



# Recidivism Reduction Joint Annual Report

## Fiscal Year 2022

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Prepared by the Alaska Department of Health (DOH) and the Alaska Department of Corrections (DOC)

# Table of Contents

<b>Background .....</b>	<b>1</b>
<b>Recidivism Reduction Initiatives and Services .....</b>	<b>1</b>
Division of Behavioral Health.....	1
Department of Corrections.....	2
<b>COVID-19 and Reentry .....</b>	<b>2</b>
Continued Impact on Community-based Reentry Programming in FY 2022.....	2
Impact of COVID-19 on Treatment Services within DOC.....	3
Response to COVID-19 Challenges .....	3
<b>Diversion and Intervention.....</b>	<b>3</b>
Alcohol Safety Action Program (ASAP) .....	4
Department of Corrections and the Therapeutic Courts.....	4
Department of Corrections and the PACE Program .....	5
Department of Corrections and Integrated Substance Use Disorder Services.....	5
<b>Treatment and Recovery Services.....</b>	<b>5</b>
DBH Medication-Assisted Treatment .....	5
Department of Corrections Treatment Initiatives .....	6
Access to Treatment.....	6
SUD Screening and Assessment .....	6
Intensive Outpatient Substance Abuse Treatment (IOPSAT) Level 2.1 .....	6
Institutional Residential Substance Abuse Treatment (RSAT) Level 3.5 .....	7
Substance Abuse Re-Entry Coordination.....	7
Sober Living Units .....	7
DOC Medication-Assisted Treatment.....	8
<b>Cognitive Behavioral Interventions.....</b>	<b>9</b>
1115 Behavioral Health Medicaid Waiver .....	10
Medicaid and Behavioral Health Reform.....	11
<b>Housing Programs.....</b>	<b>11</b>
Section 811 Project-Based Rental Assistance (PRA) Program .....	11
Mainstream Vouchers.....	12
Moving Home Vouchers .....	12
Alaska Community Living .....	12
Discharge Incentive Grant.....	12
Recovery Residences .....	12
<b>Peer Support .....</b>	<b>12</b>

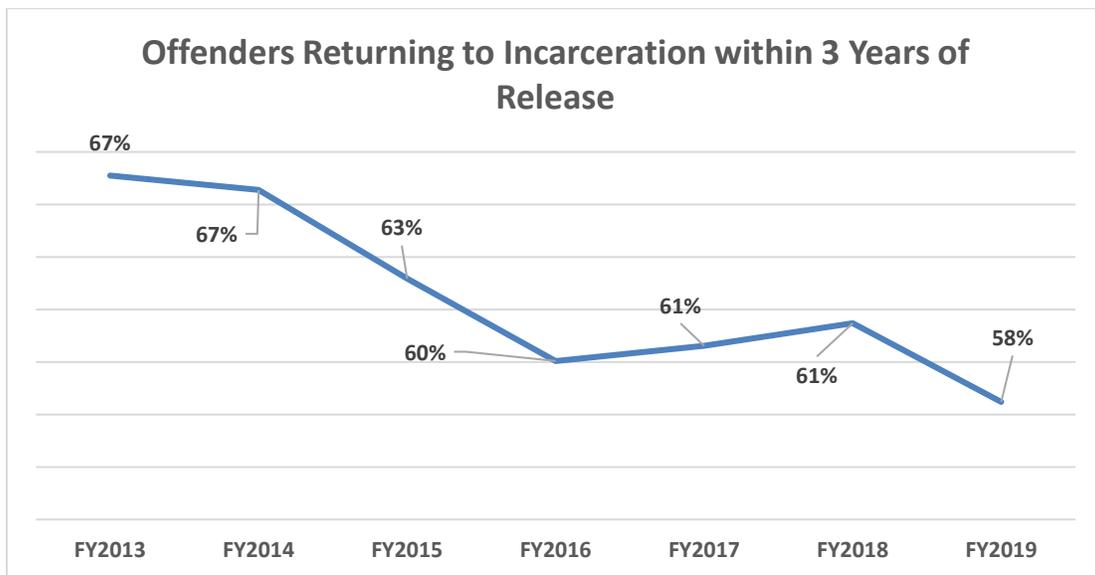
<b>SCAG and DBH Recidivism Reduction Grants.....</b>	<b>13</b>
DOC Reentry Services .....	13
Community Reentry Coalitions .....	15
Community Reentry Case Managers .....	16
<b>Program Improvement Initiatives .....</b>	<b>16</b>
Identifying Service Gaps.....	17
Increase Services in Rural Alaska .....	17
Program Review.....	17
Culturally Relevant Programming.....	17
Reentry Planning.....	17

## Background

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

Overall recidivism reduction is the goal of DOH and DOC reentry programs. Recidivism rates are calculated based on the definition in AS 44.19.647: All felons released within a given year who return to incarceration within three years for any offense conviction (felony or misdemeanor) or any probation/parole violation. This definition makes Alaska unique in that most states do not include misdemeanor convictions and some states do not include probation/parole violations.

The chart below shows an overall decrease in recidivism in the past seven years. Because recidivism numbers are based on three years' post-release, current data is from the cohort released in 2019.



## Recidivism Reduction Initiatives and Services

### Division of Behavioral Health

The Division of Behavioral Health (DBH), which is a division under DOH, manages grants, contracts, and initiatives that align with the goals of increasing successful health and public safety outcomes. DBH works with a diverse stakeholder group that includes law enforcement, community providers, reentrants and their families, and state stakeholders such as the Alaska Court System (ACS), DOC, the Alaska Mental Health Trust Authority (The Trust), and the Department of Labor and Workforce Development (DOLWD). Based on the FY 2022 authorized budget, DBH received \$7,050,900 in recidivism reduction funding. DOH utilizes a portion of recidivism reduction funding to support a variety of evidence-based treatment programs, including psychiatric emergency services, outpatient treatment services for individuals with severe mental illness (SMI), and to treat seriously emotionally disturbed (SED) transitional aged youth (18-22).

Recidivism reduction funding ensures that secure housing, employment, and treatment are more readily available upon release, which increases the likelihood that reentrants will continue to engage in positive behaviors that reduce recidivism. In FY 2022, the division funded 14 grant awards for recidivism reduction, 3 grant awards for permanent housing, 9 grant awards for outpatient services, and one

contract for Anchorage based reentry services.

## Department of Corrections

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

Throughout FY 2022, DOC continued to broaden recidivism reduction and reentry efforts statewide:

- Expansion of the Second Chance Act Grant Statewide Recidivism Reduction Grant awarded from the Federal Bureau of Justice Assistance (BJA).
- Implementation of the BJA Correctional Adult Reentry, Education, Employment & Recidivism Reduction Strategies (CAREERRS) grant that will expand existing, educational, vocational, and employment services training for incarcerated offenders reentering the rural workforce. Completion of this training is expected to improve educational and employment outcomes, as measured by the number of credentials and job offers received. DOC received \$900,000 for a three-year period through this grant.
- Funding to support eight Reentry Unit positions: Reentry Program Manager, Reentry Grant Manager, Criminal Justice Planner for Education and Vocational Training, Education Specialist I, two Program Coordinator II positions, and a Criminal Justice Technician II.
- Expansion of medication-assisted treatment (MAT) services.
- Expansion of reentry supports for individuals struggling with substance use disorders.
- Expansion of substance use disorder (SUD) services to include SUD staff triaging all individuals identified as at risk for detox at larger DOC intake facilities.
- Increased access to peer-based supports and training.
- Building stronger relationships with community partners.
- Establishing new partnerships to aid in the successful transition of reentrants into communities throughout Alaska.
- Expansion of reporting abilities through implementation of a new Electronic Health Record (EHR) system to aid in better identifying higher risk populations to include individuals struggling with addiction, mental illness, or significant medical conditions that may impact successful reintegration back into the community.

## COVID-19 and Reentry

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

## Continued Impact on Community-based Reentry Programming in FY 2022

COVID-19 has continued to limit the ability of community-based reentry programs to make pre-release face-to-face contact with inmates. During the pre-release phase of reentry, case managers meet with reentrants to assess their individual needs and begin developing a reentry case plan that addresses those needs. The intake process is in-depth and best conducted in person. Evidence-based practices, championed by the Alaska Criminal Justice Commission (ACJC), make clear that reentry case management prior to release results in better outcomes. The limited ability of reentry case managers to engage with reentrants prior to release and in reentry classes has had an impact on reentry case

planning. Another area of impact has been the inability of reentry case managers to participate in reentry classes. Prior to COVID-19, reentry classes provided an opportunity for case managers to introduce themselves, provide program and contact information, and complete required release of information forms.

## Impact of COVID-19 on Treatment Services within DOC

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

- Treatment groups were suspended due to group size restrictions and limited access to institutions.
- Community based services were suspended, then restarted with reduced capacity and additional screening requirements.
- In-person training was limited due to restrictions on group size.
- Limited infrastructure in place to support offsite telehealth services.
- Reduced DOC workforce due to COVID-19.
- Treatment resumed in FY22. However, programs continued to face periodic suspensions due to COVID-19 outbreaks throughout the system.

## Response to COVID-19 Challenges

FY 2022 continued to be a challenging year for reentry service providers. However, there were program successes in the areas of housing and employment, peer support, medication-assisted treatment, and telehealth services.

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

- Substance use disorder services (SUD) moved to telehealth.
  - Assessments moved to telehealth except at the Anchorage Correctional Complex-East which continued to conduct 1:1 in person assessments following CDC guidelines.
  - Residential Substance Abuse Treatment (RSAT) moved to 1:1 telephonic sessions.
  - Intensive Outpatient Substance Abuse Treatment (IOPSAT) moved to 1:1 telephonic sessions.
- In conjunction with American Society of Addiction Medicine (ASAM), staff converted the computerized Continuum Co-Triage screening tool to a paper version so it could be completed offline.
- Individual mental health services continued in person following CDC recommended guidelines.
  - In facilities with active COVID-19 cases, staff conducted no-contact sessions in the visitor's area.
  - Mental health staff completed remaining group requirements on a one-to-one basis.
- Many psychiatric services were provided via telehealth.
- Small group services were provided in the acute and sub-acute mental health units following CDC recommended guidelines. This was possible because each unit was considered a "family unit."

## Diversion and Intervention

DBH and DOC work collaboratively to divert individuals from further involvement with the criminal justice system by connecting them to treatment, supervision, or services that address the underlying

issues leading to law enforcement encounters.

## **Alcohol Safety Action Program (ASAP)**

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

The work of ASAP leads to:

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

In FY 2022, there were approximately 4,046 ASAP admissions statewide, with 2,421 of those cases in the Anchorage area.

Because of the COVID-19 pandemic, each client has been encouraged to contact ASAP via phone or email if an in-person appointment is not available to the participant. All clients have the option to participate in an online orientation. Following orientation, ASAP Probation Officers meet virtually with individual clients to administer an actuarial assessment tool, the Level of Service Inventory-Revised (LSI-R), which is used to identify the client's risks and needs. During the interview, barriers to treatment are also identified. After the interview, ASAP Probation Officers assist with connecting clients to treatment and monitoring progress within the treatment program, making it more likely that the client will succeed. The ASAP office has also developed regular online training opportunities for staff and treatment providers to maintain consistent program procedures statewide.

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

## **Department of Corrections and the Therapeutic Courts**

In FY 2022, DOC continued to partner with the ACS on therapeutic courts statewide. The department has a long-standing partnership with the therapeutic courts to aid in identifying referrals and assisting in coordinating services with community providers. DOC's partnership with the therapeutic courts focuses primarily on individuals struggling with mental illness and/or addiction, in addition to providing referrals and assistance in linkage to treatment. One example of this partnership is the Palmer Wellness Court where many of the substance use disorder services for participants are provided through a vendor contracted through DOC. The Palmer Coordinated Resources Project (PCRP) was able to serve an average of 17 individuals a month. The Palmer Wellness Court (PWC) was able to serve an average of 28 individuals a month.

Individuals accepted into a therapeutic court are required to attend court status hearings weekly, bi-monthly, or monthly depending on their stage in the program. The court team meets weekly to review

their progress and to suggest incentives or sanctions that may best encourage the participants' success. Although the details vary within each of the therapeutic courts, the basic structure is the same:

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

### **Department of Corrections and the PACE Program**

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

### **Department of Corrections and Integrated Substance Use Disorder Services**

In FY 2022, DOC continued to offer a program that embeds substance use disorder (SUD) counselors in field probation offices in Palmer and Kenai. The program utilizes the screening, brief intervention, and referral to treatment (SBIRT) model. The goal is to eliminate any barriers to accessing treatment when the need is identified. This also allows for an option to increase treatment supports in lieu of jail time for offenders who historically might receive technical violations associated with substance misuse. In FY 2022, over two hundred individuals received services through this program.

### **Treatment and Recovery Services**

In FY 2022, DBH continued to focus on increasing treatment and recovery services for the criminal justice population. Specifically, the division focused on the following areas:

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

### **DBH Medication-Assisted Treatment**

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

DBH now requires that all substance use disorder (SUD) treatment grantees provide MAT services, whether through a provider onsite or through coordination with waived providers of medications for

addiction. This includes both residential and outpatient SUD treatment programs. In addition, Injection Drug Users (IDU's) are a priority population for admission into DBH approved SUD treatment programs.

## **Department of Corrections Treatment Initiatives**

In FY 2022, DOC continued to focus on expanding, standardizing, and streamlining treatment and recovery services. The department has an initiative to implement evidence-based services system wide and has been systematically exploring programming and services to ensure the following:

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

## **Access to Treatment**

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

## **SUD Screening and Assessment**

In FY 2020, DOC began utilizing the ASAM Continuum: Co-Triage screening tool for initial SUD screenings. This screening provides a preliminary level of care and diagnosis for the individuals being screened. This tool has allowed DOC to better allocate services based on identified offender needs.

SUD assessments are the basis for the type of care offered to offenders within DOC. The SUD assessment is used to determine the most appropriate level of care and intensity of needed services. Each assessment includes the nature and extent of an offender's drug problems; establishes whether problems exist in other areas that may affect recovery; helps form an appropriate treatment plan; and uses the ASAM Continuum assessment tool, considered to be the gold standard for assessing the needs of individuals struggling with addiction. DOC partnered with ASAM to modify and adjust the screening portion of the tool and created a paper version to be given to individuals to fill out at their convenience and return to a counselor.

## **Intensive Outpatient Substance Abuse Treatment (IOPSAT) Level 2.1**

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

In FY 2022, IOPSAT services were provided by contract staff. IOPSAT is provided at Goose Creek Correctional (Wasilla), Fairbanks Correctional Center (Fairbanks), Anvil Mountain Correctional Center (Nome), and Hiland Mountain Correctional (Eagle River). In addition to facility-based services, the department also offers community-based IOP services in Anchorage, the Mat-Su Valley, and Fairbanks. In FY 2022, the community based IOP programs doubled in capacity to better meet the needs of this population.

### **Institutional Residential Substance Abuse Treatment (RSAT) Level 3.5**

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

DOC has three RSATs: two male programs and one female program. The treatment programs use “A New Directions and Living in Balance” for their curriculum. The female program adds the Moving On curriculum to assist in addressing gender specific treatment issues. In addition to the core SUD curriculum, the RSAT programs also use Stephanie Covington’s trauma-based curriculum, Helping Men/Women Recover, which explores the impact of trauma with this population. Both male and female RSATs are approximately six months in duration and require 25 hours of group per week plus individual sessions.

In FY 2022, RSAT services were provided at Hiland Mountain Correctional (Eagle River), Palmer Correctional Center, and Wildwood Correctional center (Kenai) by contract providers.

### **Substance Abuse Re-Entry Coordination**

In F 20Y22, DOC continued to build on its reentry services through the Substance Abuse Re-Entry Coordination (SARC) position focused on aiding those individuals struggling with addiction to connect to community treatment resources and reintegrating successfully into the community. The SARC position continues to grow in its efforts to aid with placing individuals in need of support with the appropriate services.

DOC continues to expand SUD reentry efforts through participation in the OpenBeds online treatment referral platform. OpenBeds is funded through the Alaska Mental Health Trust Authority with a focus on creating trusted coordinated care treatment networks—improving provider support and care delivery to patients in need. With today’s prevalence of behavioral health issues, it has become a necessary tool to track bed availability and ensure quick patient referrals to the right behavioral health facilities.

DOC has also added two additional clinicians in our hard to serve locations: Lemon Creek Correctional Center in Juneau and Fairbanks Correctional Center in Fairbanks. These clinicians have focused on improving our co-occurring services including increased screening access, group programming, and connection to community-based programs upon release to help in reducing recidivism.

### **Sober Living Units**

DOC Sober Living Units provide those individuals actively engaged in treatment, or who have completed

treatment, the opportunity to reside in an environment focused on maintaining sobriety through the practice of healthy living. These units use a combination of staff and peer mentors to provide a positive, prosocial environment.

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

Fiscal Year	Assessment / Referrals	IOP	RSAT	YTD Total
FY 2022	1100	70	37	1207
FY 2021	1,071	8	32	1,111
FY 2020	1,127	337	88	1,552
FY 2019	1,106	196	76	1,378
FY 2018	913	71	34	1,018
FY 2017	851	283	151	1,285

### DOC Medication-Assisted Treatment

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

DOC also entered a partnership with Health Management Associates (HMA) to provide guidance on how to continue to expand the department’s MAT and Preventative service program.

During FY 2022, Medication Assisted Treatment-Reentry (MATR) services continued at Anchorage Correctional Complex (Anchorage), Hiland Mountain Correctional (Eagle River), Fairbanks Correctional Center (Fairbanks), Goose Creek Correctional Center (Wasilla), Wildwood Correctional Center (Kenai), Anvil Mountain Correctional Center (Nome), Lemon Creek Correctional Center (Juneau), and Spring Creek Correctional Center (Seward). The department provides open access to this program to both sentenced and un-sentenced offenders and expanded services to include bridging of MATR services for up to 30 days after remand.

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

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

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

In FY 2022, the program provided services to 369 offenders. This includes services for 38 offenders prescribed Vivitrol, 175 offenders prescribed Suboxone, and 156 offenders prescribed Methadone. In addition to the Vivitrol programs, the department continued its Methadone bridging services with three Opioid Treatment Programs in the Anchorage bowl, Mat-Su Valley, Fairbanks, and Nome. These services provide bridging of Methadone for up to 30 days to minimize any break in treatment for those individuals incarcerated for short periods of time. These services are available at Anchorage Correctional Complex (Anchorage), Hiland Mountain Correctional (Eagle River), Matsu Pre-Trial (Palmer), Goose Creek Correctional Center (Wasilla), and Fairbanks Correctional Center (Fairbanks).

## Cognitive Behavioral Interventions

DOC focuses on providing evidence-based programming utilizing cognitive behavioral interventions in order to reduce recidivism and have the most impact on improving overall mental health. Cognitive behavioral therapy programs help offenders improve their social skills, focus on means-ends problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management, and self-efficacy.

Some of the programming DOC offers offenders while in custody includes but is not limited to:

- **Anger Management:** The Substance Abuse and Mental Health Services Administration’s (SAMHSA) 12-session, evidence-based anger management program, designed to aid offenders in managing their anger by addressing the following areas: Events and Cues: A Conceptual Framework for Understanding Anger; Anger Control Plans: Helping Group Members Develop a Plan for Controlling Anger; and The Aggression Cycle: How to Change the Cycle.
- **Healthy Living/Coping with Incarceration:** An ongoing open-ended group that utilizes cognitive behavioral interventions designed to assist offenders in adjusting to incarceration and provide basic tools for overall healthy living.
- **Cognitive Change Programs:** Cognitive change programs focus on changing the criminogenic thinking of offenders through cognitive restructuring (identifying, challenging, and altering antisocial thought patterns and beliefs), social skills development, and development of problem-solving skills. These classes help offenders learn to recognize when their thoughts and feelings are leading them toward criminal behaviors, what impact those behaviors have on others and on their own lives, and how to redirect those thoughts and feelings in a manner that leads to healthier behaviors. These programs help identify and provide alternatives to what are often referred to as “criminal thinking errors.” Thinking for a Change is a cognitive behavior intervention that was offered at Wildwood Correctional Center and Matsu Pretrial Facility with 22 individuals participating in the training in FY 2022. There were 10 new Thinking for a Change facilitators trained in June of 2022 by National Institute of Corrections Senior Trainers, for implementation of the program in FY 2023. In addition, a quality program evaluation checklist was performed at Wildwood Correctional Center on Thinking for a Change, to review and provide feedback on the program implementation and performance.
- **Rational Emotive Behavioral Therapy for Depression and Anxiety:** REBT helps clients learn and

practice new ways of thinking, feeling, and acting.

- **Seeking Safety:** An evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.
- **Dialectical Behavior Therapy (DBT):** DBT is a cognitive behavioral therapy designed to help people change patterns of behavior that are not helpful, such as self-harm, suicidal thinking, and substance abuse.

## 1115 Behavioral Health Medicaid Waiver

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

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

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

Goals related to substance use disorder and opioid treatment include:

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

One significant change as a result of the 1115 Waiver SUD Component is that residential SUD providers no longer have to adhere to the IMD (Institution for Mental Disorders) Exclusion, which restricted them to 16 beds in order to bill Medicaid. As a result, residential SUD facilities with over 16 beds are now able to bill Medicaid for their services, and this has also resulted in several facilities expanding beyond 16 beds, thus increasing the capacity of residential SUD treatment beds throughout the state.

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

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

## Medicaid and Behavioral Health Reform

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

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

## Housing Programs

Of the eight reentry hubs that receive funding from DBH, Anchorage has the highest number of reentrants releasing back into the community. A significant number of these individuals have committed sexual offenses and are supervised by DOC. Due to the nature of the offenses, this population presents unique challenges for providers in securing transitional housing and increasing employment opportunities while still protecting the public. Community reentry providers utilize recidivism reduction funding to connect this high-risk population to emergency supports and transitional housing, with the goal of increasing permanent placements within the reentrant's community of residence.

## Section 811 Project-Based Rental Assistance (PRA) Program

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

## Mainstream Vouchers

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

## Moving Home Vouchers

This program began as a response to a need for affordable housing with support services for individuals with disabilities transitioning from homelessness or institutional settings. Permanent Supportive Housing (PSH) is characterized by availability of support services in integrated community settings coupled with safe and affordable housing. Through this partnership between DOH and Alaska Housing Finance Corporation (AHFC), individuals will be able to access rental subsidies to pair with existing DOH-funded community support services. These vouchers are not time limited, but applicants are subject to screening through the AHFC Housing Choice Voucher Program Administrative Plan.

## Alaska Community Living

The Alaska Community Living (ACL) Program provides financial assistance for assisted living home care to eligible adults who require the protective oversight of an assisted living home. This program is specifically for individuals discharging from the Alaska Psychiatric Institute (API), Adult Mental Health Residential (AMHR), or the Department of Corrections (DOC).

## Discharge Incentive Grant

The division and the Alaska Mental Health Trust jointly fund the Discharge Incentive Grant (DIG) with services delivered by DOC and program oversight provided by the Alaska Housing Finance Corporation. DIG's primary function is to provide funds for participants who experience a severe mental illness with or without a co-occurring disorder to assist them during their first crucial months in the community while they seek stability via treatment and other supports. To be eligible they cannot have other financial resources, generally lack a support system, and require housing and clinical oversight from the community. They also need to agree to follow through on treatment recommendations to remain eligible, in addition to adhering to housing rules, and not abusing substances.

## Recovery Residences

Recovery residences refer to safe, healthy, and substance-free living environments that support individuals in recovery from addiction. Across the state, there has been a lack of recovery residences (also referred to as sober housing) for people in recovery from substance use disorders, many of whom have DOC involvement related to substance use disorders. Under the federally funded State Opioid Response (SOR) program, DBH has established recovery residences located in Anchorage, Mat-Su, Soldotna, Fairbanks, and Juneau. In FY 2022, 234 individuals were served at recovery residences across Alaska.

## Peer Support

Peer support continues to be an essential part of treatment recovery for reentrants with mental health and substance use disorders. Peer support is defined as people with a "lived or personal experience" who are qualified through training and/or supervised work experience to help others with similar circumstances reach goals and achieve recovery. Reentry case managers refer reentrants to peer support programs in their community. Together reentry case managers and peer support specialist assist reentrants in obtaining support in an array of services, such as housing, sober leisure skills, substance use

treatment, mental health treatment, employment, and overall support of transitioning back into the community. DBH and the Alaska Mental Health Trust Authority remain committed to supporting peer support services throughout Alaska.

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

## **SCAG and DBH Recidivism Reduction Grants**

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

In FY 2022, DOC continued with the Second Chance Act Grant (SCAG) for Statewide Recidivism Reduction. DOC received an extension to this grant and are pleased to be able to assist participants releasing to supervision with this grant through September 30, 2023. The SCA Grant is available to those releasing to Anchorage, Fairbanks, or Matsu. With over 300 participants to date, 141 have completed the program successfully.

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

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

## **DOC Reentry Services**

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

coordination of efforts between DOC and community providers. Other elements include taking steps toward continuous quality improvement and quality assurance.

The Reentry Unit is establishing coordination of care for all reentry services through the scope of work for the SCA grant. With the infrastructure established, the coordination of care will be sustainable at the grant's conclusion, currently September 30, 2023.

In FY 2021, DOC Reentry Unit was awarded a second Bureau of Justice Assistance Grant for \$900,000. The goal of the DOC's CAREERRS Rural Reentry Program is to implement new and to expand existing educational, vocational, and employment services training for incarcerated adult offenders reentering the rural workforce. Completion of this training will result in improved educational and employment outcomes, as measured by the number of credentials and job offers received.

In FY 2022, the program continued to focus on providing employment services and building community partnerships. Specifically, the program focused on the following areas:

- Partnering with the Department of Labor & Workforce Development to coordinate providing reentrants with job specialist services prior to release.
- Meeting with economic development organizations and human resource management to strategize best practices for hiring reentrants.
- Communicating with Alaskan Native Tribal Organizations to connect tribal resources to participants before release.
- Sub-awarding an outside party to track the process evaluation and outcome measures of the program.

The program will better equip reentrants for post-release employment. ADOC objectives are to:

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

The CAREERRS Rural Reentry Program will serve approximately 300 total beneficiaries and will focus on the reentrants returning to rural Alaska.

Additionally, DOC has specialized reentry services focused on meeting the needs of individuals diagnosed with a mental illness, substance use disorder, or who are dually diagnosed. DOC recognizes that mentally ill offenders recidivate at more than twice the rate of non-mentally ill offenders and it is DOC's goal to reduce clinical relapse, reduce legal recidivism, and increase successful reentry for this vulnerable demographic. DOC has two specialized release programs designed to aid in transitioning and maintaining seriously

mentally ill offenders in the community.

- **IDP+:** The Institutional Discharge Project Plus program is designed to aid offenders on felony probation or parole who have been diagnosed with a severe and persistent mental illness in transitioning and maintaining in the community. IDP+ clinicians maintain regular contact with treatment providers, probation staff, and offenders for the purpose of monitoring stability and treatment compliance in the community. On average, 43.5% of offenders who participate in IDP+ release programming do not return to incarceration.
- **APIC:** The primary goal of the APIC initiative is to assist eligible beneficiaries with severe mental illness and/or cognitive disorders to engage and remain in services with a community agency following incarceration to contribute to the overall reduction of recidivism by increasing access to treatment. In FY 2022, APIC was able to provide services for 816 referrals of which 526 were unduplicated individuals.

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

## Community Reentry Coalitions

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

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

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

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

borough government representatives, treatment providers, and housing and homelessness advocates.

Coalition activities include:

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

## Community Reentry Case Managers

DBH continues to work with community-based reentry programs, including reentry case managers, reentry centers, and social service agencies, to provide access to emergency support services and case management. Services include assistance with both transitional and permanent housing, linkages to treatment and employment, and transportation assistance. When possible, case managers also provide pre-release planning and quarterly and bi-weekly pre-release planning sessions within correctional institutions. These services are subject to DOC's COVID-19 protocols and policies and have varied greatly depending on current community conditions related to COVID-19. Reentry case managers have a maximum caseload of 40 individuals, with the highest caseload numbers in Fairbanks and Anchorage.

Reentry Case Managers provide the following services to reentrants:

- Case planning services,
- Referrals for Substance Use Assessments,
- Providing basic hygiene items upon release,
- Rental and utility assistance,
- Referrals for mental health services,
- Connecting reentrants to Medication-Assisted Treatment providers,
- Assistance obtaining identification, birth certificates, and social security cards,
- Bus passes,
- Assistance addressing food insecurity, and
- Financial assistance to obtain Municipality of Anchorage (MOA) food handler cards, which are required for anyone who works with unpackaged foods, and potentially hazardous food or food-contact surfaces.

Second only to housing, employment is a primary concern for reentrants upon release. Reentry case managers provide a variety of supports to job seekers including conducting online job searches, obtaining a means of transportation (bus passes and bicycles), purchasing cold-weather gear for work, conducting mock interviews where reentrants can practice addressing their criminal history with potential employers, and referring reentrants to community-based employment services where available.

## Program Improvement Initiatives

DBH and DOC received feedback through community reentry coalition assessments and meetings with community reentry programs that increased connections between community providers and institutions would assist with successful referrals upon release. Community providers continue to reiterate the importance of meeting with reentrants, in person, prior to release.

## Identifying Service Gaps

In FY 2022, DBH conducted a post release survey of reentrants who utilized reentry case management services to identify potential service gaps. After analyzing survey results, food insecurity was identified as the number one unmet need of reentrants. As a result of this information, the division now requires reentry case managers to make affirmative inquiries related to food security during the intake process. When necessary, reentry case managers provide additional assistance to reentrants who need to utilize community-based food resources.

DBH anticipates conducting the post release survey on an annual basis.

## Increase Services in Rural Alaska

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

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

## Program Review

The Second Chance Act grant supported hiring a national consultant to look at programming within DOC institutions to determine program efficacy and make recommendations for improvement. Through a contract with *Community Resources for Justice (CRJ)*, a group of staff including institutional education coordinators, probation officers, the Criminal Justice Planner for Education, and an education specialist were trained to use a program review instrument. Following that training, educational programs at several institutions were reviewed by CRJ and DOC staff for efficacy and recommendations for improvements were made. A second round of training by CRJ included the training of DOC trainers who are now certified to train more DOC staff to administer the program reviews, allowing DOC staff to continue with the evaluations on an annual basis. Inmates will continue to be assigned to programming that fits their risk assessment.

## Culturally Relevant Programming

Another step currently underway in DOC is the development of more culturally relevant programming for the Alaska Native/American Indian population. A workgroup of members from Alaska Tribes and Tribal entities is being established to advise and work with DOC to provide more programming specific to these populations. This programming was also put on hold during the COVID restrictions at the institutions. Currently, DOC has a contract with a program facilitator who will be surveying and meeting with Tribal representatives to discuss how DOC can work with them to lower the recidivism rate of Alaska Natives/American Indians. This work will take place during FY 2023 depending on the COVID restrictions for the institutions.

## Reentry Planning

DOC continues to work toward the requirements set forth in AS 33.30.011 of solidifying formal release

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

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