such as: What do you do? Who are you? Who do you serve? Why do you serve? A well-defined mission helps the coalition stay focused. Coalitions develop their own mission statements that will vary from other similar coalitions depending on how the membership responds to these questions. Key components of a strong mission statement are that it is concise, outcome-oriented, and describes the group's purpose.

### **Values**

Values are the common beliefs that bring the coalition together and provide the guiding spirit of the coalition's work. They are the principles or beliefs that support the coalition's vision and mission. Often called core values, values can be single words or short phrases that describe what is most important, what the coalition believes in and what will guide it in times of conflict. Keeping the number of values between four and six is optimal.

## Reentry Coalition Structure

The coalition is the constant. Because people continuously move in, out and around coalitions, well-defined operations provide the strong structure needed to ensure the coalition's work can be sustained over time. This structure includes:



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- Roles and responsibilities for coalition members, staff, leadership, and fiscal agents;
- Processes for orienting new members and electing or appointing leadership positions; and
- Guidelines for managing funding, meetings, communications and marketing.

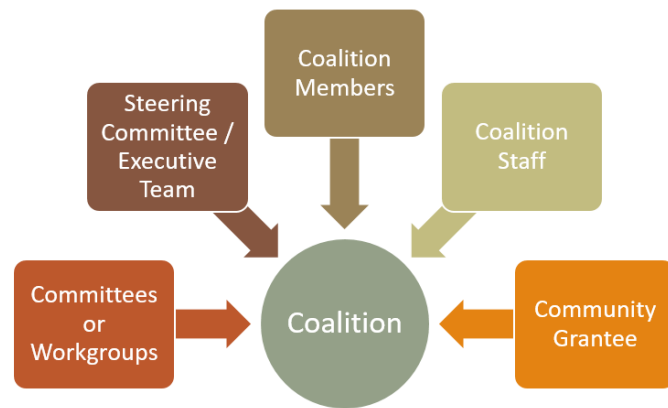
## Roles and Responsibilities

Clearly defined roles and responsibilities help to guide the actions of a coalition, increase levels of commitment, and open more opportunities for success. Every coalition will have variations on the types of roles within it and the responsibilities for these positions.

### Coalition Members

Reentry coalitions help build support for the local implementation of improved reentry services. Members work to educate the community on reentry needs and resources and advocate for policy and procedure changes. Membership includes a variety of stakeholders whose careers or lives intersect with the reentry population in some manner, including community leaders, advocates, policy makers, those previously incarcerated and family members.

Figure 5 Roles within a Coalition



### Steering Team / Executive Committee

The steering team/executive committee helps guide the coalition in the development and oversight of the local implementation process. When possible, the leadership of the steering team/executive committee may be shared and includes representatives from the local correctional facility, the parole or probation office, and the community. This mixture helps ensure process alignment between the correctional institution, the probation/parole office, and the community’s network of services and providers. Steering teams/executive committees include coalition and workgroup chairs, in addition to other coalition members elected or appointed in accordance with the coalition’s structure.

### Committees / Workgroups

In addition to the steering team/executive committee, coalitions might identify committees/workgroups to address its work in key areas such as assessment and evaluation, community education and outreach, and community resources. The coalition can identify processes for committee management and specify how it stays informed about and monitors the work of its committees. Possible committees might include:

#### Resource Development Committees

In Alaska, four key areas have been consistently identified by reentry coalitions as critical needs within their communities: housing, employment/education/training, physical and behavioral healthcare (including substance use treatment), and community connectedness. In addition, some coalitions identify transportation, peer support, family support, or Alaska Native issues as additional areas of focus. Committees or workgroups generally take responsibility for these focus areas and involve coalition members with focus area expertise.

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## Assessment and Evaluation Committee

Coalitions assess the community's needs and evaluate its progress in addressing these needs. Additionally, coalitions conduct regular self-assessments and evaluations to ensure its work is both efficient and effective. Coalitions may engage a workgroup or committee to oversee and manage its assessment and evaluation work and may want to ensure that team membership includes (or has access to) some expertise in assessment and evaluation.

## Community Education and Outreach Committee

An ongoing responsibility of a coalition is to ensure that community members have the information they need to understand and support the coalition's goals. Members of a team focused on education and outreach could include someone with expertise in public engagement of a widely diverse, and at times non-supportive, audience.

## **Community Grantee (also known as the Fiscal Agent)**

The community grantee is an organization with the legal capacity to accept grant funding and fulfill financial obligations on behalf of the reentry coalitions. Diversified funding streams are important to the sustainability of the coalition. The grantee develops the budget in collaboration with the coalition and allocates resources with guidance from the coalition. All financial and grant reporting is prepared by the fiscal agent.

The community grantee is also the employer of the ACR Coalition Coordinator and works closely with the coalition to oversee the work of the coordinator.

## **ACR Coalition Coordinator**

The ACR Coalition Coordinator facilitates and coordinates the coalition. The coordinator's responsibilities vary across ACR coalitions and may include the following items:

1. Support coalition activities such as:
  - Coordinate meeting logistics, develop and distribute agendas with chair(s) input, take meeting notes and distribute minutes before next meeting.
  - Maintain electronic file system, respond to written/electronic/telephonic communications directly or distribute to appropriate persons, serve as lead in maintaining contact lists.
  - Work with coalition chair(s), workgroups/committees and partner entities to collect and allocate resources for coalition activities.
  - Maintain financial records and work with the coalition to identify spending priorities.
2. Conduct the following assessments annually and coordinate the coalition's analyses of findings.
  - *Coalition Capacity Assessment*
  - *Community Readiness Assessment*
  - *ACR Resource Assessment*
3. Draft the *ACR Comprehensive Community Reentry Plan* based on the coalition's annual planning sessions and update the plan as needed.
4. Support the work of the coalition to address gaps in resources and increase service capacity where needed.
5. Conduct and/or support institutional presentations about the ACR Program and coordinate presentations by community providers about available resources and services.

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6. Conduct community outreach presentations to educate the community about programs and resources to support reentrants and to share the goals of the ACR Program. These efforts are often coordinated in collaboration with coalition members.

## Coalition Processes

### Nominations and Elections

Clear guidelines on the selection process for coalition and committee leadership ensure the selection process is fair and representative. Considerations might include:

- Will positions be appointed or elected?
- What are the criteria needed by a candidate for a position?
- How many times can a person be elected or appointed to a post?
- How many votes are needed to win?
- How are vacancies filled?
- Who is eligible to participate in an election or appointment process?

### Code of Conduct

The code of conduct guides ethical decision-making and appropriate behavior in meetings to foster strong, clear communication among members and partners. The steering team/executive committee is encouraged to develop a code of conduct, seeking input from as many members as possible. Sample codes for other organizations can be found at [www.anchoragehomeless.org](http://www.anchoragehomeless.org) and <http://azintegrative.org/codeofconduct>.

## Coalition Meetings

### **Meeting Guidelines**

Some of a coalition's work is conducted during coalition and committee meetings. Using a standard format for conducting meetings and developing a set of standards that can guide meeting processes ensures productive and engaging meetings. Meeting guidelines address factors such as:

- How meetings are scheduled and how members are notified of upcoming meetings,
- How meeting agendas are structured and managed,
- What are the expectations for attendance and active participation,
- Requirements for meeting quorums, and
- How meetings are recorded/documented.

## Community Education and Advocacy

Community education is a core function of coalitions. Alaska's reentry coalitions educate and inform their communities about reentry processes, evidence-based practices, and policy and funding reforms needed to support successful reentry.

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## Coalition Marketing

Coalitions are stronger when members agree on a common message that reflects the coalition’s identity and can be shared consistently by its members. This allows for consistent messaging across various mediums, provides a structure for community outreach and education, and ensures individual viewpoints that may contradict the coalition’s viewpoint are not presented as those of the coalition. Design expertise for websites, newsletters, logos and printed materials can be sought within the coalition or may be contracted with a professional.

### Media Kits

Many coalitions develop media kits that consolidate information and materials for use in public service announcements, news reporting, or public events. Digital and hardcopy media kits include a variety of materials that describe the coalition and its work and may include items such as press releases, handouts, posters, brochures, website links, sign-up sheets, newsletters, coalition history, calls to action or petitions cover everything from the history of the coalition to samples of press packages. Information in these kits can be used to engage community members to join the coalition, create public service announcements, secure support from community businesses or organizations, educate the community or promote the coalition’s work.

A media kit provides guidelines and resources for coalition members regarding the sharing of information with the public. It is recommended that ACR coalitions develop a plan for media development and guidelines for member use of its media. Coalitions often limit the use of its name, identity or logo on materials, subjecting such use to approval from the coalition’s leadership.

## Operational Guidelines

Operational guidelines outline the operations and procedures of the coalition and provide the framework for conducting the coalition’s business. Electronic or printed guidelines should be readily available for all coalition members. Operational guidelines often include items related to the coalition’s identity (vision, mission, values), structure (roles and responsibilities of members, leaders and committees), and processes (code of conduct, leadership selection, meeting guidelines, financial management, communications protocols, marketing protocols). An *Operational Guidelines* template is available from your ACR Program Grant Manager.

Figure 6 Consistent Messaging and Participant Confidentiality

**Consistent Messaging**

To support consistent messaging across the state, coalitions funded by the Alaska Community Reentry Program should review media materials with their DBH or Trust grant manager and notify them of media events.

**Participant Confidentiality**

It is important for coalitions and their members to be mindful of maintaining the confidentiality of ACR Case Management applicants and participants. Coalition leaders and members should refer questions or information requests about the program’s applicants or participants to either the DHHS Associate Coordinator (907-269-4996) or the DOC Public Information Officer (907-269-5037).

## Coalition Capacity Building

An active coalition is constantly building and expanding its capacity. An excellent “one-stop” website that offers tips and tools related to coalitions and community action is the *Community Toolbox* (<http://ctb.ku.edu/en>).

Periodic assessments of the coalition’s ability to work as a collaborative team with broad impact help identify improvements needed to strengthen coalitions. Whether it is an established team or one that is beginning to form, the coalition’s completion of a self-assessment provides a foundation for growth and development. The *Coalition Capacity Assessment*,<sup>5</sup> developed by the Prevention Institute in Oakland, California, is a quick, easy-to-use tool that looks at capacity across the following dimensions:

- Clarity of Mission/Strength of Vision
  - All members have a clear understanding of the mission/vision.
  - Actions are based on a focused mission.
  - The mission addresses the full scope of the issue.
- Communication/Link to Others
  - The coalition’s work is integrated with the community.
  - The coalition has the ability to influence key decision makers, government agencies, and other organizations.
  - The coalition has successfully maintained or increased its credibility.
- The Collaborative Environment
  - Members are motivated and inspired.
  - The coalition maintains an honest and open environment.
  - The coalition effectively addresses and resolves conflicts.
- Building Member Capacity
  - Member recruitment is based on the goals of the coalition.
  - Members are empowered to participate, and their skills and resources are maximized.
  - New members are welcomed and effectively oriented to the group.
- Management
  - The coalition has clear operational guidelines.
  - Activities, staffing, and deadlines are effectively coordinated to meet goals.
  - Meetings have clear objectives that meet the coalition’s needs.

Figure 7 The Community Toolbox

**The Community Toolbox**  
<http://ctb.ku.edu/en>

The *Community Toolbox* is an Internet resource that supports coalition growth and development.

**Skill building components include**

- Assessing community needs + resources
- Developing a comprehensive plan
- Building leadership
- Advocating for change
- Evaluating community efforts
- Sustaining the work

**Tools**

- How-to guidance on 300+ topics
- Quick-start instructions for key activities
- Troubleshooting guides for solving problems
- Evidence-based practice

<sup>5</sup> Prevention Institute, Oakland, CA. *The Coalition Capacity Assessment*, <https://www.preventioninstitute.org/publications/collaboration-assessment-tool>.

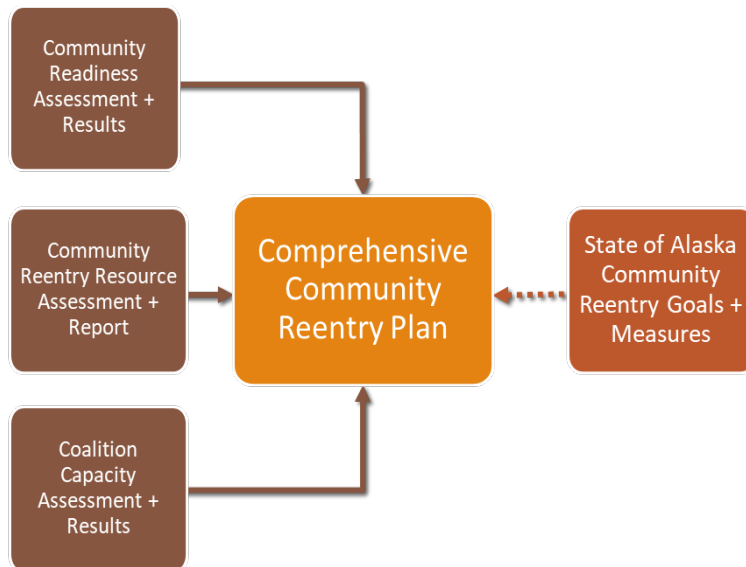
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ACR coalitions assess their level of collaboration and functioning using this tool. The assessment is quick and, when conducted annually, helps the coalition monitor its development and guide needed improvements. A *Coalition Capacity Assessment* template is available from your ACR Program Grant Manager.

Successful coalitions have a clear organizational structure that clarifies roles and responsibilities, formalizes structures and practices and uses effective management strategies for communication, conflict resolution and shared decision making. Members work together for a shared vision, good communication and healthy relationships and the coalition's sustainability is secured by strong membership retention practices, clear member recruitment and leadership succession processes, ongoing goals that align with the missions and diversified funding streams.

## 4. Assessing and Planning

Figure 8 Assessments and the ACR Comprehensive Community Reentry Plan



Three assessments inform the development of the *ACR Comprehensive Community Reentry Plan*. The *Coalition Capacity Assessment*, described in the previous chapter, is completed by the coalition. The other two assessments are the *Community Readiness Assessment* and the *ACR Resource Assessment*. The Alaska Community Reentry (ACR) Coalition Coordinator has primary responsibility for completing these assessments. Coalition leaders and members provide input and help collect data and interpret results. These assessment processes identify and prioritize coalition and community needs and resources. In addition to the

assessments, statewide goals for the ACR Program are also incorporated in the *ACR Comprehensive Community Reentry Plan*.

Conducting assessments can be challenging. The people involved in the assessment process have generally been “in the field” for a while and are likely to have a good picture of some of the issues. The assessments identified for this program help the coalition focus its efforts and achieve more meaningful outcomes. Each assessment is completed before completing the *ACR Comprehensive Community Reentry Plan*. They can be done in any order. Assessments should be updated annually, before the coalition reviews and updates action plans based on the *ACR Comprehensive Community Reentry Plan*.

There are many guidelines and books that focus on conducting community assessments. As previously referenced, the *Community Toolbox* (<http://ctb.ku.edu/en>) is one resource; a simple online search can identify other tools that may be useful as the coalition begins its assessments.

### Community Readiness Assessment

#### Overview

Community readiness is the degree to which a community is ready to act on an issue. Community readiness is issue-specific, measurable, variable across multiple dimensions, and can change over time. The results of this assessment provide insights into how to increase community awareness of reentry issues and advocate for developing needed resources.

In order to assess the community’s readiness to respond to the needs of reentrants, the ACR Program uses

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the *Community Readiness for Community Change* model from the Tri-ethnic Center for Preventive Research<sup>6</sup> to conduct community readiness assessments. The assessment is completed by conducting four to ten key informant interviews that focus on the attitudes, knowledge and beliefs in the community around the issue. Scores are calculated for each of the following five dimensions:

- Knowledge of the issue | How much does the community know about the issue?
- Knowledge of efforts | How much does the community know about the efforts?
- Attitude | What is the community’s attitude toward addressing the issue?
- Leadership | What is leadership’s attitude toward addressing the issue?
- Resources | Which resources are being used or could be used to address the issue?

Among the benefits of conducting a community readiness assessment are that it can:

- Measure a community’s readiness to identify where efforts should begin.
- Identify the weaknesses, strengths, and the obstacles likely to be met.
- Point to appropriate actions that match a community’s readiness levels.
- Work within a community’s culture to identify appropriate actions.
- Aid in securing funding and engaging community organizations and leadership.
- Be completed easily and efficiently.

## Stages of Readiness

From the completed assessment, the coalition can identify an overall readiness score for their community, basing the identification on the average of the scores from each dimension. There are nine stages, from no community awareness of the issue to a high level of community ownership of the issue. See Figure 9 for a list of the nine stages. A comprehensive training guide, *Community Readiness for Community Change*, describes the characteristics of each stage, guidelines for increasing readiness over time and details of the assessment and planning process. The link to this guide can be found at:

[http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR\\_Handbook\\_8-3-15.pdf](http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf)

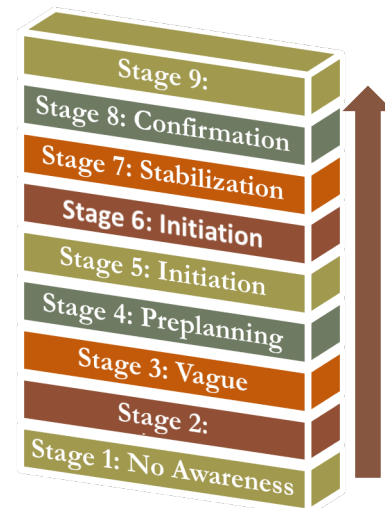


Figure 9 The Nine Stages of Readiness

## Conducting the Assessment and Using the Results

The assessment outlined in the *Community Readiness for Community Change* guide consists of four to ten interviews of up to one and a half hours in length. The interviews should be conducted with persons knowledgeable of the community’s efforts in relation to reentry. Once transcribed, the ACR Coalition Coordinator, with support from one or two coalition members, ranks the assessments and transfers the information to a score sheet for the community, with each dimension of readiness scored separately. The

<sup>6</sup> Tri-ethnic Center for Preventive Research, *Community Readiness for Community Change*, [http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR\\_Handbook\\_8-3-15.pdf](http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf), 2015



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average score across the five dimensions is the overall score for the community’s level of readiness. The lowest score, however, equates to the dimension the coalition should address with strategies to increase readiness in that dimension. The *Community Readiness for Community Change* guide identifies multiple strategies that are effective for each of the levels. Once completed, the identified stages of readiness for each community, along with the identified goals and strategies, are included in the *ACR Comprehensive Community Reentry Plan*.

The example provided below reveals that the coalition should focus on increasing the community’s knowledge of the issue, raise its awareness of current efforts focused on this issue and help the community integrate the issue within its culture.

Note: The above description is an overview of the readiness assessment process. Please review the *Community Readiness for Community Change* guide before starting to conduct the assessment.

Figure 10 Sample Community Readiness Assessment

Dimension	Readiness Level 1 – 9	Readiness Stage
Knowledge of Efforts	3	Vague Awareness
Leadership	5	Preparation
Community Climate	3	Vague Awareness
Knowledge of the Issue	3	Vague Awareness
Resources	6	Preparation

### Stage 3

#### **Vague awareness in the community about this dimension of community readiness**

##### **Characteristics**

- A few community members have heard about local efforts but know little about them.
- Leadership and community members believe that this issue may be a concern in the community but show no immediate motivation to act.
- Community members have only vague knowledge about the issue.
- There are limited resources (such as a community room) identified that could be used to support efforts.

##### **Possible strategies to move the score from Stage 3 to Stage 4**

- Present information at local community events and unrelated community groups. Don’t rely on just facts. Use visuals and stories.
- Post flyers, posters, and billboards.
- Begin to initiate your own events (e.g., potlucks) to present information on this issue. Keep them fun or include other benefits to potential attendees.
- Publish editorials and articles in newspapers and on other media but always relate the information to the local situation.

[http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR\\_Handbook\\_8-3-15.pdf](http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf)

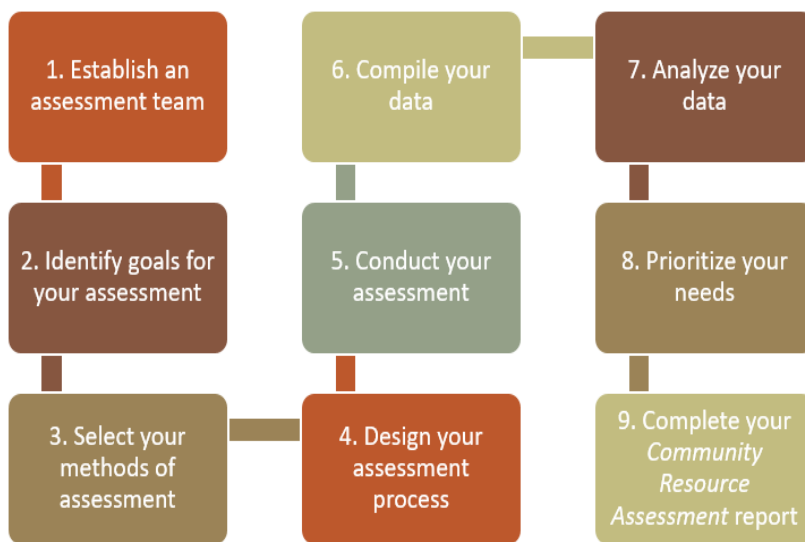
## ACR Resource Assessment

### Overview

By identifying the gaps, barriers and strengths in available community resources, the *ACR Resource Assessment* addresses the community's capacity to meet the service and treatment needs of reentrants and provides the coalition with a unified understanding of its community's resource needs. The assessment ensures that the coalition is strongly aligned with actual community needs and not its perception of community needs. Conducting a community assessment also provides opportunities to increase the community's exposure to both the coalition and the issue of reentry.

The product of a community needs assessment is the identification of the assets, barriers and gaps in each of the coalitions targeted areas of focus (discussed below). While there are multiple approaches a coalition can use to identify assets, barriers and gaps, the following steps outline a coordinated approach that can be used to achieve this. A well-planned assessment is easier to monitor, produces higher quality data and provides a strong structure for engaging coalition members.

Figure 1 | Planning for a Community Resource Assessment



Annual updates of this assessment gauge the level of impact implemented strategies have had and identify new actions needed to continue the coalition's advocacy and support in improving and increasing available resources. Updates generally take less time because the coalition staff and members are collecting data and information on an ongoing basis, updating resource lists regularly and conducting activities that will inform future assessments.

### Step 1: Establish an Assessment Workgroup

Multiple coalition members may be involved in the planning, collecting and analyzing processes of the assessment. Expertise within the coalition should be used whenever possible. However, if there is no expertise in a specific area, engage outside resources. The team could include:

- The ACR Coalition Coordinator, or designee.
- Two to five members from the coalition.
- At least one person should have expertise in planning and conducting assessments, analyzing data, and prioritizing needs.

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## Step 2: Identify the Goals of the Assessment in Each Key Focus Area

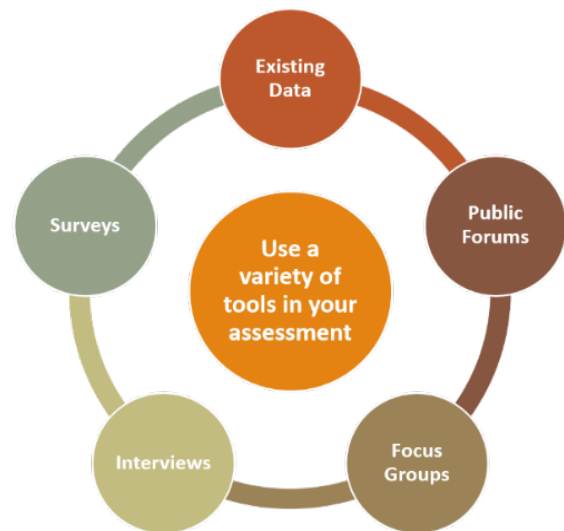
The assessment team identifies the goals of the assessment, ensuring they are realistic, achievable and usable by the coalition. As previously mentioned, the *ACR Resource Assessment* is intended to identify the assets, barriers and gaps in each of the following key focus areas, in order to develop a plan for increasing community resources and services for reentrants. (Note: Community needs vary, and coalitions may identify other, more critical areas. These five are suggested as they are the most commonly identified areas:

- Housing
- Employment and meaningful engagement
- Health (physical, mental and substance use)
- Culture and social connectedness
- Transportation (for some communities)
- Other critical areas may be added as needed

## Step 3: Select Your Method of Assessment

The *ACR Resource Assessment* uses a combination of two or more assessment tools: existing data, listening sessions, focus groups, interviews, and surveys. Many of the tools recommended require a level of expertise to implement or develop that may not be available within the coalition. Coalitions could discuss options with their grants managers and consider engaging outside resources to conduct parts of this assessment if internal expertise is not available. Even with outside expertise, coalitions are encouraged to take an active role in determining the assessment methods to use, the questions to be asked, the people to approach and how long an assessment should take. This guide is not intended to provide training on each method of assessment, although a few key points are made below about some options for assessment methods; links are provided for more information.

Figure 12 Methods of Assessments



### **Existing Data and Previous Assessments**

Using secondary sources for existing data and previously conducted assessments makes the process easier and less time consuming, increases accuracy and helps identify additional data resources. Many communities have already conducted needs assessments for specific issues. These could contain information about services and supports that would be useful for reentrants. Look for information from the following sources: public records from governmental agencies, health and human service organizations, research organizations, schools and education departments, academic and similar institutions, and business/industry.

Regional data specifically related to the characteristics of inmates reentering their communities in the coming years is available through each coalition’s ACR grant manager. This information is useful in assessing resource needs and is updated annually. To obtain this information, please contact your grant manager or the DOC Reentry Project Manager identified at the beginning of this guide.

For more information on using archival data, refer to *Collecting and Using Archival Data* in the *Community Toolbox* website, <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-interventions/archival-data/main>.

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## **Public Forums and Listening Sessions**

Public forums are well-publicized open meetings that provide a venue for many diverse people to express views and to build on one another's responses. Forums can offer the coalition a preliminary look at a community's needs and resources. A skilled facilitator can create an open and relaxed atmosphere, keep the conversation on topic, and deter individuals from dominating the conversation.

For more information on using public forums and listening sessions, refer to *Conducting Public Forums and Listening Sessions* in the *Community Toolbox* website: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-public-forums/main>.

## **Focus Groups**

Focus groups offer an informed, multi-perspective approach to addressing gaps and barriers to reentry. A guided discussion about a specific topic will help identify information and opinions to help direct the coalition's actions. Groups should consist of carefully selected persons whose personalities and perspectives will blend to generate an informative discussion. Focus groups should be led by a strong facilitator. A full transcript of the discussion is used for analysis. Discussion questions for each of the key focus areas can be drafted based on the assessment questions below.

For more information on conducting focus groups, refer to *Conducting Focus Groups* in the *Community Toolbox* website: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>.

## **Key Informant Interviews**

Conducting qualitative, in-depth interviews with community leaders and stakeholders who have first-hand knowledge of the issue can provide important background information, help resolve data/knowledge gaps, check that quantitative data collected reflects reality, explore questions and ideas in greater depth, and engage and recruit partners and coalition members. Discussion questions for each of the key focus areas could be drafted based on the assessment questions in Figure 12. Other guidelines for these interviews include:

- Try to interview between 15 and 30 people.
- Ask the most important questions first.
- Have a good understanding of what is being said, asking as-needed follow-up questions. Don't jump from one question to the next too quickly.
- Try to finish interviews within one hour.
- Take notes and use an electronic recording device, if possible; transcribed notes should be clear and thorough.

Key informant interviews are similar to those conducted for a community readiness assessment. Information from community readiness interviews could be used in your resource assessment. For more information on conducting interviews, look for the section *Conducting Interviews* in the *Community Toolbox* website; <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-interviews/main>.

## **Surveys**

Surveys are useful for collecting opinions and information about behaviors and needs and are especially useful when collecting information from a lot of people in as short amount of time. They can be conducted in person, by phone, on the computer or through mail/e-mail. Surveys are generally more quantifiable, making results easy to summarize and use. However, it is challenging to get a good response rate from

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surveys, especially those conducted through the internet or mail. It is as important to develop strong survey questions as it is to ensure the survey process is well-designed. A good survey that returns reliable, valid data takes time and thought to develop and implement. If this method of assessment is selected and the coalition is developing the process and tool itself, research best practices for designing surveys and follow the recommended steps.

For more information on conducting surveys, refer to *Conducting Needs Assessment Surveys* in the *Community Toolbox* website: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main>.

## Step 4: Design Your Assessment Process

Once assessment tools are selected, the planning team develops the details for the assessment such as the purpose and outcome of your assessment, the questions, the method, the names of persons to be interviewed, and names of the persons assigned to create the survey, collect the data, collate the data, analyze the assets/barriers/gaps, and prioritize the needs. Adjust plans as needed to fit the time and support available to conduct the assessment.

### **General Assessment Questions**

Using the coalition's identified focus areas such as housing, employment/meaningful engagement, healthcare, cultural and community connectedness, and transportation (or access to services), the assessment asks questions that help determine the community's assets, barriers and service gaps for each identified area.

- Assets are the strengths in the community such as programs, services, organizational capacities, people, resources, and networks.
- Barriers are those challenges that impede the effective coordination and delivery of services to meet a recognized need within a focus area.
- Gaps refer to the absence of policy, network or funding components that inhibit the effectiveness of the service delivery network.

The following questions can be adapted for each focus area:

- What are a community's current resources and services in [focus area]? What are the specific resources and services for reentrants?
- What are the assets within the community's [focus area] services? What are the strengths specifically related to reentrants?
- What do you consider to be the barriers facing persons seeking housing in the community? What are specific barriers for reentrants?
- Where are the policy gaps related to [focus area] services? What are policy gaps specifically for reentrants?
- What are the consequences for the community to not having adequate services in [focus area]? What are the consequences for reentrants?
- Who might challenge the efforts that propose to address these barriers or gaps? How could we address these?
- Describe any recommendations you have to address these barriers or gaps.

These questions can be used in designing the format for key informant interviews, focus groups, etc.

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## Step 5: Conduct Your Assessment

Some considerations when conducting assessments:

- Have fun! This is a great opportunity for networking.
- Research and implement best practices for the tools being used.
- Document well. In addition to notetaking, use a recording device when possible and transcribe full interviews. Write up documentation immediately following interviews.
- If more than one person is conducting assessments, make sure everyone is using consistent practices.
- If planning to include reentrants in the assessment, review the plan with DOC first for approval.
- When conducting in-person interviews, remember to start and end on time.
- Take the time to send thank you notes to those involved, reminding them of the purpose of both the assessment and the coalition.

## Step 6: Compile Your Data

Before analyzing data as a coalition, the assessment workgroup or designated person(s) review the raw data to determine the best way to compile and present the data to the coalition. The ACR Coalition Coordinator or designee transforms the raw data into a cohesive, easy-to-understand presentation using spreadsheets, graphs, and tables. Transcribed interviews should be mined for “key ideas” which can be compiled. Look for:

- Patterns and themes
- Strengths, assets and opportunities
- Barriers and gaps
- Areas showing momentum/change
- Unexpected findings
- Unanswered questions, areas for further assessment

## Step 7: Analyze Your Data

A coalition’s compilation of data and information likely includes both quantitative or hard data (measurable data such as number of service days and providers and assessment scores) and qualitative or soft data (such as opinions, interpretations and suggestions gathered from interviews, forums, etc.). A collective review of this data focused on the above bullet points helps to clearly identify the barriers and gaps within each focus area, as well as outline the community strengths and assets that can be used to address ongoing needs.

- Assets are those strengths present in communities and may consist of programs, services, delivery systems, organizational capacities and networks.
- Barriers consist of those challenges that impede the effective coordination and delivery of services to meet a recognized need.
- Gaps refer to the absence of a specific element or component within a community that renders the service delivery network less effective than it might otherwise be. It may be something that could be addressed through policy change, organizational structural change or funding assistance, or some combination of these.

## Step 8: Prioritize Your Data

Data analysis often identifies multiple need areas. Because it is unrealistic to address every area, coalitions often undertake a prioritization process to select the most critical areas to address. Consider including the

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steering committee/executive team and/or the full coalition in setting priorities as this increases buy-in and minimizes conflict when setting strategies. Before beginning the process of selecting priority needs, identify a set of criteria that help define how priorities are set. This ensures you have selected the most important issues and gives you a structured and inclusive process. Sample criteria to consider include the following:

- Seriousness of the need
- Size and impact of the need (economic and social)
- Potential to have a measurable impact on the need
- Realistic interventions and adequate resources to address the need
- Community concern about the need; readiness to address the need
- Challenges/barriers to addressing the need
- Existing resources and programs to address the need
- Ability of the solution to impact other needs
- Consequences of not intervening

Use criteria to guide a group discussion and ensure everyone understands the issues for each identified focus area. Determine if any of the issues can be consolidated or eliminated. Rank the issues through voting or group consensus to identify one or two immediate priorities for each focus area.

For more information on ranking needs, refer to *Developing and Using Criteria and Processes to Set Priorities* in the *Community Toolbox* website: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/criteria-and-processes-to-set-priorities/main>.

### Step 9: Complete Your ACR Resource Assessment

The *ACR Resource Assessment* template is a tool to compile findings from this assessment and is completed by the ACR Coalition Coordinator, with as needed input from the coalition. An *ACR Resource Assessment* template is available from your ACR Program Grant Manager.

The five sections of this report cover the following areas:

- General information
- Description of how the assessment was completed
- A synopsis of the DOC data about the number of citizens reentering the community in the next year
- Identified assets, barriers and gaps for each of the coalitions focus areas
- A list of prioritized needs for each of the areas

This report provides an in-depth look at the resources available for reentrants and serves as the foundation for identifying strategies and solutions for resource development in the *ACR Comprehensive Community Reentry Plan*.

## ACR Comprehensive Community Reentry Plan

The *ACR Comprehensive Community Reentry Plan* is the strategic guide to a coalition's decisions and actions related to resource development, community education/advocacy and coalition development. A well-developed plan:

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- Helps the coalition stay focused on critical issues,
- Guides how the changes happen,
- Defines how progress is measured,
- Establishes realistic, attainable goals, and
- Allocates the use of limited resources.

The following table describes the four sections of the *ACR Comprehensive Community Reentry Plan* and identifies the actions needed to complete each section.

Figure 13 Components of the ACR Comprehensive Community Reentry Plan

<i>Part 1: Program Overview</i>		
<b>1a</b>	Statewide Program	A description of the program is already entered into the template
<b>1b</b>	(Name of Coalition)	Enter information about your history, vision, mission and values
<i>Part 2: Needs and Assets</i>		
<b>2a</b>	Reentry Resources	Enter needs and assets identified in your <i>ACR Resource Assessment</i>
<b>2b</b>	Community Readiness	Enter needs and assets identified from your <i>Community Readiness Assessment</i>
<b>2c</b>	Coalition Capacity	Enter needs and assets identified from your <i>Coalition Capacity Assessment</i>
<i>Part 3: Goals and Strategies</i>		
<b>3a</b>	Reentry Resources	(To be entered; discussed below)
<b>3b</b>	Community Readiness	Enter the goals and strategies from your <i>Community Readiness Assessment</i>
<b>3c</b>	Coalition Capacity	Enter the goals and strategies from your <i>Coalition Readiness Assessment</i>
<b>3d</b>	Statewide	The goals and measures have already been entered; they are discussed below.
<i>Part 4: Evaluation and Review</i>		
<b>4a</b>	Evaluation Process	(To be entered; discussed below)
<b>4b</b>	Annual Review	(To be entered; discussed below)

### Goals for Increasing Resources

The coalition identifies goals for each of its focus areas during a planning session. This could happen at an extended meeting during which a facilitator (from coalition membership or contracted, if expertise is not available within the coalition) works with the coalition to identify long-term goals to address the needs identified for each of the identified focus areas. As diagramed in Figure 14, strong long-term goals have the following components: yearly objectives, strategies and outcomes, measures, targets and target dates, and action plans.

#### **Long-term Goals**

Long term goals describe how you plan to reach your vision. Goals can span multiple years, depending on their complexity.

- Example: Reentrants will be employed, in training, or engaged in other meaningful activities.



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## Yearly Objectives

Objectives are designed to help you meet your long-term goals. Objectives build on one another in the effort to achieve a goal. Objectives are updated annually, giving the coalition an opportunity to modify them as needed. Objectives and their associated components can be written to meet the following “S.M.A.R.T.” criteria.

- **Specific:** Clear and well-defined actions.
- **Measurable:** Measured using established targets and assessing progress.
- **Achievable:** Attainable and realistic.
- **Relevant:** Aligned to the coalitions vision and mission and are meaningful to the community.
- **Time-bound:** Achievable within clear timelines.
- Example: More employers in our community will hire reentrants.

Figure 14 Components of an Operationalized Strategic Goal



## Strategies

Strategies describe the specific actions needed to achieve the objectives. It may take several strategies to achieve your objective. When conducting your assessments, keep a list of strategies that were suggested by community members to use when the coalition brainstorms additional ideas.

- Example: Coalition members will engage community employers in focused conversations about the benefits of hiring reentrants.

## Short-term Outcomes

Short-term outcomes are what occur after strategies are implemented.

- Example: More employers in our community are hiring reentrants.

## Measures

Measures are tied directly to objectives and measure the impact of the outcome. Measures are reflected in a count (the number of...) or in a rate (the percentage of...). In some cases, the outcome is the completion of a specific task or project and is measured in terms of percent complete.

- Example: The number of initial and follow-up contacts made with employers by the coalition.

## Targets

There are two recommended targets. The first is the desired rate or count that you want to achieve.

- Example: 50 initial contacts; 25 follow-up contacts.

The second is the anticipated date the rate or count will be reached or the date the strategy will end.

- Example: 18 months from the start date.

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## Action Plans

Strategies can be assigned to one of the coalition's committees for implementation and oversight, or they can remain the responsibility of the coalition as a whole. Implementing strategies involves developing action plans that identify WHO will do WHAT by WHEN. Strategies also identify needed partners and resources. Developing action plans saves time, energy and resources and helps coalitions identify when plans have stalled or fallen behind in completion. A coalition can improve the likelihood of follow-through on action plans by:

- Ensuring everyone involved in the plan has a written copy,
- Reporting on action plan progress during committee and coalition meetings, and
- Checking-in with people responsible for specific tasks.

## Long-term Goals and Performance Measures

Statewide measures have been identified to evaluate the overall effectiveness of the ACR Program. Data for these measures are collected through the ACR Case Management Program and have been described in Chapter 2 of this guide.

## Evaluation

### Evaluation Plan

The goals in the *ACR Comprehensive Community Reentry Plan* are regularly reviewed by the steering team/executive committee and any committee/workgroup responsible for overseeing a strategy. A written evaluation plan identifies the process the coalition plans to use to monitor the implementation of the strategies. An evaluation plan identifies who (coordinator, case manager, committee, coalition) is responsible for what (gathering data, reporting data, evaluating data, adjusting plans), and when these activities are to occur. Key questions to ask when evaluating a plan include:<sup>7</sup>

- Are we achieving our goals and objectives? If not, why?
- Will we achieve our goals on time? If not, why?
- Are there adequate resources (money, equipment, facilities, training, etc.) allocated?
- Are our goals and objectives still realistic?
- Should priorities be changed to put more focus on achieving these goals?

Reviews can happen at both the committee and the coalition level. Committee reviews happen more frequently and provide the opportunity to adjust actions if anticipated results are not being met. The resulting impact of reviews at both the committee and the coalition level could be one of several actions:

- Progress is being made as expected; no changes to the Plan needed.
- Better progress is being made than expected; consideration is given to adjusting the Plan's target or target date to address the growth.
- Progress is not being made as expected; changes to the Plan need to be considered.

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<sup>7</sup> McNamara, Carter, "Basics of Monitoring, Evaluating and Deviating from the Strategic Plan." <https://managementhelp.org/strategicplanning/implementing-plan.htm>

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Action plans can be easily changed. However, if you are considering making changes to your comprehensive plan, do so cautiously. Consider the reasons for needing a change and determine if there are other ways to address the issues before making the change. An evaluation plan should identify the date for the annual review/update of the strategic plan. This includes reviewing updated needs assessments to determine new objectives and strategies for the year.

Figure 15 Sample Evaluation Plan

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### **Evaluation Plan (sample)**

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The steering team provides general oversight of the *ACR Comprehensive Community Reentry Plan*. The plan's strategies are assigned to one of the coalition's committees who develop action plans for the strategies and oversee the implementation. The committees will review action plan progress, including measures, at every meeting; the committee chairs will report updates to the steering team quarterly. Quarterly updates will also be shared with the coalition by the committee chairs. Any changes recommended to the plan must be reviewed by the steering team and approved by the coalition.

The coalition coordinator will make sure the steering team and the coalition updates are scheduled regularly. The coordinator will also make sure the committees review the most up-to-date data. The coordinator is responsible for coordinating annual updates for supporting assessments, as follows: *ACR Resource Assessment* to be updated by March 31<sup>st</sup>; *Community Readiness Assessment* to be updated by February 28<sup>th</sup>; *Coalition Capacity Assessment* to be updated by January 31<sup>st</sup>; *ACR Comprehensive Community Reentry Plan* will be updated by April 30<sup>th</sup>.

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## 5. ACR Case Management Program

The purpose of the Alaska Community Reentry (ACR) Case Management Program is to connect felony inmates with medium to high-risk of recidivism, misdemeanants at high-risk, and sex offenders with employment, housing and other supports using evidence-based practices that have been proven to reduce the likelihood of recidivism. The Program is a pilot program of the State of Alaska, Division of Behavioral Health (DBH) using an integrated system of assessment, support and transition planning to reduce recidivism and improve public safety and community well-being. Although there are other reentry case management programs in the state, the guidelines set forth in this chapter are specifically related to the ACR Case Management Program. This chapter covers the practices and processes involved in this program.

### Evidence-based Practices

Evidence-based practices (EBP) integrate research evidence with clinical experience and client values. The term “evidence-based” can also be used in relation to treatments, assessments, interventions and principles. In the ACR Case Management Program, the ACR Case Managers use EBPs such as motivational interviewing, strength-based management and cognitive restructuring to support successful participant outcomes. EBPs are used to assess inmates for the potential of recidivism and to match inmate traits, criminogenic needs and risk level with the right interventions. The following sections describe the principles and related assessment tools used in the ACR Case Management Program.

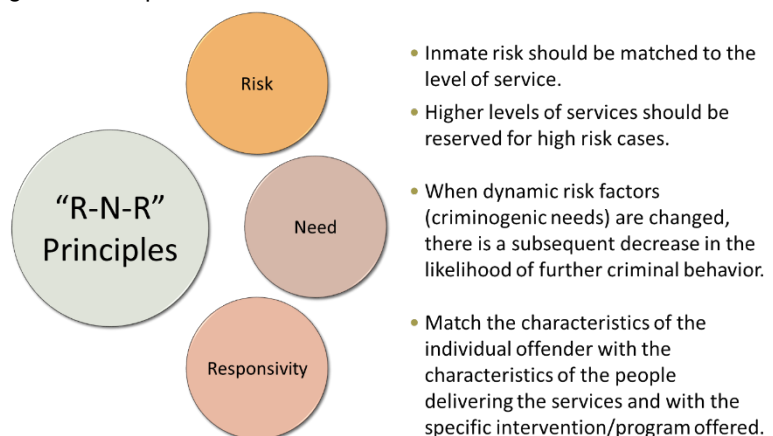
### Risk-Need-Responsivity Principles<sup>8</sup>

The Risk-Need-Responsivity Principles of Effective Correctional Intervention<sup>9</sup> form the foundation for a wide spectrum of therapeutic interventions used with inmates.

#### **Risk**

Reentrants leaving DOC in Alaska are assessed for their risk of recidivism using the Level of Service Inventory-Revised (LSI-R) assessment. The results allow for a returning citizen to be matched with an appropriate level of services; the higher the reentrant’s risk of recidivism, the higher the level of service intensity required to reduce that risk. The priority population for the ACR Program are those assessed at medium to high-risk for committing a crime.

Figure 16 Principles of Effective Correctional Intervention<sup>9</sup>



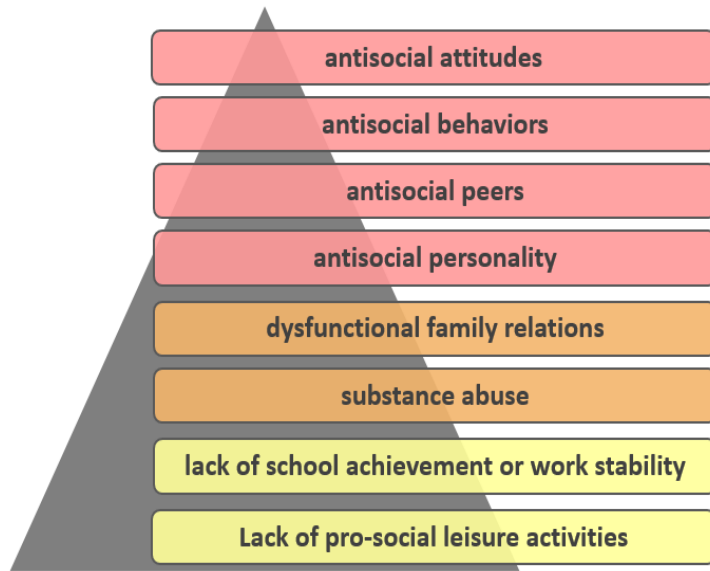
A 2009 summary of research related to the impact of treatment for low and high-risk reentrants showed that

<sup>8</sup> LSIR: Level of Service Inventory-Revised Introductory Training Course, Participant Manual; [http://dhs.sd.gov/drs/recorded\\_videos/training/lis-r/doc/LSI-R%20introductory%20training%20Participant%20Manual.pdf](http://dhs.sd.gov/drs/recorded_videos/training/lis-r/doc/LSI-R%20introductory%20training%20Participant%20Manual.pdf)

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the “effectiveness of treatment varies with the risk level of inmates,”<sup>9</sup> with higher risk inmates having a greater reduction in recidivism. The differences are attributed to (a) the existing pro-social networks of low-risk reentrants is disrupted when participating in intensive intervention (e.g., treatment interfering with work or other activities) and (b) low-risk reentrants learn antisocial behaviors from higher risk reentrants.

Figure 17 Central Criminogenic Needs



## Need

The criminogenic needs of the returning citizen are directly linked to criminal behavior. The eight central needs associated with the management and reduction of risks for recidivism focus on the reentrant’s attitudes, behaviors, peers, personality, family relations, substance use, education/employment and leisure activities, with the antisocial needs identified as the riskiest. These eight needs help prioritize services for the reentrant. When specific factors are targeted in these need areas, there is a subsequent decrease in the likelihood of further criminogenic behavior.<sup>10</sup> The DOC uses the LSI-R to identify need levels.

## Responsivity

For optimum response, the ACR Case Manager and the probation officers should consider the personality and individual characteristics of the reentrant when matching services. These considerations include culture, gender, motivational and developmental stages and learning styles. Well-matched relationships increase the reentrant’s responsiveness to the service.<sup>11</sup>

## The Level of Service Inventory-Revised

The LSI-R is an assessment instrument used to identify the potential for danger to self, others, or the community and assess the needs of the returning citizen. Commonly used by correctional facilities across the country, this tool assesses an inmate’s likelihood for recidivism and assigns the appropriate level of services to address needs. The higher the score on this 54-item assessment, the greater the level of services needed. A study of 956 male inmates showed that the rate of recidivism is positively correlated with an inmate’s score on the LSI-R.<sup>12</sup>

In Alaska, persons sentenced to 30 days or more receive the screening version of the LSI-R assessment. For those screened as a medium risk or higher, a full assessment is conducted. Institutional Probation Officers

<sup>9</sup> Bonta, James, PhD; What to Do with Low Risk Offenders, Research Summary; Vol. 14 No 4, July 2009  
<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/tdwth-lwrsk/index-en.aspx>

<sup>10</sup> LSIR: Level of Service Inventory-Revised Introductory Training Course, Participant Manual; SD Department of Corrections; p 7.  
[http://dhs.sd.gov/drs/recorded\\_videos/training/lsi-r/doc/LSI-R%20introductory%20training%20Participant%20Manual.pdf](http://dhs.sd.gov/drs/recorded_videos/training/lsi-r/doc/LSI-R%20introductory%20training%20Participant%20Manual.pdf)

<sup>11</sup> Ibid., pages 6-7.

<sup>12</sup> Ibid., page 28

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(IPO) within the correctional facility develop and update an *Offender Management Plan* (OMP) that is guided by the results of the LSI-R screening or full assessment. This plan outlines the services needed while incarcerated (physical and mental health care, substance abuse treatment, family support, education, technical training and work experience, etc.). After release, field probation officers (PO) manage this plan. ACR Case Managers work closely with the IPO and the PO to develop *ACR Transition Plans* for program participants.

## Roles and Responsibilities in Case Management

### **Institutional Probation Officer (IPO)**

The Institutional Probation Officer:

- Identifies inmates interested in reentry case management services 90 days before release.
- Uploads referrals, release of information forms and an updated OMP to the Alaskan Corrections Offender Management System (ACOMS) for referral to the ACR Case Management Program.

### **Single Point of Contact**

The Single Point of Contact is a designee assigned by each DOC correctional institution who:

- Oversees and coordinates referrals for case management with the ACR Case Managers.
- Monitors each community's openings and sends the ACR Case Manager a referral when an opening arises.

### **Probation Officer (PO)**

- When able, participates in the initial in-reach with the inmate and the ACR Case Manager.
- Receives updates and communications from the ACR Case Manager and provides relevant information back, as needed.
- Works with the ACR Case Manager to ensure the participant compliance with planning efforts.

### **ACR Case Manager**

- Periodically reviews and updates new client availability.
- Coordinates and facilitates an in-reach introductory and planning meeting within 30-45 days of release with the inmate, the IPO and the PO.
- Provides information about secured or potential services for a referred inmate to the IPO for inclusion in the OMP.
- Coordinates the completion of the *ACR Transition Plans*.
- Meets regularly with the ACR Case Management participant post-release to connect with services and prepare for self-sufficiency.
- Works with the PO to ensure participant compliance with planning efforts.
- Coordinates wraparound services to provide additional support, if needed, to address behavioral issues that could sabotage the participant's success.
- Maintains documentation in the Alaska Automated Information Management System (AKAIMS).
- Works with the ACR Coalition Coordinator to develop and update lists of providers and community resource specialists who provide coaching and assistance with housing, employment, treatment and wellness.

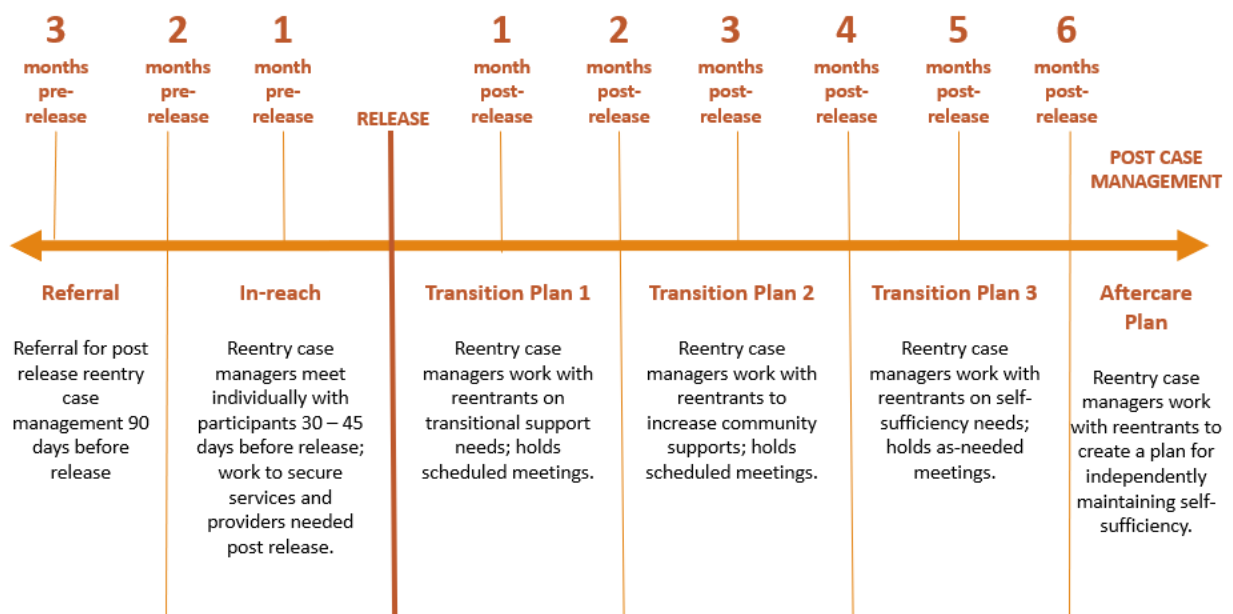
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## Pre-Release

DOC Institutional Probation Officers (IPOs) identify inmates who are interested in having post-release case management support and, within 90 days of release, refer them to the ACR Case Management Program through an electronic referral module housed within ACOMS system. One person from each correctional facility is designated as the “Single Point of Contact” for the referral. Referrals are prioritized based on those needing housing, those needing multiple support services, and those with felony convictions. Below is a chart outlining the program timeline.

## Pre and Post-Release Timeline

Figure 18 ACR Case Management Program Pre and Post-Release Timeline



### In-Reach

Within 30 to 45 days of release, the ACR Case Manager has a one-on-one in-reach meeting with inmates who have been referred to the ACR Program. An updated OMP and a DOC Release of Information form needs to be on file. During this introductory meeting the potential reentrant and the case manager discuss program requirements and support service needs. Meetings may occur in person, through video conference or over the telephone depending on the location of the case manager and the technological abilities of the DOC institution. The primary objectives of this in-reach meeting are to identify the inmate’s post-release needs as well as his or her goals, interests and future plans.

## Post-Release

The ACR Case Management Program is built on three two-month transition phases that span the first six months after release. As the ACR Case Management participant moves through the program, the ACR Case Manager works to progressively reduce the number of support meetings and amount of oversight needed. Transition planning happens at the start of each phase. The plan provides a guide for the ACR Case

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Management participant, family, and service providers that clearly outlines specific actions based on the participant's needs (housing, employment, training, treatment, counseling, etc.). A good transition plan has strength-based, attainable goals and interventions that the participant has helped develop and contains at least one goal that could be accomplished immediately with relative ease. In general, transition plans:<sup>13</sup>

- Prioritize a participant's higher risk of reoffending as identified by a validated assessment.
- Develop an individualized written plan of intervention.
- Identify when goals have been accomplished.
- Identify who is responsible for providing each intervention.
- Ensure continuity of interventions from jail to the community.
- Establish goals and/or targets of change that are agreed upon by both the ACR Case Management participant and the case management team.

### **Transition Phase 1**

Upon release from prison, an initial meeting is held with the ACR Case Management participant, the field parole/probation officer and the ACR Case Manager. During this meeting, the participant learns more about the case management program and signs paperwork. Continuing the work done during pre-release, the team finalizes an initial plan for services, known as the ACR Transition Plan 1, that establishes goals and/or targets of change that are agreed upon by the inmate and those responsible for his or her custody and treatment. The plan outlines actions that target identified risks of reoffending and other needs and ensures that they are offered at a level and frequency that will be helpful. During the first two months of the program, the ACR Case Manager meets weekly, at minimum, with the participant to coordinate and oversee the receipt of needed services.

### **Transition Phase 2**

During the third and fourth months of case management services, the participant meets with the ACR Case Manager at least twice monthly to ensure needs continue to be addressed at the right service level and intensity. The transition plan is updated, becoming the ACR Transition Plan 2, at the beginning of this phase, increasing or decreasing services as needed. Scheduled meetings will be held but will likely be less frequent than during the first two months.

### **Transition Phase 3**

This phase transitions the participant to increased self-sufficiency in securing and maintaining services. The transition plan is updated (ACR Transition Plan 3) at the beginning of this phase; meetings with the ACR Case Manager are held at least once a month.

## Discharge and Aftercare

During the final month of case management services, the ACR Case Management participant and the ACR Case Manager develop the *ACR After Care Plan* to guide the participant's decision-making after case management services have ended. This plan is effective upon the participant's graduation from the program.

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<sup>13</sup> Transition from Jail to Community, Online Learning Toolkit, Module 7: Transition Plan Development, <http://tjctoolkit.urban.org/module7/index.html>



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Participants may be discharged from the program for reasons other than program completion. These reasons include: opting out of the program, non-compliance with program requirements, moving out of the reentry service area, re-imprisonment, committing a crime, pardoned or sentence suspension, or parole/probation revocation. Even though a participant may not complete the program, case managers attempt to establish an aftercare plan with the participant.

## Special Case Management Procedures

### Confidentiality

ACR Case Management participants are informed that confidentiality cannot be maintained if the participant reports violations of his/her conditions of release, intent to harm themselves or others, or the intent to commit (or commission of) a crime.

### Wraparound Services

If an ACR Case Management participant is not compliant with his/her transition plans, the PO and ACR Case Manager coordinate a special meeting with the participant, relevant service providers, and other key persons to identify additional supports that may help mitigate issues or barriers challenging the participant's engagement. These additional services are often called wraparound services.

### “Opting Out”

The DBH reentry case management process is voluntary for program participants; at any time in the process, participants can opt-out of the ACR Case Management Program.

## Working with the Department of Labor and Workforce Development

Research shows that connecting reentrants to employment assistance services in the community can help to reduce recidivism. In addition to providing earned income, employment can have positive prosocial outcomes for reentrants, such as increasing self-esteem and creating positive social relationships. Employment can also promote societal benefits such as reduced strain on social service resources and public assistance.<sup>14</sup>

Experienced staff in Department of Labor and Workforce Development (DOLWD) job centers across the state provide support for reentrants needing either job training skills or job search/placement assistance. In addition, DOLWD regularly collaborates with the Department of Corrections to conduct pre-release employment training and workshop opportunities, including certifications and apprenticeships, across the state. ACR Case Managers use the AKAIMS to track participant employment information, connect them to DOLWD services, and note outcomes related to education and employment.

A listing of the Department of Labor and Workforce Development statewide job centers, including links to workshops and calendar events, can be found at <http://www.jobs.alaska.gov/offices/index.html>.

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<sup>14</sup> *Integrated Reentry and Employment Strategies: Reducing Recidivism and Promoting Job Readiness*; The Council of State Governments Justice Center.

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## AKAIMS: Alaska Automated Information Management System

AKAIMS is DBH's primary management information system. Originally, DBH used this system to collect data on behavioral health clients in Alaska who were funded by DBH grants or Medicaid. As the system developed, agencies began to use the system as an electronic medical record. Recently, DBH added a component aligned with Alaska's therapeutic courts. This module has been adapted to use with the ACR Program.

## Participant Survey

ACR Case Management participants are asked to complete surveys upon transitioning from one phase of service to another. This survey rates the participant's satisfaction with current areas of their life (housing, safety, social connectedness, etc.) and with the case management services being provided.

## Case Management Graduation

Although graduation ceremonies differ slightly across the ACR Case Management Programs, they celebrate a participant's successful completion of the program. Graduating from the case management services is a well-earned success and provide an opportunity for supporters to acknowledge the participant's hard work in addressing behavior changes and reengaging with the community.

# Case Management Goals and Process Measures

## Long-term Goals and Measures

The ACR Case Management Program goals are aligned with the ACR Program goals, as identified on page 15. This data is collected for each of the ACR Case Management Programs and feeds into the statewide data for the ACR Program.

## Process Measures

The ACR Case Management Program tracks the case management process for indicators of issues or barriers that could prevent the program from achieving its outcomes. Monitoring these processes provides opportunities to modify systems, increase training, or offer additional support to assure success. As the program develops, measures in the following areas will be monitored: participant demographics; referrals, intakes and discharges; in-reach; participant satisfaction; and access to public benefits, behavioral health services, housing and employment.

## 6. Associated Templates (available from your ACR Grant Manager)

The following templates associated with this guide are available from your ACR Program Grant Manager.

ACR Comprehensive Community Reentry Plan

ACR Resource Assessment

Coalition Capacity Assessment

Operational Guidelines