

MEMO

To: Verné Boerner, Chair - Program and Planning Committee, Chair
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: July 16, 2021
Re: FY20 Closed Grant Report for Trustees

This memo serves as a preface to assist the reader in understanding the grant information included in this report.

FY20 Closed Grant Report

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its amended FY23 budget. The report is organized into sections related to Trust focus and priority areas, but also includes a section examining on non-focus area grants. Each grant included in the report contains information about the grant's purpose, outcome results, and an individual staff analysis with a FY23 budget recommendation. For each grant the following are included:

1. A high-level project summary with general information about the grant.
2. A detailed project analysis completed by Trust program staff.
3. The project description from the grant agreement.
4. An executive summary, beneficiary numbers, and responses to performance measures as submitted by the grantee.
5. Any applicable attachments submitted by the grantee as part of the reporting process.

FY20 Closed Grant Selection Criteria

The criteria used for selecting the grants in this report were:

- a. Only FY20 closed grant projects (Authority Grants and MHTAAR grants)
- b. Only FY20 closed grants over \$100,000 (including grants awarded from an unallocated bucket in a Non-Focus Area or Focus Area line item; i.e. Partnerships or Beneficiary Employment and Engagement program grants)
- c. Only FY20 closed grant projects recommended for continued funding in the FY23 budget. (NOTE: If the FY23 recommendation is below the \$100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 36 grants that met the criteria and are included in the report.

Trust Grant-Making in General

Annually the board of trustees approves a budget that includes expenditures from the Trust Settlement Income Account for the awarding of grants and contracts to ensure an integrated comprehensive mental health program for the state and to improve the lives of Trust beneficiaries¹. In some cases, the approved funding is allocated to a specific organization (i.e. the Department of Health and Social Services or Alzheimer’s Resource Agency) and in other cases the funding is approved, but not to a specific organization. These “unallocated buckets” of approved funding (i.e. Partnership funds) are approved and awarded to grantees throughout the fiscal year. Depending on the dollar amount of the grant, they are approved by the board of trustees, the program and planning committee or the chief executive officer.

On average the Trust annually awards over \$20M in individual grants, as outlined in our recent [FY20 Grant Investment report](#). These grant awards can range from \$2,500 for a conference sponsorship to over \$500,000 for a program or service that supports Trust beneficiaries. The types of grants the Trust awards include:

- Capacity Building
- Capital - Equipment
- Capital - Construction
- Conference/Sponsorships
- Data Planning
- Direct Service
- Outreach
- Workforce Development/Training

In addition, for each grant award there is a signed grant agreement between the Trust and the grantee organization. The grant agreement includes:

- General Agreement as to the purpose of the grant
- Project Description
- Project Performance Measures
- Budget Agreement
- Payment Provisions
- Reporting Requirements

¹ Alaskans who experience mental illness, developmental disabilities, substance use disorders, Alzheimer’s disease and related dementia, and traumatic brain injuries.

Project Performance Measures

Individual grant project performance measures are established for every grant and included in the grant agreement. Generally, performance measures are developed by Trust staff with the grant recipient. This ensures the necessary beneficiary data is reported given the scope and type of grant award and that the data is within the grantee's capacity to track. As a starting point, the Trust uses the Results Based Accountability (RBA) framework² when developing performance measures. This framework is based on three core questions (1) How much did we do? (2) How well did we do it?, and (3) Is anyone better off? This framework is applicable for the majority of Trust grants, but not all (i.e. capital grants).

Using the RBA framework as the foundation, additional factors are considered when developing and establishing performance measures, such as the grant award amount and the grantee's capacity to collect, analyze and report data. In summary, the RBA framework grounds the development and establishment of grant performance measures, but there are other factors that are considered for each grant award.

Project Performance Measure Data

Project performance measure data is generated and submitted to the Trust by the grantee as outlined in the individual grant agreements. The information can and does vary depending on the grant type, the data required as well as the individual grantee's data collection infrastructure, staff capacity, and ability to analyze and interpret the data. As a result, there is performance data reporting variability across grantees and individual grants cannot and should not be compared to one another.

When a grant report is submitted, Trust staff review the report against the performance measures outlined in the grant agreement. If there are questions or if there is missing information the assigned Trust staff to the grant, reaches out to the grantee to discuss the identified question or issue. This communication accomplishes three key things. First, it develops or strengthens the Trust/grantee partnership. Second, it provides an opportunity for Trust staff to understand the context and any potential unidentified capacity issues that may have contributed to the question or issue. Finally, it provides the opportunity to assist the grantee in understanding the Trust data needs and possibility to clarify or resubmit information in the report. In the end, this generally results in better data on the project and a greater understanding of beneficiary impact.

² Mark Friedman

Staff Analysis

The Trust is a highly engaged grant making organization, meaning Trust staff often are connecting and working with the grantee from the point of approval through to the close of the grant award. Thus, the submitted grant report itself is one element that Trust staff considers when performing their analysis of a grant project. Other elements include grantee/Trust communication over the grant period; identified factors outside the grantee's control that may have positively or negatively impacted grant performance (i.e. staff turnover, state regulatory or funding changes; changes in leadership priorities, etc.); confidence in grantee leadership; and historical grantee performance. These elements may or may not be included in a grant report, but when applicable are considered and included by Trust staff in their final analysis of the grant.

Summary

We hope this information helps to frame the context and understanding of the information that is included in the grant reports that follow. In addition, we hope that the information will assist trustees in understanding the identified Trust FY23 budget recommendations and the related projects. Trust staff looks forward to answering any questions trustees may have, and engaging in a dialogue about the report.

Projects: Disability Justice Focus Area, includes select attachments

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Project Title: Flexible Funding for Therapeutic Court Participants	
Grantee: Partners for Progress	
Fund: Authority Grant	
Geographic Area Served: Anchorage, Juneau, Mat-Su	Project Category: Direct Service
Years Funded: FY04 to Present	
FY20 Grant Amount: \$214,500	
<p>High Level Project Summary: This project provides financial resources to assist participants in Anchorage, the Mat-Su, and Juneau Coordinated Resource Project (Mental Health Court) and Palmer Family Infant Toddler (PFIT) Courts in meeting basic or emergent needs in order to maintain or progress in recovery and self-sufficiency, and to comply with court-ordered conditions. Partners for Progress is the fiscal agent who disburses funds as authorized under policies and procedures developed jointly with the Alaska Court System to assist therapeutic court participants.</p> <p>This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff recommend continued funding in FY23.</p> <p>The Flexible Funding for Therapeutic Court Participants support Goal and Objective 7.3 of Alaska’s Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska’s criminal justice or juvenile justice system.</p>	

Project Title: Flexible Funding for Therapeutic Court Participants

Staff Project Analysis:

Participants in therapeutic court processes are often financially vulnerable with few personal or other financial resources available to meet basic or emergent needs. Lack of resources to meet these needs can prevent or impede the ability of participants to meet court-imposed conditions and can also precipitate crises and periods of instability which hinder their recovery and rehabilitation. The consequences for therapeutic court participants can be devastating periods of instability and disengagement with treatment and sometimes the violation of court requirements or re-offense and incarceration.

The “flexible funds” are intended to help Therapeutic Court participants meet essential needs and avoid or cope with emergency circumstances when no alternative resources are available. These funds are intended to be made available when needed to prevent or minimize the consequences of crises and avoid periods of instability which interferes with the recovery and rehabilitation of participants in the Therapeutic Courts. The funds are made available to meet short term, basic, and emergent needs of participants as well as help Therapeutic Courts purchase services for participants which are not otherwise available through other sources. Funds are used to assist participants in complying with court-imposed conditions as well as support in achieving recovery.

In FY20 the therapeutic courts who receive flex funds ran at an average of 65% capacity, and utilized 83% of their FY20 “flexible funds” budget. The heaviest demand for the therapeutic courts has been housing, utilizing 60% of the flex funds, with transportation and emergent needs also being met.

In FY20 the importance of meeting the needs of the therapeutic court participants was made even more apparent by the ongoing pandemic which placed more stress on participants as the court system paused cases and halted their operations. This placed stress on the overall system by creating backlogs and preventing some beneficiaries from even being able to participate in programs and services. Similar to the Alaska Court System as a whole, Native Alaskans and other minority groups were disproportionately represented in the mental health courts and PFIT.

As our communities, programs, and services, and the court system, open back up Trust beneficiaries will continue to require the support provided by flex funds for successful therapeutic court participation. This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project and work with partners and court staff to identify alternative sustainable funding sources beyond FY20. Or, if the project outcomes for beneficiaries are not achieved staff will work with the courts to adjust accordingly or recommend that Trust funding be discontinued. Staff recommend continued funding in FY23.

The Flexible Funding for Therapeutic Court Participants support Goal and Objective 7.3 of Alaska’s Comprehensive Integrated Mental Health Program Plan.

Project Description: This project provides financial resources to assist therapeutic court participants meet basic or emergent needs in order to maintain or progress in recovery and self-sufficiency, and to comply with court-ordered conditions.

In FY20, this project provided flexible funding to court participants in Anchorage, Juneau and the Mat-Su Valley, as well as the Palmer Families with Infants and Toddlers (FIT) court, a therapeutic court for

families with children (many if not all of whom are Trust beneficiaries), ages zero to 36 months, who have an open child welfare case before the court. The Court Coordinated Resources Project Coordinator for each court will disburse funds as authorized under policies and procedures developed jointly with the Alaska Court System to assist therapeutic court participants. Priority in the use of funds will be accorded to participants of the Court Coordinated Resources Project (Mental Health Court).

In FY20, the Trust distributed the authority grants allocated to Partners for Progress as follows:

Anchorage	\$90,000
Mat-Su	\$45,000
Juneau	\$25,000
Palmer FIT Court	\$35,000
Partners for Progress Administrative	\$19,500
FY20 Total	\$214,500

Grantee Response - FY20 Grant Report Executive Summary:

See attached.

Number of beneficiaries reported served by this project in FY20: 125

Performance Measure 1: Partners for Progress will provide the Trust with the following:

1. A programmatic update listing how the Flexible Funds have been distributed according to the following programmatic categories:
 - a. Shelter (i.e. room in a motel/hotel, assistance with apartment deposit)
 - b. Basic housing needs (i.e. pillow, blanket, towel, washcloth, pot, pan, utensils, personal hygiene products)
 - c. Food
 - d. Clothing
 - e. Transportation (Bus tokens/passes, cab vouchers)
 - f. Medical care
 - g. Medication

Grantee Response to Performance Measure 1: See attached.

**Partners for Progress: Quarter 4 report for FY20 Grants
April 1st, 2020 through
June 30th, 2020**

**Anchorage CRP Court
Juneau CRP Court
Palmer CRP Court
Palmer FIT Court**

The Anchorage CRP Court ran at an average of 60% capacity this during FY20. It utilized 96% of its FY20 budget. The heaviest demand has been housing, utilizing 84% of the budget, with 10% spent on transportation and 2% spent on emergent needs. Partners continues to supplement the grant by requesting donations to help with providing small emergent need items and incentives.

Partners offers four employment workshops, as well as computer training, computer access, money management counseling, clothing, haircuts, and bicycles to CRP Court participants as well as providing meeting space for Mental Health Court MRT groups at Partners' Barrow office. Participants may also use the assessment services provided at Partners office as well as benefit application processing for food stamps, Medicaid, and SSI.

In addition, Partners contracts with the Alaska Therapeutic Court Alumni (AKTCA) to provide Wellness Together Process Groups for all court participants. One CRP Court graduate works closely with Partners, the Alaska Therapeutic Court Alumni (AKTCA) to provide peer support for participants in the Anchorage CRP Court. He also traveled to Fairbanks and met with the court team, participants and alumni there. The AKTCA also offers monthly family activities for all court participants.

Partner's works closely with the MHC project Coordinator to maintain housing and emergent needs for court participants while staying within the FY20 budget. This quarter Partners' staff requested and received gift cards from several vendors to be used as incentives for this court. This quarter due to COVID Partners contracted with Alaska Therapeutic Court Alumni to provide ZOOM Peer Support Group Meetings for court participants.

The Juneau CRP Court has run at an average of 39% capacity during FY20. It utilized 49% of its FY20 budget. The heaviest demand has been housing, utilizing 41% of the budget, and 8% spent on emergent needs Partners works with housing providers Gastineau Services, Juneau Alliance for Mental Health Inc., JAMHI, and Volunteers of America to keep abreast of housing availability. Partners also has a contract with Executive Taxi to provide rides for court participants. With the onset of shelter in place due to COVID-19 we anticipate more requests coming during the next 3 months.

Partners is working closely with the court team to try to find more, safe, affordable, housing for participants in the CRP Court. Increased housing opportunities may be one way to help build the numbers of participants in the CRP Court.

Partners works with the Alaska Therapeutic Court Alumni (AKTCA) to provide Alumni facilitated check-in meetings and a once a month recovery/social activity for all court participants.

The Palmer CRP Court continues to run at an average of 72% capacity during FY20. Usually this court runs at capacity but the COVID-19 restrictions have affected new intakes. It utilized 85% of its FY20 budget. The heaviest demand has been housing, utilizing 62% of the budget, with 17% spent on transportation and 6% spent on emergent needs.

Partners continues to supplement the grant by requesting donations to help with providing small emergent need items and incentives.

Partner's works closely with the CRP Court Project Coordinator to establish policies and procedures that fit the activities and programs of that court.

In addition, Partners works with the Alaska Therapeutic Court Alumni (AKTCA) to provide Alumni facilitated check-in meeting for all court participants.

Partner's works closely with the MHC project Coordinator to maintain housing and emergent needs for court participants while staying within the FY20 budget.

Partners also staffs a brochure rack of over 100 brochures in the Palmer Court House.

Palmer FIT Court – The Palmer FIT court has run at an average of 90% capacity during FY20. The court usually runs at capacity but due to COVID-19 restriction there have not been any new participants coming into the court. It utilized 100% of its FY20 budget. The heaviest demand has been on housing, utilizing 52% of the budget, with 31% spent on emergent needs and 17% spent on transportation.

Partners began working with the Palmer FIT Court in February of 2018. Unlike the other therapeutic courts Partners works with there is no parole officer supervision of the court participant, or court representative monitoring requests. Partner's works directly with the OCS case manager to determine needs and assistance which participants may need.

Mini Grants – Partners also administered mini grants for the CRP and FIT Courts during FY20.

Project Title: Juneau Mental Health Court	
Grantee: Alaska Court System	
Fund: MHTAAR	
Geographic Area Served: Juneau City and Borough	Project Category: Direct Service
Years Funded: FY09 to Present	
FY20 Grant Amount: \$126,100.00	
<p>High Level Project Summary:</p> <p>This grant funds the Juneau Mental Health Court, a therapeutic court alternative for Trust beneficiaries involved with the criminal justice system. The Juneau Mental Health Court serves a critical component of the Disability Justice Focus Area and has expanded the presence of mental health courts to the first judicial district in the Southeast region. The program is a partnership with community treatment providers to identify and address the underlying reasons for an individual's contact with the criminal justice system. Individuals who opt into the program receive services and are monitored through an individualized court ordered treatment plan.</p> <p>The Juneau Mental Health Court provides positive outcomes to beneficiaries who are involved in the criminal justice system. Staff recommends continued funding for the Juneau mental health court in FY23.</p> <p>The Juneau mental health court supports Goal 7.3 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.</p>	

Project Title: Juneau Mental Health Court

Staff Project Analysis:

FY20 the Juneau Coordinated Resources Project, or JCRP (Mental Health Court) increased its utilization rate by 6% despite the impacts felt by the COVID-19 pandemic. Staff turnover, the ongoing pandemic and housing issues do still negatively affect the court; however, the court continues to see increased utilization rates (up an additional 4% at the time of this report) and graduation of participants. Two participants graduated during FY20 who opted-in to the program during FY19. JCRP participants continue to experience fewer arrests and days in jail during their court participation and for up to 6 months post-graduation than during the six months prior to participation in the therapeutic court program.

The team continues to explore strategies with community partners to increase the JCRP utilization rate so they can serve a greater number of Trust beneficiaries who have come into contact with the criminal justice system within their community.

This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project and work with Alaska Court System (ACS) staff to identify alternative sustainable funding sources beyond FY23. Or, if the project outcomes for beneficiaries are not achieved staff will work with ACS to adjust accordingly or recommend that Trust funding be discontinued. Staff recommends continued funding for the Juneau mental health court in FY23.

The Juneau mental health court supports Goal 7.3 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.

Project Description: This grant funds the Juneau Mental Health Court, a therapeutic court alternative for Trust beneficiaries involved with the criminal justice system. The Juneau Mental Health Court serves a critical component of the Disability Justice Focus Area and will expand the presence of mental health courts to the Southeast region. Through partnerships with community treatment providers, the underlying reasons for an individual's contact with the criminal justice system will be identified, addressed, and monitored through an individualized court ordered treatment plan.

Grantee Response - FY20 Grant Report Executive Summary: The purpose of the court is to increase public safety by reducing recidivism among those whose criminal behavior is attributable to mental illness, and to reduce psychiatric hospitalizations and associated costs. CRP is a collaborative effort between the Alaska Court System, Dept. of Law, Public Defender Agency, Division of Behavioral Health, City and Borough of Juneau, the Juneau Alliance for the Mentally Ill (JAMHI), and Gastineau Human Services (GHS). JAMHI is an agency instrumental in providing diagnostics, psychiatric services and mental health treatment for our participants. GHS provides substance use assessments and treatment services for participants with co-occurring disorders. The JCRP has a Probation Officer/Case Coordinator (PO/CC) through the Division of Behavioral Health (ASAP — Alcohol Safety Action Program). The person in this position assists in linking participants to both emergent (stabilization) and long-term needs (sustainability). The PO/CC also provides monitoring and supervision services. Participants are held accountable for maintaining both court and treatment compliance.

The target population includes defendants who are beneficiaries of the Alaska Mental Health Trust Authority (i.e. diagnosed with a mental illness, developmental disability, traumatic brain injury, dementia or other related brain disorder, or chronic alcohol or drug addiction). Any individual may

refer a defendant to the court. However, approval from the prosecutor, defense counsel, defendant and the court are required before admission into the program. JCRP addressed the needs of 13 program participants during FY20. Participants received mental health and other services as needed: chemical dependency (outpatient and inpatient), treatment programming for domestic violence, supportive services (i.e. disability benefits, temporary assistance, housing, guardianship or conservator appointment, and other emergent needs such as medication, identity documentation, etc.).

Utilization & Retention

During the first eight months of FY20, JCRP was increasing its census with seven initial opt-ins, six of whom moved forward to admission and a Rule 11 agreement. However, due to complications caused by the COVID-19 pandemic, the number of referrals dropped and there were no further admissions or Rule 11s between mid-March and the end of June 2020. Still, the court was able to retain all of its participants through the end of the fiscal year.

Effects of COVID-19

From mid-March to the end of April there were no court status hearings for participants due to the pandemic. The team did continue to staff participants weekly, however, and tasked the PO with letting participants know what had been decided. Telephonic status hearings started on May 1, and beginning in June, participants were able to attend court in person if they chose to, although most continued to attend telephonically. One of the most significant measures that helped participant stability was more frequent contact with the PO.

Eligibility Criteria

The team agreed to expand the eligibility criteria in June 2020 to allow in participants with a low/medium mental health diagnosis as well as a substance use disorder (co-occurring disorder). The court has not yet received any referrals from the co-occurring population.

Case Plans

JCRP uses three types of case plans: 1) the R11 case plan, which outlines all of the requirements that the participant will need to complete in order to graduate from the JCRP court; 2) the expanded case plan, which is completed 30 days after the R11 case plan and offers the participant an opportunity to produce a personalized case plan that implements the participant's own goals and tasks; and 3) case plan updates, which are done every 30, 60, or 90 days depending on the participant's progress.

Housing

All participants are required to have safe housing before starting JCRP and the JCRP Probation Officer makes every attempt to help participants find appropriate housing. Participants who do not have private housing have utilized the Juno House (a "¾"-type transitional housing), Haven House (transitional facility for women), the AWARE shelter, St. Vincent's transitional housing, and the Breakwater Hotel. The Breakwater Hotel has offered reduced rent for participants in the therapeutic court program because they are a supporter of what the courts provide and want to be a source of support for participants.

Tlingit & Haida are still working on their transitional housing project which has been moved from its previous location downtown to the Lemon Creek area. They are anticipating the opening to take place in January 2021.

Training

The entire JCRP team attended the annual NADCP (National Association of Drug Court Professionals) conference in July 2019 that was held in Baltimore, MD. The conference offered team members training in their respective fields as well as on sanctions and incentives, best practices, alternative tracks for drug courts, different types of risk assessments, and community outreach. The team came away with a better understanding of their roles, how to utilize best practices to improve outcomes for participants, and enhanced communication through team-building.

The 2020 NADCP annual conference in May was provided virtually and had a greatly reduced number of sessions. The Project Coordinator (PC), Probation Officer/Case Coordinator, two treatment providers from GHS, and a Juneau public defender were able to take advantage of the online sessions, which were also available as recordings after the live presentations. The public defender was new to the team so this training opportunity was very timely.

The team was particularly interested in sessions that covered how to deliver services virtually, equity and inclusion, and trauma-informed care. Team members also attended courses on team roles and ethics; legal, constitutional, and ethical issues in treatment courts; drug testing; trauma-informed courts; cultural competency; motivational interviewing; virtual services; and sanctions and incentives.

The PC and PO/CC attended the Reducing Recidivism conference held in Anchorage in February this year. Events included a Re-entry Simulation, presentations on Alaska Native historical trauma and substance use, and an informational session on APIC. A person with an SMI who re-entered the community from prison gave a presentation on his experiences.

Other Services

All JCRP participants are encouraged to attend the bi-monthly Alumni meetings. After the Juneau facilitator stepped down, Alumni/participant meetings resumed telephonically and virtually during the pandemic, hosted by members of the Anchorage alumni group.

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 12

Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 1

Number of individuals trained as reported for this project in FY20: 14

Performance Measure 1: Provide aggregate data on referrals to the case coordinator and opt-ins that includes the following:

Total number of unduplicated referrals who were ineligible and the reason why (didn't meet clinical eligibility, didn't meet legal eligibility, eligible but community treatment services were unavailable, eligible but unable to acquire stable housing due to one of the following reasons: criminal history; does not qualify for housing assistance; any legal reason individual could not be housed.)

Grantee Response to Performance Measure 1:

Two unduplicated referrals: both were denied entrance by the District Attorney because of their legal history.

Performance Measure 2: Provide access to services data that includes the following:

- Total number of opt-ins that needed to be connected to treatment services
- Percentage of opt-ins who were successfully connected to treatment services
- Reason(s) for opt-ins not successfully connected to treatment services

Grantee Response to Performance Measure 2:

- Total number of opt-ins that needed to be connected to treatment services: 5
- Percentage of opt-ins who were successfully connected to treatment services: 2 of 5 = 40%
- Reason(s) for opt-ins not successfully connected to treatment services: 1 participant absconded and was returned to regular court; 1 participant absconded and was on warrant status; and 1 participant would not attend treatment services.

Performance Measure 3: Provide outcome data that includes the following:

- Total number of FY20 opt-ins who graduated
- Total number of previous (FY19) opt-ins who graduated in FY20
- Total number of opt-ins who later opted-out, not completing the requirements of the court and why
- What was the case disposition of those participants who graduated in FY20 (for example: all charges dismissed, some charges dismissed and some reduced, all charges reduced)
- For those who opted-in in FY20, the total number of days incarcerated six months prior to participation, during participation and six months after graduating, if available
- For those who opted-in in previous FY (FY19), the total number of days incarcerated six months prior to participation, during participation and six months after graduating.
- For those who opted-in in FY 20, the total number of arrests six months prior to participation, during participation, and six months after graduating, if available
- For those who opted-in in previous FY (FY19), the total number of arrests six months prior to participation, during participation, and six months after graduating
- For those who opted-in in FY20, the total number of days spent in a residential psychiatric treatment facility
- For those who opted-in in previous FY (FY19), the total number of days spent in a residential psychiatric treatment facility

Grantee Response to Performance Measure 3:

- Total number of FY20 opt-ins who graduated: 0
- Total number of previous (FY19) opt-ins who graduated in FY20: 2
- Total number of opt-ins who later opted-out, not completing the requirements of the court and why: 1 - the individual chose to opt out after leaving residential treatment rather than be discharged from the program.
- What was the case disposition of those participants who graduated in FY20 (for example: all charges dismissed, some charges dismissed and some reduced, all charges reduced): Charges were reduced from Felony to Misdemeanor; and charges were dismissed.
- For those who opted-in in FY20, the total number of days incarcerated six months prior to participation, during participation and six months after graduating, if available.

Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'.

- For those who opted-in in previous FY (FY19), the total number of days incarcerated six months prior to participation, during participation and six months after graduating.

Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'.

- For those who opted-in in FY 20, the total number of arrests six months prior to participation, during participation, and six months after graduating, if available

Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'.

- For those who opted-in in previous FY (FY19), the total number of arrests six months prior to participation, during participation, and six months after graduating

Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'.

- For those who opted-in in FY20, the total number of days spent in a residential psychiatric treatment facility

Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'.

- For those who opted-in in previous FY (FY19), the total number of days spent in a residential psychiatric treatment facility

Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'.

Performance Measure 4: Provide a table illustrating monthly capacity utilization percentage for the court by month and an annual average capacity utilization for the fiscal year (July 1, 2019 - June 30, 2020).

Grantee Response to Performance Measure 4:

Please see attached table 'JCRP FY20 Capacity Utilization.'

Performance Measure 5: Provide a copy of each of the quarterly reports generated by the Juneau Coordinated Resources Project during FY20. (July 1, 2019 - June 30, 2020).

Grantee Response to Performance Measure 5:

Please see four attached reports: 'JCRP FY20 Q1 Report', 'JCRP FY20 Q2 Report', 'JCRP FY20 Q3 Report', and 'JCRP FY20 Q4 Report'.

Incarcerations, Arrests, & Stays in Psychiatric Treatment Facilities

1935.11 Juneau Coordinated Resources Project – FY20 Performance Measures – Incarceration & Arrests			
For those who opted-in in FY20 , the total number of days incarcerated six months prior to participation, during participation and six months after graduating, if available.	6 Mo. Prior	During	6 Mo. After
	194	68	5
For those who opted-in in previous FYs , the total number of days incarcerated prior to participation, during participation in FY20, and six months after graduating, if available.	374	200	273
For those who opted-in in FY20 , the total number of arrests six months prior to participation, during participation, and six months after graduating, if available.	10	8	1
For those who opted-in in previous FYs , the total number of arrests prior to participation, during participation in FY19, and six months after graduating, if available.	14	0	9
For those who opted-in in FY20 , the total number of days spent in a residential psychiatric treatment facility six months prior to participation, during participation, and six months after graduating, if available.	Unknown	46 ***	NA
For those who opted-in in previous FYs , the total number of days spent in a residential psychiatric treatment facility prior to participation, during participation in FY19, and six months after graduating, if available.	**	NA	Unknown

** 1 participant spent time in a residential psychiatric facility prior to JCRP, but the amount of days spent is unknown

*** 1 participant did spend time in a residential psychiatric facility, but the amount of days is unknown and could not be added to the total number of days.

Juneau Coordinated Resources Project - Capacity 15 July 2019 - June 2020													% Annual Discharges
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
# Beginning of Month	5	6	7	6	5	5	6	5	6	6	7	6	
# Referrals	5	2	1	4	3	6	1	1	0	0	1	2	
# Initial Opt-Ins	2	1	1	0	1	1	0	1	0	1	0	0	
# Returns to Regular Court	0	0	0	0	0	0	0	0	0	0	1	0	
# Formal Opt-Ins/Rule 11s	1	1	1	0	0	0	1	2	0	0	0	0	
# Opt-Outs After Formal Opt-In	0	0	0	0	0	0	1	0	0	0	0	0	17%
# Graduations	0	0	1	1	0	0	0	0	0	0	0	0	33%
# Discharges	1	0	1	0	1	0	0	0	0	0	0	0	50%
# End of Month	6	7	6	5	5	6	5	6	6	7	6	6	
% Capacity Utilization	40%	47%	40%	33%	33%	40%	33%	40%	40%	47%	40%	40%	
% Average Quarterly Utilization			42%			36%			38%			42%	
% Average 12 Month Utilization												39%	

Project Title: Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model

Grantee: Department of Corrections

Fund: MHTAAR

Geographic Area Served: Statewide

Project Category: Direct Service

Years Funded: FY06 to Present

FY20 Grant Amount: \$260,000.00

High Level Project Summary:

FY20 High Level Project Summary: APIC (Assess, Plan, Identify, Coordinate), is an evidenced-based reentry model being administered by the Department of Corrections (DOC) that serves Trust beneficiaries releasing from correctional institutions. This project assures continuity of care for Trust beneficiaries transitioning from the correctional system back into the community while maintaining public safety and increasing the ability of the criminal justice system to accommodate, support, protect, and provide treatment for offenders who are Trust beneficiaries.

In FY20, APIC substantially met or exceeded Trust expectations against the performance measures outlined in the project grant agreement. This project has a demonstrated history of providing positive outcomes to beneficiaries. Trust staff believes this model of serving beneficiaries who are returning from incarceration is being well delivered by DOC and recommends it for continued funding in FY23.

APIC and its services support goal and objective 7.3 of Alaska's Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

Project Title: Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model

Staff Project Analysis:

In FY20, the APIC program received 549 unique and valid referrals. As a part of release planning efforts, over 439 or at least 80% of all mental health releases include application to one or more benefits (food stamps/adult public assistance/social security/disability/general relief). The application and subsequent approval for these benefits are critical for accessing community-based services and successful reentry. Also, in FY20 476 or 86.7% of APIC participants were connected to or engaged with a community provider to receive mental health services and 138 or 25% accessed APIC/Discharge Incentive Grant (DIG) housing funds. Access to safe, affordable housing continues to be a challenge; however, those served through APIC are generally able to have secured housing upon release as a result of the pre-release planning that occurs. APIC and the Trust's partnership with DOC continues to demonstrate positive value for Trust beneficiaries being released from correctional settings.

In FY20, 249 or 29% of all duplicated and unduplicated referred individuals experiencing serious and persistent mental illness (SMPI)/with or without co-occurring disorders returned to jail either for being remanded for a technical violation or an arrest for a new crime. This percentage is far below the State of Alaska statewide recidivism rate of 59%. Continued support and partnership in this area is critical to reducing the number of Trust beneficiaries in Alaska's correctional facilities and overall rates of criminal recidivism.

This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project and work with DOC staff to identify alternative sustainable funding sources. Or, if the project outcomes for beneficiaries are not achieved staff will work with DOC to adjust accordingly or recommend that Trust funding be discontinued. Staff recommend continued funding in FY23.

APIC and its services support Goal and Objective 7.3 of Alaska's Comprehensive Integrated Mental Health Program Plan.

Project Description: The Department of Corrections used the evidenced-based reentry model, APIC (Assess, Plan, Identify, Coordinate), for Trust beneficiary release and community re-entry planning system from correctional institutions. This project assures continuity of care for Trust beneficiaries transitioning from the correctional system back into the community while maintaining public safety and increasing the ability of the criminal justice system to accommodate, support, protect, and provide treatment for offenders who are Trust beneficiaries. To succeed in the community, the APIC model has identified the following key service and treatment elements as predictors of success: (1) coordinated clinical care across criminal justice, mental and behavioral health systems; (2) medication management; (3) coordinated safe, sober housing; (4) application, maintenance and reinstatement of entitlements and support benefits; (5) vocational rehabilitation and supported employment; and linkages for food, clothing, transportation and child care. The ultimate goal of the program is to decrease the risk of inappropriate or avoidable re-arrest, prosecution, and incarceration of Trust beneficiaries and the associated high costs of managing these populations in the criminal justice system.

Grantee Response - FY20 Grant Report Executive Summary: The State of Alaska Department of Corrections' (DOC) APIC program and funding resource completed its 13th year supporting participants with Severe and Persistently Mentally Illness (SMPI) with or without co-occurring disorders placed in DOC custody and released to the community. In FY20, 100% of services funded by

APIC were accomplished by fee for service, which was a result of the Medicaid Expansion, thus it replaced the need for contracts of which none have been used the last few years. This has allowed the department to gradually increase, diversify and engage additional vendors and services to assist eligible beneficiaries when they release. With the array of issues and complications found with various releases, APIC is more valuable than ever. In FY20 we used 46 vendors in the community compared to about 10-15 across the state in the early years.

DOC has built and maintained many important connections in the community to establish linkage to the fundamentals including benefits, housing, medication, transportation and treatment. Collaborations are strengthened the more there are entities in the community who have a vested interest in working with this population. This includes government and private provider professionals as well as secondary beneficiaries. DOC must stay up to date with new and changing programs and professionals throughout the region and the state.

Incarcerated individuals with mental illness, SMPI or other cognitive conditions are identified early in the intake process and are seen by providers as needed based on a variety of criteria and referred to APIC. Plans can have many layers that require a lot of coordination and every referral has its own specialized characteristics.

As indicated in recent years, FY20 continued to see an increased number of highly acute individuals in DOC that are more and more challenging to integrate in the community. Other challenges include the aging population/those with dementia, releases of SPMI who are also have no family or have significant co-occurring medical complications. Release plans that involved these populations can take weeks but when they are released quickly create significant challenges for DOC to provide a viable situation in the community.

Still, successes do occur with many complicated or otherwise straightforward APIC eligible Beneficiaries who accept assistance in the community with housing and treatment long enough to receive benefits and increase their quality of life and reduced their own recidivism.

Successes also come with working with invested family members, increasing collaborative relationships with provider agencies, organizations and state offices that put forth efforts in reaching out to this population through their programs.

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 549

Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 384

Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 81

Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 14

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 40

Performance Measure 1:

- a) For each referral to APIC, report the identification/referral date and referral source (DOC or other state agency or community provider).
- b) Report the number of referrals to and number of Trust beneficiaries (duplicated and unduplicated) served by APIC. For referrals not served by APIC, provide a narrative describing the themes/reasons for not serving these offenders (i.e. not Trust beneficiaries, declined

services, etc.).

Grantee Response to Performance Measure 1:

Most APIC referrals 706/850 or 83% of all referrals came from institutional staff. Referrals are made via the mental health clinicians and other MH or medical staff at the institutions. These break down by institution and are duplicated numbers, (850) not just unique: ACC East and West (444 or 52.2%); HMCC (130 or 15.2 %); FCC (23 or 3%); GCCC (45 or .05%); LCCC (17 or .02%), MSPT (19 or .02 %). SCCC with 21 or .02%); WCC with 7 APIC and IDP+ referred 121 or 14%)

The other 15 referrals came from the wellness courts/attorneys, OPA, families and Probation and Partners Re Entry. These entities refer far more per year but mostly they are already known to us. Fifteen represents the ones they notified us about that we didn't already identify.

If anyone calls DOC MH with an ineligible inquiry, they are given resources to contact. Referrals average between 50-55 per month and are managed by staff assigned to specific institutional locations.

Performance Measure 2: Report the following for each contracted and fee for service APIC service provider:

- a) Name/location of the provider
- b) For providers with a contract, the service contract dollar amount
- c) By contract provider, the total dollar amount expended under the service contract and, by fee for service provider, the total amount paid for services
- d) Total number of Trust beneficiaries served by service contract provider and by fee for service provider.
- e) Types of services provided to Trust beneficiaries by service contract provider and by fee for service provider (i.e. case management, treatment services, etc.)

Grantee Response to Performance Measure 2:

There are no contracts. There were 46 different vendors sent invoices (Fee for Service). In FY20 APIC distributed (\$231,499.65 or 89%) of the full budget, compared to the last couple years when 100% of funds were utilized. Mental health provider agencies alone were more successful billing Medicaid and did not need to rely on APIC as in past years but this trend has been visible for the last few years.

All the community treatment vendors (9) combined, utilized \$76,771.45 or 33% of the utilized budget. No treatment provider agency outside of Anchorage billed APIC.

- Anchorage Community Mental Health or now Alaska Behavioral Health (treatment) served 46 duplicated Beneficiaries (35 unique) with 10% of the APIC budget that was actually spent (\$23,460.83). Services billed were case management, general clinic/intake processing; assessments; group and individual therapy, independent living skills, psychiatric evaluations

and medication/pharmacological management.

- The other 8 treatment providers AND 9 independent case managers* benefitted from APIC funds (23%) and billed for a variety of MH treatment or clinic services: Allen Blair PsyD, Choices, Alzheimer's Resource Agency, Providence Behavioral Health, The Arc of Anchorage, Assets, Rural Cap and the Center for Psychosocial Development.

*Independent case managers provide much needed and immediate release case management tasks that are essential for high needs individuals sooner than agency case managers can supply the service. Independent case managers also have far more flexibility with their time and what they are willing to do, providing a valuable hands on approach.

- Beneficiaries who were eligible for APIC assistance and a release plan often did not need APIC funds but were none the less served by APIC with a plan and follow up. Agencies and locations that did not need to bill APIC, include Southcentral Foundation and Quyana Club House; MatSu Health Services, JAMHI in Juneau, PCHS in Kenai, FCMHS in Fairbanks, Bristol Bay/Dillingham.
- Genoa Pharmacy (emergent medications) served 30-40 unduplicated persons (yet who received other APIC funds) for a total of \$4,807 or .02% of total budget
- Miscellaneous costs included clothing, supplies, IDs and reimbursements for a total of \$1,143.79, less than 1% of total budget and representing about 12 people.
- People Mover, Checker Cab in Anchorage (transportation) served between nearly 300 beneficiaries for less than 4% of the utilized budget (\$8,885). Checker cab was new (though gone and replaced) and they provided a much-needed service to those who cannot take the bus.
- Gratefully, APIC funds supplemented the Discharge Incentive Grant (DIG) for housing costs at both licensed Assisted Living Homes (ALH) and Transitional living environments in the community. This category accounts for nearly 60% of APIC expenditures (\$138,503) to Trust Beneficiaries due to the increasing needs for housing for this population. These funds allowed beneficiaries to remain housed longer and better while they endured the hardships of no income (waiting for SSI), a pandemic and their mental illness and lack of other supports.

Significantly, these expenses were in light of many variables: waiting for GR funds to be approved. In addition, SSI can take up to 9 months for a recipient to be in pay status and has no other support than APIC to housing needs. These situations are evaluated monthly to problem solve with potential other resources. APIC partnered heavily with guardians, families, and provider agencies to resolve over funding these situations but given the issues, it was an immense need to Trust Beneficiaries in FY20. Another variable that required extended APIC support was due to the pandemic for the full 4th quarter of the year. APIC worked with housing providers and case managers to keep people housed longer and offered funds to others in the community who might need assistance to prevent homelessness (few Beneficiaries who for other reasons were not originally APIC served.)

Performance Measure 3: For each contracted and fee for service APIC service provider, report the participant outcomes for APIC critical element #1 (connection to community services (while in

custody)):

- a) number and percentage of APIC clients seen by contracted service providers while in-custody
- b) reasons for contract service provider visits for contracted service provider visits (i.e. conduct an agency screening/intake, a client contact, develop a client release plan, etc.)
- c) number of participants released with a transitional release plan primarily developed by DOC staff in comparison to the number of transitional release plans primarily developed by contract service providers

Grantee Response to Performance Measure 3:

- a) SCF Case manager visited 20 new or current customer-owners; Assets visited two; ACMHS visited 12 though the imbedded case manager at the jail visited about 200; and Choices visited 3 and Allen Blair provided an evaluation for 3 in the jails. In other communities such as Kenai, Fairbanks and Juneau, there were a total of 20 visits in the jail. Visitation/professional meetings at the jail could only occur for the first 9 months of the year since during the last quarter, the jails were closed to outside contacts. This represents about 45% of APIC referrals and the numbers are presented with a margin of error due to poor reporting and tracking of such visits.
- b) Release planning and case management for continuity of care and intakes for new clients.
- c) All referred APIC participants had a release plan done by DOC MH institutional staff or APIC that ranged from minimal to highly complicated due to time factors (rapid release to long term inmates with a release date)

Performance Measure 4: Report participant outcomes for APIC critical element #1 (connection to community services) after release from DOC custody:

- a) number and percentage of APIC participants that are engaged in community provider services within 10 days of release from jail.
- b) number of days (range, median, mean) between release from DOC custody and services with APIC community provider.
- c) length of participation (range, median, mean) in the APIC program.

Grantee Response to Performance Measure 4:

- a) The number and percentage of APIC participants who were connected to or engaged with a community provider was 476 or 86.7% and of those, nearly half received an appointment within 10 days. About 40% received an appointment between 11 and 30 days and the other 10% included those whose appointments were between 31-45 days, or who wanted to make their own or we didn't receive information, or they were deciding on what to do beyond obtaining initial medication.
- b) There were no contracts in FY20 and as stated above about 90% received an appointment within 30 days with an average being in the range of 7-15 days. Given the numbers of individuals with whom follow up was challenging or unnecessary it is unknown exact number of days to determine mean and median for accuracy.
- c) The participation of all those who received a referral to MH agency or service provider ranged from 0 (not showing) to 6 months which is the same as FY18 and FY19 and other previous years. APIC does not get notification as to the status of treatment or longevity due to the warm handoff that occurs from DOC to the community MH agency. DOC does monitor those for whom their rent is covered to ensure they are going to treatment which is part of the crux of APIC. Based on what we do know, over half of those who start treatment also remain open for a time with their provider 6 months or more after release even if there is some recidivism such as for technical violations of their release or a short-term misdemeanor charge.

Performance Measure 5: Number and percentage of APIC participants connected to the following four APIC critical elements:

- a) Housing
- b) Medications
- c) Benefits
- d) Employment Services

Grantee Response to Performance Measure 5:

- a) Housing Out of 549 unduplicated referrals 138 or 25% used DIG and/or APIC funds for their rent and another 35 who were duplicated also used DIG and/or APIC for a total of 178 Beneficiaries. The funds are well utilized for many of the issues named above with SSI/GR pends, pandemic housing, lack of other resources.
- b) Medications All participants with SMPI/co-occurring disorders and were APIC referred who wanted medication and agreed to take it in the community left jail with 7-21 days' worth and had the option of getting an additional 30 days' worth depending on their psychiatric appointment at the provider location. There were 52 Beneficiaries who required those additional medications that were covered by APIC funds yet hundreds of others either got them from their Provider, primary care, the ER or SCF/ANMC and those costs were covered by Medicaid or their own personal insurance.
- c) Benefits in FY20, between 80-90% of APIC release plans this past year contained some reference to the expectation of benefits in some capacity. The Beneficiary was advised, given applications to be submitted or received assistance with their initial benefit applications by MH Clinicians, Institutional Probation Officers or other resources in the community (CMs, PRC, POs) to provide this service if there is no guardian, conservator or identified payee. Benefits include food stamps/adult public assistance/social security/disability/general relief. SSA is running about 8-12 months for new applicants to begin pay status. If someone is denied, the appeal can take up to 6-8 more months. During the last quarter, many adjustments had to be made due to the continued shutdown.
- d) Employment Services If an APIC recipient wants to work or has skills or history of working they can pursue that or go to Partners Re Entry, ACMHS/AKBH vocational services or CITC/TVR/DVR for other supports but by and large most of the Beneficiaries who are eligible for APIC supports are not those that are also pursuing work. SSI continues to be the primary income. There was a minimum of 8 but possibly up to 12 known APIC eligible releases who obtained some form of employment during their first few months out of custody. The exact outcome of some of those is not known.

Performance Measure 6: Number and percentage of APIC participants who have reduced legal recidivism.

Grantee Response to Performance Measure 6:

In FY20, 249 or 29% of all duplicated and unduplicated referred SMPI/with or without co-occurring disorders returned to jail either for being remanded for a technical violation or an arrest for a new crime. These 29% were either already high risk upon release or not fully engaged with their plan, treatment, medications or obtaining benefits. The other 71% who were not arrested in FY20 either stayed out of jail altogether or went back at a later date. Many who benefit from APIC funds or release planning do not report back once we no longer offer assistance. There is not a direct correlation between those who recidivate and those who received APIC funds or services. It is the belief of DOC MH and the auxiliary community that these layers of support do indeed make a difference for so many.

Project Title: Alaska Justice Information Center	
Grantee: University Of Alaska Anchorage	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Data/Planning
Years Funded: FY16 to Present	
FY20 Grant Amount: \$225,000.00	
<p>High Level Project Summary:</p> <p>The Alaska Justice Information Center (AJiC) is Alaska’s resource for compiling, analyzing, and reporting criminal justice data to policymakers and practitioners to improve public safety and health, increase criminal justice system accountability, and reduce recidivism. Of particular interest to the Trust is that AJiC is collecting information on mental health involvement in Alaska’s justice system.</p> <p>In FY20, AJiC was able to enter into information user agreements with criminal justice stakeholders which provide valuable data and led to the publishing of multiple Alaska criminal justice dashboards which are continually revised and refined. The data and information compiled and analyzed by AJiC has been valuable for many State of Alaska committees, commissions, and working groups which work to reform the criminal justice system and increase public safety. This is a core data collection and analysis element for the state that has not existed to date and is recommended for continued funding in FY23.</p> <p>This project aligns with the Comp Plan Goal 9.5 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan: Encourage a culture of data-driven decision-making that includes data sharing, data analysis, and management to link support services across Alaska Department of Health and Social Services (DHSS) divisions and other departments.</p>	

Project Title: Alaska Justice Information Center

Staff Project Analysis:

AJiC's Integrated Justice Data Platform became operational in July 2018. Immediately afterwards, AJiC began onboarding data provided by the Alaska Criminal Justice Commission that it had received from the Alaska Department of Corrections, the Alaska Department of Public Safety, and the Alaska Court System for the purposes of criminal justice reform implementation evaluation (pursuant to AS 44.19.645(b)).

In FY20 AJiC continued its work on the United Way of Anchorage's Anchored Home permanent supportive housing project – Home For Good. This project will integrate data from Alaska's homelessness management information system (HMIS), crisis intervention data from the Municipality of Anchorage (police, fire, and community service patrol), jail/prison admission data from the Alaska Department of Corrections, and emergency medical service provision data from the Department of Health and Social Services. A data sharing agreement with the HMIS data manager has already been executed, and as of this writing draft data sharing agreements are in various stages of revision with the Municipality of Anchorage, the Department of Health and Social Services, and the Department of Corrections.

In addition to the Home For Good project, AJiC has several projects that began in FY20 that are continuing in FY21. AJiC has collected police officer use of lethal force data from the Alaska Department of Law, Office of Special Prosecutions casefiles. This project, led by Justice Center Director Troy Payne and faculty Rob Henderson, describes all police officer lethal uses of force known to OSP. Of particular interest to the Trust is that AJiC is collecting information on mental health involvement and initial findings show some form of mental health involvement in the majority of incidents in which Alaska police officers used lethal force.

AJiC continues to work with criminal justice partners to create dashboards such as the DOC population dashboard and AJiC continues to provide criminal justice data analysis to the Alaska Criminal Justice Commission and the legislature.

This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project and work with AJiC staff to identify alternative sustainable funding sources beyond FY23. Or, if the project outcomes for beneficiaries are not achieved staff will work with AJiC to adjust accordingly or recommend that Trust funding be discontinued. Staff recommend continued funding for FY23.

This project aligns with the Comp Plan Goal 9.5 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.

Project Description: Alaska Justice Information Center (AJiC) is to be Alaska's resource for compiling, analyzing, and reporting criminal justice data to policymakers and practitioners to improve public safety and health, increase criminal justice system accountability, and reduce recidivism.

Within three years, AJiC will create an integrated data platform from key criminal justice agencies such as the Alaska Department of Public Safety, the Alaska Department of Law, and the Alaska Department of Corrections as well as related state agencies such as the Alaska Department of Health and Social Services. The data platform will support many kinds of research in Alaska. With an

integrated data platform AJiC will be able to conduct criminal justice related research and will be able to provide:

- a) Partner with the Pew-MacArthur Results First Initiative to conduct cost benefit analysis of programs and services aimed at reducing criminal recidivism in order to advance the state's evidence-based policymaking efforts and to assist the state in its efforts to strategically invest in programs proven to work
- b) Population measures to globally assess how well the Alaska criminal justice system is holding offenders accountable and protecting public safety
- c) Answers to data questions from state agencies and legislators
- d) Report on the status of Trust beneficiaries with the criminal justice system and
- e) Annually produce a State of Alaska Criminal Justice System report.

Over time, additional data will be compiled, analyzed, and reported to support additional state initiatives and interests. Building this capacity and having up-to-date information will help inform the Trust's disability justice focus area and assist the state in assessing the impact of current and future recidivism reduction strategies on Trust beneficiaries, allowing for data driven adjustments to strategies over time.

Grantee Response - FY20 Grant Report Executive Summary: FY 20 was a year of transitions for AJiC. A new Director, Troy Payne, was appointed in June. AJiC spent considerable time training its Research Professional staff to use new tools that will enable us to better communicate research findings in the future. We have developed expertise in Tableau, a data visualization tool, which enables us to produce comprehensive suites of analytic products with different target audiences.

Having expertise in another data analysis tool will expand our ability to leverage the Integrated Justice Data Platform, along with project-specific data. For example, we have a DOC Population Dashboard that is updated monthly available at: <https://public.tableau.com/profile/ajic.uaa#!/vizhome/AKDOCFACILITYDAILYPOPULATIONS/DOCCapacityDashboard> . That dashboard is a simple display of populations by DOC facility and are readily interpretable by both policy makers and the general public.

We also produced more complex dashboards, such as the Alaska Court Time to Disposition dashboard available at <https://public.tableau.com/profile/ajic.uaa#!/vizhome/AlaskaSupremeCourtTimetoDispositionStandards/Final944x600Version> . That dashboard's primary audience is the Court itself, which allows for a more complex design.

Our experience developing dashboards has caused us to evaluate our overall communications strategy, including a better understanding of the various audiences for our analytic products. The first project to make use of this thinking is Homicide in Alaska: 1976-2016. This project examined 40 years of FBI Uniform Crime Reports Supplemental Homicide Report data. Our suite of products from this project included a 70-page narrative report, three one-page fact sheets focused on visual displays of the data, and a Homicide Victim Relationships dashboard that allows users to choose the race and age (adult/juvenile) of victims to see the relationships between victims and offenders. I have attached the full report; other products are available at <https://uaa.alaska.edu/ajic/homicide> .

AJiC has several projects that began in FY20 that are continuing in FY21. We are collecting police officer use of lethal force data from the Alaska Department of Law, Office of Special Prosecutions casefiles. This project, led by Director Troy Payne and Justice Center faculty Rob Henderson, will describe all police officer lethal uses of force known to OSP. Of particular interest to the Trust is that we are collecting information on mental health involvement — while police investigative files do not contain diagnosis codes, there are often indicators of mental health involvement such as subjects who tell others they want the police to kill them. Our measures of this will be necessarily coarse, given the data source, but we anticipate finding some form of mental health involvement in the majority of incidents in which Alaska police officers used lethal force.

AJiC is also working with Anchorage’s Home for Good project to integrate data from the Homeless Management Information System (HMIS), Anchorage Police Department, Department of Health and Social Services, and Department of Corrections. AJiC’s role is to combine these data sources for the purpose of identifying persons eligible for participation in the Municipality of Anchorage’s permanent supportive housing initiative.

Another project with implications for Trust beneficiaries involves 20 years of Anchorage Police Department domestic violence data. The Anchorage Police Department has provided police report data for the past two decades, including individual identifiers. This rich dataset will enable AJiC to conduct numerous long-term analyses of domestic violence in the Municipality of Anchorage. Of particular interest are the long-run impacts of witnessing or being the victim of domestic violence, repeat offending, and repeat victimization.

As noted in previous project updates, access to Alaska agency data remains an ongoing challenge for AJiC. To date, AJiC has been able to successfully negotiate this challenge through its partnerships with the Alaska Criminal Justice Commission, the Criminal Justice Working Group, and ongoing collaborative relationships with a number of State of Alaska justice agencies. However, the fact remains that data access is often contingent upon agencies’ willingness to partner with AJiC. An example of this dynamic is the ongoing difficulty accessing Alaska Department of Corrections data pertaining to behavioral health. While AJiC is eager to work with DOC to develop an interactive data dashboard describing the behavioral health conditions experienced by those in DOC custody, the Center has struggled to make tangible progress toward this goal because it does not have ready access to the data necessary for the dashboard’s development.

Perhaps the most significant setback this fiscal year was the decision on the part of Results First to withdraw from Alaska as it reorganizes and shifts its attention to other projects/initiatives. For a short period of time, Alaska was able to benefit greatly from the partnership with Pew-MacArthur Results First Initiative. AJiC is proud of the work it was able to do prior Results First’s exit from the state, and we remain hopeful that we can continue to advance important criminal justice policy reforms with our state partners moving forward, even in the absence of access to the resources of the Pew-MacArthur Results First Initiative. We are also hopeful that AJiC may be able to take advantage of future opportunities to partner with Results First based on the relationships we built with that team. As Abby Hannifan (Principal Associate, State Policy, Pew-MacArthur Results First Initiative) shared with us, “Mike and I will be rooting for AJiC to continue to bravely carry the torch of data-driven decision-making. We are grateful to have worked with such brilliant, passionate, hopeful people...Keep up the good work!”

<p>Finally, AJiC exists within the Justice Center in the College of Health at the University of Alaska Anchorage. The University continues to face substantial budgetary challenges. These challenges impact AJiC's work in indirect ways, through the availability of support staff such as communications professionals to help us create effective reports and other communications.</p>
<p>Number of beneficiaries experiencing mental illness reported served by this project in FY20: 0</p>
<p>Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 0</p>
<p>Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 0</p>
<p>Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY20: 0</p>
<p>Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 0</p>
<p>Number of individual trained as reported for this project in FY20: 0</p>
<p>Performance Measure 1: By September 30, 2019, AJiC will meet with the Department of Corrections (DOC) to explore/determine DOC's behavioral health data capacity and quality, and the potential for developing data queries and report templates pertaining to the Trust beneficiaries in DOC custody.</p>
<p>Grantee Response to Performance Measure 1: Throughout FY20, AJiC was in contact with DOC regarding behavioral health data. We agreed to start with substance use disorders, and substance use disorder screenings. DOC was able to identify data available, and AJiC held several meetings about potential analytic products from the project. We were, however, unable to get a data sharing agreement executed during FY20, as DOC staff were focused on COVID-19 mitigation and related issues during much of calendar year 2020. AJiC continues to pursue execution of the data sharing agreement.</p>
<p>Performance Measure 2: By December 31, 2019, AJiC will negotiate and execute one or more memoranda of understanding (MOUs) and/or data sharing agreements (DSAs) with the Departments of Public Safety, Corrections, and Law for the purposes of obtaining criminal justice data to upload to AJiC's Integrated Justice Data Platform. AJiC will also attempt to secure MOUs and/or DSAs from the Department of Health and Social Services and the Alaska Court System.</p>
<p>Grantee Response to Performance Measure 2: During FY20, AJiC executed data sharing agreements with the Alaska State Troopers, Anchorage Police Department, Alaska Department of Law, and National Archive of Criminal Justice Data.</p>
<p>Performance Measure 3: By December 31, 2019, AJiC will submit an updated organizational structure, governance, and policy documents detailing organization and general operating policies and procedures. This document should incorporate and reflect "lessons learned" in AJiC's operations as changes occur and adaptations are made.</p>
<p>Grantee Response to Performance Measure 3: See attachment.</p>
<p>Performance Measure 4:</p> <ul style="list-style-type: none"> a) By March 31, 2020, AJiC will publish one or more Alaska criminal justice dashboards. Dashboard content and structure will be developed with input from the AJiC Steering Committee. b) By June 30, 2020, AJiC will publish one or more Alaska disability justice dashboards. Dashboard content will include indicators of issues/topics pertinent to Trust beneficiaries (e.g., substance abuse disorders).
<p>Grantee Response to Performance Measure 4:</p>

AJIC published public dashboards showing:

Daily DOC Populations:

<https://public.tableau.com/profile/ajic.uaa#!/vizhome/AKDOCFACILITYDAILYPOPULATIONS/DOCCapacityDashboard>

Homicide Victim-Offender Relationships:

<https://public.tableau.com/profile/ajic.uaa#!/vizhome/HomicidebyRelationshipDashboard/VictimsbyRelationship>

Adult and Juvenile Arrests in Alaska:

<https://public.tableau.com/profile/ajic.uaa#!/vizhome/AdultandJuvilesArrestsDashboard/AdultJuvenileArrests>

Alaska Court System Time to Disposition:

<https://public.tableau.com/profile/ajic.uaa#!/vizhome/AlaskaSupremeCourtTimetoDispositionStandards/Final944x600Version>

In addition, we produced dashboards that have not been made public as ancillary products for the Alaska State Troopers C Detachment Staffing Study, and there is a dashboard currently under development in collaboration with the Council on Domestic Violence and Sexual Assault.

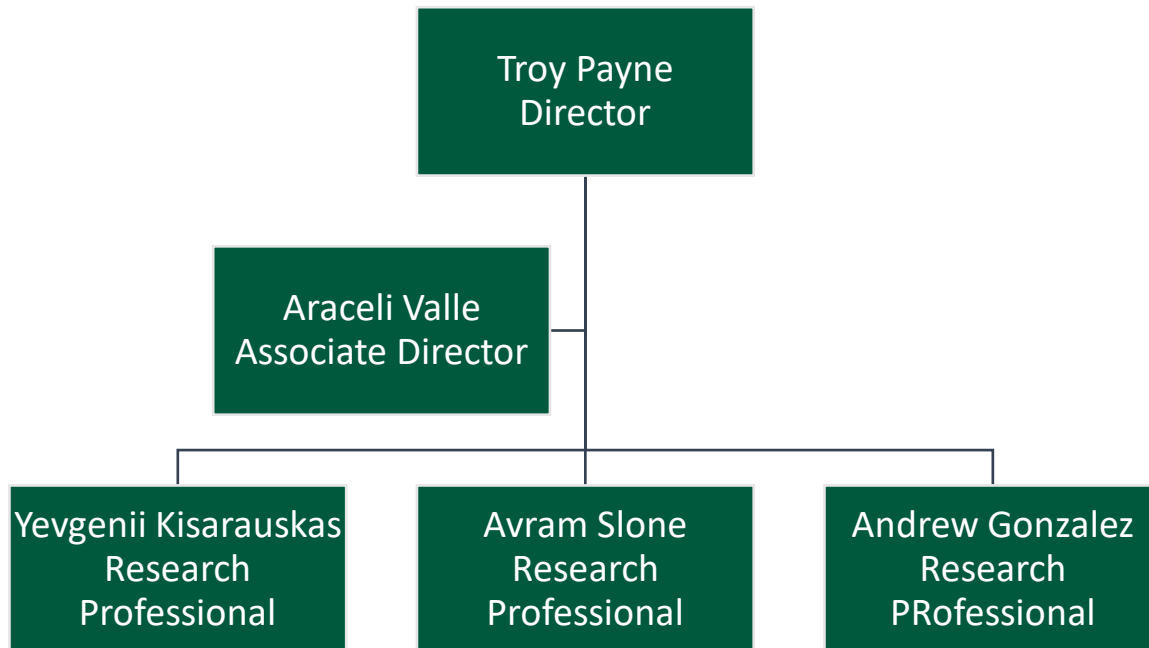
Performance Measure 5: By June 30, 2020, AJIC, in partnership with the Department of Health and Social Services, will complete a program inventory and benefit-cost analysis of one or more Results First policy areas within the Department’s purview. Priority will be given to behavioral health policy areas (e.g., mental health, substance abuse), but other policy areas for consideration include child welfare (OCS) and juvenile justice (DJJ).

Grantee Response to Performance Measure 5:

As discussed in our progress report, the Pew MacArthur Results First Initiative withdrew from Alaska as it reorganized and shifts its attention to other projects/initiatives. This withdraw occurred before substantial progress could be made on this performance measure.

Alaska Justice Information Center Structure

The Alaska Justice Information Center (AJiC) is a unit of the University of Alaska Anchorage College of Health, Justice Center. AJiC has a Director who also serves as a faculty member in the Justice Center, Associate Director, and three full-time research professionals.

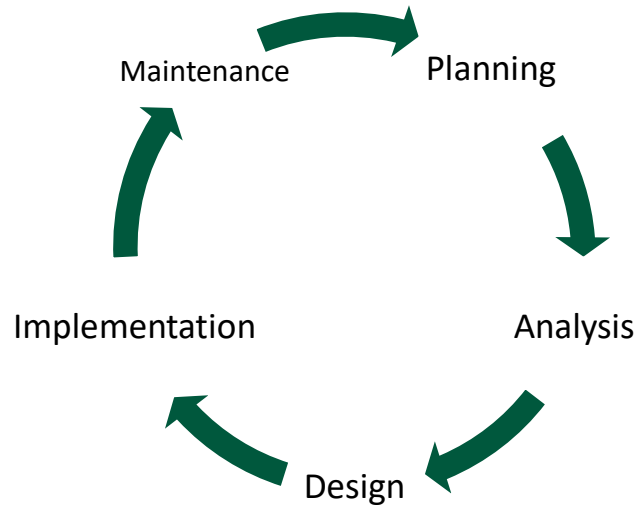


Governance

AJiC continuously seeks input from criminal justice stakeholders throughout the state. We have recently scheduled the first of quarterly meetings of a Steering Committee, comprising representatives from the Alaska Department of Public Safety, Alaska Department of Law, Alaska Court System, Alaska Department of Corrections, the Alaska Mental Health Trust Authority, Alaska Department of Health and Social Services, Council on Domestic Violence and Sexual Assault, and the Alaska Native Justice Center.

Business Processes

AJiC has slowly been moving toward a more formal process for project management, based on a modified version of the software development lifecycle:



We found a more formal articulation of these steps to be necessary with projects that have multiple or complex deliverables. This has been especially true as we have shifted to working from home during the first half of calendar 2020.

AJiC has moved toward distributed version control (git) for data analysis computer code. This required a learning curve, but has already paid dividends in collaboration and error checking of our statistical analysis scripts.

Lessons learned

Adapting to working from home forced AJiC to formalize many processes that had been informal when we worked together in the same building. Many of the adjustments, such as more extensive planning prior to execution of a project, are good practices we will continue after returning to the office.



UNIVERSITY
of ALASKA

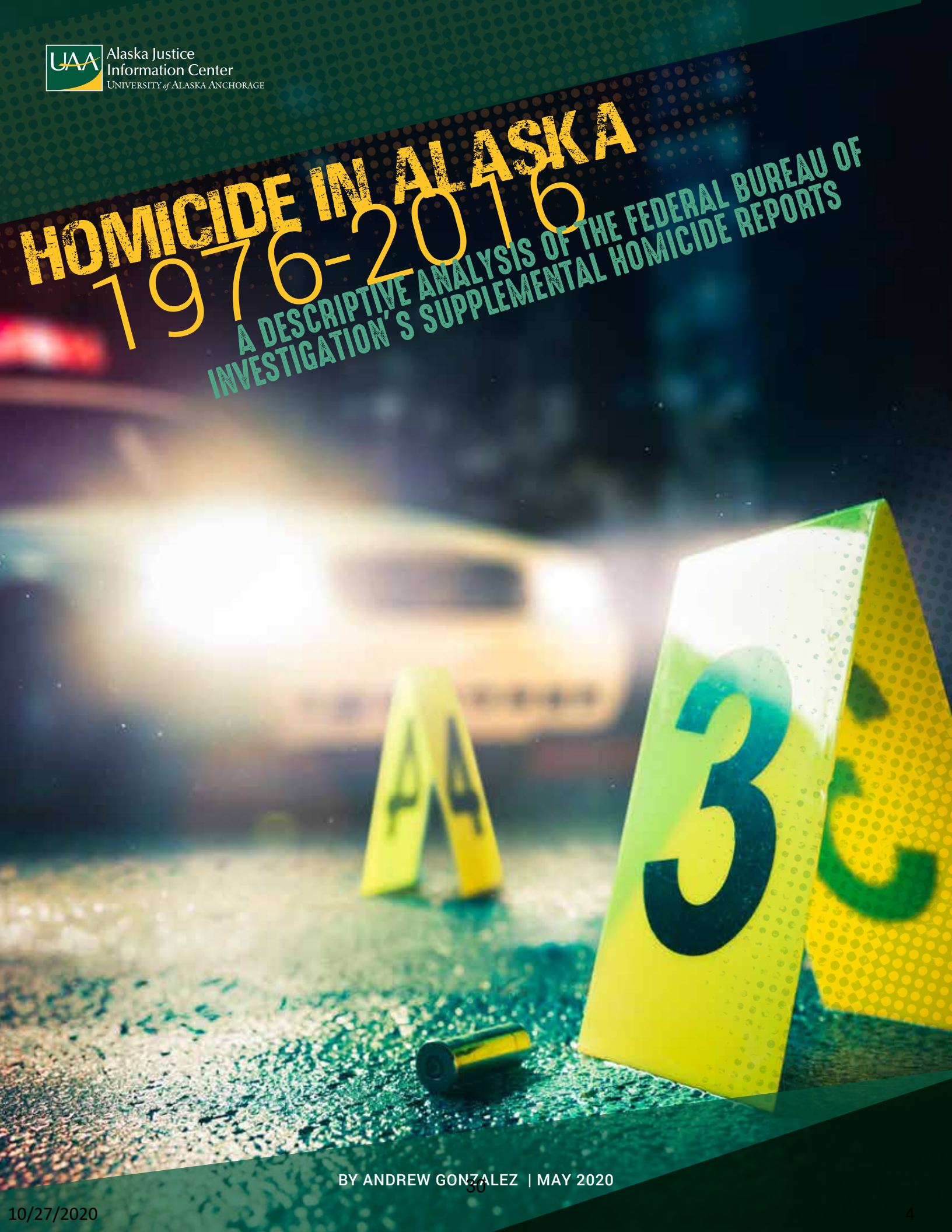
Many Traditions One Alaska

Homicide in Alaska: 1976-2016

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HOMICIDE IN ALASKA 1976-2016

A DESCRIPTIVE ANALYSIS OF THE FEDERAL BUREAU OF
INVESTIGATION'S SUPPLEMENTAL HOMICIDE REPORTS



BY ANDREW GONZALEZ | MAY 2020

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EXECUTIVE SUMMARY

This project examined the characteristics of homicide in Alaska as reported by law enforcement agencies to the Supplementary Homicide Reports (SHR). It was particularly interested in the qualities of homicide committed against American Indian or Alaska Native female victims among different victim groups. The SHR reported details of the homicide including relationship between victim and suspect, weapons used, and circumstance. The study utilized 41 years of data beginning in 1976 and ending in 2016. It included a total of 1,709 incidents of homicide, 1,943 suspects, and 1,856 victims. This descriptive analysis documented the characteristics of these incidents, suspects, and victims, then examined characteristics based on the race and sex of the victim involved. For additional context an examination of Alaska population was compared to the representation of victims in this study. Key results are summarized below.

Incident Characteristics

There were 1,709 homicide incidents reported by law enforcement agencies to the SHR between 1976 and 2016. On average there were 42 incidents reported per year. The last two years in the study – 2015 and 2016 – included the highest number of homicide incidents during the study period. Slightly more than 40 percent of homicide incidents were reported to the SHR by the Anchorage Police Department (n=712; 41.7%), and another forty percent were reported by the Alaska State Troopers (n=685; 40.1%). Firearms were used in six out of ten homicides (n=1,001; 58.6%). Handguns were used in one-third of homicides (n=567; 33.2%). One-third of homicide incidents were reported as the result of interpersonal conflict (n=309; 35.7%). More than 90 percent of homicide incidents involved only a single victim (n=1,600; 93.9%).

Suspect Characteristics

There were 1,943 suspects reported between 1976 and 2016. Nearly three-quarters of all suspects were male (n=1,405; 72.2%). Suspect sex was unknown in approximately 18 percent of the Alaska homicide incidents examined. The average age of homicide suspects was 30.2 years old. Most suspects were adults (n=1,439; 74.1%). Approximately 4 in 10 suspects were White (n=829; 42.7%), over 20 percent were American Indian or Alaska Native (n=430; 22.1%), and 1 in 10 suspects were Black or African American (n=211; 10.9%). Six out of 10 suspects knew their victim (n=1,189; 61.2%). One-third of suspects were a friend or acquaintance (n=715; 36.8%), 13 percent were an intimate partner (n=252), and a little over one-tenth of suspects were family members (n=222; 11.4%). Suspects were strangers to victims slightly less than one-fifth of the time (n=333; 17.1%).

Victim Characteristics

There were 1,856 victims reported between 1976 and 2016. Seven out of 10 victims were male (n=1,314; 70.8%). Twelve percent of victims were juveniles (n=227; 12.2%). The average age of homicide victims was 32.6 years old. The youngest victim was a newborn less than 6 days old, and the oldest was 85 years old. Half of the victims were White (n=974; 52.5%). Slightly less than a third of victims were American Indian or Alaska Native (546; 29.4%). Ten percent of victims were Black or African American (n=184; 9.9%).

Victim Proportionality to Population

American Indian or Alaska Native victims were over-represented in Alaska homicide (30.5%) compared to their population (16.3%). Black or African American victims were also over-represented in Alaska homicide, making up one in 10 homicide victims (10.3%) compared to only being four percent of the Alaska population (4.0%). White victims were under-represented (54.4%) compared to their presence in the population (71.9%). Males were over-represented in Alaska homicide incidents. Although female victims as a whole were under-represented in homicide compared to their population, combining race and sex revealed that American Indian or Alaska Native female victims and Black or African American female victims were over-represented in Alaska homicides. Across all race-sex groups Black or African American male victims were the most over-represented victim race-sex group.

Incident Characteristics based on Victim Race/Sex

American Indian or Alaska Native victims of both sexes were reported more often by law enforcement agencies other than APD and AST. Firearms killed more male victims of every race group compared to female victims. Black or African American male victims were killed the most often by firearms (78.0%), and American Indian or Alaska Native female victims were killed the least (36.3%). Among victim racial groups, knives were used most often in the killing of American Indian or Alaska Native male victims (23.4%), followed by American Indian or Alaska Native female victims (18.7%). Overall, more male victims were reported in homicides involving either interpersonal conflict or homicides in the commission of another crime, compared to female victims who were more often reported in homicides with “other” circumstances.

Suspect Characteristics based on Victim Race/Sex

For all homicide victims the homicide suspect was most likely of the same race. Six out of ten American Indian or Alaska Native female victims were killed by suspects who were also American Indian or Alaska Native (62.2%). When the suspect was not of the same race as the victim, the suspect was most likely to be White. American Indian or Alaska Native female victims were killed by a White suspect 18.4% of the time. All victim race-sex groups were more likely than not to know their suspect. Male victims were more often reported as being killed by a Friend or Acquaintance than female victims. Female victims were far more often killed by an intimate partner across all racial groups compared to male victims. Compared to other race groups, Native American or Alaska Native male (19.7%) and female victims (14.5%) were killed more often by a family member. Black or African American male victims were killed the least often by a family member (5.4%). Strangers killed male victims more often than female victims. Strangers were reported killing American Indian or Alaska Native female (2.6%) and male (8.7%) victims less often than other victim racial groups.

American Indian or Alaska Native Female Victimization

Analyses revealed that American Indian or Alaska Native females differed from other victim race-sex groups by the weapon used in their killing. Firearms killed American Indian or Alaska Native female homicide victims the least often among all victim race-sex groups in the study (36.3%). The proportion of American Indian or Alaska Native women killed with a knife or cutting instrument was the second largest across race-sex groups (18.7%) –highest were American Indian or Alaska Native male victims. Other traits impacting American Indian or Alaska Native females were not specific to their race-sex group, but to their race and their sex separately.

OVERVIEW OF REPORT

Background

Recent national media coverage has highlighted the problem of missing and murdered Indigenous women and girls (MMIWG) in the United States. In its 2018 report, *Missing and Murdered Indigenous Women and Girls: A Snapshot of Data from 71 Urban Cities in the United States*, the Urban Indian Health Institute (UIHI) declared “a nationwide data crisis” (pg. 2)¹. The UIHI came to this conclusion after reviewing law enforcement records, state and national missing persons databases, searching media archives and publicly available social media, and contacting family and community members who shared information about missing or murdered indigenous women and girls. One of the primary conclusions of the UIHI’s report is that the magnitude of the violence committed against American Indian and Alaska Native women and girls is woefully underestimated, dramatically under-reported, and consequently not well understood. Alaska and the Federal government have responded with the Missing and Murdered Indigenous Persons (MMIP) Initiative, a national program aiming to improve processes surrounding missing persons and data collection, especially concerning American Indian or Alaska Native women². The goal is for the program to partner with rural Alaska communities to “provide justice for families mourning a murder victim or assistance to communities searching for a missing friend or neighbor.”

Recent increases in rates of violent crime in Alaska – including increases in the overall homicide rate – have generated a great deal of concern, prompting further questions about the characteristics of homicide incidents, as well as the circumstances surrounding them, and the people involved. This report addresses both the overall nature of homicide in Alaska, and the enumeration of the prevalence of homicides involving American Indian or Alaska Native female (women and girls) victims. Using publicly available data, this report provides a detailed analysis of what is currently known about homicide in Alaska. It presents an overall picture of homicides in the state, within which the findings pertaining to American Indian and Alaska Native female homicides can be contextualized and understood. We hope this contextualization will contribute to improved understanding of the MMIWG crisis. The Alaska Justice Information Center (AJIC) acknowledges that the work presented here is only a small step forward in addressing the MMIWG data challenge. We nevertheless hope it is a meaningful one.

Supplementary Homicide Reports

The descriptive analyses presented in this report are derived from 41 years of the Federal Bureau of Investigation’s (FBI) Supplementary Homicide Reports (SHR), one of the supplementary reporting systems of the FBI’s Uniform Crime reporting (UCR) program³. The SHRs are the most detailed publicly available data source regarding homicide incidents in the United States. Law enforcement agencies voluntarily report the number of homicide incidents and their characteristics to the FBI using the SHR every month⁴. Monthly SHR reports are compiled and made available for analysis.

¹ See Urban Indian Health Institute’s report “Missing and Murdered Indigenous Women & Girls” (Lucchesi & Echo-Hawk, 2018) <https://www.uihi.org/resources/missing-and-murdered-indigenous-women-girls/>.

² See <https://www.justice.gov/usao-ak/pr/us-attorney-and-fbi-announce-missing-and-murdered-indigenous-persons-initiative>.

³ For more information about the UCR program, see: <https://www.fbi.gov/services/cjis/ucr>.

⁴ Monthly SHR reports from police agencies are sent to the FBI and prepared for researchers by the Inter-university Consortium for Political and Social Research (ICPSR) and stored in the National Archive of Criminal Justice Data (NACJD).

The FBI's definition of criminal homicide includes both murder and manslaughter by negligence⁵. A homicide incident, as defined in the SHR, refers to an act of homicide involving any number of victims and suspects⁶. The SHR records the demographic characteristics of homicide victims and suspects, the weapon used, a description of circumstances surrounding the homicide⁷, and the relationship of the suspect to the victim. Within each incident characteristics of victims and suspects can be connected. An important note on the data collection: the information provided by law enforcement in the SHR reflects what agencies knew during initial investigation; the data are not updated based on further investigation⁸. Therefore, the data used for the analyses presented in this report reflect the characteristics of homicide incidents and the people involved in them at the time the report was submitted. The SHR data used are publicly available from the National Archive of Criminal Justice Data (NACJD)⁹.

A study of homicide using the SHR can be conducted in many ways, but this report focuses on how the qualities of homicide vary based on the race/ethnicity (hereafter "race") and sex/gender (hereafter "sex") of homicide victims. The report begins with a description of all incidents of homicide in Alaska. The analysis then shifts to an examination of homicide suspects and homicide victims. Finally, the analysis focuses on homicide characteristics by combined race and sex groupings and provides information on the characteristics of homicides involving American Indian or Alaska Native female victims in comparative context.

AJIC's aim for this study is to establish an empirical foundation for understanding the murder of American Indian or Alaska Native women and girls. This foundational understanding can then be used by practitioners, service providers, policymakers, and the public to develop homicide intervention and prevention strategies to decrease the frequency with which homicides occur in Alaska, improve the criminal justice systems response to homicide, and support families and communities.

⁵ FBI UCR definition of criminal homicide: a) murder and nonnegligent manslaughter: the willful (nonnegligent) killing of one human being by another. Deaths caused by negligence, attempts to kill, assaults to kill, suicides, and accidental deaths are excluded, and b) manslaughter by negligence: the killing of another person through gross negligence. Deaths of persons due to their own negligence, accidental deaths not resulting from gross negligence, and traffic fatalities are not included in the category manslaughter by negligence. Full User Manual available at <https://www.fbi.gov/file-repository/ucr/ucr-srs-user-manual-v1.pdf/view>, see pages 28-31.

⁶ A homicide incident may include: a single victim and a single perpetrator, a single victim and multiple perpetrators, multiple victims and a single perpetrator, or multiple victims and multiple perpetrators.

⁷ The SHR codes weapon and circumstance to every suspect, but this report will analyze them as incident level variables because nearly all homicides in this study had uniform weapon and circumstance across incident (99.7% of incidents).

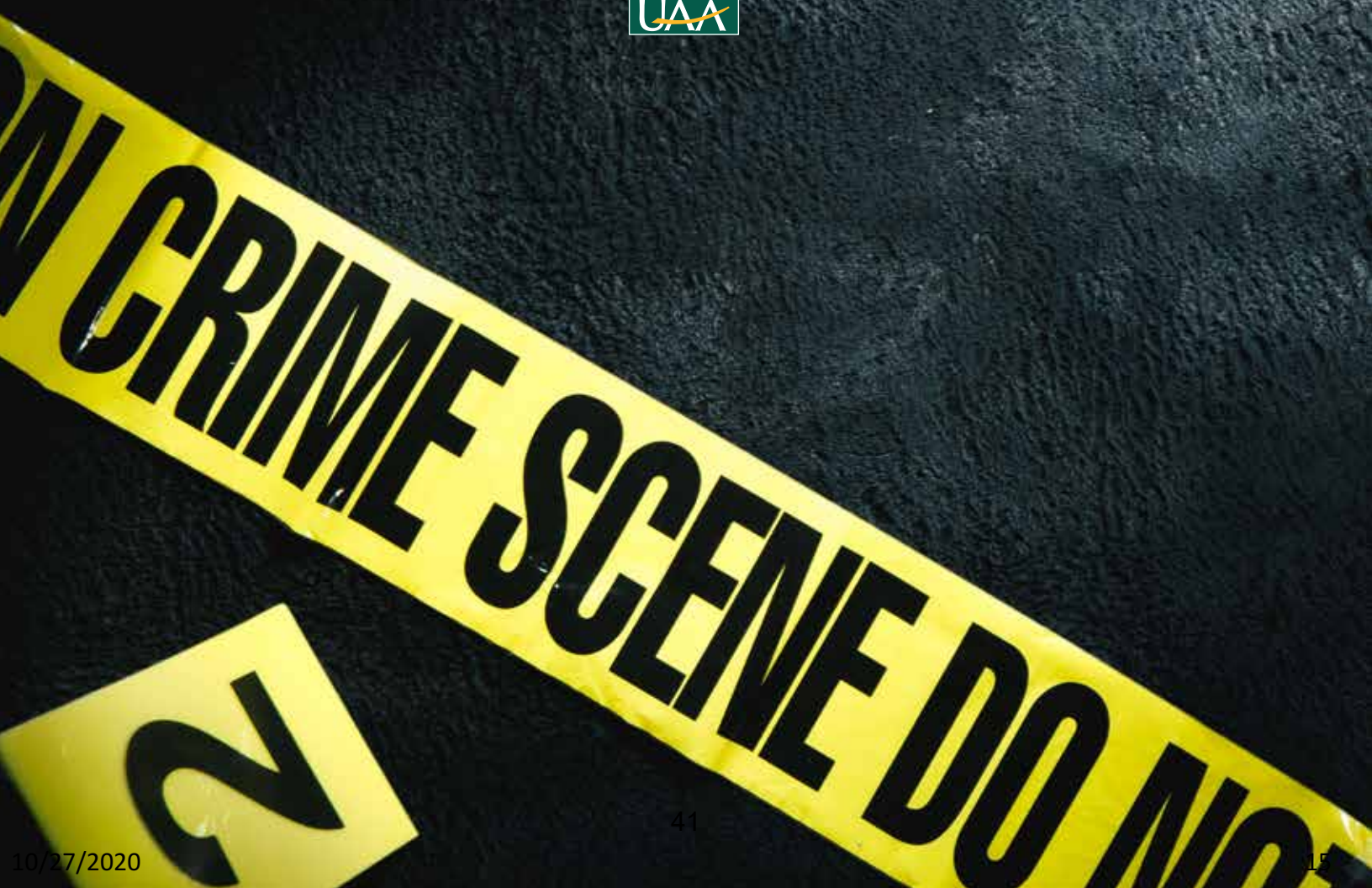
⁸ See "The Nation's two Measures of Homicide" (Regoeczi, 2014).

⁹ See NACJD index at <https://www.icpsr.umich.edu/icpsrweb/content/NACJD/index.html>. Forty-one annual SHR datasets were combined and manipulated by AJIC for this analysis.



PART ONE

HOMICIDE INCIDENT CHARACTERISTICS: 1976-2016



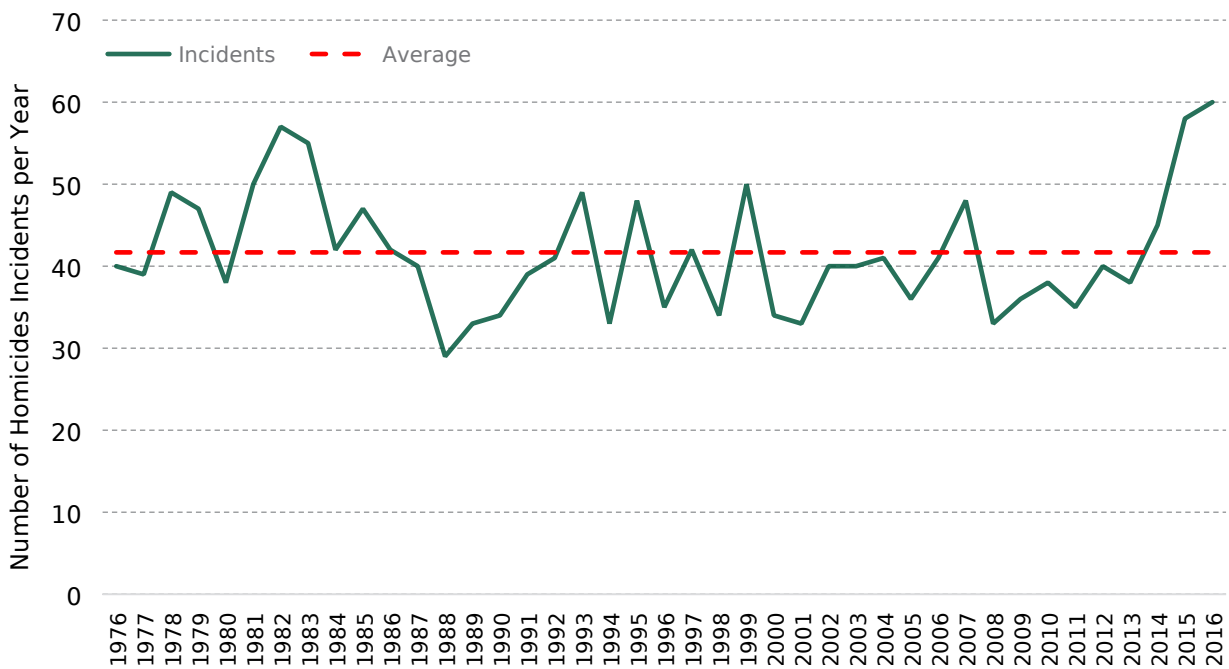
PART ONE

HOMICIDE INCIDENT CHARACTERISTICS: 1976-2016

Annual Homicide Incidents

Between 1976 and 2016 a total of 1,709 homicide incidents were reported to the SHR by Alaska law enforcement agencies. The solid line in Figure 1 shows the total number of homicide incidents reported each year to the FBI by Alaska law enforcement agencies¹⁰.

Figure 1. The total number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies per year: 1976-2016 (n=1,709)



NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016.
- b. A homicide incident refers to the event of criminal homicide including both victims and suspects.

The average number of Alaska homicide incidents reported to the FBI each year from 1976 through 2016 was 42 per year (s.d.=7.5); the median number of homicide incidents was 40 per year. The data presented in Figure 1 reveal the three highest years for homicide incidents as 1982 (n=57), 2015 (n=58), and 2016 (n=60).

Monthly Incidents

Every month law enforcement agencies report the number of homicide incidents to the SHR. Table 1 presents the total number of homicide incidents reported to the SHR, by month, between 1976 and 2016.

¹⁰ See Appendix Table A 1 for homicide counts each year used in Figure 1.

Table 1. The number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies: 1976-2016, by month (n=1,709)

MONTH	NUMBER	PERCENT
January	135	7.9
February	133	7.8
March	157	9.2
April	119	7.0
May	144	8.4
June	115	6.7
July	137	8.0
August	160	9.4
September	158	9.3
October	146	8.5
November	133	7.8
December	172	10.1

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016.
- b. A homicide incident refers to the event of criminal homicide including both victims and suspects.
- c. Total may not sum to 100.0% due to rounding error.

The month with the largest percentage of homicide incidents reported was December (n=172; 10.1%); the month with the lowest percentage of homicide incidents reported was June (n=115; 6.7%). While there was month-to-month variability in the number of homicides reported over the study period there was no evidence of seasonal patterns of homicide prevalence.

Law Enforcement Agency

Table 2 shows the total number of homicide incidents reported to the SHR by each Alaska law enforcement agency between 1976 and 2016¹¹. Law enforcement agencies that did not report any homicide incidents to the SHR during the study period are not shown¹². Alaska law enforcement agencies listed in Table 2 are presented in descending order, with agencies reporting the highest number of homicide incidents reported at the top of the table.

More than 80 percent (n=1,397; 81.8%) of the homicide incidents between 1976 and 2016 were reported by the Alaska State Troopers (AST) and the Anchorage Police Department (APD). Among all other Alaska agencies, the Fairbanks Police Department reported the most homicide incidents (n=112; 6.6%) during the study period. The remaining 27 agencies combined reported the remaining 12 percent of homicide incidents (n=200; 11.8%).

¹¹ The SHR records incidents by the law enforcement agency reporting the homicide to the FBI. The agency that is reporting the homicide does not necessarily indicate geographically where the actual homicide took place.

¹² There is a possibility that a law enforcement agency may report a homicide on UCR return form A, but not in the SHR.

Table 2. The number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies: 1976-2016, by agency (n=1,709)

	NUMBER	PERCENT
Anchorage Police Department	712	41.7
Alaska State Troopers	685	40.1
All Other Alaska Agencies:		
Fairbanks Police Department	112	6.6
Bethel Police Department	28	1.6
Juneau Police Department	27	1.6
North Slope Borough Police Department	23	1.4
Ketchikan Police Department	17	1.0
Nome Police Department	15	0.9
Kotzebue Police Department	12	0.7
Dillingham Police Department	11	0.6
Kodiak Police Department	11	0.6
Wasilla Police Department	8	0.5
Kenai Police Department	7	0.4
Sitka Police Department	5	0.3
Seward Police Department	4	0.2
Soldotna Police Department	4	0.2
Wrangell Police Department	4	0.2
Bristol Bay Borough Police Department	3	0.2
Unalaska Police Department	3	0.2
Valdez Police Department	3	0.2
Homer Police Department	2	0.1
Palmer Police Department	2	0.1
Petersburg Police Department	2	0.1
St. Paul Police Department	2	0.1
Univ of AK-Fairbanks Police Department	2	0.1
Cordova Police Department	1	0.1
Craig Police Department	1	0.1
Haines Police Department	1	0.1
Nenana Police Department	1	0.1
Skagway Police Department	1	0.1

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. A homicide incident refers to the event of criminal homicide including both victims and suspects
- c. Total may not sum to 100.0% due to rounding error.

Weapon

The SHR reported the weapon used/method of killing for every incident of criminal homicide. Table 3 shows the total number of homicide incidents reported to the SHR by Alaska police agencies for the period between 1976 and 2016 by the weapon used in each incident. Each weapon is listed by frequency of use in descending order by type of weapon. Weapons are presented in four groups: Firearms, Knife or Cutting Instrument, All Other Weapons, and Unknown.

Table 3. The number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies: 1976-2016, by weapon (n=1,709)

	NUMBER	PERCENTAGE ^c
Firearms		
Handgun – pistol, revolver, etc.	567	33.2
Rifle	178	10.4
Firearm, type not stated	167	9.8
Shotgun	85	5.0
Other gun	4	0.2
Knife or cutting instrument	268	15.7
All Other Weapons		
Personal weapons, includes beating	136	8.0
Blunt instrument/club	88	5.2
Strangulation – hanging	32	1.9
Asphyxiation – includes gas	23	1.4
Fire	21	1.2
Narcotics or drugs, sleeping pills	9	0.5
Drowning	6	0.4
Explosives	3	0.2
Pushed or thrown out window	2	0.1
Poison – does not include gas	2	0.1
Unknown		
Missing	63	3.7
Other or type unknown	55	3.2

NOTES

- Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- A homicide incident refers to the event of criminal homicide including both victims and suspects
- Columns may not add up to 100.0 due to rounding error

Firearms were identified as the primary method of killing in nearly 6 out of 10 Alaska homicide incidents (n=1,001; 58.6%) between 1976 and 2016. The most common type of firearm was handgun (n=567; 33.2%), followed by rifle (n=178; 10.4%), firearm, type not stated (n=167; 9.8%), and shotgun (n=85; 5.0%).

Among non-firearm homicide incidents, the most commonly recorded weapon was a knife or cutting instrument (n=268; 15.7%), followed by the use of personal weapons (n=136; 8.0%) and blunt instrument/club (n=88; 5.2%). In the aggregate, all other means by which homicides were committed totaled six percent of all homicide incidents (n=98). A determination of weapon use either could not be determined by investigating agencies or was not recorded by investigating agencies for approximately seven percent of homicide incidents (n=118; 6.9%).

Circumstance

Law enforcement agencies record the circumstances¹³ surrounding homicide incidents in the SHR. Table 4 presents homicide incidents by circumstance, organized into 10 categories: conflict, instrumental felony, property felony, drugs, gangs, other felony, other, reverse felony, unknown, and negligence.

Interpersonal conflict was the most frequently coded circumstance (n=609; 35.7%). The majority of these conflicts were reported as other arguments (n=422; 24.7%), and approximately one in six conflicts were reported as being influenced by alcohol (n=108; 6.3% of total).

Nearly 10 percent of homicide incidents were associated with another felony crime (n=162; 9.5%). These homicides are separated into three categories: a felon committing violence against another person, instrumental felony (n=114; 6.7%), a felony related to theft with homicide being an unintended outcome, property felony (n=13; 0.8%), or an undefined other felony (n=35; 2.1%). The most common felony involved with a homicide over the study period was robbery (n=86; 5.0%).

Law enforcement agencies have a separate designation for homicides involving a crime related to drugs or gangs. In Alaska, drugs were involved in 4.2 percent of homicide incidents (n=71) and gangs less than one percent of incidents (n=11; 0.6%).

Over one-fifth of all homicide circumstances were reported as other (n=356; 20.8%). Other homicides contained circumstances where law enforcement agencies did not report further information, in addition to a few miscellaneous crimes (e.g., prostitution and gambling). Reverse felony included homicides where a felon was killed by either a police officer or private citizen (n=66; 3.9%). Negligence included some form of negligent manslaughter (n=78; 4.6). Finally, circumstances could not be determined by investigating agencies, or was not recorded by investigating agencies, for one-fifth of homicide incidents (n=356; 20.8%) at the time data was reported to the SHR.

¹³ The analysis of circumstance in the SHR has known limitations, including: 1) the SHR is not updated as police investigations progress, 2) there are high rates of missing/unknown circumstances in the SHR, 3) when circumstance is reported there is often a discrepancy to police records (Loftin, 1986; Maxfield, 1989; Pizarro & Zeoli, 2013).

Table 4. Number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies: 1976-2016, by circumstance code (n=1,709)

	NUMBER	PERCENTAGE ^c
Interpersonal Conflict		
Other arguments	422	24.7
Brawl due to influence of alcohol	108	6.3
Lovers triangle	36	2.1
Argument over money or property	35	2.1
Children killed by babysitting	8	0.5
Instrumental Felony		
Robbery	86	5.0
Rape	22	1.3
Other sex offense	6	0.4
Property Felony		
Burglary	6	0.4
Larceny	4	0.2
Motor vehicle theft	3	0.2
Drugs		
Narcotic drug laws	60	3.5
Brawl due to influence of narcotics	11	0.6
Gangs		
Juvenile gang killings	8	0.5
Gangland killings	3	0.2
Other Felony		
All suspected felony type	25	1.5
Arson	7	0.4
Sniper attack	3	0.2
Other		
Other	315	18.4
Other – not specified	33	1.9
Prostitution and commercialized vice	4	0.2
Institutional killings	3	0.2
Gambling	2	0.1
Reverse Felony		
Felon killed by police	39	2.3
Felon killed by private citizen	27	1.6
Unknown		
Unknown	218	12.8
Circumstances undetermined	137	8.0
Negligence		
All of manslaughter by negligence	45	2.6
Other negligent handling of gun	20	1.2
Children playing with gun	8	0.5
Gun-cleaning death – other than self	4	0.2

NOTES

- Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- A homicide incident refers to the event of criminal homicide including both victims and suspects
- Total may not sum to 100.0% due to rounding error.

HOMICIDE IN ALASKA
1976-2016

Situation

Law enforcement agencies assign every homicide incident a situation code categorizing the number of victims and the number of suspects involved in the incident. Each incident was categorized as single victim/single suspect, single victim/multiple suspects, single victim/unknown suspect(s), multiple victims/single suspect, multiple victims/multiple suspects, or multiple victims/unknown suspect(s). Table 5 presents all incidents of homicide reported to the SHR by Alaska law enforcement agencies between 1976 and 2016, by situation code.

Table 5. Number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies: 1976-2016, by situation code (n=1,709)

	NUMBER	PERCENTAGE ^c
Single Victim Incidents		
Single Victim / Single Suspect	1,166	68.2
Single Victim / Multiple Suspects	136	8.0
Single Victim / Unknown Suspect(s)	298	17.4
Multiple Victim Incidents		
Multiple Victims / Single Suspect	78	4.6
Multiple Victims / Multiple Suspects	8	0.5
Multiple Victims / Unknown Suspect(s)	23	1.4

NOTES

- Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- A homicide incident refers to the event of criminal homicide including both victims and suspects
- Columns may not sum to 100.0 due to rounding error

The vast majority of homicide incidents in Alaska involved a single victim (n=1,600; 93.6%). More than two-thirds of all homicide incidents involved a single victim and a single suspect (n=1,166; 68.2%), and an additional eight percent involved a single victim and multiple suspects (n=136; 8.0%). Homicide incidents involving multiple victims were relatively rare, representing just over five percent of homicides reported to the FBI by Alaska law enforcement agencies between 1976 and 2016 (n=109; 6.4%). Nearly three-fourths of multiple victim homicides involved only a single suspect (n=78; 71.6% of multiple victim homicides). Fewer than 10 incidents involved both multiple victims and multiple offenders (n=8; 0.5%). Situation codes also mark the number of incidents involving an unknown suspect. Nearly 20 percent of incidents involved a suspect(s) who was unknown to law enforcement at the time of reporting to the SHR (n=321; 18.8%).

Summary: Homicide Incidents

In this section of the report, data were presented describing all homicide incidents reported by Alaska law enforcement agencies to the SHR for the period 1976 through 2016. Information was presented on the number of homicide incidents per year, the reporting law enforcement agencies, the weapons

used, the circumstances, and numbers of suspects and victims involved in homicide incidents. This analysis lays the foundation for understanding characteristics of homicide based on the demographic characteristics of the victim. The key findings for Alaska homicide incidents are presented below:

- There are on average 42 homicide incidents per year reported by Alaska law enforcement agencies, and out of the 41 years included in this study, the total number of homicides was exceptionally high in three years: 1982, 2015, and 2016.
- Two Alaska law enforcement agencies – the Alaska State Troopers (AST) and the Anchorage Police Department (APD) – reported more than 80 percent of all Alaska homicide incidents.
- Firearms were identified by Alaska law enforcement agencies as the primary method of killing in nearly six out of ten Alaska homicide incidents (58.6%).
- Interpersonal conflict accounted for the largest percentage of homicide circumstances (35.7%).
- The vast majority of Alaska homicides – more than 90% – involved a single victim; two-thirds involved a single victim and a single suspect.

PART TWO
CHARACTERISTICS OF HOMICIDE SUSPECTS AND VICTIMS



PART TWO

CHARACTERISTICS OF HOMICIDE SUSPECTS AND VICTIMS

Demographic Characteristics of Homicide Suspects

Demographic characteristics of suspects are reported in the SHR. Table 6 presents the frequency distributions for suspect sex, suspect age, and suspect race. In all incidents of homicide reported to the FBI by Alaska law enforcement agencies between 1976 and 2016 there were at least 1,943 suspects¹⁴.

Table 6. Demographic characteristics of Alaska homicide suspects reported to the SHR by Alaska law enforcement agencies: 1976-2016 (n=1,943)

	NUMBER	PERCENTAGE ^b
Sex/gender		
Female	196	10.1
Male	1,402	72.2
Unknown	345	17.8
Age group		
0 to 17 years	154	7.9
18 to 24 years	482	24.8
25 to 34 years	474	24.4
35 to 44 years	268	13.8
45 to 54 years	142	7.3
55 to 64 years	54	2.8
65 years and older	19	1.0
Unknown	350	18.0
Race/ethnicity		
White	829	42.7
American Indian or Alaska Native	430	22.1
Black or African American	211	10.9
Asian or Pacific Islander	79	4.1
Unknown	394	20.3

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
 b. Total may not sum to 100.0% due to rounding error.

Table 6 shows that nearly three-quarters of all homicide suspects were male (n=1,402; 72.2%). One-tenth of suspects were female (n=196; 10.1%). The remaining suspects' genders were unknown to law enforcement at the time of reporting to the SHR (n=345; 17.8%).

¹⁴ In incidents where the suspect(s) were unknown to law enforcement agencies, only a single suspect is recorded in the SHR.

Among homicide suspects for whom age was recorded, the average age was 30.2 years old (1,593 suspects). The youngest suspect was 5 years of age; the oldest suspect was 84 years old¹⁵. A large majority of suspects were adults (n=1,439; 74.1%). Nearly half of suspects were between 18 and 34 years old (n=956; 49.2%). A little less than one-fifth of suspects did not have an age recorded by law enforcement (n=350; 18.0%).

Approximately 4 out of 10 suspects reported to the FBI by Alaska law enforcement were White (n=829; 42.7%). The second largest group was American Indian or Alaska Native (n=430; 22.1%), followed by Black or African American (n=211; 10.9%). Less than five percent of suspects were Asian or Pacific Islander (n=79; 4.1%). Suspect race was unknown or unavailable to law enforcement at the time of reporting to the SHR for one-fifth of suspects (n=394; 20.3%).

Homicide Suspect–Homicide Victim Relationships

The relationship between homicide suspects and homicide victims is recorded in the SHR. Specifically, the SHR records the relationship of the first victim identified by law enforcement in the SHR to every suspect in a homicide incident¹⁶. In multiple victim homicide incidents, additional suspect–victim relationships beyond the first victim are not recorded¹⁷. Table 7 presents suspect–victim relationships between each identified suspect and the first identified victim in each homicide incident. This analysis organizes suspect–victim relationships into five categories: intimate partner, family member, friend or acquaintance, stranger, and relation not reported.

Six out of ten suspects knew their victim (n=1,189; 61.2%): 13.0 percent (n=252) were intimate partners, 11.4 percent (n=222) were family members, and 36.8 percent were friends or acquaintances (n=715). The suspect was a stranger to the victim less than one-fifth of the time (n=333; 17.1%). The relationship between homicide suspects and homicide victims was either undetermined or not recorded by law enforcement in one-fifth of all instances (n=421; 21.7%).

¹⁵ See Appendix Figure A 1 for a visual representation of all suspects by age between 1976 and 2016.

¹⁶ There are known limitations to this SHR's ability to analyze the relationship of suspects and victims. See (Fox, 2004; Loftin, 1986; Pampel & Williams, 2000; Shai, 2010).

¹⁷ In the Alaska SHR homicide data, 109 out of 1,709 (6.4%) incidents involved multiple victims.

Table 7. The number of Alaska homicide suspects by their relationship to the first identified victim^b as reported to the SHR by Alaska law enforcement agencies: 1976-2016 (n=1,943)

	NUMBER	PERCENTAGE ^c
Intimate Partner		
Wife	87	4.5
Girlfriend	72	3.7
Boyfriend	34	1.8
Husband	32	1.7
Common-law husband	8	0.4
Ex-husband	6	0.3
Ex-wife	6	0.3
Common-law wife	4	0.2
Homosexual relationship	3	0.2
Family Member		
Other family	43	2.2
Brother	40	2.1
Son	38	2.0
Daughter	33	1.7
Father	26	1.3
Mother	15	0.8
In-law	7	0.4
Sister	7	0.4
Stepfather	6	0.3
Stepmother	3	0.2
Stepson	2	0.1
Stepdaughter	2	0.1
Friend or Acquaintance		
Acquaintance	476	24.5
Friend	126	6.5
Other – known to victim	80	4.1
Neighbor	24	1.2
Employer	7	0.4
Employee	2	0.1
Stranger	333	17.1
Relation not reported	421	21.7

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Relationships are coded for the first homicide victim identified by law enforcement agencies to every suspect.
- c. Columns may not total to 100.0 percent due to rounding error

Demographic Characteristics of Homicide Victims

Table 8 presents the frequency distributions for victim sex, victim age, and victim race. In all incidents of homicide reported to the FBI by Alaska law enforcement agencies between 1976 and 2016 there were 1,856 victims.

Table 8. Demographic characteristics of Alaska homicide victims reported to the SHR by Alaska law enforcement agencies: 1976-2016 (n=1,856)

	NUMBER	PERCENTAGE ^b
Sex/gender		
Female	540	29.1
Male	1,314	70.8
Unknown	2	0.1
Age group		
0 to 17 years	227	12.2
18 to 24 years	359	19.3
25 to 34 years	474	25.5
35 to 44 years	384	20.7
45 to 54 years	231	12.5
55 to 64 years	86	4.6
65 years and older	65	3.5
Unknown	30	1.6
Race/ethnicity		
White	974	52.5
American Indian or Alaska Native	546	29.4
Black or African American	184	9.9
Asian or Pacific Islander	86	4.6
Unknown	66	3.6

NOTES

a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016

b. Total may not sum to 100.0% due to rounding error.

A majority of Alaska homicide victims were male (n=1,314; 70.8%). The remaining victims were female (n=540; 29.1%) with very few victims without a recorded sex (n=2; 0.1%).

More than three quarters of Alaska homicide victims were adults (n=1,599; 86.2%), and just over ten percent were juveniles (n=227; 12.2%). Among homicide victims whose age was reported by law enforcement (1,826 victims), the average age was 32.6 years old¹⁸. The youngest homicide victim was

¹⁸ See Appendix Figure A 2 for a visual representation of all victims by age between 1976 and 2016.

a newborn less than 6 days old¹⁹; the oldest homicide victim was 85 years old. Less than two percent of victims were recorded as an unknown age by Alaska law enforcement agencies at the time of reporting to the SHR (n=30; 1.6%).

More than half of the homicide victims in Alaska were White (n=974; 52.5%). Nearly a third of victims were American Indian or Alaska Native (n=546; 29.4%). Approximately 10 percent were Black or African American (n=184; 9.9%). Less than five percent were identified as Asian or Pacific Islander (n=86; 4.6%). Even fewer victims had their race either undetermined or not reported by law enforcement (n=66; 3.6%).

Summary: Homicide Suspects and Victims

In this section of the report, data were presented describing the demographic characteristics of homicide victims, as well as the documented relationships between homicide suspects and homicide victims. The key findings for Alaska homicide suspects and victims are presented below:

- Males made up a majority of Alaska homicide suspects (72.2%) and victims (70.8%).
- Six out of 10 Alaska homicide suspects knew their victims (61.2%).
- The average age of a suspect (30.2 years old) was slightly lower than the average age of a victim (32.6 years old).
- More suspects were reported with unknown demographics by law enforcement compared to victims.
- 42% of suspects were White, 22% American Indian or Alaska Native, 11% Black or African American, and 4% Asian or Pacific Islander.
- 52% of victims were White, 29% American Indian or Alaska Native, 10% Black or African American, and 4% were Asian or Pacific Islander.

¹⁹ The SHR reports "NB" for newborns less than six days old and "BB" for infants 7 to 364 days old. There were 2 victims classified as NB (0.1%) and 35 victims as BB (1.9%). For analysis NB and BB were recoded to one year old.



PART THREE
HOMICIDE INCIDENT CHARACTERISTICS, BY VICTIM RACE AND SEX



PART THREE

HOMICIDE INCIDENT CHARACTERISTICS, BY VICTIM RACE AND SEX

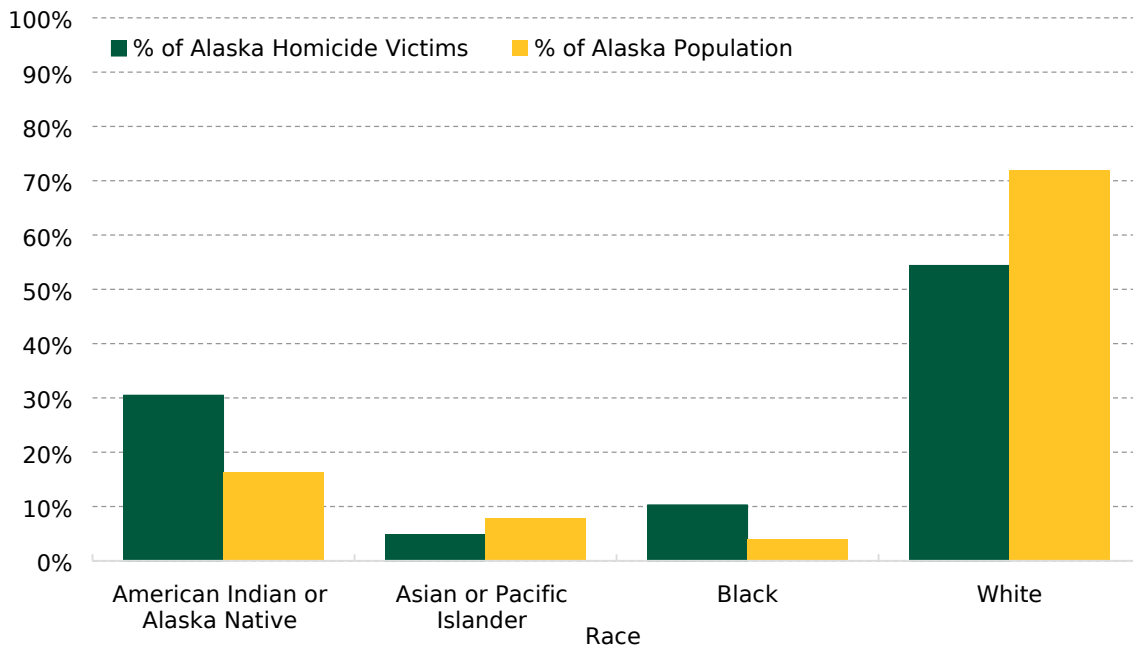
Race and Gender Differences in Homicide Victimization

In this section Alaska homicide data are presented alongside Alaska population data obtained from the Alaska Department of Labor and Workforce Development Statistics publication Alaska Population Overview 2016 Estimates Report²⁰. The objective in presenting both Alaska homicide and population data is to explore the extent to which certain groups suffer homicide disproportionately. Figure 2 compares the racial group composition of Alaska homicides with the racial group composition of the Alaska population. Figure 3 compares the sex composition of Alaska homicides with the sex composition of the Alaska population. Finally, Figure 4 combines the data shown in Figure 2 and Figure 3 to compare the race-sex composition of Alaska homicides with the race-sex composition of the Alaska population. (Note: it is important to note that while the Alaska homicide data span 1976-2016, the Alaska population data used in this report only spans 2012 to 2016. Annual estimations of Alaska's population by race, sex, and race-sex are calculated based on a five-year average of residents who selected only a single race category alone²¹. To the extent that Alaska's race, sex, and race-sex group compositions differed from those captured between 2012 and 2016, the disparities depicted in Figure 2 through Figure 4 may be under- or over-estimated.)

²⁰ To read full report see <http://live.laborstats.alaska.gov/pop/estimates/pub/16popover.pdf>. This report compiled the following tables: Table 1.17 (p28), Table 1.19 (p30), Table 1.21 (p32), Table 1.23 (p34), and Table 1.25 (p36).

²¹ Approximately 7 percent of Alaska residents classified themselves as "Two or more races". These residents are excluded from percent calculations. Race groups are defined as a "race alone", not "race in combination with other races".

Figure 2. Percentage of Alaska homicide victims reported to the SHR 1976-2016 by race (n=1,789), compared to the percentage of Alaska population by race according to the 2012-2016 Alaska Department of Labor and Workforce Development estimate (n=683,858)



NOTES

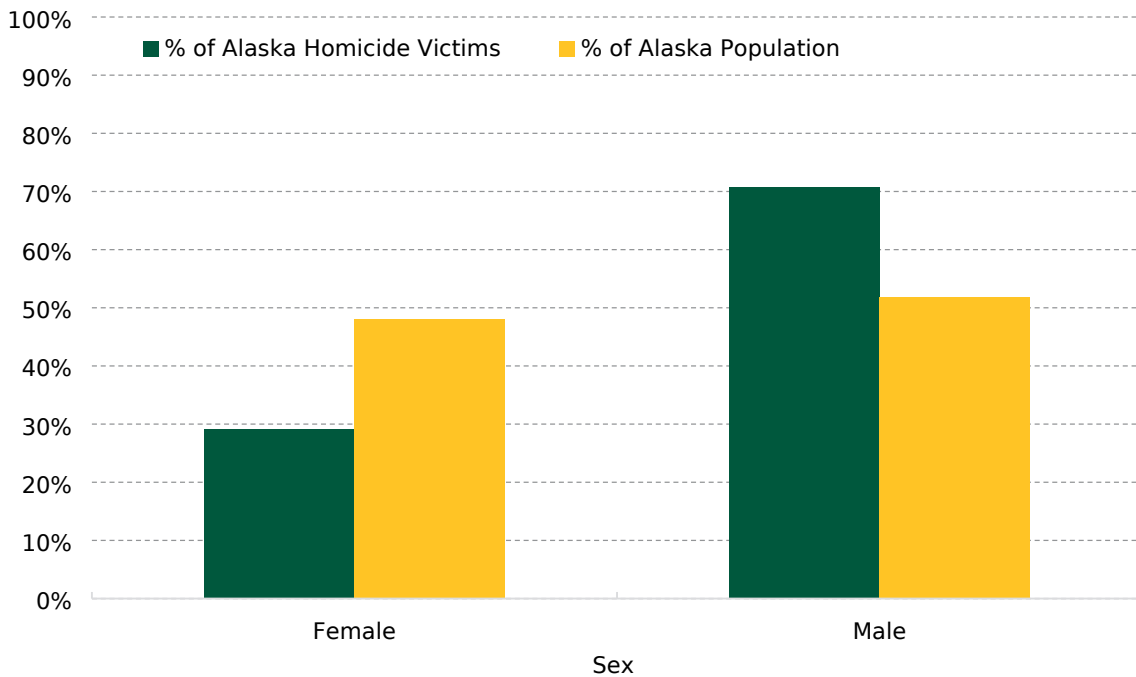
- a. Homicide Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Population Data source: Alaska Department of Labor and Workforce Development Alaska Population Overview 2016 Estimates Report. Percentages are calculated by average population between 2012 and 2016 for Alaska residents selecting only a single race, divided by the total number Alaska residents who selected a single race.

Figure 2 presents the proportion of homicide victims by race in comparison to the proportion of Alaska population by race. Alaska populations by race are estimated based on a five year average between 2012 and 2016 from Alaska Population Overview 2016 Estimates Report, published by the Department of Labor and Workforce Development. The dark green bars denote the percent of total homicide victims from 1976 through 2016 by victim race, and the yellow bars represent the racial group composition of the Alaska population 2012-2016²².

The data presented in Figure 2 show that homicide victimization in Alaska is disproportionately distributed according to race. American Indian or Alaska Native victims and Black or African American victims were over-represented among Alaska’s homicide victims. Nearly one in seven (16.3%) of Alaska’s population identified as American Indian or Alaska Native, yet American Indian or Alaska Native victims comprised 30 percent of all Alaska homicide victims (30.5%). Black or African Americans made up four percent of Alaska’s total population yet were 10 percent of all Alaska homicide victims (10.3%). Conversely, White and Asian or Pacific Islander victims were under-represented among Alaska’s homicide victims.

²² See Appendix Table A 2 for population counts and homicide counts used in Figure 2.

Figure 3. Percentage of Alaska homicide victims reported to the SHR 1976-2016 by sex (n=1,789), compared to the percentage of Alaska population by sex according to the 2012-2016 Alaska Department of Labor and Workforce Development estimate (n=683,858)



NOTES

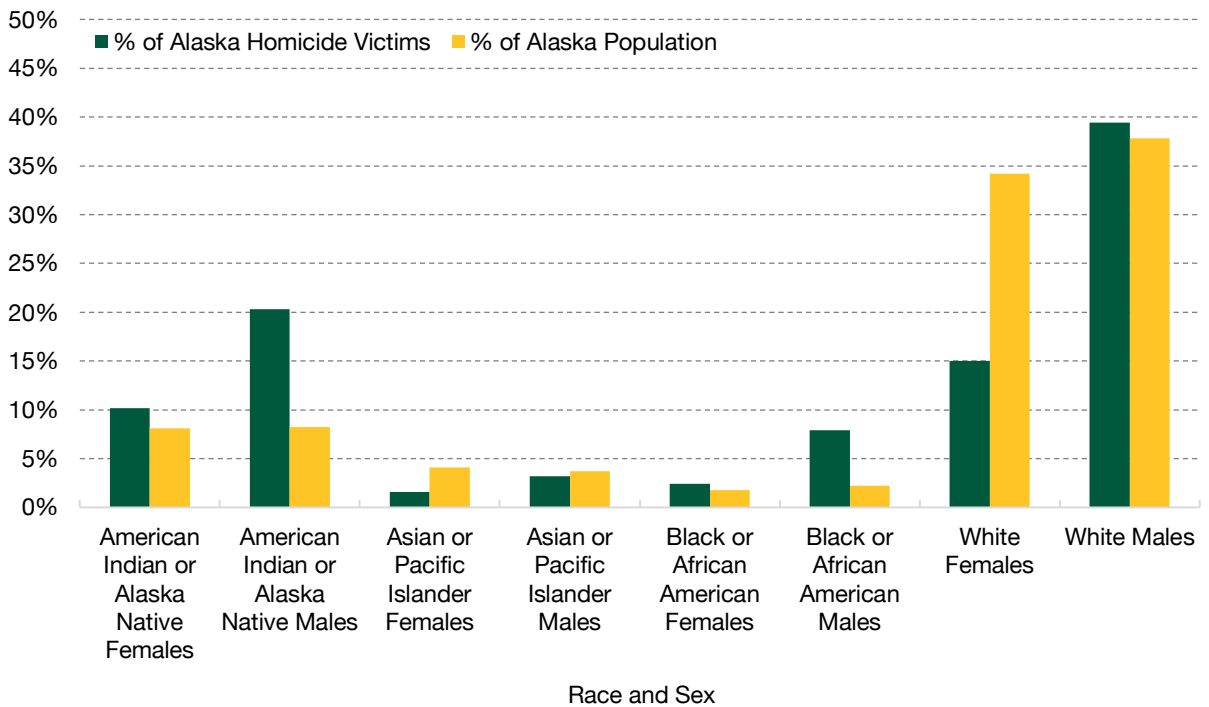
- a. Homicide Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Population Data source: Alaska Department of Labor and Workforce Development Alaska Population Overview 2016 Estimates Report. Percentages are calculated by average population between 2012 and 2016 for Alaska residents selecting only a single race, divided by the total number Alaska residents who selected a single race.

Figure 3 presents the proportion of homicide victims by sex in comparison to the proportion of Alaska population by sex. Alaska populations by race are estimated based on a five-year average between 2012 and 2016 from Alaska Population Overview 2016 Estimates Report, published by the Department of Labor and Workforce Development. The dark green bars denote the percent of total homicide victims from 1976 through 2016 by victim sex, and the brighter yellow bars represent the percentage each sex makes up in the total Alaska population 2012-2016²³.

The data presented in Figure 3 show that homicide victimization in Alaska is disproportionately distributed according to sex. Male victims are over-represented among Alaska’s homicide victims. Approximately 50 percent of Alaska’s population is male (51.9%), yet male victims make up 70.8 percent of homicide victims. Conversely, female victims are under-represented compared to the population. While an estimated 48% of Alaska’s population is female, less than one-third of homicide victims were female (29.2%).

²³ See appendix Table A 3 for population counts and homicide counts used in Figure 3.

Figure 4. Percentage of Alaska homicide victims reported to the SHR 1976-2016 by race and sex (n=1,789), compared to the percentage of Alaska population by race and sex according to the 2012-2016 Alaska Department of Labor and Workforce Development estimate (n=683,858)



NOTES

- a. Homicide Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Population Data source: Alaska Department of Labor and Workforce Development Alaska Population Overview 2016 Estimates Report. Percentages are calculated by average population between 2012 and 2016 for Alaska residents selecting only a single race, divided by the total number Alaska residents who selected a single race.

Figure 4²⁴ compares the race-sex composition of Alaska homicide victims to the race-sex composition of the Alaska population. Five of the eight race-sex groups examined experienced disproportionately high rates of homicide victimization: American Indian or Alaska Native females, American Indian or Alaska Native males, Black or African American males, Black or African American females, and White males. Among these five groups, Black or African males had the highest level of disproportionality (7.9% of victims, 2.2% of population), followed by American Indian or Alaska Native males (20.3% of victims, 8.2% of population), Black or African American females (2.4% of victims, 1.8% of population), American Indian or Alaska Native females (10.2% of victims, 8.1% of population), and finally White males (39.4% of victims, 37.8% of population).

Data shows that while homicide victimization is, in general, a male phenomenon, it especially impacts American Indian or Alaska Native and Black or African American males. White males are impacted by homicide very close to the proportion to which they are in the population. Two groups of female victims are over-represented in the homicide data compared to their composition in the Alaska population:

²⁴ See appendix Table A 4 for population counts and homicide counts used in Figure 4.

American Indian or Alaska Native women make up 10.2 percent of homicide victims and 8.1 percent of the population; Black or African American female victims make up 2.4 percent of homicides, and 1.8 percent of Alaska's population. White female and Asian or Pacific Islander females are under-represented in Alaska homicide.

Homicide Incident Characteristics, by Victim Race and Sex

In this final section of this report, characteristics of homicide incidents are presented according to the combined sex and race of homicide victims. Homicide incident characteristics (month²⁵, agency, weapon, circumstance, and situation), and suspect characteristics (demographics, relationship to victim) are documented based on the race-sex group of the victim.

LAW ENFORCEMENT AGENCY

Table 9 presents the percentage of homicide victims reported by each law enforcement agency for each victim race-sex combination²⁶. Alaska law enforcement agencies were organized into three groups: The Alaska State Troopers (AST), the Anchorage Police Department (APD), and Other Agencies. Each column represents the total number of homicide victims within each race-sex group. Columns sum 100 percent. A comparison of the proportion of victims reported by each agency can be made by going across the table.

Results suggest an impact by the victim race but not victim sex, or victim race-sex. Homicides including American Indian or Alaska Native victims were most often reported to the FBI by the AST. In contrast, majorities of homicides involving Asian or Pacific Islander and Black or African American victims were to the FBI by APD. Homicides involving White victims were equally likely to be reported to the FBI by AST and APD. Importantly, within each racial group there were no substantial female-male differences with respect to the agency that investigated/reported homicides to the FBI.

WEAPON

Table 10 presents the percentage of homicide victims killed with firearms, knives or other cutting instruments, other weapons, and unknown weapon for each race-sex group²⁷. These analyses reveal substantial variation across race, sex, and race-sex groups with respect to the weapon used in Alaska homicides. For example, while firearms were the most common homicide weapon overall, American Indian or Alaska Native female victims were less likely than any of the other race-sex groups to be killed with a firearm (36.3%). In fact, American Indian or Alaska Native female homicide victims were noticeably less likely than their American Indian or Alaska Native male counterparts to be killed with a firearm (36.3% vs. 49.5%, respectively). Furthermore, American Indian or Alaska Native homicide victims – both female and male – were less likely to be killed with a firearm than Asian or Pacific Islander, Black or African American, and White homicide victims. Finally, the data also show that within every racial group, males were more likely than females to be killed with a firearm.

²⁵ Analysis revealed that the race and sex of the victim did not have an impact on the pattern of monthly victims. Data for the monthly count of victims by race and sex can be found in Appendix Table A 5 and Table A 6.

²⁶ See appendix Table A 7 for the counts of homicide victims by law enforcement agency group.

²⁷ See Appendix Table A 8 for the counts of homicide victims by weapon.

Table 9. The percent of Alaska homicide victims by the Alaska law enforcement agency which reported their killing: 1976-2016 (n=1,789^c), by victim race and victim sex reported to the SHR

REPORTING AGENCY	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE
Alaska State Troopers	46.2	51.4	24.1	10.5	7.0	14.9	43.7	42.6
Anchorage Police Department	25.8	24.2	65.5	70.2	79.1	72.3	42.2	42.0
Other Agencies ^d	28.0	24.5	10.3	19.3	14.0	12.8	14.2	15.5

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Columns may not add up to 100.0 percent due to rounding error
- c. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- d. Other Agencies includes: Bethel PD, Bristol Bay Borough PD, Cordova PD, Craig PD, Dillingham PD, Fairbanks PD, Haines PD, Homer PD, Juneau PD, Kenai PD, Ketchikan PD, Kodiak PD, Kotzebue PD, Nenana PD, Nome PD, North Slope Borough PD, Palmer PD, Petersburg PD, Seward PD, Sitka PD, Skagway PD, Soldotna PD, St. Paul PD, Unalaska PD, University of Alaska Fairbanks PD, Valdez PD, Wasilla PD, and Wrangell PD.

Similarly complex patterns were observed for other homicide weapons. For example, American Indian or Alaska Native male and female victims were more likely than any other race-sex group to be killed with a knife or cutting instrument, with American Indian or Alaska Native males more likely to be killed with a knife or other cutting instrument than American Indian or Alaska Native females. In contrast, White males (12.6%) and White females (11.6%) were equally likely to be killed with a knife or other cutting instrument. Among Asian or Pacific Islander homicide victims, females (17.2%) were more likely to be killed with a knife or other cutting instrument than males (5.3%), while the opposite was true for Black or African American victims.

In general, female homicide victims were more likely than male homicide victims to be killed with a weapon other than a firearm or knife/cutting instrument, but this pattern did not hold for Asian or Pacific Islander victims. Among Black or African American homicide victims, females were more likely to be

killed by such means (25.6%). Overall, American Indian or Alaska Native female homicide victims were most likely to be killed by weapons other than firearms or cutting instruments (34.1%). American Indian or Alaska Native female victims were also most likely to be killed by unknown means/weapons (11.0%).

In sum, the data presented in Table 10 demonstrate both the independent effects of race and sex on homicide weapon use, as well as the interaction effects between these two variables. All three impacted homicide weapon use: (1) victim race, (2) victim sex, and (3) victim race and sex combined.

Table 10. The percent of Alaska homicide victims by the weapon used in their killing: 1976-2016 (n=1,789^b), by victim race and victim sex reported to the SHR

WEAPON GROUPS ^d	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	%	%	%	%	%	%	%	%
Firearms	36.3	49.5	62.1	66.7	62.8	78.0	54.9	70.4
Knife	18.7	23.4	17.2	5.3	7.0	10.6	11.6	12.6
All other weapons	34.1	21.7	13.8	24.6	25.6	8.5	24.3	11.2
Unknown	11.0	5.5	6.9	3.5	4.7	2.8	9.3	5.8

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Columns may not sum to 100.0 percent due to rounding error
- d. Weapon Group definitions: Firearms contains Firearm, type not stated, Handgun – pistol, revolver, etc, Rifle, Shotgun and Other gun; Knife was categorized as Knife or cutting instrument; All other weapons contains Blunt Object – hammer, club, etc., Personal weapons, includes beating, Poison – does not include gas, Pushed or thrown out window, Explosives, Fire, Narcotics or drugs, sleeping pills, Drowning, Strangulation – hanging, Asphyxiation – includes death by gas.

CIRCUMSTANCE

Table 11 presents the percentage of homicide victims killed based on the circumstances surrounding their homicide for each victim race-sex combination²⁸. Circumstances were organized into five groups: Interpersonal Conflict, Crime-related²⁹, Other, Negligence, and Unknown.

The data presented reveal primarily sex-based differences. In general, male homicide victims were more likely to be killed in circumstances involving Interpersonal Conflict and Crime than female homicide victims. Conversely, female homicide victims were more likely than males to be killed in Other circumstances. Two notable exceptions to these overall patterns did emerge, however, suggesting some specific race-sex interactions. American Indian or Alaska Native males were less likely to be killed in circumstances that included crime than all other male and nearly all female victim groups. Conversely, American Indian or Alaska Native males were not only more likely to be killed in circumstances involving interpersonal conflict than American Indian or Alaska Native females, they were more likely to be murdered in such circumstances than every other race-sex group – by a substantial margin.

While the findings discussed in the preceding paragraph are suggestive, the limitations of the SHR data presented in Table 11 are also apparent. Approximately 1 out of 5 homicide victims of every race-sex group were reported by law enforcement as having an unknown circumstance at the time of reporting to the SHR. Consequently, caution must be applied when drawing conclusions about the contexts in which Alaska homicides occur and the extent to which they vary according to race-sex group³⁰.

²⁸ See Appendix Table A 9 for the counts of homicide victims by circumstance.

²⁹ Crime-related circumstances include circumstances that were previously categorized as Instrumental Felonies, Property Felonies, Drugs, Gangs, Other Felonies, and Reverse Felonies.

³⁰ For reading on the interpretation of circumstance in the SHR, see Loftin 1986 and Maxfield 1989.

Table 11. The percent of Alaska homicide victims by the circumstance surrounding their killing: 1976-2016 (n=1,789^b), by victim race and victim sex when the race and sex of the victim was known and reported to the SHR

CIRCUMSTANCE GROUP ^d	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	%	%	%	%	%	%	%	%
Interpersonal conflict	33.0	45.3	31.0	21.1	25.6	39.0	25.4	33.5
Crime-related	10.4	9.6	13.8	28.1	7.0	21.3	14.2	22.6
Other	26.9	15.4	34.5	21.1	32.6	18.4	32.8	20.6
Negligence	5.5	5.5	6.9	8.8	4.7	4.3	2.2	4.4
Unknown	24.2	24.2	13.8	21.1	30.2	17.0	25.4	19.0

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Columns may not sum to 100.0 percent due to rounding error
- d. Circumstance Group definitions: Interpersonal Conflict contains Other Arguments, Brawl due to influence of Alcohol, Lovers triangle, Argument over money or property, and Child killed by babysitter; Crime-related contains Brawl due to influence of narcotics, Juvenile gang killings, Gangland killings, Motor vehicle theft, Sniper attack, Robbery, Narcotic drug laws; Felon killed by police, Felon killed by private citizen, Burglary, All suspected felony type, Rape, Arson, Larceny, and Other sex offense; Other contains Other, Other – not specified, Institutional killings, Prostitution and commercialized vice, and Gambling; Negligence contains All other manslaughter by negligence, Other negligent handling of gun, Children playing with gun, Victim shot in hunting accident, and Gun-cleaning death – other than self; Unknown contains Circumstances undetermined and Unknown.

SITUATION

Table 12 presents the percentage of homicide victims by situation code for each victim race-sex combination³¹. When it came to homicide situations – that is, the number of victims and the number of suspects involved in homicide incidents – single victim incidents were found to be associated with victim sex, but not victim race, and there were no readily apparent race-sex interactions. With few exceptions, male victims were more likely than female victims to be killed in single victim homicide homicides, while female victims were more likely than male victims to be killed in multiple victim homicides. This latter finding was especially pronounced for Asian or Pacific Islander and Black or African American females. It is important to emphasize, however, that majorities of both female and male homicide victims were killed in single victim homicides, and single victim/single suspect homicides in particular.

³¹ See Appendix Table A 10 for the counts of homicide victims by situation code.

Table 12. The percent of Alaska homicide victims by the homicide situation code reported to the SHR: 1976-2016 (n=1,789^b), by victim race and victim sex

SITUATION CODE	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	%	%	%	%	%	%	%	%
Single Victim Incidents								
Single Victim/ Single Suspect	68.1	69.5	62.1	56.1	53.5	62.4	56.7	61.4
Single Victim/ Multiple Suspects	2.2	7.1	6.9	8.8	4.7	10.6	3.7	10.1
Single Victim/ Unknown Suspect(s)	15.4	12.6	10.3	17.5	11.6	16.3	17.2	17.6
Multiple Victim Incidents								
Multiple Victims/ Single Suspect	12.1	8.2	20.7	12.3	25.6	7.8	15.3	6.8
Multiple Victims/ Multiple Suspects	0.0	0.3	0.0	3.5	0.0	0.7	1.9	1.1
Multiple Victims/ Unknown Suspect(s)	2.2	2.2	0.0	1.8	4.7	2.1	5.2	3.0

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Columns may not sum to 100.0 percent due to rounding error

Homicide Victims by Suspect Characteristics

A key benefit to using the SHR is the ability to connect suspect and victim information for each homicide incident. Table 13 through Table 15 cross-tabulate homicide suspects' and homicide victims' demographic characteristics. Table 13 presents the percentage of victims killed by suspect sex; Table 14 presents the percentage of victims killed by suspect age group; and, Table 15 presents the percentage of victims killed by suspect race. The percentages presented in each column reflect the percentage of victims killed by suspects with each demographic characteristic. The data presented in Table 13 through Table 15 are limited to single-victim, single-suspect homicide incidents in order to eliminate double counting of suspects³². (Note: readers should exercise caution when interpreting the results presented in Tables 13-15 due to the frequency with which homicide suspect demographic information was unknown when the data were submitted to the FBI by Alaska law enforcement agencies, and the limitation of single-victim single-suspect incidents.)

SUSPECT SEX BY VICTIM RACE AND SEX

Table 13 presents the percentage of victims³³ killed by female suspects, male suspects, and suspects of unknown sex³⁴. The data show that a majority of Alaska homicide victims (between two-thirds and three-quarters) were killed by male suspects, with little variation according to victim race, victim sex, or victim race-sex combination. Overall, female homicide victims of all races were only slightly more likely than males to be killed by male suspects.

Table 13. The percent of Alaska homicide victims by suspect sex/gender characteristics reported to the SHR: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides

SUSPECT SEX/GENDER	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	%	%	%	%	%	%	%	%
Female	8.6	16.4	4.8	7.1	10.7	9.0	3.0	12.2
Male	73.0	68.2	81.0	69.1	71.4	70.3	73.7	65.5
Unknown	18.4	15.4	14.3	23.8	17.9	20.7	23.2	22.3

NOTES

- Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- 1,408 homicide victims had a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.
- Columns may not sum to 100.0 percent due to rounding error

³² 1,408 out of the 1,789 victims with a known race and sex in this dataset are assessed in Table 13 through Table 15. Although not reported here, an identical analysis was conducted using all victims with a known race and sex (n=1,789) and results were nearly identical.

³³ Only includes victims involved in homicide incidents with a single victim and a single suspect.

³⁴ See Appendix Table A 11 for the counts of homicide victims by sex/gender of the suspect.

SUSPECT AGE BY VICTIM RACE AND SEX

Table 14 presents the percentage of victims³⁵ killed by suspects in each of eight age groups: Less than 18 years, 18 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years, 55 to 64 years, 65 years and older, and Unknown, for each victim race-sex combination³⁶. Results show that juvenile homicide suspects were rarely observed in the data: homicide perpetration in Alaska is almost exclusively an adult phenomenon. Moreover, a majority of homicides are committed by adults between the ages of 18 and 44 for every victim race, sex, and race-sex grouping. Overall, African American victims (both sexes) tended to be killed by suspects between 18 and 44 years of age (approximately 70%) more frequently than homicide victims of other racial groups. The average age of suspects³⁷ was slightly higher when the victim was female compared to when the victim was male for all race groups. The average age of suspects was the highest when there was an Asian or Pacific Islander victim (average=39.4), followed by White female victim (average=34.5), Asian or Pacific Islander male victim (average=32.8), White male victim (average=32.1), American Indian or Alaska Native female victim (average=32.0), Black or African American female victim (average=29.7), American Indian or Alaska Native male victim (average=29.0), and the youngest suspects were identified in homicides with a Black or African American male victim (average=27.2). Combining victim race groups, suspects were generally older for Asian or Pacific Islander victims and White victims, and younger for Black or African American and American Indian or Alaska Native victims. The likelihood that homicide suspects were 45 years of age or older was much lower than the likelihood that homicide suspects were between 18 and 44 years of age, but more likely than being a juvenile.

³⁵ Only includes victims involved in homicide incidents with a single victim and a single suspect.

³⁶ See Appendix Table A 12 for the counts of homicide victims by the age group of the suspect.

³⁷ Only includes suspects involved in homicide incidents with a single victim and single suspect. Data not shown.

Table 14. The percent of Alaska homicide victims by suspect age group reported to the SHR: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides

SUSPECT AGE GROUP	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	%	%	%	%	%	%	%	%
Less than 18 years	2.6	8.4	0.0	11.9	3.6	7.2	6.1	5.8
18 to 24 years	22.4	28.1	9.5	9.5	21.4	31.5	15.7	18.1
25 to 34 years	27.0	25.8	28.6	21.4	39.3	24.3	19.7	26.6
35 to 44 years	15.8	12.4	14.3	19.1	14.3	11.7	16.7	13.5
45 to 54 years	9.9	6.0	19.1	7.1	0.0	3.6	12.6	8.3
55 to 64 years	4.0	3.0	9.5	4.8	3.6	0.9	3.5	2.9
65 years and older	0.0	0.3	4.8	2.4	0.0	0.0	2.0	1.6
Unknown	18.4	16.1	14.3	23.8	17.9	20.7	23.7	23.3

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,408 homicide victims had a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.
- c. Columns may not sum to 100.0 percent due to rounding error

SUSPECT RACE BY VICTIM RACE AND SEX

Table 15 presents the percentage of victims³⁸ killed according to the race of the suspect³⁹. For all victim race-sex groups the suspect was most likely to match the race of the victim. Approximately 60 percent of American Indian or Alaska Native female (62.2%) and male (58.6%) victims were involved in a homicide committed by an American or Alaska Native suspect. Nearly half of Asian or Pacific Islander female (52.4%) and male (47.6%) victims were killed by a suspect who was also Asian or Pacific Islander. Three-quarters of Black or African American female victims were killed by a Black or African American suspect (75.0%). Black or African American male victims were killed by a Black or African American suspect approximately half of the time (49.6%). And, approximately 60 percent of White female victims (66.2%) and male victims (57.8%) were killed by a suspect who was also White. The largest victim within-race sex difference was for Black or African American victims – African American females were much more likely than African American males to be killed by an African American suspect. The smallest within-race sex difference was for American Indian or Alaska Native victims, with American Indian or Alaska Native males slightly more likely than American Indian or Alaska Native females to be killed by an American Indian or Alaska Native suspect.

Approximately 4 out of 10 victims were not killed by a suspect of the same race. When a victim was killed by a suspect who was not the same race, the race of the suspect was most likely White. Finally, the race of the suspect was unknown to law enforcement for approximately 20 percent of homicide victims. The largest proportion of white female victims were reported as being killed by a suspect of an unknown race across race-sex groups (24.2%).

³⁸ Only includes victims involved in homicide incidents with a single victim and a single suspect.

³⁹ See Appendix Table A 13 for the counts of homicide victims by the race/ethnicity of the suspect.

Table 15. The percent of Alaska homicide victims by suspect race/ethnicity characteristics reported to the SHR: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides

SUSPECT RACE/ ETHNICITY	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	%	%	%	%	%	%	%	%
American Indian or Alaska Native	58.6	62.2	4.8	2.4	3.6	4.5	4.0	9.0
Asian or Pacific Islander	1.3	0.3	52.4	47.6	0.0	3.6	0.0	2.2
Black or African American	2.6	2.7	9.5	4.8	75.0	49.6	5.6	7.7
White	18.4	18.4	19.1	21.4	3.6	21.6	66.2	57.8
Unknown	19.1	16.4	14.3	23.8	17.9	20.7	24.2	23.3

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,408 homicide victims had a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.
- c. Columns may not sum to 100.0 percent due to rounding error

SUSPECT–VICTIM RELATIONSHIPS, BY VICTIM RACE AND SEX

Table 16 presents the percentage of victims⁴⁰ killed according to suspects' relationships to victims⁴¹. The data presented in Table 16 suggest that a majority of Alaska homicides were committed by suspects known to victims; homicides committed by strangers were rarely observed in the data. The data also reveal that the types of relationships between homicide suspects and victims varied according to victim race, victim sex, and victim race-sex.

Higher percentages of American Indian or Alaska Native and Asian or Pacific Islander victims were killed by intimate partners than Black or African American and White homicide victims. American Indian or Alaska Native homicide victims were much more likely than homicide victims of other races to be killed by a family member. American Indian or Alaska Native victims were in general less likely than members of other racial groups to be killed by a stranger.

The data presented in Table 16 also reveal important sex-based differences as well – differences that transcend race. For example, female homicide victims were much more likely than male homicide victims to be killed by a current or former intimate partner or spouse, irrespective of victim race. In fact, without exception, female homicide victims of every racial group were more likely to be killed by a current or former intimate partner or spouse than a family member, friend/acquaintance, or stranger. Conversely, and again without exception, male homicide victims of every racial group were most often killed by a friend or acquaintance.

Finally, the data show some differences according to both victim race and victim sex. For example, Asian or Pacific Islander female victims were more likely than homicide victims in every other race-sex group to be killed by an intimate partner, American Indian or Alaska Native males were more likely to be killed by a family member, and Black or African American females were least likely to be killed by a stranger.

⁴⁰ Only includes victims involved in homicide incidents with a single victim and a single suspect.

⁴¹ See Appendix Table A 14 for the counts of homicide victims by the relationship the suspect had to the victim.

Table 16. The percent of Alaska homicide victims by suspect relationship to the victim^b: 1976-2016 (n=1,408^c), by victim race and victim sex in single victim/single suspect homicides

SUSPECT RELATIONSHIP ^e	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^d							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	%	%	%	%	%	%	%	%
Intimate Partner	40.1	8.7	52.4	2.4	35.7	6.3	37.9	7.7
Family Member	14.5	19.7	4.8	11.9	14.3	5.4	9.6	8.6
Friend or Acquaintance	21.7	42.5	23.8	38.1	25.0	46.0	19.7	43.6
Stranger	2.6	8.7	4.8	21.4	0.0	14.4	8.6	13.5
Unknown	21.1	20.4	14.3	26.2	25.0	27.9	24.2	26.6

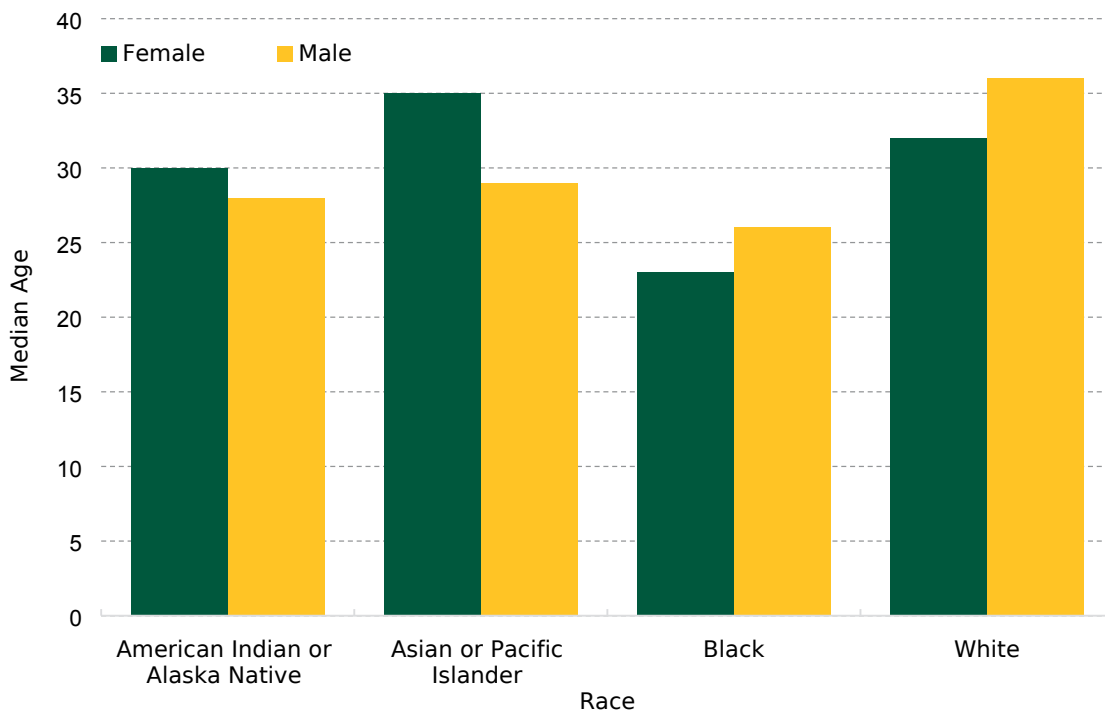
NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Relationship to the first victim
- c. 1,408 homicide victims had a known race and known sex when in one victim / one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.
- d. Columns may not sum to 100.0 percent due to rounding error
- e. Relationship Group Definitions: Intimate Partner included Wife, Girlfriend, Boyfriend, Husband, Common-law husband, Ex-husband, Common-law wife, and Homosexual relationship; Family Member included Other family, Brother, Son, Daughter, Father, Mother, In-law, Sister, Stepfather, Stepson, and Stepdaughter; Friend or Acquaintance included Acquaintance, Friend, Other- known to victim, Neighbor, Employee, and Employer; Stranger included Stranger; Relation not determined included Missing and Relationship not determined.

VICTIM AGE, BY VICTIM RACE AND SEX

Figure 5 presents the median victim age for each of the eight race-sex groups examined. For each racial group, green bars depict the median age for female victims and yellow bars depict the median age for male victims. Overall, the median age of Black or African American female victims (23 years) and Black or African American male victims (26 years) was lower than those for other racial groups. White males had the highest median age of any race-sex group (36 years).

Figure 5. The median age of female and male Alaska homicide victims reported to the SHR: 1976-2016, by homicide victim race and sex (n=1,789) when the race and sex of the victim was known



NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims

The age gap between the race-sex group with the lowest median age (black females) and the race-sex group with the highest median age (white males) is substantial: 13 years. The widest within-race age gap between males and females (6 years) was for Asian or Pacific Islander homicide victims (males younger than females). The narrowest within-race age gap between males and females (2 years) was for American Indian or Alaska Native homicide victims (males younger than females).

Summary: Victims by Race & Sex

In this third section of the report, Alaska homicide data for the period 1976-2016 were presented according to two victim characteristics: victim race and victim sex. This approach provided a framework with which to compare patterns of homicide victimization across racial groups (e.g., American Indian or Alaska Native vs. White), between sexes within racial groups (e.g., White males vs. White females), and between each of eight race-sex groups (e.g., Black or African American females vs. American Indian or Alaska Native females). Within this framework, data were presented on: homicide incident characteristics, homicide suspect demographics, the relationships between homicide suspects and homicide victims, and finally the demographic characteristics of homicide victims. The key findings of these descriptive analyses are presented below:

- A comparison of the composition of Alaska homicide victims and the Alaska population revealed that Black male homicide victims were the most over-represented homicide victim race-sex group.
- Male homicide victims were over-represented in Alaska homicide compared to their population, and American Indian or Alaska Native female victims and Black or African American female victims were over-represented.
- American Indian or Alaska Native male and female homicide victims were more likely to be reported by law enforcement agencies other than the APD⁴².
- Comparing weapon use across race-sex groups showed that male victims were killed more often by firearms than female victims, unless the victim was Asian or Pacific Islander.
- Firearms killed the smallest proportion of male and female American Indian or Alaska Native homicide victims; Black or African American male victims were killed the most often of all race-sex groups by a firearm.
- Comparing the circumstances by victim race and sex showed that male victims were reported more often as being killed during interpersonal conflict and crime-related homicides than female victims.
- The preponderance of homicide victims was killed by a suspect who was the same race for all victim racial groups with little variation by sex.
- The proportion of female victims killed by an intimate partner was approximately five times larger than the proportion of male victims across all victim racial groups.
- Conversely, the proportion of male homicide victims killed by a stranger was twice as large as the proportion of female victims across all victim racial groups.
- American Indian or Alaska Native male and female victims were killed more often by a family member than other victim racial groups.

⁴² See Table 2 for full list of Alaska law enforcement agencies within Other Agencies group.

American Indian or Alaska Native Female Victims

At the beginning of this report we presented the problem of data on Missing and Murdered Indigenous Women and girls (MMIWG) and aimed to provide preliminary analyses of homicide incidents in which American Indian or Alaska Native women and girls were victims using data from the SHR. Presenting a foundation in homicide characteristics for all eight race–sex victim groups, we have compiled characteristics of homicides involving American Indian or Alaska Native female victims in Alaska between 1976 and 2016.

First, this report revealed that American Indian or Alaska Native females were over-represented among homicides compared to their population in the state. American Indian or Alaska Native females make up 10.2 percent of Alaska homicide victims, but only 8.1 percent of Alaska’s total population – a 25 percent larger proportion of victims compared to population. In context, Black or African American females were the only other female victim group to be over-represented in Alaska homicide: they made up 2.4 percent of homicide victims, and 1.8 percent of the population – a 33 percent larger proportion of victims compared to population. Contrast this with White female victims, who made up 15.0 percent of victims and 34.2 percent of the population – a 56 percent smaller proportion of victims compared to the population.

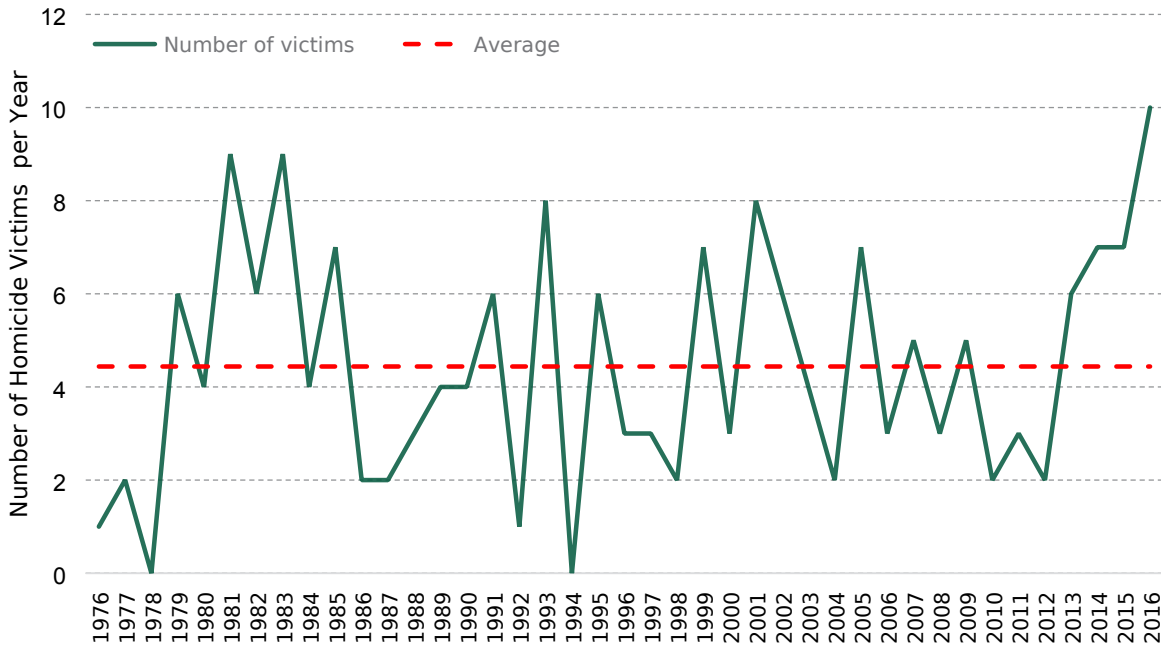
Second, the analysis of homicide victim race and sex revealed a homicide characteristic found specifically for American Indian or Alaska Native female victims: the weapons used in their killing. American Indian or Alaska Native female victims were the least likely of all victim race-sex groups to be killed with a firearm (36.3%). American Indian or Alaska Native females were killed with a weapon classified as all other weapons more often than any other victim race-sex group (34.1%)⁴³. American Indian or Alaska Native women were killed by a knife or cutting instrument (18.7%) more than almost any other victim race-sex group, only reporting a smaller proportion than American Indian or Alaska Native male victims. Finally, the largest proportion of American Indian or Alaska Native female victims were killed by a weapon unknown to law enforcement compared to other victim race-sex groups. (Note: a number of homicide characteristics apply to all American Indian or Alaska Native victims, and other characteristics apply to all female victims, but not specifically to American Indian or Alaska Native female victims. Those characteristics by victim race alone and victim sex alone are summarized in the previous section.)

Finally, Figure 6 presents the number of American Indian or Alaska Native female homicide victims reported in the SHR per year⁴⁴. In 2016, the most recent year included in the study, more American Indian or Alaska Native women were reported as victims of homicide than any other year in the study.

⁴³ See Table 10 for a full list of weapons included in All other weapons

⁴⁴ See Appendix Table A 15 for counts.

Figure 6. The number of American Indian or Alaska Native female homicide victims reported to the SHR by Alaska law enforcement agencies: 1976-2016 (n=182), by year



NOTES

a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016

SUMMARY AND CONCLUSIONS

The purpose of this report was to provide a foundation of knowledge on the characteristics of homicide in Alaska, especially as it pertained to the murder of indigenous women and girls. This was a response to the MMIWG crisis in the United States, along with the recent increases in violent crime in Alaska. Although this analysis of homicide using the SHR has its limitations, we hope the analytic ability to connect victims and suspects, and to have a record of the circumstances surrounding the homicide is valuable to the reader. Over the course of this analysis the murder of 1,856 Alaska residents over a period of 41 years has been presented. Many significant findings have emerged as to how victims, based on their race and sex, are murdered in Alaska.

Most homicides were committed with a firearm

Firearms were reported as the method of killing in a majority of Alaska homicides. Black or African American male victims were the most impacted by firearm homicide across all victims – 78% percent killed by a firearm. When men were killed it more was likely to be with a firearm in comparison to women, although specific male-female differences varied by racial group. Notably, victims who were American Indian or Alaska Native were killed with firearms at a lower rate than any other victim race-sex group. American Indian or Alaska Native female victims were the group least likely to be killed by a firearm (36.3%).

Women were at exceptionally high risk of being killed by intimate partners

An alarming finding over the 41 years of the study is that female victims were killed by intimate partners nearly 40 percent of the time. This is far more than the risk of that female victims will be killed by family members (~14%), friends (~20%), or strangers (~6%). Men were far less likely to be killed by an intimate partner (<10%), and they were more likely to be killed by a friend (~40%) or stranger (~13%). The difference between male and female victims was consistent across all racial groups. The study also found that American Indian or Alaska Native victims of both races were more often reported as being killed by a family member (~17%) compared to other victim groups.

American Indian or Alaska Native Female Victims

This report aimed to provide data to policymakers and the public on how American Indian or Alaska Native women were being killed in Alaska. How are the killings of American Indian or Alaska Native women different compared to other Alaska victims? An analysis of 41 years of data found that American Indian or Alaska Native female homicides demonstrate some distinct characteristics, some of which are specific to American Indian or Alaska Native females, some of which pertain to females more generally, and still others that pertain to American Indians and Alaska Natives more generally. To fully understand the murder of American Indian or Alaska Native females, one must understand all of these dimensions. Distinct to their race and sex combined, American Indian or Alaska Native women were killed far less often by a firearm than other victim race-sex groups. Distinct to their sex, they are more killed by intimate partners, and less often killed by strangers, in comparison to male victims. Distinct to their race, they are killed by a family member more often than other racial groups.

Homicide Victimization was Disproportionate

In addition to the details surrounding homicide, this report shows that certain Alaska residents are more impacted by homicide than other Alaskans. Specifically, residents who are American Indian or Alaska Native or Black or African American are killed far more often than would be expected given their overall representation in Alaska's population. Black or African American males were the most disproportionately impacted race-sex group in the study. This report does not speculate why this pattern was observed, but the 41 years of homicide data presented here provides a firm empirical foundation for further research.

We hope that this knowledge of Alaska homicide will serve to inform the public, aid policy makers, and improve criminal justice practitioners in reducing future Alaskan homicides and supporting the communities surrounding homicide victims.

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APPENDIX

Table A1 The number of homicide incidents^b reported to the SHR by Alaska law enforcement agencies:
1976-2016 (n=1,709)

YEAR	NUMBER	PERCENT ^c		YEAR	NUMBER	PERCENT ^c
1976	40	2.3		2001	33	1.9
1977	39	2.3		2002	40	2.3
1978	49	2.9		2003	40	2.3
1979	47	2.8		2004	41	2.4
1980	38	2.2		2005	36	2.1
1981	50	2.9		2006	41	2.4
1982	57	3.3		2007	48	2.8
1983	55	3.2		2008	33	1.9
1984	42	2.5		2009	36	2.1
1985	47	2.8		2010	38	2.2
1986	42	2.5		2011	35	2.1
1987	40	2.3		2012	40	2.3
1988	29	1.7		2013	38	2.2
1989	33	1.9		2014	45	2.6
1990	34	2.0		2015	58	3.4
1991	39	2.3		2016	60	3.5
1992	41	2.4				
1993	49	2.9				
1994	33	1.9				
1995	48	2.8				
1996	35	2.1				
1997	42	2.5				
1998	34	2.0				
1999	50	2.9				
2000	34	2.0				

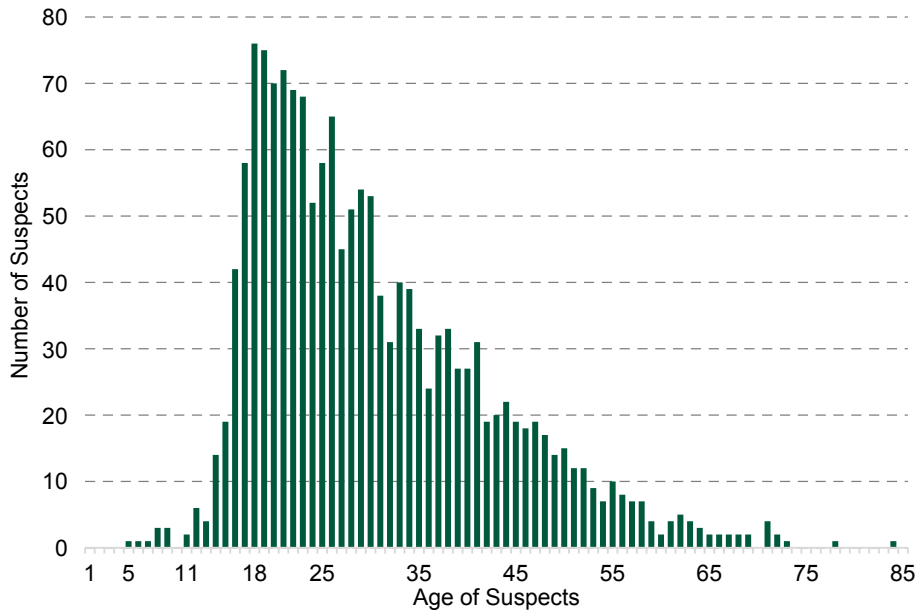
NOTES

a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016

b. A homicide incident refers to the event of criminal homicide including both victims and suspects

c. Percent may not add up to 100.0 due to rounding error

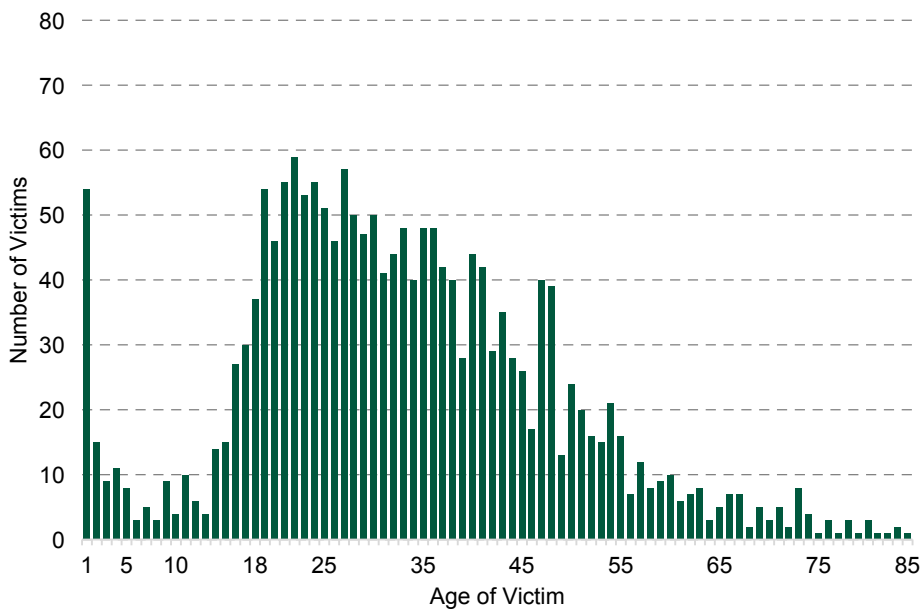
Figure A1. Number of homicide suspects reported to the SHR by Alaska law enforcement agencies with recorded age, 1976-2016, by age (n=1,593)



NOTES

a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016

Figure A2. Number of homicide victims reported to the SHR by Alaska law enforcement agencies with recorded age, 1976-2016, by age (n=1,826)



NOTES

a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016

b. Victims recorded as one year old includes all victims who are less than two years old.

Table A2 Percentage of Alaska homicide victims reported to the SHR 1976-2016 by race (n=1,789), compared to the percentage of Alaska population by race according to the 2012-2016 Alaska Department of Labor and Workforce Development estimate (n=683,858)

RACE	VICTIMS BY RACE (N = 1,789)		POPULATION BY RACE (N = 683,858)	
	NUMBER	PERCENT	NUMBER	PERCENT ^d
American Indian or Alaska Native	546	30.5	111,282	16.3
Asian or Pacific Islander	86	4.8	53,660	7.9
Black or African American	184	10.3	27,029	4.0
White	973	54.4	491,887	71.9
Total	1,789	100.0	683,858 ^c	100.1

NOTES

- a. Homicide Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Population Data source: Alaska Department of Labor and Workforce Development Alaska Population Overview 2016 Estimates Report. Percentages are calculated by average population between 2012 and 2016 for Alaska residents selecting only a single race, divided by the total number Alaska residents who selected a single race.
- c. Total population is the sum of the average race groups
- d. Columns may not sum to 100.0 percent due to rounding error

Table A3 Percentage of Alaska homicide victims reported to the SHR 1976-2016 by sex (n=1,789), compared to the percentage of Alaska population by sex according to the 2012-2016 Alaska Department of Labor and Workforce Development estimate (n=683,858)

SEX	VICTIMS BY SEX (N = 1,789)		POPULATION BY SEX (N = 683,858)	
	NUMBER	PERCENT	NUMBER	PERCENT ^d
Female	522	29.2	329,002	48.1
Male	1,267	70.8	354,856	51.9
Total	1,789	100.0	683,858	100.0

NOTES

- a. Homicide Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Population Data source: Alaska Department of Labor and Workforce Development Alaska Population Overview 2016 Estimates Report. Percentages are calculated by average population between 2012 and 2016 for Alaska residents selecting only a single race, divided by the total number Alaska residents who selected a single race.
- c. Total population is the sum of the average race groups
- d. Columns may not sum to 100.0 percent due to rounding error

Table A4 Percentage of Alaska homicide victims reported to the SHR 1976-2016 by race-sex group (n=1,789), compared to the percentage of Alaska population by race-sex group according to the 2012-2016 Alaska Department of Labor and Workforce Development estimate (n=683,858)

VICTIM RACE & SEX	VICTIMS BY RACE AND SEX (N=1,789)		POPULATION BY RACE AND SEX (N=683,858)	
	NUMBER	PERCENT	NUMBER	PERCENT ^d
American Indian or Alaska Native				
Female	182	10.2	55,154	8.1
Male	364	20.3	56,127	8.2
Asian or Pacific Islander				
Female	29	1.6	28,211	4.1
Male	57	3.2	25,449	3.7
Black or African American				
Female	43	2.4	12,048	1.8
Male	141	7.9	14,981	2.2
White				
Female	268	15.0	233,589	34.2
Male	705	39.4	258,298	37.8
Total	1,789	100.0	683,858 ^c	100.1

NOTES

- a. Homicide Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Population Data source: Alaska Department of Labor and Workforce Development Alaska Population Overview 2016 Estimates Report. Percentages are calculated by average population between 2012 and 2016 for Alaska residents selecting only a single race, divided by the total number Alaska residents who selected a single race.
- c. Total population is the sum of the average race-sex groups
- d. Columns may not sum to 100.0 percent due to rounding error

Table A5 The percent of Alaska homicide victims by month reported to the SHR: 1976-2016 (n=1,789^b), by victim race and victim sex

MONTH	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER ^c							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	%	%	%	%	%	%	%	%
January	8.2	8.2	13.8	3.5	16.3	9.9	6.7	8.1
February	8.8	9.1	10.3	3.5	9.3	6.4	7.8	6.4
March	9.9	6.6	0.0	8.8	7.0	7.8	11.9	9.4
April	8.2	6.0	6.9	5.3	7.0	6.4	8.2	7.1
May	6.0	6.6	13.8	7.0	21.0	10.6	10.1	9.9
June	6.6	8.0	3.5	7.0	4.7	6.4	6.0	5.4
July	6.6	9.9	17.2	10.5	4.7	9.9	6.0	7.1
August	10.4	9.1	3.5	5.3	4.7	10.6	7.8	9.4
September	9.3	9.9	10.3	7.0	11.6	9.2	7.5	8.9
October	8.8	6.3	0.0	7.0	2.3	10.6	9.3	9.2
November	5.5	8.0	10.3	15.8	4.7	6.4	9.3	8.2
December	11.5	9.3	10.3	19.3	7.0	5.7	9.3	10.9

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Columns may not sum to 100.0 percent due to rounding error

Table A6 The number of Alaska homicide victims by month reported to the SHR: 1976-2016 (n=1,789^b), by victim race and victim sex

MONTH	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM	
January	15	30	4	2	7	14	18	57
February	16	33	3	2	4	9	21	45
March	18	35	0	5	3	11	32	66
April	15	22	2	3	3	9	22	50
May	11	24	4	4	9	15	27	70
June	12	29	1	4	2	9	16	38
July	12	36	5	6	2	14	16	50
August	19	33	1	3	2	15	21	66
September	17	36	3	4	5	13	20	63
October	16	23	0	4	1	15	25	65
November	10	29	3	9	2	9	25	58
December	21	34	3	11	3	8	25	77

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.

Table A7 The number of Alaska homicide victims by the Alaska law enforcement agency which reported their killing: 1976-2016 (n=1,789^b), by victim race and victim sex reported to the SHR

REPORTING AGENCY	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
Alaska State Troopers	84	187	7	6	3	21	117	300
Anchorage Police Department	47	88	19	40	34	102	113	296
Other Agencies ^c	51	89	3	11	6	18	38	109

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Other Agencies includes: Bethel PD, Bristol Bay Borough PD, Cordova PD, Craig PD, Dillingham PD, Fairbanks PD, Haines PD, Homer PD, Juneau PD, Kenai PD, Ketchikan PD, Kodiak PD, Kotzebue PD, Nenana PD, Nome PD, North Slope Borough PD, Palmer PD, Petersburg PD, Seward PD, Sitka PD, Skagway PD, Soldotna PD, St. Paul PD, Unalaska PD, University of Alaska Fairbanks PD, Valdez PD, Wasilla PD, and Wrangell PD.

Table A8 The number of Alaska homicide victims by the weapon used in their killing reported to the SHR: 1976-2016 (n=1,789^b), by victim race and victim sex

WEAPON ^c GROUP	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
Firearms	66	180	18	38	27	110	147	496
Knife	34	85	5	3	3	15	31	89
All other weapons	62	79	4	14	11	12	65	79
Unknown	20	20	2	2	2	4	25	41

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Weapon Group definitions: Firearms contains Firearm, type not stated, Handgun – pistol, revolver, etc, Rifle, Shotgun and Other gun; Knife was categorized as Knife or cutting instrument; All other weapons contains Blunt Object – hammer, club, etc., Personal weapons, includes beating, Poison – does not include gas, Pushed or thrown out window, Explosives, Fire, Narcotics or drugs, sleeping pills, Drowning, Strangulation – hanging, Asphyxiation – includes death by gas.

Table A9 The number of Alaska homicide victims by the circumstance surrounding their killing reported the SHR: 1976-2016 (n=1,789^b), by victim race and victim sex when the race and sex of the victim was known

CIRCUMSTANCE ^c GROUP	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
Interpersonal conflict	60	165	9	12	11	55	68	236
Crime-related	19	35	4	16	3	30	38	159
Other	49	56	10	12	14	26	88	145
Negligence	10	20	2	5	2	6	6	31
Unknown	44	88	4	12	13	24	68	134

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.
- c. Circumstance Group definitions: Interpersonal Conflict contains Other Arguments, Brawl due to influence of Alcohol, Lovers triangle, Argument over money or property, and Child killed by babysitter; Crime-related contains Brawl due to influence of narcotics, Juvenile gang killings, Gangland killings, Motor vehicle theft, Sniper attack, Robbery, Narcotic drug laws; Felon killed by police, Felon killed by private citizen, Burglary, All suspected felony type, Rape, Arson, Larceny, and Other sex offense; Other contains Other, Other – not specified, Institutional killings, Prostitution and commercialized vice, and Gambling; Negligence contains All other manslaughter by negligence, Other negligent handling of gun, Children playing with gun, Victim shot in hunting accident, and Gun-cleaning death – other than self; Unknown contains Circumstances undetermined and Unknown.

Table A10 The number of Alaska homicide victims by the situation code reported to the SHR: 1976-2016 (n=1,789^b), by victim race and victim sex

SITUATION	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=182)	MALE (N=364)	FEMALE (N=29)	MALE (N=57)	FEMALE (N=43)	MALE (N=141)	FEMALE (N=268)	MALE (N=705)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM

Single Victim Incidents

Single Victim/ Single Suspect	124	253	18	32	23	88	152	433
Single Victim/ Multiple Suspects	4	26	2	5	2	15	10	71
Single Victim/ Unknown Suspect(s)	28	46	3	10	5	23	46	124

Multiple Victim Incidents

Multiple Victims/ Single Suspect	22	30	6	7	11	11	41	48
Multiple Victims/ Multiple Suspects	0	1	0	2	0	1	5	8
Multiple Victims/ Unknown Suspect(s)	4	8	0	1	2	3	14	21

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
 b. 1,789 homicide victims had a known race and known sex in the SHR, 96.4% of the total 1,856 victims.

Table 11 The number of Alaska homicide victims by suspect sex/gender characteristics reported to the SHR: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides

SUSPECT SEX/GENDER	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
Female	13	49	1	3	3	10	6	68
Male	111	204	17	29	20	78	146	365
Unknown	28	46	3	10	5	23	46	124

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,408 homicide victims has a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.

Table A12 The number of Alaska homicide victims by suspect age group reported to the SHR: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides

SUSPECT AGE GROUP	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
Less than 18 years	4	25	0	5	1	8	12	32
18 to 24 years	34	84	2	4	6	35	31	101
25 to 34 years	41	77	6	9	11	27	39	148
35 to 44 years	24	37	3	8	4	13	33	75
45 to 54 years	15	18	4	3	0	4	25	46
55 to 64 years	6	9	2	2	1	1	7	16
65 years and older	0	1	1	1	0	0	4	9
Unknown	28	48	3	10	5	23	47	130

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,408 homicide victims has a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.

Table A13 The number of Alaska homicide victims by suspect race/ethnicity characteristics reported to the SHR: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides

SUSPECT RACE/ ETHNICITY	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
American Indian or Alaska Native	89	186	1	1	1	5	8	50
Asian or Pacific Islander	2	1	11	20	0	4	0	12
Black or African American	4	8	2	2	21	55	11	43
White	28	55	4	9	1	24	131	322
Unknown	29	49	3	10	5	23	48	130

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. 1,408 homicide victims has a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.

Table A14 The number of Alaska homicide victims by suspect relationship to the victim^c: 1976-2016 (n=1,408^b), by victim race and victim sex in single victim/single suspect homicides reported to the SHR

SUSPECT RELATIONSHIP ^d	VICTIM CHARACTERISTICS: RACE/ETHNICITY AND SEX/GENDER							
	AMERICAN INDIAN OR ALASKA NATIVE		ASIAN OR PACIFIC ISLANDER		BLACK OR AFRICAN AMERICAN		WHITE	
	FEMALE (N=152)	MALE (N=299)	FEMALE (N=21)	MALE (N=42)	FEMALE (N=28)	MALE (N=111)	FEMALE (N=198)	MALE (N=557)
	NUM	NUM	NUM	NUM	NUM	NUM	NUM	NUM
Intimate Partner	61	26	11	1	10	7	75	43
Family Member	22	59	1	5	4	6	19	48
Friend or Acquaintance	33	127	5	16	7	51	39	243
Stranger	4	26	1	9	0	16	17	75
Unknown	32	61	3	11	7	31	48	148

NOTES

a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016

b. 1,408 homicide victims has a known race and known sex when in one victim and one suspect homicide incidents in the SHR, 75.9% of the total 1,856 victims.

c. Relationship to the first victim

d. Relationship Group Definitions: Intimate Partner included Wife, Girlfriend, Boyfriend, Husband, Common-law husband, Ex-husband, Common-law wife, and Homosexual relationship; Family Member included Other family, Brother, Son, Daughter, Father, Mother, In-law, Sister, Stepfather, Stepson, and Stepdaughter; Friend or Acquaintance included Acquaintance, Friend, Other-known to victim, Neighbor, Employee, and Employer; Stranger included Stranger; Relation not determined included Missing and Relationship not determined.

Table A15 The number of American Indian or Alaska Native female homicide victims reported to the SHR by Alaska law enforcement agencies: 1976-2016 (n=182)

YEAR	NUMBER	PERCENT ^b		YEAR	NUMBER	PERCENT ^b
1976	1	0.6		2001	8	4.4
1977	2	1.1		2002	6	3.3
1978	0	0.0		2003	4	2.2
1979	6	3.3		2004	2	1.1
1980	4	2.2		2005	7	3.9
1981	9	5.0		2006	3	1.7
1982	6	3.3		2007	5	2.8
1983	9	5.0		2008	3	1.7
1984	4	2.2		2009	5	2.8
1985	7	3.9		2010	2	1.1
1986	2	1.1		2011	3	1.7
1987	2	1.1		2012	2	1.1
1988	3	1.7		2013	6	3.3
1989	4	2.2		2014	7	3.9
1990	4	2.2		2015	7	3.9
1991	6	3.3		2016	10	5.5
1992	1	0.6				
1993	8	4.4				
1994	0	0.0				
1995	6	3.3				
1996	3	1.7				
1997	3	1.7				
1998	2	1.1				
1999	7	3.9				
2000	3	1.7				

NOTES

- a. Data source: United States Department of Justice. Federal Bureau of Investigation. Uniform Crime Reporting Program Data: Supplementary Homicide Reports, 1976-2016
- b. Percent may not add up to 100.0 due to rounding



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Project Title: Discharge Incentive Grants	
Grantee: Alaska Housing Finance Corporation	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Direct Service
Years Funded: FY06 – Present	
FY20 Grant Amount: \$100,000.00	
<p>High Level Project Summary:</p> <p>The Discharge Incentive Grants (DIG) program is administered by the Alaska Housing and Finance Corporation (AHFC) and serves Trust beneficiaries releasing from correctional institutions who are challenging to serve and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. The supportive services are provided in collaboration with the Department of Corrections (DOC) and local behavioral health provider agencies.</p> <p>In FY20, DIG grants substantially met or exceeded Trust expectations against the performance measures outlined in the project grant agreement. This project has a demonstrated history of providing positive outcomes to beneficiaries. Trust staff believes this model of serving beneficiaries who are returning from incarceration is being well delivered by AHFC and is recommended for continued funding in FY23.</p> <p>The DIG grants support Goal and Objective 7.3 of Alaska’s Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska’s criminal justice or juvenile justice system.</p>	

<p>Project Title: Discharge Incentive Grants</p>
<p>Staff Project Analysis:</p> <p>This funding provides direct support to beneficiaries discharging DOC who are at risk of homelessness. Positive outcomes were demonstrated during this grant period. This program is being managed by AHFC within the disability justice focus area. This structure allows for ease of additional investment by DOC. Larger re-entry systems work is in process to identify the most efficient structures and methods of deploying rapid rehousing funds to people who need support when discharging from DOC to avoid homelessness. In FY20 123 beneficiaries were served, among them 23.5% returned to jail within the same FY they received funds, significantly lower than Alaska’s average recidivism rate of 59%. There were no admissions to the Alaska Psychiatric Institute for individuals receiving DIG funds.</p> <p>This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project to identify alternative sustainable funding sources beyond FY23. Or, if the project outcomes for beneficiaries are not achieved staff will work with AHFC to adjust accordingly or recommend that Trust funding be discontinued</p> <p>The DIG grants support Goal and Objective 7.3 of Alaska’s Comprehensive Integrated Mental Health Program Plan.</p>
<p>Project Description: This grant provides funding for a key strategy of the Trust's Affordable Housing initiative and the Disability Justice workgroup. The Discharge Incentive Grant program is consistent with the Housing workgroup's focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. The supportive services shall be provided in collaboration with DOC and local behavioral health provider agencies. This project will be referenced in the Supported Housing Office Annual Work Plan as a priority for coordination of Trust-funded efforts.</p>
<p>Grantee Response - FY20 Grant Report Executive Summary: The Discharge Incentive Grant, (DIG) was provided to the Department of Corrections (DOC) for the 12th consecutive year by The Mental Health Trust Authority and the Division of Behavioral Health via the Alaska Housing and Finance Corp for the 3rd year. (Partners Re-Entry is the pass-through agency.) This resource primarily funds the housing component of release planning from incarceration for Trust Beneficiaries who experience severe and persistent mental illness (SPMI) and other cognitive and co-occurring disorders. The DIG has demonstrated its value each year to DOC and the community and is used directly for housing or rent for those individuals with SPMI who would otherwise have been homeless (in shelters or on the streets) because they have no other options or income. This year, 123 unique individuals benefitted from the DIG and nearly 100% of the funds were used directly for housing/rental costs. In total, there were 268 instances of rent paid throughout FY20. In addition, it should be noted that the DIG represented just 52.6% of the total funds needed to pay for FY20 housing with DOC Mental Health releases to the community. Another fund for release planning known as APIC (also from the Mental Health Trust) assists with services and treatment for the same population and covered the other 47.4% of the housing expenses.</p> <p>The success of the DIG is its ability to provide timely funds to community housing providers all of whom are engaged with this population and seek to provide this service in order to fill a need and</p>

give something meaningful to a group of people for whom it is challenging to obtain funds or a place to stay in the community after being released from jail. Many of the providers, if not all of them, specifically and intentionally prefer to work with those who have been incarcerated at DOC who need ongoing support and a temporary and/or transitional place to safely stay upon release. The housing providers invoice DOC with a fair and competitive monthly rent cost and each year partnerships grow as vendors or providers make themselves known by reaching out to provide this needed service.

Primary successes also include the role that the DIG plays which allows participants who may have otherwise never (before) received the opportunity to have a sort of ‘peace of mind’ as to where they might stay upon release. This helps them with the opportunity to address their immediate needs without fear of homelessness. This should not be underestimated. Once housed, Beneficiaries can attend to their needs which includes treatment, taking medications, and following through with groups and appointments. This allows the recipient to connect to community living with a level of support that is necessary to increase their confidence to grow and to reduce their potential recidivism. The DIG will pay rent (case by case) until such a time they can be self-supporting via self, family, guardian or payee/conservator receiving funds to put toward rent.

In approved situations, the DIG can pay for specific items that individuals might reasonably need upon a release needs, but this only represents about 1-2% of the overall DIG budget. The DIG is reserved largely for rent costs due to the extreme need.

Challenges regarding the DIG continue to include the social security timetable and how long it can take to receive SSI/SSDI to be able to pay their rent. (Though it is important to note that most of the time, they cannot afford even after they receive with their public assistance.) Another challenge is housing those who want and need housing but who have behavioral acting out and/or lose their housing and become homeless. Lastly, a continuing challenge is the lack of family and natural supports.

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 30

Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 83

Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 4

Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 1

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 5

Number of individuals trained as reported for this project in FY20: 7

Performance Measure 1: Quantity: Report the number of individuals served per year, the number of individuals returning to DOC within one year, and the number of grantee agencies.

Grantee Response to Performance Measure 1:

In FY20, there were 123 individuals served, some just for a day or two, and others for up to 8-10 months depending on their situations and circumstances. In previous years the numbers were FY14-60; FY15-128; FY16-118; FY17-133; and FY18-126 and FY19 115. There were 29 recipients of the DIG of the 123 or 23.5% who returned to jail during or within a month after receiving the DIG for them at that time. Others also went back to jail after receiving DIG but that varied from after 1 month to up to 12 months later with no correlation to the DIG. There were 23 different providers who received DIG funds for their services. This included 12 transitional facilities; 3 assisted living homes; 3 nonprofits and 6 hotels. Of these, 10 providers serve as a core group that provides services on a regular basis and receive DIG funds in order to do so.

Performance Measure 2: Quality: Report the cost per client, cost per client per grantee, and the

average amount of time from release from prison/corrections to becoming Medicaid eligible.
<p>Grantee Response to Performance Measure 2:</p> <p>The cost per recipient for FY20 averaged to \$1,252.03 though some recipients used less than \$100 and others used over \$5,000 while they awaited their benefits or if there were other issues. Some providers receive up to 5 client referrals per month but often could have up to 10 in a given month for which they bill the DIG for \$2500-\$7,000 per month, others as little as \$100 for a day or two. If funds are short, for that month's budget, then APIC can cover all or part of that cost. Medicaid eligibility is not part of the criteria for being eligible for the DIG fund so days are not counted or tracked for this assistance. All dollar amounts are noted in the required HMIS.</p>
<p>Performance Measure 3: Outcome: Report the number of admissions to API, number of inpatient stay days at API, number of arrests since admitted to the program, number of days of incarceration since admitted to program, and the percentage of new people served whose first service was while they were incarcerated.</p>
<p>Grantee Response to Performance Measure 3:</p> <p>In FY20 there were no admissions to API for anyone while they were receiving DIG funds. It is unknown how many people subsequently go to API either on a civil commitment after they have been recipients of the DIG fund. There were 0 days admission for DIG recipients during or shortly after they received the DIG fund. There were 29 people who received the DIG fund who were incarcerated directly or soon after receiving the fund.</p>
<p>Performance Measure 4: Document how this service will be tied to community-based housing settings and options with a Housing First philosophy and service component or components of this model.</p>
<p>Grantee Response to Performance Measure 4:</p> <p>This project is 99% community-based housing and the other 1% covers minor release expenses such as reimbursements or other small charges. The DIG does not follow a Housing First philosophy because it is a goal for 100% of the recipients to obtain increased mental health (MH) stability which includes taking prescribed mental health medications and obtaining treatment. It is not sanctioned for DIG participants to use substances while receiving the DIG fund for their rent expenses. In order for safety to be maintained, housing providers don't allow it, however, it does happen, and each situation is reevaluated for continued DIG eligibility. If a recipient uses substances, they may have to respond to Probation/Parole conditions or to DOC release planning staff who offered the housing and risk losing this fund since behaviors usually degrade once substances are used. Providers are most often very strict because it affects others in the same place. DOC supports their rules. However, there have been specific times when the provider has wanted to give a 2nd chance and it has proved worthwhile. Still, each of these situations are assessed to determine best case options.</p>

FY20 AMHTA DIG annual report

Project Description

This grant provides funding for a key strategy of the Trust's Affordable Housing initiative and the Disability Justice workgroup. The Discharge Incentive Grant program is consistent with the Housing workgroup's focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. The supportive services shall be provided in collaboration with DOC and local behavioral health provider agencies. This project will be referenced in the Supported Housing Office Annual Work Plan as a priority for coordination of Trust-funded efforts.

Project Report Part One: Executive Summary & Beneficiary Information

Please provide an executive summary of project activities for FY20. Be sure to include successes, challenges and lessons learned over the past fiscal year. Do not include performance measure information in this section. 1000

The Discharge Incentive Grant, (DIG) was provided to the Department of Corrections (DOC) for the 12th consecutive year by The Mental Health Trust Authority and the Division of Behavioral Health via the Alaska Housing and Finance Corp for the 3rd year. (Partners Re Entry is the pass through agency.) This resource primarily funds the housing component of release planning from incarceration for Trust Beneficiaries who experience severe and persistent mental illness (SPMI) and other cognitive and co-occurring disorders. The DIG has demonstrated its value each year to DOC and the community and is used directly for housing or rent for those individuals with SPMI who would otherwise have been homeless (in shelters or on the streets) because they have no other options or income. This year, 123 unique individuals benefitted from the DIG and nearly 100% of the funds were used directly for housing/rental costs. In total, there were 268 instances of rent paid throughout FY20. In addition, it should be noted that the DIG represented just 52.6% of the total funds needed to pay for FY20 housing with DOC Mental Health releases to the community. Another fund for release planning known as APIC (also from the Mental Health Trust) assists with services and treatment for the same population and covered the other 47.4% of the housing expenses.

The success of the DIG is its ability to provide timely funds to community housing providers all of whom are engaged with this population and seek to provide this service in order to fill a need and give something meaningful to a group of people for whom it is challenging to obtain funds or a place to stay in the community after being released from jail. Many of the providers, if not all of them, specifically and intentionally prefer to work with those who have been incarcerated at DOC who need ongoing support and a temporary and/or transitional place to safely stay upon release. The housing providers invoice DOC with a fair and competitive monthly rent cost and each year partnerships grow as vendors or providers make themselves known by reaching out to provide this much needed service.

Primary successes also include the role that the DIG plays which allows participants who may have otherwise never (before) received the opportunity to have a sort of 'peace of mind' as to where

they might stay upon release. This helps them with the opportunity to address their immediate needs without fear of homelessness. This should not be underestimated. Once housed, Beneficiaries can attend to their needs which includes treatment, taking medications and following through with groups and appointments. This allows the recipient to connect to community living with a level of support that is necessary to increase their confidence to grow and to reduce their potential recidivism. The DIG will pay rent (case by case) until such a time they can be self-supporting via self, family, guardian or payee/conservator receiving funds to put toward rent.

In approved situations, the DIG can pay for specific items that individuals might reasonably need upon a release needs, but this only represents about 1-2% of the overall DIG budget. The DIG is reserved largely for rent costs due to the extreme need.

Challenges regarding the DIG continue to include the social security timetable and how long it can take receive SSI/SSDI to be able to pay their rent. (Though it is important to note that most of the time, they cannot afford even after they receive with their public assistance.) Another challenge is housing those who want and need housing but who have behavioral acting out and/or lose their housing and become homeless. Lastly, a continuing challenge is lack of family and natural supports.

A PRIMARY BENEFICIARY is an individual directly experiencing a Mental Illness, Developmental Disabilities, Chronic Alcoholism or other Substance Related Disorders, Alzheimer's Disease or Related Dementia, or a Traumatic Brain Injury. A SECONDARY BENEFICIARY is a family member or non-paid caregiver providing support to the primary beneficiary, or a child or children of a primary beneficiary.

NOTE: Please enter the number of unduplicated people served. We recognize that you may serve individuals who fall into multiple categories. Please pick the ONE category that best describes the individuals served. DO NOT count individuals in more than one category.

123 unduplicated individuals were served by the Discharge Incentive Grant in FY20

Please enter the unduplicated number of beneficiaries experiencing mental illness served in FY20 by your project. Make sure that this is a cumulative number which includes all beneficiaries of this category served during this period. If none, please enter zero

- **119 experienced mental illness alone or with a co-occurring disorder**
- **Of the 123 unique individuals, 19 experienced a Developmental/Intellectual Disability w/ or without a co-occurring disorder**
- **84 experienced a substance use disorder with a co-occurring disorder**
- **Only 1-person experienced Alzheimer's or dementia for this project (this population has a level of care that cannot be met by the providers that work with DOC MH). They often have family, guardians and care coordinators that supply their housing and don't need this funding.**
- **Lastly, 13 experienced a traumatic brain injury (TBI) alone or with a co-occurring disorder which is likely lower than reality. We only acknowledge the TBI for which we have back up documentation or someone has**

compelling information and reports their TBI. It is believed to be underreported in the correctional system.

For the next questions that ask about combinations of disabilities, here is the info from the HMIS on those who received DIG funds:

					123
Alzheimer's Disease & Related Dementias; Chronic Alcoholism or Substance Abuse; Mental Illness; TBI	0	0	1	0	1
Chronic Alcoholism or Substance Abuse	0	0	1	0	1
Chronic Alcoholism or Substance Abuse; Intellectual or Developmental Disability; Mental Illness	0	3	9	0	12
Chronic Alcoholism or Substance Abuse; Intellectual or Developmental Disability; Mental Illness; TBI	0	0	2	0	2
Chronic Alcoholism or Substance Abuse; Intellectual or Developmental Disability; TBI	0	0	1	0	1
Chronic Alcoholism or Substance Abuse; Mental Illness	0	3	60	0	63
Chronic Alcoholism or Substance Abuse; Mental Illness; TBI	0	0	4	0	4
Intellectual or Developmental Disability	0	0	1	0	1
Intellectual or Developmental Disability; Mental Illness	0	0	3	0	3
Mental Illness	0	4	26	0	30
Mental Illness; TBI	0	0	4	0	4
TBI	0	0	1	0	1

Please enter the unduplicated number of secondary beneficiaries served in the previous fiscal year by your project. Make sure that this is a cumulative number which includes all beneficiaries of this category served during this reporting period.

Secondary beneficiaries are those family members or other natural supports such as friends that participated at least minimally with communication and as a resource for the actual beneficiary. For FY20, of the 123 beneficiaries, 9 (.07%) had a family member with whom we had contact. There were no secondary beneficiaries who were able to contribute to rent costs upon the first few months of release. Nearly half of the recipients have legal guardians and/or payees or conservators but they are not natural supports and they rely also on the DIG (or APIC) until they receive the funds needed to cover housing expenses.

Please enter the unduplicated number of non-beneficiaries served in the previous fiscal year by your project. These individuals would include members of the public or other individuals served by outreach, educational and prevention programs. Make sure that this is a cumulative number which includes all people of this category served during FY18. If none, enter zero (0).

0 There were no non beneficiaries

Please enter the unduplicated number of people trained in the previous fiscal year by your project. Make sure that this is a cumulative number which includes all people of this category served during this reporting period. If none, please enter zero (0).

1 There was one new staff person at DOC trained about the DIG but about 6 in the institutions who were oriented to its existence. In the community, about 10 providers and state people learned about the DIG though it is important to note that most people outside of this office do not know the difference between APIC and DIG funds.

Project Report Part Two: Performance Measure Response

Listed below are the performance measures that were developed for your project. Please provide a BRIEF NARRATIVE SUMMARY describing the current status or outcomes for each performance measure listed below.

NOTE: Each section has a 500 WORD LIMIT. In each of the sections below only provide a BRIEF SUMMARY that addresses the performance measure. If warranted, supported documentation may be attached on the final page of this status report. Please DO NOT ATTEMPT TO RECREATE TABLES OR COLUMNS in the fields below - all formatting will be lost, and your word limit will be used up.

Performance Measure 1

Quantity: Report the number of individuals served per year, the number of individuals returning to DOC within one year, and the number of grantee agencies.

In FY20, there were 123 individuals served, some just for a day or two and others for up to 8-10 months depending on their situations and circumstances. In previous years the numbers were FY14-60; FY15-128; FY16-118; FY17-133; and FY18-126 and FY19 115.

There were 29 recipients of the DIG of the 123 or 23.5% who returned to jail during or within a month after receiving the DIG for them at that time. Others also went back to jail after receiving DIG but that varied from after 1 month to up to 12 months later with no correlation to the DIG. There were 23 different providers who received DIG funds for their services. This included 12 transitional facilities; 3 assisted living homes; 3 nonprofits and 6 hotels. Of these, 10 providers serve as a core group that provide services on a regular basis and receive DIG funds in order to do so.

Performance Measure 2

Quality: Report the cost per client, cost per client per grantee, and the average amount of time from release from prison/corrections to becoming Medicaid eligible.

The cost per recipient for FY20 averaged to \$1,252.03 though some recipients used less than \$100 and others used over \$5,000 while they awaited their benefits or if there were other issues. Some providers receive up to 5 client referrals per month but often could have up to 10 in a given month for which they bill the DIG for \$2500-\$7,000 per month, others as little as \$100 for a day or two. If funds are short, for that month's budget, then APIC can cover all or part of that cost. Medicaid eligibility is not part of the criteria for being eligible for the DIG fund so days are not counted or tracked for this assistance. All dollar amounts are noted in the required HMIS.

Performance Measure 3

Outcome: Report the number of admissions to API, number of inpatient stay days at API, number of arrests since admitted to the program, number of days of incarceration since admitted to program, and the percentage of new people served whose first service was while they were incarcerated.

Your progress on Performance Measure 3

In FY20 there were no admissions to API for anyone while they were receiving DIG funds. It is unknown how many people subsequently go to API either on a civil commitment after they have been recipients of the DIG fund. There were 0 days admission for DIG recipients during or shortly after they received the DIG fund. There were 29 people who received the DIG fund who were incarcerated directly or soon after receiving the fund.

Performance Measure 4

Document how this service will be tied to community-based housing settings and options with a Housing First philosophy and service component or components of this model.

This project is 99% community-based housing and the other 1% covers minor release expenses such as reimbursements or other small charges. The DIG does not follow a Housing First philosophy because it is a goal for 100% of the recipients to obtain increased mental health (MH) stability which includes taking prescribed mental health medications and obtaining treatment. It is not sanctioned for DIG participants to use substances while receiving the DIG fund for their rent expenses. In order for safety to be maintained, housing providers don't allow it, however, it does happen, and each situation is

reevaluated for continued DIG eligibility. If a recipient uses substances, they may have to respond to Probation/Parole conditions or to DOC release planning staff who offered the housing and risk losing this fund since behaviors usually degrade once substances are used. Providers are most often very strict because it affects others in the same place. DOC supports their rules. However, there have been specific times when the provider has wanted to give a 2nd chance and it has proved worthwhile. Still, each of these situations are assessed to determine best case options.

Project Title: Holistic Defense Model	
Grantee: Public Defender Agency/Alaska Legal Services	
Fund: MHTAAR/Authority Grant	
Geographic Area Served: Bethel Census Area	Project Category: Direct Service
Years Funded: FY16 to Present	
FY20 Grant Amount: \$373,800	
<p>High Level Project Summary: Holistic Defense Project (HDP) is a partnership between the Public Defender Agency (PDA) and the Alaska Legal Services Corporation (ALSC) that is designed to address obstacles that lead to involvement with the justice system. Program participants are Trust beneficiaries who are involved with the justice system and will be represented by a team consisting of a criminal defense attorney, a social worker, and a civil legal aid attorney. The team will work to holistically address all of the participant’s legal needs and assist with unmet social support needs.</p> <p>In FY20, 91 beneficiaries were served by the HDP in the Bethel region by having their needs identified and for some participants their cases were dismissed or sentence mitigated. This project has a demonstrated history of providing positive outcomes to beneficiaries in the rural communities of Bethel, Nome, and Kotzebue and in FY20 expansion was made into Anchorage. Trust staff believe this model of a holistic approach to providing legal services is being well delivered by the PDA and ALSC and is recommended for continued funding in FY23.</p> <p>The HDP supports Goal and Objective 6.5 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan: Ensure vulnerable Alaskans understand their rights and responsibilities.</p>	

Project Title: Holistic Defense Model

Staff Project Analysis:

FY20 is the fifth year of the Holistic Defense Project.

This project is a formal joint partnership between the Public Defender Agency (PDA) and Alaska Legal Services Corporation Inc. (ALSC) through an MOU to simultaneously address the criminal and civil needs of a beneficiaries. In FY20, 91 beneficiaries have been referred to and received services from the HDP. The project provided a variety of services to HDP participants detailed on the attached HDP report but the largest percentage of assistance has been with referral to services (64%), obtaining public benefits (30%), case management (25%), and assistance with obtaining needed documents (23%).

Due to COVID-19 all trials were suspended in the middle of March and remained suspended throughout the end of the fiscal. Therefore, a much higher number of cases remained open during this fiscal year in comparison to years past. Thirty-three clients (36%) still had their cases open, nine (10%) had dismissals and five were transferred out of the office. Four Child in Need of Aid cases closed with family reunification and one relinquishment.

This project has a demonstrated history of providing positive outcomes to beneficiaries and is expanding to additional rural communities such as Nome and Kotzebue, and staff recommends full funding in FY23. Staff will continue to monitor this project and work with PDA staff to identify alternative sustainable funding sources beyond FY23. Or, if the project outcomes for beneficiaries are not achieved staff will work with PDA to adjust accordingly or recommend that Trust funding be discontinued.

The HDP supports Goal 6.5 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan.

Project Description: Funding will be used to support the following components of the Bethel Holistic Defense Model: a social worker position in the Bethel PDA office; and data and research staff. Any expenditures of Trust funds outside of these areas must receive prior approval from the assigned Trust staff overseeing the project grant.

The Public Defender Agency and the Alaska Legal Services Corporation will pilot the Holistic Defense model in Bethel. The target population will be Trust beneficiaries not participating in the Bethel Therapeutic court or other diversion projects and will be randomly selected from clients assigned to the public defender in the Bethel region.

Project participants criminal legal needs will be addressed by a criminal attorney, a social worker will be continue to assist with participants unmet social support needs, and a civil legal aid attorney will work with the team to address project participants’ civil legal needs. All program services are designed to address participant obstacles to successful reintegration and thus participant recidivism will be reduced.

Grantee Response - FY20 Grant Report Executive Summary: The Holistic Defense Program continues to assist clients with their civil and social service needs during its fifth year of implementation. While COVID-19 has been a major challenge this year for the project and its participants, HDP continues to

be a vital resource for clients residing in the Yukon-Kuskokwim Delta. With its resident civil attorney in his second year in the program, the civil legal services component of the program has blossomed in this fiscal year.

One client who had been previously referred to the holistic defense program encountered some difficulties with housing and employment as a result of a pending assault charge and OCS involvement with her family. The client, who is the principal breadwinner for a number of children and grandchildren, lost her job at the local hospital over an assault charge and a "substantiated finding" from the Office of Children's Services, which are both barriers to employment at the hospital under Alaska statutes and regulations. After she lost her job, eviction proceedings were commenced against her in late January. The civil attorney spotted a problem with the notice to quit and was able to delay the eviction long enough for the client to find other housing. Thus, the family was not homeless in the winter and the client avoided having an eviction on her record, which would have made it even more difficult to find housing in the future. After the criminal attorney secured a Rule 11 agreement whereby the client pleaded to a lesser charge, which was not a barrier, the civil attorney helped the client challenge the state Background Check Program's notice of barring conditions. This involved complex legal arguments based on OCS' failure to provide due process to Alaskans who are the alleged perpetrators in OCS' substantiated findings. To prevail on the challenge to the notice of barring conditions, the civil attorney also had to represent the client in an administrative appeal of OCS' substantiated finding. The civil attorney filed a dispositive motion in the administrative appeal, and on the day the opposition was due the state agreed to overturn the finding if the client voluntarily dismissed the appeal. The client was able to go back to work.

Another client was referred to the civil attorney because the client was paid far less than minimum wage and overtime by a former employer. The civil attorney represented the client in a wage and hour case in district court and secured a \$40,000+ judgment for the client.

When a homeowner died, the house should have rightfully gone to the client. The client's relatives tried to keep her from taking the house. A paralegal at ALSC helped get the tribe to acknowledge the client as the rightful occupant of the house. The client still could not return to the house, because one of the occupants was the complaining witness in her criminal case. The civil attorney commenced an FED on client's behalf. The parties settled the FED and the occupants vacated the dwelling. The client, who had been homeless for a time, is now in her house.

The end of Fiscal Year 2020 and the beginning of Fiscal year 2021 will be deeply impacted by the COVID-19 pandemic responses implemented by the legal system, state and federal agencies, and the businesses and institutions that HDP clients rely upon in their daily lives. As quickly as possible HDP has innovated to provide services at a distance. The HDP team continues to seek ways to connect with and build trust with clients in the new environment of telephonic and virtual engagement and socially distanced contact. This will continue to be a priority going forward.

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 91

Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 39

Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 30

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 1

Number of individual trained as reported for this project in FY20: 3

Performance Measure 1: By November 15, 2019, in combination with Alaska Legal Services finalize a Holistic Defense Project manual, including but not limited to:

- a) Project Overview
- b) Memorandums of Agreement or Understanding with Project partners
- c) Data collection protocols and standards
- d) Position Descriptions and roles/responsibilities for project related positions (admin, client services, social services specialist, criminal and civil attorneys, etc.).
- e) Project Related forms

Grantee Response to Performance Measure 1:

The manual has been completed and has also been instrumental in training new staff in Holistic Defense. The goals of the program, the roles of the professionals on the HDP team and the protocols for working between agencies have all been refined and expressed in this document. The manual includes information on the referral and application process including who should be referred, how to screen clients, and the initial paperwork. It details data collection protocols and file management. It also catalogs forms that are commonly used to enter clients into services such as ROI's, applications and information about community resources. We continue to make updates as needed. The manual was instrumental in training the new Social Services Specialist in Nome, the civil attorney in Nome as well as training the new JV in Bethel.

Performance Measure 2: The Public Defender Agency, in coordination with Alaska Legal Services, will develop community education materials or brochures highlighting the Holistic Defense Program and the benefits the program brings to the community.

Grantee Response to Performance Measure 2:

Attached to this report are three different brochures developed by the HDP Team in FY20 tailored to different audiences. The first brochure is intended to educate HDP clients about the benefits of the program and to explain the role of different team members. The second brochure is intended as an introduction to the HDP program for other service providers and agencies in the YK-Delta region. The third brochure is intended to educate advocates and community stakeholders about the underlying philosophy and goals of the program.

As the team grapples with how best to conduct outreach during the current pandemic, the goal will be to continually improve HDP outreach materials.

Performance Measure 3: Program partners will work to access the finalized study of the Holistic Justice Program's effectiveness previously contracted with the University of Alaska, Anchorage.

Grantee Response to Performance Measure 3:

The process of designing and implementing an objective outcome study to measure the positive outcomes that the clients and team members have consistently reported over the last five years has proved to be a challenge. The original study model designed with the assistance of the University of Alaska did not ultimately come to fruition. An attempt was made with the assistance of Harvard University to make use of the data collected. Ultimately, it became clear that additional data collection and supplemental documentation would be required. The Public Defender Agency has spent significant time and effort in FY20 collecting documentation and collating data for the Harvard study. This project will continue into FY21 with the goal of completing data collection and finalizing the study results.

Performance Measure 4: The Public Defender Agency in combination with Alaska Legal Services will develop a plan for expansion of the program to other communities, that includes:

- a) Guidelines for selecting expansion communities
- b) Program needs for deployment
- c) Implementation strategy
- d) Training plan

Grantee Response to Performance Measure 4:

The HDP program expansion began in earnest during the FY20 program year. After significant research and consideration, Nome and Kotzebue were selected as the most appropriate communities for HDP expansion.

The Social Services Specialist position for Nome has been filled by a highly qualified candidate who has already received significant training. She was brought to Bethel for a week to shadow the Bethel social service specialist and to receive direct training in the philosophy and practices associated with holistic defense.

ALSC has also filled the civil attorney position for the Nome program. The Nome attorney likewise came to Bethel to shadow the Bethel HDP team and to learn directly from the Bethel ALSC attorney about the philosophy and practice of holistic defense. Holistic Defense has successfully been implemented in Nome and the team expects to expand and enhance services in the next fiscal year. Attached is the Nome HDP Manual.

Performance Measure 5: The Public Defender Agency will track the following trust beneficiary data/outcomes and provide a summary final report to include, but not limited to:

- a) the number of Trust beneficiary clients for whom the Social Services Specialist has provided services and the type of services provided
- b) short term outcomes for individuals served to include areas such as identification of need, identification of resources, entry into treatment, sentence mitigation, dismissal of charges, and short-term placement
- c) long term outcomes for individuals served to include areas such as criminal recidivism, family reunification, completion of treatment goals, and successful long-term placement.

Grantee Response to Performance Measure 5:

The Holistic Defense Team provided services to 91 clients this year. Twenty (20) clients received assistance with obtaining an assessment, twenty-seven (27) received assistance with obtaining public benefits, twenty-three (23) clients received case management services, six (6) clients received assistance with filing agency grievances, four (4) received assistance with PFD appeals, four (4) clients received help filling out housing applications, three (3) clients received assistance with executing Delegations of Parental Rights, twenty one (21) clients received assistance obtaining needed documents and fifty-eight (58) received referrals to other services.

The following outcomes were obtained, three (3) clients received permanent housing, three (3) clients avoided having an eviction on their record, three clients obtained custody of their children, twenty one (21) clients received food stamps and Medicaid, four (4) clients received favorable outcomes on their Domestic Violence Protection Orders, three (3) clients received improved special education services and one (1) client received a favorable settlement.

Due to Covid this year's numbers look different for outcomes. All trials were suspended in the middle of March and remained suspended throughout the end of the fiscal. Therefore, a much higher number of cases remained open during this fiscal year in comparison to years past. Thirty-three

clients still had their cases open, nine had dismissals and five were transferred out of the office. Four Child in Need of Aid cases closed with family reunification and one relinquishment.

Who We Are

Megan Newport.

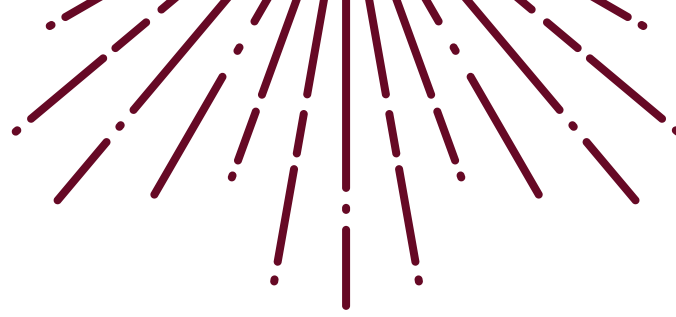
Megan Newport has lived in Bethel for the past eleven years with her family. She has two sons who attend school at Bethel Regional High School and Ayaprun Elitnaurvik. She has been providing social services to Public Defender clients for nine years.

Scott Davidson.

Scott has been a civil attorney for Alaska Legal Services Corporation in Bethel since August of 2018. Scott previously worked as a law clerk for the Alaska Superior Court in Fairbanks. As a law student, Scott interned for the New York Legal Assistance Group's Special Education Unit, Legal Assistance of Western New York, and the Federal Public Defender for the Northern District of Ohio.

Jesuit Volunteer.

A rotating position that is staffed through Jesuit Volunteer Corps Northwest, the JV serves as a liaison between clients, attorneys and social service providers and acts as a support person for clients.



Contact Us

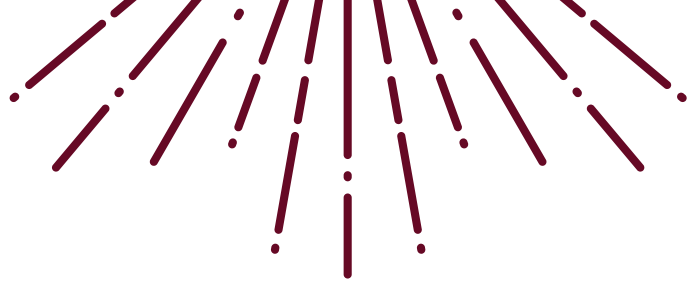
460 Ridgecrest Dr., Bethel,
AK Suite 217

Front Desk: (907) 543-2488
Megan Newport: 907-543-7617
Jesuit Volunteer: 907-543-7621
Alaska Legal Services
Corporation: 907-543-2237

Holistic Defense Project

ALASKA PUBLIC
DEFENDER AGENCY





Our Mission

The Holistic Defense Project is a team made up of criminal lawyers, civil lawyers and social service specialists. The HDP team seeks to address the underlying and surrounding issues that clients may face when they enter the criminal justice system. Through one on one support and a holistic legal approach, HDP seeks to reduce recidivism in the YK Delta region.

Our Services

The services that are offered by the HDP team are determined on a case by case basis. They may include but are not limited to:

Social Services

- Food Stamps
- Lack of vital documents (birth certificate, driver's licence, tribal ID, SS card)
- Substance Abuse Treatment
- Mental Health Services Lacking (Medication, Case Management, Assisted Living)
- Medical Needs (Medicaid, Appointment Scheduling, etc.)

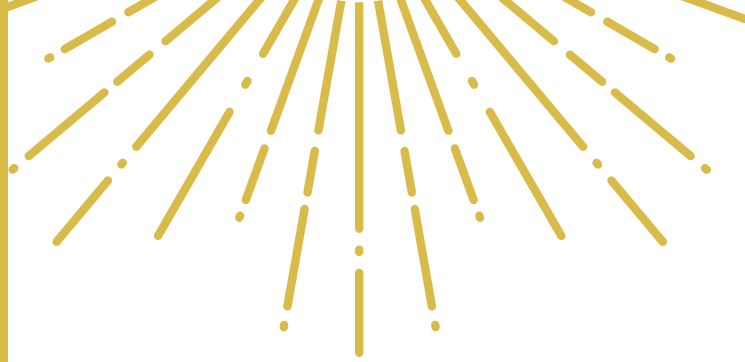
Civil Legal

- Divorce
- Unacquired Income (SSI, SSDI, PFD)
- Child Support
- Adoption
- Child Custody
- Tax Issues
- Debt Reduction

What to Expect from HDP

- You will be asked questions related to:
 - housing
 - education
 - employment
- These questions allow the HDP team to determine which services may be useful to you
- You may be asked to sign Release of Information (ROI) documents
 - Reasons why we may ask for an ROI:
 - to be able to assist you with an application to treatment
 - to request medical records for the purposes of applying for social services
 - your public defender has asked to see your medical or education records because they are relevant to your case
 - Our team works for you! Your records will not be shared with another person without your permission
- The HDP team will work with you to develop a plan of action

Our mission is to recognize each client as a community member that has a unique set of both strengths and weaknesses. We do not treat clients as "cases" to be closed. Rather, the HDP team serves the whole person and seeks to address the broader, systemic problems at work in order to reduce recidivism.



Contact Us

460 Ridgecrest Dr., Bethel, AK
Suite 217
(907) 543-2488

Holistic Defense Project

ALASKA PUBLIC
DEFENDER AGENCY





Who We Are

The Holistic Defense Project is a partnership between the Alaska Public Defender Agency, the Alaska Legal Services Corporation, and the Alaska Mental Health Trust. In short, we are a multidisciplinary team of professionals who strive to help clients address the underlying problems and circumstances that initially brought them into the legal system by providing social service and legal support.

An Example of the HDP Approach:

A homeless client with a severe disability is suffering from food insecurity and lack of adequate mental health services. The client may take their case to trial and be acquitted by a jury. Yet if they are still homeless, hungry and without mental health services, the client will likely find themselves back in the criminal justice system soon enough.

An HDP client will receive assistance to get food stamps, federal disability payments for steady income, access to mental health services and ongoing contact with the HDP team. Regardless of the outcome of the criminal case, the HDP client will be much less likely to be a recidivist.

Our Services

The services that are offered by the HDP team are determined on a case by case basis. They may include, but are not limited to:

Social Services:

- Food Stamps
- Lack of vital documents (birth certificate, driver's licence, tribal ID, SS card)
- Substance Abuse Treatment
- Mental Health Services Lacking (Medication, Case Management, Assisted Living)
- Medical Needs (Medicaid, Appointment Scheduling, etc.)

Civil Legal

- Divorce
- Unacquired income (SSI, SSDI, PFD)
- Child Support
- Child Custody
- Tax Issues
- Debt Reduction

Alaska Public Defender Agency

Holistic Justice

A Practice Model for Better Representation



Holistic defense is an innovative, client-centered, and interdisciplinary approach to public defense. Not only does holistic defense provide legal services, but the approach also focuses on circumstances leading up to a client's contact with the justice system. At its core, four "pillars" define holistic defense:

- seamless access to services that meet clients' legal and social support needs;
- dynamic, interdisciplinary communication;
- advocates with an interdisciplinary skill set; and
- a robust understanding of, and connection to, the community served.

The aim is to provide more than just criminal defense representation. Comprehensive and effective social services that address mental health and social needs are also crucial to the model and are critical to addressing the societal risk factors that result in people having repeat contact with the justice system. By addressing more than just legal issues, clients are better informed and more equipped to take ownership of their choices, thus reducing the chances of future contact with the justice system.

Holistic defense as practiced in other states has proven to be an effective method for delivering defense services where clients have increased satisfaction with their representation. Additionally, it has great potential in terms of long-term cost-benefits, which should be taken into account when discussing costs that arise when incorpo-

rating this system. Clients who are provided holistic defense services are assisted in addressing the risk factors that lead to repeat contact with courts and have the opportunity to improve their quality of life outcomes and successful integration into their local communities.

PDA Holistic Defense Pilot

Beginning in FY09, with support from the Alaska Mental Health Trust Authority (MHTA), the Alaska Public Defender Agency (PDA) implemented an element of the holistic defense model by placing a non-attorney advocate in our Bethel office. Bethel was chosen to pilot this project because of its unique demographics, limited local resources for the client community, and the expectation that the program would have a significant impact for the clients served. The non-attorney advocate assists PDA clients with their legal cases by assessing their non-legal needs and connecting them to available services. To date, this position has produced many positive outcomes for clients including criminal charges reduced or dismissed, family reunification, and access to treatment services and supports.

In FY15, PDA and the Alaska Legal Services Corporation (ALSC), with continued support from MHTA, began a collaboration to expand the scope of our Holistic Defense pilot by incorporating civil legal aid provided by an ALSC staff attorney in Bethel. PDA and ALSC received extensive training from attorneys at the Bronx Public Defender and then in FY16, began working with the

University of Alaska, Anchorage to develop a study on the pilot program's effectiveness in Alaska. The study has recently been taken over by Harvard Law School and an observational analysis of the effectiveness of this approach is expected soon.

The Bethel pilot of Holistic Defense has already proven to be a superior methodology for delivering defense services to clients. The results we have achieved for clients in those communities are worth replicating throughout Alaska and we expanded the program to Nome, AK in FY20. These preliminary results are consistent with those experienced by other states and programs using holistic defense or social services staff in criminal and parent defense. In addition to improving our representation, holistic defense provides the framework for making sustained changes for the better for the Alaskans we serve. Social service navigation enables clients to meet short term goals related to their legal cases but also enables them a stronger likelihood of success in their communities once the legal cases have resolved.

Similar Initiatives outside of Alaska:

- The Bronx Public Defender
- New York's Center for Family Representation
- Detroit Center for Family Advocacy
- The Washington Office of Public Defense



AmeriCorps @ The Alaska Public Defender Agency

What is AmeriCorps?

AmeriCorps is a network of national service programs where participants commit to yearlong community service programs and initiatives throughout the United States to improve their communities and gain valuable experience and money towards college.

AmeriCorps at the PDA

In March of 2017 the Alaska Public Defender Agency (PDA) applied for and was awarded federal grant funding through [Serve Alaska](#) to initiate an AmeriCorps program within the Agency.

PDA clients often face non-legal barriers that interfere with successful outcomes in legal matters and successful integration in communities during and after the legal process. Clients in criminal and child welfare matters need legal advocacy but they also need affordable housing, mental health and substance abuse treatment, and assistance applying for disability, veteran's, social security and other benefits. This problem is exacerbated by the geographical isolation of many rural Alaskan communities and the difficulty our clients have assessing their own needs, identifying potential resources, and navigating the procedures to apply for services or enroll in treatment programs.

Through the AmeriCorps program at the PDA, AmeriCorps Members are serving as social service navigators, re-

sponsible for providing direct assistance to our clients in identifying their needs related to social services and helping them access community resources throughout Alaska.

Clients making long-term improvements to their lives may have improved outcomes in their cases, but more importantly, overcoming non-legal barriers to successful integration into their communities will reduce some of the primary risk factors that lead to repeat contact with the judicial system. By utilizing these interventions earlier in the legal process and helping clients toward positive change in their lives we enable them to more readily participate in re-entry programs while in-custody if convicted, complete case plans necessary to reunify their families, or provide them the first foundational steps for steady progress in developing long-term stability and successful integration into their communities.

Our program provides AmeriCorps Members an opportunity to make meaningful contributions to the lives of the clients they serve and, in some instances, may result in life changing experiences for clients and the AmeriCorps Members. Additionally, AmeriCorps Members are building relationships and connections with other AmeriCorps Members, PDA personnel, and the community members they interact with in the service of others. AmeriCorps Members, having served in our

offices, will have developed the capacity to handle challenging work in unique locations in the service of others. This capacity creates impressive professionals, but it also creates impressive people; people that will enrich the lives of their communities long after their year of service has ended.

AmeriCorps Members have served in the following PDA offices: Anchorage, Fairbanks, Juneau, Kenai, Ketchikan, Kodiak, and Palmer.



Contact

For more information on serving as an AmeriCorps Member with the PDA please contact Amanda Hillberry, PDA AmeriCorps Coordinator, 907-782-5913 or amanda.hillberry@alaska.gov.

Website

For more information on our agency: employment, internships and externships visit our website: [https://
doa.alaska.gov/pda/home.html](https://doa.alaska.gov/pda/home.html)



Alaska Public Defender Agency
Holistic Defense Project

Nome Holistic Defense Project

Starting Packet

5/8/20



Alaska Legal Services Corporation
Holistic Defense Project



What is HDP?

Holistic Defense is a public defense philosophy that dictates public defenders work in interdisciplinary teams to address both the immediate case and the underlying life circumstances — such as drug addiction, mental illness, or family or housing instability — that contribute to client contact with the criminal justice system.

Holistic Defense Project is a partnership between the Alaska Public Defender Agency and the Alaska Legal Services Corporation with support from the Alaska Mental Health Trust that provides identified beneficiaries with a team of professionals to assist them with social service and legal needs. Alaska’s Holistic Defense Project is modeled after the Bronx Defenders in New York, a client-centered holistic approach which has seen positive results since its inception in 1997.

Notable Points from “Heeding Gideon’s Call in the Twenty-First Century: Holistic defense and the New Public Defense Paradigm”

In this article, Robin Steinberg points out that policies based on a broken concept of justice have created an artificially high crime rate. Increased arrests all too often lead to much bigger consequences than serving time; these additional consequences not only hurt innocents but could make a client more likely to increase their criminal activity. Additionally, digitalization makes recidivism worse, allowing anyone who can afford the resources access to someone’s criminal history such as landlords, employers, etc. Today even minor criminal justice involvement can send a client and her family into crisis, insecurity, and instability. Often clients care more about these life outcomes and civil legal consequences of a criminal case than about the case itself.

These are the reasons why Holistic Defense is necessary. It is an institutional adjustment to put clients, rather than cases, first. It is an institutional change for an institutional problem, and while it won’t solve every issue that Public Defender Agencies have, it will help our clients.

Any Holistic Defense Program relies on four pillars. These pillars are analogous to the elements in a criminal statute. In order to be found guilty of a crime, each and every element, as defined in the penal law, must be present. Similarly, each element or pillar of holistic defense must be present in a defender office for it to be truly holistic. The pillars are as follows:

- I. Work in teams
 - a. At its core, holistic defense recognizes that clients have a range of legal and nonlegal social-support needs that, if left unresolved, will continue to push them back into the criminal justice system. Thus, a team, not just an attorney, is needed to serve a client’s needs.



- II. Communication between every member of the team
 - a. Civil and criminal attorneys must collaborate to provide clients with the best counsel for *all* of their legal struggles. Every member of the HDP team must be in communication with each other for the benefit of the client.
- III. Know what a client really needs and be able to either provide it or know who in the team can.
 - a. A detailed checklist used for the screening of each client must be utilized so that each client receives *all* the services they need.
- IV. Both live in the community to understand, and then seek to better the community beyond the scope of legal advocacy to make a difference.
 - a. We need to have a strong connection to the community we serve. This helps us understand our client’s problems better and it improves our ability to address their needs fully.

Holistic Defense everywhere should follow the same universal principals but how these principles are upheld will differ within different communities. The services that the Bronx clients required will be different than the services required in Nome or any other community. Each office with a holistic defense program will need to learn their community’s needs to ensure that Holistic Defense will be successful for their clients.

It can be hard to square the immediacy of our desire for change with the slow pace of reform. So please be patient, and at let’s give it a try.

HDP in Alaska and in the Northwest region

HDP has been run by Megan Newport in the PDA’s Bethel office for the past five years with notable success. HDP has been funded in part by the Alaska Mental Health Trust, and in part by a grant dedicated to a Harvard research study on HDP in Alaska. The Harvard study requires that HDP be expanded to the Northwest region of Alaska for continued data collection. Without this expansion, we risk losing the grant not only for the Nome and Kotzebue office, but also for Megan’s Holistic Defense Program in Bethel.

At its core, HDP is a multidisciplinary team of professionals who strive to help clients address the underlying problems and circumstances that brought them into the legal system in the first place. The HDP team begins with the understanding that clients are not a “case” to be processed and closed nor are clients a single legal problem to be solved. Rather, they are members of a community and they are people with a history. Holistic Defense clients come with a complicated set of strengths and weaknesses. These clients come with needs that are complex and that have developed over time. The HDP team seeks to look at the whole client and to address the broader person by looking at issues such as housing, mental health, food insecurity, medical care, debt, and so on.



This rather simple philosophy of trying to help people with as many of their needs as possible turns out to pay dividends in long-term outcomes for clients. While it may be a simple philosophy, however, it is not a simple task to implement. Such a strategy requires organization, communication, compassion, drudgery, creativity, and above all a willingness to try and fail and then to try again. In short, it requires a dedicated team.



Team Members

Public Defender Lawyer Zachary Davies & James Ferguson

In addition to the traditional role of defending our clients and providing legal advice in a court case, the Public Defender Lawyer acts as team supervisor ensuring that all non-attorney members of the team comply with relevant ethical and professional rules. With assistance from the Social Services Specialist (SSS), the Public Defender Lawyer is responsible for identifying and referring clients to the Holistic Defense Project. The Public Defender Lawyer will take an active role in communicating with and collaborating with the legal services lawyer.

The Public Defender Lawyer will not only advise the team concerning the overall strategy of the client's case but will also advise the team regarding potential consequences. This includes collateral consequences that may affect the client's primary case as a result of team members' actions

The Public Defender Lawyer will take a lead role in advising the client about how to proceed in his/her case and will take responsibility for team decisions when communicating with the client.

ALSC Civil Lawyer Peter Travers

The Civil Attorney takes referrals from Public Defender Agency personnel for clients identified as having civil legal needs. The Civil Attorney ensures that ALSC can represent the client by conducting conflict checks and securing conflict waivers when necessary and appropriate. In the event that the Public Defender Agency identifies a conflict after a client has been referred to the Holistic Defense Project, the Civil Attorney continues to provide representation to that client when necessary or appropriate but does not continue sharing information concerning such clients with the Public Defender Agency.

The Civil Attorney assists clients with a variety of civil legal issues, including but not limited to divorce and custody matters, domestic violence protective orders, special education, child support, labor and employment matters, benefits, probate, and housing. In the event that a client has a complex civil legal need or needs help in an area of the law with which the Civil Attorney is unfamiliar, the Civil Attorney consults with other ALSC attorneys to ensure that the matter is handled competently.

The Civil Attorney works closely with Public Defender Agency staff to ensure that any action taken with respect to a client's civil legal issues does not prejudice the client in any criminal or Child in Need of Aid matter. The Civil Attorney works with the Public Defender Agency personnel to ensure that any civil legal services provided advance the client's overall needs. The Civil



Attorney ultimately provides advice and services rooted in the Civil Attorney's independent judgement.

The Civil Attorney works with clients to ensure that the attorney properly understands their legal need. The Civil Attorney provides brief advice or full representation depending on the complexity of the issue and the attorney's impression of the client's need for full representation.

Social Services Specialist (SSS) *Isabel MacCay*

The Social Services Specialist (SSS) is responsible for overall HDP program operation. The SSS is responsible for identifying appropriate services for clients and conducting ongoing client case management. The SSS conducts initial interviews, creates case plans, oversees crisis management, helps other team members identify best services, educates team members about available government services and helps the lawyer counsel clients in the area of social services. The SSS also acts as the primary liaison between the Holistic Defense Program and the outside agencies and organizations. Rather than close cases when the court case is finished, Holistic Defense cases will remain open for services and the SSS will continue to track those cases and provide ongoing support.

The SSS also oversees the grant-funded statistical data collection process and ensures that other team members are appropriately gathering and maintaining information. This information will be used for an ongoing outcome study. In collaboration with administrative staff, the SSS will ensure appropriate data collection.

The SSS is responsible for evaluating whether a client is a Mental Health Trust beneficiary. This includes identifying any disabilities or mental health issues the client may have. This can be accomplished by taking a detailed social history. Ideally, this should take place at the initial meeting with the client. Some clients may not be able to communicate a lot of their historical information and the SSS should be ready to gather this information from other sources if necessary. Through this process, the SSS will also be able to identify civil legal issues and communicate those needs to the team.

The SSS will oversee and delegate responsibilities to other agency staff for client intake procedures, including basic data collection, file maintenance, client phone calls, jail visits, incoming and outgoing mail, and will oversee the Client Specialist to ensure effective client communication and important event calendaring. The SSS will also periodically review DBK and the Holistic Defense database to ensure accuracy of information.

The SSS is responsible for identifying the client's needs, designing and implementing a client centered case plan to reach outcomes that not only benefit the outcome of the client's criminal or CINA case but assist the client in reaching their goals. Given the multifaceted challenges our clients face, this can encompass many different issues including public benefits treatment,



housing, accessing mental health care and overcoming barriers to services. It is important to remember that many clients may not be ready to make major life changes and that much of the success of the Holistic Defense Program depends on clients feeling comfortable and aligned with the members of the team. The SSS has the responsibility to make sure that all team members are working together to effectively assist the client in their criminal case, as well as to provide access to social services, and to assist with civil issues.

Client Specialist *No one yet, but maybe one day*

The Client Specialist primarily acts as support for the SSS and the team as a whole. They provide this assistance by maintaining client contact, gathering client information and supporting clients as they navigate the legal system. The Client Specialist is the human connection in an often-alienating legal system and as such she/he has the unique opportunity to encourage and promote agency clients as they work to reclaim their lives.

The Client Specialist also strives to address “human needs”—they work collaboratively with the SSS to provide day-to-day client support, gather information, and complete applications for services. The Client Specialist is largely responsible for ensuring that client information is gathered and appropriately entered into the applications and agency forms. The client specialist will routinely assist in interviewing clients in person at the jail or over the phone to accurately gather personal information, apply for vital documents, fill out applications, and ensure records are accurately kept. The Client Specialist also provides routine contact and moral support for clients. They assist clients in communicating problems and concerns to other members of the team. The Client Specialist will take day-to-day direction from the SSS and will routinely meet with and coordinate with the SSS to ensure progress on a client’s case plan.



Admin Changes

Intake

The PDA's clients cannot receive HDP services unless they are admitted into the program. This is done with a screening sheet in which an extensive social history of the client is recorded.

Questions on the screening sheet include topics of Public Benefits, Housing, Education, Military, Family, Disability, Financial, and Civil histories of our client. If any of these topics are an issue of concern for our client, they are given two ROIs: one allowing the PDA to discuss their criminal case with ALSC and one allowing ALSC to discuss their civil matters with PDA. Once the screening is completed and both ROIs have been signed, the client is admitted into the program.

HDP was designed for attorneys to conduct this HDP screening upon initial contact with the client. However, this has not shown to be an effective method of client admittance into the program. The proposed method for the Nome office is for the SSS to personally contact each client after intake has sent the "you are assigned" email, and screen them herself. The Bethel office has recently begun this practice and says it is yielding better results.

This does not mean that attorneys or investigators can't refer a client or suggest a new client to HDP just because they have not yet been screened. If they see fit, an attorney or investigator may go ahead and refer the client and then follow up by connecting the SSS to the client to begin the screening process.

Conflicts

Once a client is a part of HDP they stay in the program until they no longer require HDP services. This will almost always be long after their case with PDA has closed. This means the SSS will be actively working with former clients on a regular basis and this will, in turn, alter the way we determine conflicts moving forward.

The SSS and HDP will be added as entities for every HDP client in DBK. This will allow the SSS to maintain access to an HDP client's DBK information once the case is closed and allow for the factoring in of HDP during conflict checks.

CINA

The CINA Attorney for the Northwest region currently works in Anchorage. Obviously, this means there needs to be a difference in the way this team stays connected with CINA than the way HDP teams stay connected in person in Nome.

The SSS will communicate with the CINA Attorney frequently and virtually along with the ALSC Attorney. Intake for CINA clients will happen upon the CINA Attorney's initial contact with the client. The CINA Attorney will connect the SSS and that client to initiate the screening process. The SSS will contact the CINA LOA in Anchorage to enter HDP entities when necessary.



Weekly Meetings

Weekly meetings are an important part of team coordination and communication so that everyone is up to date and working off the same case plan. At each weekly meeting, everyone on the HDP team for the respective client should be in attendance. Both the ALSC Attorney and PDA Attorney will update the team on case progression, the SSS will update the team on social services progression, and all members will set HDP goals, assign the responsibilities of those goals, and create a timeline for completion. The client will also ideally be present for this meeting so that they are an active member in the creation of their case plan.



There will probably be unforeseen challenges that pop up as we start this new program. HDP is new to us and we will have growing pains making it reach its full potential. Don't give up on the first complication. We have the ability to make a real difference for our clients lives. So, let's do it!



HDP Forms



Attorney Screening Sheet

(Please Review with Client on First Visit)

Please Mark Those Areas Where You Have A Need or Concern:

1. Public Benefits

- Does Client Currently Receive Benefits?
 - _____
 - _____
 - _____
- Is Client Interested In:
 - Food Stamps
 - TANF
 - Medicaid
 - Social Security
- Has client applied for any of the above?
- Has client been denied any of the above?
- Does Client Currently Receive A PFD?
- If not, why not?

2. Housing

- Does client have stable housing?
- Is client's home safe?
- Does Client Owe a Landlord?
- Does client Own a Home?
- Has client been excluded from his/her home?
- Is your landlord maintaining your house? (BIA?)
- Has client been threatened with eviction?

3. Special Education/School

- Has the client/child had problems with truancy?
- Has the client/child been held back?
- Is the client/child getting what they need from school?
 - Child is in Special Education?
- Client or Child Has IEP?
- Have client or child been denied SPED services?
- Have client or child Been Suspended?

4. Veteran

- Is client currently serving?
- Do they receive benefits?

5. Family Law

- Does client have children?
- Does client live with other parent?
- Are children in client's custody?
- Has client been denied visitation?
- Does client have a child on "out of home safety plan" with OCS?
- Does client need a delegation of parental duties while in custody?
- Is client married?
- Does client need assistance with divorce?
- Is client subject to harassment or abuse?

6. Disability

- Does client have a disability?
- Does client receive any disability benefits?
- Has client experienced discrimination or denial of services as a result of disability?

8. Debt / Child Support

- Does client have enough money?
- Does client pay debt on a credit card, mortgage, rent to own, etc....
- Does client pay child support?
- Is client's PFD or paycheck being garnished?
- Does client receive an annuity of any kind?

9. General Civil

- Wills/Probate
- Personal injury
- Employment dispute

10. Drugs and Alcohol

- History of Drugs/Alcohol use?
- Client currently in treatment?
- Client seeking treatment?



Nome Holistic Defense Project Authorization to Release Information

This release permits Alaska Legal Services Corporation (ALSC) and the Alaska Public Defender Agency (APDA) to exchange confidential information for the purpose of assisting me with my related legal matters. I authorize APDA to share confidential information about my public defender representation with ALSC, including my status as a party in statutorily confidential legal proceedings to include civil commitment, juvenile delinquency and child in need of aid (CINA) cases, in addition to my representation in a criminal prosecution. I also authorize ALSC to share confidential information about my civil case with APDA. These agencies will only disclose the information that is reasonably necessary to represent me. My information will not be shared with any other individual or organization without my permission.

By signing below, I authorize the agencies above to share information about me as explained above.

This release of information may be revoked at any time.

Signature

Date

Printed Name

Signature of Translator (if applicable)



STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION

**PUBLIC DEFENDER AGENCY
HOLISTIC DEFENSE PROJECT**

SAM CHEROT, PUBLIC
DEFENDER

PO BOX 203
Nome, AK 99762
Tel: (907) 443-2281
Fax: (907) 443-5584

Date

Clients Name,

After reviewing your case file our office has determined that you might be a good candidate for our Holistic Defense Program. Please fill out the enclosed application and Release of Information and return it to our office. Please feel free to contact me directly or your attorney if you have any questions.

Sincerely,

Isabel MacCay
Social Services Specialist
Alaska Public Defender Agency
PO Box 203 Nome, AK 99762
443-2281 (phone)
443-5584 (fax)
isabel.maccay@alaska.gov



Initial Case Plan

Client Name:	Case Number:	Case Plan Update:
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Public Defender:	Status:	HDP Entry Date:
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Identified needs:

Goal	Task	Assigned Person	Deadline	Date Completed	Outcome

**Nome Holistic Defense Project
Authorization to Release Information**

This release permits Alaska Legal Services Corporation (ALSC) to exchange confidential information with Alaska Public Defender Agency (APDA) for the purpose of assisting me with my related legal matters. I authorize APDA to share confidential information about my criminal case with ALSC, and I authorize ALSC to share confidential information about my civil case with APDA. These agencies will only disclose information that is reasonably necessary to provide me with good representation in both of my cases. My information will not be shared with any other individual or organization without my permission.

By signing below, I authorize the agencies above to share information about me as explained above.

This release of information will expire 12 months from the date below, unless otherwise specified. I understand that I may revoke this release at any time.

Signature

Date

Printed Name

Signature of Translator (if applicable)

Citizenship attestation

I am a citizen of the United States. _____
Signature

Date

APPLICATION INFORMATION

Alaska Legal Services Corporation is a private, non-profit organization that provides free legal services to those eligible. This screening application is our way to complete the following three steps:

1. We must first check to be sure we do not have a conflict of interest due to our prior or current representation of someone connected with your case. To do this we need the correct spelling of both your name and the adverse party's name.

If a conflict of interest exists, ALSC will not be able to assist you. We will inform you as soon as possible that we cannot provide any legal advice or representation. Since ALSC cannot help, we will try to refer you to another agency or organization for assistance.

2. We then must check to be sure that you are financially eligible for our services.

A preliminary determination about your financial eligibility for our services is made according to income and asset information on the application, subject to a more thorough evaluation later. Our financial eligibility guidelines are based on federal poverty guidelines and are available upon request.

3. Finally, we must screen your case to see if your situation meets the priorities of our office.

ALSC is prohibited by federal regulations from providing assistance for some types of cases. In addition, we have limited resources, and so we must prioritize which cases we take. Priorities are established by the local office and approved by our governing board. A copy of our priorities is available upon request.

PLEASE NOTE AT THIS TIME OUR OFFICE IS NOT REPRESENTING YOU AND THE INFORMATION YOU PROVIDE IN THIS APPLICATION SHOULD NOT BE CONSIDERED PRIVILEGED AND IN NO WAY CREATES AN ATTORNEY CLIENT RELATIONSHIP BETWEEN YOU AND ALASKA LEGAL SERVICES CORPORATION

We will make every attempt to let you know whether we can accept your case within **two weeks** of receiving your application. Please let us know if you have an emergency situation, and we will try to address your application on an expedited basis. *If you are applying for legal assistance with an ongoing court case, please be sure to include copies of all court documents with your application.*

Return completed application by mail, email attachment, fax or in person to:

Alaska Legal Services
PO Box 1429
Nome, AK 99762
Phone: 907-443-2230
Fax: 907-443-2239
Email: nome@alsc-law.org

ALSC APPLICATION FOR SERVICES

Name: _____ Email: _____

Other names by which you have been known, including maiden name: _____

Marital Status: _____ Date of Birth: _____ Gender: _____ Ethnicity: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____ Message: _____

Spouse/Partner's name: _____ DOB: _____

Number of adults in household: count only yourself, your spouse, or unmarried partner _____

(do NOT count other adults, like parents, adult children or roommates)

Number of children under 18: count only children for whom you are legally responsible _____

Name and DOB for Children counted above: _____ **Opposing party's name:** _____

_____ Opposing Party's DOB if known: _____

_____ Opposing Party's address: _____

_____ Opposing Party's phone if known: _____

_____ Other names by which Opposing Party is Known: _____

Income: If your household has **no income** and no one receives a PFD, initial here _____

If you have any income, including the PFD, list the gross income for **all of the above** household members:

Source	Amt.	per	time period
ATAP or TANF		per	
Adult Public Assistance		per	
Wages/Earnings		per	
PFD		per	
Alimony/Child Support		per	
Retirement/pension		per	
Senior cash benefit		per	
Social Security		per	
SSI		per	
Unemployment		per	
VA		per	
Worker's comp		per	
Other		per	
		per	

Expenses other than credit card debt:			
Item	Amt.	Per	Time period
Rent/Mortgage		per	
Child Care		per	
Child Support		per	
Medical		per	
Empl. Expenses		per	
Other		per	
		per	

Do you expect your income to change (check one)?

Yes _____ no _____

If yes, explain: _____

Do you have a Medicaid trust? yes no

Assets: Do you or any household members have any of the following assets?

	No	yes	Value/Equity	Amt. Owed
Checking/Saving Accounts				
Other cash not in an account				
Vehicles Used for Transportation			(not needed)	(not needed)
Other Vehicles				
Land/house: Indicate if __primary residence, __native allotment or ___other restricted property. If other than these, provide value/amount owed				
Personal property or other asset not listed above				

If your household has NO assets, initial here _____

Sign this box only if you are a US citizen: I am a citizen of the United States: _____ _____ Signature	_____ Date
---	---------------

Your answers to these questions **will not** affect your eligibility. This information is gathered for data collection and service purposes only.

Veteran/Military Status:

Have you ever served in the military, including the Reserves or National Guard? _____
Are you Active Duty military? _____ Are any other household members veterans? _____

Domestic Violence:

Have you experienced domestic violence? _____ Is domestic violence involved in this case? _____
What is a safe number and address where you can be contacted?

Crime victim:

Have you ever been a victim of a crime other than domestic violence? _____

Disability:

Please list any physical or mental disabilities _____

Do you need any kind of accommodations (special help) because of your disability, and if so, please let us know what you need. _____

Caregiver Information:

Do you provide unpaid care for a disabled adult family member or are raising a grandchild? _____

Does someone provide unpaid care for you? _____

If yes to either, please provide the following for that person:

Name	Relationship	Date of Birth
_____	_____	_____

Housing/Other:

Type of housing: _____

Currently homeless? _____ At risk for homelessness? _____

If your physical address is different from your mailing address, please give it here:

Is your income used to pay rent or mortgage (wholly or in part)? _____

Primary language _____ Interpreter needed? _____

Are any members of the household a different ethnicity than the applicant? If yes, please specify

Who or what agency referred you to ALSC? _____

Legal Problem -- Briefly describe your legal problem:

The information provided is accurate to the best of my knowledge: _____

Signature/Date

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition
Capacity Development - Juneau

Grantee: JAMHI Health & Wellness, Inc.

Fund: Authority Grant

Geographic Area Served: Juneau City and Borough | **Project Category:** Capacity Building

Years Funded: FY16 to Present

FY20 Grant Amount: \$100,000.00

High Level Project Summary:

The Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Juneau consists of a cross section of people and organizations representing the services or supports available to reentrants in the community. The coalition educates the community about the criminal justice system and the reentry program, identifies local challenges facing reentrants such as gaps in services, develops collaborative solutions to build capacity in the community, and serves as the local point of contact for the Department of Corrections (DOC) and its partners in reducing recidivism.

In FY20, the coalition continued to collaborate with DOC and community stakeholders to coordinate services and supports for returning citizens who were previously incarcerated in one of Alaska's correctional facilities. These efforts have resulted in a sustained decline in Alaska's high recidivism rate which is now below 60% for the first time in 10 years. Trust staff will continue to work with JAMHI Health and Wellness to identify and develop other funding sources to replace or augment Trust funding. Trust staff recommends continued funding in FY23.

This project supports Goal and Objective 7.3 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Juneau

Staff Project Analysis:

The Juneau Reentry Coalition (JREC) is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to successfully reenter the Juneau community after incarceration. During FY20, COVID-19 presented many obstacles for the coalition. Throughout the pandemic and the fiscal year, the JREC and coalition members focused on the areas of behavioral health, community education and outreach, housing, and peer support services. Throughout the year the coalition coordinator and coalition members attend and participated in many community meetings and events (most were held virtually), during which the coalition coordinator and JREC members advocated for and on behalf of Trust beneficiaries who are returning to their communities after being released from a correctional institution.

Some of these meetings and events were associated with gatherings of partner organizations including the Juneau Housing and Homelessness Coalition, the Juneau Suicide Prevention Coalition, Lemon Creek Correctional Center Reentry meeting, Juneau business owners' breakfast, and Juneau Opioid Working Group just to name a few.

Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. Staff recommend continued funding for this project in FY23.

This project supports Goal and Objective 7.3 of Strengthening the System: Alaska's Comprehensive Integrated

Project Description: One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

1. Educate the community about the criminal justice system and the reentry program,
2. Identify local challenges facing reentrants,
3. Identify local gaps in 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.

The Reentry Coalition Coordinator staff or contractor must work closely and collaboratively with its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants. The Reentry Coalition Coordinator works with the coalition to:

1. Facilitate coalition activities
 - a. Coalition meetings: Coordinate meeting logistics, develop and distribute agendas with co-chair input, take meeting notes and distribute minutes before the next meeting.
 - b. Office management: maintain electronic file system, respond to

written/electronic/telephonic communications directly or distribute to appropriate person(s), serve as lead in maintaining contact lists

- c. Work with coalition co-chairs and partner entities to collect and allocate resources for coalition activities.
- 2. Conduct (and update annually) the Coalition Capacity Assessment.
- 3. Conduct (and update as needed) the Community Readiness Assessment.
- 4. Conduct (and update as needed) the Community Resource Assessment.
- 5. Support the work of the coalition to address gaps in resources and increase service capacity, where needed.
- 6. Draft the Comprehensive Community Reentry Plan and update the plan as needed.
- 7. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
- 8. Conduct community outreach presentations to educate the community about programs and resources to support the reentrant population and to share the goals of the Alaska Community Reentry Program. These efforts are coordinated and largely conducted by the coalition coordinator, with as needed support from coalition members.

Criminal Justice Reform and Reinvestment is a priority area of focus for Trust resources, funding and staff. Forty percent of incarcerations annually are Trust beneficiaries. Trust beneficiaries spend more time incarcerated than non-Trust beneficiaries in both a pre-sentence and sentenced status. And within the first year post release, criminal recidivism rates for beneficiaries are twice the rate of non-beneficiaries.

Prior to the passage of State’s comprehensive criminal justice reform legislation on July 11, 2016, the Trust has led and implemented system change for criminal justice involved beneficiaries. After the passage of the legislation, the focus, partnerships, and effort broadened, including how to bridge to or create a “warm hand-off” from correctional facilities to community-based services and supports for beneficiaries reintegrating into the community from incarceration. One joint strategy (Trust, Department of Corrections and Department of Health and Social Services) for improving this connection was the development and/or strengthening of reentry coalitions; particularly, in communities with a correctional facility, like Fairbanks. Reentry coalitions are a key part of the Trust’s effort to improve outcomes for beneficiaries and raise awareness of the criminalization of Trust beneficiaries and appropriate reforms to the criminal justice system that protect public safety and provide beneficiaries the opportunity positive, successful reintegration into our communities.

Grantee Response - FY20 Grant Report Executive Summary: See attached
Number of beneficiaries experiencing mental illness reported served by this project in FY20: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 0
Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 0
Number of individual trained as reported for this project in FY20: 0
Performance Measure 1: No later than January 1, 2020, a written status update will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) to include:

- a) progress towards the Coalition's goals outlined in the Comprehensive Community Reentry Plan
- b) a summary of community outreach and education activities conducted by the Reentry Coalition Coordinator
- c) a description of any identified system and/or local community-based service/support challenges for returning citizens
- d) other Coalition accomplishments or highlights

Grantee Response to Performance Measure 1: See attached

Performance Measure 2: By June 30, 2020 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY20 grant period. The report shall include, but is not limited to the following:

- a) Overview of the Coalition including its:
 - vision, mission, core values,
 - organizational structure (i.e. chairs, committees, subcommittees, roles/responsibilities)
 - processes for conducting its work (by-laws, code of conduct, meeting guidelines, decision processes, communication protocols, etc.)
 - list of active members (names/affiliations)
- b) Coalition Capacity Needs assessment
 - A narrative of the strategies, activities and progress towards increasing the Coalition's capacity based on the current assessment
 - An updated Coalition Capacity Needs assessment with goals for the upcoming year
- c) Community Readiness Assessment
 - A narrative of the strategies, activities and progress towards increasing the community's readiness based on the current assessment
 - An updated Community Readiness Assessment with goals for the upcoming year.
- d) An updated Community Resource Assessment
- e) Coalition's Comprehensive Community Reentry Plan
 - A narrative of the strategies, activities and progress towards the goals outlined in the Coalition's Comprehensive Community Reentry Plan
 - An updated Coalition Comprehensive Community Reentry Plan, with coalition goals for the upcoming year.
- f) Summary of the Coalition's six meetings and related Coalition committee or workgroup meetings:
 - Dates, agenda, and attendees of meetings
 - Topics discussed, any action steps identified
 - Accomplishments from prior meeting(s) and/or identified challenges facing the Coalition, community or Trust beneficiary returning citizens
- g) Summary list of community outreach and education activities conducted by the Reentry Coalition Coordinator (including presentations within a correctional facility):
 - Dates, location, names of presenter(s), topic(s) covered, purpose (general education on reentry, coalition membership recruitment, advocacy, etc.) and number of attendees

- h) Summary list of reentry or criminal justice reform trainings, webinars, and/or technical assistance opportunities attended by the Reentry Coalition Coordinator:
- Dates, type (training, webinar, technical assistance, conference, other), topic(s) covered, names of presenter(s).
- i) Any other Coalition highlights, activities, or topics wished to be included.

Grantee Response to Performance Measure 2: See attached



JUNEAU REENTRY COALITION

*Promoting Public Safety &
Strengthening Our Community*

FY20 Authority Grant Funding Agreement
Gift ID: 6906.04
Project Performance Measures: mid-year report
December 31, 2019

Reported Items:

- Progress on the coalition's goals.
- Summary of community outreach and education activities.
- Identified system and/or local community-based service/support challenges.
- Other coalition accomplishments or highlights.

a) **Progress on the coalition's goals:**

The Juneau Reentry Coalition (JREC) identified four focus areas in their June 2019 Comprehensive Community Reentry Plan. The four focus areas are behavioral health, community education and outreach, housing, and peer support services. Coalition work effort for this reporting period focused on increasing access and services for returning citizens in these focus areas. The coalition's progress in each of the focus topics is summarized below.

Behavioral Health – JREC's stated goal for behavioral health for the FY20 year is to, "work to improve SUD treatment/care and recovery access and options." The identified strategies to accomplish the goal is to remain engaged in community processes (meetings, legislation, regulations, advocacy groups, funding opportunities, etc.), and to work with all our agency partners engaged in the work of bringing quality behavioral health treatment and services to Juneau. The JREC has accomplished this goal during the first six months of the fiscal year 2020.

JREC's targets for this area of focus is 80% attendance at community meetings that work to address mental health, substance use treatment, peer support, and public safety/recidivism reduction issues, and to support and work with partner agencies to improve the behavioral health continuum of care for the returning citizen in the community. A summary of activities during this reporting period are:

- Attend monthly meetings as a voting member or in a steering team capacity on the Juneau Opioid Working Group, the Juneau Housing and Homelessness Coalition, and the Juneau Suicide Prevention Coalition.
- A member of the planning team for and a JREC booth at the Juneau Recovery Fest 2019.

- Letter of support for a federal community development block grant so that St. Vincent de Paul can create their Dan Austin Transitional Support Service Center.
- Letter of support for Haven House so that Grant Property, LLC refrained from selling the property at the three-year deadline and continued working to find solutions to keep their services open and viable.
- Hosted 2 JREC Community Meetings highlighting behavioral health and reentry support services, including SUD treatment, provided by Gastineau Human Services, JAMHI Health and Wellness, Front Street Clinic, and SEARHC.

One thing to note in this section is the remarkable job partner agencies have done to increase Substance Use Disorder (SUD) treatment services in Juneau. SUD treatment providers have developed at least five clinics or access points for clientele. Many of them have low-income treatment accessibility.

Housing – JREC’s stated goal for housing for FY20 is to, “increase available low-income housing options supportive to successful reentry.” The identified strategies to accomplish this goal are involvement in the Juneau Housing and Homelessness Coalition by attending monthly meetings and advocate and support efforts to improve and increase reentry housing in the community.

JREC’s targets to move the strategies through to completion are to attend 80% of the Juneau Housing and Homeless Coalition meetings, and to focus Housing Workgroup effort by identifying, planning, and implementing specific reentry housing projects. A summary of housing activities during this reporting period are:

- Attend as a voting member the Juneau Housing and Homelessness Coalition monthly meetings.
JREC supported the Juneau Housing First Phase II project, which adds 32 beds to the existing 32-bed phase I facility. Housing First does not explicitly address the reentry housing need in Juneau but given the significant overlap of the housing first population and justice system involvement, the project is worthy of JREC support.
- JREC supports partner agency, Tlingit & Haida Tribes of Alaska, efforts to increase reentry housing through their 16-bed misdemeanor housing project, and their sex offender housing development. These projects have a long term horizon. JREC provided general support during this reporting period. In November 2019, Tlingit & Haida reported the 16-bed reentry housing project hit significant hurdles due to the ceasing of long-term lease negotiations with the target property’s owners.
- JREC and their Fiscal Agent are working on their response to the DOC Second Chance grant RFP. The coalition is working with their local Institutional Probation Officers, a Field Probation Officer, and key partner agency personnel to find the most workable reentry housing solution within the available funding stream.

Peer Support - JREC’s stated goal for peer support for FY20 is to “work to implement Peer Support as a full-time staffed position.” The identified strategy to accomplish this goal is the development of a reentry support system whereby successful returning citizens are employed to mentor recently released individuals.

JREC's targets to accomplish the peer support strategy is to identify the demand for peer support services by December 2019 and to plan for and commence a reentry peer support services program by December 2020. JREC has successfully achieved these goals. A summary of JREC's activities for peer support in Juneau is extended beyond just this reporting period in the list below. The extended timeline helps the reader better understand how JREC achieved success. An activity summary in chronological order is below:

- Peer support services have been a goal of JREC since its inception in 2013.
- Partner agencies recognize the need for peer services, and in 2018 JREC becomes involved in a community-wide planning process.
- The Juneau Community Foundation grants the designated lead agency, St. Vincent de Paul, funds to hire 2.5 “navigators.” Any agency may request a Navigator to provide peer support type services.
- JREC stands up a pilot peer support program dedicated to justice-involved individuals in Jan 2019. The pilot program is not successful due to low participation numbers.
- JAMHI Health & Wellness receives an opioid prevention-related grant from SAMSHA and commences peer support services in 2019.
- JAMHI Health & Wellness's peer support program has a significant overlap with JREC's envisioned justice-involved peer support program.
- In Oct 2019, JREC holds a planning retreat. Peer support services are not identified as a priority issue given the Navigator and Peer Support services provided by partner agencies.

Community Education and Outreach – JREC continues to prioritize community education and outreach as a chief endeavor of the coalition. Nearly thirty percent of JREC's core values deal with communication. JREC core values that emphasis this point is, in part, “[i]mproving communication and collaboration with the Alaska departments of Corrections, Health and Social Services, Labor and Workforce Development, the City and Borough of Juneau, the Alaska State Legislature, community service providers, and the community,” and “[p]romoting community awareness about the underlying cause and conditions that lead to incarceration.”

JREC set the month of October 2019 aside as a planning retreat month. Dynamic Consulting was hired to facilitate two planning meetings, a community level and a Steering Team level meeting. The community planning effort preceded the Steering Team planning effort, and information gleaned at the community meeting became the foundation from which the Steering Team completed the planning process.

Community education and outreach became the primary focus of the coalition. The tasks within the overall community education and outreach effort became, messaging and delivery to the public, partner agencies, and reentrants. An umbrella symbolizes JREC's new plan. Whereby the top of the umbrella becomes “Community Outreach & Education,” and is the overarching objective that will structure the “Messaging & Delivery,” to the “Public,” to “Partner Agencies,” and to “Reentrants.”

The JREC Education & Outreach Workgroup will refine, shape, and update JREC's messaging. The workgroup has begun this work during this reporting period.

Added details about the outcome from JREC's planning retreat process may be found in the attachment entitled, *JREC Planning Retreat Notes_2019.11.01-compressed*.

b) Summary of community outreach and education activities:

All significant outreach efforts during this reporting period, whether they are by multiple JREC participants or by the community coordinator singularly, are listed below. The community coordinator has a hand in the logistics for all of them, thus their listing.

Outreach Name	Date or frequency	Event type or description
Lemon Creek Correctional Center Reentry meeting	Once every month	Monthly meeting of the Institutional Probation Officers and service providers directly involved with reentry.
Juneau business owners' breakfast	Breakfast is weekly. I try to attend 2x per month	The breakfast meeting is an informal group of Juneau's business owners. I attend to stay engaged with those that hire and as needed to defend reentry.
Juneau Recovery Fest	September 2019	JREC had an information booth at the recovery fest event.
Juneau Chamber of Commerce	Weekly luncheon, I try and attend 2x per month	The Juneau Chamber is a civic group that advocates for economic growth and business. I attend to stay connected with those that hire and to talk about reentry when the opportunity presents itself.
Juneau Housing & Homeless Coalition	Once every month	JREC works to ensure the JHHC considers the reentrant in the low-income housing solutions for Juneau.
JREC Community Meeting	August 21, 2019	The reentry and mental health services provided by partner agency Gastineau Human Services is the meeting focus.
Juneau Suicide Prevention Coalition	Once every month	Justice involved individuals are at higher risk of suicide. JREC attends monthly meetings to stay engaged in prevention.
Juneau Opioid Working Group	Once every month	JREC attends monthly steering team meetings to stay engaged in prevention.
City and Borough of Juneau Assembly	September 16, 2019	Outreach at a CBJ Assembly meeting to advocate for reasonable changes in city ordinance when trying to comply with HB 49 changes.
JREC Community Meeting	October 16, 2019	Community planning facilitated by Dynamic Consulting.
JREC Reentry Simulation	October 29, 2019	In partnership with the Alaska Office of the US Department of Justice and Tlingit & Haida Reentry Program, a reentry simulation was conducted.
JREC Community Meeting	December 19, 2019	JREC hosted its Holiday Season Potluck. JREC used the event to celebrate successful reentry.

c) Identified system and/or local community-based service/support challenges:

Housing -

JREC is continually challenged in finding affordable housing for those coming out of Lemon Creek Correctional Center. Finding adequate housing is especially true for the sex offender population. JREC works to find both short- and long-term solutions to its inadequate supply of safe and affordable housing available to the returning citizen. JREC does not envision itself as the owner of a reentry housing project but is a supportive community coalition advocate for increasing reentry housing options.

One potential short-term solution is reentry support funding through the DOC Second Chance grant. JREC and DOC probation officers are in early discussions with a partner agency on possible housing options for an estimated fifteen reentrants releasing between February through September 2020. JREC anticipates a short-term housing component in its response to the DOC RFP. JREC's Fiscal Agent will be the RFP respondent.

A long-term solution for reentry housing is a project undertaken by the Tlingit & Haida Tribes of Alaska's Reentry & Recovery Department. The envisioned project is to refurbish donated bunkhouse trailers (a Kensington Mine donation) into a supportive reentry and recovery housing complex that would accommodate approximately 15 individuals. The project is hoping to open within the next 12 to 24 months.

Behavioral Health Labor Pool –

One issue that has become a Community Coordinator “watch issue” is that of the behavioral health labor pool. The incident of senior staff from JREC partner agencies commenting on the difficulty of filling vacant behavioral health care positions seems to have increased. In one case during this reporting period, one partner agency decreased walk-in hours due to a clinician vacancy issue and the inability of existing staff to absorb the workload.

Healthcare worker shortages have been an issue in Alaska in recent years, and organizations have taken proactive measures to overcome these challenges. Juneau seems to have had success in maintaining a degree of resilience to the healthcare worker shortage. However, when recent gains in the availability of walk-in behavioral healthcare service hours are affected, notice is taken, and the Community Coordinator has elevated the issue as an item to place on the “watch” list.

d) Other coalition accomplishments or highlights:

JREC's Holiday Season Potluck –

There are times when something unusual happens, and you walk away from an event and say to yourself, “Wow, that was cool!” This Community Coordinator would like to report that JREC's third annual Holiday Season Potluck was one such event.

A point of reference for the reader, the JREC Holiday Season Potluck is a community meeting whereby all are invited. The celebration is to acknowledge reentry success. This JREC community meeting is always in December. The idea is to be informal, enjoy each other's company, eat together, and to celebrate reentry

success in conjunction with the holiday season. If you will, a reminder that each of us should be more Tiny Tim, and less Ebenezer Scrooge.

What was unique about this year's Holiday Season Potluck is the number of successful reentrants who attended either to receive their congratulatory certificate or to support the other honorees. It was awesome, and there were ten.

Also special was the atmosphere, you know, the kind of room where you can feel the warmth of social support and connection as if it were a warm blanket on a cold night. I forgot to count all those that were there, I was busy doing this or that as the Community Coordinator, but I think we had 40+ in attendance.

Yes, this year's JREC Holiday Season Potluck was a highlight!

Glacier Valley Rotary Club –

Another highlight to mention is a call last week from the Glacier Valley Rotary Club. To put this call into context, I should say that much of this reporting period seemed more like plowing through hardpan when considering how Juneau was responding to JREC's messaging. To provide a bit of evidence to this perception of community attitude, this Community Coordinator points to the fact that community engagement at JREC meetings has been consistently down this reporting period (except for the Holiday Season Potluck noted above).

Given the Community Coordinator's perception of community, like plowing through hardpan, it was exciting to receive a call from a local civic group asking if JREC could have representation at their January 22, 2020 luncheon to receive an award. The caller said that something like a good-neighbor certificate by the Glacier Valley Rotary Club would be given to JREC. When you think your message isn't received, a call comes out of the blue that demonstrates the community is well attuned. How cool is that?

We help you reach your full potential

Juneau Reentry Coalition Retreat

Part 1 - Community Input

October 16, 2019, 6pm-7:30pm @ Northern Light Fellowship Hall

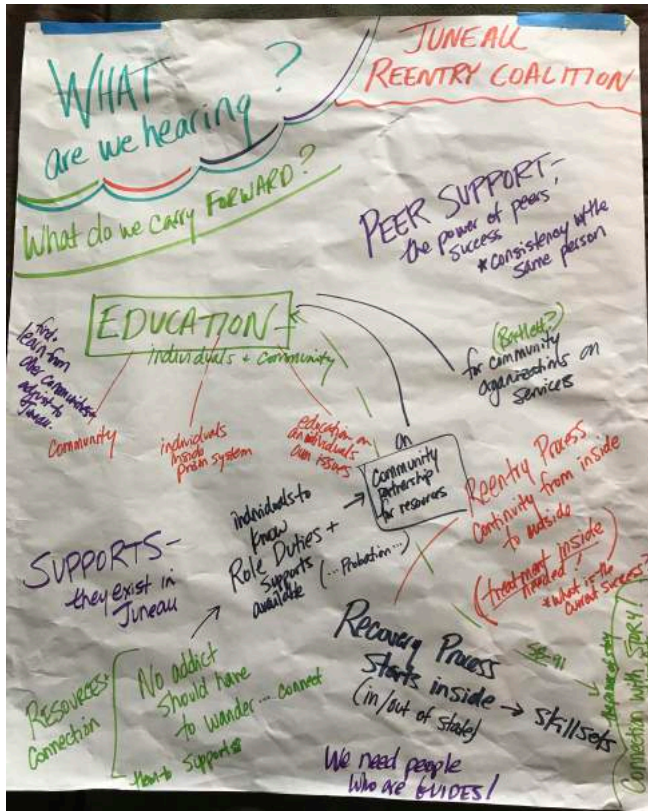
purpose: to explore, to dream and to create vision

**What do we want that we don't yet have?
What do we want for our community?
What is our next step?**

Community Input Process: The 13 participants were divided into 4 discussion groups. We gathered input through three rounds of discussion, asking that after each round participants change groups. Discussion rounds were each 20mins - time was given for each group member to share and then time for discussion. The discussion rounds

focused on the above questions (in order). At the end of each round, each group was asked to distill their discussion into the following categories:

- 6 Common Words we have heard
- 4 Connection Points in our conversation
- 1 Thing we want to share
- 1 Thing for us to remember



At the very end of the evening, the entire room came together to debrief the evening's discussion. The questions that guided our closing conversation (notes on left) were ...

**What are we hearing?
What do we carry forward?**

Part 2 - Steering Committee Retreat

October 23, 2019, 12pm-2:30pm @ Gruening Park Rec Room

purpose: to make meaning of community input, to clarify values, determine 2-3 strategic priorities for the next 3-5 years, identify 3 specific actions for 2020

**What do we make of what we see?
What threads do we notice?
What values are showing up?**

Steering Committee Process: The group began with a grounding & mindfulness exercise. Each member shared a leadership practice with the group (read from a chosen Pause card), how it relates to his/her work and life, & an application to the retreat. We then gathered into three groups, based on the discussion notes received from the community meeting. Groups were asked to make meaning of the input by discussing the above questions. The following list was created of the common threads and values that appeared in the group discussions based on the community input.

THREADS

Increase of and continuity (coordinated & adequate) of resources
Reentry Center
Personalized Care and Human Connection
Accountability (individual & systemic)
Peer Support
Community Engagement, Outreach, Education & Awareness
Community Acceptance (reducing the stigma)
Education (for stakeholders)
Trauma-informed training

VALUES

all People
broader Community support & compassionate understanding
People's success
Compassionate accountability
Commitment & follow through
Personalized care & human connection
Peer support
Community engagement & education

Clarifying Values: Values were gleaned from the above list and placed on 10 cards around the room on the ground. Committee members were asked to spend time looking at each card and then to stand near the value that was standing out the most to them as something the coalition needed to pay attention to in the coming years. From 10 cards, all committee members ended up near the four values below in the green box. The process ended up naturally distilling the list into what stood out as most important.

Community Engagement & Outreach
All People & their Success
Community Support & Compassionate Understanding
Commitment & Follow through

Discovering Priorities: Using these four values as a foundation, the group had an energized discussion around what stands out in the values, how the values start to inform priorities for the coming years, and what it would look like to live in to these values and priorities.

The following is a list of the discussion points...

- Community engagement in coalition meetings
 - The coalition goes out to other community meetings to educate about the coalition and reentry
 - With connections made at other meetings, invite the large community back to the coalition to be involved
 -
- Highlight successes from the reentry community for the larger community
 - i.e. JPD stories
- Messaging & Delivery
 - Do a 180 - redesign the message
 - Be aware of the legislative & environment changes
 - Stories that talk about the 'why'
 - What labels are we using?
 - Use the language that connects
 - Change the dialogue - separate the behavior from the person
- Educate & engage reentrants and those in recovery
 - Develop leadership skills within JREC (ability to tell your story)
 - Have reentrants involved from the inside
 - Peer support and mentorship
 - Involvement empowers

- Have a bigger JREC presence
 - Support what community partners are already doing
 - Follow through on actions
 - Create work groups
 - Coordinate & participate
- Educate/Engage Community Members
 - What works and what is successful
 - Share what works within various community groups
 - Partner with agencies

The following image was created to acknowledge the overarching focus on community outreach & education and the four components to prioritize in the coming years.



Determining Actions: Based on the list of strategic priorities, the steering committee decided to create 4 work groups:

1. Implementing the message
2. Educating the public
3. Partnering with others
4. Engaging reentrants.

The work group structure will be determined at a future steering committee meeting.



*Promoting Public Safety &
Strengthening Our Community*

FY20 Authority Grant Funding Agreement / Gift ID 6906.04

Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development – Juneau
Project Performance Measures Year-end Report – June 30, 2020

A. Overview of the Coalition

- **JREC Mission** – The mission of the Juneau Reentry Coalition (JREC) is to promote public safety within the community by identifying and implementing strategies that increase the success of all justice-involved individuals and reduces the likelihood of recidivism.
- **JREC Values** – We will accomplish this by:
 - Improving communication and collaboration with the Alaska departments of Corrections, Health and Social Services, Labor and Workforce Development, Central Council Tlingit & Haida Indian Tribes of Alaska, the City and Borough of Juneau, Alaska State Legislature, community service providers, and the community.
 - Building community partnerships to strengthen local services.
 - Identifying barriers for successful reentry into the community after incarceration and taking an active role in addressing those concerns.
 - Supporting justice-involved citizens in accessing community support services at the pretrial, incarceration, and reentry levels.
 - Utilizing the guidelines within the *Alaska Community Reentry Program manual* to support a collaborative effort to address successful reentry in Alaska.
 - Facilitating access to culturally responsive services for justice-involved Alaska Natives.
 - Promoting community awareness about the underlying causes and conditions that lead to incarceration. Providing accurate information about recidivism, public safety, and evidence-based practices, and seeking community input.
- **Organizational Structure** – The JREC organizational structure is summarized as the coalition At-Large, the Steering Team, Workgroups, Fiscal Agent, and the Community Coordinator. JREC operations are guided by two policy documents: *Mission & Structure, JREC Operational Requirements*, and the *Alaska Community Reentry Program Guide*. Policies adopted by JREC and pertaining to the Juneau reentry coalition is found in the *Mission & Structure, JREC Operational Requirements* document. Reentry coalition policy that is general and guides the

statewide reentry coalition effort is located in the *Alaska Community Reentry Program Guide*. The *Mission & Structure, JREC Operational Requirements* may be found in Appendix A.

- **Process For Conducting Its Work** – JREC’s procedures for conducting coalition affairs are found in the two policy documents described in the above section. The reader is referred to the **Organizational Structure** section of the *Mission & Structure, JREC Operational Requirements* document (Appendix A) for more detailed information on how the coalition conducts its work.
- **List of Active Members** – JREC is a volunteer organization of about 200 individuals supporting successful transitions for people returning to the community after incarceration. A current list of those involved at some level may be found in Appendix B.

The Steering Team roster as of June 1, 2020, is as follows:

Seat	Filled By	Affiliation	Note
Co-Chair Community	Teri Tibbett	ABADA, AMHB	These seats from the Executive Team
Co-Chair DOC	Derek Johnson	Lemon Creek Correctional Center	
Fiscal Agent	Linda Landvik	JAMHI Health & Wellness	
Alaska Native Members	Talia Eames	Tlingit & Haida	
Behavioral Health & Wellness Member	Michele Federico	Gastineau Human Services	
Community Education & Training Member			
Employment Member			
Family Support Member			
Housing Member	Richard Cole	St. Vincent de Paul Juneau	
Peer Support Member	Jim Musser	JAMHI Health & Wellness	
Law Enforcement			
Faith-Based Organization			
Victim Advocate			
Legal (DA, PA, Judge, etc.)			
Juneau At-Large	Micheal Van Linden	Volunteer	
Juneau At Large	Crystal Bourland	NAMI Juneau	
Juneau At Large			
Reentry Case Manager	Christina Lee	JAMHI Health & Wellness	
Community Coordinator	Don Habeger	Staff	

Acronym key for organizations:

ABADA = Alaska Board on Alcoholism & Drug Abuse

AMHB = Alaska Mental Health Board
Tlingit & Haida = Central Council Tlingit and Haida Indian Tribes of Alaska
NAMI Juneau = National Alliance on Mental Illness, Juneau Affiliate

B. Coalition Capacity Needs Assessment

JREC’s coalition capacity assessment was updated in May 2020. The average overall effectiveness score on the 1 to 5 assessment scale was 3.89. The meaning of the scale, as stated by the coalition capacity assessment directions, is “1 being ‘less developed’” and “5 being ‘more developed.’” The conclusion being that the JREC has developed coalition capacity during the last year.

The coalition needs assessment measures five domains of coalition development. They are clarity of mission and strength of vision, communication and link to others, the collaborative environment, building member capacity, and coalition management. The clarity of mission/strength of vision and the building member capacity domains received the highest scores and tied with an average of 4.00 on the one to five scale. The lowest average rating is for the communication/link to others domain at 3.58. The collaborative environment domain and the management domain are in the middle, and their score tied at 3.92.

Respondents on the coalition capacity needs assessment prioritized two questions as focus issues. The two items that received the highest priority rating, tying at 3.43, are *work is integrated into the community*, and *meetings have clear objectives*. The interpretation of these results is that continued and increased outreach and interaction with community stakeholder groups and renewing a long term meeting structure and focus should receive attention and renewed effort over the next year.

JREC compiles the coalition capacity needs assessment averaged scoring into a graph. The 2020 data (orange line) is plotted alongside 2017 (purple line), and 2019 (blue line) needs assessment data. The priority scale is included in the chart (green line). Any of the green priority plotline that reaches the red shading is a High priority for future work, any portion of the plotline that is within the yellow zone is a Medium priority, and any plot point that falls in the green is a Low priority for JREC. The 2020 need assessment graph may be found in Appendix C.

C. Community Readiness Assessment

Early in the 2020 calendar year, JREC commenced planning for the Community Readiness Assessment. Initial planning and outreach had begun with Strategic Prevention Solutions to discuss the project. Discussion favored a division of tasks so that the cost of the project was executable within the JREC budget. Planning was beginning to solidify around the splitting of functions so that JREC would conduct the interviews, and Strategic Prevention Solutions would distill the survey

results into community readiness scores. Strategic Preventions Solutions would also review survey questions and suggest controlling processes to JREC to ensure process integrity.

While the assessment planning was in the process, COVID-19 was gaining a foothold in the United States. Given the uncertainty of the spread of the virus and impacts occurring in the “lower 48,” and its potential impact on Alaska, the community readiness assessment project did not become a reality. The project remains on hold through the end of Fiscal Year 2020.

JREC intends to resume planning and the conducting of the Community Readiness Assessment during the fall of 2020, or later if community instability concerns due to the COVID-19 impacts remain high.

D. Community Resource Assessment

JREC is using the Substance Abuse and Mental Health Plan 2020-2022 For the Community of Juneau (Plan) as its community resource assessment for the FY20 grant cycle. The Plan was commissioned by the Juneau Community Foundation for the City and Borough of Juneau Assembly and was released to the community on April 27, 2020. JREC and agency partners have been involved with the Plan’s development and will be involved with the implementation of its recommendations.

The purpose of the commissioned assessment was to inventory Juneau’s behavioral healthcare service and treatment system, determine gaps in the system, and recommend critical actions for improvements. Behavioral health and substance misuse service and treatment provider interviews formed the predominant information gathering technique. Key stakeholder interviews yielded five goals for Juneau. They are:

- Create a Juneau Behavioral Health Recovery Council
- Develop and maintain current inventory of existing service providers
- Coordinate with the Juneau Coalition on Housing and Homelessness
- Expand the capacity of the substance use disorder and mental health treatment providers, and ancillary supports, in order to provide treatments addressed in the 1115 Medicaid Waiver and the new ASO (Administrative Services Organization)
- Grow the current SUD and MH system services for youth and sustain improvements.

A copy of the Plan may be found in Appendix D should the reader want the full assessment report.

E. Coalition’s Comprehensive Community Reentry Plan

- *A narrative of the strategies, activities and progress towards the goals outlined in the Coalition’s Comprehensive Community Reentry Plan:*

JREC identified four focus areas that guide their work efforts in the community. These focus areas first emerged through a facilitated planning retreat in the summer of 2017. The four focus areas are:

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- ◇ community engagement, education & recruitment
- ◇ behavioral health
- ◇ housing, and
- ◇ peer support.

During the FY20 grant cycle, JREC undertook a second facilitated planning effort to refresh their focus area thinking. JREC used a two-part approach during this planning cycle. Part one was a coalition-wide engagement process that used a blank-canvas approach to elicit new ideas about reentry issues and to imagine where the coalition should be in a few years. Part two of the planning process was the Steering Team using the communitywide response and distilling it down into a refined focus statement and goals.

JREC’s planning effort produced a concentrated focus on community outreach and education. The concentration on community outreach and education was distilled further into four outreach work components: messaging and delivery, public, partner agencies, and reentrants. Four workgroups were to be established to further refine the community engagement goals. They are: implementing the message, educating the public, partnering with others (agencies), and engaging reentrants. The JREC retreat report for added detail may be found in Appendix E.

JREC’s FY20 concentrated focus on community outreach does not supplant the coalition’s work on behavioral health, housing, and peer support system improvements for better reentry success. The FY20 community outreach focus is an acknowledgment that to move the community dial toward a better reentry system, it is imperative to better message and engage the community on fundamental reentry service gaps and barrier issues.

JREC began the implementation phase of the concentrated focus on community outreach in November 2019. The Community Education and Outreach Workgroup convened to refresh JREC material. The workgroup took the time to review, amend, and standardize all of JREC’s communications pieces so that our messaging was consistent across all formats. JREC’s new brochure is a prime example of this work, and a copy may be found in Appendix E.

Accomplishments for increasing community resources per the Comprehensive Community Reentry Plan are summarized in the below table.

Issue	Goal	Outcome
Housing	Involved in Juneau Housing & Homeless Coalition. Advocate and support for existing and potential reentry housing projects.	JREC is an involved member of the JHHC – Phase II of the Forget-Me-Not Manor project, 32 additional living spaces, is in development. JREC wrote letters of support for projects.

		several Tlingit & Haida reentry housing grants.
Physical, Mental, and SUD Healthcare Services	Engage and attend community meetings advancing healthcare treatment and services. Work with partner agencies in support of their service and treatment expansion efforts.	JREC has developed and is launching an interactive MH/SUD service and treatment search tool within their website, any case manager or probation officer may find and connect clients to a provider. The web address is https://juneareentry.org/provider . JREC sits on several BH community planning groups, including a community advisory role for our Certified Community Behavioral Health Clinic.
Peer Support	Work to implement Peer Support as a full-time staffed position.	Developing Peer Support services by JREC has been challenging. A peer support pilot project failed to gather enough client interest, and the project was canceled. JREC supports and relies on other agencies implementing peer support: St. Vincent de Paul for their housing navigators, and JAMHI Health & Wellness for the SUD Peer Support Specialist, and connects with these services when needed.

- *An updated Coalition Comprehensive Community Reentry Plan*

An updated JREC Comprehensive Community Reentry Plan may be found attached as the PDF file, *JREC Comprehensive Community Reentry Plan June 2020*.

Summary of Coalition Meetings

Date	Meeting Type	Agenda	Summary Comments
07/24/2019	Steering Team	Co-chair election, planning retreat, Community Coordinator evaluation.	Co-chairs Derek Johnson (DOC) and Teri Tibbett (community) retained, planning retreat green-lighted, Community Coordinator retained.
08/21/2019	Community Meeting	Gastineau Human Services – Building a	28 in attendance. Presentation of service array for GHS, and

		Stronger Community One Life at a Time!	their role as the Community Residential Center (CRC).
08/28/2019	Steering Team	Community Coordinator contract, JREC planning retreat, reentry simulation planning.	Community Coordinator contract approved, facilitated retreat services approved, reentry simulation planning for November 8.
09/25/2019	Steering Team	Detailed planning for Planning Retreat.	Workgroup presented activities and accomplishments, information used as a basis for Planning Retreat agenda, and anticipated outcomes.
10/16/2019	Community Meeting	JREC Planning Retreat, Part 1.	14 in attendance, 3 questions to small groups, generate thinking, the large group identifies common thinking threads.
10/23/2019	Steering Team	JREC Planning Retreat, Part 2.	Review community meeting threads and values, ST clarifies values and discovers priorities, refines priorities, and determines short-term action steps.
10/25/2019	Community Meeting	Reentry Simulation.	Approx. 80 attendees and 30 volunteers, JREC, Tlingit & Haida, and US Attorney’s Office, host the reentry simulation.
11/27/2019	Steering Team	Retreat planning – part two.	Refine JREC messaging to partner agencies, the public, and to reentrants and define the next steps to achieve messaging goals.
12/18/2019	Community Meeting	Holiday Season Potluck.	Approx. 40 attendees, celebrating reentry success during the holiday season, eight reentry case management program completion certificates awarded.
01/21/2020	Steering Team	Ideal Options, 2020 JREC meeting schedule, reentry simulation planning.	A presentation about new MAT services by Ideal Options, set the 2020 JREC meeting calendar, review reentry simulation planning efforts, and discuss Second Chance grant.
01/30/2020	Community Meeting	Reentry Simulation.	Approx. 40 participants and 30 volunteers, for Juneau reentry simulation number two (target audience is the AK State Legislature).

02/26/2020	Steering Team	Reentry simulation “hot wash,” JREC messaging development, media & travel policy.	Review simulation survey data and determine ‘next steps,’ continue refining JREC messaging content, and introduce a JREC media contact and a travel fund/expenditure policy.
03/25/2020	Steering Team	Letter of Partnership refresh, Covid-19 and community meetings, LCCC Success Inside and Out.	Discussed a founding JREC document, Letter of Partnership, to determine its consolidation into a single JREC policy document, JREC Community Meetings canceled due to COVID-19 and Steering Team meeting move to electronic format, discussed JREC taking on a leadership organizing role for the annual LCCC Success Inside and Out event (Success Inside and Out was canceled for 2020.)
04/22/2020	Steering Team	JREC Steering Team makeup, Restorative Justice, Assessments, DOC need.	Begin discussion on officially installing the Reentry Case Manager on the Steering Team, discussed an invitation to partner with a local group to host a Restorative Justice training in Sept 2020, update by Fiscal Agent on Trust housing grant application, and discussed the need for JREC to help LCCC inmates during COVID-19 lockdown.
05/27/2020	Steering Team	Reentry Case Manager as Steering Team member, JREC structure policy document, and joining a statewide effort for electronic in-reach at DOC facilities.	Approved the addition of the JREC Case Manager as a voting member of the Steering Team, voted to consolidate all the separate policy statements into one JREC policy document, and approved joining other statewide coalitions in a request to DOC to allow/install electronic in-reach into facilities.
06/24/2020	Steering Team	To be determined	Pending

F. Summary List of Community Outreach and Education

Author’s note: The below meetings are in addition to the above list of community meetings that include communications to the community. The below list of meetings and presentations are not conducted exclusively by the Community Coordinator, they may consist of Steering Team members and the Reentry Case Manager.

Date	Location	Summary Comments
First Wed of each month	Lemon Creek Correctional Center	Attend LCCC’s Institutional Probation Officer’s community reentry meeting. The meeting coordinates LCCC and community reentry processes. JREC reports on community activities in developing resources and overcoming gaps and barriers. The Community Coordinator and the Reentry Case Manager attends these meetings. (These meetings ceased in March 2020 due to COVID-19.)
As needed	Lemon Creek Correctional Center	JREC Reentry Case Manager coordinates through the LCCC Education Unit, presentations on case management services. The frequency is approximately 1 a month. (These presentations ceased in March 2020 due to COVID-19.)
Second Tuesday of each month	Juneau Opioid Workgroup at Juneau Public Health Center	Attend the opioid prevention working group to increase education and protective factors for opioid misuse. JREC reports reentry information and coalition activities as a part of the community reporting process at each meeting.
Second Tuesday of each month	Reentry Partnership teleconference meeting	Attend the monthly statewide Reentry Partnership call and report on JREC activities and challenges to other reentry coalitions and case managers.
October 28, 2019	Juneau Recovery Fest	JREC booth at the annual festival during Recovery Month.
February 19, 2020	Gastineau Rotary Club	JREC accepts a community involvement award from the club.

G. Summary of reentry or criminal justice reform trainings, webinars, etc

Date	Type	Summary Comments
July 31, 2019	Webinar	Methamphetamine Use Trends and Consequences, Sara Glick, Ph.D., UW School of Medicine
October 16, 2019	Webinar	How to Kick Off an Epic Holiday Social Media Campaign by Hostgator’s Jana Thibodeaux.
November 1, 2019	Live Stream	TransformPrison: A Roundtable on Prison Research and Innovation, Uban Institute, Nancy LaVigne – moderator.
November 7, 2019	Webinar	Become a Better Business Using 3 Top Marketing Trends, Sandra Holtzman, Ch. Strategy Officer, Marketing Cures.
December 3, 2019	Training	Inside Passage – Trauma-Informed Schools, NAMHI-Juneau.

January 22-24, 2020	Training	Alaska Department of Corrections, Second Chance Grant training, Janis Weiss, Project Manager.
February 19-20, 2020	Conference	Alaska 2020 Recidivism Reduction Conference, Anchorage, AK.
April 8, 2020	Webinar	Treasure Hunt – Finding Housing, SAMHSA’s Homeless and Housing Resource Network, Sherri Downing, Deputy Director.

H. Any other Coalition Highlights, Activities, or Topics

An FY2020 yearend report would be less than complete if COVID-19 was not mentioned. The stay-at-home orders and the lingering transmission of COVID-19 necessitate the development of new strategies to work with agency partners and the community on reentry issues as JREC maintains a social-distancing posture over a longer time. This is particularly so given the priority JREC placed on community engagement this last year.

Settling on a pathway forward, after such a disruption to traditional coalition processes, will be a new challenge and is likely to take a bit of trial and error in determining non-traditional avenues of community engagement. To say that JREC has it ‘figured out’ would be less than truthful. In fact, at the time of this report, regaining the community engagement momentum we had before COVID-19 seems a bit daunting, and we acknowledge we may have to take a few steps back and rebuild from there. Planning with certainty, at best, is very uncertain. We hope the Trust understands many of our current plans may have to be rethought in the months ahead.

Appendix A



Operational Guidelines

Updated June 24, 2020

Who We Are

The Juneau Reentry Coalition (JREC) is a volunteer organization of about 200 individuals and organizations supporting successful transitions for people returning to the community after incarceration. The coalition also recognizes the importance of addressing the needs of justice-involved individuals during the pretrial and incarceration phases of their correctional involvement.

Members include people with lived experience of incarceration, community advocates, corrections and justice professionals, Tribal organizations, public health and social services, vocational rehabilitation, housing, transitional living, policymakers, domestic violence shelters, mental health and addiction treatment providers, faith-based organizations, public safety, youth services, and others.

JREC collaborates with the Alaska Mental Health Trust Authority (Trust), Department of Corrections (DOC), Department of Health and Social Services (DHSS), Department of Labor and Workforce Development (DOLWD), and community partners to assess and mobilize resources that address barriers and build community services for justice-involved individuals.

The JREC Coalition Coordinator, funded by a grant from the Trust, manages monthly Steering Team and bi-monthly community meetings, participants in coalition workgroup efforts, provides public outreach and represents JREC in various other capacities. The Reentry Case Manager, supported by a Department of Health and Social Services grant, works with transitioning inmates returning to the community after incarceration.

Mission

The mission of the Juneau Reentry Coalition is to promote public safety within the community by identifying and implementing strategies that increase the success of all justice-involved individuals and reduces the likelihood of recidivism.

We will accomplish this by:

- ❖ Improving communication and collaboration with the Alaska departments of Corrections, Health and Social Services, and Labor and Workforce Development, the Central Council Tlingit & Haida Indian Tribes of Alaska, City and Borough of Juneau, Alaska State Legislature, community service providers, and the community.
- ❖ Building community partnerships to strengthen local services.
- ❖ Identifying barriers for successful reentry into the community after incarceration and taking an active role in addressing those concerns.
- ❖ Supporting justice-involved citizens in accessing community support services at the pretrial, incarceration, and reentry levels.

- ❖ Utilizing the guidelines within the *Alaska Community Reentry Program Guide* to support a collaborative effort to address successful reentry in Alaska.
- ❖ Facilitating access to culturally responsive services for justice-involved Alaska Native citizens.
- ❖ Promoting community awareness and seeking community input about the underlying causes and conditions that lead to incarceration and providing accurate information about recidivism, public safety, and evidence-based practices..

What JREC Supports

CASE MANAGEMENT

JREC supports efforts to provide reentry case management for justice-involved individuals at Lemon Creek Correctional Center (LCCC) and in the community Reentry case managers provide transition planning that includes coordinating with inmates, institutional and field probation officers, community health providers, family members, and other advocates to develop and carry out an individual's reentry plan. Partners providing case management include, JAMHI Health and Wellness, Gastineau Human Services (GHS), and Haven House.

The JREC Reentry Case Manager, funded by a grant from DHSS, provides evidence-based in-reach to inmates 90-days before release and follows their progress in the community for six months after release. Haven House and GHS case managers work similarly to implement a plan that promotes recovery, stability, and reduced likelihood of new crime.

Following are some of the supports the reentry case managers provide:

- ❖ Housing and employment application assistance.
- ❖ Access to behavioral health treatment, timely assessments, recovery support.
- ❖ Systems navigation, support with probation/parole appointments.
- ❖ Medicaid eligibility and enrollment.
- ❖ Coordination with community providers for access to services.
- ❖ Peer support and mentorship.
- ❖ Access to basic living supplies and resources.

ACCESS TO COMMUNITY BEHAVIORAL HEALTH SERVICES

JREC supports a robust system of community supports that includes substance use and mental health treatment, peer and recovery support, assistance with housing, training,

and employment, Medicaid, transportation, and other services to help increase the likelihood a justice-involved individual will be stable and productive in the community.

SUPPORTIVE HOUSING

JREC supports existing and emerging efforts to provide safe, affordable, and supported housing for justice-involved individuals in Juneau.

Juneau Reentry Coalition Structure

Membership is a collaboration of Juneau citizens, organizations, and agencies. All members should have a strong personal and community commitment to safe neighborhoods, reduced recidivism, and a healthy community through supporting justice-involved individuals.

The Juneau Reentry Coalition shall be guided by the JREC Steering Team, comprised of up to twenty individuals, nineteen voting members, and Coalition Coordinator who is not a voting member.

The Coalition Coordinator is hired to help facilitate and coordinate the logistics and activities of the coalition, and is guided by JREC Operational Guidelines and contractual obligations. Activities may include coordinating, recording, and advertising meetings; community outreach and education; budget oversight and maintaining records; conducting annual community, capacity, resource, and readiness assessments, and community reentry plan; and other duties as assigned.

Steering Team Organization

STEERING TEAM MEMBERSHIP

The JREC Steering Team is comprised of members representing a variety of Juneau stakeholders, including people with lived experiences of incarceration (peers), providers of services, Department of Corrections, Department of Health and Social Services, Central Council of Tlingit & Haida Indian Tribes of Alaska Reentry and Recovery Department, Juneau Police Department, Department of Labor and Workforce Development, JAMHI Health & Wellness, National Alliance for Mental Illness (NAMHI) (Juneau affiliate), Alaska Housing Finance Corporation, and Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse, Haven House, AWARE, and Veterans organizations.

The Steering Team is led by two Co-Chairs, one representing DOC and one community member. The Coalition Coordinator provides staff support to the Steering Team and coalition efforts.

The Steering Team is organized as listed in the table below:

1	Community Co-Chair	These seats form the JREC Executive Team
2	Department of Corrections Co-Chair	
3	Fiscal Agent	
4	Tribal Member	
5	Behavioral Health & Wellness Member	
6	Community Education & Outreach Member	
7	Education & Training Member	
8	Employment Member	
9	Family Support Member	
10	Housing Member	
11	Peer Support Member	
12	Law Enforcement Member	
13	Faith-Based Organization Member	
14	Victim Advocate Member	
15	Legal Professional Member	
16	Juneau At Large Member	
17	Juneau At Large Member	
18	Juneau At Large Member	
19	Reentry Case Management Member	
20	Coalition Coordinator	

STEERING TEAM MEETINGS

- ❖ **Purpose:** To guide the activities of the Steering Team and coalition.
- ❖ **Time and Place:** The Steering Team designates a time and place of monthly meetings.
- ❖ **Participants:** Steering Team members, members of the public, invited presenters.
- ❖ **Co-Chair Responsibilities:** Attend/lead Steering Team meetings, represent direction as guided by the Steering Team, the Alaska Community Reentry Program, and the requirements of coalition funders, and monitor workgroup activity.

- ❖ **Rules of Order:** Steering Team meetings will follow a ‘soft’ Robert’s Rules of Order format: Introduction – Approval of Agenda – Approval of Minutes – Presentations – Old Business – New Business – Workgroup Reports – Public Comments/Discussion – Announcements.
- ❖ **Motions and Actions:** Motions are used for any official action, for example, to approve agenda or minutes, change a mission statement, write a letter from the coalition, spend coalition finances, etc. Motions carry if there is no objection, or if a majority of members vote in favor.

STEERING TEAM CHAIRMANSHIP

- ❖ The JREC Steering Team will have two Co-Chairs: (one DOC representative and one community representative).
- ❖ The DOC Co-Chair is appointed by DOC.
- ❖ The Community Co-Chair is recruited from Steering Team members, through the following process:
 - Invite all Steering Team members to opt-in for consideration for the Community Co-Chair position.
 - The Coalition Coordinator, or selection committee, will contact all Steering Team members at least 15 days before the June Steering Team meeting to determine interest.
 - A non-response from a member will be considered as not opting-in.
- ❖ Co-Chair terms are for one-year, beginning each July Steering Team meeting.
- ❖ Co-Chairs decide between themselves how they want to organize meetings, e.g., one presiding chair and one vice-chair, or two Co-Chairs alternating responsibilities, etc.
- ❖ Co-Chairs will be provided with materials and training on meeting management, awareness of ‘soft’ Robert’s Rules, to promote meetings that are organized, consistent, and time-aware.

STEERING TEAM APPOINTMENT PROCESS

Nominations to fill a vacant seat on the Steering Team may be made at any time during the year. The nomination process is informal, and an interested individual or agency representative may submit a name to a sitting Steering Team member or the coalition Staff. Nominations to fill a seat on the Steering Team are reviewed by the sitting members and confirmed through a consensus vote. The Steering Team Co-Chair(s) may

ask that the nominee be present at a Steering Team meeting for an interview and to provide additional information before the Steering Team voting process.

WORKGROUPS

Workgroups are chaired by Steering Team members and are active according to need or project. Workgroup chairs establish a regular meeting time; recruit participants from JREC membership and the community; establish goals, action steps, and task assignments; and monitor and report progress at monthly JREC Steering Team meetings. The following are descriptions of JREC workgroups:

Alaska Native Workgroup: Addresses the over-representation of Alaska Native people in the justice system and promotes community services that are culturally appropriate and respectful.

Behavioral Health and Wellness Workgroup: Supports treatment and community-based education and support addressing the needs of justice-involved individuals who experience addiction, mental health, and other health concerns at all phases of their justice involvement.

Community Education and Outreach Workgroup: Builds community awareness, support, and advocacy for improved services and outcomes for justice-involved individuals that include evidence-based practices that promote fewer crimes and fewer victims, safer neighborhoods, and successful returning citizens.

Education and Training Workgroup: Works to ensure education and training opportunities are available to justice-involved individuals and supports individual success through a process that begins before release and continues after reentry into the community.

Employment Workgroup: Connects justice-involved individuals to employment opportunities, including supported employment and employment services, through a process that begins before release and continues after reentry into the community.

Family Support Workgroup: Supports resources and tools for justice-involved individuals and their families through a process that begins before release and continues after reentry into the community.

Housing Workgroup: Facilitates access to safe, affordable, and supportive housing through a process that begins before release and continues after reentry into the community.

Peer Support Workgroup: Creating, building, and maintaining a network of positive peer and community support to achieve success in the community, through a process that begins before release and continues after incarceration.

STEERING TEAM SCOPE OF COMMITMENT

- ❖ Voluntarily commit to being a member of the JREC Steering Team.

- ❖ Collaborate closely with other community members to promote efficient and effective decision-making.
- ❖ Agree to attend scheduled monthly meetings of the Steering Team, scheduled coalition community meetings, and additional meetings as may be set, or arrange for a designee or representative to attend when absent.
- ❖ Notify the JREC Co-Chairs and Staff in writing if the member is no longer able to meaningfully participate in the JREC and recommend an alternative community member, organization, or agency to replace them..
- ❖ Agree to the annual review of participation on the Steering Team. Each member understands that the development of an effective team depends on active involvement and participation by the respective Steering Team members and cannot sustain itself if members do not meaningfully participate.
- ❖ Agree to the annual automatic renewal of the membership in the JREC unless a member makes a notification as defined under the above item.

STEERING TEAM UNITED GOALS

- ❖ To enhance the health and safety of the local community.
- ❖ To develop and strengthen collaboration with local organizations and agencies who are focused on providing reentry services in the Juneau community.
- ❖ To develop and strengthen collaboration with the Alaska Department of Corrections.
- ❖ To identify barriers for returning citizens and actively promote public awareness and proactively work on developing ways to address these barriers.
- ❖ To collaborate and communicate with other local reentry coalitions to broaden and expand reentry programs and services throughout the state of Alaska.

JREC Community Meetings

Purpose: Community meetings focus on different aspects of reentry and serving justice-involved individuals.

Structure: Each community meeting is hosted by a different workgroup theme, which identifies the structure and topic for the meeting. The meeting format is determined by

the organizer(s) and may include a panel presentation, community discussion, PowerPoint, or other style of presentation.

Time and Place: The JREC steering team designates a time and place annually for community meetings.

Participants: Community members, coalition and steering team members, peers, agencies, etc.

JREC Media and Travel Policy

PUBLIC SPEAKING ON BEHALF OF JREC

Any JREC Steering Team member or Staff who speaks on behalf of JREC--to the press, radio, TV, meetings with policymakers, public or invited testimony before a public body--must present, in advance, their topic and overall message, with brief talking points, for review and approval by at least two other steering team members, which must include one Co-Chair.

It is the responsibility of an approving Steering Team member to return comments as quickly as possible. If no response is provided within 24 hours, the requester may consider the draft approved.

This policy is to ensure some oversight, and that any public comments on behalf of JREC are consistent with the coalition's messaging.

TRAVEL FUNDS

The JREC Steering Team approves all coalition travel. Steering Team approval is required before travel funds are expended. JREC's Fiscal Agent must be involved in the approval process.

JREC travel funds should be prioritized for the JREC Coalition Coordinator and JREC Reentry Case Manager to attend training and other activities, as required by the parameters outlined by grant agreement contracts. JREC may also distribute travel funds to others, based on the following considerations (not in any specific order): financial need, availability of scholarships from other resources, member's historical use of travel funds, and their level of participation in the JREC activities.

JREC uses the State of Alaska travel policy as its framework for approving, purchasing, and reimbursing travel expenditures. It is the responsibility of the JREC business traveler to understand how this framework affects travel purchases and reimbursements. The Fiscal Agent or the Coalition Coordinator provides this information to the JREC traveler when requested.

Appendix B

June 17, 2020

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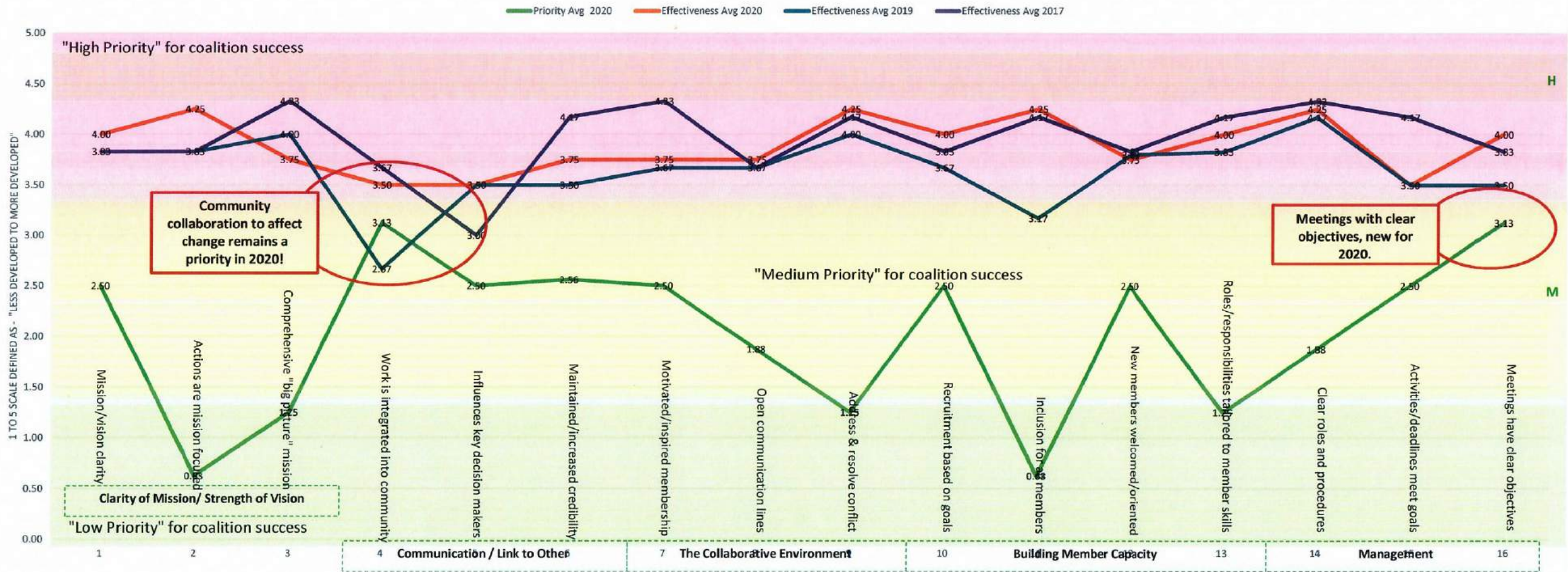
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Appendix C

JREC Coalition Needs Assessment 2020 (2019 & 2017 for comparison)



Appendix D



Substance Abuse and Mental Health Plan 2020-2022

For the Community of Juneau

Commissioned by the Juneau Community Foundation
for the City and Borough of Juneau Assembly

Toner Consulting
April 27, 2020

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Background

Over the last five years, in community listening forums sponsored by the Juneau Community Foundation, individuals and agencies have shared their impressions with change makers in an effort to reshape our behavioral health (mental health and substance abuse) array into a healthy functioning system providing the necessary continuum of care. The Juneau Community Foundation requested funding from the City and Borough of Juneau (CBJ) to provide a behavioral health (mental health and substance abuse) plan that would complement CBJ development of a homelessness plan, to help identify the priority needs in our community's continuum of care in these areas. The following report reviews the elements of a healthy recovery-oriented system of care (ROSC), the existing array in our community, the gaps that exist, and the goals to help guide community and other funding as we move forward. It is anticipated that this plan will be discussed and modified on a semi-annual basis, at a minimum, as the behavioral health services and their funding sources continue to change.

At the same time as we mapped this snapshot of our behavioral health services, the state-funded system is experiencing a complete redesign affecting grant funding and system management. Through the roll out of an Administrative Services Organization (ASO) to manage the implementation of Alaska's 1115 Medicaid Waiver SUD/BHP (Substance Use Disorder/Behavioral Health Program) the State is totally realigning how people access care, where they access it, and what services can be provided. As stated by the Alaska Department of Health and Social Services in 2018, "The 1115 Demonstration Waivers provide states with the flexibility to test new approaches within Medicaid to aid in redesigning and improving their health systems *without increasing costs.*" (Emphasis added.)

Medicaid is a federal program that is managed by each state under its own state plan and any waivers that may be approved. Understanding as much as possible about the impact of these changes as we learn what is known and, as yet, unknown is important for the purposes of planning for services in Juneau moving forward. Because funding is critical to these programs, the changes in Medicaid and other state funding streams are discussed up front and in some detail to provide everyone with a common understanding of the potential impacts of these changes on the continuum of care for mental health and substance use disorder services and the organizations providing those services in Juneau.

Currently, the state behavioral health system is funded through state general funds and federal grants (e.g., block grants, Opioid grants, Suicide Prevention grants). In order to make sense of the complex funding streams and the accompanying mandates the State Department of Health and Social Services, in partnership the Alaska Mental Health Trust Authority, generated a plan entitled "Strengthening the System: The Comprehensive Integrated Mental Health Plan for Alaska FY2020-FY2024."

The Juneau Substance Abuse and Mental Health Plan links each of the identified priorities for Juneau with the corresponding goal from this state comprehensive mental health plan, as it is informally referred to.

Following the discussion of Medicaid changes and funding, we provide a simple overview of the characteristics of a healthy recovery-oriented system of care, a continuum, for mental health and substance abuse services.

Executive Summary

In the US, one in twelve adults experiences a substance use disorder (SUD), and one in five adults experiences a mental illness.¹ Average age of onset is 11 for these behavioral health issues that, if not addressed, often lead to addiction later in life. In addition, 22.5% of the general population struggles with mental illness which, if left untreated, can negatively affect employment, housing, and personal relationships. The Healthy Alaskans 2020 Report Card developed by the Alaska Department of Public Health identified that the number of days each month that adults (age 18 and older) report being mentally unhealthy has increased from 2010 from 3.4 to 4.0. The target for this health indicator in Juneau is 2.9 days per 30 days.

Even though Alaska has some resources to address these issues, people report that these same services are difficult to access. This is true of Juneau as well. We have a rich array of both mental health and substance use disorder service options given our population, however, many of us have a personal story of someone who has struggled to get the help they need.

The Behavioral Health Program (BHP) section of the 1115 Medicaid Waiver is expanding adult and youth treatment options for both mental health and substance use, and to continue to build community resources focused on: reaching children early, keeping children and adults safe in the least restrictive setting, and sustaining their recovery.

The State of Alaska has recently instituted an Administrative Services Organization (ASO), through the 1115 Medicaid Waiver. The ASO provides client management (referral, assessment, prior authorization) for waiver services, and directs non-Medicaid beneficiaries to the other funded Behavioral Health (BH) services. The coordination issues among Juneau's current service providers are and will continue to be impacted by the activities of the ASO. However, at this point it is difficult to fully understand what those impacts will be because the policies and procedures for some of the 1115 Medicaid Waivers are still being developed. For example, the recovery support service providers that sustain our fragile behavioral health populations clearly identify the autonomous outreach and engagement specialists, known as navigators, as key to assisting those in need of these services. While this is not going to change in the next several years, it is unclear whether these positions could be funded under the new 1115 Medicaid Waivers. If not, they will need continued funding from other sources.

The Goals identified in this plan were developed through interviews and meetings with social service organizations, behavioral health agency personnel and community stakeholders to set priorities for 2020-2022. The identified priorities were aligned with the State comprehensive mental health plan goals. The top five goals for this plan are as follows:

- Create a Juneau Behavioral Health Recovery Council
- Develop and Maintain Current Inventory of Existing Services and Providers
- Coordinate with the Juneau Coalition on Housing and Homelessness
- Expand the capacity of the substance use disorder and mental health treatment providers, and ancillary supports, in order to provide treatments addressed in the 1115 Medicaid Waiver and the new ASO.
- Grow the current SUD and MH system services for youth and sustain the improvements

¹ 2014 NSDUH Survey, SAMHSA.

The Changing Medicaid Funding System: Issues & Possibilities

Changes in State of Alaska Funding – Big Picture

Medicaid and State Grant funding provides a majority of the funding for the mental health and substance use disorder services in Juneau, including Bartlett Regional Hospital, SEARHC, JAMHI Health and Wellness, Juneau Youth Services, Gastineau Human Services, SAIL, others. The business models for these service providers rely on a stream of revenue from Medicaid, State DBH grant funds, and/or local taxes to pay for services for those who do not have other payment options such as self-pay or private insurance. For that reason, most of these providers do not rely heavily on other grant funding to ensure they can provide their services. If the Medicaid payments and/or State DBH grants decrease, then local government funding would of necessity increase to help cover the funding gap or local communities like Juneau will lose services (there isn't enough money in the Juneau Hope Endowment or CBJ Social Service grants to cover these gaps while providing funding for those social services NOT covered by Medicaid or reduced State/Federal Grants).

For example, some agencies have not applied to the Juneau Hope Endowment or CBJ Social Service grant funds during the six years that the Juneau Community Foundation has been running this grant program. If Medicaid payments change in a way that makes it impossible for these service providers to provide some or all of their services, that could cause a significant change in services available in Juneau or require substantial grant or other funding.

Several, if not all of these service providers already need to be or are reviewing their business plans to determine how to continue to provide the array of services needed in Juneau, select the ones that they can receive funding for, or cover a change from grants to fee for service payments and the increased administrative costs of this model.

In an effort to streamline the Medicaid costs for behavioral health care in the state and to provide new service lines to effectively address the complex needs of children and adults who experience mental illness or a substance use disorder, the State of Alaska created the Administrative Services Organization (ASO) not only to manage the implementation of the 1115 Medicaid Waiver, but also, to do far more. In the Request for Proposals (RFP) soliciting these services, the ASO is charged with the following:

1. Actively funnel tribal participants to tribal providers;
2. Coordinate services for Medicaid and non-Medicaid participants;
3. Control service access and utilization;
4. Expand provider capacity through engagement/recruitment; and,
5. Implement evidence-based practices and professional training standards for behavioral health professionals, in the treatment of both mental health and substance use disorders.

The full implications of this new management structure are not clear. Up to this point, the rehabilitation services that make up a big part of our ROSC were only accessible to behavioral health grantees. Under this new system “any willing and able” provider can provide and bill these services. This means that for profit and not for profit agencies that are not existing grantees can become providers in this new system and can receive Medicaid reimbursement under the 1115 Waiver. At the

same time the State has been reducing funds for behavioral health grants and they may zero them out as the ASO and the 1115 Medicaid Waiver develop, because this new system is to be budget neutral.

Ultimately funds for the new system will come from the current system. This has the potential to completely overhaul the practice model and the business model for behavioral health providers in Juneau, both mental health and substance use disorder providers. While these services are being rolled out with the 1115 Medicaid Waiver, the existing Medicaid State Plan services remain in place and can be utilized by providers for their clients. However, it is possible that the existing Medicaid State Plan services will begin to shrink as 1115 Waiver are implemented when the ASO Management takes over control of the system. The ASO has been given the authority to reallocate grant funds within the state system. Key changes to watch for in Juneau are if any gaps that are created as system funding is moved.

State Funding for Substance Use Disorder Treatment

The 1115 Medicaid Waiver for SUD was approved in March 21, 2019 to address the immediate opioid crisis and the ongoing challenge of making addiction and substance misuse treatment services available to those who need them in Alaska. Access to treatment not only improves public health and safety but is targeted to help families unify more effectively. The implementation plan for the waiver aims to make the following changes within Alaska:

- Screen all Medicaid recipients for substance use disorder to allow for early access to needed services.
- Match individuals with substance use disorder with the appropriate level of services and tools necessary for recovery according to the American Society of Addiction Medicine criteria.
- Increase the range and number of treatment options for youth and adults to include community-based services available in more regions of Alaska, early intervention and treatment, and supports for those recovering from addiction.
- Improve the infrastructure and capacity of health care providers to offer services based on certification and accountability standards.
- Enhance certification and credentialing standards for professionals working in SUD.

In Juneau, the State funded expansion of SUD treatment services could include an array of outpatient treatment, inpatient (residential) treatment, and withdrawal management services. The exact number of services available in Juneau will depend on the breakout between the providers in Sitka and Juneau. These two hub communities make up Region 7 of the State 1115 Medicaid Waiver and will be managed together by the ASO. It is critical that our community and our community providers prepare to open these new services by examining whether and how they may be able to expand – their capacity for expansion in terms of budgets, building space, trained staffing, accreditation and board expertise, among other considerations.

State Funding for Behavioral Health Treatment Programs

The 1115 Medicaid Waiver for Behavioral Health Program (BHP), which include both mental health and substance use disorder programs, was recently approved and will target three groups:

- a. Group 1: Children, adolescents and their parents or caretakers with, or at risk of, mental health and substance use disorders (any member of the family, including parents and caretakers, is eligible to receive Group 1 services if able to meet Group 1 eligibility criteria)
- b. Group 2: Transition age youth and adults with acute mental health needs
- c. Group 3: Shared Behavioral Health Program benefits (Shared Group 1 and Group 2)

The services for children, youth, and adults listed below will now be reimbursed under this 1115 Medicaid Waiver. In Juneau, less than half of these services are currently available. Building this full complement of services in Juneau will require increased coordination and funding to develop the infrastructure, sites, and workforce.

- Home-based Family Treatment
- Intensive Case Management Services (ICM)
- Partial Hospitalization Program Services (PHP)
- Intensive Outpatient Services (IOP)
- Children’s Residential Treatment Level 1 (CRT)
- Therapeutic Treatment Homes
- Assertive Community Treatment Services (ACT)
- Adult Mental Health Residential Services (AMHR)
- Peer-based Crisis Services
- Mobile Outreach & Crisis Response Services (MOCR)
- 23-Hour Crisis Observation & Stabilization Services (COS)
- Crisis Residential/Stabilization Services
- Community Recovery Support Services (CRSS)

Alaska Substance Use and Disorder and Behavioral Health Program (SUD-BHP)
Approval Period: January 1, 2019 - December 31, 2023 Amendment Approval: September 3, 2019

While this expansion in eligible services under Medicaid is to be applauded, it is important to note that no additional funding is coming into the state Medicaid budget. Tracking the impact of this expansion of eligible services on the mental health and substance use disorder services in Juneau should be considered.

State Budget and Funding Impacts of 1115 Medicaid Waiver and ASO Management System

It is unclear whether the changes at the State level in the availability of Medicaid dollars to organizations, nonprofits, and businesses working with people with mental illnesses and substance use issues will strengthen Juneau’s continuum of care, or not.

Regarding the final 2020 State budget impact on service providers in Juneau, overall the sense of several, but not all organizations was that while the situation was stable regarding funding and funding

cuts from the State, organizations already have been absorbing State cuts for several years by using their reserves, increasing fund raising, and reducing training and benefits for staff. The uncertainty inherent in the change coming in the next few years weighs heavily on these nonprofit organizations and may adversely affect the quantity and quality of mental health and substance use services provided in Juneau.

For example, State Behavioral Health grant funding, the basis of the funds for the 1115 Medicaid Waivers, has been decreasing for several years. According to comments from Juneau organizations gathered in response to the potential State budget cuts in the summer and fall of 2019, organizations that use these funds to provide services have already increased efficiencies, altered their business model, changed or reduced their services to address the continuing shortfall in funding, or have actively pursued other grant funding where available. It is unclear if the grants will disappear completely in the next few years, as these funds are reallocated to fund the new 1115 Medicaid service array.

Most health and social service organizations are facing an uncertain future because of the potential continued reductions in State funds in upcoming years directly affecting their ability to provide needed services. Indirectly, State budget cuts may also lead to decreased local donations as the State budget impacts effect individuals, businesses, and the community. In addition, local government funds may decrease as less state funding goes to communities.

As organizations and businesses adapt to the 1115 Medicaid Waivers and the new services that can be billed to Medicaid, the potential increased billing may reduce Medicaid payments. Juneau must be alert to what services, if any, may experience decreased fee for service revenue due to changes in Medicaid payments.

Healthy System, Current System & Enhancements

Healthy System²

A Recovery Oriented System of Care (ROSC) is a continuum of addiction and mental health programs as well as ancillary social services that promote both individual and family recovery through prevention, wellness, crisis intervention, treatment, and recovery supports which range across the spectrum from very early interventions to the most intensive treatment interventions together with long term supports. Key characteristics include: culturally appropriate, accountable (effective and efficient), person-centered, and outcome-based

Services and Recovery Supports include:

Mental Health Treatment	Substance Abuse Treatment	Recovery Supports
<ul style="list-style-type: none"> ○ Emergency Psychiatric ○ Forensic Psychiatric ○ Crisis Intervention and Stabilization ○ Residential Psychiatric ○ Community-based Residential ○ Outpatient and Home-based ○ Community Outreach 	<ul style="list-style-type: none"> ○ Detoxification and Sobering Centers ○ Long-term Residential ○ Short-Term Residential ○ Medication Management ○ Outpatient 	<ul style="list-style-type: none"> ○ Housing ○ Case Management and Navigation ○ Sobriety Programs ○ Natural Supports and Faith-based Programs ○ Prisoner Re-Entry ○ School and Employment ○ Peer Supports

The integration of treatment services and recovery supports are critical for people achieving and maintaining success in their personal journey to health. For example, simply providing behavioral health services will not enable recovery for someone who is homeless; when one is preoccupied with figuring out where they might sleep, and whether they will eat, tending to their illness is often not first on their list.

Current Local System

For a community of our size, Juneau has strong continuum of care. Every year social service and treatment agencies gather to discuss priorities and identify service, prevention and treatment gaps. Some of these gaps are already being addressed by community stakeholders in our schools – implementing a trauma-informed environment across the school district. We have gaps, which our community members and service providers have identified and are struggling to address. Juneau’s current system in the Juneau Community Action Planning Group (CAP) Continuum of Care (COC) in the Appendices.

² Goal 1 of the Plan (see page 11) is to develop a matrix of services in Juneau available to youth and adults for both mental health and substance use disorders. From these matrices, we will provide a client-friendly version that will be available on provider websites as well as handouts.

Enhancements

During these times of significant changes, there can be opportunities to re-imagine and re-configure the services that are delivered, who delivers them, how, and where. In interviews with the community stakeholders and providers, examining the potential of integration of services was of particular interest. This potential included examining the possibilities of:

- Network Opportunities/Shared Services Agreements
- Primary Care/Behavioral Health Integration
- Intersection with Tribal Health Corporations
- Intersection with Bartlett Regional Hospital

The behavioral health treatment agencies and the ancillary recovery support services that make up Juneau's behavioral health recovery continuum are a complex system. This system is undergoing massive change from the reorganization efforts at the State level, and the budgetary impacts from our Executive and Legislative Branches of government. As these changes occur, continued and well-directed support from the Juneau Community Foundation and the CBJ Assembly and municipal staff will be even more essential as our stakeholder agencies shift and adapt to the new service environment.

Juneau Substance Abuse and Mental Health Treatment Plan

Goals These reflect the input from service providers in Juneau. They are aligned with Alaska's Comprehensive Integrated Mental Health Program Plan goals* (Comp Plan Goal) and can be aligned with future funding opportunities.	Priority
<p>1. Create a Juneau Behavioral Health Recovery Council. (Comp Plan Goal 2)</p> <p><i>A Juneau Behavioral Health Recovery Council is needed to increase coordination of services and identification of gaps and recommendations for ways to fill gaps across the service system (in Juneau or with providers elsewhere). The mission of this Council would be to ensure that Juneau has the behavioral health services needed to serve all ages of our community. Membership should include an Assembly member, Bartlett Regional Hospital, SEARHC, JAMHI Health and Wellness, and other representatives of behavioral health and social services in Juneau, a member of the business community and a community member. Staff for the Council should come from the CBJ Housing Program. Potential strategies for the Council include:</i></p> <ul style="list-style-type: none"> • Coordinate the State of Alaska Division of Behavioral Health Community Action Planning group with the Juneau Behavioral Health Recovery Council and recognize the Council as a leadership committee, with a standing agenda and meeting schedule. • Network among local agencies to integrate care and coordinate efforts to meet agreed upon goals of this Plan. • Capture the community substance abuse and mental health treatment and recovery funding from public monies that flow into the community and identify who controls not only the funding (i.e. which state agency/department or discretionary funding agency) but also how those funds are flowing into community-based agencies. • Utilize the group to address ongoing system changes wrought by the 1115 Medicaid Waiver. Track the changes over time to ascertain trends in how the system is responding to the changes in grant and Medicaid funding. • Identify the specific mental health and substance abuse services that are in short supply on an annual basis and report back to the Assembly. • Oversee implementation of Goals 2-8. 	<p>System Development</p>
<p>2. Develop and Maintain Current Inventory of Existing Services and Providers (Comp Plan Goal 9)</p> <p><i>While the report provides an overview of the providers and services, this list is not useful to families and friends in search of services for a loved one. Currently, a much more user friendly two-page version is being developed for Mental Health providers and updated for Substance Use Disorder. Services in Juneau are changing rapidly, with both the addition of new services and existing services closing. The Council would review the changing matrix of services and availability on a regular basis and ensure public information is updated regularly.</i></p> <ul style="list-style-type: none"> • Include current and potential service providers. • Outline services based on clients' priority needs for behavioral health treatment and recovery support services in the Juneau area. • Update Juneau Recovery Pathway [Substance Abuse] and develop the Mental Health Guide with the social service partners. • Review and validate services yearly by the Juneau Behavioral Health Recovery Council. • Consider implementing a software solution for tracking changes. 	<p>System Development</p>

<p>3. Coordinate with Juneau Coalition on Housing and Homelessness. (Comp Plan Goal 7)</p> <p><i>Locating CBJ Council Staff in the offices of CBJ Housing Program would serve to have a focal point at CBJ for coordinating behavioral health services with housing and homelessness services. Coordination in this area is essential as many clients served by the CBJ Housing Program also have mental health problems and substance use disorders. In order to tackle homelessness in a meaningful way behavioral health resources are needed.</i></p> <ul style="list-style-type: none"> • Identify the homeless programs that are targeted to meet the needs of behavioral health clients. • Ensure Navigation services extend to support stability for housed behavioral health clients. • Develop specialized detox services for homeless behavioral health clients. 	<p>Service Capacity</p>
<p>4. Expand the capacity of the substance use disorder and mental health treatment providers, and ancillary supports, in order to provide treatments addressed in the 1115 Medicaid Waiver and the new State Administrative Services Organization (ASO). (Comp Plan Goal 2)</p> <p><i>Currently, the Medicaid 1115 waiver and ASO implementation of services is a changing target. CBJ and agencies need to understand, in real time, what services will be covered by the new Medicaid waiver programs that are being rolled out by the state, in order to be in a position as a community to receive the funding needed to respond to changes. We have to be nimble to have programs in place that will be eligible for funding.</i></p> <ul style="list-style-type: none"> • Review of ASO guidance by the Juneau Behavioral Health Recovery Council as it becomes available and recommend action, as necessary. • Ascertain whether primary care settings are adequately reimbursed for integrated behavioral health. 	<p>Treatment Expansion</p>
<p>5. Grow the current SUD and MH system services for children and youth and sustain the improvements. (Comp Plan Goal 4)</p> <p><i>An early task of the Council would be to determine the demand for behavioral health treatment for children and youth in Juneau. What is currently known, is that the number of beds and programs for behavioral health and homelessness that were available for youth in the past have greatly decreased. Currently, the CBJ Housing Program staff are working with agencies and youth to put together a viable program to attract federal Housing and Urban Development funds to support youth who are homeless. Broadening those efforts to include behavioral health resources that will be needed to support recovery and avoid chronic homelessness is critical in all efforts to support youth.</i></p> <ul style="list-style-type: none"> • Identify needed youth mental health and substance use services and monitor changes in services to determine how to implement the current Medicaid state plan and 1115 Medicaid Waiver Substance Use Disorder-Behavioral Health Plan. • Identify and provide state-supported MH and SUD treatment services in schools. • Determine whether to provide substance abuse treatment services and pre and post treatment options for youth, which are currently limited. Develop and sustain any services determined to be needed in order to safeguard the opportunity for young people to remain in Juneau as they work to attain/maintain their recovery. 	<p>Treatment Expansion</p>

<p>6. Increase assessment and referral options for young children to support early access to Medicaid funded community and school-based services. (Comp Plan Goal 1)</p> <p><i>The early identification and treatment of behavioral health issues can have a profound positive impact on a child and their family as they grow up and integrate into the larger community through school, community activities, and sports. The opposite is also true, in that failure to address these issues in children will stifle their development and success in later years.</i></p> <ul style="list-style-type: none"> • Sustain community and grant funding to early childhood and infant learning as well as Head Start programs. • Implement additional Best Beginnings and Mental Health Consulting Program for early childhood to sustain and support children as they move through day care, and K-6. 	<p>Treatment Expansion</p>
<p>7. Promote ongoing efforts focused on suicide prevention in our community for adults and youth. (Comp Plan Goal 5)</p> <p><i>Focusing resources on destigmatizing suicide, providing help to individuals contemplating suicide, and addressing the aftershocks for people who have lost someone to suicide through postvention services is essential to mitigate further harm to families and the community.</i></p> <ul style="list-style-type: none"> • Advertise the website - juneamentalhealth.org, a user-friendly mental health resource service and guide for Juneau. • Ensure continuation of Suicide Prevention and Postvention Training 	<p>Service Capacity</p>
<p>8. Investigate the workforce projects with AMHTA and UAA Training Cooperative to determine if there are opportunities to improve staffing stability in our agencies. (Comp Plan Goal 9)</p> <p><i>Workforce issues plagued our behavioral health providers in Juneau. Ongoing support is needed to addressing the impact on nonprofits, such as worker of turnover, lack of employee healthcare coverage, low wages, high stress, and trauma.</i></p>	<p>System Development</p>

Priority Key:

Treatment Expansion - MH and SUD services not provided in Juneau or areas that require leaving to receive the care.

Service Capacity – Increase in MH or SUD services already provided in Juneau and removing barriers.

System Development and Coordination – Understanding services being provided and the coordination among providers and addressing sustainability and staffing.

*“Strengthening the System: Comprehensive Integrated Mental Health Plan for Alaska FY 2020-FY 2024, ” State of Alaska, Department of Health and Social Services, in coordination with Alaska Mental Health Trust Authority.

Appendices

1. Commentary from Juneau Behavioral Health System Stakeholders
2. List of service providers and others interviewed
3. Juneau Community Action Planning Group (CAP) Continuum of Care (COC)

Commentary from Juneau Behavioral Health System Stakeholders

The community providers that are the focus of this assessment gave generously of their time and expertise to outline areas in the Juneau behavioral health and social services array that need attention. The following are the highlights of those interviews.

Priority	Gaps in the current system	Goal
SD	Communication and Coordination amongst the providers (the Who? What? How? of each provider)	1
	<ul style="list-style-type: none"> ○ agencies need to provide frequent updates on their changing service array ○ more transparency in the system is needed 	
SD	Behavioral health grant and Medicaid rate cuts are impacting non-tribal providers' ability to serve an increasing number of clients	4
SD	Referral and Intake – clients find the administrative process for accessing services burdensome and will use the emergency room system rather than the community providers	3
SD	Focus on use of Chemical Dependency Counselor (CDC) 2 staff is shutting the door on people who need the career ladder	7
SD	All providers identified staffing shortages as a huge worry	7
	<ul style="list-style-type: none"> ○ impossible to keep pace with the increasing salary requirements ○ staff instability leads to poor treatment outcomes, adversely affecting client retention 	
SD	No information on the roll-out of the 1115 Medicaid Waiver changes	*
SD	No information on the roll-out of the ASO	*
SC	Supported Housing opportunities are scarce, but a very necessary resource for the recovering behavioral health beneficiary	6
SC	Medical coverage for psychiatric services is limited given the number of clients in the community	3
	<ul style="list-style-type: none"> ○ Telemedical solutions have worked in many Alaskan communities, could do so in Juneau 	
SC	Vocational Rehabilitation (VR) are only accepting referrals on "employable clients"	*
SC	Same day access for treatment services is a huge gap across programs	3
	<ul style="list-style-type: none"> ○ waiting in the lobby to catch an appointment is a hardship for many ○ timeliness of service and authorization are a barrier ○ long waitlists for adult Seriously Mentally Ill (SMI) clients and no easy intake for previous clients 	
SC	Parents do not know what to do when their child is in crisis	2
SC	In-home services are limited for adults without a primary care diagnosis	6
SC	Lack of specialized detox services for homeless	6
SC	Need same day MAT option that is not too fancy and flexible	6
TE	Treatment (TX) services for young children and adolescents –	2,3 & 4
	<ul style="list-style-type: none"> ○ limited treatment services in schools <ul style="list-style-type: none"> ▪ they are seeing success with the teen health clinics ▪ increasing engagement with families in-home is a goal ○ private counseling providers have waitlists and there are too few of them in the community 	

	○ no substance abuse treatment services are available in Juneau at this time	
	○ there are no case management services targeted for Traumatic Brain Injury (TBI) clients in Juneau	
	○ pre/post treatment options for youth are non-existent	
	○ schools have need of additional social workers in schools	
	○ infant learning – there is a gap in services for ages 3-5	
TE	Court-ordered treatment for substance abuse is not used as often as need indicates	*
TE	Most complicated/vulnerable clients are unserved	4
	○ number of agencies doing outpatient behavioral health rehabilitation services is shrinking, decreasing the availability of care for the most severe clients (SED, SMI and SUD)	
	○ new treatment options are needed for adolescents (both outpatient and residential)	

Priority	Recovery Supports	Goal
SD	Agencies have identified that having Navigators is critical	6
SC	Homeless Services experiencing a 7.8% cut in FY 2020	6
SC	Homeless services providers are stretched	6
SC	Shelter services for older adolescents/young adults are non-existent	6
SC	Need a detail of housing units required to meet population	6

Priority	Change Opportunities	Goal
SD	A path to reorganization under the 1115 Medicaid Waiver	*
SD	Map of the Health Status of the state by region	*
SD	Integration with primary care	*
SD	Increased use of Peer Staff	6
SD	Changes in lead positions at agencies has led to improvements in coordination and access	*
TE	Assertive Community Treatment (ACT) Model for Adults	*
TE	Inclusion of telemedical treatment solutions to leverage access to professionals	*
TE	Afterschool Services at Zach Gordon Youth Center	*
TE	Schools are experiencing improved outcomes through Trauma Informed Early Intervention practices with:	*
	○ STEPS and Restorative Practices programs	
	○ MH Consultation and Reflective Practice	

Priority Key:

- TE Treatment Expansion - MH and SUD services not provided in Juneau or areas that require leaving to receive the care.
- SC Service Capacity – Increase in MH or SUD services already provided in Juneau and removing barriers.
- SD System Development and Coordination – Understanding services being provided and the coordination among providers and addressing sustainability and staffing.

Interviews

Doug Harris, JAMHI
Dave Branding, JAMHI
Crystal Bourland, NAMI Juneau
Bruce Van Dusen, Polaris House
Saralyn Tabachnick, AWARE
Wayne A. Stevens, United Way
Bradley Grigg, BRH
Mandy O'Neal Cole, AWARE
Linda Landvik, JAMHI
Gus Marx, JYS
Michael Pellerin, GHS
Michele Federico, GHS
Amy Simmons-Taylor, JYS
Erin Walker-Tolles, CCS
Bradley Perkins, SVDP
Jordan Nigro, ZGYC
Mariya Lovishchuk, Glory Hall
Beth Leban, Teen Health Centers
Patrick Taylor, JPD
Tristan Knutson-Lombardo, SAIL
Hilary Young, Juneau Suicide Prevention Coalition
Mark Walker, SEARHC
Kelly Nieman, YKSD
Cindy Brown Mills, JYS
Don Habeger, Prisoner Re-Entry
Dave Moore, JUMPP
Scott Ciambor, CBJ
Irene Gallon, CBJ
Katie Chapman, DHSS/DBH
Lynn Squires, DHSS/DBH
Courtney King, DHSS/HCS
Patrick Sidmore, ASBA
Kristen Bartlett, JSD
Ted Wilson, JSD
Maressa Jensen, JSD
Jeri Museth, OCS
Andrew Strand, OCS
Pres. Richard Peterson, CCTHITA
Becky Roth, R.O.C.K. Juneau

Southeast Alaska Behavioral Health/Integrated Services Continuum of Care

Updated October 29, 2019

Please Note: The process to share and coordinate screening, assessment and treatment material to coordinate care with referred or shared clients/consumers—as required in the RFP—is included within the attached “Memorandum of Agreement for Juneau Behavioral Health Providers for FY20.”

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
EMERGENCY SERVICES - 24-hour Community Wide			
Emergency Mental Health Svcs-Adults	24/7 Response; includes Telebehav. Health access for Tenakee Sprgs, Elfin Cove, Gustavus	JAMHI	State/Med
24/hr Crisis Line and Safe Emergency Shelter	DV/SA Crisis	AWARE	State/Local
Emergency Services Program - Public Inebriate Social Detox - Crisis Van	SA Crisis	RRC/BRH	CBJ
SEARHC Help-Line	24/7 Crisis Hot Line	SEARHC	Fed
PREVENTION			
Public campaign	Educ, safety, media, advocacy, community for misuse of prescription Rx	JAMHI	Fed/State
CHOICE Retreats	Prevention and cessation, peer modeling, life skills and healthy choices education	JYS	JCF
Family Services & MH Prgm, SA/MH	Educ & support with Native Community, schools	SEARHC	Fed

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Overdose Prevention	Narcan distribution and training	JAMHI	State
Personal Safety Education	Pre-school thru college age	AWARE	State/Local
Girls on the Run & Boys Run	Girls & boys grades 3-8	AWARE	State/Local
Alaska Men Choose Respect	High School and adult age male programming	AWARE	Fed/Local
Education & Support Groups	For community and women impacted by dv/sexual assault	AWARE	State/Local
Life Skills & Creative Play Groups	For community & children/youth impacted by dv/sexual assault	AWARE	State/Local
Healthy Relationship Class for Women	10-week education class	AWARE	State
Juneau Choice & Accountability Program- Men at Work	24-week education class	AWARE	State/Local
Coaching Boys into Men	High school and adult	AWARE	State
Haa Tóoch Lichéesh (formally the Juneau Violence Prevention Coalition)	Community planning and partners	AWARE	State
Suicide Prevention Project	School-based, community awareness and postvention.	JYS	State/JCF/ACT
Cultural Community Support Gps	Tlingit-based story-telling, Arts/crafts, drum group for community	SEARHC	State/Fed
EARLY INTERVENTION			
Early Childhood Services Program (ECS)	HeadStart/Pre-schools BH services for ages 3-5. Consultation	JYS	State/Med

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
NAMI Basics	6-week education and skills course for parents & caregivers with children or adolescents with emerging behavioral health needs.	NAMI/J	AMHTA
NAMI Family & Friends Seminar	Informational seminar on common mental health conditions, treatment options, caregiving strategies and navigating resources.	NAMI/J	AMHTA, NAMI/J
Juneau Alcohol Safety Action Program (ASAP)	Screening, referral, compliance monitoring, Alcohol Drug Info School for youth and adults, Victim Impact Panel	JAMHI	State/SP/TPR
Individual/Group Counseling	For child survivors of dv, sexual assault, child abuse	AWARE	State/Local
Child Advocacy Center	Medical & forensic exams for children; advocacy, referrals and case management.	CCS	State
Love & Logic Parenting Group/Circles of Security	For survivors of domestic violence	AWARE	State/Local
Juneau Coordinated Resource Project	Case mgmt and outpt. clinic services-for mental health court participants	JAMHI	State/Med
JAMHI Wellness Program	Primary care medical prevention/early intervention services, BH integrated care prevention/early intervention services	JAMHI	State/Med/SP
OUTPATIENT			
Comprehensive Sub Abuse Eal/MH/TBI/FASD screening	Adult CD Assessments, screening and referral	GHS	DBH/SP/Med/TPR

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Juneau Therapeutic Court	Assmt, Tx Recommendations, Referral, SA Tx, Indiv/Grp/Fam Couns, Educ, Life Skills, Case Mgt, Relapse Pvtn, Cont Care, Fam Prgm, Gender-specific grps	GHS	State
Adult SA/Dual Diag Capable ASAM I	Indiv, Grp, Fam Couns, Care Coordination, after/extended care, (Moral Reconciliation Therapy with Community Work Svc, Cognitive Restructuring, Addiction education, Relationships, Early Recovery Skills, Relapse Prevention)	GHS	DBH/SP/Med/TPR
Adult Behavioral Health – Co-occurring Disorder Capable, SMI-Rehabilitation, Case Management	Walk-in or tele-behav. health integrated clinical assessments M-Th 8a – 1:30p; individual and group therapy and case management for persons with SED, SUD, SMI and co-occurring disorders; psychiatric, med mgt, nursing svcs.	JAMHI	DBH/Med/SP/SFS TPR
MH/CD/Risk/Psychiatric Assessment	Assessments	JYS	State/Med
Family Outpatient Program	Therapy/skill dev	JYS	State/Med
School-Based Services (SBS)	Clinical Therapy/Rehab Skill development in elementary schools	JYS	State/Med
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level I.0 Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy,	RRC	SP/SFS/TPR/Med/MAT

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
	Urine Drug Screens, Relapse Pvtn, Cont Care MAT -OBOT		
Family Services Prgm/SA, Youth & Adult	Indiv & Fam Couns.	SEARHC	SEARHC /Fed
Family Services Prgm/SA, Youth & Adult	Assessments & Eval	SEARHC	SEARHC/Fed
MH Prgm, Adolescent, Adult, Elderly	Assessment, Med Mng, Psychotherapy, Psychiatric.	SEARHC	SEARHC/Fed/TPR
MH Prgm, Child & Adolescent, Parents	Child & Fam Therapy	SEARHC	SEARHC/TPR
BH Department	Case Management	SEARHC	Fed/TPR
BH Department	Tele-Behavioral Conf	SEARHC	Fed/TPR
SA/MH Co-Occurring	Indiv, Fam Therapy,	SEARHC	Fed/TPR
Screening and Integrated Behavioral Health Assessment	DSM/ASAM Assessments	SEARHC	SEARHC/FED
ASAM Level 1.0 outpatient treatment	Continuing Care, Relapse Prevention, education, group counseling, individual counseling, case management	SEARHC	SEARHC /Fed
Screening and Integrated Behavioral	Adult integrated BH assessments and referrals	SEARHC	SEARHC /Fed
SEARHC BH Dept	Walk-in Open Enrollment for intake M, W, & F 1-3PM, T & THR 9-11AM. Crisis Walk-Ins M-F 8-5PM	SEARHC	SEARHC /Fed

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Juneau Coordinated Resource Project	Mental health court case mgt and outpatient clinical services	JAMHI	State/Med
INTENSIVE OUTPATIENT			
Beh Health Eval SA/MH/FASD screening Adult Beh health-Dual Diag capable ASAM II.I.	Adult Assessmts	GHS	DBH/SP/Med/TPR
Adult SA/Dual Diag Capable ASAM II.I	Indiv, Grp, Fam, Couns, Care Coordination, Rehab Tx, Extended Care, Moral Reconciliation, Cog Restructuring, Early Recovery, Gender grps, soc support.	GHS	DBH/SP/Med/TPR
MH Intensive Program	Couns/Skill Dev	JYS	State/Med
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level II.I Outpatient Tx - Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
Matrix Model Group with Substance Use Assessments ASAM Level 2.1	Assmt, Tx Recommendations, Referral, SA Tx, Indiv/Grp/Fam Couns, Educ, Life Skills, Case Mgt, Relapse Pvtn, Cont Care, Fam Prgm, Gender-specific grps	SEARHC	SEARHC /Fed
DAY TREATMENT			

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
RESIDENTIAL			
Youth Mental Health			
15-bed level-four girls' Tx Program	Lighthouse: Long-term Tx Dual Dx (Matrix Model)	JYS	State/Med
15-bed level-four boys' Tx Program	Montana Creek: Long-term Dual Dx (Matrix Model)	JYS	State/Med
Residential Educational Program	Education	JYS/Sch Dist.	CBJ/State/Med
Wilderness Therapy multi-bed	Crossings: Wilderness Therapy Wrangell Based 65-day Mental health primary diagnosis with the ability to have a secondary diagnosis of SUD	SEARHC	FED/STATE/SEAR HC
Youth Behavioral Health – Co-Occurring Capable			
Raven's Way Program-Adventure Bound	Matrix Model; Referral/ open enrollment	SEARHC	Fed
Youth Long-term Transitional			
7-bed transitional living apartments	Transitional Living Program at the Black bear Apartments, offering Supported Housing	JYS	CBJ/Fed
Child/Youth Crisis/Respite			

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Adult Mental Health			
Bartlett Mental Health Unit	Eval and Treatment	BRH	DBH/Med/TPR
Independent Permanent Housing (15 units)	Independent Housing	JAMHI	HUD/SP
Permanent Supported Housing (30 beds)	Person-centered support across 4 settings	JAMHI	DBH/Med/TPR/SP
Polaris House	Adult Substance Abuse. Maintain less than 10% homelessness for members	Polaris	DBH/AMHTA
NAMI Peer-to-Peer Course	8-session, peer-led recovery education course for individuals experiencing a mental illness or co-occurring SUD.	NAMI/J	AMHTA, NAMI/J
NAMI Connection Support Group	Weekly peer-led support group for adults with a mental illness or co-occurring SUD	NAMI/J	AMHTA, NAMI/J
Senior Mental Health Services	Individualized in home counseling services for seniors and their families.	CCS	State/Local
Adult Substance Abuse			
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level III.5 Residential Tx - 16- Bed, Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	DBH/SFS/SP/TPR/Med/MAT

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
ASAM Level II.I Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level I.0 Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level III.7-D & IV-D Medically Monitored Tx - MHU, Med Surg, CCU	Detoxification	RRC/BRH	DBH/TPR/Med
Integrated Behavioral Health Assessment	Primary care assessment and treatment, Integrated Behavioral Health assessment for SUD, co-occurring disorders, individual, referral services, continuing care and support, MAT	JAMHI	DBH/Med/TPR
Intensive Outpatient Treatment; ASAM Level I.0 and II.I	Matrix Model; Integrated Behavioral Health assessment for co-occurring disorders; Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	SEARHC	Fed/SEARHC
ASAM Level 1.0 Outpt Substance Use Disorder Treatment- Adult SA	Integrated BH Assmt, Indiv., Grp. & Fam. Couns., Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
ASAM Level II.I Intensive Outpt. Substance Use Disorder Treatment – Adult SA	Integrated BH Assmt., Indiv, Grp., & Fam. Couns., Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR
Adult Behavioral Health – Co-Occurring Capable			
Intervention and Referral	Individual, Family	GHS	State/SP
Independent Permanent Housing (15 units)	Independent Housing	JAMHI	HUD/SP
Permanent Supported Housing (30 beds)	Person centered support across 4 settings	JAMHI	DBH/Med/TPR/ SP
Outpatient Adult Svcs –Ages 18+	Primary care assessment and treatment, Integrated behavioral health assessment, psychiatric eval, med mgmt, individual and group counseling, case mgmt, rehab services, care coordination and referral. Same-day assessment access; tele-behavioral health capacity.	JAMHI	DBH/ Med/ TPR/ SP/SFS
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level III.5 Residential Tx – 16- Bed, Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	DBH/SFS/SP/TPR /Med/MAT

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
ASAM Level II.I Outpatient Tx - Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level I.0 Outpatient Tx - Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level I.0 Outpt. Substance Use Disorder/Co-Occurring Disorders-Adult	Integrated BH Assmt, Indiv, Gp., & Fam Couns, Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR
ASAM Level I.I Intensive Outpt. Substance Use Disorder/Co-Occurring Disorders - Adult	Integrated BH Assmt., Indiv, Gp., & Fam. Couns., Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR
Intensive Outpatient Treatment; Outpatient Treatment; ASAM Level I.0 and II.I with Mental Health Services	Matrix Model; Integrated Behavioral Health assessment for co-occurring disorders; Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT; with mental health therapist treating mental health condition	SEARHC	Fed/SEARHC
Residential Transitional Living for Survivors of Domestic Violence/SH	11 units of transitional housing, counseling	AWARE	State/Local

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Forget-Me-Not Manor	Juneau Collaborative Housing Apartments-32 people experiencing chronic homelessness and substance misuse. Housing-1st.	JHFC	State/Local
DETOXIFICATION			
ASAM Level III.7-D & IV-D Medically Monitored Tx - MHU, Med Surg, CCU	Detoxification	RRC/BRH	DBH/TPR/Med
Emergency Services Program - Public Inebriate Social Detox - Crisis Van	SA Crisis	RRC	CBJ
MISC ADULT BEHAVIORAL HEALTH SERVICES			
Anger Management	Group	GHS	SP
Adult Re-Entry Prgm-Corrections (APIC)	Pre and post release case management services; clinical & psychiatric assessments, treatment planning, Individual and group services, primary medical care.	JAMHI	DOC
Adult Re-Entry Prgm	Group, Case Mgt	GHS	DOC
Candlelight AA and Women's AA	Self help	GHS	Donation
Coordinated Resource Project (MH Court)	Case Management, OP services	JAMHI	DBH/CBJ/Med/ TPR
Emergency Services Patrol Public, Inebriate Program	Social Detox	RRC	DOC

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Adult Community Support	Group and Individual	Polaris	AMHTA
Adult Community Job Service	Individual Support	Polaris	DBH, DVR
Court Ordered Ed	Alcohol and Drug Info adult and youth; ADIS and YADIS	JAMHI	SP
Victim Impact Panel	Group	JAMHI	SP
Adult Reducing Recidivism Case Mgt.	Case mgt for medium to high risk offenders	JAMHI	State
INTEGRATED PRIMARY CARE			
Adult Primary Care	Primary medical care for all adults integrated with behavioral health services	JAMHI	SAMHSA
Pain Management	Integrated Primary Care Mental Health-Pain Management Care coordination	SEARHC	FED/SEARHC
MAT Group	Integrated Primary Care Mental Health-MAT group using Matrix material prescribers doing group visits at the end of the group, UA's prior	SEARHC	FED/SEARHC
OTHER			
Transitional Supported Housing	Case Mgt Life Skills, Placement and Rental Assistance	GHS	AHFC/SP
Juneau Choice and Accountability Program (JCAP)	24 class psychoeducational program for dv offenders, community and prison programs	AWARE	State/Local
Teen Health Center	Clinical support to school-based Teen Health Centers	JYS	JSD/JCF
Foster Care	Therapeutic foster care	Akeela	Medicaid

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Bereavement Support	Individual and 8-wk group education 2X year.	CCS	Local/State
NAMI Family-to-Family Course	8-session education course for family members and caregivers who support loved ones with mental illness or co-occurring SUD	NAMI/J	AMHTA, NAMI/J
NAMI Family Support Group	Peer-led support group for family members and friends who support loved ones with a mental illness or co-occurring SUD	NAMI/J	AMHTA, NAMI/J
Family Support Group	Group for families experiencing SUD	JAMHI	Donation
AGENCIES			
Bartlett Regional Hospital		BRH	
Catholic Community Services		CCS	
Division of Behavioral Health		DBH	
Division of Juvenile Justice		DJJ	
Gastineau Human Services		GHS	
Indian Health Service		IHS	
JAMHI Health and Wellness		JAMHI	
Juneau Youth Services		JYS	
NAMI Juneau		NAMIJ	
Mt. Edgecombe Hospital		MEH	

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Office of Juvenile Justice and Delinquency		OJJDP	
Office of Violence Against Women		OVW	
Rainforest Recovery Center		RRC	
Southeast Alaska Regional Health Consortium		SEARHC	
Polaris House		Polaris	
Aiding Women in Abuse & Rape Emergencies (AWARE), Inc.		AWARE	
Akeela		AKEELA	
Community Connections		CC	
Alaska Island Community Service		AICS	
Lynn Canal Counseling		LCC	
Youth Advocates of Sitka		YAS	
Sitka Counseling and Prevention Svcs		SCPS	
Southeast AK Regional Health Consortium		SEARHC	
ACRONYMS AND ABBREVIATIONS			

PROGRAM/TYPE		DESCRIPTION		AGENCY	FUNDING
AMHTA	Alaska Mental Health Trust Authority				
CM	Case Management		Mgt	Management	
Couns	Counseling		Outpt	Outpatient	
DBH	Division of Behavioral Health		PC	Primary Care	
Dep	Dependence		Ref	Referral	
DOC	Dept. of Corrections				
Detox	Detoxification		SA	Substance Abuse	
Dist	District		Sch	School	
DV	Domestic Violence		SED	Severely Emotionally Disturbed	
Educ	Education		SMI	Seriously Mentally Ill	
Fam	Family		SP	Self-Pay	
FASD	Fetal Alcohol Spectrum Disorder		TPR	Third Party Reimbursement	
Fed	Federal		Tx	Treatment	
Grp	Group		SFS	Sliding Fee Scale	
Indiv	Individual				
Inpt	Inpatient				
Med	Medicaid				
MH	Mental Health				

Appendix E

We help you reach your full potential

Juneau Reentry Coalition Retreat

Part 1 - Community Input

October 16, 2019, 6pm-7:30pm @ Northern Light Fellowship Hall

purpose: to explore, to dream and to create vision

**What do we want that we don't yet have?
 What do we want for our community?
 What is our next step?**

Community Input Process: The 13 participants were divided into 4 discussion groups. We gathered input through three rounds of discussion, asking that after each round participants change groups. Discussion rounds were each 20mins - time was given for each group member to share and then time for discussion. The discussion rounds

focused on the above questions (in order). At the end of each round, each group was asked to distill their discussion into the following categories:

- 6 Common Words we have heard
- 4 Connection Points in our conversation
- 1 Thing we want to share
- 1 Thing for us to remember



At the very end of the evening, the entire room came together to debrief the evening's discussion. The questions that guided our closing conversation (notes on left) were ...

**What are we hearing?
 What do we carry forward?**

Part 2 - Steering Committee Retreat

October 23, 2019, 12pm-2:30pm @ Gruening Park Rec Room

purpose: to make meaning of community input, to clarify values, determine 2-3 strategic priorities for the next 3-5 years, identify 3 specific actions for 2020

**What do we make of what we see?
What threads do we notice?
What values are showing up?**

Steering Committee Process: The group began with a grounding & mindfulness exercise. Each member shared a leadership practice with the group (read from a chosen Pause card), how it relates to his/her work and life, & an application to the retreat. We then gathered into three groups, based on the discussion notes received from the community meeting. Groups were asked to make meaning of the input by discussing the above questions. The following list was created of the common threads and values that appeared in the group discussions based on the community input.

THREADS

Increase of and continuity (coordinated & adequate) of resources
Reentry Center
Personalized Care and Human Connection
Accountability (individual & systemic)
Peer Support
Community Engagement, Outreach, Education & Awareness
Community Acceptance (reducing the stigma)
Education (for stakeholders)
Trauma-informed training

VALUES

all People
broader Community support & compassionate understanding
People's success
Compassionate accountability
Commitment & follow through
Personalized care & human connection
Peer support
Community engagement & education

Clarifying Values: Values were gleaned from the above list and placed on 10 cards around the room on the ground. Committee members were asked to spend time looking at each card and then to stand near the value that was standing out the most to them as something the coalition needed to pay attention to in the coming years. From 10 cards, all committee members ended up near the four values below in the green box. The process ended up naturally distilling the list into what stood out as most important.

Community Engagement & Outreach
All People & their Success
Community Support & Compassionate Understanding
Commitment & Follow through

Discovering Priorities: Using these four values as a foundation, the group had an energized discussion around what stands out in the values, how the values start to inform priorities for the coming years, and what it would look like to live in to these values and priorities.

The following is a list of the discussion points...

- Community engagement in coalition meetings
 - The coalition goes out to other community meetings to educate about the coalition and reentry
 - With connections made at other meetings, invite the large community back to the coalition to be involved
 -
- Highlight successes from the reentry community for the larger community
 - i.e. JPD stories
- Messaging & Delivery
 - Do a 180 - redesign the message
 - Be aware of the legislative & environment changes
 - Stories that talk about the 'why'
 - What labels are we using?
 - Use the language that connects
 - Change the dialogue - separate the behavior from the person
- Educate & engage reentrants and those in recovery
 - Develop leadership skills within JREC (ability to tell your story)
 - Have reentrants involved from the inside
 - Peer support and mentorship
 - Involvement empowers

- Have a bigger JREC presence
 - Support what community partners are already doing
 - Follow through on actions
 - Create work groups
 - Coordinate & participate

- Educate/Engage Community Members
 - What works and what is successful
 - Share what works within various community groups
 - Partner with agencies

The following image was created to acknowledge the overarching focus on community outreach & education and the four components to prioritize in the coming years.



Determining Actions: Based on the list of strategic priorities, the steering committee decided to create 4 work groups:

1. Implementing the message
2. Educating the public
3. Partnering with others
4. Engaging reentrants.

The work group structure will be determined at a future steering committee meeting.

About the Juneau Reentry Coalition

JREC hosts regular steering team meetings, community gatherings, educational events, film showings, and recovery events, and works with statewide coalition partners to share information and improve local programming for justice-involved Alaskans.

A Steering Team guides coalition efforts, organizes events, and establishes direction and values. The JREC Coalition Coordinator, funded by a grant from the Alaska Mental Health Trust Authority, offers administrative support for the coalition. The JREC Reentry Case Manager, funded by Department of Health and Social Services, works with citizens returning to the community after incarceration, before and after their release.

Juneau Reentry Coalition

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Juneau Reentry Coalition

The Juneau Reentry Coalition is a collaboration of individuals, organizations, and public agencies who support success for justice-involved Alaskans.

Our mission is to promote public safety within the community by identifying and implementing strategies that increase the success of all justice-involved individuals and reduces the likelihood of recidivism.



Alaska Reentry Facts at a Glance:

- 95% of incarcerated Alaskans will return to their communities after incarceration.
- In 2019, the Alaska Department of Corrections (DOC) reported 19,148 individuals were released from prison.
- 2 out of 3 individuals will return to custody within the first three years after release.
- In 2020, the daily cost of incarceration in DOC is about \$150 per day.
- Research shows that well-designed reentry services are effective in reducing criminal involvement and recidivism.
- Community-based support services, such as housing, behavioral health treatment, employment and training assistance, are more effective and less expensive than prison beds for reducing future criminal behavior.
- In 2020, after three years of focus and funding directed at reentry services, DOC reported the state's recidivism rate reached a 10-year low.
- Statewide efforts include community reentry coalitions and community and institutional case managers who work directly with returning citizens on individualized transitional planning.

Essential Components of Successful Reentry and Reduced Recidivism:

- Accessible, affordable, supportive, and sober housing
- Employment assistance and vocational training
- Access to addiction treatment, including Medication Assisted Treatment (MAT)
- Family and peer support
- Culturally-appropriate programming
- Strength-based and trauma-informed programming
- Reentry case management
- Faith-based support
- Transportation support
- Access to basic needs

Juneau Reentry Coalition's Efforts:

- Individualized transitional planning with a qualified community reentry case manager 90-days before release.
- Collaboration with statewide reentry coalitions and programs.
- Direct support for returning citizens upon release from incarceration.
- Addressing service gaps and barriers within the community.



Partners

The Juneau Reentry Coalition works with the Alaska Community Reentry Program, state and local partners that includes individuals with lived experience, Tribal, business, faith-based, profit and non-profit organizations, and public agencies.

Partners include the Alaska Mental Health Trust Authority, Department of Corrections (DOC), Department of Health & Social Services (DHSS), Department of Labor and Workforce Development (DOLWD), JAMHI Health & Wellness, Central Council of Tlingit & Haida Indian Tribes of Alaska (CCTHITA), NAMI-Juneau, Haven House, Gastineau Human Services (GHS), Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Rainforest Recovery, and others.

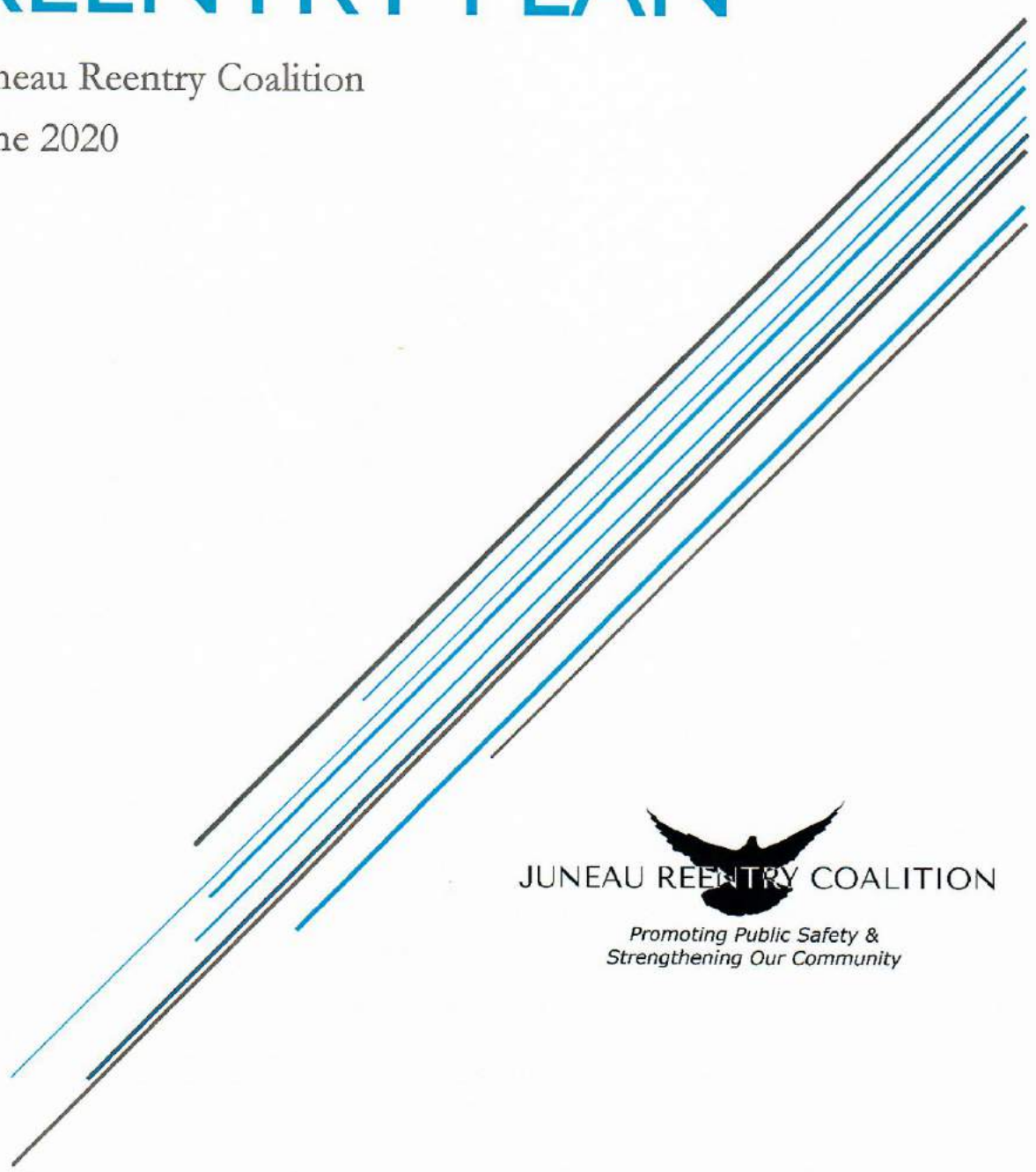
Trust

Alaska Mental Health
Trust Authority

COMPREHENSIVE COMMUNITY REENTRY PLAN

Juneau Reentry Coalition

June 2020



JUNEAU REENTRY COALITION

*Promoting Public Safety &
Strengthening Our Community*

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

Executive Summary

The Juneau Reentry Coalition (JREC) is a grassroots community effort, founded in 2013, and partners with the Alaska Department of Corrections (DOC), the Alaska Department of Health and Social Services, and the Alaska Mental Health Trust Authority to address the local and statewide issue of a 68% rate of return to prison within three years following an individual's release to the community. Alaska's baseline 68% recidivism rate is a human, community, and governmental high-cost proposition, a public safety concern, and a social issue that must be addressed and improvements made. Reducing the 68% return rate by 20% for our community is JREC's goal.

The DOC testified before the Alaska House Finance Corrections Subcommittee on February 6, 2020, that efforts to reduce the high rate of recidivism are showing progress. They said that the recidivism rate had fallen to 59.96%, a historic low since the DOC has been tracking recidivism data.

To continue the downward trend in recidivism, the JREC 2020 community reentry plan remains committed to behavioral health treatment, supportive housing, and peer support. Filling in gaps in service or overcoming barriers to these services remain an underpinning of JREC's efforts.

New to JREC's comprehensive reentry plan for 2020 is an enhanced focus on the community education, engagement, and outreach process. This focus is the result of coalition planning efforts during October 2019. Identified as keys to continued success in achieving the mission and goals of JREC is the refreshing and honing of the JREC message, and that message delivery to the community (public), partner agencies, and reentrants. Additional work on community messaging and engagement is deemed necessary if JREC is to maintain its positive effect on a safer community through the continued reduction of the recidivism rate.

JREC envisioned the enhanced community outreach effort to be like an umbrella, whereby the messaging work is the protective covering that allows the continued work of overcoming gaps and barriers in securing the behavioral health, supportive housing, and peer support services needed. Only when the umbrella is fully opened and protecting them that are underneath, or more appropriately, only when the JREC message is fully refreshed, honed, and deployed can it cover the continued growth of the filling in of barriers and gaps in services for reentrants in Juneau.

Integral to the 2020 plan is the partner agency piece. Although agency partnerships have been an emphasis of JREC since its inception, the emergence of a specifically stated partner agency message and outreach focus is new in the 2020 plan. This means that for JREC to continue the continued improvement in the recidivism rate, it must remain focused on streamlining the connective tissue between agencies so that reentry services are seamless for the reentrant as possible. Most of the goals and objectives for the coalition are, therefore, engagement efforts intended to jointly diminish service and treatment barriers and gaps and increase reentry success.

With the advent of the COVID-19 pandemic and the need to curtail traditional coalition communications methods during the last half of the fiscal 2020 year, JREC is in a quandary as to how it will implement some of its community plans. For example, while JREC completed its messaging refresh and produced a newly printed coalition brochure in early 2020, it has not distributed any of them. The timing was such that at the brochures completion, social distancing was the mandate, and direct human to human contact was greatly discouraged. At this plan's writing, Alaska's prisons remain closed to any outside group, and new communication channels need development. JREC is in the process of rethinking how it will better its outreach during and post-pandemic; however, clarity on how it will fully reestablish its communication systems remains a mystery. JREC will figure it out, but at this writing, not all of the 2020 reentry community plan implementation steps are clearly understood.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

Program Overview

The Alaska Community Reentry Program

The Alaska Community Reentry Program is a collaborative effort of the Department of Corrections (DOC), the Department of Health and Social Services (DHHS) Division of Behavioral Health (DBH), the Alaska Mental Health Trust Authority (the Trust), and communities across the State of Alaska. The Alaska Community Reentry Program envisions that those offenders sentenced to thirty days or more will have the tools and supports needed to successfully reenter their communities after their release from incarceration. These services and supports include, but are not limited to: access to physical and behavioral healthcare, employment, transportation, education and training, and housing. Offenders are introduced to the various community services and providers during their incarceration, so they gain familiarity and establish relations with the supportive services they need for successful reentry and connected to those services upon release so that successful reentry is enhanced and community public safety is increased.

Communities with reentry programs must ensure they have the capacity to meet the service needs of reentrants. The Alaska Community Reentry Program aims to establish a local community coalition and a coalition coordinator in communities with a DOC facility. The coalitions and coordinator will then assess community needs and work with the community to address service gaps. Additionally, some reentrants need the coordinated support of a team of people to help guide and encourage them. As needed, the coalitions will employ case managers to engage and support the reentrant in connecting to the services and treatment needed upon reentry.

Overarching Goals and Priorities for Reentry Reform

The fundamental goals of Alaska's reentry 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,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.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 reentrants³.

¹ *The Alaska Community Reentry Program*, AK Community Reentry Coalitions, AK Dept. of Corrections, AK Dept. of Health & Social Services, AK Mental Health Trust Authority, Version 3, March 2017, page 10

² Ibid.

³ *The Alaska Community Reentry Program*, AK Community Reentry Coalitions, AK Dept. of Corrections, AK Dept. of Health & Social Services, AK Mental Health Trust Authority, Version 3, March 2017.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

Juneau Reentry Coalition

Coalition History

The Juneau Reentry Coalition (JREC) was founded in 2013 by a group of concerned community members seeking solutions to the high rate of recidivism in Juneau. JREC grew from its small-group founding to a volunteer community coalition of approximately 200 individuals and organizations supporting a successful transition for people returning to the community after incarceration. Members include people with lived-experience of incarceration, community advocates, corrections, Native organizations, public health and social services, vocational rehabilitation, housing, transitional living, legislators, domestic violence shelters, mental health and addiction treatment providers, faith-based organizations, public safety, youth services, and others. Continued attention to community public safety through the delivery of community support services that increase reentry success and decrease the local recidivism rate remains JREC's focus.

JREC collaborates with the Alaska Mental Health Trust Authority, the Alaska Department of Corrections, the Alaska Department of Health and Social Services, and community partners to assess and mobilize resources that address barriers and build community supports that serve justice-involved individuals.

Coalition Mission

The mission of the Juneau Reentry Coalition is to promote public safety within the community by identifying and implementing strategies that increase the success of all justice-involved individuals and reduces the likelihood of recidivism.

Coalition Values

We will accomplish this by:

- Improving communication and collaboration with the Alaska departments of Corrections, Health and Social Services, and Labor and Workforce Development, the Central Council Tlingit & Haida Indian Tribes of Alaska, City and Borough of Juneau, Alaska State Legislature, community service providers, and the community.
- Building community partnerships to strengthen local services.
- Identifying barriers for successful reentry into the community after incarceration and taking an active role in addressing those concerns.
- Supporting justice-involved citizens in accessing community support services at the pretrial, incarceration, and reentry levels.
- Utilizing the guidelines within the *Alaska Community Reentry Program Guide* to support a collaborative effort to address successful reentry in Alaska.
- Facilitating access to culturally responsive services for justice-involved Alaska Native citizens.
- Promoting community awareness and seeking community input about the underlying causes and conditions that lead to incarceration and providing accurate information about recidivism, public safety, and evidence-based practices.

Coalition Membership and Roles

The Juneau Reentry Coalition (JREC) is a volunteer organization of about 200 individuals and organizations supporting successful transitions for people returning to the community after incarceration. The coalition also recognizes the importance of addressing the needs of justice-involved individuals during the pretrial and incarceration phases of their correctional involvement.

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Members include people with lived experience of incarceration, community advocates, corrections and justice professionals, Tribal organizations, public health and social services, vocational rehabilitation, housing, transitional living, policymakers, domestic violence shelters, mental health and addiction treatment providers, faith-based organizations, public safety, youth services, and others.

JREC collaborates with the Alaska Mental Health Trust Authority (Trust), Department of Corrections (DOC), Department of Health and Social Services (DHSS), Department of Labor and Workforce Development (DOLWD), and community partners to assess and mobilize resources that address barriers and build community services for justice-involved individuals.

The JREC Coalition Coordinator, funded by a grant from the Trust, manages monthly steering team and bi-monthly community meetings, participants in coalition workgroup efforts, provides public outreach and represents JREC in various other capacities. The Reentry Case Manager, supported by a DHSS grant, works with transitioning inmates returning to the community after incarceration.

Coalition Structure and Committees

Membership is a collaboration of Juneau citizens, organizations, and agencies. All members should have a strong personal and community commitment to safe neighborhoods, reduced recidivism, and a healthy community through supporting justice-involved individuals.

The JREC's organizational components are community stakeholders, steering team, workgroups, executive committee, fiscal agent, and one staff member. The community stakeholders group is the coalition as a whole. General membership meetings, called Community Meetings, are scheduled on an every-other-month cycle and meet six times a year.

Community meetings are the coalition's community interface and are designed to elevate reentry issues to the broadest community audience. Community meetings are used to provide education, obtain feedback, explore options, seek new information, create a welcoming environment, generate new ideas, and engage in dialogue on reentry issues core to JREC's mission. Community meetings address reentry issues generally. Community meetings are opened to any individual and/or organization that wishes to be involved.

Workgroups are a subsection of the coalition that focuses attention on specific community reentry issues. Workgroups are responsible for more detailed work on a particular reentry subject matter. Processes may include but are not limited to, issue brainstorming, fact-finding, data analysis, topic prioritization, presentations, and formulating recommendations when coalition involvement is needed. Workgroups address each of JREC's seven focus areas: Alaska Native over-representation (compared to the general population) in Alaska's criminal justice system, behavioral health and wellness, community education and outreach, education and training, employment, family support, housing, and peer support. Workgroups are open to all who wish to become involved at the smaller workgroup level. Workgroup activities are led by a volunteer workgroup chair.

The steering team is the guiding body of the coalition. Leadership roles and responsibilities of the steering team are set out in the coalition's *JREC Operational Guidelines* dated June 24, 2020. Steering team membership is filled from the community coalition membership.

Co-chairs are appointed or elected from the membership of the steering team. The Co-chairs and the fiscal agent make up the executive team of the coalition. The executive team is responsible for the coalition's more specific managerial functions, such as contract negotiations, HR functions, and conflict dispute resolution.

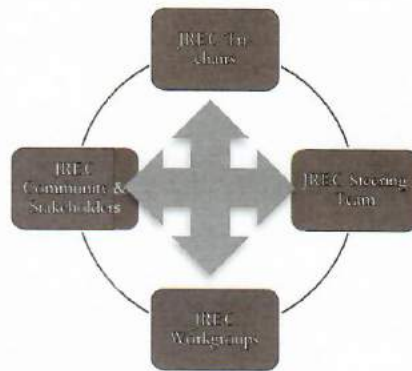
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JAMHI Health and Wellness, Inc. is the coalition’s fiscal agent. A JAMHI Health and Wellness representative holds a seat on the coalition’s Steering Team and is a member of the executive committee.

The Juneau Reentry Coalition is a dynamic organization that relies on the fluid flow of information, thought, and community dialogue. Decision making is most often the process of working an issue through to achieve group consensus at the appropriate level of decision making. Levels of decision making are not overly concrete; however, the steering team is the general body of decision-makers that deliberate on business policy to determine operational matters and move the organization towards identified goals and objectives. Steering Team decisions are informed by all other coalitions membership and groups.

The coalitions’ processes are typically circular in nature, meaning an issue or solution may emanate from any part of the structure. It may move to another organizational part for additional work and polishing, then handed back to the original or another component for group consensus and a decision. This fluid organization structure is illustrated below.



Juneau Reentry Coalition’s steering team structure/membership is:

1	Co-chair, Community	Teri Tibbett, ABADA & AMHB
2	Co-chair, DOC Institutions	Derek Johnson, DOC, LCCC
3	Fiscal Agent	Linda Landvik, JAMHI
4	Alaska Native Member	Talia Eames, CCTHITA
5	Behavioral Health & Wellness Member	Michele Federico, GHS
6	Community Education & Outreach Member	Teri Tibbett, ABADA & AMHB
7	Education & Training Member	Open
8	Employment Member	Open
9	Family Support Member	Open
10	Housing Member	Richard Cole, SVdP
11	Peer Support Member	Jim Musser, JAMHI
12	Law Enforcement	Open
13	Faith-Based Organization	Open
14	Victim Advocate	Open

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15	Legal (DA, PA, Judge, etc.)	Open
16	Juneau At-Large	Crystal Bourland, NAMI
17	Juneau At-Large	Mike Van Linden
18	Juneau At-Large	Open
19	Reentry Case Manager	Christina Lee, JAMHI
20	Community Coordinator, staff and non-voting member	Don Habeger

Service at the steering team level is voluntary. There are no term limits to steering team seats, except the Community Co-chair seat has an option to rotated annually. The steering team has determined that to keep the organization productive, a member may be removed after an annual review by the steering team for non-involvement/inactivity. Vacancies on the steering team are filled when a new community member volunteers and/or is nominated to fill the post and is confirmed by the steering team.

Coalition leadership’s organizational acronyms list:

Acronym:	Name of Organization
ABADA	Alaska Advisory Board on Alcoholism and Drug Abuse
AMHB	Alaska Mental Health Board
CCTHITA	Central Council Tlingit & Haida Indian Tribes of Alaska
DOC	Alaska Department of Corrections
GHS	Gastineau Human Services Corporation
JAMHI	JAMHI Health and Wellness, Inc.
NAMI	National Alliance on Mental Illness, Juneau Affiliate
LCCC	Lemon Creek Correctional Center
SVdP	St. Vincent de Paul

Needs Prioritization and Assets

Community Assessment of Reentry Resources

Housing Services

Priority needs

Shortages on affordable housing have been a significant issue in Juneau for many years. To work on the issue, the Juneau Assembly created the Juneau Affordable Housing Commission in 2006. In March 2016, the Commission released its Housing Action Plan which, “recommends 30-year goals to build 1,980 new housing units and preserve 750 existing units.” This is the backdrop for housing for a reentrant coming back into the community.

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Juneau did see increases in its housing supply during 2018-2019. An October 2019 Housing Data Update⁴ provided to the CBJ Assembly indicates 247 additional housing units were added. The housing units were single-family, multi-family, accessory apartments, and manufactured homes.

While the update provides good news overall, there continue to be affordable housing accessibility issues for the reentrant. The update reports that vacancy rates are meager for 0 and 1 bedroom apartments at 0% and 2.9%, respectively. The average adjusted rent reported is \$1,066 for efficiency and \$1,080 for a 1 bedroom apartment. Released with no job and with little to no cash reserves, the reentrant is severely challenged given the availability and price of an entry-level apartment. Lodging at the homeless shelter might be the only option available.

Assets

Juneau's housing assets that may be utilized by returning citizens are listed below:

Emergency Shelter		
AWARE, Inc.: Domestic Violence Shelter		32 beds
The Glory Hole: for Households w/o Children		40 beds
Juneau Youth Services: for Minors		10 beds
Family Promise: for Families		3 families served at a time
Transitional Housing		
AWARE, Inc.: Kassei property, DV criteria		14 units
Gastineau Human Services, Juno House, homelessness criteria		28 beds
Juneau Youth Services, Black Bear, homeless minors		10 beds
St. Vincent DePaul		66 beds
Haven House, reentry housing/program for females		8 beds
Permanent Supportive Housing		
St. Vincent DePaul: Paul's place		4 units
St. Vincent DePaul: shelter & care program		40 beds
Housing First Collaborative		32 units
Affordable Housing: 722 apartments for rent, various low-income programs/options ⁵		
Orca Point Apts	2201 Crow Hill, Douglas, AK	46 units, affordable rental due to tax credits program
Channel Terrace Apts	1717 Douglas Hwy, Juneau, AK	1-3 bdrms, "call for pricing."
Douglas Terrace Apts	2460 Douglas Hwy, Juneau, AK	15 units, low-income qualifications
Salmon Creek Housing	Nhn Waterfall Ln, Juneau, AK	7 units, low-income qualifications
Smith Hall	8619 Teal St., Juneau, AK	25 units, low-income qualifications

⁴ *Housing Data Update*, provided to the CBJ Assembly by the City Manager's Office, https://3rb2gc2mxxpvu3uwt0l20tbhq-wpengine.netdna-ssl.com/wp-content/uploads/2020/02/10282019_HAPUpdate_data.pdf, October 15, 2019

⁵ Affordable Housing Online, www.affordablehousingonline.com/housing-search/Alaska/Juneau?show=20&page=1#apartments, February 15, 2018

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Gruening Park	1800 Northwood Dr., Juneau, AK	96 units, low-income qualifications
Chinook Apts	9160 Cinema Dr., Juneau, AK	64 units, low-income qualifications
Coho Apts	3601 Amalga St., Juneau, AK	52 units, low-income qualifications
Glacier Village Phases II	Granite Dr. & Valley Blvd, Juneau, AK	37 units, affordable rental due to tax credits program
Glacier Village Phase I	Haanee Hittee Subdivision, Juneau, AK	25 units, affordable rental due to tax credits program
Kake Low Rent Housing	Nhn Keku Rd., Juneau, AK	17 units, affordable rental due to tax credits program
Strausbaugh Place	231 Gastineau Ave, Juneau, AK	7 units, affordable rental due to tax credits program
Hillview Apts	1801 Douglas Hwy, Juneau, AK	15 units, affordable rental due to tax credits program
Mendenhall Woods	3510 Mendenhall Loop Rd, Juneau, AK	4 units, low-income qualifications
Mckinnon Apts	236 3 rd Street, Juneau, AK	23 units affordable rental due to the tax credits program
Juneau	895 W 12 th Street, Juneau, AK	207 units, low-income qualifications
Channel View	317 Gastineau Ave, Juneau, AK	23 units, affordable rental due to tax credits program
Sit Tuwan Apts	Nhn Kanata Deyi Street, Juneau, AK	20 units, affordable rental due to tax credits program
Eaglewood	1651 Renninger Street, Juneau, AK	24 units, affordable rental due to tax credits program

Fair Market Housing

The Alaska Department of Labor and Workforce Development reports in its 2019 Alaska Rental Costs, and Vacancy Rates Report that the average adjusted (utilities included) rental rate for all units for the City and Borough of Juneau is \$1,260.

Note: In the above table for Affordable Housing, “low-income qualifications” generally means that the property has units that include rent subsidies that follow federal low-income guidelines, and “affordable rental...program” language generally refers to the property using tax-credits for development and offers units that are considered affordable based on guidelines.

Employment and Meaningful Engagement Services

Priority needs

The Alaska Department of Labor and Workforce Development (DOLWD) reported a 2019 “not seasonally adjusted annual unemployment rate for Juneau, AK of 4.4%.⁶ Reentrants were able to find jobs.

However, by April 2020, a different story emerges when the DOLWD reports Juneau’s unemployment rose to 10.9% due to the COVID-19 issue. The impact of the COVID-19 pandemic on job availability in the community is profound.

⁶ Annual Unemployment Rates for City and Borough of Juneau and Alaska 2010 to 2019, Department website at <https://lwa.laborstats.alaska.gov/labforce/labdata.cfm?s=13&a=0>.

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JREC is uncertain what job availability post-pandemic might mean to the reentrant's ability to secure a job. JREC plans to continue working closely with our job training community to mitigate these employment challenges that are likely to be encountered.

Assets

Juneau has several valuable workforce development assets, from basic training to higher education opportunities. Organizations that participated in the Alaska Prisoner Reentry Initiative survey (2016) and delivers at least one program service that enhances the chance of career acquisition are: Center for Community Service, Central Council Tlingit & Haida Indian Tribes of Alaska (CCTHITA), Gastineau Human Services, REACH Inc., SERRC's The Learning Connection, Southeast Alaska Independent Living, The Glory Hole, the University of Alaska Southeast, State of Alaska Juneau Job Center, and State of Alaska Vocational Rehabilitation

Finding service to address a development improvement need, added training or assistance into the job market is good. For example, REACH Inc provides employment support services and opportunity for those with developmental disabilities; The Learning Connection can assist with GED and adult education, driver's education, English as a second language, construction academy training, computer training, and family literacy; the Juneau Job Center can assist with job training, resume building, job searches, career readiness testing, and bonding opportunities for employers who hire returning citizens; and CCTHITA's 477 program helps with adult vocational training, higher education assistance, adult basic education, and general assistance to Alaska Natives. The Glory Hole, which is effective at providing basic needs (shelter and food), works to connect its clients to temporary and full-time employment utilizing Juneau's existing career development infrastructure. The Alaska Division of Vocational Rehabilitation – Juneau helps Alaskans with disabilities “prepare for, get, and keep good jobs.” “if you want to work and have a physical, intellectual, or mental condition that makes this hard, you may be eligible for vocational rehabilitation (VR) services.” VR programming also provides employer incentives to add to the attractiveness of hiring a VR client.

The last comment on career development assets for the community is the private employer. During the Alaska Prisoner Reentry Initiative interview process, it was disclosed that Juneau is fortunate to have private-sector employers that work with some of our placement centers to provide employment opportunities to returning citizens. Confidentiality was requested, and no names of these unique employers are given, but the practice is a valuable opportunity that is noted and highlighted.

Physical Health and Mental Health/Substance Use Services

Priority needs

The Juneau Reentry Coalition places a premium on the importance of access to physical and mental health care for reentrants. Working on barriers and service gaps to Behavioral Health in the community has been a top priority of JREC since 2016.

In a report to the Alaska Legislature by the Alaska Department of Corrections dated January 30, 2020, entitled *Alaska Rehabilitative and Reentry, Providing Effective Rehabilitative Opportunities for Offenders Who Are Ready For A Second Chance*, two comments are of particular importance regarding this issue. “Sixty-five percent of people incarcerated in Alaska have a diagnosable mental illness,” and “[r]esearch has shown that access to health care is a critical factor affecting recidivism.” These comments illustrate the necessity of access to care after incarceration.

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The Juneau Reentry Coalition concurs with a final thought from the report referenced in the above paragraph. “Rehabilitation and reentry opportunities are needed in every Alaska community.” Juneau is not an exception, and the JREC continues to work on reducing barriers and gaps in community behavioral and physical health care for reentrants.

Assets

Juneau offers numerous access points and options for healthcare, both physical and mental health, that provide care across the full spectrum of the socioeconomic scale. Since Juneau’s healthcare asset list is lengthy, a complete listing is not attempted here, other than to refer the reader to the United Way’s Alaska 211 database for a full listing of community healthcare assets. Alaska 211, at www.alaska211.org/search.aspx, may be searched by selecting Juneau, Auke Bay, or Douglas as a search criterion and entering a corresponding zip code of 99801, 99802, 99803, 99821, or 99824, then searching by service category, service keyword, or agency or program name. A shortlist of crucial community social service assets is put out by the Juneau Job Center and is included as Attachment A at the end of this document.

One thing to note is that over the last few years, a few of our behavioral and physical healthcare providers have added Medication-Assisted Treatment (MAT) services. This is an exciting new healthcare asset that is beneficial to the community and returning citizens. Those seeking MAT services in Juneau may now choose from five treatment service access points. The development of MAT treatment over a relatively short time is highlighted here to illustrate the fact Juneau’s healthcare providers are very responsive to community needs.

Transportation Services

JREC believes Juneau’s public transportation infrastructure meets the basic transportation needs of the community and the returning citizen. Given the current functionality of the public transportation system, JREC does not concentrate on transportation as a priority issue.

Peer Support Services

Priority needs

The Juneau Reentry Coalition prioritized peer-supported reentry as an essential community resource need in August 2017. In March 2019, the JREC reaffirmed peer-supported reentry as a critical community resource for Juneau’s returning citizens. The JREC believes that a mentor model, an established reentrant who has successfully transitioned from incarceration into the community and has demonstrated long term stability supporting new releases in transition, is a key to improving public safety and reducing recidivism.

Assets

Recent community investment into peer-supported services has occurred within the community of Juneau. Investment by the Juneau Community Foundation into this work has enabled St. Vincent de Paul to hire three community “navigators.” In this context, a navigator is an individual who is the link between an individual that is in crisis to the community’s treatment and social support network. The target population for the navigators are those without suitable housing and/or homeless. While connecting a returning citizen to community services is not a primary objective for the navigator program, there is an overlap when returning citizens are without housing and/or homeless and are on the streets. JREC supports the navigator system due to this overlap in service connectivity to the returning citizen.

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A second peer support asset that has an overlap for the releasee, and is supported by JREC, is the recovery peer support service being implemented by JAMHI Health & Wellness. The focus of this program is peer-supported recovery from addiction. The significant number of reentrants with substance use disorders means that the JAMHI peer recovery specialist program helps fill a needed service gap for those returning to the community after incarceration.

What is lacking out of current peer-supported navigation and peer recovery services for the returning citizen is the peer reentrant niche. JREC firmly believes, as stated above, that a successful returning citizen mentoring a recent releasee is an appropriate model for success. To test this belief, the Juneau Reentry Coalition implemented a pilot returning citizen peer-supported program in Jan. 2019. The program advertised twice-monthly peer-supported meetings so that those recently released from Lemon Creek Correctional Center might connect with a successful returning citizen for added support, insight, and knowledge on the reentry process. The pilot program was not well attended, and for sundry reasons, it became inactive by April 2019. However, the JREC believes the continuation of the reentry peer-supported services is a worthy pursuit and intends to invest additional time and resources into its development in the future.

Cultural and Community Connection Services

Priority needs

The Alaska Department of Corrections reports that from 2012 through 2016, on average, Alaska Natives make up 42% of the Juneau release total. This is significantly higher than the 11.8% of American Indians and Alaska Natives found in Juneau's general population demographics.⁷ Culturally based reentry services is a need in the community if these numbers are to be reduced. The below table breaks out the DOC releasee population by ethnicity and clearly demonstrates the over-representation of Alaska Natives in the prison system.

REGION	RACE	2012	2013	2014	2015	2016
JUNEAU	ALASKA NATIVE	235	216	237	215	154
JUNEAU	ASIAN	13	14	9	8	6
JUNEAU	BLACK	20	15	18	13	7
JUNEAU	CAUCASIAN	264	262	269	238	162
JUNEAU	HISPANIC/LATINO	17	19	15	16	10
JUNEAU	NATIVE HAWAIIAN/PACI	6	8	6	4	5
JUNEAU	OTHER/UNKNOWN	2	4	8	11	6
	TOTAL:	557	538	562	505	350

Assets

The Central Council of Tlingit & Hadia Indian Tribes of Alaska (CCTHITA) is making significant investments in addressing the issue of the high number of tribal members in the Alaska justice system. Recent developments include the formation of their Reentry & Recovery unit dedicated to assisting tribal reentrant's successful return

⁷ *Quickfacts, Juneau City and Borough, Alaska*, United States Census Bureau, www.census.gov/quickfacts/fact/table/juneaucityandboroughalaskacounty/PST045217, Population estimates, July 1, 2017.

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to the community. Ms. Talia Eames, Manager, oversees this work for the Tribe. Through her efforts, the Tribe became a recent recipient of a federal grant for the building of reentry services. The early stages of reentry services development have begun, and JREC looks forward to supporting CCTHITA's continuing work in the standing-up of reentry services in Juneau and SE Alaska. Ms. Eames is also a JREC Steering Team member.

Community Readiness

Readiness Scores and Stages

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	4.6	Stage 4 - Preplanning
Leadership	5.8	Stage 5 - Preparation
Community Climate	5.2	Stage 5 - Preparation
Knowledge of the Issue	4.2	State 4 - Preplanning
Resources	3.2	Stage 3 – Vague Awareness

Juneau's readiness for community change overall is stage 4 or the preplanning phase. The Tri-Ethnic Center defines this stage as:

Stage 4: Preplanning

- Some community members have at least heard about local efforts, but know little about them.
- Leadership and community members acknowledge that this issue is a concern in the community and that something has to be done to address it.
- Community members have limited knowledge about the issue.
- There are limited resources that could be used for further efforts to address the issue.

Stage 4 is summarized as... **“This is important. What can we do?”**

Coalition Development

The Juneau Reentry Coalition assessed its collaborative effectiveness in May 2019 using the assessment tool developed by the Prevention Institute (www.preventioninstitute.org). The Prevention Institute's *Collaboration Assessment Tool*, “helps coalitions identify specific strengths and areas of growth and enables partnerships to subsequently establish a baseline and gauge their progress via periodic checks on domains of effective collaboration.” The collaborative effectiveness domains assessed are “clarity of mission/strength of vision,

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communication/link to others, the collaborative environment, building membership capacity, and management.” The *Collaboration Assessment Tool*, through specially designed questions answered by coalition members, distills the domains into coalition action items as follows: “low priority – no development needed, medium priority – could use some help, and high priority – needs improvement.

Coalition Strengths/Assets

The Juneau Reentry Coalition members identify the following:

JREC Strengths – “Low Priority – no development needed.”

Domain:	Sub-domain category:
Clarity of Mission/Strength of Vision	Actions are mission-focused.
	Comprehensive “big picture” mission.
The Collaborative Environment	Address and resolve conflict.
Building Member Capacity	Inclusion for all members.
	Roles/responsibilities tailored to a member’s skills.

JREC Strengths – “Medium Priority – could use some help.”

Domain:	Sub-domain category:
Clarity of Mission/Strength of Vision	Mission & vision clarity.
Communications / Link to Others	Influences key decision-makers.
	Maintained/increased credibility.
The Collaborative Environment	Motivated/inspired membership.
	Open communication lines.
Building Member Capacity	Recruitment based goals.
	New members welcomed/oriented.
Management	Clear roles and procedures.
	Activities/deadlines meet goals.

Coalition Growth Areas

JREC Weaknesses – “High Priority – needs improvements.”

Domain:	Sub-domain category:
Communication/Link to Others	Work is integrated into the community.

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Management

Meetings have clear objectives.

Strategic Goals and Strategies

Goals and Strategies Associated with the Community Assessment of Reentry Resources

Please see the tables on pages 17 and 18.

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Plan for Increasing Community Resources						
Focus Areas	Goal / Outcome	Strategies	Outcomes, Measures and Targets	Target completion date; oversight by and frequency of review	Partners to accomplish the goal	Fiscal Resources
1. Housing	<ul style="list-style-type: none"> Increase available low-income housing options supportive to successful reentry. 	<ul style="list-style-type: none"> Involvement in the Juneau Housing and Homelessness Coalition: attend the monthly meeting, maintain membership, leverage support for reentry housing. 	<ul style="list-style-type: none"> Ensure reentry housing is a part of JHCC consideration as the next community project is identified - attend 80% of all meetings. Focused Housing Workgroup attention on the priority need to reentry transitional housing to identify specific housing solutions and to plan for project implementation. 	<ul style="list-style-type: none"> Ongoing JREC Housing Workgroup & Community Coordinator Annual Review 	<ul style="list-style-type: none"> Juneau Housing and Homelessness Coalition Community Business Leaders DOC CCTHITA 	<ul style="list-style-type: none"> Coalition Trust, Agency Partners Federal Grants Foundations
		<ul style="list-style-type: none"> Advocate and support for existing and potential community-based reentry housing programs and projects, including reentry based transitional housing for male returning citizens. 				
2. Employment or meaningful engagement	<ul style="list-style-type: none"> Work to address obstacles to obtaining and retaining viable employment. 	<ul style="list-style-type: none"> Continue strategic alliance with Alaska Dept. of Labor and Workforce Development, Juneau Job Center. 	<ul style="list-style-type: none"> Support DOLWD's job training and support services in LCCC. 	<ul style="list-style-type: none"> Ongoing and December 2020 Community Coordinator & JREC membership. Semiannual Review 	<ul style="list-style-type: none"> DOLWD The Learning Connection. JREC Business Community 	<ul style="list-style-type: none"> Coalition Trust DOC DOLWD
		<ul style="list-style-type: none"> Increase the "felon friendly" employer group. 				
3. Physical Health and Mental Health/ Substance Abuse Services	<ul style="list-style-type: none"> Work to improve SUD treatment/care/recovery access and options. 	<ul style="list-style-type: none"> Engagement in/at community meetings that address mental health, substance use treatment, peer support, and public safety/recidivism reduction issues. 	<ul style="list-style-type: none"> Attend and/or advocate at 80% of community meetings that address MH/SUD/crime prevention issues for reentry resources/reduction in access barriers. Support/partner with healthcare organizations in service expansion and for added funding for physical and behavioral healthcare options such as SUD and MAT treatment options. 	<ul style="list-style-type: none"> Ongoing Behavioral Health & Wellness Workgroup, Community Coordinator Semiannual 	<ul style="list-style-type: none"> JREC Juneau Community Foundation CBJ AMHTA JHCC MH Treatment Community Juneau Opioid Work Group 	<ul style="list-style-type: none"> JREC Juneau Community Foundation Trust DOC DOLWD
		<ul style="list-style-type: none"> Work with all partners engaged in the work, including agencies, non-profits, government, and the private sector. 				

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Plan for Increasing Community Resources						
Focus Areas	Goal / Outcome	Strategies	Outcomes, Measures and Targets	Target completion date; oversight by and frequency of review	Partners to accomplish the goal	Fiscal Resources
4. Cultural and Community Connection Services	<ul style="list-style-type: none"> Support CCTHITA's Reentry and Recovery program as they implement new programs. 	<ul style="list-style-type: none"> Write letters of partnership when funding opportunities are made known. Advocacy at the local, state, and federal levels. 	<ul style="list-style-type: none"> CCTHITA's Reentry & Recovery program: an integral community reentry resource, is to be supported thru testimony, letter writing, and other JREC's advocacy tools. 	<p>Ongoing 2020.</p> <p>JREC Steering Team/Coalition.</p> <p>Semiannual review.</p>	<ul style="list-style-type: none"> Central Council of Tlingit & Haida Indian Tribes of Alaska JREC 	<ul style="list-style-type: none"> Coalition CCTHITA
	<ul style="list-style-type: none"> Work to implement Peer Support as a full-time staffed position. 	<ul style="list-style-type: none"> Development of a full-time reentry peer-support system: successful returning citizens employed to guide/assist/help recently released individuals successfully reintegrate into the community. 	<ul style="list-style-type: none"> Identify the demand for peer support services. If demand exists, standup a fulltime reentry peer support service Find funding to pay for a reentry peer-support system. 	<p>Ongoing.</p> <p>Plan for and commence reentry peer-support services.</p>	<ul style="list-style-type: none"> JAMHI Health & Wellness JREC CCTHITA Trust Juneau Community Foundation 	<p>To be determined.</p>
5. Peer Support						

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Juneau Reentry Coalition, Juneau, Alaska

Goals and Strategies Associated with the Community Readiness Assessment

In October 2019, the Juneau Reentry Coalition refreshed its strategic plan by conducting a two-part facilitated planning retreat. The purpose of the planning retreat was “to explore, to dream, and create vision.” The idea was to start with a blank canvas and create ideas on where JREC wanted to be in three to five years.

The two-parts were a community planning dialogue that provided a framework for the Steering Team to determine goals and objectives for the future vision. The outcome of the planning effort was a reinforcement of the importance of “community outreach and engagement.” The 2019 planning effort strengthens the 2017 community engagement, education, and recruitment plan by placing a singular focus on community outreach. The new symbol for JREC’s work is below. The focus is more strategic in getting the JREC message out through the identification of specific community groups that will be targeting with future messaging work. The 2017 planning effort narrative is kept in this comprehensive plan since both greatly inform where JREC is heading.



The Juneau Reentry Coalition Steering Team began a process of strategic planning in August of 2017. Through the planning process, the coalition has identified communications as an overarching focus. Under the “community engagement, education, & recruitment” umbrella, the coalition will focus on the reentry issues of behavioral health, housing, and peer support. JREC illustrates our plan using a three-legged stool model whereby communications cover and provides the connectivity from which the other issues are advanced within the community. The figure below was adopted as an apt illustration of our coalition’s priority focus for at least the next twelve months.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska



In using the image of a 3-legged stool...what we heard in the conversation is that all of these areas remain important & are very interconnected. At this time, based on what is happening in our community & to work towards sustainability of the coalition and its mission, community engagement, education & recruitment needs to be the primary focus in the coming year. Without increasing our community engagement, the other elements could completely fail. At the same time, community engagement is only as strong as our ability to continue to engage in moving forward in advocating for what is needed in behavioral health, continuing to grow our peer support (for former prisoners and in how we support and connect with one another as peers on the coalition to best care for former prisoners), and housing (providing for the first in Maslow's hierarchy of needs).

Paraphrased based on the facilitator's hearing of the discussion. Samantha Dye, Dynamic Consulting

JREC Steering Team Planning Retreat, August 2017.

Goals and Strategies Associated with the Coalition Capacity Assessment

The JREC determined that advancing the 2019 communications effort was a four-part process. The identified steps are *implementing the message, educating the public, partnering with others, and engaging reentrants*. The process included a first step of refreshing and refining the JREC message, and then the second step of working the education and outreach to the public, agency partners, and reentrants simultaneously through workgroups.

JREC successfully refreshed and honed its message through the work of its Community Education and Outreach Workgroup. The workgroup reviewed all of JREC primary messaging documents and distilled the various version of all JREC messaging into primary versions. The workgroup's work was presented to the Steering Team for final approval of JREC's message in early 2020. The by-product of the refreshing work led to new messaging tools such as a new JREC brochure.

The second phase of the work, the standing up of workgroup tasked with community outreach to the target groups, was stalled with the advent of COVID-19. The JREC messaging work will resume when the pandemic threat is over.

Goals and Strategies Associated with Statewide Program and Monitored through the Case Management Process

The following goals and measures have been identified statewide; the case management process has been developed to strategize meeting these goals. Progress towards these goals will be reviewed by the coalition as follows:

The Juneau Reentry Coalition currently has an annual review of its management structure as required in its operational document. The annual review process is started in the fourth quarter of the calendar year and is completed not later than the first month of the new fiscal year. It is the intent of the JREC to include the statewide program goals and measures review as they impact Juneau within this regular cycle of the annual review.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

JREC recognizes that our intent to review within our current 4th quarter to the 1st quarter of the new year cycle is greatly dependent on when State agency partners intend to disseminate the information identified below to its community partners. JREC may have to change its planned timing of the annual review of statewide statistics to better accommodate the final distribution schedule by State agency partners.

Promote public safety by reducing the threat of harm to persons, families and their property by citizens returning to their communities from prison.

- Measures
 - Number of clients who stayed in the community and did not commit a felony-level crime in the three years following the release
 - Number of clients who stayed in the community and did not commit any crimes in the three years following the release
- Data for these measures come from the DOC and will be collected at 30 days, 6 months, 1 year and 3 years by the case manager.

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.

- Measures
 - Number of services requested by or referred to participant
 - Number of services received by the participant
- Data for these measures come from the community's case management program and will be collected by the case manager at discharge from the case management program.

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.

- Measures
 - Number of reentrants in permanent housing at discharge from case management services.
 - Number of reentrants enrolled in substance abuse treatment who successfully complete substance abuse treatment goals by discharge.
- Data for these measures come from the community's case management program and will be collected by the case manager at discharge from the case management program.

Evaluation Process

JREC acknowledges that its comprehensive community reentry plan is dynamic and must be systematically reviewed for goals and objectives to be achieved. To this end, the coalition, as detailed in the section entitled Coalition Structure and Committees, has adopted a circular system that allows for the free exchange of information while allowing for the tasking of detailed work product to specific coalition working group entities. The achievements, goals, measures, and mission obtainment process include progress analysis, a review of target acquisition, and adjustments if/as necessary. The evaluation process occurs at least annually but may be more frequent as determined by a working group entity.

The roles and responsibilities for the evaluation process generally are:

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

- Overall coalition performance review – annually, commencing the last quarter of the calendar year and completed during the first quarter of the new year – issue dependent, by the JREC Steering Team, JREC Executive Team, and/or JREC Coalition.
- The detailed workgroup performance reviewed – at least annually, and more frequent as determined by the JREC Workgroup – subject matter specific (i.e. Behavioral Health & Wellness Work Group deals with SUD issues) as defined by the JREC Work Group Chair and membership.
- Administrative evaluation processes, including but not limited to progress reports, schedule maintenance, reminders, and supporting working group entities' working processes as assigned – monthly tracking and evaluation, or more frequently as may be required – Coalition Coordinator.

Attachment A

Juneau Community Resource List Updated June 24, 2020 by Juneau Job Center

PREGNANCY & BIRTH	
BRH Birth Center, Breastfeeding Clinic, Labor, Delivery	796-8900
Inside Passage Midwifery & Naturopathic Medicine	463-2600
Juneau Family Health & Birth Center	586-1203
Juneau Pregnancy Resource Center-Faith Based	463-6366
HEALTH and WELLNESS	
AK Gov's Council on Disabilities & Special Education	269-8990
AK Center for the Blind & Visually Impaired	800-770-7517
AK Registry of Interpreters for the Deaf	www.alaskarid.org
Alaska's Tobacco Quit Line	800-784-8669
BRH Bartlett Regional Hospital	796-8900
BRH Rainforest Recovery Center	796-8690
Boulder.Care telehealth treatment for opioid addiction	
Community Mental Health Referral Services SOA/HSS	465-3370
COMPASS Homecare-Division of Center for Community	790-3650
Cornerstone Home Care	586-6838
Denali KidCare (CHIP) SOA/HSS/DPA	465-3537
Division of Public Assistance: FS, Medicaid, Heating	465-3537
familywise Prescription Drug Discount Card	800-222-2818
Four A's Alaskan AIDS Assistance Association	586-6089
Front Street Clinic M-F 8:30 AM-4:30 PM	586-4565
JAMHI Health & Wellness, Inc. / NCADD	463-3303
Juneau Public Health Center SOA HSS	465-3353
Ladies First Alaska Breast & Cervical Services SOA	1-800-410-6266
Let Every Woman Know-Alaska	leteverywomanknow.org
NAMI National Alliance on Mental Illness	463-4251
Planned Parenthood Juneau Health Center	800-796-0045
SEARHC S.E. Alaska Regional Health Consortium	463-4000
ADULT & FAMILY SUPPORT SERVICES	
Alaska 211 (United Way) Find Community Resources	211
Alaska Brain Injury Network Inc.	888-574-2824
Alaska Center for Resource Families	800-478-7307
Alaska Legal Services Corporation	586-6425
American Red Cross of Juneau	646-5467
Alzheimer's Resource of Alaska	586-6044
Best Beginnings AK's Early Childhood Investment	907-297-3300
Big Brothers Big Sisters of Alaska - Juneau	586-3350
Cancer Connection	796-2273
Catholic Community Service CCS	463-6100
Central Council Tlingit & Haida Indian Tribes Alaska	586-1432
Disability Law Center of Alaska	586-1627
GHS Gastineau Human Services Corporation	780-4338
Juneau Probation Office-Adult Offenders	465-3180
Love INC- household goods, clothing	780-4090
Polaris House, Mental Health Support & Inclusion	780-6775
REACH Incorporated	586-8228
SAIL Southeast Alaska Independent Living	586-4920
SAIL/ORCA Outdoor Rec & Community Access	586-0104
Salvation Army-Community Corps, Family Store	586-2136
Society of St Vincent de Paul Juneau	789-5535
Tides LLC - support services	877-309-2640
United Way of Southeast Alaska	463-5530
SERVICES for SURVIVORS of DV and SEXUAL ASSAULT	
AWARE serving all genders	586-6623
AK Network on Domestic Violence & Sexual Assault	586-3650
AK Dept. of Corrections Victim Service Unit	877-741-0741
AK Dept Public Safety Council on DV and SA	465-4356

ALASKA DOL&WD JUNEAU JOB CENTER (JJC)	
Juneau Job Center Resource Room 1st Floor	465-2952
Unemployment Insurance Claims Call 10AM-3PM M-F	465-5552
Vocational Rehabilitation- JJC 3rd Floor	465-8943
U.S. MILITARY VETERANS	
Disabled American Veterans	1-888-376-9301
Helmets to Hardhats-construction jobs for veterans	569-4729
Juneau VA Community Based Outreach Clinic	796-4300
National Guard Family Assistance Center	523-4020
The American Legion	1-888-353-7574 ext 4802
Veterans of Foreign Wars of the US	1-888-353-7574 ext 4801
Vietnam Veterans Service Officer Lucy Gifford	465-4211
VOICE Veterans' Options for Independence, Choice & Emp	586-4920
EDUCATION & TRAINING	
Career Support & Training Services at JJC	465-5545
Drivers Training Program at SERRC TLC	586-6806
Juneau Construction Academy www.tcalaska.org	586-5718
SERRC-TLC The Learning Connection	586-5718
UAS University of Alaska Southeast Juneau Campus	796-6100
VTRC Vocational Training & Resource Center	463-7375
TEENS & YOUNG ADULTS	
CCTHITA YES ages 14-21 tribal enrollment required	463-7332
Job X for ages 16 - 24 at SERRC	586-5718
JSD Students & Families in Transition or Homeless	780-2060
Juneau Youth Services-Family, School, Residential	789-7610
Planned Parenthood - Education	800-769-0045
Zach Gordon Youth Center	586-2635
CHILD CARE	
AEYC Ass'n for the Education of Young Children	789-1235
Juneau School District RALLY Program	523-1700
thread Child Care Assistance, Family Resources	278-3723
Tlingit & Haida Head Start	463-7127
SENIOR SERVICES	
Aging & Disability Resource Center at SAIL	800-478-7245
Care-A-Van Transportation Services CCS	463-6194
Douglas Senior Center (lunch suspended at this time)	364-2408
Juneau Pioneer Home SOA HSS	780-6422
Juneau Senior Center (lunch suspended at this time)	463-6175
Mature Alaskans Seeking Skills Training at SERRC TLC	586-5718
Southeast Senior Services CCS	463-6177
The Bridge Adult Day Program CCS	463-6171
HOUSING RESOURCES	
Housing Assistance Program Shari Partin	780-4475
AHDC -Alaska Housing Development Corp. Office	780-6666
AHFC Alaska Housing Finance Corporation Office	586-3750
AWARE Transitional Housing for Participants	586-6623
Coho Apartments call between 8 AM and 12:00 PM	789-5078
Chinook Apartments call between 1 PM and 5 PM	789-1921
GHS Juno House Transitional Housing	780-3032
Haven House Transitional Housing for Women	988-7233
JYS Transitional Living Program (tlp)	789-7610
Mt View Apartments (AHFC) Seniors & Disabled	586-1420
Orca Point Apts. Low Income and Adaptive	364-3130
Quantum Management Services, Inc.	425-776-1294
Society of St. Vincent de Paul Juneau	789-5535
Tlingit-Haida Regional Housing Authority	780-6868
Wright Services Inc. Apartments, Mobile Homes	780-5459

Social Security Administration Juneau Office in Federal Building

Open 11:30 AM to 4:00 PM Local Number 1-800-478-7124

Juneau Community Resource List Updated June 24, 2020 with COVID-19 Response Adjustments

EMERGENCY		CRISIS and SUICIDE PREVENTION HELPLINES	
EMERGENCY - Police - Fire - Ambulance	911	Alaska Caroline Crisis Intervention	1-877-266-4357
Alaska211@ak.org	211	AWARE Toll-Free Care Line 24/7	1-800-478-1090
American Red Cross Disaster Action Team	500-8657	Bartlett Regional Hospital Emergency	907-796-8427
AIDS Alaskan Statewide Helpline	1-800-478-2437	IMAlive - An Online Crisis Network	https://www.imalive.org/
AWARE Local Care Line 24/7	586-1090	JAMHI Health and Wellness 24/7	907-463-3303
Poison Control Centers Emergency	1-888-222-1222	National Suicide Prevention Lifeline	1-800-273-8255
EMERGENCY SHELTERS		SEARHC Helpline	877-294-0074
AWARE serving all genders	586-6623	TREVORLIFELINE for LGBTQ people under 25	1-866-488-7386
The Glory Hall - 247 South Franklin Street	586-4159	TrevorText for LGBTQ for people under 25	https://texttrevorproject.org/
COVID-19 changes limit # of people in the building at a time		Veterans Crisis Line - call, text, chat online	1-800-273-8255 Press 1
Warming Shelter 8 PM to 8 AM @ JACC	500-3996	https://www.veteranscrisisline.net/	Text 838255

PROVIDER NAME & LOCATION		COVID -19 OPERATIONS							Instructions	
Food Bank and Food Pantries	Phone	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Instructions	
Auke Bay Bible Church	789-9318	~~~~~	Contact us to make an appointment for the food pantry: call or www.abbcjuneau.org/contact	~~~~~	~~~~~	~~~~~	2:00-4:00	~~~~~	1 bag/ month	
Douglas Community United Methodist Church	364-2408	~~~~~	~~~~~	5:30-6:50	~~~~~	~~~~~	~~~~~	~~~~~	bring a bag	
Helping Hands of Juneau	957-6632	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	as available	
Resurrection Lutheran	586-2380	~~~~~	12:00-4:30	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	
Salvation Army	586-2136	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	
Shepherd of the Valley	789-4093	~~~~~	~~~~~	Delivery	~~~~~	~~~~~	~~~~~	9:00-10:00 A	bring a bag	
Southeast Alaska Food Bank	789-6184	scabf.org	Agency Only	Agency Only	Agency Only	Agency Only	Agency Only	8:30A-9:30A	~~~~~	
St. Brendan's Episcopal	789-5152	~~~~~	~~~~~	~~~~~	~~~~~	suspended	~~~~~	~~~~~	~~~~~	
Society of St. Vincent de Paul	789-5535	~~~~~	~~~~~	Monday - Friday 9 to 4 as food and supplies are available	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	
WIC-Women, Infants, and Children	463-4099	~~~~~	App'ts 8:30 A-4:30 P	App'ts 8:30 A-4:30 P	Walk-In 8:30 A - 5:30 P	App'ts 8:30 A-4:30 P	~~~~~	~~~~~	ID & proof of income	
1046 Salmon Creek Lane on SEARHC Campus										
PREPARED MEALS		Phone	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Instructions
The Glory Hall 247 South Franklin Street	586-4159	~~~~~	Brunch 11 AM	App'ts 8:30 A-4:30 P	App'ts 8:30 A-4:30 P	App'ts 8:30 A-4:30 P	App'ts 8:30 A-4:30 P	~~~~~	~~~~~	~~~~~
Emergency Shelter, Soup Kitchen, Care Center	Dinner	~~~~~	6:00 PM	Breakfast 8:30 AM - Lunch 12:00 PM-Monday through Saturday	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	Daily
Meals On Wheels, CCS, Southeast Senior Services	463-6175	~~~~~	~~~~~	Home delivered meals available to senior citizens, age 60+, each <i>weekday</i>	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	call to sign up
St. Brendan's Episcopal Church	789-5152	~~~~~	~~~~~	~~~~~	~~~~~	Galley Meal suspended	~~~~~	~~~~~	~~~~~	Every Thursday
4207 Mendenhall Loop										
SHOWERS and LAUNDRY		Phone	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Specifics
Alaska Laundry and Dry Cleaning	586-1133	~~~~~	9AM-6 PM	9AM-6 PM	9AM-6 PM	9AM-6 PM	9AM-6 PM	9AM-6 PM	10AM -6 PM	Must use Quarters
1114 Glacier Ave										
Squires Laundry	209-3881	~~~~~	6 AM- 10 PM	6 AM- 10 PM	6 AM- 10 PM	6 AM- 10 PM	6 AM- 10 PM	6 AM- 10 PM	6 AM- 10 PM	No Loitering
The Glory Hall Shelter, Soup Kitchen, Care Center	586-4159	~~~~~	10AM-1PM	10AM-1PM	10AM-1PM	10AM-1PM	10AM-1PM	10AM-1PM	10AM-1PM	Showers
Perform a chore or pay \$1.00										Laundry
UAS Recreation Center Joint Use Facility		Phone	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Specifics
UAS Students and Active & Retired Military	Summer>	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	closed
12300 Mendenhall Loop Road	Scenester>	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	at this time
	796-6544	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~	~~~~~

If you would like to retrieve the contents of your rented locker, email uas.rec@alaska.edu and a pick-up can be arranged.

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Fairbanks	
Grantee: Interior Alaska Center For Non- Violent Living	
Fund: Authority Grant	
Geographic Area Served: Fairbanks North Star Borough	Project Category: Capacity Building
Years Funded: FY16 to Present	
FY20 Grant Amount: \$100,000.00	
<p>High Level Project Summary:</p> <p>The Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Fairbanks consists of a cross section of people and organizations representing the services or supports available to reentrants in the community. The coalition educates the community about the criminal justice system and the reentry program, identifies local challenges facing reentrants such as gaps in services, develops collaborative solutions to build capacity in the community, and serves as the local point of contact for the Department of Corrections (DOC) and its partners in reducing recidivism.</p> <p>In FY20, the coalition continued to collaborate with DOC and community stakeholders to coordinate services and supports for returning citizens who were previously incarcerated in one of Alaska’s correctional facilities. These efforts have resulted in a sustained decline in Alaska’s high recidivism rate which is now below 60% for the first time in 10 years. Trust staff will continue to work with the Interior Alaska Center For Non-Violent Living to identify and develop other funding sources to replace or augment Trust funding. Trust staff recommends continued funding in FY23.</p> <p>This project supports Goal and Objective 7.3 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska’s criminal justice or juvenile justice system.</p>	

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Fairbanks

Staff Project Analysis:

The Fairbanks Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to success reenter the Fairbanks community after incarceration. This issue is too large and complex for any one person or organization to solve alone. The Fairbanks Reentry Coalition Coordinator worked with the coalition to:

1. Facilitate coalition activities;
2. Conduct a Coalition Capacity Assessment to assess coalition’s ability to work as a collaborative team and identify areas for the coalition to make improvements to strengthen the coalition;
3. Conduct a Community Readiness Assessment to assess the degree to which a Fairbanks is ready to act and be responsive to the needs of individuals after incarceration;
4. Conduct (and update as needed) the Community Resource Assessment to examine the Fairbanks community’s service and support capacity to meet the needs of individuals after incarceration and provide the coalition with a unified understanding of its community’s resource needs, instead of multiple individual perceptions and experiences;
5. Develop the Fairbanks Coalition’s Comprehensive Community Reentry Plan (strategic plan);
6. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services, and;
7. Educate the Fairbanks community about reentry and criminal justice reform efforts.

In FY20, The Fairbanks Reentry Coalition Coordinator and staff worked to stand up The Bridge on the corner of 4th and Cushman with Peer Support and Supported Employment. Coalition members completed extensive training in the Individual Placement and Supports (IPS) model of Supported Employment and feel confident that the partnerships with the Division of Vocational Rehabilitation and Fairbanks community Mental Health Services are being made for the benefit of our mutual participants. The coalition coordinator and coalition members also created public service announcements (PSAs) that reflect the heart of the reentry work they do and created a YouTube channel to be home to these PSAs.

Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. Staff recommend continued funding for this project in FY23.

This project supports Goal 7.3 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan.

Project Description: One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

5. Educate the community about the criminal justice system and the reentry program,
6. Identify local challenges facing reentrants,
7. Identify local gaps in services and identify collaborative solutions to build capacity in the community, and

8. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

The Reentry Coalition Coordinator staff or contractor must work closely and collaboratively with its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants. The Reentry Coalition Coordinator works with the coalition to:

9. Facilitate coalition activities
 - d. Coalition meetings: Coordinate meeting logistics, develop and distribute agendas with co-chair input, take meeting notes and distribute minutes before the next meeting.
 - e. Office management: maintain electronic file system, respond to written/electronic/telephonic communications directly or distribute to appropriate person(s), serve as lead in maintaining contact lists
 - f. Work with coalition co-chairs and partner entities to collect and allocate resources for coalition activities.
10. Conduct (and update annually) the Coalition Capacity Assessment.
11. Conduct (and update as needed) the Community Readiness Assessment.
12. Conduct (and update as needed) the Community Resource Assessment.
13. Support the work of the coalition to address gaps in resources and increase service capacity, where needed.
14. Draft the Comprehensive Community Reentry Plan and update the plan as needed.
15. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
16. Conduct community outreach presentations to educate the community about programs and resources to support the reentrant population and to share the goals of the Alaska Community Reentry Program. These efforts are coordinated and largely conducted by the coalition coordinator, with as needed support from coalition members.

Criminal Justice Reform and Reinvestment is a priority area of focus for Trust resources, funding and staff. Forty percent of incarcerations annually are Trust beneficiaries. Trust beneficiaries spend more time incarcerated than non-Trust beneficiaries in both a pre-sentence and sentenced status. And within the first year post release, criminal recidivism rates for beneficiaries are twice the rate of non-beneficiaries.

Prior to the passage of State's comprehensive criminal justice reform legislation on July 11, 2016, the Trust has led and implemented system change for criminal justice involved beneficiaries. After the passage of the legislation, the focus, partnerships, and effort broadened, including how to bridge to or create a "warm hand-off" from correctional facilities to community-based services and supports for beneficiaries reintegrating into the community from incarceration. One joint strategy (Trust, Department of Corrections and Department of Health and Social Services) for improving this connection was the development and/or strengthening of reentry coalitions; particularly, in communities with a correctional facility, like Fairbanks. Reentry coalitions are a key part of the Trust's effort to improve outcomes for beneficiaries and raise awareness of the criminalization of Trust beneficiaries and appropriate reforms to the criminal justice system that protect public safety and provide beneficiaries the opportunity positive, successful reintegration into our communities.

Grantee Response - FY20 Grant Report Executive Summary: See attached

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 0
Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 0
Number of individual trained as reported for this project in FY20: 0
<p>Performance Measure 1: No later than January 1, 2020, a written status update will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) to include:</p> <ul style="list-style-type: none"> e) progress towards the Coalition’s goals outlined in the Comprehensive Community Reentry Plan f) a summary of community outreach and education activities conducted by the Reentry Coalition Coordinator g) a description of any identified system and/or local community based service/support challenges for returning citizens h) other Coalition accomplishments or highlights
Grantee Response to Performance Measure 1: See attached
<p>Performance Measure 2: By June 30, 2020 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY20 grant period. The report shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> j) Overview of the Coalition including its: <ul style="list-style-type: none"> • vision, mission, core values, • organizational structure (i.e. chairs, committees, subcommittees, roles/responsibilities) • processes for conducting its work (by-laws, code of conduct, meeting guidelines, decision processes, communication protocols, etc.) • list of active members (names/affiliations) k) Coalition Capacity Needs assessment <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards increasing the Coalition’s capacity based on the current assessment • An updated Coalition Capacity Needs assessment with goals for the upcoming year l) Community Readiness Assessment <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards increasing the community’s readiness based on the current assessment • An updated Community Readiness Assessment with goals for the upcoming year. m) An updated Community Resource Assessment n) Coalition’s Comprehensive Community Reentry Plan <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards the goals outlined in the Coalition’s Comprehensive Community Reentry Plan • An updated Coalition Comprehensive Community Reentry Plan, with coalition

goals for the upcoming year.

- o) Summary of the Coalition's six meetings and related Coalition committee or workgroup meetings:
 - Dates, agenda, and attendees of meetings
 - Topics discussed, any action steps identified
 - Accomplishments from prior meeting(s) and/or identified challenges facing the Coalition, community or Trust beneficiary returning citizens
- p) Summary list of community outreach and education activities conducted by the Reentry Coalition Coordinator (including presentations within a correctional facility):
 - Dates, location, names of presenter(s), topic(s) covered, purpose (general education on reentry, coalition membership recruitment, advocacy, etc.) and number of attendees
- q) Summary list of reentry or criminal justice reform trainings, webinars, and/or technical assistance opportunities attended by the Reentry Coalition Coordinator:
 - Dates, type (training, webinar, technical assistance, conference, other), topic(s) covered, names of presenter(s).
- r) Any other Coalition highlights, activities, or topics wished to be included.

Grantee Response to Performance Measure 2: See attached

Fairbanks Reentry Coalition

Status Report December 31, 2019

a) Progress towards the Coalition's goals outlined in the Comprehensive Community Reentry Plan

1. Reentrants have access to suitable housing.

1. Advocate with the FHHC for Senior and Assisted Living Housing for elderly reentrants with Dementia and health needs that require assistance.
- *This remains a gap for our most vulnerable elders; we invited Joan Adams from the Alzheimer's Resource Center to present to the September coalition meeting. She shared resources and we connected agencies.*
2. Promote interagency collaboration so that vouchers and available housing units are used.
- *Currently, Our Peer Support Coordinator is working with the Coordinated Entry Services to make The Bridge CES site increasing availability of reentrants to be in the HMIS system. As part of preparing for the 2nd Chance grant we are formalizing partnerships with local landlords with MOU's.*

2. Increased employment and meaningful engagement opportunities for reentrants.

1. Employers understand the benefits and supports offered when hiring reentrants.
- *On July 1, 2019 The Bridge began the IPS model of Employment support; part of this program is to do job development by reaching out to employers. Employment Specialists are meeting with employers and explaining the benefits and supports available for beneficiaries. We are working to place an Employment Specialist at Fairbanks Community Mental Health Services to be part of the team, integrating supported employment into the treatment plan.*
2. Reentrants overcome the barriers to employment with transitional internships, job skills training and Bridges out of Poverty training.
- *Bridges out of Poverty class, Getting ahead in a Just Gettin' By World is beginning Jan 20, 2020 for 16 weeks every Monday from noon -2:30. The Bridge Support Employment Specialists are conducting employment related classes on Fridays at Fairbanks Correctional Center.*

3. Reentrants have increased access to physical health, mental health and substance abuse treatment.

1. Advocate for Public Health Services to be restored for adults 30 years old and over.
- *Due to a cluster of new HIV cases in Fairbanks any man over 18 is able to access services at the Public Health Center.*
2. Work with local doctors to open a free clinic at The Bridge for reentrants twice a month.
- *We have had to rethink this goal due to the landlord not signing the lease for the back space at the Bridge. It could be moved to the Case Manager's place or another location.*

4. Reentrants have increased access to cultural and community services

1. Reestablish the Cultural Connections Work Group with new leadership connecting the reentrants with prosocial activities, new support groups and cultural connections.
- *We have named a Chair for the CC WG but they have not met yet. We have a monthly prosocial event at The Bridge hosted by the Peer Support WG, game night, movie night and paint night have been well attended.*

5. Reentrants have increased access to transportation.

1. Steering Committee member to work with the Mobility Coalition to address gaps and barriers to transportation services by encouraging the completion of the 5 year FNSB Coordinated Transportation plan.
- *We have named a FRC member as the Transportation Chair. The Mobility Coalition has not met for the past 3 months. There is still not a current 5 year plan. We will be working with IAC with funds from the 2nd Chance grant to offer transportation for reentrants; we are also informing agencies of the availability of SOR funds for recovery related transportation.*
- 6. Peer Support Specialists become recognized as an asset in connecting reentrants to services.**
 1. The Peer Support Work group in collaboration with The Bridge will advocate for increased training in Fairbanks.
 - *Our Peer Support Coordinator was awarded a stipend to develop Peer Support Specialist training for the State of Alaska, one of 7 awarded in the state. Our training will include a module for forensic peer support.*
 2. Awareness of the role of Peer Support will be advocated with participation in community events.
 - *The Bridge Peer Support participates in community resource fairs, recovery events and Project Homeless Connect is our next event the end of January.*
- 7. A Sequential Intercept Mapping (SIM) work group will meet to address the continuum of care in Fairbanks North Star Borough.**
 1. Conduct a formal SIM event with Judge Rhoades and AMHTA.
 - *We conducted a SIM event with Judge Rhoades on November 7th, please see the attached mapping.*
 2. Address the following gaps Mental Health Court, Crisis beds for SMI, CIT Training for law enforcement and the formation of ACT/ICM teams.
 - *I was able to attend the CIT training as a NAMI representative with FPD, AST and other participants from December 9-13th. I was privileged to represent family members of those with SMI at the training. We hosted a talking circle at FRC/The Bridge with members of the Northern Hope Center on the second day. At the training I met an officer who is very interested in a Mental Health Court and heard Judge JB Brainard speak who is also interested and will be attending the Reducing Recidivism and Reentry Conference in February. This was one of the most hopeful trainings that I have been privileged to attend.*

b) Summary of community outreach and education activities conducted by the Reentry Coalition Coordinator.

July: Visited Employment Specialist John McGhee in Homer, AK

Spoke at the TCC Education Summit in Fairbanks

August: JLUSA Training in Anchorage: Break Through Action Leadership Training for Emerging Leaders

2 day Mentor visit to FAVOR Greenville, South Carolina for BJA Peer Support Mentorship grant

September: IONIA Natural Wellness Training for The Bridge staff

Sober Event Co-host with Recover Alaska and the Alaska Mental Health Court

IPS training here with Beth Wilson for Supported Employment

October: Hosted a Reentry Simulation with Yulonda Condelario with the US Attorney's Office

Participated in planning for Project Homeless Connect

Spoke with Becky Hansen on the program Closer Look on K-Love radio (aired Dec 15th at 6:30)

Empowerment through Employment two day conference in Anchorage

Worked on script for PSA's with Mammoth Marketing and our coalition

Curry the Goat attends The Bridge Movie Night and becomes our mascot
Employment Specialists became certified in ACRE

November: SIM Mapping with Judge Rhoades
Filming PSA's
Presented at the Golden Heart Rotary dinner
In Anchorage for the Second Chance Grant Planning meeting (two days)

December: Premier of our PSA's with Mammoth Marketing and Reentry Graduation
CIT Training with FPD and NAMI
IONIA WRAP training for The Bridge staff
Second Chance Grant Coordination meeting with Janice and Joanne
IPS Training with ES Staff and Beth Wilson

c) Identified system and/ or local community based service/support challenges for returning citizens.

The most important event in identifying challenges for reentrants in Fairbanks was the afternoon we spent together doing the Sequential Intercept Model mapping with Judge Rhoades. We have found that there is high cyclical burnout for agencies serving individuals with SMI who get trespassed from the shelters and community providers. Fairbanks is a small community and when unmedicated individuals become aggressive and violent they are criminally trespassed. This trespass may not be lifted even when the individual is medicated, this ultimately does not serve the community as they are high utilizers of FMH and FCC. There remains a long wait list for Mental Health Assessments, those in Reentry Case Management can bypass the usual Medicaid providers and see a clinician at Turning Point Counseling. Marsha has used grant funds to address trauma related behaviors with up to 10 sessions at Turning Point. She has also contracted for SUD assessments with a non-Medicaid provider so that they are completed 48 hours after release. Her case management style and funding overcomes challenges faced by reentrants. As the Reentry Case Manager always has a full case load we have been able to extend Peer Support and Employment Support Services to more members of our community with SUD and SMI who are not eligible for Case Management services.

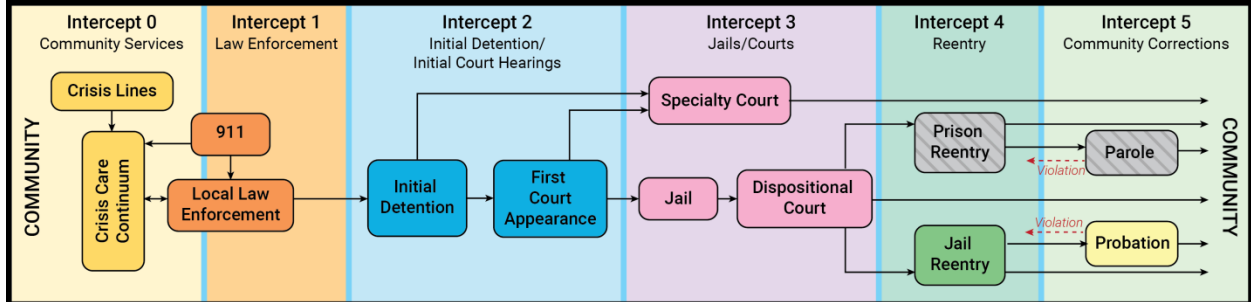
d) Coalition accomplishments and highlights from July 1, 2019 until December 31, 2019.

Our biggest accomplishment has been standing up The Bridge on the corner of 4th and Cushman with Peer Support and Supported Employment. The passion and dedication of our coalition and staff are making a difference in the lives of reentrants whether it's an old felony or they are just releasing from incarceration. We have just completed extensive training in the IPS model of Supported Employment and feel confident that the partnerships with DVR and FCMHS are being made for the benefit of our mutual participants.

It has been our hope to have PSA's that reflect the heart of the reentry work we do! We are just completing work with Mammoth Marketing on four PSA's, two that feature reentrants and two that feature coalition members. I am just working on setting up [a YouTube channel](#) to be home to these PSA's. Hopefully today I will have all four PSA's uploaded.

SIM Mapping on November 7

Fairbanks Reentry Coalition



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Intercept 0

Resources: Careline, FMH/ER, FNA Detox Gateway to Recovery, TCC, SAT, MAT, IOPT, FCMHS, Paul Finch, PA-C OUD Detox, No Limits Warming Center, Community Service Patrol, Northern Hope Center, The Bridge

Shelter/Housing: IAC, FRM, Loving Families, No Limits, FNA/PSH, Paul Williams House, HUD, Rapid Rehousing, Private landlords, Oxford House, Restore, Inc., Encampments, TBRA Reentry, SSVF

GAPS/Barriers: Low barrier shelter, transitional housing, wait lists, High cycle burnout, trespass orders from shelter and service providers

Intercept 1

Resources: 911, CIT training Dec 9-13, 2019, ER, CSP, Detox

GAPS: No drop off center (CRISIS NOW)

Intercept 4

Resources: DOC: Reentry Planning, Reentry Case Management for High LSI scores Misdemeanants, SMI, APIC

Felons: Pre-Sentence Incentives

FCC In-Reach: The Bridge Peer Support and Employment Specialists, UAF LION for English 101 and Writing for women, GED, SAT assessment, other support groups and education

GAPS and Barriers: MRT, Mental Health Assessment and Substance Abuse treatment

Intercept 5

Resources: Reentry Case management depending on LSI-R, IPO pre-release, Field PO post-release.

See resources on Intercept 0.

Housing if on Probation: TBRA

Letter from PO for obtaining ID in 30 days.

GAPS and Barriers: no MRT, Lack of Medical Providers for MH Assessment and SA assessment; long wait lists for MH Evals and Counseling.

ANNUAL REPORT

July 17, 2020



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Executive Summary

The mission of the Fairbanks Reentry Coalition is to create a community where returning citizens have the keys to successfully achieve their personal goals. The coalition will organize community organizations to engage in collaborative services and relationships. In their leadership capacity, Fiscal Agent Interior Alaska Center for Non-Violent Living designee Brenda Stanfill, the Fairbanks Reentry Coalition Co-Chair Tammy Axelsson DOC Probation, and soon to be appointed DOC Fairbanks Correctional Center POIII, and Community Co-Chair Bobby Dorton oversee the implementation of this plan as the Executive Team. They work with the Coalition Coordinator, Steering Committee, Work Groups and general membership in carrying out the identified goals and strategies in an attempt to eliminate the barriers that returning citizen's encounter. In doing so, it is expected that Fairbanks will be a safer and stronger community.

Fairbanks Reentry Coalition

Coalition History

In January 2013, the Fairbanks Housing and Homeless Coalition (FHHC) identified a need for addressing the hardships and barriers faced by those returning to the community from incarceration. A sub group was chaired and stakeholders were identified. The first meeting was held in March 2013. The sub group quickly grew and consisted of state agency representatives, community service providers, community members, successful reentrants, and church leaders. With the quick growth and highly active members the sub group took on the role/identity of a standalone coalition, while still reporting progress to the FHHC.

Since its initial stages, the Fairbanks Reentry Coalition has become a collaboration of public agencies, non-profit organizations, citizens, businesses, faith-based partners and community stakeholders who are united in and committed to reducing recidivism among reentrants in the City of Fairbanks, the Fairbanks North Star Borough, and surrounding areas. The Reentry Coalition operates under rules and procedures established by the membership, as embodied in the Coalition's Operation Guidelines, in accordance with all applicable local, state and federal laws and regulations. Membership is open to all sectors of the community who are committed to successful reentry for returning citizens and their families and/or significant others.

In 2016 Interior Alaska Center for Non-Violent Living became the fiscal agent applying for grant funds from the Alaska Mental Health Trust Authority to have the first full-time Coalition Coordinator. We have had three people hold this position, most recently, Linda Setterberg, since April 2018. Linda has a Bachelor's of Science degree in Nursing and for 25 years worked in a variety of roles, but most notably in Public Health and as a School Nurse. In 2014, after operating a local non-profit for 15 years she graduated from Bakke Graduate School with a Master's Degree in Global Urban Leadership. She is a local faith leader and is passionate about reentry as a mother whose son was incarcerated as a result of his mental illness.

The Fairbanks Reentry Coalition began at the Fairbanks Rescue Mission, but has moved around in its short history and since April 2019 has had office space in 400 Cushman co-located with The Bridge Support Services. June 15, 2020 FRC and The Bridge moved into a larger office space in the Fairbanks Community Food Bank with the Batterer’s Intervention Program and Encampment Outreach. We will be across the street from the Rescue Mission. Prior to COVID 19 precautions FRC met at the council chambers at Fairbanks City Hall for regular coalition meetings. Currently all Coalition Meetings, Steering Committee and Work Group meetings are held on the ZOOM platform and our new location will allow social distancing as we believe face to face interactions are necessary in working with program participants.

Coalition Vision

“Safer Stronger Communities”

The Fairbanks Reentry Coalition envisions a community that is safer and stronger by being supportive of Returning Citizens and their process of rehabilitation. The coalition will organize community organizations to engage in collaborative services and relationships.

Coalition Mission

The mission of the Fairbanks Reentry Coalition is to create a community where returning citizens have the keys to successfully achieve their personal goals.

Coalition Values

Compassion ♦ Respect ♦ Commitment ♦ Inclusive ♦ Nonjudgmental

Organizational Structure

Fairbanks Reentry Coalition is in transition, we have grown in the past year adding support staff to meet the gaps and overcome barriers for our returning citizens. We are in the process of strategic planning with the Stellar Group so that we can find our way forward. FRC is very grateful for the support and technical assistance that we get from both the Alaska Mental Health Trust and Interior Alaska Center for Non-Violent Living our fiscal agent. Brenda Stanfill IAC’s Executive Director supervises both Linda Setterberg, Reentry Services Director (Coalition Coordinator) and Marsha Oss, Reentry Case Manager. With the addition of several grants in FY20 we have added The Bridge Support Services to help our most vulnerable reentrants that are Trust Beneficiaries with Opioid Use Disorder, SUD/SMI and/or homeless with Supported Employment, Peer Support and Encampment Outreach.

Our Coalition Co-Chairs have also transitioned this year. Tammy Axelsson left Fairbanks Correctional Facility to become the Chief Pre-trial, Probation and Parole Officer for our region. She asked to take the DOC Probation position replacing Amber Terrill. The new FCC Superintendent did not want to be the FCC Co-Chair and has assigned it to the new PO III who is being hired in July; several probation officers from FCC attend the coalition regularly. Austin Brown from Fairbanks Rescue Mission moved to a temporary position as the Executive Director

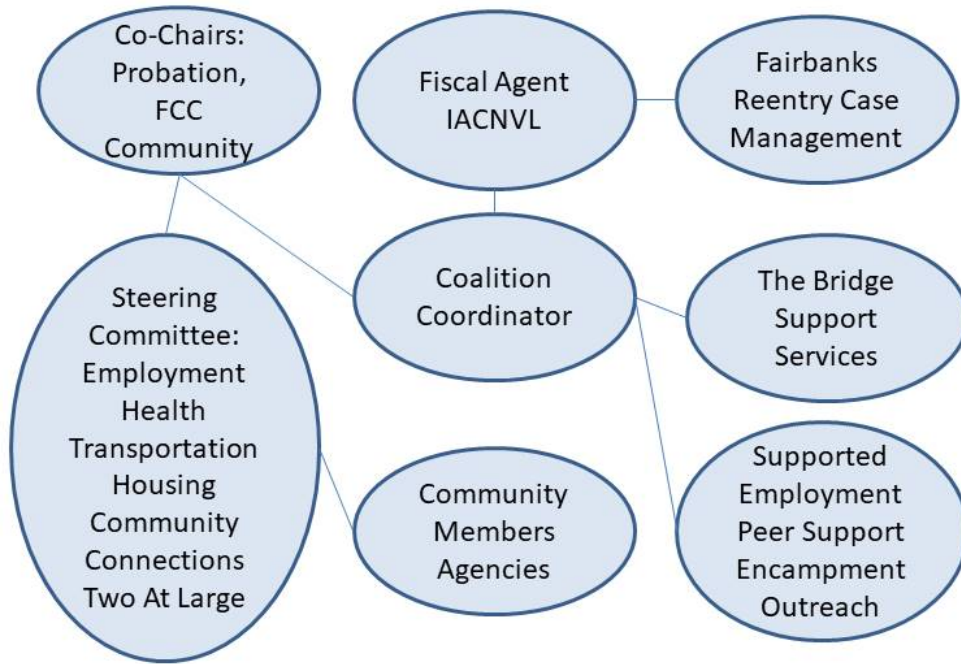
and declined to do a second term as Community Co-Chair. The Steering Committee elected Bobby Dorton, a successful reentrant as the Community Co-Chair beginning July 2020. The following are the Steering Committee members:

- Mike Sanders, FHHC/COF: Housing Work Group Chair
- Victoria Craddick. Public Health Nurse: Health Work Group Chair
- Libby Croan, DOL Job Center: Employment Work Group Chair
- Kerry Phillips, Careline: Community Connections Work Group Chair
- Brenda Stanfill, IACNVL: Victim’s Advocate
- Transportation Chair and two at large member are open as the end of June 2020

The Bridge Support Services funded by various grants extend Reentry Services to individuals who are justice involved. Staff include:

- Brynn Butler: Reentry Program Associate VISTA AmeriCorps
- Tundra Greenstreet: Peer Support Coordinator
- Debbie Bourne: Peer Support Specialist
- Don Harpole: Peer Support Specialist
- Giles Hawthorn: Employment Specialist Coordinator
- Gary Edwin: Employment Specialist and Encampment Peer Support Specialist
- Anna Sochocki: Employment Specialist
- Michelle Harpole: Encampment Administrative Assistant
- To Be Hired: Encampment Case Manager

Fairbanks Reentry Coalition



Operational Guidelines

The Operational Guidelines were adopted in May 2018 and are attached as addendum 1.

List of Active Members

Name	Organization	Steering Committee/ Work Group
Allison Carter	Universalist Unitarian Fellowship	
Amy Bollaert	AK Court System (Fairbanks Wellness Court)	Community Connections Work Group
Andrea Rasmus	DOC Reentry PO SCAG	
Anna Sochocki	The Bridge Employment Specialist	Employment WG
Austin Brown	Rescue Mission	Past Community Co-Chair
Barrie Greenfield	Literacy Council of Alaska	

Becca Brado	IACNVL Housing Director	Housing Work Group
Bobby Dorton	Reentrant/FNA	Community Co-Chair
Brenda Stanfill	IACNVL Fiscal Agent	Executive Team
Brynn Butler	FRC (VISTA)	
Carol Rose	ABC BIP	
Carie Howard	FCC Education	
Cessnie Souvenir	Restore, Inc.	
Christine Cooper-Esmailka	FNA	
Debbie Bourne	Peer Support Specialist The Bridge	
Don Harpole	Peer Support Specialist The Bridge	
Edward Alexander	TCC Education	
Elizabeth Markle	DVR	Employment WG
Gary Edwin	The Bridge Employment Specialist	
Giles Hawthorn	The Bridge Employment Specialist	Employment WG
Glenna Baca	Rescue Mission/SSVF	
Hadara Ben-Israel	ABC-BIP	
Halle Mote	PDA AmeriCorps	
Hannah Hill	Breadline	
Heather Cripe	Restore, Inc.	
Janet McDermott	HUD-VASH	
Jim Matherly	Mayor City of Fairbanks	
Jody Hassel	Blossom House	
June Rogers	City Council/ Business Owner	
Justine Bates	IMAT	Health WG
Karen Blackburn	Northern Hope Center	
Karen Eddy	FNA Community Services	
Kari Burrell	Foundation Health Partners (FMH)	
Kathy Richmond	Community	
Kelly Andaloro	Fresh Start	Health WG
Kelvin Lee	No Limits	

Kendra Calhoun	Blossom House, LION	
Ken Jass	Public Health	
Kerry Phillips	Careline	Community Connections WG Chair Steering Committee
Kevin Underhill	Volunteers in Policing	
Kristina Hoffert	DOC/ FCC	Co-Chair (temp) Executive Team
Lacy Church	DOC/FCC	
Leah Tupper	Fairbanks Wellness Court PO	
Libby Croan	DOL Fairbanks Job Center	Employment WG Chair Steering Committee
Linda Setterberg	FRC Coordinator/ Director	Reentry Services
Lisa Pullock	FRM/ Reentrant	
Marsha Oss	Reentry Coalition Case Manager	
Mary Keelean	Alaska Housing Finance Corp	Housing WG
Maya Bowers	IAA	Community Connections WG
Michael Sanders	FHHC/ CoF	Housing WG Chair Steering Committee
Nathan Brisbois	North Star Behavioral Health	
Nick Kraska	Turning Point Counseling	Health WG
Paul Finch	North Country Medical	Health WG
Robert Austin	FYF- DJJ	
Robert Barnard	Alaska Behavioral Health	Health WG
Roscoe Britton	No Limits	Housing WG
Shelissa Thomas	Restore Inc.	
Shelly Foint-Anderson	FRPHC	
Shoshana Kun	FAIR Counseling	
Stewart Rice	PDA AmeriCorps	
Tammy Axelsson	DOC/Parole and Probation	Co-Chair, Executive Team
Til Beetus	Fairbanks Wellness Coalition	
Troy Robinson	LCA	Employment WG
Tundra Greenstreet	The Bridge	Community Connections WG

In addition, FRC has two mailing lists one for members and one for guests of the coalition; we send all meeting announcements and notes to all 167 people on our lists. We have 457 people that follow our Facebook page for FRC and 425 who follow The Bridge on Facebook. FRC has 91 followers on Instagram and 74 followers on Twitter.

Coalition Capacity Needs Assessment

Survey Monkey Results and Narrative

A Survey Monkey used for the past two years was opened from May 20-27, 2020 and 23 coalition members responded to the survey. Our strength lies in this beautiful statement: Our work is integrated with the community, including participation by the constituency we serve. This was our highest score of 4.39 and I believe reflects the voices of reentrants at our community meetings as we celebrate graduations, successes and struggles.

Five areas with a score between 3.69 and 3.64 indicate some work needs to be done. All are areas that could use targeted interventions to improve the effectiveness of the Fairbanks Reentry Coalition. In order of importance:

1. The Collaborative effectively addresses and resolves conflict.
2. The Collaborative maintains clear roles, responsibilities and procedures.
3. New Members are effectively welcomed and oriented to the group.
4. The Collaborative encourages inclusion and participation by working to empower all members.
5. The Collaborative influences key decision makers.

Some of the conflict experienced by the coalition definitely pre-dates the current leadership and seems to be based on competition for funding. Each agency that had an interest in focusing on reentry has definitely found their niche and we are hoping this will be the year that we address this old conflict and work together for the good of our most vulnerable citizens.

Capacity issues around new members, inclusion and clear roles we believe are being addressed as we solidify the co-chairs and they begin to function in their roles. We hope this will encourage the coalition members to sign MOU's and commit to leadership roles in the work groups and the steering committee. This organizational work will increase our influence.

5.20 Fairbanks Coalition Capacity Assessment¹

Priority H – M – L	Less Developed 1 2 3	More Developed 4 5	Effectiveness 1 - 5	
Clarity of Mission / Strength of Vision				
M	Collaborative members lack a clear understanding of the collaborative's mission/vision.	➡	All collaborative members have a clear understanding of the collaborative's mission/vision.	3.91
M	The collaborative takes actions that are not related to the mission.	➡	The collaborative bases its actions on a focused mission.	3.91
L	The collaborative has defined the mission narrowly to carry out one activity.	➡	Our mission is comprehensive and looks at the big picture.	4.08
Communication / Link to Others				
L	The collaborative works largely in isolation of the community.	➡	Our work is integrated with the community, including participation by the constituency we serve.	4.39
M	The collaborative's efforts do not translate into meaningful influence in the larger community.	➡	The collaborative influences key decision-makers, government agencies, and other organizations.	3.69
L	The collaborative is seen largely as self-serving or irrelevant.	➡	The collaborative has successfully maintained or increased its credibility.	4
The Collaborative Environment				
L	Members of the collaborative are unmotivated and lack inspiration.	➡	Members of the collaborative are motivated and inspired.	4.17
L	Members distrust one another and/or the collaborative leadership.	➡	The collaborative has an honest and open environment, and lines of communication are always open.	4.13
M	The collaborative allows conflicts to go unresolved.	➡	The collaborative effectively addresses and resolves conflicts.	3.64
Building Member Capacity				
M	Members are recruited haphazardly.	➡	Members are recruited based on the goals of the coalition.	3.95
M	The collaborative seems to be controlled by just a few people.	➡	The collaborative encourages inclusion + participation by working to empower all members.	3.69
M	New members are uncertain about how to integrate themselves into the group.	➡	New members are welcomed and effectively oriented to the group.	3.65
M	The collaborative does not draw on the specific abilities, capacity, and perspectives of members.	➡	The collaborative develops specific roles and responsibilities for members based on their resources and skills.	3.73
Management				
M	The administrative structure of the collaborative is not clear.	➡	The collaborative maintains clear roles, responsibilities, and procedures.	3.65
M	Deadlines are rarely met and staffing is insufficient to meet goals.	➡	Activities, staffing and deadlines are effectively coordinated to meet goals.	3.86
M	Meetings are perceived as unproductive.	➡	Meetings have clear objectives that meet the group's needs.	3.91

¹ Prevention Institute, <https://www.preventioninstitute.org/sites/default/files/uploads/Collaborative%20Effectiveness%20Assessment%20Activity.pdf>

Goals for FY21

1. Co-chairs and Coordinator to meet with coalition members in conflict with the coalition for resolution.
2. Coordinator and Reentry Case Manager will institute a monthly Lunch and Learn via ZOOM to include Coalition 101 training on a quarterly basis. A training survey was conducted and topics selected to meet the needs of the coalition. Ten minute program highlights and training at monthly community meetings. (See Addendum 2)
3. The Community Co-Chair and Coalition Coordinator will set up a Face to Face or ZOOM meeting with each new or inactive Coalition member interested in increased involvement in the coalition.
4. Encourage participation of all Executive Team, Steering Committee and FRC members in the formal Strategic Planning sessions with Stellar Group July 2020. (as of today 37 people have signed up for the meetings July 20, 23,24)
5. AmeriCorps VISTA to assist the Steering Committee in developing a newsletter featuring issues impacting reentry with action items and advocacy opportunities.

Community Readiness Assessment

The Annual 2020 Community Readiness Survey was conducted in March 22-May 2020 using the same Survey Monkey as used in 2018 and 2019. The survey link was sent to 30 individuals from a varied demographic of the Fairbanks community. 12 individuals responded to the survey from these sectors: Education (3), Law Enforcement (2), Faith Based (3), Business (2), Involved Citizenry (1) and Social Services (3). Ethnicity of participants in the study are seven white, two black, one Asian, and two Alaska Native, this is fairly representative of the Fairbanks North Star Borough. Steering Committee member Kerry Phillips and Coalition Coordinator Linda Setterberg reviewed and scored the responses for the following results.

The overall Community Readiness score of 4.1 has moved Fairbanks to the pre-planning stage. The 5.7 score Knowledge of the Efforts reflects the survey respondent's knowledge of the efforts not necessarily the community's knowledge. We did address this with excellent PSA's aired on our local stations, social media March through June and at a Coalition meeting in December.

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	5.7	Preparation
Leadership	4	Pre-Planning

Community Climate	4.2	Pre-Planning
Knowledge of the Issue	2.8	Denial/Resistance
Resources	3.7	Vague Awareness
Overall Community Readiness	4.1	Pre-Planning

2019 Community Readiness

The Annual 2019 Community Readiness Survey was conducted June 2019 using the same Survey Monkey as used in October 2018 by Linda Setterberg. We continue to have an overall community awareness score of three. Eight people out of sixteen responded to the survey. We matched the sectors as follows, one each from law enforcement, faith based, business, two from involved citizenry and three from social services. Two respondents represented more than one sector. Seven respondents indicated their ethnicity or race as follows, five were Caucasian, two Alaska Native or Indian, one Black and one Asian all respondents were allowed to indicate more than one answer. All of them currently live in the Fairbanks North Star Borough. The responses were scored individually by Linda, Giles Hawthorn and Tundra Greenstreet and then all scores were individually calculated, we took the average of each score for the following results:

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	3.8	Vague Awareness
Leadership	3.27	Vague Awareness
Community Climate	3.55	Vague Awareness
Knowledge of the Issue	2.53	Denial/Resistance
Resources	4.04	Preplanning
Overall Community Readiness	3.43	Vague Awareness

As compared to the October 2018 Community Readiness Survey shown below we are still squarely in the Vague Awareness phase of community awareness. While we have more awareness of community resources, the confidence in our borough’s leadership is definitely lower. In my opinion it appeared that when our meetings moved to City Hall that we had the ear of our Mayor for our work. The reality is that things he seemed to champion like doing a Parenting Class for fathers at FCC didn’t happen. We also feel like the survey shows movement

from no awareness in Knowledge of the Issue to denial and resistance as evidenced possibly due to the tough on crime movement by our current administration.

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	3.59	Vague Awareness
Leadership	5.38	Preparation
Community Climate	3.39	Vague Awareness
Knowledge of the Issue	1.75	No Awareness
Resources	1.93	No Awareness
Overall Community Readiness	3.2	Vague Awareness

Goals for FY21

The area that we need to focus on in FY21 is Knowledge of the Issue. We have moved from 1.75 no awareness to 2.8 denial and resistance in the past two years. We believe that our social media presence, our PSA’s that aired on television March- June have helped to move the needle in this area.

Goals for FY21:

Increase online social media viewers by increasing followers on Facebook (1000), Twitter (200) and Instagram (250).

Continue PSA’s on local television.

Community Resource Assessment

Housing Services

The Coalition works to ensure that returning citizens have seamless housing upon their return to the community to improve their safety and reduce recidivism.

Priority Needs

Fairbanks is lacking supportive housing for people with severe mental illness.

Fairbanks has a significant Senior Housing gap. Elderly returning citizens face long wait times and limited availability for Senior Housing/Assisted Living options. This particularly impacts those with Alzheimer’s and Dementia coming home after incarceration.

There is a significant lack of housing for sex offenders in Fairbanks. Many state funding sources have strict policies barring sex offenders.

Assets /Strengths

Housing services in Fairbanks are poised to be more coordinated than ever before. The community has adopted a Coordinated Entry System (CES), which went live in 2019; the Bridge Peer Support Coordinator is able to enter homeless participants in the HMIS system assisting them in accessing all available housing supports. This system is evidence based national best practice and should increase access and decrease barriers to housing through case conferencing, data sharing, and automated referrals. The City of Fairbanks has a Housing & Homeless Coordinator who chairs the Housing Work Group. This position is charged with identifying community service gaps and working with multiple agencies to find collaborative solutions. The Reentry Coalition has just been approved by the IACNVL board to expend grant funds from AMHTA for beneficiaries who find that their incarceration history is a barrier to housing. By offering individuals employment and peer support we believe that we can further prevent homelessness for vulnerable reentrants.

Agency providers

Alaska Housing Finance Corporation (AHFC): Locally AHFC has 262 units of public housing with an average waitlist time of six months and administers 463 housing vouchers, including the Returning Home vouchers, they currently have 10 vouchers available. This public housing is not available to those with barrier crimes.

Amazing Grace Apartments has efficiency apartments that are sober and frequently house individuals who are justice involved.

Fairbanks Rescue Mission: The Fairbanks Rescue Mission operates a low barrier emergency shelter with a maximum capacity of 171 people. The Mission also houses numerous programs including: Genesis Recovery, a 9-12 month residential treatment program for substance abuse with a year of transitional assistance, 30/60/90, Green Jobs program, Supportive Services for Veteran Families (SSVF), Grant per Diem (GPD), and the Housing & Urban Development / Veterans Affairs Supportive Housing (HUD/VASH) program. Additionally, the Fairbanks Rescue Mission was recently selected to host the only general population Rapid Re-Housing (RRH) program in the Alaska Balance of State. Their RRH program MyPlace assists individuals find and secure private market rentals of their choice through a system of goal oriented case management, employment services, and tapering financial support over one year.

FRM is also building the Joshua Community of tiny houses on Chena Pump for individuals transitioning from the shelter. This is not open but a promising supportive living community.

Graceland Aftercare and Reentry: This is a new program launching in North Pole. They are currently operating while they organize. They have three open beds and offer supported housing. We are excited that they are joining the coalition.

Interior Alaska Center for Non-Violent Living (IACNVL): IACNVL is the only Domestic Violence (DV) emergency shelter for women and their children in Interior Alaska and has 41 units for women, which at times can be flexed to house more. IACNVL has other housing programs as well including: a Women’s Recovery Residence with peer support, 15 units of Transition Housing (TH), which provides needed support services for up to two years to assist the tenant’s transition from homelessness to independence; 18 units of Permanent Support Housing (PSH), which provides long term supportive services for people suffering from long-term housing barriers. Additionally, IACNVL hosts a variety of local services including: legal advocacy; supervised visitation and custody exchange; crisis management; prevention programs. IACNVL hosts the Reentry Case Manager that provides needed case management for up to 40 reentrants at a time. The Case Manager is able to connect program participants (medium to high risk felons and high risk misdemeanants) with funds for housing from the Dept. of Behavioral Health or the DOC Second Chance Act grant funds.

No Limits, Incorporated: No Limits provides 10 beds in a men’s Recovery Residence and Prosperity House provides long-term apartments. Prosperity House is available to reentrants with barrier crimes including sex offenders and individuals with co-occurring disorders.

Oxford House: Oxford house provides 12 sober living beds for male returning citizens.

Love In the Name of Christ (INC): Locally, Love INC operates a Clearinghouse which connects those in need with available community resources. Additionally, Love INC oversees the Loving Families program, which helps four families at a time transition from homelessness to independence. During the school year local churches open their facilities to house families in this program. Love, INC also has prevention funds to prevent families from losing their homes. They have a furniture warehouse with items for sale.

Restore Incorporated Hope Housing provides temporary housing for people in their Behavioral Health Rehabilitation Services. Many of their participants are justice involved.

Salvation Army, Fairbanks: The Salvation Army provides numerous supports to people in need including: rental assistance, counseling, clothing/furniture vouchers, and youth programs.

Tanana Chiefs Conference (TCC): TCC has 47 PSH beds for individuals suffering from chronic addiction. TCC also manages a 12-bed sobering center. Additionally, TCC provides limited financial, employment, reentry, and housing supports.

The Bridge Support Services are now able to provide housing assistance to Trust beneficiaries whose housing was impacted by incarceration. The Bridge also assists reentrants in obtaining

other housing as part of the Coordinated Entry System and enter homeless individuals into the HMIS system. The Encampment Outreach program is being established to build relationships that will open doors to housing and other services for our most vulnerable reentrants.

Private market rentals: All housing vouchers and assistance are specific to the returning citizen and those engaged in the Second Chance Act Program, Reentry Case Management and The Bridge Support Services, either Encampment Outreach or Peer Support have funding for first month's rent, deposit and electric hook-up in the rental of their choice.

The Alaska Mental Health Trust Mini Grants are a valuable resource for covering unmet needs and purchasing household furnishings. Many local organizations are able to assist Trust beneficiaries for this annual grant of up to \$2500.

Employment and Meaningful Engagement Services

Priority Needs

Fairbanks reentrants need a list of opportunities and requirements for employment (driver's license, drug testing). Opportunities may include community work service, training and employment opportunities. Employers need to be informed on tax breaks and insurance for liability.

Reentrants need suitable clothing and reliable transportation to and from work. Due to COVID many resources are limited or non-existent. For instance the fixed bus service went from 10 routes to two in June, in April and May no buses were operational only Van Tran.

Reentrants need access to computers to apply for work, check on benefits and check email. Due to COVID the Job Center has been closed as well as the library, severely limiting access to public technology. Many reentrants need personal devices, smart phones, tablets or computers to access work opportunities.

Assets/Strengths

Agency providers:

Alaska Behavioral Health: The Bridge and ABH have an MOU to establish benefits counseling for Supported Employment program participants.

Community Clothing Closets/ Vouchers: Salvation Army, New Beginnings Church, North Pole Worship Center, Fairbanks Youth Advocates: The Closet Door (\$5 bags on last Saturday of the month).

Community Work Service: Various agencies and faith congregations have opportunities for reentrants to volunteer their time.

DOLWD: Fairbanks Job Center: The Job Center’s primary goal is to assist workers in returning to and/or obtaining full-time suitable work. A range of services provided may include job search assistance, financial assistance to relocate to another job, supportive services for emergencies while in the programs, and job training. The eligibility for assistance with grant funds are based on an individual’s eligibility and suitability for either the STEP (State Training and Employment Program), or through WIOA (Workforce Innovation and Opportunity Act Title 1B), which is the Federal grant program. Individuals with barriers to employment/reentrants are a target population under WIOA, and the job center seeks to ensure access to services to these populations on a priority basis.

In 2019 Career One Stop added information specific to job seekers who have a criminal conviction(s). Career One Stop has also created a portal to be used by individuals during incarceration- you access the portal by putting the word reentry in front of Careeronestop.org web address. The portal can then be used inside institutions because all the external links have been disabled and resources are downloadable. Hopefully, this will not only be helpful to reentrants at FCC but also residing in transitional housing.

DOLWD: Department of Vocational Rehabilitation: One of their counselors serves about 55-70 clients referred by DOC/DJJ, sexual offenders and reentrants with disabilities, this might include substance abuse, mental illness or a physical condition. Free services include:

1. Medical exam to see if a reentrant qualifies.
2. Counseling, especially about disability issues.
3. Help choosing the right job goal.
4. Referral to other agencies.
5. Tests and other tools to understand job readiness.
6. On-the-job training with a real employer.
7. A short-term job try-out called a “Community Assessment.”
8. Training designed for the reentrant, to help you adjust to working.
9. Job search and placement services.
10. Interpreter, reader, and tutoring services.

Fairbanks Rescue Mission’s Green Program: The principal goal of the Mission's involvement in the community recycling center is to help our community's homeless and disadvantaged gain job skills and career counseling.

Literacy Council of Alaska: offering classes in Math, English, Science, Social Studies, and College and Career Awareness. Reentrants can obtain their GED, increase Adult Basic Education skills, or prepare for community college, learning the skills to find success. Fairbanks Youth Transition Program provides opportunities for youth (14 – 21), who experience disabilities, to receive

assistance and support in completing their secondary education, developing skills needed to live independently—and entering the world of work.

Stone’s Throw Culinary Program: Stone’s Throw culinary training empowers people overcoming challenges to change their lives through job readiness training & skills development opportunities, with capacity for 10 students at a time. Stone’s Throw is a 12-week, two-tier training program supported by the Alaska Mental Health Trust, the Rasmuson Foundation, Tanana Chiefs Conference, the Department of Labor and the Division of Vocational Rehabilitation.

The Bridge Supported Employment Program: In July 2019, FRC opened an IPS model employment program with SOR (State Opioid Response) funding; in July 2020 they received a three-year DBH grant extending supported employment to individuals with SUD/SMI. Our staff has walked alongside reentrants to find not only a “lifeboat” job, but also pursue their dream job. Employment Specialists have assisted participants in dealing with barriers to employment, such as dealing with warrants and other legal matters. The Bridge is setting up five work spaces for computers so that program participants can check email, apply for jobs and benefits. The Bridge also has transportation funds for interviews and other job-related appointments with LYFT through a second grant from The Trust.

Thread: Any reentrant with children has the opportunity to apply for Child Care Assistance for day care for children under the age of 12 while seeking work or working.

UAF Community and Tech College: Career Clothing Closet approved applicants may receive 5 outfits.

Local businesses: For employers who hire reentrants there are tax benefits and Fidelity Bonding. The Bridge Employment Specialists are actively doing job development, identifying employers who will hire individuals with criminal histories.

Physical Health and Mental Health/Substance Abuse Services

Priority Needs

Reentrants need to know what funding streams are available and how to apply for them including Medicaid, free services and providers with a sliding fee scale. Many find that unpaid bills at clinics are barriers to services requiring the advocacy of a case manager or peer support specialist.

The demand for Behavioral Health services in Fairbanks is considerably greater than the current capacity. This impacts reentrants seeking to receive services that are now only offered online.

Present needs during the COVID19 response, reentrants need access to online, virtual meetings for assessments, appointments with doctors and clinicians as well as outpatient treatment.

Homeless reentrants living in encampments need regular outreach to determine needs and readiness to enter treatment or other health services.

Assets/Strengths

Providers representing each type of service are aware of what services are available in Fairbanks due to their participation in local community networking groups. The following comprise the primary community providers of physical, mental health and substance abuse services to residents of Fairbanks and the surrounding community. The key point is that the networking groups and coalitions in Fairbanks help to keep providers informed about what is available. Second Chance Act Grant Peer Support Specialist updated the two year old Resource Guide that is available on The Bridge Website and has been given to the institutions across the state. See Addendum 3.

Alaska Behavioral Health/Fairbanks campus: ABH (previously Fairbanks Community Mental Health Services) provides behavioral health services to individuals with serious mental illness. Services are available at two locations in Fairbanks. They are currently adding Peer Support Specialists that we believe will assist reentrants in fully accessing their services. With COVID19 services are telephonic and virtual, with a ZOOM room for clients that do not have access to internet. They do accept Medicaid.

Care Net Pregnancy Resource Center/ Fyndout Free: www.carenetfairbanks.com

Services Provided:

- Pregnancy and sexual health support
- Alternatives to Pregnancy Termination
- Pregnancy Support
- Support Services for Individuals Dealing with Abortion Trauma

Fairbanks Memorial Hospital and Tanana Valley Clinic: are owned and operated by Foundation Health Partners, the local hospital foundation. The Hospital operates the only Emergency Room and Behavioral Health inpatient unit, Intensive Care, Cancer Center and other medical services. They offer Urgent Care for less serious illnesses. TVC has Behavioral Health Services as well as Medication Treatment for Substance Abuse. They do accept Medicaid.

Fairbanks Native Association: is the largest provider of substance abuse treatment services in Fairbanks. They offer the only residential treatment programs for substance abuse in Fairbanks, Ralph Perdue Center and the Women and Children's Center for Inner Healing. They also provide outpatient substance abuse treatment.

FNA Fairbanks Alcohol Safety Action Program (FASAP) www.fairbanksnative.org/fasap.html

Services Provided:

- Monitoring alcohol related misdemeanor cases
- Cases involving minors and DUIs
- Referral to State approved agencies providing treatment

Fairbanks Regional Public Health Center / Interior Region: Services are provided by Public Health Nurses and offered on a sliding fee scale, the inability to pay is not a barrier to services.

Services Provided:

- STI Screening & Treatment (all ages for men, under 29 for women)
- Prenatal Planning
- Women's Healthcare
- Home Visits
- Immunizations
- Lactation Support

Fairbanks Rescue Mission/Genesis Program: A substance abuse residential program that involves a 9-12 month component for ten clients. During this time, no employment is allowed. Following the residential program, there is a one year aftercare component. This is where the participants become employed, and transition back into the community.

Fairbanks Resilience Movement Transition Team: mobilizing to increase prevention activities and improve trauma informed care for individuals who have experienced ACES (Adverse Childhood Experiences).

Fairbanks Wellness Court: Originally a diversion program for individuals with felony DUI's for alcohol, since December 2019 they have added a drug court. Pacific Rim Counseling provides services for their clients; they are in the process of accepting Medicaid. This is a very structured program for up to 30 clients, they currently have openings. This is a voluntary 24 month program, at the successful completion participants can apply for a limited license, but maintain a felony on their record. The Wellness court will send clients for intensive inpatient treatment to Rainforest or Genesis in Anchorage, if appropriate.

Fresh Start: <http://drugandalcoholfairbanks.vpweb.com/default.html> provides quality and affordable services to those who desire to stop the use of mind and mood altering chemicals by learning and utilizing appropriate coping skills to get through events that once before led them to use. All only a fraction of their services are available online.

Currently, due to COVID services include:

- Assessment
- Alcohol and Drug Information School (for those 18 years old and older)

Interior AIDS Association: operates an Opioid Treatment Program (OTP) in Fairbanks, offers medication assisted treatment with Methadone, Suboxone or Vivitrol. They offer Case Management and counseling services. They have a needle exchange program and provide services to individuals with HIV/AIDS. They are the lead agency for the Opioid Work Group, a monthly educational and networking meeting.

Interior Community Health Center: (Section 330 clinic) provides primary health care services, including dental care and limited behavioral health services, including referrals. They do accept Medicaid and have a sliding fee scale for patients. www.myhealthclinic.org Reentrants are able to access free services with a referral prior to being authorized for Medicaid.

Services Provided:

- Medical
- Dental
- Integrated Behavioral Health
- Women’s Health
- Chronic Disease Management

North Country Medical www.northcountrymedical.com

Services offered:

- Intense out-patient substance abuse withdrawal management
- Takes Medicaid, will make home visits.

Planned Parenthood:

Services Provided:

- Appointments (that do not require medical exam)
- Birth control education and supplies
- Emergency contraception (morning after pill)
- Pregnancy testing and counseling
- STD testing
- Testing and treatment for urinary tract infections

Restore, Inc.: Treatment services include individual counseling, skill-based group counseling, treatment planning, case management, referrals, and on-site alcohol and drug testing. They have sober housing for clients in intensive outpatient treatment. <http://www.restoreinc.org/> for more information about services.

Services Provided:

- Family Relationships

- Medical and Mental Health Services referrals
- Substance Abuse Assessment and Treatment
- Cognitive Behavior Therapy
- Life Skills Counseling and Coaching Services

Currently, all therapeutic appointments are virtual.

Tanana Chiefs Conference and Chief Andrew Isaac Health Center:

<https://www.tananachiefs.org/patients/caihc> CAIHC provides comprehensive outpatient services to Indian Health Service beneficiaries in Interior Alaska. Services include: primary care, internal medicine, orthopedics, pediatrics, obstetrics, gynecology, WIC, women’s health, pharmacy, dental, vision, prevention services, behavioral health and substance abuse treatment.

The Bridge Peer Support Services: Peer Support Specialists come alongside individuals with or at risk of Opioid Use Disorder to link them to the above agencies, housing opportunities and other community supports. One of the PSS is also part of the Second Chance Act Grant Program team in Fairbanks and developed a Resource Guide that will be used by case managers and probation officers at institutions across the state (see Addendum 3). As grant funds are expended in the next quarter (ending Sept 30, 2020) IACNVL and The Bridge will enter into a contract with Alaska Behavioral Health to bill Medicaid for services. We are also working with True North Recovery on a contract for those with SUD.

Transportation Services

Priority Needs

Reentrants need transportation options when traditional avenues fail. Increase access to Taxi Voucher/LYFT program through reentry case managers or peer support specialists. Advocate for additional hours for the fixed route service. Learning to ride the bus is a skill reentrants may need to learn.

For FMATS list of priority needs is a couple of years out of date and there has been no real movement to update, limiting grants for transportation.

Reentrants are at risk when they are not met with a ride following release from any institution in Fairbanks or out of town. We see this as a first point of contact with the community.

Assets/Strengths

Fairbanks does have a public transportation system and other limited forms of transportation. Many agencies can provide tokens for reentrants, however there are public transit limitations with the community that will be explained.

FRC and The Bridge have a LYFT Concierge account for reentrants and homeless individuals. It is new and hasn't been widely used to date.

Agency providers

FNSB MAC transit is a fixed bus system that began in 1977 with two routes serving the Fairbanks urban area. The system expanded to serve North Pole, Salcha and Farmers Loop, Fort Wainwright and other destinations in the Fairbanks area. The system now operates 2 of the 10 routes operated prior to COVID19, <http://fnsb.us/transportation/Pages/MACS.aspx>. On July 7 they will resume operation of all routes. They also operate Van Tran for anyone who needs it; it was limited to the disabled prior to COVID. Many of the agencies that serve reentrants provide bus tokens to clients. FNSB transportation makes them available to local nonprofit agencies at half price. During the evaluation of the routes, agencies that rely on the bus system make sure that there is a stop within walking distance. Currently all bus services are free and limited to a ridership of 8 people at a time who must wear masks.

Bike Routes Maps are available to show where the bike paths are, bikes are ridden year round in Fairbanks but frequently in the summer. Bikes are donated to local agencies and available for clients.

Love, INC. operates a transportation program for qualifying applicants as volunteers are available.

Eagle Cab Service is used by many agencies as they will bill for services and accept Medicaid vouchers. At least IAC is hesitant to use this as billing may only come every 6 months, and it's an accounting nightmare.

Along with taxis our community has a growing number of Uber and Lyft drivers.

Cultural Connections

The Cultural Connections and Peer Support Work Groups combined in March 2020 to form the Community Connections Work Group.

Priority Needs

With the social distancing of COVID19 this is probably one of the greatest needs for individuals releasing to Fairbanks after incarceration is access to community support groups. Most group meetings now take place on ZOOM.

We believe that connecting reentrants to community supports during the first 24 hours could prevent overdose, isolation and death.

Assets/Strengths

Fairbanks has a great many cultural and community services that are available; this is most likely due to the rich culturally diverse community that we live in.

Support Groups: Pre-COVID-19 there were noon time and evening support groups for substance abuse recovery in a variety of locations, including but not limited to:

- Alcoholics Anonymous
- Celebrate Recovery
- Healing Native Hearts
- Living Free (starting fall 2018)
- Narcotics Anonymous
- Reformer's Unanimous

Many of these groups offer prosocial activities/ sober events for participants including online formats. Inherent in recovery are sponsors and people who have been through similar circumstances and can reach out to someone one new, inviting them to events and providing transportation.

Local Faith Congregations: Churches offer meals, clothing, Bible Studies and small groups along with weekly worship services, many of these have expanded to online formats (recorded and live). Churches also join Love INC to meet gaps in the community and often can help with furniture, personal need items and transportation. Here is a list of a few that offer help:

Alpha House: Genesis Recovery meeting on Tuesday night and Recovery Service on Sunday nights.

First Presbyterian Church: The Well, a Wednesday night meal that is free to the public during the school year.

New Beginnings Church: Clothing rooms for men, women and children.

Immaculate Conception Church: Soup Kitchen on weekends at noon.

Fairbanks Native Association: Community Services offers a community garden, opportunities for social engagement, practical needs and opportunities for volunteer work. This is my favorite story from Karen Eddy. A couple of summers ago they started using CWS volunteers from GEO Reentry Services Northstar Half Way house, the volunteers started feeling ownership of the Services because of the relationships they had built over the months helping out.

Free Events : Laughter Yoga at Raven's Landing weekly, there are other free activities at Senior Centers, the public library, and the Children's Museum offers families on public assistance discounted admission. Fairbanks has a vibrant Arts community as well as crafters, beading and quilting. Biking and running clubs are free and open to the community. Green Star offers a

Clothing Exchange a couple of times a year. Events can be found on social media, Explore Fairbanks, the newspaper and by word of mouth. While many of these have closed for the time slowly they are opening back up starting with Morris Thompson Cultural Center on June 15th.

National Alliance on Mental Illness (NAMI): Family-to-Family is a free, 12-session educational program for family, significant others and friends of people living with mental illness. It is a designated evidenced-based program. NAMI also offers support groups for individuals with mental illness as well as family members.

Northern Hope Center: Provides a drop-in day center for members of our community with mental illness.

Comprehensive Community Reentry Plan

FY20 Progress made

- 1) Reentrants have access to suitable housing.
 - a. Advocate with the FHC for Senior and Assisted Living Housing for elderly reentrants with Dementia and health needs that require assistance.
Progress: The Coalition meeting in September focused on this, the meeting was attended by the previous Superintendent of FCC, Tammy Axelsson who had accessed resources from the presenter for an inmate at FCC. They were able to put the inmate in general population during the day and in segregation during at night.
 - b. Promote interagency collaboration so that vouchers and available housing units are used.
Progress: The Bridge joined IAC, Fairbanks Rescue Mission, Love, INC and The Door as a member of the Coordinated Entry Team in Fairbanks. This is a huge step for reentrants that are homeless, especially those not allowed back at FRM to access housing resources.
- 2) Increased employment and meaningful engagement opportunities for reentrants.
 - a. Employers understand the benefits and supports offered when hiring reentrants.
Progress: FRC and the Bridge have been invited to present to the Greater Chamber of Commerce Education and Work Force Development Committee in August 2020.
 - b. Reentrants overcome the barriers to employment with transitional internships, job skills training and Bridges out of Poverty training.
Progress: We had to cancel Bridges out of Poverty due to COVID. Unfortunately, all job skills training at FCC ended due to contractor and volunteers being unable to enter FCC. Transitional internships as well did not get developed at this time.

- 3) Reentrants have increased access to physical health, mental health and substance abuse treatment.
 - a. Advocate for Public Health Services to be restored for adults 30 years old and over.
Progress: Due to a cluster of HIV cases in Fairbanks services were extended to men of all ages and their contacts.
 - b. Work with local doctors to open a free clinic at The Bridge for reentrants twice a month.
Progress: This did not come to pass and the doctors involved are now the leads in the COVID Pandemic Response. We did enter into a partnership with Interior Community Health Center who will see reentrants for free while waiting for Medicaid to start.

- 4) Reentrants have increased access to cultural and community services.
 - a. Reestablish the Cultural Connections Work Group with new leadership connecting the reentrants with prosocial activities, new support groups and cultural connections.
Progress: The Cultural Connections Work Group joined the Peer Support Work Group and formed Community Connections Work Group. It was well attended the week before COVID-19 hotspot in March in Fairbanks. We need to meet again to regroup. See Addendum 3.

- 5) Reentrants have increased access to transportation.
 - a. Steering Committee member (fill this position) to work with the Mobility Coalition to address gaps and barriers to transportation services by encouraging the completion of the 5 year FNSB Coordinated Transportation plan.
Progress: This Plan still has not been updated and the Mobility Coalition has lost momentum. However, we did write transportation into grants: Reentry COVID-19 response, Encampment and Employment. We have a LYFT Concierge account to provide schedule rides to important meetings.

- 6) Peer Support Specialists become recognized as an asset in connecting reentrants to services.
 - a. The Peer Support Work group in collaboration with The Bridge will advocate for increased training in Fairbanks.
Progress: Coalition Coordinator helped plan the Statewide Peer Support Training. Alaska Behavioral Health is training Peer Support Specialists in Fairbanks July 6-10 and hired two PSS for the ABH Fairbanks campus. Tundra Greenstreet at The Bridge is in the process of finishing Forensic Peer Support training, funded by DBH. This work group merged with the Cultural Connections Work Group in March.
 - b. Awareness of the role of Peer Support will be advocated with participation in community events.

Progress: We wrote Peer Support into the Second Chance Act grant for increased services Peer Support is part of the Reentry team with Case Management and Reentry Probation. It has taken a persistence to show the team how important peer support is to the reentrant. The PSS is not seen as a rule enforcer but a friend with similar struggles that they have overcome.

- 7) A Sequential Intercept Mapping (SIM) work group will meet to address the continuum of care in Fairbanks North Star Borough.
 - a. Conduct a formal SIM event with Judge Rhoades and AMHTA.
Progress: We did hold a formal SIM mapping event in October 2019 (see Addendum 4)
 - b. Address the following gaps Mental Health Court, Crisis beds for SMI, CIT Training for law enforcement and the formation of ACT/ICM teams.
Progress: Linda was able to attend the CIT training in December 2019 with FPD and NAMI as a NAMI member. The Bridge hosted NAMI's talking circle with individuals whose mental illness had brought them in contact with law enforcement who shared their stories with law enforcement.
We had hoped to start a Work Group with a Mental Health Court goal but the leadership for the project was not available. With the communities focus on the Crisis Now model we feel it's time to reevaluate and put this on the shelf for now. It is our hope that Crisis Now will remove individuals with SMI from incarceration.

Goals and Strategies Associated with the Community Readiness Assessment

The community will learn about the Fairbanks Reentry Coalition and the work of our member agencies.

1. Develop and air a Local Media campaign, PSA featuring the messaging of the Fairbanks Reentry Coalition that features local successes and opportunities for involvement.
Measure: PSA tailored for Fairbanks Community
Target: Increases views of website, social media and community awareness.
Progress: Four PSA's were produced and aired on local Television stations and Social media. We started our own You Tube channel as well.
2. Prepare community presentations for law enforcement, probation, employers and civic groups.
Measure: Power Point Presentation is tailored for each audience
Target: Five or more presentations in FY20
Progress: Linda presented to the TCC Employment Summit. She had been scheduled for DOL's Job Fair as a speaker but the event was cancelled. More opportunities may have been cancelled due to COVID-19 including all institutional in-reach activities.

The Reentry Coalition Coordinator will develop presentations with the assistance of the Executive Team and Work Group Chairs.

3. Reentry website is the go to resource for coalition information.

Measure: Website is reorganized to reflect focus areas and available resources.

Target: Website is updated each year.

Progress: The Director's Blog is written monthly with coalition news. A donation link was added in light of our work with the Warming Center.

The Reentry Coalition Coordinator will work with Work Chairs to make sure each focus area is clearly represented on the website.

4. A compelling Resource Fair table/display engages the community in our mission.

Measure: Available information is presented by brochures, swag, and posters

Target: Prepare for next Resource Fair.

Progress: We have a beautiful table cover, brochures, swag and stand with Coalition information.

5. Attend community meetings to represent the Reentry Coalition.

Measure: The Reentry Coalition Coordinator and/or Co-Chairs will attend community meetings (focus groups, town hall meetings, coalition meetings and work groups) to represent the coalition.

Target: Six or more meetings a month.

Progress: Not only does the coordinator attend community meetings but many of the staff as well. FRC is well represented at state and community meetings.

The Reentry Coalition Coordinator will serve on or attend various coalition meetings (Housing and Homeless Coalition, Fairbanks Wellness Coalition, Fairbanks Community Restorative Justice Initiative, Opioid Work Group, CAP, Mobility Coalition, Arctic Alliance for People, Interior Public Health Partners). Co-chairs will join the coordinator at other community meetings (ex: Life in Limbo, Community Conversations, etc.)

Goals and Strategies Associated with the Coalition Capacity Assessment

There were three areas in FY20 that were identified that our coalition could work towards increasing our capacity based on our assessment. We will work as a coalition to:

1. Better orient new members and ensure that all members are empowered to participate in the coalition. Every Coalition member has a copy of the Coalition Guidelines, Assessments and Comprehensive Plan. Every coalition member is invited to a Work Group. Each member will be included on the email list after their first meeting.

Implementation and oversight will be carried out by the coalition coordinator and Co-chairs.

Progress: Email communication is strong but a more personal approach is needed.

2. Manage meetings in a manner that clearly identifies and addresses our five focus areas. Members will be given an opportunity on the agenda to give updates; Work Group Chairs will be on the agenda to give updates as well. Implementation and oversight will be carried out by the community co-chair with assistance from the coalition coordinator.

Progress: Due to the unavailability of the past Community Co-chair it fell to the coordinator to chair meetings. Following the April meeting when there was a verbal attack the Co-chairs agreed that one of them would always take the lead. We in fact canceled the May Coalition meeting as no co-chair was available for the meeting. We started two new items at our coalition meetings, a 5-10 minute Program update and a 10-15 minute teaching moment.

3. Following the Operational Guidelines establish avenues to address differences of opinions amongst coalition members. When a conflict arises the Coalition Coordinator will make a point to seek out both parties and seek resolution, if that is not possible the steering committee will set a meeting time. Implementation and oversight will be carried out by the Coalition Co-chairs.

Progress: This is a work in progress and will be addressed during strategic planning. We definitely need to be more intentional in dealing with conflict.

FY21 Comprehensive Plan

- 1) Reentrants have access to suitable housing.
 - a. First night post-release reentrants have safe transitional housing.

Strategy: Transition one women's recovery residence to a men's reentry residence providing six beds for men.

Target: Forty reentrants will have housing on release from incarceration.

Partners: IAC Recovery Residences, Fairbanks Rescue Mission and other local housing programs and resources
 - b. Advocate with the FHC for Senior and Assisted Living Housing for elderly reentrants with Dementia and health needs that require assistance.

Strategy: Housing Work Group Chair keeps work group apprised of advocacy efforts for senior assisted living.

Target: Elderly reentrants will have supported housing on release from incarceration.

Partners: FHC, Alaska Coalition on Housing and Homelessness, Institute for Community Alliances, Alzheimer's Resource of Alaska.

- c. Homeless reentrants are able to receive assistance through community partners, peer support and encampment outreach and are always connected with suitable housing resources.

Target: Zero reentrants experiencing a housing crisis without a housing solution.

Completion date: Point in Time Count

Oversight by: Housing Work Group

Frequency of review: Quarterly

2) Increased employment and meaningful engagement opportunities for reentrants.

- a. Employers understand the benefits and supports offered when hiring reentrants.

Target: Three presentations to employer groups

Completion Date: June 30, 2021

Oversite by: Employment Work Group

Frequency of review: Quarterly

- b. Reentrants overcome the barriers to employment with assistance from Reentry Case Management, The Bridge Employment Specialists and DOL/DVR.

Target: Reentrants with barriers connected with an Employment Specialist while still in FCC through in-reach and case management.

Completion Date: Ongoing

Oversite by: Employment Work Group

Frequency of review: Quarterly

3) Reentrants have increased access to physical health, mental health and substance abuse treatment.

- a. Advocate for Public Health Services to be restored for women 30 years old and over.

Target: Send a letter of advocacy to the State from the coalition

Completion Date: June 30, 2021

Oversite by: Health Work Group

Frequency of review: Quarterly

- b. Reentrants are referred to community providers and given access to technology for virtual appointments and assessments.

Target: Identify locations for virtual meetings i.e.: The Bridge, ABH Zoom Room

Completion Date: Ongoing

Oversite by: Health Work Group

Frequency of review: Quarterly

- c. Reentrants have access to computer, tablets or smart phones.

Target: Every reentrant has access and understands how to use technology. Offer technology classes at The Bridge.

Completion Date: Ongoing

Oversite by: Health Work Group and in conjunction with Community Connections WG

Frequency of review: Quarterly

- 4) Reentrants have increased access to cultural and community services.
 - a. The Community Connections Work Group will connect the reentrants with peer support, prosocial activities, new support groups and cultural connections.
Target: Develop and email list and calendar
Completion Date: June 30, 2021
Oversite by: CC Group
Frequency of review: Quarterly
 - b. Pursue funding for Recovery Support activities and classes for reentrants.
Target: Present plan to the AMHTA and identify funding sources (business partners)
Completion Date: September 2020
Oversite by: CC Group
Frequency of review: Quarterly
- 5) Reentrants have increased access to transportation.
 - a. Steering Committee member to work with the Mobility Coalition to address gaps and barriers to transportation services by encouraging the completion of the five- year FNSB Coordinated Transportation plan.
Target: Recruit a Transportation Work Group Chair
Completion Date: September 2020
Oversite by: Steering Committee
Frequency of review: Quarterly
 - b. Connect reentrants to transportation supports (bus ridership, Van Tran, taxi vouchers and Lyft/Uber) for employment and meetings with probation, case management and other services.
Target: PSS, Case Managers and Reentrants have the information to access transportation supports
Completion Date: December 30, 2020
Oversite by: Coalition Coordinator and VISTA
Frequency of review: Quarterly
 - c. Formalize Project Ride Home for newly released individuals, starting with Second Chance Act grant participants.
Target: Presentation on Project Ride Home to Steering Committee with Policy and Procedures developed.
Completion Date: September 2020
Oversite by: Coalition Coordinator and VISTA, SCAG Peer Support
Frequency of review: Quarterly

Summary of Meetings in FY20

August 1, 2019

10:00 am -11:30 am

Meeting Location: City Hall 800 Cushman, Fairbanks AK

Introductions and announcements, please comment on how the state budget cuts are impacting your programs. 19 individuals present representing 16 agencies.

- Barrie Greenfield- Literacy Council
- Becca Brado- IAC getting ready to open a Recovery Residence for single moms. Discussion of September Recovery event being planned, "Together we are Stronger" for September 14.
- Bobbie Dorton- FNA CDC 1 Certification, going to JLUSA training
- Brynn Butler- The Bridge- told her story of dealing with felony warrant, starts as a VISTA on August 18th.
- Carie Howard- FCC Education. Welding classes start at FCC due to the success story of a reentrant who is now employed. Yoga, Microsoft Word and English 101 classes also.
- Christina Evans- Victims for Justice
- Gary Edwin- Employment Specialist The Bridge
- George Keeney- Mammoth Marketing handling our PSA
- Giles Hawthorn- ES Coordinator, The Bridge, starting Employment Skills Training at FCC on Fridays August 8th.
- June Rogers-City Council and Business Owner, talked about the value of not having to work under the table.
- Karen Blackburn-Northern Hope Center
- Kelly Andaloro- Fresh Start, doing assessments at FCC and North Star and for Reentry
- Kendra Calhoun- LION and Blossom House
- Linda Setterberg- FRC Coordinator shared her experiences at Anchorage's Reentry Simulation and value in feeling the frustration of the process. IONIA will be offering A Natural Wellness Workshop Sept 4-6th at JP Jones center. Cost is \$50 at Registration. RSVP to Linda reentry@iacnvl.org. 907-987-6045.
- Maya Bowers- IAA Peer Support Case Manager
- Michael Sanders- Fairbanks Housing and Homeless Coalition, discussion of proposed cuts and impacts on emergency shelter.
- Jody Hassel- LION and Blossom House
- Til Beetus- Fairbanks Wellness Coalition Coordinator- shared her own struggles as a single parent releasing from FCC.

- Tyler Williams- Mammoth Marketing owner, learning about FRC for PSA

Presentation on holding a Reentry Simulation: Yulonda Candelario from the US Dept. of Justice, Attorney’s Office, Law Enforcement, Reentry and Community Outreach Coordinator. We will need 17 volunteers for 40 participants. Yulonda recommends that volunteers are individuals who have been incarcerated. Generally there is a 45 minute training for volunteers. She will provide all of the materials for the simulation. We will need a speaker for the event who is a reentrant.

On the calendar:

- Reentry Simulation scheduled for October 3rd at the JP Jones Center from 9:30-11:30 followed by a sack lunch and informal sharing. Sign up passed around for volunteers. 10 people signed up.
- Sequential Intercept Model mapping with Judge Stephanie Rhoades after the November 7th Coalition meeting, this will become a work group. Three people signed up.
- Cultural Connections work group members to work with Chair Bobby Dorton.
- Recovery Month events in September, including a 5K. Tentatively planned for September 14th, contact Becca Brado or Amy Bollaert to volunteer. “A Day in the Life of Recovery” sponsored by Recover Alaska.

Sept 5, 2019

10:00 am -11:30 am

Meeting Location: City Hall 800 Cushman, Fairbanks AK

Meeting Notes

Introductions and Announcements, please comment on events this fall. Ashton Varner/VISTA Leader, Austin Brown/Co-Chair –FRM, Becca Brado/Health Chair-IAC Recovery Residence, Brenda Stanfill/IAC, Linda Setterberg/FRC Coordinator, Sharon Baring/PHN- FRPHC, Tammy Axelsson/Co-chair-FCC, Victoria Craddick/PHN-FRPHC, Special Speaker Joan Adams.

- a. VISTA’s have the community needs drive this Saturday.
- b. FRM will not be opening the Joshua Community Project for over a year due to recent budget cuts.
- c. RPHC will be adding an Opioid Response PHN in November.
- d. Peer Support Specialists meeting with Susan Musante (DHSS- DBH) Sept 12 at 1pm at the FRC office.
- e. Join the Voices of Recovery event Sept. 14, 2019 Together We Are Stronger 2-6pm Recovery Carnival, Sober Concert 7-9pm, this is free at the JP Jones Center.
- f. WRAP (Wellness Recovery Action Plan) training with IONIA October 11-13 at The Bridge.

- g. Family Recovery Live Stream with FAVOR (Faces and Voices of Recovery) Greenville, SC at 2:30 on Mondays in the FRC office. FRC/The Bridge are mentees of FAVOR Greenville, Tundra and Linda visited last week and were impressed with their All Recovery and Family Recovery meetings. They also train Family Recovery coaches.
- h. Nar Anon starts Sept 10 at 6:30 in FRC office

Presentation by Joan Adams, Alzheimer’s Resource of Alaska and discussion of resources for individuals with Dementia/Alzheimer’s and their families. <https://www.alzalaska.org/>

Volunteers needed: Email Linda reentry@iacnvl.org

- a. Reentry Simulation scheduled for October 3, let Linda know if there is someone that should be invited (politicians, law enforcement, first responder, business owner, and educator).
- b. Sequential Intercept Model mapping with Judge Stephanie Rhoades after the November 7th Coalition meeting, this will become a work group.
- c. Work Group Chairs for Peer Support, Transportation and Cultural Connections.

Steering Committee Meeting at 11am

Nominating Committee: to add Coalition Steering Committee Members. After a discussion we determined that we would meet again after the reentry simulation to look with a fresh perspective at what we need to focus on for the coming year. It was approved that staff at The Bridge could chair the Transportation, Peer Support and Cultural Connections work groups.

QPR RFP- after a discussion the Steering Committee determined it is a good fit for The Bridge as QPR is part of the training for Peer Support Specialists. Tammy said they usually have 3 inmates on Suicide watch every day. FCC has inmates as young as 16 being tried as adults.

PSA update: We are planning to have Bobby Dorton for our participant story, Linda is working on the script for the other PSA as the one presented doesn’t portray the message of Safer Stronger communities. Linda will email soon to get feedback.

October 3, 2020

FRC held a Reentry Simulation at JP Jones Center in lieu of regular meeting (see addendum 6).

November 5, 2019

10:00 am -11:30 am

Meeting Location: City Hall 800 Cushman, Fairbanks AK

Introductions and Announcements: Alaina Ctibor FNA, Anna Sochocki Employment Specialist The Bridge, Andrea Rasmus DOC PPP, Bobby Dorton NAMI/Reentrant, Brynn Butler VISTA FRC, Carie Howard DOC FCC Education, Cassandra Ball FNA, Christine Cooper-Esmailka FNA, Giles Hawthorn Employment Specialist The Bridge, Jonathan Printers LEAP, Kathy Richmond Community, Kerry Phillips PSS The Bridge and Careline, Leigh Smith FNA, Levi DeWilde UAF

Student, Michael Sanders FHC CoF, Paul Finch North Country Medical, Rochelle Jackson, Roscoe Britton No Limits, Tammy Axelsson DOC Superintendent FCC, Troy Robinson LCA, Tundra Greenstreet PS Coordinator The Bridge. Special Guest Judge Stephanie Rhoades.

- a. SIM Mapping at The Bridge "Side Door" 607 4th Ave from 1-4:30pm today
- b. WRAP (Wellness Recovery Action Plan) training with IONIA December 11-13 at The Bridge, RSVP.
- c. Curry the Goat appearance at Effie Kokrine Charter School on Saturday 10-4pm

Mammoth Marketing is still conducting audio and video interviews for the Reentry PSA. Please sign up to talk to George about their schedule.

Presentation: Retired Judge Stephanie Rhoades on Sequential Intercept Model mapping. Stephanie gave an overview of SIM and how it's used to identify gaps and barriers for individuals with Behavioral Health issues so that they can be diverted from criminal proceedings.

SIM Mapping: 1-4:30pm

In attendance:

- FRC/The Bridge: Linda Setterberg, Brynn Butler, Tundra Greenstreet, Kerry Phillips, Matt LaLonde, Giles Hawthorn, Gary Edwin, Anna Sochocki
- DOC/FCC/ PO: Lacy Church, Andrea Rasmus, Tammy Axelsson
- NAMI: Jeannette Grasto
- RPHC: Victoria Craddick
- UAF Student: Heather Holcom
- Community Member/MSW: Kathy Richmond

Facilitator: Stephanie Rhoades

Focus: Intercept 4 to Intercept 1 from Reentry to Community Corrections to Community Services to Law Enforcement

Please see SIM Mapping in Addendum 5.

December 3, 2019

10:00 am -11:00 am

Meeting Location: Morris Thompson Cultural Center Theater

Introductions and Announcements: Linda Setterberg- FRC Coordinator, Marsha Oss- Reentry Case Manager, Andrea Rasmus- DOC PP, Anna Sochocki- The Bridge ES, Becca Brado- IAC Housing Director, Blanche Murphy- TCC Education, Brynn Butler-FRC VISTA, Cassandra Ball-

FNA/CS, Cassy Denton- LCA, Christine Cooper-Esmailka- FNA, Debbie Bourne-The Bridge PSS, Don Harpole-The Bridge PSS, Elizabeth Markle-DVR, Gary Edwin-The Bridge ES, Giles Hawthorn-The Bridge ES Coordinator, Jason Petty- DOC/PP, June Rogers- CoF City Council, Ken Jass- Pubic Health/SUD, Kimberly Brewton- FWC, Kristina Hoffert-DOC/FCC, Lacy Church- DOC/FCC, Libby Croan- DOL Job Center, Maliko Ubl- UAA/ FNA, Michael Sanders-CoF FHHC, Olivia West- LCA, Til Beetus- FWC, Tundra Greenstreet- The Bridge PSS Coordinator, Guest: George Keeney Mammoth Marketing, Ronda Burnett- Nome Reentry Case Manager

- a. WRAP (Wellness Recovery Action Plan) training with IONIA December 11-13 at The Bridge, RSVP to 374-2905. (9:30-4)
- b. FRC Steering Committee Meeting Dec 16 at 3pm at 400 Cushman
- c. Northern Hope Center: Open hours are Monday- Friday 12-4, however their doors are open at 9am for those residing at Fairbanks Rescue Mission.
- d. Literacy Council will be closed for the Holidays Dec 23- Jan 3.
- e. TCC Education has fliers for their programs in the foyer.
- f. Bridges Out of Poverty: Getting Ahead in the Just Getting by World starts Jan 20 until the May 7 graduation. Meeting Mondays 12-2:30, this is a closed group and registration is now open.
- g. Fairbanks Recovery Residence for women has two openings, contact Becca Brado.
- h. June Rogers announced an advocacy opportunity for Mental Health Care; Linda will send information to all coalition members as soon as possible.

Presentation: Mammoth Marketing Preview of videos and discussion (attached to this email)

- a. If I didn't know what reentry meant, is this descriptive? Yes. Comments that leaving off names and titles was important in respecting privacy, and changes in jobs.
- b. What is the predominant message? Hopeful. It was felt that this messaging would help reduce stigma.
- c. What do I like the most? The reentrants themselves speaking. The "Staff/Coalition" 30 second video was very diverse with great dialogue.
The least? The Reentrant videos could be more diverse, we do have two more volunteers to add to the 30 second PSA. There was so concern about the sound quality. We will pay attention to this in another setting (could just be the Theater's sound system)

Reentry Graduation: Marsha described the process of case management and the real need for it to be longer than 6 months (at least one year post release). 10 have graduated in the past few months, only one was able to be at the meeting today. He beautifully shared his reentry journey.

Special Thanks to Doyon and McCafferty's for gift certificates, Whisk Takers who made Curry the Goat Cookies, Fairbanks Wellness Coalition for gifts for the graduates.

Discussion on meeting in Dec and Jan regarding funding. Linda is working on requests for the following: Encampment Outreach, Men's Housing, DOC 2nd Chance grant (meetings on Friday this week), Employment Support- including Technical Support (Strategic Planning).

We are working on The Bridge Employment Specialists being able to bill as CRP (Community Resource Providers) and Medicaid billing for Peer Support.

February 6, 2020

10:00 am -11:30 am

Meeting Location: City Hall 800 Cushman, Fairbanks AK

Introductions and Announcements: Alaina Ctibor-FNA, Becca Brado-IAC Housing Director, Brie Whitney- LION Network, Carie Howard- DOC/FCC Education, Carla Cheap- CTSLWD, Christine Cooper-Esmailka- FNA, Colette Textor-FPHC, Debbie Bourne-The Bridge PSS, Gary Edwin-The Bridge ES, Giles Hawthorne- The Bridge ESC, James Johnson-DOC/EM, Janie Beaudreault DOC/FCC, Karen Blackburn-Northern Hope Center, ED, Kelly Andalaro-Fresh Start, Kelvin Lee-No Limits ED, Kristina Hoffert-DOC/FCC, Lacy Church- DOC/FCC, Leigh Smith- FNA, Libby Croan-DOL/ Job Services, Linda Setterberg, FRC Coordinator, Lindsey Grennan-IAA, Lorraine Trask- FNA, Maliko Ubl- UAA Student, Marsha Oss-Reentry Case Manager, Maya Bowers, IAA Case Manager, Michael Sanders-FHHC/COF, Paul Finch-North Country Medical, Rochelle Jackson- No Limits, Roscoe Britton, No Limits PD, Tundra Greenstreet- The Bridge PSC. See attachments of flyers presented at the meeting

Reentry Simulations at UAF and JP Jones.

- Maliko is a UAA Social Work graduate student this is her project. The simulation will be March 3rd at 2:30 (volunteers to be there by 2pm) Chili feed at 5pm, held at UAF with Social Work and Criminal Justice programs. The Coalition will be providing the table volunteers. Volunteer Sign up: Mike Sanders, Karen Blackburn, Lacy Church, Kristina Hoffert, Giles Hawthorn, Tundra Greenstreet, Brynn Butler, Leigh Smith and Alaina Ctibor. We will need 11 more volunteers for UAF Reentry Simulation.
- March 19th at 10am requested by DHSS – DPA-Work Services (table volunteers to be there at 9:30am unless need training, Training at 9am, set up volunteers at 8:30) held at JP Jones Center.

Volunteer sign up: Mike Sanders, Karen Blackburn, Lacy Church, Kristina Hoffert, Giles Hawthorn, Tundra Greenstreet, Brynn Butler, Leigh Smith, Marsha Oss, Kelvin Lee, and Amanda Hillberry. We will need 8-9 more volunteers that may come from UAF students from the March 3rd Simulation.

Presentation: Second Chance Act grant (SCAG) agreement has been signed for FY20, The Fairbanks team includes Andrea Rasmus-Reentry PO, Marsha Oss-Case Manager, and a Peer Support Specialist assigned by The Bridge Peer Support Coordinator Tundra Greenstreet. All referrals come from the institution (DOC-IPO) where they are releasing from and follows their release plan. This is very similar to the Reentry Case Management program. The SCAG is federal funding sub-awarded to the three state-wide Reentry Coalitions who applied for the funding. Interior Alaska Center for Non-Violent Living is the fiscal agent of our coalition and manages all of FRC grant funding. The first participant of the SCAG released this month.

- Grant Update by Linda Setterberg, A grant was awarded for Encampment Outreach and pending grant funding for Housing for Alaska Mental Health beneficiaries with a criminal history in the past 3 years. We will have a process in place by April 2020 for applying for housing funds.
- **Program Highlight:** Debbie Bourne, Peer Support Specialist at IAC’s Recovery Residences reported on a success of this program for women at risk of or with Opioid Use Disorder. Debbie told of a woman who has successfully transitioned into her own home with steady employment after living at the Recovery Residence. Debbie attends all house meetings and works directly with the women overcoming barriers.
- **Teaching Moment:** Lacy Church IPO/FCC presented LSI-R information, when it’s done, the sections of the interview and how it’s used in release planning. We had an informative discussion about the acronyms used and she answered questions.

March 5, 2020

General Meeting 10:00 am -11:00 am

Steering Committee 11-11:30 am

Meeting Location: City Hall 800 Cushman, Fairbanks AK

Introductions and Announcements: Anna Sochocki-The Bridge Employment Specialist, Bobby Dorton, FNA and Reentrant-Debbie Bourne-The Bridge Peer Support, Gary Edwin- The Bridge ES, Giles Hawthorn- The Bridge ES, Nook Powers-LEAP, June Rogers-Fairbanks City Council, Kerry Phillips-Careline, Kristina Hoffert-DOC/FCC, Lacy Church-DOC/FCC, Linda Setterberg –FRC Coordinator, Marsha Oss-Reentry CM, Michael Sanders- FHHC/COF, Roscoe Britton-No Limits, Tammy Axelsson-Co-Chair DOC/Probation, Tundra Greenstreet- The Bridge PSS, Victoria Craddick-FRPHC, Hadara Ben-Israel- BIP/IAC, Kasey Jones-Student Nurse, Christina Study-DOC/FCC, Tracey Johnson-DOC/FCC, Valerie Leyva-Salvation Army, Janie Beaudrault- DOC/FCC, Stewart Rice-PDA/VISTA, Hallie Mote-PDA/VISTA.

Prosocial Event planning meeting March 9th at 1pm at the FRC office 400 Cushman.

Reentry Simulations at UAF and JP Jones

- Report on the March 3rd UAF Simulation: 30 participants from Social Work and Justice Departments. Thanks to all who participated as station volunteers. Maliko Ubl will be putting together the evaluation of the simulation.
- March 19th at 10am requested by DHSS – DPA-Work Services (table volunteers to be there at 9:30am unless need training, Training at 9am, set up volunteers at 8:30) held at JP Jones Center. 24 people have already signed up. Contact Linda at 907-987-6045 or reentry@iacnvl.org to register.

Encampment Outreach staff to be hired this month: Case Manager, Peer Support and Admin Assistant. Accepting applications now for Peer Support, we are in the process of hiring a case manager and admin. We would like to start an Encampment Work Group as soon as possible.

Program Highlight: Reentry Case Manager, Marsha Oss on her work with trauma at FCC, she and Bessie Green are doing a Beyond Violence group with women by Stephanie Covington. This course is also offered post-release at IAC. She presents two video series Healing Trauma for women and Exploring Trauma for men. In the library at FCC she has given books, one is entitled The Body Keeps Score by Dr. van der Kolk. Marsha passed out masks that inmates painted as part of the class. Please contact Marsha at reentrycasemanagment@iacnvl.org for more information.

Teaching Moment: FRC Co-chair Tammy Axelsson, Regional Director of Probation/Parole presented on Thinking Errors and Manipulation/Triangulation by shared clients. Tammy introduced us to the book Games Criminals Play by Bud Allen and Diana Bosta. Small favors may seem innocent, but can escalate once the person knows you have given in. Often what we as providers feel as strengths in character (such as helping, empathy) are seen as weaknesses by offenders who may want to exploit those characters for their benefit. Manipulation can come from a place of trauma and the skill is sometimes developed as a coping mechanism. Triangulation is when one person manipulates a relationship between two parties by controlling communication between them. She then led a discussion on some common criminal thinking errors we may encounter in our work.

FRC Steering Committee Meeting

3/5/2020 11-11:30am

In Attendance: Tammy Axelsson-Co-Chair, Linda Setterberg-Coordinator, Mike Sanders-Housing Work Group Chair, Kerry Phillips-Peer Support Work Group Chair, Vicki Craddick-Health Work Group Chair, Tundra Greenstreet- Cultural Connections Work Group Chair, Guests: Roscoe Britton- No Limits, Janie Beaudreault-DOC/FCC, Christine Study-DOC/FCC, Tracey Johnson- DOC/FCC, Kristina Hoffert-DOC/FCC and Lacy Church-DOC/FCC.

Discussion on Work Groups for FY21:

1. Employment Work Group will meet quarterly with the IPS Steering Committee for the Bridge's Supported Employment Program.
2. Peer Support and Cultural Connections will blend into a new (to be named) group to increase sober and pro-social activities with representatives from DOC Probation, The Bridge, Wellness Court, FNA, Alpha House and will be looking at ways to fund these activities.
3. Encampment Work Group: May combine Transportation, Health and Housing work groups for this new endeavor and add Veteran's, Rescue Mission, No Limits and Fairbanks Community Mental Health and Morris Thompson Cultural Center to existing members.

4. Mental Health Court Work Group: will connect with the Alaska Courts to work on this, also some CIT Trained officers, NAMI and others. Would like Judge Brainerd to chair this group if possible.

5. Reentry App Work Group: work with agencies to develop and implement a Smart Phone app to organize resources to be used by participants of our programs. Who should be at the table: Careline, The Bridge, Peer Support, IAC advocates, Probation, Case Managers.

New Community Co-Chair: Be thinking about this for the FY21 starting July 1. Austin Brown is just completing his second year.

New DOC/FCC Co-Chair as Tammy has moved to the Probation side. Several representatives from DOC/FCC were observing and will make a decision soon on who will be the Co-Chair from FCC.

Annual Training Plan: Discussed the shopping list of trainings that could be done. Linda will send out a Survey Monkey and have the results compiled for our meeting with Alaska Mental Health Trust Disability Justice Program Director Travis Welch on April 2. Linda will also reach out to Stephanie Covington about coming to Fairbanks. Tammy has a contact for DJJ where she has been training.

April 2, 2020

Open Meeting 10:00 am -11:00 am

Meeting Location: Zoom Online

In attendance: Andrea Rasmus- DOC, Anna Sochocki-The Bridge, Austin Brown- Fairbanks Rescue Mission, Becca Brado-IAC Housing Director, Bobby Dorton-FNA/Reentrant, Brenda Stanfill-IAC, Brynn Butler-FRC VISTA, Carie Howard-FCC Education, Debbie Bourne-The Bridge/Alpha House, Don Harpole- The Bridge, Elizabeth Markle- DVR, Giles Hawthorn-The Bridge, Hadara Ben-Israel-IAC/ BIP. Janice Weiss- DOC Reentry, Joann Wiita- DOC, Justine Bates-IAA, Kelly Andaloro-Fresh Start, Kelvin Lee-No Limits, Kristina Hoffert-FCC, Lacy Church-FCC, Leah Tupper-HSS, Linda Setterberg-FRC Coordinator, Lorraine Trask-FNA Community Services, Michael Sanders-FHHC/CoF, Michelle Harpole- Encampment, Nathan Brisbois- North Star BH, Tundra Greenstreet-The Bridge, Victoria Craddick-FRPHC.

Announcements: See attachments.

FNA Community Services- Delivering food boxes (2 ½ weeks now) to the Elders who usually come to their lunches. FNA is also helping supply the JP Jones Warming Center.

JP Jones Warming Center (temporarily) opened Tuesday and is staffed with IAC Security, The Bridge Peer Support Coordinator (he is doing CES/HMIS as our Case Manager still needs to be trained), Encampment Outreach Case Manager, and 3 volunteers. The Warming Center is currently open 1-6pm Monday-Friday. The Bridge is closed at 400 Cushman and most of the staff are working remotely.

DVR (see attachment) now has an 800 number for doing orientation and intake over the phone.

Supported Employment, Giles is filling out the employment questionnaire for DOC. Many participants at the Bridge have lost employment due to COVID 19.

FNA Ralph Purdue programs and Women's and Children are still accepting participants and have a mandatory quarantine 14 days before entry.

Fresh Start- Kelly hired an IT person and is getting ready for online services as well as telephonic. Hoping to start telephonic screening at FCC soon.

IAC Housing has one apartment open for a woman with DV/SA history.

IAC Recovery Residences are not accepting applications at this time.

Reentry Case Management- Marsha is working from home. Recommends TCC's training for telehealth. Requests that FCMHS work with mutual clients to see that they have 90 days of meds.

Public Health is following COVID-19 cases, providing STI, Infectious Disease and Immunizations still.

Probation is doing check-in over the phone mostly, can do community visits.

IAA- Office is shut down but are doing telephonic, needle exchange still. HIV patients are getting 90 days of meds, food delivered and rental assistance.

No Limits has openings and desires more referrals from coalition partners. They have been operating a winter Warming Center for homeless individuals from 10-2, 7 days a week.

Fairbanks Rescue Mission is a shelter in place facility now; they continue to house reentering individuals from DOC institutions.

Annual Training Survey results. (see addendum 2) During the conversation it was obvious that we need training on the governance of the coalition and the FRC Coordinator, Linda, will work on putting together training for Coalition members. Concerns will be brought up to the executive team: Co-Chair-Tammy Axelsson- DOC Probation, Austin Brown- Community Co-Chair, to be appointed- FCC Co-Chair and Brenda Stanfill- Fiscal Agent. Current Steering Committee Members are: Michael Sanders (Housing), Vicki Craddick (Health), Kerry Phillips and Bobby Dorton (Community Connections), Libby Croan (Employment). These are our decision makers.

DOC and COVID-19 (attachment sent via email)

June 4, 2020

FRC Community Meeting 10:00 am -11:00 am

Meeting Location: ZOOM Meeting

Introductions and Announcements: meeting chaired by Tammy Axelsson, FRC Co-Chair with DOC Probation.

Reentry COVID-19 Funds for PPE and Transportation update by Brynn Butler, we have PPE for FRC members please send your request to Brynnbu@iacnvl.org or call at 907-374-2905 and for individual rides for reentrants may be scheduled with LYFT by submitting a phone request to Linda or Brynn. Rides to meetings, health appointments, job interviews are examples of acceptable use.

Housing Funds from the Trust Update by Tundra Greenstreet: The Trust Housing grant is for beneficiaries (SUD, SMI, FAS, etc.) whose housing was impacted by incarceration or criminal history in the past three years. 1) Agencies or DOC make a referral and applicant signs an ROI with The Bridge, 2) the individual will be entered in the HMIS Coordinated Entry System to see if they qualify for other housing programs. 3) Packet to be filled out includes budget, back up documentation, lease and landlords W-9.

Program Update: Men's Housing at Freedom's Gate will not be available on June 1. Marsha will have information on the 4th Ave House by July 1. This will be transitional housing for men that are under supervision by probation.

Introductions and Announcements:

- Amy Bollaert (FWC) they currently are accepting applications for Wellness Court,
- Andrea Rasmus (DOC Reentry PO) she is working with the Second Chance Act Grant (SCAG) participants,
- Anna Sochocki, (The Bridge) Employment Specialist,
- Bobby Dorton (FNA) new member of the Alaska Peer Support certification advisory board, he requested that they add Reentry as a category along with SMI and SUD as a population that relies on peer support after incarceration, speaking from his own experience that value of that first month when Marsha assisted him.
- Brynn Butler (FRC VISTA) see above.
- Brenda Stanfill (IACNVL) Fiscal Agent/Victim's Advocate,
- Debbie Bourne (The Bridge) Peer Support Specialist,
- Elizabeth Markle (DOL/DVR) she is doing intake and orientation in the phone, they are providing telephonic services still.
- Gary Edwin (The Bridge) Employment Specialist,
- Giles Hawthorn (The Bridge) ES Coordinator, the ES are meeting with participants one on one at The Bridge.
- Halle Mote, (PDA VISTA) introduced her co-worker Stewart Rice (PDA VISTA)
- Janet McDermott (HUDVASH) is working from home (907)482-7781 and has 5 vouchers for homeless veterans,
- Karen Blackburn (Northern Hope Center) they are open with regular hours, clients are using masks while in the center and handwashing.
- Kari Burrell (FHP/FMH)

- Kelly Andalaro (Fresh Start) continues to do assessments for DOC, Reentry, DVR and the drug information schools for early intervention. She is set up at home for now.
- Kristina Hoffert (FCC) temporary POIII that is the acting FRC Co-chair until that position is filled.
- Lacy Church (FCC)
- Leah Tupper (Wellness Court PO)
- Libby Croan (DOL) they are working telephonic
- Linda Setterberg (FRC)
- Marsha Oss (Reentry CM) introduced Hadara Ben-Israel and Carol Rose who are working with the ABC Batterer's Intervention Program. Marsha and Giles will continue to hold the BIP groups in FCC once they are allowed back in. Marsha is having inmates to work on their own and she picks it up.
- Michael Sanders (FHHC/COF) will be back at City Hall Monday. Announced the city will have COVID funds for agencies, businesses and individuals impacted by COVID, as soon as the process is completed he will send information out.
- Nathan Brisbois (North Star BH) They have openings at Chris Kyle Hospital for veterans and first responders. They accept insurance.
- Roscoe Britton (No Limits) they are opening a Thrift Store at 1616 Cushman.
- Roscoe asked two questions 1) should the Operational Guidelines live on the website. No, they have been provided to the coalition members and can be requested from Linda at any time. 2) When is the election of the Community Co-Chair position? It is a two year term and Austin Brown was elected two years ago.
- Tammy Axelsson (DOC Probation)
- Tundra Greenstreet (The Bridge Peer Support Services)
- Vicki Craddick (RPHC) Public Health is organizing a Resource Fair once a month the first one will be outside on June 17th at the Stone Soup Garden. She recommends that agencies provide a pop up tent to protect them. The agency needs to provide their own table and chairs.

Update by Linda, FRC Coordinator on Strategic Planning with Stellar Group, Community Readiness Survey and Coalition Capacity Survey:

- The Steering Committee will be working with Stellar Group out of Juneau to update our strategic plan this summer. The Stellar Group contracts with the Trust.
- 12 people completed the Community Readiness Survey compared to 8 last year.
- 23 people completed the Coalition Capacity Survey compared to 24 last year. Both surveys are open and will close June 8th. FRC's end of the year report is due June 30.

The Bridge, FRC and BIP program moving from 400 Cushman to the second floor of the Food Bank Building, we will use the 27th Street entrance across the street from the Rescue Mission. We are moving June 15th. The address is 724 27th St. Suite 2 will be FRC and The Bridge Support Services and Suite 3 will be ABC BIP and Suite 4 is the new home of Encampment Outreach.

July 10, 2020

Nominations and Election of New Community Co-Chair

On June 19th Nominations were open to the entire coalition and we left it open until July 8th. One person applied for the position, there were no other nominations. The steering committee responded via email and elected Bobby Dorton as the new Community Co-Chair. He has been an active member of the Coalition since he joined us in September 2018. He has been a statewide advocate for reentry and peer support and brings his experience as someone who took advantage of Case Management and all of the resources available to him during his reentry to the Fairbanks Community. He is currently on the Fairbanks Diversity Council, the Statewide Peer Support Advisory Board and works as a Residential Aide at FNA Ralph Perdue Center. He completed the Peerstar Forensic Peer Support training with our staff May 2019 and RADACT training last fall. It's been very rewarding to see him in these leadership roles.

Challenges: COVID-19

COVID-19 has opened new challenges for our reentrants. As of July 2020 we have COVID-19 both in Fairbanks Correctional Center and the homeless population. The testing sites do not allow foot traffic so those without a vehicle can't access the free testing site. All others need a referral from a doctor and health insurance. Interior Community Health Center will only test existing clients and all providers, except TCC, will not see anyone with an outstanding bill.

Shelters are asking for individuals to quarantine for two weeks, shelter in place and that has been a hindrance for some to enter the shelter at Fairbanks Rescue Mission and IAC. It is very difficult for a reentrant to access services if they are without internet and unable to leave housing.

Accomplishments

Our biggest accomplishment has been standing up The Bridge with Peer Support and Supported Employment. The passion and dedication of our coalition and staff are making a difference in the lives of reentrants whether it's an old felony or they are just releasing from incarceration. We have had extensive training in the IPS model of Supported Employment and feel confident that the partnerships with DVR and Alaska Behavioral Health are being made for the benefit of our mutual participants.

We have really enjoyed the Reentry Simulations this year. While we had to cancel due to COVID in March it really did bond our members together doing this project. We also now have a renewed interest in making it easier for reentrants. One of the staff members after doing the simulation at the Conference in Anchorage dreamed that reentrants would benefit from an app for a smart phone. She has been actively working with the Reentry Probation officer to explore what's out there for reentry. We also have all the materials now for holding our own simulation.

It has been our hope to have PSA's that reflect the heart of the reentry work we do! We completed work with Mammoth Marketing on four PSA's, two that feature reentrants and two

that feature coalition members. Linda set up [a YouTube channel](#) to be home to these PSA's. This makes them shareable and we were able to have a Premiere in December on the big screen at Morris Thompson Cultural Center and show them at the statewide Recidivism & Reentry Conference in Anchorage. They were aired from March until June on local television.

We mobilized our community to open a temporary warming center at the beginning of the COVID 19 pandemic when Fairbanks was the state hotspot. Please see addendum 7 for a report on the warming center.

Summary List of Coalition Coordinator Activities

July: Visited Employment Specialist John McGhee in Homer, AK
Spoke at the TCC Education Summit in Fairbanks

August: JLUSA Training in Anchorage: Break Through Action Leadership Training for Emerging Leaders

2 day Mentor visit to FAVOR Greenville, South Carolina for BJA Peer Support
Mentorship grant

September: IONIA Natural Wellness Training for The Bridge staff
Sober Event Co-host with Recover Alaska and the Alaska Mental Health Court
IPS training here with Beth Wilson for Supported Employment

October: Hosted a Reentry Simulation with Yulonda Candelario with the US Attorney's Office
Participated in planning for Project Homeless Connect
Interview with Becky Hansen on the program Closer Look on K-Love radio (aired Dec 15th at 6:30)

Empowerment through Employment two day conference in Anchorage
Worked on script for PSA's with Mammoth Marketing and our coalition
Curry the Goat attends The Bridge Movie Night and becomes our mascot
Employment Specialists became certified in ACRE

November: SIM Mapping with Judge Rhoades
Filming PSA's
Presented at the Golden Heart Rotary dinner
In Anchorage for the Second Chance Grant Planning meeting (two days)

December: Premier of our PSA's with Mammoth Marketing and Reentry Graduation
CIT Training with FPD and NAMI
IONIA WRAP training for The Bridge staff
Second Chance Grant Coordination meeting with Janice and Joanne
IPS Training with ES Staff and Beth Wilson

January: 2020 Reentry Summit: Tools for Change in Wasilla

Project Homeless Connect

February: 2020 Reducing Recidivism & Reentry Conference in Anchorage
Peer Support Conference Planning Committee

March: UAF Reentry Simulation with Social Work and Justice Students
ACES and Trauma Sub-committee with FHP
CDVSA Fairbanks Focus Group
Office Closure on March 17th due to secondary COVID exposure (all staff working from home)
Temporary Warming Center with partner agencies opened March 31 at JP Jones Center

April: Began work with Stellar Group for Business Planning (Strategic Planning)
Engaged an Intern Clinician to work with Reentry Case Management
COVID 19 Response Work Group (April and May while operating the Warming Center)

May: Alaska Criminal Justice Commission: Rehabilitation, Reentry, and Recidivism Reduction Workgroup (ACJC RRRR work group)

June: Moved offices to 724 27th Ave Suite 2 and Encampment to Suite 4

Monthly Meetings that I attend: Second Chance Act Grant: Statewide and Fairbanks meetings, Alaska Reentry and Justice Partnership, Community Action Planning (CAP), Fairbanks Housing and Homeless Coalition, Fairbanks Wellness Coalition, Opioid Task Force, Reentry Case Management (twice monthly), IPS Work Group.

Coalition Highlights

The highlight of any coalition is the people within the community who take on a project with passion and persistence. There are two events that were the most awe-inspiring to me this year. The first was the Reentry Simulation on Dec 3 at UAF. Our VISTA Brynn Butler and UAF student Mikela Ubl really made this simulation amazing. Brynn completely orchestrated putting together the materials for the simulation, from printing money to assembling packets for participants and stations. Mikela met with UAF professors to engage them and the Social Work and Justice students in a lively reentry simulation. The second highlight was the call to come out of isolation and meet the needs of the most vulnerable Alaskans by coordinating a Temporary Warming Center. There are some people in the world that insist on working even when the safer thing would be to quarantine. It was the perfect way to meet the homeless in our community as we launched the encampment outreach. We had thought there were about 50 chronically homeless and due to the Rescue Mission instituting shelter in place we had 126 individuals seek food, a place to rest and talk to staff over the course of two months.

Addendum 1

SECTION 1: COALITION VISION, MISSION, VALUES

Safer, Stronger Communities

The Reentry Coalition envisions a community that is safer and stronger by being supportive of Returning Citizens and their process of rehabilitation. The coalition will organize community organizations to engage in collaborative services and relationships.

Coalition Mission

The mission of the Fairbanks Reentry Coalition is to create a community where returning citizens have the keys to successfully achieve their personal goals.

Coalition Values

While serving on the coalition, members are expected to operate with the following values:

Compassion: We will act out of love and kindness for those we serve; never out of greed or self-interest.

Respect: We will treat Returning Citizens and coalition members with respect and dignity. We will act in a manner that is uplifting, encouraging and supportive of each other.

Commitment: We are committed to working together to support our Returning Citizens.

Inclusive: We listen to the Returning Citizens values, their style, their needs, and their emotions, and connect with them in a way that is effective for them; coaching and mentoring that fits their culture and experience.

Nonjudgmental: We treat all Returning Citizens with dignity and respect for who they are not what they have done.

Core Activities

The Fairbanks Reentry Coalition will accomplish its mission through the following core activities:

- Identifying available community resources for returning citizens for stable living
- Ensuring that the Returning Citizens have access to available services by addressing gaps and barriers

- a. Housing
 - b. Employment and Meaningful Engagement
 - c. Culture and Connectedness
 - d. Transportation
 - e. Health Care including Substance Abuse Treatment, Physical and Mental Health Care
- Collaborating with state and local organizations to help facilitate access to services
 - Being proactive with community efforts to educate the public about Reentry and how they can participate in the Returning Citizen's journey and success

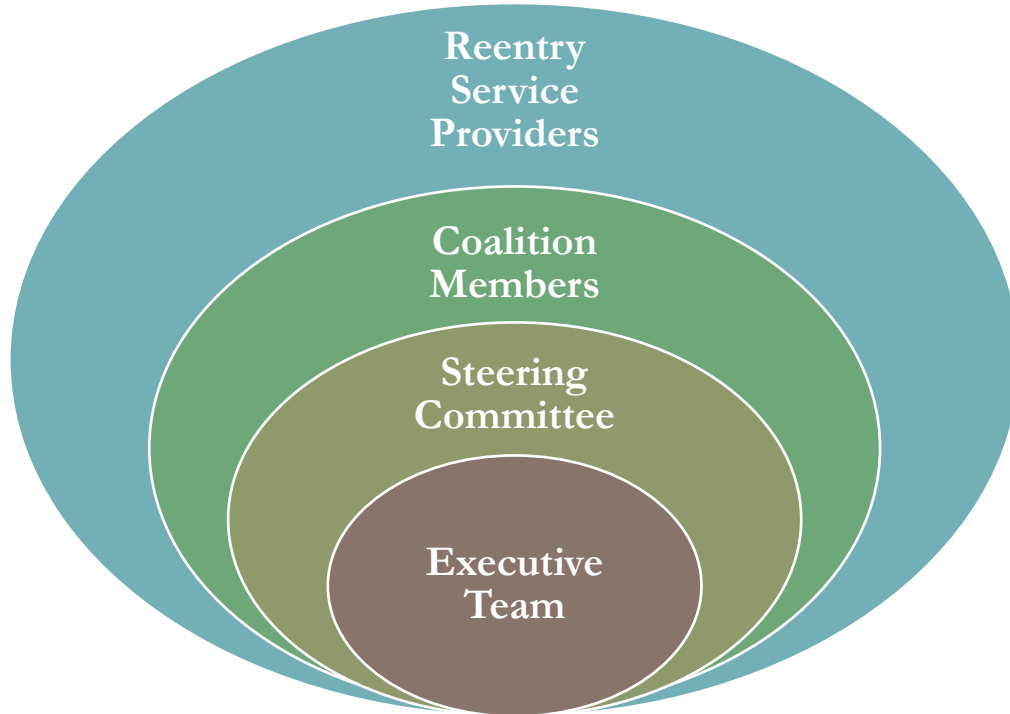
Other activities that further the mission may be pursued upon approval by the Steering Committee and Executive Team.

SECTION 2: ORGANIZATIONAL STRUCTURE

The organizational structure of the Coalition is based on a progression of involvement, with each subsequent layer being drawn from the one above:

- Reentry Service Providers
- Coalition Members
- Steering Committee
- Executive Team

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SECTION 3: REENTRY SERVICE PROVIDERS

Reentry Service Providers: The outer layer of the coalition’s structure incorporates those nonprofit organizations, governmental agencies, community groups and individuals providing services to returning citizens and their families. The Reentry Service Providers may be, but need not be, members of the Fairbanks Reentry Coalition. They have no role in decision making for the coalition, and are described here as part of the organizational structure because they do the “on-the-ground” work of reentry within the community.

SECTION 4: COALITION MEMBERS

Any Reentry Service Provider or other community member interested in the coalition’s core purpose, may be a Coalition Member. Each member in good standing is eligible and entitled to:

- Attend and contribute to general membership meetings;
- Nominate individuals for the position of Community Co-Chair, who serves as part of both the Steering Committee and the Executive Team;
- Provide advice to the Steering Committee and Executive Team on subject matter issues which are being, or could be, addressed by the coalition’s Work Groups;
- Serve on any of the Coalition’s Work Groups;

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- Receive information and updates.

At-Large Members: At-large members who have specific and relevant reentry knowledge, skills and abilities, including the following designated seats:

- 1) CAP Group representative
- 2) Faith-Based
- 3) Law enforcement
- 4) Legal representative (defense side)
- 5) Legal representative (prosecution side)
- 6) Local government
- 7) Medicaid office representative
- 8) Public Assistance office representative
- 9) Returning citizen
- 10) UAF Justice Program
- 11) Veteran's Services
- 12) Reentry Case Manager

Steering Committee: The bulk of Coalition business and subject-matter decision-making is the responsibility of the Steering Committee. The Steering Committee is comprised of a maximum of 10 members, including key stakeholders who chair work groups for each service area, in addition to the three Co-chairs (which constitute the Executive Team). The composition of the Steering Committee is drawn from three general categories:

Staff: The staff will support the work of the Steering Committee and ensure that the scope of work meets expectations of funders. These are ex-officio members of the Executive Team.

1. Fiscal Agent Representative
2. Coalition Coordinator

Workgroup Chairs: The chairs of each of the Coalition's Work Groups, which at this writing include the following:

1. Employment and Meaningful Engagement
2. Transportation
3. Housing
4. Culture and Connectedness (legal, family, faith-based)
5. Health (physical, mental health, substance abuse)

At Large Members: Determined by the Executive Team to inform the Steering Committee:

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1. Victim's Advocate
2. Fairbanks Community Restorative Justice Initiative

Co-Chairs: Three grant-mandated Co-Chairs constituting the Executive Team

1. Community Co-Chair (nominated by Coalition Members and voted upon by Steering Committee)
2. Dept. of Corrections – Chief Probation/Parole Officer (Appointed)
3. Dept. of Corrections – Superintendent from the local correctional facility (Appointed)

Appointment of Steering Committee Members

Steering Committee members are appointed by the Executive Team, based on knowledge, skills, experience, participation and commitment to the Coalition's Core Purpose and Core Values. There are no terms, although steering committee membership shall be reviewed regularly by the Executive Committee.

The Community Co-Chair is elected by the Steering Committee to serve as part of the Executive Team. The term for the Community Co-Chair is two years. There is no term limit for the Community Co-Chair.

No organization, agency, or business may occupy more than two seats on the Steering Committee without prior approval of the Executive Team.

Steering Committee members may participate telephonically or by other remote method for all Steering Committee meetings and official business, if not able to attend in person.

Steering Committee Code of Conduct

Our code of conduct reflects the coalition's guiding values and the preferred method for conducting meetings. Steering Committee members are expected to be present for the duration of all events and activities at which they are representing the coalition.

Concerns about the behavior of a steering committee member should be raised to the co-chairs. Co-chairs in conjunction with the Coalition Coordinator will talk to the steering committee member about whom the concern was raised and may bring the issue to the entire steering committee if it cannot be resolved or would be more appropriately dealt with by the entire committee. The steering committee member may also raise concerns about the process to the entire steering committee.

A steering committee member who is absent unexcused (no call, no show) for three consecutive meetings is subject to removal.

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Steering Committee Roles and Responsibilities: The roles and responsibilities of Steering Committee members include:

- Acting in a leadership role on behalf of coalition membership at large;
- Planning and participating in general membership meetings;
- Developing and maintaining all components of the strategic plan (vision, mission, values, goals and strategies – or, logic model, action plan, measures of success) for the coalition;
- Recruiting new members;
- Approving final action by workgroups;
- Assisting in orienting new steering committee members (facilitated by the co-chairs, election workgroup members and support staff, as appropriate);
- Attend regular meetings;
- Serve on at least one workgroup;
- Serve as a liaison between their organization and coalition;
- Identify key issues and set broad direction and priorities;
- Oversee and participate in strategic plan implementation;
- Identify funding and partnership opportunities;
- Assist with documenting and evaluating progress toward strategic goals;
- Represent coalition interests and positions at public functions and public policy forums; and,
- Oversee the work of the organization through the responsible delegation of funding and financial responsibilities, and operational /leadership functions.

Steering Committee Workgroups: Workgroups (a.k.a., “subcommittees” or “task forces”) may be established by the Steering Committee or the Executive Team to accomplish and/or address a variety of specific issue areas and related tasks. At least one steering committee member must serve on each workgroup as the chair. Any coalition member may serve on a workgroup.

The roles and responsibilities of the Workgroup Chairs include:

- Identifying interested community members and maintain a list of active work group members;
- Convening work group meetings in a manner that allows maximum participation by work group members;
- Establishing work group rules to govern participation, attendance, and accountability;
- Ensuring the activities of the work group remain aligned with the coalition strategic plan;
- Acting as a liaison between the workgroup and the steering committee; and,
- Providing verbal/written updates to the steering committee as requested.

Steering Committee Meetings

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Steering committee meetings are convened at least every two months in person or by teleconference, or following a schedule and format determined by the full steering committee.

Special meetings of the steering committee may be scheduled with approval of a majority of the steering committee members.

Voting: Formal decisions of the steering committee shall be made by a consensus vote when practical. If individual votes are required, a motion shall pass with a simple majority of those members present.

In the event that steering committee action is required prior to a regularly scheduled meeting, a co-chair may contact steering committee members regarding the proposed action by electronic means. The action is approved upon securing approval from a simple majority of the steering committee.

SECTION 5: EXECUTIVE TEAM

Executive Team Roles and Responsibilities

As dictated by the state grant, the Executive Team shall consist of the following three members, who jointly serve as Co-Chairs of the Fairbanks Reentry Coalition:

- Superintendent from a local correctional facility
- Chief probation/parole officer
- A community representative who serves as Presiding Co-Chair

The steering committee shall nominate and elect the Presiding Co-chair, who may serve for a two-year term. Responsibilities of the Co-Chairs include:

- Chair steering committee meetings with the coalition coordinator;
- Develop meeting agenda when coordinator is not present;
- Make interim decisions on behalf of coalition that are of a time-sensitive nature;
- Adhere to the standards and values of coalition as leaders and spokespeople;
- Assign workgroups as needed;
- Provide mentoring and guidance for the Coalition Coordinator;
- If there is a vacancy of a co-chair, solicit nominations for co-chair and hold a special election by the steering committee in a timely manner.

SECTION 6: STAFF SUPPORT – COALITION COORDINATOR

Support Staff

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When funding is available, via agency contract, fiscal agency and/or other means, staff support will be provided to help implement coalition activities. If funding for support staff is not available, the Steering Committee will determine which activities will continue, and which Steering Committee member(s) and workgroups will perform those duties.

The Coalition Coordinator is staff to the Fairbanks Reentry Coalition and will serve as an ex-officio (non-voting) member of the Executive Team.

Supervision of the Coalition Coordinator is the responsibility of the Fiscal Agent; with immediate direct supervisory responsibility for day to day operation being with the Executive Director of the Fiscal Agent.

Local Reentry Coalition Coordinator

The local Reentry Coalition Coordinator facilitates and coordinates the community coalition. The coordinator works with the community coalition to:

- Facilitates coalition activities, plans 6 Steering Committee meetings a year and meets with the Executive Team as needed.
- Monthly General Coalition meetings: Coordinates meeting logistics, develop and distribute agendas with chair(s) input, take meeting notes and distribute minutes before next meeting.
- Office management: maintains the electronic file system, responds to written/electronic/telephonic communications directly or distribute to appropriate person(s), serves as lead in maintaining contact lists, updates the website and maintains social media accounts.
- Works with coalition chair(s) and partner entities to collect and allocate resources for coalition activities.
- Conducts and updates annually the *Coalition Capacity Assessment*.
- Conducts and updates annually the *Community Readiness Assessment*.
- Conducts (and updates as needed) the *Community Resource Assessment*.
- Supports the work of the coalition to address gaps in resources and increase service capacity, where needed.
- Writes the *Comprehensive Community Reentry Plan* and updates the plan as needed.
- Conducts institutional presentations about the *Alaska Community Reentry Program* and facilitates presentations by community providers about available resources and services.

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- Conducts community outreach presentations to educate the community about programs and resources to support the reentrant population and shares the goals of the *Alaska Community Reentry Program*. These efforts are coordinated and largely conducted by the coalition coordinator, with as-needed support from coalition members.

Community Grantee (aka Fiscal Agent)

The community grantee is an organization with the legal capacity to accept grant funding and fulfill financial obligations on behalf of the coalition. The grantee develops a 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 any staff supporting the coalition and works with the coalition on the hiring and supervision of the staff.

The Fiscal Agent has a seat on the Steering Committee as a non-voting (ex-officio) member.



SECTION 7: USE OF COALITION NAME, IDENTITY AND LOGO

Use of the coalition name, identity and logo is subject to approval by the Steering Committee or as specified in contracts supporting activities. Co-chairs may decide in time-sensitive situations.

To ensure consistent messaging across the state, drafts of materials developed by the coalition should be shared with the coalition's grant manager for review prior to using it for community education and outreach. Because of confidentiality requirements, coalition members should use caution when addressing issues directly related to reentrants participating in the case management program. Questions or information requests about clients or issues related to the Division of Behavioral Health, Department of Health and Social Services should be referred to Clinton Bennett, DHSS Associate Coordinator, 907-269-4996, clinton.bennett@alaska.gov. Questions or information requests about clients or issues related to the Department of

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Corrections should be referred to Megan Edge, DOC Public Information Officer, 907-269-5037, megan.edge@alaska.gov.

SECTION 8: ORGANIZATIONAL GUIDELINES REVIEW
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These organizational guidelines shall be reviewed and updated annually for approval. Changes to the organizational guidelines must be approved by entire Executive Team and Fiscal Agent.

This document was approved by the Executive Team and Fiscal Agent. It has been reviewed and revised on May 15, 2018.

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Addendum 2

Fairbanks Reentry Coalition Annual Training Plan

Member Onboarding to the Coalition: Coalition 101

Ongoing Training:

“Super Advocate” Advocacy Training with the Alaska Mental Health Trust, at Coalition Meetings: 15-30 training segments by Member Agencies on Thinking Errors, LSI-R scores, Manipulation/Triangulation of mutual clients, Engaging in Trauma Informed Practices, Self-Care and the Sequential Intercept Model

Staff Onboarding to FRC/ The Bridge: HR through IACNVL, The Bridge Policy and Procedures, Child/Adult Abuse and Neglect, Civil Rights, HIPPA

Peer Support Specialists: Within 3 months of hire date: Peer Support 101, Forensic Peer Support, Core Competencies

Employment Specialists: (may do Peer Support 101, FPS and Core Comp) ACRE Employment Training, IPS Training with DBH, ongoing CRP Employment training, Benefits training

Ongoing Training:

Attend Annual Reentry, IPS Employment and Peer Support Conferences in Alaska
RADACT training (or other for Chemical Dependency Training) Distance Education (8 hours=\$60)

- Ethics Course (6 hours)
- Confidentiality (6 hours)
- Infectious Disease and HIV/AIDS (8 hours)
- Intro to Addictive Behavior (8 hours)
- Intro to Group Counseling (8 hours)
- Crisis Intervention (8 hours)
- Documentation (4 hours)
- Working with Diverse Populations (16 hours)
- Community Resource Use and Case Management (8 hours)
- Recovery Health Wellness (8 hours)
- Psycho-Physiology (16 hours)
- Intro to Family Systems (15 hours)
- Family Systems 2 (15 hours)
- Introduction to Co-occurring Disorders (8 hours)
- Co-occurring Disorders (12 hours)
- Motivational Interviewing (16 hours)
- Prevention and Community Development (8 hours)

WRAP (Wellness Recovery Action Planning) training with an out of town facilitator (20hrs)

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Certified Facilitator-Samenow's Overcoming Errors in Thinking online for \$104 (curriculum used in institutions)

SMART Recovery- Online Facilitator's training (\$99 or for 5 people for \$345)

Potential One Hour trainings by Reentry Case Manager Marsh Oss:

Criminal Thinking: Breaking it Down

Case Management and Thinking Errors

Grief and Loss

Spirituality in the Workplace

Family Systems

Freeing the Brain from Incarceration

Building Realistic Transition Plans

Assessments and Referrals

Impacts of Trauma

Suggested National Trainings:

- Stephanie Covington: Trauma training (she is with Gender and Justice) works in institutions
- Generation Red Road: A cognitive and experiential workshop on Native American/Indigenous Philosophy of Activating the Spirit for individuals, families, communities 16-20 week curriculum for healing.

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Addendum 3: Fairbanks Resource Directory

Adult Education Services

Hutchison Career Development Center:

Services include career counseling, employment assistance, vocational training in office occupation, cook/chef, aircraft mechanics, auto mechanics, welding and drafting. The programs are open to those 16 years and older. There are no fees for students in grades 9 - 12, but there are fees for adults.

Phone: (907) 479-2261

Location: 3750 Geist Road, Fairbanks

Literacy Council of Alaska:

Offering one-on-one tutoring and classes in reading, writing, math, science and other instruction for GED testing. English Services include English as a Second Language. They offer computer and digital literacy classes as well as classes on resume writing and interviewing. The Literacy Council gives away thousands of books each year through their book recycling program. They also give away computers through their computer recycling program.

Phone: (907) 456-6212

Location: 517 Gaffney Road, Fairbanks

Website: www.literacycouncilofalaska.org

Stone's Throw:

Stone's Throw is a 12-week, two-tier training program supported by the Alaska Mental Health Trust, the Rasmuson Foundation, Tanana Chiefs Conference, the Department of Labor, the Division of Vocational Rehabilitation and Adult Learning Programs of Alaska.

Phone: (907) 452-1974

Location: 507 Gaffney Road, Fairbanks

Website: www.breadlineak.org

UAF Community & Technical College:

Community interest credit and non-credit courses, certificate and associate degree programs in academic and technical areas, Student development and learning center, career counseling, advising and support for entering college. Free placement and interest testing.

Phone: (907) 455-2800

Location: 604 Barnett Street, Fairbanks

Website: www.ctc.uaf.edu

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Child Care Assistance

Child Care Licensing:

The CCPO monitors, regulates, and licenses child care facilities across the state and further promotes child care quality through grants to Child Care Resource & Referral agencies and the direct administration of the Child Care Grant Program.

Phone: (907) 451-2850

Location: 675 7th Avenue, Station E, Fairbanks

Website: <http://dhss.alaska.gov/dpa/Pages/ccare>

Tanana Chiefs Conference Childcare Information & Assistance:

We are organized as Dena' Nena' Henash or "Our Land Speaks"; an Alaska Native non-profit corporation, charged with advancing Tribal self-determination and enhancing regional Native unity. We work toward meeting the health and social service needs of Tribal members and beneficiaries throughout our region. Our programs and services range from direct healthcare services to tribal development services, the management of natural resources, public safety, community planning and transportation.

Phone: (907) 452-8251 x 3358

Location: 122 1st Avenue, Suite 600 Fairbanks

Thread Child Care Assistance/Referral:

Child Care Assistance helps families pay for childcare while parents are working, training or in school Child Care Referrals helps families find childcare that meets their needs.

Phone: (907) 479-2212 or 866-878-2273

Location: 1949 Gillam Way Suite G Room 403, Fairbanks

Thread Resource & Referral:

Children's Advocates, Resources and Education Services (CARES) Providing training and resources to child care providers, parents, students, educators and others working with young children.

Phone: (907) 479-2214 or 866-878-2273

Location: 1908 Old Pioneer Way, Fairbanks

Clothing Assistance

Career Closet:

The Workforce Department features the "Career Closet" that offers an array of business clothing for men and women. Monday thru Friday 9am-1pm.

Phone: (907) 455-2826

Location: 604 Barnette Street, suite 106, Fairbanks

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Goldstream Sports:

Gathers and distributes used shoes and boots to children in need as a collaboration with Alaska Kicks for Kids and The Basics.

Phone: (907) 455-6520

Location: 711 Sheep Creek Road, Fairbanks

Website: www.goldstreamsports.com

Love INC (In the Name of Christ):

Network of local, Christian churches committed to helping people in need. Coordinates a winter clothing drive among churches. Operates numerous programs including a Telephone Clearinghouse that connects people in need with community and church resources that can address many different needs, Transportation Program, Budget Counseling Program, Furniture Garage, Personal Needs Closet, and Firewood Project.

Phone: (907) 452-3876 or (907) 452-5683

Location: 609 3rd street, Fairbanks

Website: www.loveincfairbanks.org

North Pole Worship Center:

Maintains a closet of children's winter clothing for distribution to those in need anywhere in the community.

Phone: (907) 488-9084

Location: 3340 Badger Road Suite 280, North Pole

Website: www.northpoleworshipcenter.com

Counseling and Behavioral Health Services

Counseling and Therapy Services:

We are private practice counselors offering a variety of services. Our focus is on providing clients with skills to effectively navigate relationship difficulties. We help our clients improve their mood stability, increase their ability to tolerate stress, and learn how to successfully manage overwhelming emotions.

Phone: (907) 590-8384

Location: 565 University Ave. Suite #4, Fairbanks

Website: www.counselingandtherapyservices.com

Fairbanks Careline:

24-hour crisis intervention and suicide prevention hot line. Provides emotional support for all ages experiencing life problems.

Phone: (907) 452-4357 or 877-266-4357

Website: www.carelinealaska.com

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Alaska Behavioral Health, Fairbanks:

Comprehensive community mental health center providing diagnosis and evaluation, psychiatric services, individual, group, teen and young adult services, marital and family therapy for people experiencing grief, depression, suicidal thoughts, phobias, anxiety, relationship problems or personality disorders.

Adjustable payment schedule, Medicaid/Medicare and most other insurances accepted. They will work with you to create a financial payment plan.

Adult Services:

Phone: (907) 371-1300

Fax: (907) 371-1387

Location: 1423 Peger Road, Fairbanks

Children's and Family Services:

Phone: (907) 371-1300

Fax: (907) 371-1387

Location: 926 Aspen Street, Fairbanks

Website: www.alaskabehavioralhealth.org

Fairbanks Native Association Behavioral Health Services:

Ralph Perdue Center is a detoxification, residential and outpatient treatment service for persons 18 or older.

Phone: (907) 452-6251

Location: 3100 S. Cushman Street, Fairbanks

Website: www.fairbanksnative.org

Services Include:

Adult & Adolescent Continuing Care	451-1648
Adult Residential	456-1053
Assessments & Interventions	452-6251
CSP	459-6898
Elderly Care (TIE)	451-5223
Emergency Medical/Detox	452-1053 X 1
RPC Outpatient	451-1648 X 6400
Youth Services (YDAP)	452-6261 or 451-6264

Fairbanks Native Association (FNA):

FNA provides many different programs serving Alaska Native youth and adults. Many of their programs are open to anyone in the community while some programs limit eligibility to Alaska Natives.

Phone: (907) 452-1648

Location: Administrative Offices 605 Hughes Avenue, Fairbanks

Website: www.fairbanksnative.org

The most notable programs serving youth are:

Graf Rheeneerhanjiii -

Provides residential treatment for substance abusing youth ages 12-18. Services include counseling, education, healthy living skills, and cultural and spiritual identity.

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Phone: (907) 455-4725

Location: 2550 Lawlor Road, Fairbanks

Fairbanks Alcohol Safety Action Program -

Website: www.fairbanksnative.org/fasap.html

FASAP provides assessment and referral services for court cases involving alcohol. Juvenile cases such as minor consuming, minor in possession and minor operating are also included. Persons who are convicted of DUI and other alcohol related offenses are screened and then referred to State approved agencies that provide alcohol/drug education and/or treatment.

Phone: (907) 452-6144

Location: 3100 S. Cushman Street, Fairbanks

Women & Children's Center for Inner Healing

Provides residential treatment for substance abusing women and their children who are under the age of 12. Services include counseling, education, parenting, healthy family skills, and cultural and spiritual identity.

Phone: (907) 451-8164

Location: 1027 Evergreen Street, Fairbanks

Family Centered Services:

Family Centered Services of Alaska, Inc. is a mental health center that serves severely emotionally disturbed children and their families.

Phone: (907) 474-0890 or 1-800-478-2108

Location: 1825 Marika Road, Fairbanks

Website: www.familycenteredservices.com

Grace in Motion Counseling:

Mrs. Metzgar is a licensed professional counselor, a licensed marriage and family therapist and a national board certified counselor. With 18 years of experience, she is trained in Cognitive Behavioral Therapy, Family Systems, Therapy and a variety of other techniques. Her specialties include anger management, emotional and relationship issues, stress reduction, depression, anxiety, grief and family violence – perpetrators and victims, but she also sees clients with other concerns. Paige works with children, adolescents, adults, couples and families.

Phone: (907) 452-4673

Location: 3504 Industrial Avenue Suite #214, Fairbanks

Website: www.graceinmotioncounseling.com

Headwaters Wellness & Counseling:

We assist our clients in creating more empowered life choices through intentional awareness and acceptance of the vital information provided to us by our own thoughts, emotions, and physical sensations.

Phone: (907) 456-2256

Location: 250 Cushman Street suite 5, Fairbanks

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Website: www.headwatersfairbanks.com

Hope Counseling Center:

Services Provided: Individual, Group, Family, Couples therapy; Trauma Informed Mental Health Services for children (0-17 yrs.) Psychoeducational classes. Psychological assessments. Substance abuse treatment.

Phone: (907) 451-8208

Location: 926 Aspen Street, Fairbanks

Website: www.rehab.com/hope-counseling-center

Interior Alaska Center for Non-Violent Living:

Provides counseling services to women who have been victims of assault, abuse, incest, elder abuse and to people who are in a crisis. The program provides shelter care for women and children as well as a legal advocate.

Phone: (907) 452-2293 or 800-478-7273

Location: 726 26th Avenue, Fairbanks

Website: www.iacnvl.org

LEAP:

LEAP is a counseling service geared towards at-home domestic violence cases. They offer counseling to adult men and women who are either being domestically abused or are the abusers. They also offer counseling services to children who are victim to domestic abuse.

Phone: (907) 452-2473

Location: 600 University Avenue #3, Fairbanks

Website: www.leapfbks.com

North Star Center:

Residential community center that provides Substance Abuse Counseling; Life Skills (including Anger/Stress Management; Budgeting, Banking, Personal Hygiene, Securing Housing, Victim Awareness, Employment.

Phone: (907) 474-4955

Location: Mile 353.5 Parks Highway, Fairbanks

Website: www.reentryprograms.com

North Wind Behavioral Health:

North Wind Behavioral Health LLC is a private practice organization offering outpatient treatment for anxiety, depression, PTSD, seasonal affective disorder, ADHD and other behavioral health challenges.

Phone: (907) 456-1434

Location: 1867 Airport Way Suite 215, Fairbanks

Website: www.northwindbehavioral.com

Pacific Rim:

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We are currently offering the following services: Assessments to the general public, ADIS (12-hour drug & information school). Level 2.1 Intensive Outpatient Treatment Program to FWC participants. Level 1.0 Standard Outpatient Treatment Program to federal correction participants.

Phone: (907) 452-5252

Location: 1211 Cushman Street, Fairbanks

Website: www.prcfairbanks.org

Stevie's Place (RCPC):

Stevie's place is a conglomerate of the Resource Center for Parents and Children (RCPC) and provides medical and legal assistance for children who are, or have been, sexually abused.

Phone: (907) 456-2866

Location: 726 26th Avenue Suite 2, Fairbanks

Website: www.rcpcfairbanks.org/stevies-place

Sunrise Counseling & Therapy Service:

We start with a comprehensive integrated behavioral health assessment. This is a summary of your life struggles and problems that are unresolved or causing you pain today. This assessment includes family, substance abuse, legal, medical, relationship and traumatic issue.

Phone: (907) 888-7474 or (907) 687-2737

Location: 626 2nd Street suite 303, Fairbanks

Website: www.sunrisecounselors.org

Turning Point Counseling Services:

Turning Point Counseling is a Fairbanks practice center that offers treatment for those suffering from mental illness and/or addiction. Commonly worked with mental health issues include: addiction, alcoholism, depression, bipolar disorder, anxiety disorder, personality disorder, family dynamics, couples/family counseling, PTSD, and psychotic disorders. Call the number above to make an appointment.

Phone: (907) 374-7776

Location: 315 5th Avenue, Fairbanks

Website: www.turningpointcounselingservices.com

Uncommon Therapy:

Uncommon Therapy is the name of the private practice for Larry Moen, LPC, an Alaska state licensed professional Counselor (therapist) serving the Fairbanks area. I offer psychotherapy and counseling services, helping people overcome life's challenges.

Phone: (907) 459-8200 or (907) 374-8777

Location: 315 Cindy Drive, Fairbanks

Website: www.utheraapy.net

*Miscellaneous Individual Practices & Counseling:

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Provided below is a list of youth-friendly, local behavioral health practices that offer a wide range of counseling services. For additional information on each, call the number or visit the website associated with each person:

Dr. Hayley Allison, PsyD:	455-4567
Dr. Mikki Barker, DO:	455-4135
Dr. Jennifer Danhauser, LPC:	978-4978
www.counselingandtherapyservices.com	
Dr. John Deruyter, PsyD:	451-8208
Paul Finch, MP:	374-3869
Dr. Mike Hopper, PhD:	456-1330
Tima Priess, LMFT:	452-8438
Elaine Ponchione, ANP:	455-7801
Cathy Weeg, LPC:	590-8384
Nancy Winford, MED:	347-4165
NancyWinford.com	

Emergency Assistance

American Red Cross:

Provides disaster relief, military family support, health & safety training, education, and blood drive/donations.

Phone: (907) 451-8267

Location: 725 26th Avenue #201, Fairbanks

Website: www.redcross.org

Division of Public Assistance:

Adult Public Assistance (APA) - provides supplemental income to the blind, disabled or those 65 and older who receive SSI, Social Security or other state or federal benefits and are low income.

Chronic and Acute Medical Assistance (CAMA) - covers the costs of medical care for indigent persons who have a terminal illness, a cancer requiring chemotherapy, chronic diabetes, chronic seizure disorders, chronic mental illness or chronic hypertension for that condition.

Family Nutrition

Women, Infants, and Children's Program (WIC)

Commodity Supplemental Food Program (CSFP) - supplements diets of low income seniors 60 years old and above with USDA commodity foods.

Farmers's Market and Senior Farmer's Market - provides coupons to WIC recipients and low income seniors to shop at local farmers markets

Supplemental Nutrition Assistance Program (SNAP) - provides federal food benefits to low income families. Most able-bodied adults between 16 and 59 must register to work and participate in the Employment and Training Program in order to stay eligible for benefits.

General Relief Assistance (GRA) - is designed to meet basic needs of Alaskans in emergency situations. Basic needs include shelter, utilities, food, and clothing. Limited funds for a dignified burial of a deceased needy person may also be provided. Except for burial assistance, payment

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is limited to a maximum of \$120 for each household member. Payments are always provided to a vendor; they are never provided directly to the GRA household. The household must meet resource limits. Resources for a General Relief (GR) household cannot exceed \$500.00. Heating Assistance Program (HAP) - offsets the cost of home heating for Alaska residents whose income is at or below 150% of federal poverty level guidelines. Benefit is a one-time payment to the vendor and is applied to the customer's account as a credit. The program can also assist with deposits to establish service in subsidized rental buildings in which heat is included in the rent but the tenant pays for their own electricity or gas for cooking. This component is known as the Subsidized Rental Housing Utility Deposit (SRHUD).

Medicaid, Denali KidCare, DenaliCare - apply through www.healthcare.gov

Senior Benefits - It pays cash benefits to Alaskan seniors who are age 65 or older and have low to moderate income. Cash payments are \$76, \$175, or \$250 each month depending on income. The income limits for each payment level are tied to the Alaska Federal Poverty Guidelines and change each year as the poverty level changes. Resources such as savings, do not count for Senior Benefits.

Alaska Temporary Assistance Program (ATAP) - provides cash assistance and work services to low income families with children. The goal is to help families with basic needs while working with them towards self-sufficiency. There is a 60-month lifetime limit on assistance.

Phone: (907) 451-2850

Website: dhss.alaska.gov (Application forms for most programs are on-line)

Location: 675 7th Avenue, Fairbanks

Fairbanks Careline:

24-hour crisis intervention and suicide prevention hot line. Provides emotional support for all ages experiencing life problems.

Phone: (907) 452-HELP *452-4357 or 877-266-4357

Website: www.carelinealaska.com

Love INC (In the Name of Christ):

Network of local, Christian churches committed to helping people in need. It operates numerous programs including a Telephone Clearinghouse that connects people in need with community and church resources that can address many different needs, Transportation Program, Budget Counseling Program, Furniture Garage, Personal Needs Closet, and Firewood Project.

Phone: (907) 452-3876 - business phone

(907) 452-5683 - Clearinghouse Helpline

Location: 609 3rd Street, Fairbanks

Website: www.loveincfairbanks.org

National Child Abuse Hotline:

24-hour hotline that offers crisis counseling for adult survivors, abused children, parents experiencing stress and several other problems. Information and references.

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Phone: 1-800-422-4453

Website: www.childhelpline.org

National Runaway Safeline:

This national service is provided to all children and parents across the US. Whether a child feels unsafe at home and is wanting to run away, or if a parent believes they have a child who ran away from home and needs help, the National Runaway Safeline is a place to call where professional personnel are on-duty 24/7 to answer questions and phone calls from those in need.

Phone: 1-800-RUNAWAY or 1-800-786-2929

Website: www.1800runaway.org

Poison Control:

Agency advises what to do in suspected or actual poisoning. Information needed would be:

Poison brand name

Amount of poison eaten

How long ago the poison was eaten

Age of person involved

Any actions already taken

Any allergies

Name of doctor

Phone: 1-800-222-1222 (available 24 hours)

Employment Resources

Alaska Department of Labor:

Offers employment training, typing test, resource room for computer availability, workshops for interviewing skills and resume building, vocational counseling, individual employment counseling and access to the internet.

Phone: (907) 451-5967 or (907) 451-2875 or (907) 451-2850

Location: 675 7th Avenue, Station D, Fairbanks

Website: www.hss.state.ak.us/dpa

Alaska Job Center Network:

Provides vocational training and assistance with job applications and interviews for adults and teens. Computers and job information are available in the resource room.

Phone: (907) 451-5967

Location: 675 7th Avenue, Fairbanks

Website: www.jobs.alaska.gov

Alaska Job Services:

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Offers recruitment, selection and referral of workers to job openings. On-the-job training. Youth Corps project and specials programs for groups such as Veterans, handicapped persons, youth, elderly, etc. Also administers the employment insurance program.
Phone: (907) 451-2871

The Bridge (Employment Support):

The Bridge is a peer run program. Trained as Forensic Peer Support Specialists our Employment and Peer Support Specialists bring their lived experience and knowledge of community resources to individuals that are in recovery following treatment or incarceration.

Phone: (907) 374-2905

Fax: (907) 374-2915

Location: 818 26th Avenue, Fairbanks

Website: www.thebridgefairbanks.org

Division of Vocational Rehabilitation:

Helps Alaskans with disabilities find jobs by providing counseling, evaluation of physical or mental impairment, benefits analysis/counseling, career assessment, vocational counseling, job training, assistive technology, job search assistance and/or placement and other services.

Phone: (907) 451-3150

Location: 455 3rd Avenue #150, Entrance on Lacey Street, Fairbanks

Financial Assistance

Division of Public Assistance/many programs available:

Phone: (907) 451-2850 or 1-800-478-2850

Website: dhss.alaska.gov

Location: 675 7th Avenue, Fairbanks

Food Assistance

The Breadline:

The Breadline operates at the Stone Soup Café. Serving hot meals Monday-Friday. Breakfast 7:30-9:15a.m. Lunch provided at exit.

Phone: (907) 456-8317

Location: 507 Gaffney Road, Fairbanks

Website: www.breadlineak.org

Fairbanks Community Food Bank:

Food Boxes – Volunteers fill large boxes with 3 days' worth of emergency food each day, and are delivered to various churches in the borough. You may receive up to 10 boxes each calendar year. To receive these food boxes, visit this page

www.fairbanksfoodbank.org/index.cfm/m/19/Programs and call/visit the nearest church to you.

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Temporary Emergency Food Assistance Program (TEFAP) – To be eligible, you must meet USDA federal poverty guidelines. Apply online or at the food bank to receive temporary food assistance. Food items include things like applesauce, dried beans, corn flake cereal, and canned veggies.

Phone: (907) 452-7761

Location: 725 26th Avenue, Fairbanks

Website: www.fairbanksfoodbank.org

Fairbanks Rescue Mission:

All meals are free and open to the public, not just Mission residents. Breakfast time may vary on weekends.

Breakfast served 7:00 - 7:30 a.m.

Lunch served 12:00 - 12:30

Dinner served 5:30 - 6:00

Phone: (907) 452-5343

Location: 723 27th Avenue Fairbanks

Website: www.fairbanksrescuemission.org

Immaculate Conception Soup Kitchen:

Services Provided: Free Meals.

Phone: (907) 452-3533

Location: 115 North Cushman Street, Fairbanks

Resource Center for Parents and Children – WIC (Women, Infants & Children):

The WIC program provides free milk, cheese, eggs, tuna fish, cereal, fruit juice, infant formula, peanut butter, carrots, dried beans, and dried peas to families with children under the age of 5.

Phone: (907) 456-2866

Location: 726 26th Avenue, Suite 2, Fairbanks

Website: www.rcpcfairbanks.org/wic-program

Summer Food Program:

Offer free meals for anyone under 18 and individuals over 18 with a disability. Lunch M-F 11:00-1:00 Snack M-F 3:00-4:00

Phone: (907) 452-4267 X234

Location: 1949 Gillam Way, Fairbanks

The Well:

Free hot meals on Wednesdays, 6pm-7:30pm Sept-May

Phone: (907) 452-2406

Location: 547 7th Avenue, First Presbyterian Church, Fairbanks

Health Care and Medical Assistance

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Alaska Family Health & Birth Center:

Maternity care, childbirth education preparation, breast feeding, birth center, midwives.

Phone: (907) 456-3719

Location: 2054 30th Avenue, Fairbanks

Website: www.akbirthcenter.org

Breast Cancer Detection Center:

Services are free of charge and include breast examination by medical doctors, mammograms, and referral services.

Phone: (907) 479-3909

Location: 1905 Cowles Street, Fairbanks

Website: www.bcdofalaska.org

Chief Andrew Isaac Health Center:

Tanana Chiefs Conference (TCC) is an Alaska Native non-profit corporation, also organized as Dena' Nena' Henash or "Our Land Speaks". We work towards meeting the health and social service needs of Tribal members and beneficiaries throughout our region.

Phone: (907) 451-6682

Location: 1717 West Cowles Street, Fairbanks

Website: www.tananachiefs.org

Denali KidCare:

State of Alaska program to provide health insurance coverage for children through age 18 and pregnant mothers who meet income guidelines.

Phone: 1-888-318-8890

Website: www.dhss.alaska.gov (Look under "services" then "Denali KidCare")

Fairbanks Host Lions Club:

Support the Aurora Borealis Eyeglass Recycling & Vision Center and other vision related programs.

Phone: (907) 322-2014

Website: www.e-clubhouse.org/sites/fairbankshost

Fairbanks Regional Public Health Center:

Services include general health screening and developmental assessment for children, immunization services for adults and children, services for sexually transmitted diseases, family planning services, teen clinic - including reproductive health education, communicable disease information and referral. In addition, public health nurses provide home visits for health promotion services to individuals/families. For example, prenatal; infant and child health; and elder health services.

Phone: (907) 452-1776

Location: 1025 W. Barnette Street, Fairbanks

Website: www.dhss.alaska.gov (Look under "Services" and then "Public Health Services")

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Fyndout Free:

Sexual Health Education

Pregnancy Confirmation

Pregnancy Empowerment

Parenting Support

Adoption Information

Phone: (907) 455-4567

Location: 1606 23rd Avenue, Fairbanks

Website: www.fyndoutfree.com

Interior Community Health Center:

ICHC provides primary health care consisting of medical, dental, integrated behavioral health, preventative, educational services and accepts Medicaid, Medicare, and Insurance. Discounted services are available for those who are eligible (dependent on household income and size).

Phone: (907) 455-4567

Location: 1606 23rd Avenue, Fairbanks

Website: www.interiorhealthalaska.com

Interior Women's Health Center:

Offers family practice, gynecology, and pregnancy information and appointments. They have a wide variety of services.

Phone: (907) 479-7701

Location: 1626 30th Avenue, Fairbanks

Website: www.interiorwomenshealth.org

KarmaCare Fairbanks:

Locally funded program that enables patients in financial need to volunteer in their community to pay down their medical bills and continue their access to health care.

Phone: (907) 328-2920

Website: www.karmacarefairbanks.org

Lions Foundation Eyeglass Program:

Provides free eye exams and recycled glasses

Phone: (907) 490-2130 (leave a message with name and contact number)

Housing

Alaska Housing Finance Corporation:

The Alaska Housing Finance Corporation (AHFC) provides several programs for Alaskans needing financial assistance moving into homes or apartments. Their most notable programs are listed here. However, call the number or visit the locations to apply for any of the programs offered.

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Phone: (907) 456-3738

Location: Fairbanks Family Investment Center (FFIC) 1441 22nd Avenue, Fairbanks

Website: www.ahfc.us

Moving Home Program (MHP) – MHP is a referral-based program that offers rental assistance for individuals or families transitioning from homelessness or institutional settings. To make a referral, visit the website or call the number above.

Private Rental Program – For people renting from a privately owned unit, AHFC will pay for a portion of rent directly to a landlord each month for those at or below 50% of the area’s median income.

Public Housing Program – Families with an income below 80% of the area’s medium are eligible to apply for this program. As units become available, families are contacted and scheduled an appointment to go over available places to stay and pricing points.

Fairbanks Family Assisted Housing:

Below is a list of apartments/houses in the Fairbanks area that offer rental assistance to low-income families. Each listed item has its own application and waitlist. For more information or applications please call the attached phone numbers:

Chenana Apartments – (907) 479-4690

5190 Amherst Drive, Fairbanks 99709

Executive Estates – (907) 479-3655

Washington Drive, Fairbanks 99701

Fairbanks Neighborhood Housing – (907) 451-7230

1427 Gillam Way, Fairbanks 99701

Little Dipper Apartments – (907) 452-6092

1910 Turner Street, Fairbanks

Parkwest Apartments – (907) 479-4981

2006 Sandvik Street, Fairbanks

River Point Village Apartments – (907) 374-1642

2595 Chief William Drive, Fairbanks

Tanana Apartments – (907) 488-3215

350 Santa Claus Lane, North Pole

Weeks Field Estates – (907) 479-2054

1301 Kellum Street, Fairbanks

Fairbanks Neighborhood Housing Services:

Counsels families on the home purchase process, providing funding and technical assistance for home improvement and loans and grants to help people get into affordable housing.

Phone: (907) 451-7230

Location: 1427 Gillam, Fairbanks

Website: www.fnhs.org

Fairbanks Youth Advocates (The Door):

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The Door is a 24-7 shelter for homeless youth aged 12-18. The shelter provides a safe place to sleep, home cooked meals, clothing, supplies, and connections to community resources to help youth find stability.

Phone: (907) 374-5678

Location: 138 10th Avenue, Fairbanks

Website: www.fairbanksyouthadvocates.org

Interior Alaska Center for Non-violent Living (IACNVL):

A 24-hour shelter providing advocacy, crisis intervention, support groups, legal advocacy for individuals who have endured domestic violence and sexual assault. Also offering community education and training on the prevention and effects of domestic violence and sexual assault. Permanent Supportive Housing provides permanent housing to victims of domestic violence or sexual assault who are also Mental Health Trust beneficiaries. There is no limit to the amount of time that they can stay. Daily case management is also available.

Transitional Housing, low-income housing for female victims of domestic violence and/or sexual assault. 7 apartment units are available and are fully furnished including dishes and bed linen.

Phone: (907) 452-2293 or 800-478-7273

Location: 726 26th Avenue Suite #1, Fairbanks

Website: www.iacnvl.org

Interior Regional Housing Authority:

Provides affordable HUD housing for Alaska Native and American Indians in the Tanana Chiefs Conference Region Programs include rental assistance, home rehabilitation and mortgage assistance.

Phone: (907) 452-8315

Location: 828 27th Avenue, Fairbanks

No Limits:

The Southside Reentry Center transitional supportive housing program for men & women who have had involvement with the criminal justice system. Participants who fulfill program requirements are assisted with their transition to permanent housing.

Prosperity House permanent supported housing units are available to those completing the transitional program and those experiencing homelessness. Residences are typically fully furnished, and are accompanied by a multitude of supportive services.

Phone: (907) 328-2977

Location: 253 Romans Way, Fairbanks

Website: www.nolimitinc.org

USDA, Rural Development:

Assists families who qualify, purchase a home with zero-down loans and interest subsidized programs.

Phone: (907) 479-6767 X102

Location: 590 University Avenue, Fairbanks

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Legal Resources

Alaska Lawyers Referral Service:

All lawyers are members of the Alaska Bar Association and provide services for general, civil, and criminal matters. The Alaska Lawyer Referral Service is organized by types of law, such as real estate, adoption, etc. Call for cost information.

Phone: (907) 272-7469 or 800-770-9999

Website: www.alaskabar.org

Alaska Legal Services:

Provides free legal counsel in certain types of civil matters to applicants who meet the financial eligibility criteria. Conducts clinics on self-representation in divorce and custody matters and seminars on other legal topics.

Phone: (907) 452-5181 or 800-478-5401

Location: 100 Cushman Street suite 500, Fairbanks

Website: www.alsc-law.org

Child Custody Investigator's Office:

Phone: (907) 452-9360 or (888) 997-4669

Child Support Services Division:

Phone: (907) 451-2830

Location: 675 7th Avenue, Station J-2, Fairbanks

Citizenship and Immigrations Services:

Phone: 800-375-5283

Customs:

Phone: (907) 474-0307

Website: www.uscis.gov

Disability Law Center of Alaska:

Phone: (907) 456-1070

Location: 1949 Gillam Way, Suite H, Fairbanks

Website: www.dlcak.org

Human Rights Commission:

Phone: 800-478-4692

Website: www.humanrights.alaska.gov

North Star Youth Court:

Phone: (907) 457-6792 or email: pdnsyc@gci.net

Location: 800 Cushman Suite 101 Fairbanks

State of Alaska Department of Corrections (Adult Probation):

Phone: (907) 458-6830

Location: 455 3rd Avenue, Suite 130, Fairbanks

Website: www.correct.state.ak.us

State of Alaska Ombudsman:

Phone: 800-478-2624

Website: www.ombud.alaska.gov

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(Investigates complaints of administrative actions of State of Alaska agencies.)

Tanana Chiefs Conference:

Phone: (907) 452-8251

Location: 122 1st Avenue, Suite 600, Fairbanks

(A multi-service agency providing information, support and services to tribal members enrolled and living in Interior tribal communities. Departments include: Family Services, Education, Employment, Natural Resource, Village Government, Realty and Health.)

Violent Crimes Victims Compensation:

Phone: 1-800-851-3420

Location: Office for Victims of Crime U.S. Department of Justice

Location: 810 7th Street NW., Eighth Floor Washington, DC 20531

Military Family Services

Airman's Attic:

Serves active duty, guard, and reserve enlisted Airmen, TSgt (E-6) and below, and their family members. Provide a clearinghouse for donations of necessary household items, clothing, books, and any other items that will improve quality of life. Air Force SNCOs, retirees, officers, and their family members are authorized to utilize the facility on designated days.

Phone: (907) 377-9623

Alaska Air National Guard Psychological Health:

Serves the Air National Guard branch of military.

Addresses psychological health concerns. Serving all Air Guard members and their families.

Phone: (907) 377-9623

24 hour hotline: (907) 347-4356

Alaska National Guard Child & Youth Program:

Serves ALL branches of military. Helps youth cope with stress and look for ways to grow during the deployment cycle: provide accurate and useful information to the youth of the AK National Guard and other service branches. AKNG Family Program provides overall support, deployment cycle training, information and referral, all facets of needs, etc. for any branch of service.

Phone: (907) 428-6670

Website: www.jointsservicesupport.org

America Red Cross:

Serves ALL branches of military. Provides emergency communication service, financial assistance, information and referral service and deployment services

Phone: (907) 3501 Lathrop Street, Fairbanks

Website: www.redcross.org

Armed Services YMCA (ASYMCA):

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Serves ALL branches of military. ASYMCA provides for military families through a plethora of programs. For additional information about each program, or a location/contact phone number, call the information line above and ask about a program.

Phone: (907) 353-5962

Website: www.asymca.org/alaska

Airport Courtesy Lounge: Located at the Fairbanks Intl. Airport, this lounge is open to all military members looking for a safe and comfortable place to stay while waiting for flights. Snacks and drinks are available.

Food Pantry: Located in Ft. Wainwright, military family members can come and get emergency food and supplies when needed, no questions asked. Whether payments are delayed, issued incorrectly, or not being received, military families can go to the food pantry and receive emergency food and supplies.

Guardian Angel Program (GAP): During times of tragedy and immense economic/emotional trauma, ASYMCA offers housing, transportation, and food help through GAP. At utmost discretion, GAP is administered by the executive director to ensure participants in the program stay confidential.

Operation Kid Comfort: Upon request, Operation Kid Comfort will provide a quilt for kids aged six and under, or a pillow for kids aged seven and older. These quilts and pillows are handcrafted by volunteers and can have pictures of family, pets, etc. (at request) to help comfort children.

Teddy's Child Watch: Teddy's is a free child-care program that offers up to two hours of free childcare for children aged 6 months to 12 years. This service is by appointment only, and vaccination records must be available at time of application. They are located in Ft. Wainwright at the Basset Army Community Hospital. To register, email -TCW.fwa@akasymca.org- or call (907)-361-5612.

Thrift Store: Located in Ft. Wainwright, the ASYMCA thrift store offers great deals on clothing and other used household items. Special deals are available to DoD ID cardholders, and free military wear is available to active duty and currently serving military.

Child Development Center 1 & 2 (CDC):

Serves children of military, DOD civilian sponsors or government contractors

Offers fully accredited programs through the National Association for the Education of Young Children. CDC 1 offers a larger variety of these programs and childcare services to children aged six and older. CDC 2 offers childcare services to children aged six and under.

Phone: CDC#1 (907) 361-4190 / CDC#2 (907) 361-9056

Child Development Center (CDC):

Serving children 6 weeks old – 5 years old of military families

Provides available, affordable, quality childcare for children.

Phone: (907) 377-3237

Child & Family Behavioral Services:

Serves spouses and children of active duty and retired service members

Offers individual, family, marriage and group therapy counseling services.

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Phone: (907) 361-4150

Exceptional Family Member Program (EFMP):

Serves family members of Active Duty, Active Guard/Reserve Army from birth to any age. Helps work with other military and civilian agencies to provide comprehensive and coordinated medical, educational, housing, community support, and personnel services to families/children with special needs.

Phone: (907) 353-4243

Family Child Care:

Serves ALL branches of military. Child and Youth Registration and Referral Monitor in-home child care services by licensed providers on Eielson AFB Serving military-connected children ages 6 weeks – 12 years' old.

Phone: (907) 377-3636

Family Child Care:

Serves ALL branches of military. To provide a “home away from home” family childcare in a certified provider’s home that must meet safety, fire and health standards. Serving children 4 weeks - 12 years of age of military, DOD civilian sponsors or government contractors.

Phone: (907) 353-6266

Fort Wainwright Behavioral Health:

Provides outpatient treatment for drug and alcohol related programs, must be active duty or dependent of active duty.

Phone: (907) 361-6059

Location: 602nd Street, Fort Wainwright

Military & Family Life Consultants:

Available to help service members, spouses, family members, children and staff with marriage and relationships, stress and anxiety, depression, grief and loss, as well as daily life issues.

Available to take calls 8am-8pm Monday- Friday. Leave first name and phone#.

Phone: (907) 382-8909, (907) 382-0594, (907) 351-4781, (907) 382-1407,

(907) 382-0597, (907) 382-2799

Military Student Support for North Star Borough School District:

The Fairbanks North Star Borough School District is a military-friendly school district and we want to help make your transition as smooth as possible.

Phone: (907) 452-2000 X 11340

Location: Room 220 at North Pole High School, 601 NPHS Boulevard, North Pole

Website: www.k12northstar.org/military

School Age Center:

Serves ALL branches of military. Provides before and after school care with age-appropriate, child-centered activities: arts and crafts, games, technology, performing arts, science and a

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homework assistance program. Serving children Kindergarten – 6th grade, of military, DOD civilian sponsors or government contractors.

Phone: (907) 361-7394

School Age Program:

Serves ALL branches of military. Offering before and after school care and full-time care during the summer and winter breaks. Serving military connected children 5 – 12 years' old.

Phone: (907) 377-5437

Youth Center (Located on Eielson Air Force Base):

Serves ALL branches of military. Offers activities and events for children in a fun, safe environment. Programs are designed to enrich the lives of youth in the community. Serving children with base access and are 9 -18 years' old.

Phone: (907) 377-3194

Youth Center (Located on Fort Wainwright Army Post):

Serves all branches of military. Offering both structure and pure recreation in the pursuit of personal physical fitness, team sports, life skills, leisure time, technology and the arts. Serving school aged children 6th – 12th grades of military, DOD civilian sponsors or government contractors.

Phone: (907) 361-5437

Special Needs Services

Access Alaska:

Full range of disability assistance: referral, independent living skills, advocacy, accessibility assessments, modification of homes and businesses, service orientation, rural services, adaptive equipment and loan closet, Americans with Disabilities Act information, peer support groups, consumer directed Personal Care Attendant program, benefits counseling, and vision program.

Phone: (907) 479-7940

Location: 526 Gaffney Road, Suite 100, Fairbanks

Website: www.accessalaska.org

Alaska Autism Resource Center:

Supporting Alaskans with autism spectrum disorders, their families, and communities through education, collaboration, communication and resources. 8am-4pm Monday-Friday.

Phone: (907) 334-1331 or (866) 301-7372

Location: 3501 Denali Street, Suite 101, Fairbanks

Website: www.alaskaarc.org

Alaska Center for Children and Adults / FACES:

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ACCA is a non-profit agency that has served the Fairbanks community since 1946. It began with a grassroots community effort to assist people needing orthopedic referrals and equipment as well as speech therapy.

Phone: (907) 456-4003 x126

Location: 1020 Barnette Street, Fairbanks

Website: www.alaskacenter.org

Alaska Center for Children and Adults / Project TEACH:

Provides early intervention services for children ages birth to 3 years such as developmental assessments, early education and therapy, family services coordination, speech therapy for all ages, adaptive equipment and loan closet. All educational and assessment services are at no charge to families.

Phone: (907) 456-4003

Location: 1020 Barnette Street, Fairbanks

Website: www.acca-ilp.org

Alaska Center for Children and Adults:

Assists in improving the lives of people with disabilities and their families by providing quality diagnostic, therapeutic, educational and referral services in conjunction with other community providers without regard to ability to pay.

Phone: (907) 456-4003

Location: 1020 Barnette Street, Fairbanks

Autism – Learn the Signs, Act Early:

Overview of Spectrum Disorders, Types of Autism Spectrum Disorders, Neurodevelopmental Outreach Clinics, Alaska Autism Resources, & National Resources.

Phone: (907) 277-4321

Website: www.autism.alaska.gov

Building Blocks:

We are committed to providing the highest quality therapeutic care available to children in Interior Alaska.

Phone: (907) 374-4911

Location: 398 Hamilton Avenue, Fairbanks

Fairbanks North Star Borough School District Special Education Department:

A special Education Parent Resource Center for parents of children with special needs Provides IEP or special needs services to children 3-5 in a preschool setting.

Phone: (907) 452-2000 X11489

Website: www.K12northstar.org

Fairbanks Resource Agency:

Provides educational resources, family support, disability services, case management, respite and home care, employment services for children and adults experiencing developmental

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disabilities and related impairments Transportation services are provided for specialized and residential care.

Phone: (907) 456-8901

Location: 805 Airport Way, Suite 1, Fairbanks

Website: www.fra-alaska.org

InSync Interpreters:

When it comes to language services, we understand that our clients' main concerns are quality, connection times, and affordability. The good news is that Insync provides all three of those in over 165 languages, including Spanish, American Sign Language (ASL), Vietnamese, Korean and Russian to name a few.

Phone: (866) 501-2002

Website: www.incyncinterpreters.com

Interpreter Referral Line / Alaska Institute for Justice:

Phone: (toll free) 877-273-2457

Relay Alaska GCI:

Relay service provides confidential telephone accessibility to people who are deaf, hard-of-hearing or have speech disabilities Alaska Relay is available 24 hours a day, 365 days a year with no restrictions on the number of calls placed or on their length.

Phone: (907) 563-2599

Website: www.alaskarelay.com

Social Security Administration, Income for individuals with a Disability:

Phone: 800-478-0391

Location: 101 12th street, Room 138, Fairbanks

Website: www.ssa.gov/disability

Special Olympics of the Tanana Valley:

Phone: (907) 452-4595 or 1-888-499-7625

Website: www.specialolympicsalaska.org

Step In:

Phone: (907) 374-7001

Location: 3568 Geraghty Avenue, Fairbanks

Website: www.stepinautism.com

Stone Soup Group:

A statewide collaboration, aimed at improving services for families of children with developmental disabilities.

Phone: (907) 452-786-7327

Location: 3350 Commercial Drive, Suite 100, Anchorage

Website: www.stonesoupgroup.org

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Talkabout, Inc.:

A locally owned private therapy clinic, composed of occupational and speech therapists who are experienced, caring professionals dedicated to improving the quality of life of children with special needs. Services include evaluations and assessments of all aspects of speech, language, and communication behavioral issues, as well as all aspects of occupational therapy.

Phone: (907) 452-4517

Location: 1327 Kalakaket Street, Fairbanks

Website: www.talkaboutinc.com

Therapeutic Recreation Program (FNAB Parks & Recreation):

The Parks & Recreation program provides recreational opportunities adapted for people with any disability.

Phone: (907) 459-1076 or (907) 459-1070

Location: Big Dipper Building, 1920 Lathrop Street, Fairbanks

Website: www.co.fairbanks.ak.us

Substance Abuse Services

Al-Anon:

A support group for family and friends of practicing and recovering alcoholics. Follows the 12 steps adapted from AA Meeting times and places change call the number above of current information.

Phone: (907) 456-6458

Location: P.O. Box 84865, Fairbanks

Website: www.al-anon-ak.org

Alcoholics Anonymous (AA):

Information, education, and support for people who think they may have a problem with alcohol or who are self-identified as alcoholics. Call for a schedule.

Phone: (907) 456-6458

Location: 455 3rd Avenue, Northward Boulevard, Fairbanks

Website: www.fairbanksaa.org

Alpha House Recovery Ministries:

A faith-based recovery service. Get connected to mentors and sponsors. "Discovering life, love and laughter together in Christ." (Experience Transformation)

Phone: (907) 687-6890

Location: 2400 Rickert Street, Fairbanks

YouTube Channel: Alpha House Recovery Ministries

The Bridge Fairbanks:

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The Bridge is a peer run program. Trained as Forensic Peer Support Specialists our Employment and Peer Support Specialists bring their lived experience and knowledge of community resources to individuals that are in recovery following treatment or incarceration.

Phone: (907) 374-2905

Location: 400 Cushman Street, Fairbanks

Website: www.thebridgefairbanks.org

Celebrate Recovery Friends Church:

A Faith-based 12-step recovery program in Fairbanks.

Phone: (907) 452-2249

Location: 1435 30th Avenue, Fairbanks

Website: www.friendschurch.org/celebrate-recovery

Celebrate Recovery Zion Church:

A Faith-based 12-step recovery program in Fairbanks.

Phone: (907) 456-7660

Location: 2982 Davis Road, Fairbanks

Website: celebraterecovery@zionfairbanks.org

Fairbanks Rescue Mission, (Genesis Program):

Offering a one year recovery program from drugs and alcohol.

Phone: (907) 452-5343

Location: 723 27th Avenue, Fairbanks

Website: www.fairbanksrescuemission.org

GRAF In-Roads to Healing (FNA & TCC):

Residential treatment and rehabilitation program for youth who have substance abuse and co-existing disorders.

Phone: (907) 455-4725

Location: 2550 Lawlor Road, Fairbanks

Narcotics Anonymous (NA):

Supportive group for those recovering from addiction to narcotic drugs Contact phone number to reach answering service with schedule of NA meetings.

Phone: (866) 258-6329

Women & Children's Center for Inner Healing (FNA):

Residential substance abuse treatment for women 18 years and older that provides childcare, educational resources, substance abuse resources, family support services, recreational activities, case management, mental health/therapeutic resources, and services for children with disabilities. Transportation provided.

Phone: (907) 451-8164

Location: 1027 Evergreen Street, Fairbanks

Website: www.fairbanksnative.org

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Transportation Assistance

Fairbanks North Star Borough Metropolitan Area Commuter System:

The Metropolitan Area Commuter System (MACS) operate four bus routes: the Red Line, Blue Line, Green Line and Purple/Yellow Line. All routes meet in downtown Fairbanks at the Transit Park (501 Cushman Street). See schedules for route times, route map with major bus stop locations and rates.

Phone: (907) 459-1011

Website: www.co.fairbanks.ak.us

Love Inc. (In the Name of Christ):

Network of local, Christian churches committed to helping people in need. It operates numerous programs including a Telephone Clearinghouse that connects people in need with community and church resources that can address many different needs, Transportation Program, Budget Counseling Program, Furniture Garage, Personal Needs Closet, and Firewood Project.

Phone: (907) 452-3876 or 452-5683

Location: 609 3rd Street

Website: www.loveincfairbanks.org

Van Tran:

Provides transportation services for people with a disability and operating the same hours as the regular MAC system. Please call for more information.

Phone: (907) 459-1010

Website: www.co.fairbanks.ak.us/transportation

Youth Programs

2|42 at North Pole Worship Center:

2|42 is an outreach ministry of NPWC, providing a safe, warm, and healthy place for teens, especially those at high risk, to gather after school September - May. Center has Gaming Room with 5 TVs with gaming consoles, a Rec Room, Washer/Dryer, and snacks. With the exception of major holidays, 2|42 is currently open Mondays and Thursdays, from 2:30pm-6pm. 2|42 is equipped to serve all Junior High and Senior High students; that's all students in grades 6 through 12.

Phone: (907) 488-9084

Location: 1890 Badger Road, Suite 280, North Pole

Website: www.northpoleworshipcenter.com

4-H Club:

A wide variety of programs for Kindergarten-12th grade with their parents. (Marla Lowder, Tanana District Agent)

Phone: (907) 474-2427

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Location: 1000 University Avenue, room 140, Fairbanks

Alaska Job Corps:

Comprehensive residential education and vocational training program for youth ages 16-24.

Phone: 800-733-5627

Website: www.alaska.jobcorps.gov/home.aspx

Alaska Military Youth Academy (AMYA):

The Alaska Military Youth Academy's (AMYA) Challenge Program, is one of 35 award-winning programs nationwide. AMYA was established as a community-based program that leads, trains, and mentors 16 to 18 year old Alaskans who have left high school without receiving a credential. The Youth Challenge program is a quasi-military, 17 ½ month residential and non-residential high school. AMYA is regionally accredited by AdvancED-Northwest Accreditation Commission, and is located on Joint Base Elmendorf - Richardson (JBER). AMYA provides a drug, alcohol, and tobacco free learning environment.

Phone: (907) 428-7306 FAX: (907) 428-7380

Website: www.dmva.alaska.gov/amy

Big Brothers/Big Sisters Greater Fairbanks Area:

Offers child mentoring/guidance.

Phone: (907) 452-8110

Location: 546 9th Avenue, Fairbanks

Website: www.bbbsak.org

Boys & Girls Club:

Provides opportunities for safe recreation and social development for youth ages 6-18. \$30 per year membership. Fairbanks: 800 Cushman St. 457-5223 North Pole: 220 Parkway Dr. 488-7838 Two Rivers: 400 Two Rivers Rd. 488-6616.

Phone: (907) 457-5223

Location: 645 8th Avenue, Fairbanks

Joel's Place:

Provides a skate park, youth center – sports, video games, meals, concerts, etc.

Phone: (907) 452-2621

Location: 1890 Marika Road, Fairbanks

Website: www.joelsplacealaska.org

Girl Scouts of America:

Provides educational programs for girls and young adults.

Phone: (907) 546-4782

Location: 431 Old Steese Highway #100, Fairbanks

Website: www.fairbanksgirlscouts.org

Literacy Council of Alaska:

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After School Tutoring Program: Designed to tutor elementary students who are six months to a year behind in their academic skills. Provides student-centered tutoring and classes for adults and children in reading, writing, math, English as a second language, computer literacy and other life skills. Does community outreach around literacy issues.

Phone: (907) 456-6212

Location: 517 Gaffney Road, Fairbanks

Website: www.literacycouncilofalaska.org

Salvation Army:

Provides after school activities for youth and summer camps.

Phone: (907) 1602 10th Avenue, Fairbanks

Location: 1602 10th Avenue, Fairbanks

Miscellaneous Resources

Alaska Center for Resource Families:

ACRF provides supportive services to all Alaskan adoptive and foster families including crisis intervention, case management, assessment, brief counseling, information and peer mentor matching.

Phone: (907) 479-7307 or 800-478-7307

Location: 815 2nd Avenue, Suite 101, Fairbanks

Childcare Assistance Services:

Child care assistance by Tanana Chiefs Conference:

Phone: (907) 452-8251 x3365

Location: 122 1st Avenue, Fairbanks

Email: childcare@tananachiefs.org

Fairbanks Native Association (FNA):

Phone: (907) 452-1648

Location: Administrative Offices – 605 Hughes Avenue, Fairbanks

Website: www.fairbanksnative.org

Thread Child Care Assistance/Referral:

Phone: (907) 479-2212 or toll free 866-878-2273 or fax: (907) 479-2486

Location: 1949 Gillam Way Suite G Room 403, Fairbanks

Website: www.threadalaska.org

Thread Resource & Referral:

Phone: (907) 479-2214 or 866-878-2273

Location: 1908 Old Pioneer Way, Fairbanks

Website: www.threadalaska.org

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FNA provides many different programs serving Alaska Native youth and adults. Many of their programs are open to anyone in the community while some programs limit eligibility to Alaska Natives. The most notable programs serving youth are:

Early Head Start:

A program for assisting families with infant care and training for parents.

Phone: (907) 451-8814

Location: 609 3rd Street, Fairbanks

FNA Head Start

Offers resources in education, health, social services and nutrition to families with preschool age children.

Phone: (907) 456-4989

Location: 320 2nd Avenue, Fairbanks

Parents as Teachers:

Designed to empower parents to give their child the best possible start. Home based program with monthly family activities.

Phone: (907) 451-1005

Location: 609 Hughes Avenue, Suite 100, Fairbanks

Parenting Classes & Resources:

Alaska Center for Resource Families:

ACRF provides supportive services to all Alaskan adoptive and foster families including crisis intervention, case management, assessment, brief counseling, information and peer mentor matching.

Phone: (907) 479-7307 or 800-478-7307

Location: 815 2nd Avenue, Suite 101, Fairbanks

Website: www.acrf.org

Resource Center for Parents and Children:

RCPC promotes life-long healthy families through a variety of services and programs. RCPC offers parenting education resources, family support services, parenting classes, information and referrals, divorce and separation classes, and more. RCPC also has a lending library full of books, articles, and videos on a range of topics: Positive Discipline, Age/Stage Development and Special Needs Children.

Phone: (907) 456-2866

Location: 815 2nd Avenue, Suite 101

Website: www.rcpcfairbanks.org

School Supplies:

World's Biggest Backpack by North Pole Worship Center:

NPWC is proud to be the primary host church for World's Biggest Backpack, an annual distribution of school supplies for local students, families, teachers, and schools.

Phone: (907) 488-9084

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Addendum 4:

Community Connections Work Group

Organization Meeting March 9, 2020

Reentry and Recovery Focus for Peer Support and Education

Chair: Kerry Phillips-IACNVL/Careline, Co-Chair Bobby Dorton-FNA, in attendance: Linda Setterberg-FRC, Amy Bollaert-FWCourt, Debbie Bourne-The Bridge/Alpha House.

Combining the FRC Cultural Connections and Peer Support Work Groups

Possible Funders: Mountain Movers Church, FNA, TCC, Doyon, Foundation Health, Emergency Room Physicians, Design Alaska, True North Church, Fort Knox, Alyeska and Alaska Mental Health Trust Authority, Recover Alaska. Fundraising goal for FY20-21 \$20,000.

Fiscal Agent: IACNVL through the Fairbanks Reentry Coalition

Partners: FNA, Reentry, Fairbanks Wellness Court, The Bridge, Alpha House, To invite and/or communicate with: Reentry Probation Officer, Reentry Case Manager, TCC, Opioid Work Group, Fairbanks Wellness Coalition, Paul Finch, Opioid Work Group, Turning Point, Reformers Unanimous, Celebrate Recovery, NA/AA, Journey Church, Fairbanks Rescue Mission, Interior AIDS Association, IACNVL/Recovery Residence, No Limits, Restore Inc.

Platform: Social Media (Kerry) Email list (Linda)

Annual Recovery Events:

1. February: Remembering Those Lost to Addiction Walk (Debra Babcock is organizer)
2. April: Drug and Alcohol Awareness Month (Wellness Court usually holds a fundraiser, planned for April 25th this year)
3. September: Recovery month (Last year FWC, TCC, FRC/The Bridge did an event with Recover Alaska at JP Jones Center)
4. December: National Impaired Driving Awareness (Red Ribbon and FWC Graduation)

Weekly events: FNA hosts Friday night social events for Ralph Purdue Center clients: movies, bowling, Billiards Hall (Mark Brown)etc., McCafferty's Coffee House music with the band Sand Castle every weekend.

Monthly Events: The Bridge hosts Paint Nights, Pizza Night, Game Nights usually on a Wednesday night, we may need to change the night? Also Horseback Riding in the Summer.

May 3rd Alpha House is hosting a Talent Show at the JP Jones Center at 6pm.

Goal: Collaborate on events that support sobriety, community engagement, awareness and cultural connections.

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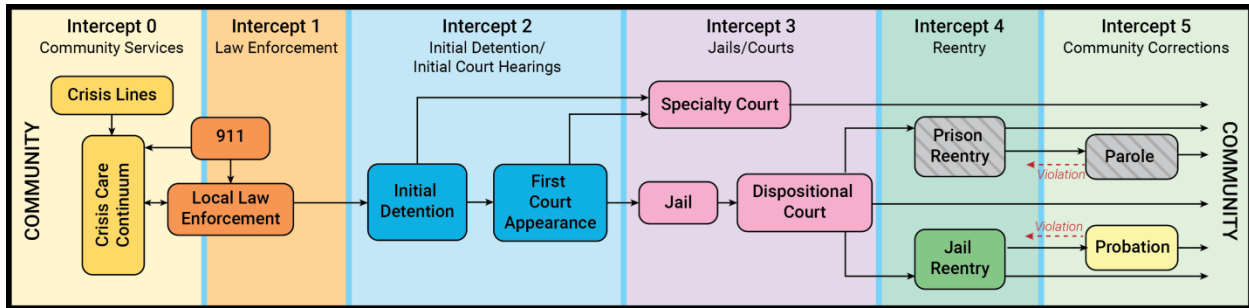
Ask: AMHTA Letter of Interest to provide scholarships for healthy activities, training that could be grants to agencies or individuals, Linda will write a formal letter for other funders as well, Bobby will send her what he has already written.

- Prosocial Activities: Monthly dinner at local restaurant, Gym memberships, Bowling fees
- Educational Activities: SMART Recovery Training, RADACT, Peer Support Conference Scholarships, Peer Support 101 and Forensic Peer Support Training
- Supplies for Classes: Native Arts and Crafts, Drum making, Paint Night

Monthly Meetings the 2nd Monday at 1pm at FRC, 400 Cushman St, Fairbanks, AK 99701

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Addendum 5: SIM Mapping



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Intercept 0

Resources: Careline, FMH/ER, FNA Detox Gateway to Recovery , TCC, SAT, MAT, IOPT, FCMHS, Paul Finch, PA-C OUD Detox, No Limits Warming Center, Community Service Patrol, Northern Hope Center, The Bridge

Shelter/Housing: IAC, FRM, Loving Families, No Limits, FNA/PSH, Paul Williams House, HUD, Rapid Rehousing, Private landlords, Oxford House, Restore, Inc., Encampments, TBRA Reentry, SSVF

GAPS/Barriers: Low barrier shelter, transitional housing, wait lists, High cycle burnout, trespass orders from shelter and service providers

Intercept 1

Resources: 911, CIT training Dec 9-13, 2019, ER, CSP, Detox

GAPS: No drop off center (CRISIS NOW)

Intercept 4

Resources: DOC: Reentry Planning, Reentry Case Management for High LSI scores Misdemeanants, SMI, APIC

Felons: Pre-Sentence Incentives

FCC In-Reach: The Bridge Peer Support and Employment Specialists, UAF LION for English 101 and Writing for women, GED, SAT assessment, other support groups and education

GAPS and Barriers: MRT, Mental Health Assessment and Substance Abuse treatment

Intercept 5

Resources: Reentry Case management depending on LSI-R, IPO pre-release, Field PO post-release.

See resources on Intercept 0.

Housing if on Probation: TBRA

Letter from PO for obtaining ID in 30 days.

GAPS and Barriers: no MRT, Lack of Medical Providers for MH Assessment and SA assessment; long wait lists for MH Evals and Counseling.

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ADDENDUM 7

THE WARMING CENTER – SPRING 2020

It is April in Fairbanks in the Interior of Alaska. Though other states are experiencing the flowers and green leaves of spring, Fairbanks still lays under a deep layer of winter snow. The days are chilly with several days of wet spring snow adding to the snowpack. Temperatures fall to freezing or below almost every night during the month of April.

Being homeless in the harsh reality of an Alaskan spring is never easy. During the Covid-19 pandemic the thin protection against the elements of warm buses, libraries, coffee shops, business bathrooms, access to waiting rooms, and dinners at the Rescue Mission has been removed. The existing warming center has had to cut back to only nine spaces. The homeless are left with nowhere to go, nowhere to rest and limited food resources.

The Encampment Outreach Program (part of The Bridge) whose mission is outreach to homeless camps, sprang into action with support from the Fairbanks Housing and Homeless Coalition, the AmeriCorps Fairbanks VISTA Program, Interior Alaska Center for Non-Violent Living, JP Jones Community Center, the Fairbanks Community Foodbank, FNA Community Services, churches and the Peer Support and Employment Specialist Programs which are also a part of The Bridge. Within a few days a new warming center was created at the JP Jones Center which offered a place to use the bathroom, wash hands, and get warmed up. A sack lunch, warm dinner, clothing, bedding, masks, toiletries, kindness, and case management were also provided to people who found their way to the south Fairbanks location. The need for communication was not forgotten as people were able to charge their phones through the provision of chargers and outlets and Madden Realty donated 10 tablets that folks could use to check for messages and to apply for benefits and jobs.

Numbers can tell part of the story. 126 individuals found respite at the Warming Center while we were open from March 31 through May 1st, with many coming back often to get warmed up, get a meal, and talk with someone. There was an average of 25 individuals visiting the Center every day we were open. Over 1800 cups of coffee took the chill off, 987 sack lunches were given out along with 744 cups of soup, and 748 hot meals were distributed. Even after the warming center itself closed, 95 hot meals to go were provided the first week of May with 460 sack lunches plus cups of soup and coffee handed out to people between 3-5 PM through May 29th, continuing to cover the gap in food resources.

Several people were helped in applying for stimulus checks and others received referrals to services in the community for housing, recovery and treatment resources, veteran services, legal help, employment, and public assistance. Help was given in making phone calls and in filling out application forms. Over 6 individuals were entered in Coordinated Entry in HMIS.

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Others received over 600 pieces of clothing, bedding, and masks. Toiletry items were given to 72 people.

But of course, the numbers don't tell the whole story. They don't tell about the kitchen volunteer who made the meals and the church who made the sandwiches for the sack lunches or about how the Community Foodbank along with other agencies and individuals gave food, toilet articles, and clothing. They don't tell us about one of our case managers working hours to obtain medical care for a man with frostbitten fingers and limited ability to communicate. Or about the young man with schizophrenia who felt safe to keep coming back to see us or about the friends from a village trapped in Fairbanks by Covid-19. Or about a whole staff who stopped what they were doing, safely working from home to do the most needful thing in what were scary and trying times.

We are proud that our agency stepped up and made a difference in lives over this cold and difficult spring of the Covid-19 pandemic.

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	
Grantee: Valley Charities, Inc.	
Fund: Authority Grant	
Geographic Area Served: Matanuska-Susitna Borough	Project Category: Capacity Building
Years Funded: FY16 to Present	
FY20 Grant Amount: \$100,000.00	
<p>High Level Project Summary: The Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development – Mat-Su consists of a cross section of people and organizations representing the services or supports available to reentrants in the community. The coalition educates the community about the criminal justice system and the reentry program, identifies local challenges facing reentrants such as gaps in services, develops collaborative solutions to build capacity in the community, and serves as the local point of contact for the Department of Corrections (DOC) and its partners in reducing recidivism.</p> <p>In FY20, the coalition continued to collaborate with DOC and community stakeholders to coordinate services and supports for returning citizens who were previously incarcerated in one of Alaska’s correctional facilities. These efforts have resulted in a sustained decline in Alaska’s high recidivism rate which is now below 60% for the first time in 10 years. Trust staff will continue to work with Valley Charities, Inc. to identify and develop other funding sources to replace or augment Trust funding. Trust staff recommends continued funding in FY23.</p> <p>This project supports Goal and Objective 7.3 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska’s criminal justice or juvenile justice system.</p>	

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su

Staff Project Analysis:

The Mat-Su Valley Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to successfully reenter the Mat-Su Valley community after incarceration. This issue is too large and complex or large for any one person or organization to solve alone. The Mat-Su Valley Reentry Coalition Coordinator worked with the Mat-Su Valley coalition to:

1. Progress towards the Coalition’s goals outlined in the Comprehensive Community Reentry Plan.
2. Conduct community outreach and education activities.
3. Identify system and/or local community-based service/support challenges for returning citizens.

The Mat-Su Reentry Coalition Coordinator and three steering team members organized the Prisoner Reentry Summit which was held virtually. Funding was secured from the Alaska Mental Health Trust Authority, Valley Charities, and the Mat-Su Health Foundation. The event featured a nationally recognized keynote speaker, Dr. Ed Latessa, and was done in a workshop type format to encourage community action planning. This workshop provided participants with an understanding of the principles of effective correctional interventions including risk, need, responsivity and fidelity and will emphasize the value and utility of employing evidence-based and research-driven practices in planning, administering, and delivering programs for correctional populations. Some of the topics that were discussed included: what doesn’t work, the importance of assessment, why the risk and need principles are so important, the use of behavioral interventions, the attributes of effective programs, and the need to deliver programs with fidelity.

The coalition continues to support and participate in the Mat-Su Crisis Intervention Team Coalition and works to address issues such as housing, transportation, and employment for reentrants.

Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. Staff recommends continued funding for this project in Fy23.

This project supports Goal 7.3 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan.

Project Description: One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

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

The Reentry Coalition Coordinator staff or contractor must work closely and collaboratively with its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants. The Reentry Coalition Coordinator works with the coalition to:

17. Facilitate coalition activities

- g. Coalition meetings: Coordinate meeting logistics, develop and distribute agendas with co-chair input, take meeting notes and distribute minutes before the next meeting.
 - h. Office management: maintain electronic file system, respond to written/electronic/telephonic communications directly or distribute to appropriate person(s), serve as lead in maintaining contact lists
 - i. Work with coalition co-chairs and partner entities to collect and allocate resources for coalition activities.
18. Conduct (and update annually) the Coalition Capacity Assessment.
19. Conduct (and update as needed) the Community Readiness Assessment.
20. Conduct (and update as needed) the Community Resource Assessment.
21. Support the work of the coalition to address gaps in resources and increase service capacity, where needed.
22. Draft the Comprehensive Community Reentry Plan and update the plan as needed.
23. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
24. Conduct community outreach presentations to educate the community about programs and resources to support the reentrant population and to share the goals of the Alaska Community Reentry Program. These efforts are coordinated and largely conducted by the coalition coordinator, with as needed support from coalition members.

Criminal Justice Reform and Reinvestment is a priority area of focus for Trust resources, funding and staff. Forty percent of incarcerations annually are Trust beneficiaries. Trust beneficiaries spend more time incarcerated than non-Trust beneficiaries in both a pre-sentence and sentenced status. And within the first-year post release, criminal recidivism rates for beneficiaries are twice the rate of non-beneficiaries.

Prior to the passage of State's comprehensive criminal justice reform legislation on July 11, 2016, the Trust has led and implemented system change for criminal justice involved beneficiaries. After the passage of the legislation, the focus, partnerships, and effort broadened, including how to bridge to or create a "warm hand-off" from correctional facilities to community-based services and supports for beneficiaries reintegrating into the community from incarceration. One joint strategy (Trust, Department of Corrections and Department of Health and Social Services) for improving this connection was the development and/or strengthening of reentry coalitions; particularly, in communities with a correctional facility, like Fairbanks. Reentry coalitions are a key part of the Trust's effort to improve outcomes for beneficiaries and raise awareness of the criminalization of Trust beneficiaries and appropriate reforms to the criminal justice system that protect public safety and provide beneficiaries the opportunity positive, successful reintegration into our communities.

Grantee Response - FY20 Grant Report Executive Summary: See attached

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 0
Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 0
Number of individual trained as reported for this project in FY20: 0
<p>Performance Measure 1: No later than January 1, 2020, a written status update will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) to include:</p> <ul style="list-style-type: none"> i) progress towards the Coalition’s goals outlined in the Comprehensive Community Reentry Plan j) a summary of community outreach and education activities conducted by the Reentry Coalition Coordinator k) a description of any identified system and/or local community-based service/support challenges for returning citizens l) other Coalition accomplishments or highlights
Grantee Response to Performance Measure 1: See attached
<p>Performance Measure 2: By June 30, 2020 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY20 grant period. The report shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> s) Overview of the Coalition including its: <ul style="list-style-type: none"> • vision, mission, core values, • organizational structure (i.e. chairs, committees, subcommittees, roles/responsibilities) • processes for conducting its work (by-laws, code of conduct, meeting guidelines, decision processes, communication protocols, etc.) • list of active members (names/affiliations) t) Coalition Capacity Needs assessment <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards increasing the Coalition’s capacity based on the current assessment • An updated Coalition Capacity Needs assessment with goals for the upcoming year u) Community Readiness Assessment <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards increasing the community’s readiness based on the current assessment • An updated Community Readiness Assessment with goals for the upcoming year. v) An updated Community Resource Assessment w) Coalition’s Comprehensive Community Reentry Plan <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards the goals outlined in the Coalition’s Comprehensive Community Reentry Plan • An updated Coalition Comprehensive Community Reentry Plan, with coalition goals for the upcoming year.

- x) Summary of the Coalition's six meetings and related Coalition committee or workgroup meetings:
 - Dates, agenda, and attendees of meetings
 - Topics discussed, any action steps identified
 - Accomplishments from prior meeting(s) and/or identified challenges facing the Coalition, community or Trust beneficiary returning citizens
- y) Summary list of community outreach and education activities conducted by the Reentry Coalition Coordinator (including presentations within a correctional facility):
 - Dates, location, names of presenter(s), topic(s) covered, purpose (general education on reentry, coalition membership recruitment, advocacy, etc.) and number of attendees
- z) Summary list of reentry or criminal justice reform trainings, webinars, and/or technical assistance opportunities attended by the Reentry Coalition Coordinator:
 - Dates, type (training, webinar, technical assistance, conference, other), topic(s) covered, names of presenter(s).
- aa) Any other Coalition highlights, activities, or topics wished to be included.

Grantee Response to Performance Measure 2: See attached

Mat-Su Reentry Coalition / Trust Project Report 2020

Name/Title of the person completing this report:

Barbara Mongar
Mat-Su Reentry Coalition Coordinator

Phone Number and E-Mail of person completing this report:

(907) 414-4077
Barbara.mongar@valleycharities.org

Project Title:

ALASKA Prisoner Reentry Initiative: Reentry Coalition Capacity Development – Mat-Su

GIFTS ID for this Project:

6908.04

Executive Summary for this Reporting Period:

a) Overview of the Coalition including its:

- **Vision:** See Attachment A (Comprehensive Community Reentry Plan), page 6
- **Mission:** See Attachment A (Comprehensive Community Reentry Plan), page 6
- **Core Values:** See Attachment A (Comprehensive Community Reentry Plan), page 6
- **Organizational Structure:** See Attachment A (Comprehensive Community Reentry Plan), page 6 & 7
- **Processes for Conducting its work:** See Attachment A (Comprehensive Community Reentry Plan), page 7, paragraph 3 through the top of page 8.
- **List of current Steering Team members and their organizations:**
 - Julia Lowe, Probation Supervisor III, Goose Creek Correctional Center (Tri-Chair)
 - Kelly McDonald, Probation Supervisor III, Palmer Probation Office (Tri-Chair)
 - Vickie Knapp, Chief Op. Officer of Mat-Su Health Services. (Tri-Chair)
 - Amanda Carlson, Manager of the Mat-Su Job Center.
 - Jeaninne Milne, Clinical Case Manager, Alaska Family Services.
 - Shannon Harris, Peer Mentor, Set Free Alaska.
 - Leann Renick, Program Manager, Akeela.
 - David Rose, Coordinator, Mat-Su Housing & Homelessness Coalition
 - Samantha Addams-Lahti, Veterans Justice Outreach (VJO) Social Worker, Veterans Affairs
 - Amy Hansen, Investigator III, Office of Public Advocacy
 - Kelly Marre, DOC Reentry Intern/Concerned Citizen
- **List of Active Mat-Su Reentry Coalition Members that attend Community Wide Meetings and/or other reentry events on a regular basis:**

- Joseph Steyer, Educational Coordinator, Goose Creek Correctional Center, DOC
- Jamie Allison, Nurse from Mat-Su Public Health
- Ashley Smith, Mat-Su Job Center Reentry Technician
- James Savage, Cook Inlet Tribal Council
- Sherry Hill, Operations Director, Set-Free Alaska
- Matt Clayton, MYHouse Outreach Coordinator
- Liz Mau, Behavioral Health Coordinator, Alaska Family Services
- Khrissee Ware, Director of Admin & Community Relations, True North Recovery
- Joel Starn, Reentry Probation Officer, Palmer Probation Office
- Ginger Bear, Family Promise Mat-Su
- Krista Maciolek, Mat-Su Youth Court

b. Coalition Capacity Needs Assessment:

- A narrative of strategies, activities and progress toward increasing the Coalition Capacity based on the Coalition Capacity Assessment: See Attachment A (Comprehensive Community Reentry Plan), page 19 - 21 under Coalition Development.
- An Updated Coalition Capacity Needs Assessment: See Attachment B (Mat-Su Reentry Coalition Capacity Assessment 2020)
- Goals and Strategies Associated with Coalition Capacity Assessment: See Attachment A (Comprehensive Community Reentry Plan), page 25

c. Coalition Readiness Assessment:

- A narrative of strategies, activities and progress toward increasing the community's readiness based on the current assessment: See Attachment A (Comprehensive Community Reentry Plan), page 24
- An updated Community Readiness Assessment, with goals for the upcoming year: See Attachment C (Community Readiness Assessment Report June 2020), the goals are on page 5 under Next Steps.

d. An Updated Community Resource Assessment: See Attachment D (Community Resource Assessment 2020)

e. Coalition's Comprehensive Community Reentry Plan:

- Narrative of strategies, activities and progress toward the goals outlined in the Coalition's Comprehensive Community Reentry Plan:
 - **Housing:** Under this area last year's goal was to "develop more transitional housing units for reentrants from existing resources, especially longer stay transitional housing." We moved the needle slightly forward on this goal this year, we have a new transitional house for men that just opened in the Valley, the Euthus House, which currently has 8 beds but plans to expand up to 20 beds within the next 6 months. The Reentry Case Manager also has a list of landlords that he works with to find more permanent housing for reentrants.
 - **Employment or meaningful engagement:** Our goal in this area last year was to ensure that "all reentrants are informed about and encouraged to participate in programs and

services that are offered by the Department of Labor and Workforce Development.” We have done pretty well on this goal this year; the Mat-Su Job Center is now an active member of our Reentry Coalition Steering Team. Also, the reentry focused technician at the Mat—Su Job center works very closely with the Reentry Case Manager to assist reentrants in the Case Management Program to obtain gainful employment. Before the COVID restrictions, when we were able to do In-reach into the Correctional Institutions, the Job Centers reentry focused technician regularly participated in these in-reaches.

- **Physical Health and Mental Health/Substance Abuse Services:** Our goal under this area was to provide “consistent in-reach to the area institutions and share information about physical health and behavioral health services.” Prior to the COVID restrictions put into place by DOC in Mid-March, we had increased the in-reaches that we conducted with service providers into the Correctional Institutions we had already been doing in-Reach to, such as Hiland and Goose Creek, and we also added additional in-reaches to include the Spring Creek Correctional Center in Seward, and the Mat-Su Pre-Trail Facility. Now that in-reaches are suspended due to the COVID protocols that are currently in place we are looking at other avenues to get the information on the different services that is available to the inmates that are releasing for the Correctional Institutions.
 - **Transportation:** Our goal in this area is to “keep apprised on how the Centralized Dispatch Program is progressing.” Due to the COVID situations the trail run was pushed from Spring 2020 to September/October of 2020. We plan to continue to monitor the progress of the Centralized Dispatch Program
 - **Cultural and Community Connection Services:** Our goal in this area for this last year was “to inform reentrants about cultural and community events, groups, and services.” We did this through the Reentry Coalitions in-reaches that we conduct in the different correctional institutions. We also posted cultural events on the bulletin board located next to the Mat-Su Reentry Case Managers office. We feel we need to do more in this area so we are expanding the strategies this year to include reaching out to local tribal organizations and inviting them to come to our Steering Team and Community–Wide meetings to keep us apprised of the different cultural events that are going on in the Valley.
- An updated Coalitions Comprehensive Community Reentry Plan, with coalition goals for the upcoming year: We have expanded several of last year’s goals and added some new strategies to work towards these goals. Please see Attachment A (Comprehensive Community Reentry Plan), pages 22 and 23.

e. Summary of the Coalitions six meetings and related Coalition committee or workgroup meetings:

- Dates, agendas, and attendees of meetings:
 - We had a total of 7 Mat-Su Reentry Coalition Steering Team meeting dated as follows: Aug 7, 2019; Oct 2, 2019; Nov 6, 2019; Dec 4, 2019; Feb 5, 2020; April 1, 2020; & June 3, 2020. Agendas for all the Steering Team Meetings and the Minutes with the attendees are attached.
 - We also held 2 Mat-Su Reentry Coalition Community Wide Meeting ion the following dates: Sept 4, 2019 and May 6, 2020. Agenda’s, sign-in sheets and meeting notes are attached.

- Topics discussed, any action steps identified: See the attached Steering Team Meeting Minutes

f. Summary list of Community Outreach and education activities conducted by the Reentry

Coalition Coordinator: See Attachment E (Summary list of Community Outreach and Education Activities)

g. Summary list of reentry or criminal Justice reform trainings, webinars, and/or technical assistance opportunities attended by the Reentry Coalition Coordinator:

- **Grant Writing Workshop:** Attended Grant Writing Workshop on July 25th and 26th in Anchorage. Went over several different techniques to use when applying for different type of grants.
- **Advocacy Training (with a Reentry Focus):** Participated in Advocacy Training (with a Reentry Focus) on October 15th, being held at the Knik Tribal Council Building in Palmer, AK. This training was sponsored by the Alaska Mental Health Trust. I helped to coordinate the location and attendees. Teri Tibbett was the facilitator of this training
- **Mat-Su Crisis Intervention Academy Training:** Attended/participated in the Mat-Su Crisis Intervention Academy Training at the Mat-Su Health Foundation from October 21 through the 25th. This was a 40-hour intensive course that gave attendees insight into a suite of conditions law enforcement encounters daily, including mental illness, substance abuse, alcohol and drug assessment, developmental disabilities, post-traumatic stress disorders, psychiatric disorders, suicide prevention, etc. and techniques for intervening in a crisis. Presenters included mental health and legal professionals, family advocates, and mental health consumer groups.
- **DOC Reentry Training:** Attended/Participated in two-day and a half DOC Reentry Training on Jan 22,23, & 24th, that went over new Second Chance Grant information
- **2020 Reducing Recidivism and Reentry Conference:** Attended/Participated in the two-day conference on Feb 19 & 20th. The information at the conference was well presented and I made some good contacts with people in the Criminal Justice Field.

i. Any other Coalition highlights, activities, or topics wished to be included:

- **Reentry Simulation** - The Coalition Coordinator, Reentry Case Manager and several Steering Team members organize the first Mat-Su Reentry Simulation held on Nov 20 2019.
 - There were 24 volunteers total, with 88% handing in an evaluation sheet
 - There were 40 participants that went through it, with 68% handing in an evaluation sheet
 - Out of the volunteers, 43% said they thought it was impactful and 57% said they thought it was extremely impactful, 100% said they thought it was a good use of their time and 95% of the volunteers said they would like to participate in one again in the future and 100% said they would recommend it to others.
 - Out of the participants, 41% it was extremely impactful, 41% said it was very impactful, 7% said it was somewhat impactful, and 11% said it was slightly impactful. However, no one said wasn't impactful.
 - Out of the participants, 58% stated they thought strongly that it was a good use of their time and 35% said yes, it was a good use of their time. Even though no one stated it wasn't a good use of their time, there were 8% that said they weren't sure if it was a good use of their time.
 - Out of the participants, 100% stated they would recommend participating in a reentry simulation to others.
 - We received a lot of positive comments and some of the comments stated how they thought it could be improved. One thought was to have an Ankle Monitoring Station, another one stated

there should be more room in-between stations, however there was one person that said this was the best set-up I've ever seen and they had they had gone to three or four of them already.

- Senator Showers went through the Reentry Simulation and he wrote me an e-mail in which he stated the following: "It was a good simulation to show people just how tough it can be for Reentrants to meet all the requirements. It defiantly got me thinking about what we can, and/or, need to do so the deck isn't staked so high against folks coming out of prison. Seems as if they are set to fail. As myself and a few other Legislatures work on part two of the Criminal Justice Reform, part one being the Repeal of SB91, this needs to be included."

- **Mat-Su Reentry Summit 2020 –**

- The Coalition Coordinator, Reentry Case Manager and several Steering Team members organize the 2020 Reentry Summit that was h on January 14 and 15, 2020, at the Menard Sport Center. We used funding from the Mat-Su Health Foundation Authority and Valley Charities, and we also have requested some funding from the Alaska Mental Health Trust.
- The event featured a nationally recognized keynote speaker, Dr. Ed Latessa, and was done in a workshop type format to encourage community action planning. This workshop provided participants with an understanding of the principles of effective correctional interventions including risk, need, responsivity and fidelity and will emphasize the value and utility of employing evidence-based and research-driven practices in planning, administering, and delivering programs for correctional populations. Some of the topics that were discussed included: what doesn't work, the importance of assessment, why the risk and need principles are so important, the use of behavioral interventions, the attributes of effective programs, and the need to deliver programs with fidelity.
- We collaborated with North Star Behavioral Health and were about to offer up to a maximum of 12 hours AMA PRA Category I credit(s) to Health Care Providers that attended this event.
- See attached Flyer and Agenda for the Summit
- See attached Survey Results from the Reentry Summit

- **Mat-Su & On-Line Reentry Training/Education Opportunities Document**

- The Coalition Coordinator collaborated with the Mat-Su Job Center Manager and the Education Coordinator at Goose Creek Correctional Center to make this document to inform the IPO's, FPO' and the Reentry Case Manager of the educational and training resources the Mat-Su Valley.
- See attached Mat-Su & On-Line Reentry Training/Education Opportunities Document



December 30, 2019

STATUS UPDATE

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development—Mat-Su, Fiscal Year: FY20

Disability Justice Grant

GIFTS ID: 6908.04

Part A. Progress towards the Coalition’s goals outlined in the Comprehensive Community Reentry Plan.

1. Housing was identified as the number one need of reentrants to the Mat-Su Valley. The corresponding goal stated we would “develop more transitional housing units for reentrants from existing resources, especially longer stay transitional housing.” This is still a big concern, especially during the winter season, where we are starting to see long waiting list (at least three to four months) for the few transitional housing units available in the Mat-Su. The Mat-Su Reentry Coalition expanded our Steering Team to now include a representative from the Mat-Su Coalition on Housing and Homelessness. We are working closely with this representative to come up with strategies to increase the number of transitional housing units in the Mat-Su.
2. Our goal for employment was to ensure that all reentrants are informed about and encouraged to participate in programs and services that are offered by the Department of Labor and Workforce Development. We have continued to have a Mat-Su Job Center representative as a part of our Reentry Coalition Steering Team. Also, the Job center hired a new reentry focused technician to work directly with reentrants who need job services assistance. The Reentry Technician has been attending the Coalitions Steering Team meetings and has also participated in the Hiland Mountain Correctional Center Orientation so that she can start participating as part of the Coalitions in-reach panels that we conduct at Hiland.

3. Our goal for Physical Health and Mental Health/Substance Abuse services was to provide consistent in-reach to the area institutions and share information about physical health and behavioral health services. We have increased the in-reaches conducted by the Reentry Coalition Coordinator, Reentry Case Manager and several community providers into the Hiland Mountain Correctional Center from once a month to twice a month. Also each quarter the Mat-Su Reentry Coalition members go to Goose Creek Correctional Center, and meet with inmates within six months of their release dates who are interested in living in the Mat-Su. We have also expanded the Mat-Su Reentry Coalitions in-reaches to include the Spring Creek Correctional Center in Seward, which we conducted in October, and the Mat-Su Pre-Trail Facility, which we conducted in November. The Mat-Su Reentry Coalition is working on plans to conduct in-reach into these two facilities on at least a biannual event.
4. While transportation is another high focus area for reentrants, our coalition had a limited ability to assist with transportation because of the lack of public transport services. The Mat-Su Borough Planning Office has been working on a centralized dispatch model. They plan to conduct a trial run on a small scale during the Spring of 2020.
5. Our goal for Cultural and Community Connection Services is to inform reentrants about cultural and community events, groups, and services. We are doing this through the Reentry Coalitions in-reaches that we conduct in the different correctional institutions. We also post cultural events on the bulletin board located next to the Mat-Su Reentry Case Managers office.

Part B. A summary of community outreach and education activities conducted by the Reentry Coalition Coordinator.

1. The Coordinator now conducts in-reaches for inmates at Hiland Mountain Correctional Center twice a month instead of just once a month in order to reach more people. The Coordinator also does quarterly in-reach for inmates at Goose Creek Correctional Center. In addition, the Coordinator conducted in-reaches to Spring Creek Correctional Center in Seward Alaska in October, and to Mat-Su Pre-trail in November. The Coordinator is working on plans to make in-reaches to these two facilities either at least a biannual event.
2. The Coordinator Conducted a Reentry Panel at the Mat-Su Area Partnership Meeting in August. The Reentry Panel Members included the following individuals: Reentry Coalition Coordinator (Barbara Mongar), DOC Reentry Program Manager (Janice Weiss), Housing and Homelessness Coalition Coordinator (Dave Rose), Acting Manager of the Mat-Su Job Center (Amanda Carlson), Development Director of Set Free Alaska (Sherry Hill), Chief Operations Officer of Mat-Su Health Services (Vickie Knapp), and Outreach Coordinator of MYHouse (Matt Clayton). Approximately 25 people attended.

3. The Reentry Coordinator attended the following trainings between July and December 2019:
 - **Grant Writing Workshop:** Attended Grant Writing Workshop on July 25th and 26th in Anchorage. Went over several different techniques to use when applying for different type of grants.
 - **Advocacy Training (with a Reentry Focus):** Participated in Advocacy Training (with a Reentry Focus) on October 15th, being held at the Knik Tribal Council Building in Palmer, AK. This training was sponsored by the Alaska Mental Health Trust. I helped to coordinate the location and attendees. Teri Tibbett was the facilitator of this training
 - **Mat-Su Crisis Intervention Academy Training:** Attended/participated in the Mat-Su Crisis Intervention Academy Training at the Mat-Su Health Foundation from October 21 through the 25th. This was a 40-hour intensive course that gave attendees insight into a suite of conditions law enforcement encounters daily, including mental illness, substance abuse, alcohol and drug assessment, developmental disabilities, post-traumatic stress disorders, psychiatric disorders, suicide prevention, etc. and techniques for intervening in a crisis. Presenters included mental health and legal professionals, family advocates, and mental health consumer groups.
4. The Reentry Coordinator participated in the following large Community Planning Events between July and December 2019:
 - **CJ/DJ (Disability Justice) Budget FY21 Meeting:** Attended and participated in the budget meeting for FY21. Meeting held on July 12 at the Mental Health Trust in Anchorage.
 - **Youth Summit:** Attended Youth Summit at the Glenn Massey Theater on Aug 6th, the event was sponsored by MyHouse and the Mat-Su Opioid Task Force. Speakers were Dr. Anne Zink, Alaska Chief Medical Officer and Commissioner Adam Crum, and a Youth Panel speaking on trauma, mental health and poverty.
 - **Alaska Recidivism Reduction Project Launch:** Participated in the Alaska Recidivism Reduction Project Launch held at UAA on November 12th. This was a daylong event which was sponsored by Senator Shelley Hughes, Chair of the AK Senate Judiciary Committee. The event was geared toward finding solutions to help reduce recidivism in Alaska.
 - **Ending Youth Homelessness Community Plan Workshop:** Participated in the workshop on December 4th at the Mat-Su Health Foundation; brainstormed with community members on resources currently available in the Mat-Su and those that we need to put in place in regards to ending youth homelessness.
5. The Coordinator conducted a Mat-Su Reentry Simulation in November. The Reentry Simulation simulates the struggles and challenges faced by individuals who are transitioning from incarceration back into society. The goal of this simulation was for participants to gain an understanding of the significant obstacles faced by men and

women attempting to navigate the system upon their release from incarceration and returning home to their communities. We had a total of 40 participants go through the Reentry Simulation and 24 volunteers assisting us with it.

6. July 6: Participated in FY20 Reentry Case Management Meeting via teleconference.
7. July 8: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Three Providers (1 from Wellness Works, 2 from Set Free Alaska) plus myself conducted an in-reach panel and 5 inmates attended the panel.
8. July 11: Assisted with set-up and attended the Mat-Su Area Partnership (MAP) meeting/BBQ at Wonderland Park in Wasilla.
9. July 12: Attended and participated in the CJ/DJ (Disability Justice) Budget FY21 Meeting held at the Trust in Anchorage.
10. July 12: Attended Case Manager Meeting at Partners Reentry Center in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition.
11. July 16: Participated in the Thrive Coalition Meeting via teleconference. Updated them on what was happening with the Mat-Su Reentry Coalition.
12. July 22: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution.
13. July 25 & 26: Participated in a Grant Writing Workshop in Anchorage
14. August 5: Participated in FY20 Reentry Case Management Meeting via teleconference.
15. August 5: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Three Providers (1 from Wellness Works, 2 from Set Free Alaska) plus myself conducted the in-reach panel and 7 inmates attended the panel.
16. August 7: Held the Mat-Su Reentry Coalition Steering Team Meeting. Two new members joined the Steering Team; Amanda Carlson, the Acting Manager of the Mat-Su Job Center) and Dave Rose, the Mat-Su Coalition on Housing and Homelessness Coordinator
17. August 8: Conducted a Reentry Panel at the Mat-Su Area Partnership (MAP) meeting, the Panel consisted of 7 panel members. Approximately 25 people attended the Reentry Panel discussion.
18. August 16: Participated in FY20 Reentry Case Management Meeting via teleconference.
19. August 16: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Three Providers from Set Free Alaska plus myself conducted the in-reach panel and 5 inmates attended the panel
20. August 17: Participated in the Thrive Coalition Meeting with a special presentation by Dr. Gary Ferguson on holistic and community-specific interventions in addressing addictions and recovery. Dr. Ferguson is a licensed Naturopathic Doctor living in Anchorage. For the past 16 years, he has worked across Alaska to address the social, economic, cultural and environmental factors that contribute to the health and well-

being of Alaskans. I also updated the Thrive Coalition members on what was happening with the Mat-Su Reentry Coalition and promoted the Mat-Su Reentry Coalition Community Wide meeting we are holding on September 4th.

21. August 28: Participated in Mat-Su Reentry Coalition quarterly in-reach to Goose Creek Correctional Center.
22. September 3: Met with Michael Cassista, the Alaska Itinerant Public Health Nurse, and explained what the Mat-Su Reentry Coalition was and informed him of the different service providers available in the Valley.
23. September 3: Attended the Opioid Task Force Meeting at the Wasilla City Hall. Gave updates concerning reentrants.
24. September 4: Held a Mat-Su Reentry Coalition Community-Wide Meeting. This meeting was conducted at the Mat-Su Health Foundation Conference Center. Over 20 community members attended the meeting. We had speakers on the following topics: Housing, Substance Abuse Treatment and Peer Support programs, Cook Inlet Tribal Counsel Programs, Transportation, and Information on conducting a Reentry Simulation
25. September 9: Meeting with Community Medical Services. Met with Barbara Johnson-Tow and her staff at Community Medical Services, toured their facility and explained what the Mat-Su Reentry Coalition and the Reentry Case Manager program consisted of.
26. September 10: Had a telephonic, one-on-one meeting with Travis Welch from the Mental Health Trust to Updated him on what was happening with the Mat-Su Reentry Coalition. He mentioned the Crises Intervention Training (CIT) Coalition that they have in the Mat-Su Valley and thought I might want to get involved. Contacts for that coalition are Ray Michaelson,
27. September 10: Telephonically participated in the first RRR Conference planning committee meeting. The Conference is scheduled to be held on Feb 19 & 20th, 2020 in Anchorage at the Hotel Captain Cook.
28. September 12: Participate in the Mat-Su Area Partnership (MAP) meeting. Updated them on what was happening with the Mat-Su Reentry Coalition
29. September 16: Participated in the Reentry Case Management meeting via teleconference. Updated them in what is happening with our Reentry Coalition
30. September 16: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. Three Service providers (Set Free Alaska, Wellness Works, and Mat-Su Health Services) plus myself and the Mat-Su Reentry Case Manager conducted the in-reach panel and 11 inmates attended the panel.
31. September 17: Participated in the Quarterly Reentry Meeting with Travis Welch from The Trust and shared what was happening with the Mat-Su Reentry Coalition with the other Reentry Coalitions around the state
32. September 17: Participated in FY20 Reentry Case Management Meeting via teleconference, updating them on what's happening with the Mat-Su Reentry Coalition.

33. September 18: Participated in the Criminal Justice Meeting in Wasilla. Updated them on what was happening with the Mat-Su Reentry Coalition.
34. September 24: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on.
35. September 30: Participated in FY20 Reentry Case Management Meeting via teleconference, updating them on what is happening with the Mat-Su Reentry Coalition.
36. September 30: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. Two Service providers (Set Free Alaska and Wellness Works) plus myself and the Mat-Su Reentry Case Manager conducted the in-reach panel and 9 inmates attended the panel.
37. October 2: Planned and conducted the October Steering Team Meeting. Three new members joined the Steering Team; Shannon Harris, Peer Mentor from Set Free Alaska, will be holding the Reentry/Peer Mentor Representative Seat, Samantha Adams-Iahti, Veterans Justice Outreach (VJO) Social Worker, will be holding the Veteran Representative Seat, and Kelly Marre, Intern for DOC Reentry Program/Graduate Student/ and Mat-Su Resident, will be holding the Concerned Community Member Seat.
38. October 7: Telephonically participated in the third RRR Conference planning committee meeting.
39. October 8: Conducted our first in-reach to Spring Creek Correctional Center in Seward Alaska. Brought Case Managers and Reentry Coalition Coordinators from both Anchorage and the Mat-Su Valley. Working on plans to make an in-reach to Spring Creek Correctional Center biannual event.
40. October 9: Participated in MAP Board meeting to plan and firm up agendas for this quarters MAP meetings
41. October 9: Conducted a Reentry Simulation Planning Committee Meeting at the Valley Charities Conference room in Wasilla. Committee members that attended included Vicky Knapp, Amanda Carlson, Ashley Smith, Jeaninne Milne, Kelley McDonald and Brian Galloway. Discussed upcoming Reentry Simulation scheduled for November 20th and divided out tasks to be accomplished prior to the event.
42. October 14: Participated in a planning meeting for the Reentry Strategies in the Mat-Su Panel Presentation being conducted at the Opioid Task Force meeting on Oct 22. Committee members in attendance included Janice Weiss, myself, Joanne Wiita , Kelly Marre and Brian Galloway. I, the Reentry Coordinator, was unable to attend and participate in the Reentry Panel because I was attending the Crisis Intervention Training Academy on Oct 22.
43. October 15: Helped with location coordinating and participated in Advocacy Training (with a Reentry Focus) being held at the Knik Tribal Council Building in Palme, AK. This training was sponsored by the Alaska Mental Health Trust. Teri Tibbett was the facilitator of this training.
44. October 21 - 25: Attended/participated in the Mat-Su Crisis Intervention Training Academy at the Mat-Su Health Foundation. This was a 40-hour intensive course that gave attendees insight

into a suite of conditions law enforcement encounters daily, including mental illness, substance abuse, alcohol and drug assessment, developmental disabilities, post-traumatic stress disorders, psychiatric disorders, suicide prevention, etc. and techniques for intervening in a crisis. Presenters included mental health and legal professionals, family advocates, and mental health consumer groups.

45. October 28: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Two Service providers plus myself and the Mat-Su Reentry Case Manager conducted the in-reach panel and 10 inmates attended the panel.
46. October 29: Assisted with the Anchorage Reentry Coalitions Reentry Simulation for the DOLWD One-Stop-Training in Anchorage. Volunteered to man a simulation table in order to gain experience for the simulation that we, the Mat-Su Reentry Coalition, will be conducting in November.
47. October 31: Toured the new True North Recovery facility in Wasilla. Connected with the Director of the facility, along with the Outreach Coordinator, to find out what type of treatment and housing they offered through their program. Explained what the Mat-SU Reentry Coalition was, what type of things we did, and invited them to become members of our coalition.
48. November 1: Assisted with another Anchorage Reentry Coalitions Reentry Simulation held at UAA in Anchorage. Volunteered to man a simulation table in order to gain more experience for the simulation that the Mat-Su Reentry Coalition would be conducting in November.
49. November 4: Attended and Presented at the Mat-Su All Collation & Agency Meeting. Updated all of the Mat-Su Agencies and Coalitions that were present about the work that the Mat-Su Reentry Coalition is doing. Also requested volunteers and invited all that were interested to attend the Mat-Su Reentry Simulation we were holding on Nov 20th.
50. November 5: Presented at the Mat-Su Coalition on Housing and Homelessness Board Meeting. Update the Board members on items the Mat-Su Reentry Coalition were working on and also invited them all to participate in the Mat-Su Reentry Simulation being held on Nov 20th.
51. November 6: Conducted the Mat-Su Reentry Coalition Steering Team Meeting. Discussed progress toward the coalitions goals outlined in our Comprehensive Community Reentry Plan. We also discussed the upcoming Reentry Simulation and other coalition matters.
52. November 8: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. Two Providers from Set Free Alaska, the Reentry Case Manager, plus myself conducted the in-reach panel and 8 inmates attended the panel.
53. November 8: Attended the Partners for Progress Case Management meeting in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition, and invited them to participate in the Mat-Su Reentry Simulation being held on Nov 20th.
54. November 12: Participated in the Alaska Recidivism Reduction Project Launch held at UAA. This was a daylong event which was sponsored by Senator Shelley Hughes, Chair of the AK Senate Judiciary Committee. The event was geared toward finding solutions to help reduce recidivism in Alaska.

55. November 13: Telephonically participated in the RRR Conference planning committee meeting.
56. November 14: Participate in the Mat-Su Area Partnership (MAP) meeting. Updated them on what was happening with the Mat-Su Reentry Coalition, and invited members to volunteer or participate in the Mat-Su Reentry Simulation on Nov 20th.
57. November 15: Assisted in the coordination and participated in Mat-Su Reentry Coalition in-reach to Mat-Su Pre-Trial. Nine different agency providers attended and conducted the in-reach panel and over 25 inmates attended the panel. We are working on plans to make an in-reach to this facility either a quarterly or a biannual event.
58. November 18: Participated in the meeting via teleconference. Updated them in what is happening with our Reentry Coalition and promoted our January Reentry Summit.
59. November 20: Coordinated and conducted a Mat-Su Reentry Simulation in November. The Reentry Simulation simulates the struggles and challenges faced by individuals who are transitioning from incarceration back into society. A total of 40 participants went through the Reentry Simulation and 24 volunteers assisting us with it.
60. November 25: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. One Service provider from Set-Fee Alaska and myself conducted the in-reach panel and 4 inmates attended the panel.
61. November 26: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on.
62. December 2: Participated in the Reentry Case Management meeting via teleconference. Updated them in what is happening with our Reentry Coalition.
63. December 3: Attended the Opioid Task Force Meeting and updated them on what was happening with the Mat-Su Reentry Coalition.
64. December 4: Conducted the Mat-Su Reentry Coalition Steering Team Meeting. Discussed progress toward the coalitions goals outlined in our Comprehensive Community Reentry Plan. Also discussed the results from the Reentry Simulation we conducted on November 20th and planning for the Reentry Summit scheduled for January 14th and 15th and other coalition matters.
65. December 4: Telephonically participated in the RRR Conference planning committee meeting.
66. December 4: Participated in Ending Youth Homelessness Community Planning Workshop; brainstormed with community members on resources currently available in the Mat-Su and those that we need to put in place in regards to ending youth homelessness.
67. December 5: Participated in a discussion about potential funding from the Second Chance Grant with the DOC Reentry Program Manager and Grant Manager, along with several of our Coalition members. It was decided that the Mat-Su Reentry Coalition would put in a Request For Proposal to receive funding from the Second Chance Grant.
68. December 12: Participate in the Mat-Su Area Partnership (MAP) meeting at the Wasilla Library. Updated them on what was happening with the Mat-Su Reentry Coalition, and promoted the upcoming Reentry Summit on January 14th and 15th.

69. December 13: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. One Provider from Set Free, the Reentry Case Manager and myself conducted the in-reach panel and 5 inmates attended the panel.
70. December 13: Attended the Partners for Progress Case Management meeting in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition, and promoted the upcoming Reentry Summit on January 14th and 15th.
71. December 16: Participated in the meeting via teleconference. Updated them in what is happening with our Reentry Coalition and promoted our January Reentry Summit.
72. December 17: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on and promoted the 2020 Reentry Summit being held on January 14th & 15th.
73. December 17: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on and promoted the 2020 Reentry Summit being held on January 14th & 15th.
74. December 31: Participated in the Quarterly Reentry Meeting with Travis Welch from The Trust and shared what was happening with the Mat-Su Reentry Coalition with the other Reentry Coalitions around the state. Also invited all the different Reentry Coalition coordinators to attend the 2020 Reentry Summit we are holding in the Mat-Su on January 14th & 15th.

Part C. A description of any identified system and/or local community based service/support challenges for returning citizens.

The three biggest challenges identified for returning citizens in the Mat-Su Valley are as follows:

1. Long Waitlists for In-Patient Treatment Beds: The two in-patient treatment facilities available in the Mat-Su Valley are Nugen's Ranch, which is State run facility, and Valley Oaks, which is run by Set-Free Alaska and is only available to women. Nugen's Ranch just reduced their treatment beds from 30 to 16 due to lack of funding.
2. Transitional and Affordable Housing: There are currently only a few places in the Mat-Su that offer transitional housing, they are: Knik House – which has a 3 to 6 month waiting list; Sarah's House – which is for women only; and Tue North Recovery – which is only available to individuals in treatment. There are also not many affordable housing units available in the Mat-Su Valley, most are too expensive for reentrants with low wage jobs to afford. While there are some low-income housing units, a number of reentrants cannot qualify for them do to barrier crimes.
3. Transportation: The Mat-Su Valley is very spread out and has limited transportation options available, most of which are costly. To assist with this problem, the Mat-Su Borough Planning Office has been working on a centralized dispatch model. They plan to conduct a trial run on a small scale during the Spring of 2020.

The Mat-Su Reentry Coalition is working on two of these challenges (Transitional/Affordable Housing and Transportation) through the focus areas and goals we have set in our Mat-Su Comprehensive Community Reentry Plan. The long waitlist for in-patient treatment beds is also a challenge Coalition members are aware of, and to assist with this challenge Set-Free Alaska will be opening a men's in-patient treatment facility servicing Mat-Su Valley citizens in the Spring of 2020. While this new treatment facility will be located in Homer, the intakes will be conducted in the Mat-Su Valley and people who qualify will be transported to Homer.

Part D. Other Coalition accomplishments or highlights.

The Coalition Coordinator, Reentry Case Manager and several Steering Team members have been working to organize the 2020 Reentry Summit on January 14 and 15, 2020, at the Menard Sport Center. We are using funding from the Mat-Su Health Foundation Authority and Valley Charities, and we also have requested some funding from the Alaska Mental Health Trust.

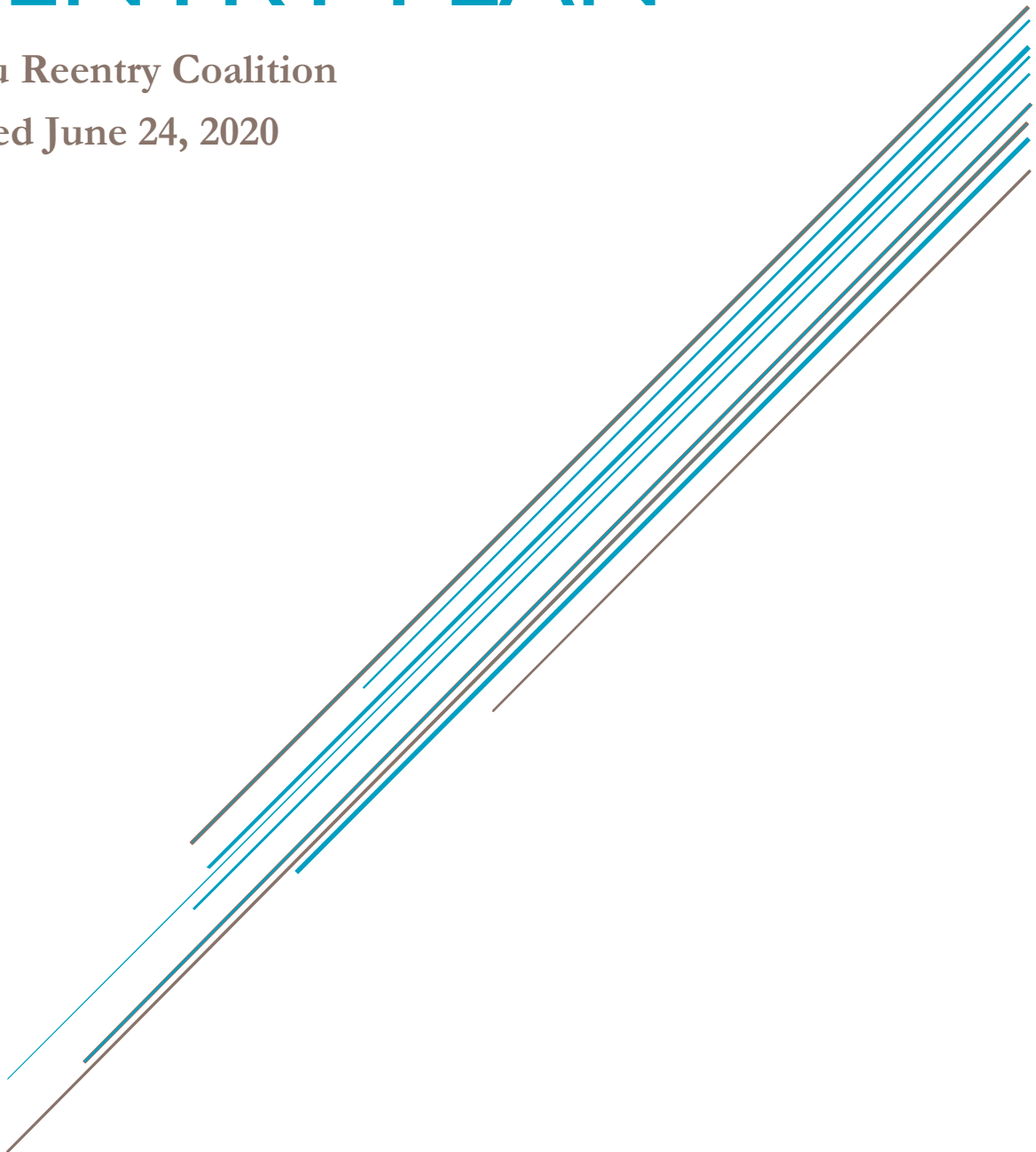
The event will feature a nationally recognized keynote speaker, Dr. Ed Latessa, and will be done in a workshop type format to encourage community action planning. This workshop will provide participants with an understanding of the principles of effective correctional interventions including risk, need, responsivity and fidelity and will emphasize the value and utility of employing evidence-based and research-driven practices in planning, administering, and delivering programs for correctional populations. Some of the topics discussed will include: what doesn't work, the importance of assessment, why the risk and need principles are so important, the use of behavioral interventions, the attributes of effective programs, and the need to deliver programs with fidelity.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of North Star Behavioral Health System and the Mat-Su Reentry Coalition. This live activity is designated for up to a maximum of 12 hours AMA PRA Category I credit(s).

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COMPREHENSIVE COMMUNITY REENTRY PLAN

Mat-Su Reentry Coalition
Updated June 24, 2020



Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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Mat-Su Reentry Coalition

Executive Summary

The Mat-Su Reentry Coalition: Plan to Reduce Recidivism

The Mat-Su Reentry Coalition is a collaboration of individuals, community stakeholders, public and not-for-profit agencies, faith-based and business partners who are united and committed to reducing recidivism among reentrants to the Mat-Su community.

The alarming truth is that more than 95% of currently incarcerated individuals will be released at some point. More than 66% of incarcerated individuals released will re-offend and go back to incarceration within three years; 75% within five years.

Why should the public support a reentry program? Evidence shows that when reentrants have assistance in obtaining permanent housing, stable employment, health services, substance abuse treatment and other identified needs, the likelihood of those reentrants committing new crimes is greatly reduced. Fewer crimes being committed means greater public safety. Fewer people going back to prison means money saved from the high cost of incarceration. Successful reentrants contribute to a healthy community and family life.

This Comprehensive Action Plan details how the Reentry Coalition is taking action in these areas that contribute to success in stopping crime:

- Housing
- Employment
- Physical Health and Mental Health/Substance Use Services
- Transportation
- Cultural and Community Connection

The Plan also details how the Coalition will evaluate the action and how success will be measured.

Is our community ready to work with reentrants? What resources does our community have?

Through a series of assessments, it was determined that although the Mat-Su Community is ready and currently working with reentrants, in a few of the areas we need to concentrate a little more on the preplanning/preparation phase to make sure we are utilizing methods that will produce the best results. Another assessment looked at the many resources available in our community, what gaps in services exist, and the barriers reentrants may face in accessing these services.

The job of the Coalition, headed by a paid Coalition Coordinator and three Chairs, is to evaluate the information from these assessments and develop an action plan to increase the community involvement and to address the needs, gaps, and barriers in our community resources.

Strategies

To have an impact on the statewide push to reduce recidivism, the Mat-Su Reentry Coalition is involved in many activities, including these:

- Collaborating with housing organizations to increase the number of units available for reentrants.

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- Working with the Mat-Su Borough Planning Office to build transportation opportunities.
- Attending Community meetings, conducting presentations and using social media to build a presence for the Coalition and to inform the public about the need for providing services to assist reentrants to be successful.
- Educating the community through public forums and speaking engagements about the criminal justice system.
- Organizing in-reach panels of community providers to the correctional institutions to inform inmates about available services and how to use them.

Resources

The Coalition is supported by a grant from the Alaska Mental Health Trust Authority. That grant pays for the position of a full-time coordinator. While the Coalition Coordinator is involved with the community and working to build relationships and services and to educate the public, a grant from the State of Alaska, Department of Health and Social Services provides for a Case Manager position. The Case Manager provides direct service to inmates who are close to release, and then continues working with those persons after release. The Coalition, the Coordinator, the Department of Corrections Reentry Program Manager, the DHSS Program Manager, and the Case Manager work together to accomplish the goals of the Statewide Reentry Program.

Oversight of the implementation of the Plan: The Coalition's Tri-Chairs share the responsibility of ensuring that this Action Plan is implemented, evaluated, and updated on a regular basis. The current Tri-Chairs are Vicky Knapp, Chief Op. Officer of Mat-Su Health Services; Kelly McDonald, Probation Supervisor, DOC, with the Palmer probation office; and Julia Lowe, Probation Supervisor at Goose Creek Correctional Center.

Program Overview

The Alaska Community Reentry Program

The Alaska Community Reentry Program is a collaborative effort of 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 help reach the goals of Alaska's Recidivism Reduction Plan. The Community Reentry Program envisions that those offenders sentenced to thirty days or more will have the tools and support needed to successfully reenter their communities. These services and supports include, but are not limited to, access to physical and behavioral healthcare, employment, transportation, education and training and housing. Offenders are introduced to the various community services and providers during their incarceration, so they gain familiarity and establish relations with the supportive services they need for successful reentry.

Communities with reentry programs must ensure they have the capacity to meet the service needs of reentrants. The Alaska Community Reentry Program aims to establish a local community coalition and a coalition coordinator in communities with a DOC facility. The coalitions and coordinator will then assess community needs and work with the community to address service gaps. Additionally, some reentrants need

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the coordinated support of a team of people to help guide and encourage them. As needed, the coalitions will employ case managers to engage and support the reentrant in the services and treatment needed upon reentry.

Overarching Goals and Priorities for Reentry Reform

The fundamental goals of Alaska’s reentry 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,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.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.

Mat-Su Reentry Coalition

Coalition History

The Mat-Su Reentry Coalition started as a committee formed within the Mat-Su Coalition on Housing and Homelessness in April of 2012. The MSCHH determined there was a need to anticipate the housing needs of Goose Creek Correctional Center (GCCC) staff and inmate families, as well as the needs of releasing inmates that would be connected with the then soon-to-be-opened Goose Creek Correctional Center. The committee was tasked with anticipating the need for additional housing and services. To that end the MSPRC began to establish contacts with Department of Corrections (DOC) staff and community leaders. In the spring of 2013, a Community and Corrections Spring Forum was sponsored. The Mat-Su community was invited to discuss questions related to the opening of GCCC and questions related to the types of services and needs that this opening might bring. Discussion tables were centered on Education, Training, Housing, Employment, Transportation, Community Involvement and Health Resources. Question Cards were prepared and collected from all who participated. These Question Cards then became the focus of the Fall Forum on Community and Corrections. At this Fall Forum, the group established its Mission and Audience: to increase the success rate of prisoners re-entering our community. Currently we know that 95% of all prison inmates will be released from prison in Alaska, some on probation and some after completing their sentences. We also know that within the first year 48% of those will return to prison and that after three years that number will increase to 66%. As a community this is not acceptable and we wish to be a part of reducing this high rate of recidivism. To that end we hope to bring together leaders and staff of our Alaska Department of Corrections (DOC) team as well as leaders and members of our Mat-Su Borough community to discuss: “What is currently being done to help prisoners prepare for a successful re-entry?”, “What is

¹ Ibid., page 4

² Ibid.

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available for prisoner support in re-entry once they are released?”, and “How can we get involved as a community to increase successful prisoner re-entry?”

The MSCHH Reentry Committee/Coalition held over seventeen public taskforce/committee meetings after its inception in April of 2012. The committee sponsored a Community and Corrections question gathering forum in the spring of 2013. At this forum, they asked what concerns and questions the public had in regards to DOC opening a new Goose Creek Corrections Center in Mat-Su. They had over 35 people participate. Using the questions and concerns raised there, they then sponsored a Fall Community and Corrections Forum and invited Ron Taylor, Brian Brandenburg, and Carmen Gutierrez [DOC employees at the time] to present on a variety of topics. They had close to 150 citizens participate and found that many citizens were thankful for the opportunity to hear from the experts.

Fall Forum established the need and began the group on the road to find answers and solutions to housing for returning citizens. They were able to learn from keynote speakers from DOC. With over 150 community members attending, many questions were answered in these areas: Employment, Education, Community Involvement, Medical needs, Transportation, capacity issues, and Health Issues. Later in the fall of 2013, two of the team joined the Alaska Prisoner Reentry Council and learned a great deal from Carmen Gutierrez and other team members regarding DOC policy on returning citizens and reducing recidivism. This led them to form the Alaska Prisoner Reentry Initiative Steering Committee. Two members served on the AK PRI group and continued to learn.

In the hope of learning more, so that they could share more, a subset of the Prisoner Reentry Committee attended the Alaska Prisoner Reentry Initiative conference. Two of the members were selected to serve on a panel publicly discussing the activities of MSCHH in working toward reducing recidivism among Mat-Su returning citizens. At the committee’s Strategic Planning meeting in October of 2014, they established the “Issue-Specific Priorities.” Related to Prisoner Reentry, they stated they would “assist in establishing a strong community foundation for Prisoner Re-Entry” by 1. Working with government and nonprofit organizations to foster development of stable, affordable and available housing options for former prisoners and families; and 2. Collaborating in investigating and demonstrating the effectiveness and feasibility of a Prisoner Re-Entry Center.”

In late May and early June of 2015, they were asked to provide a Prisoner Reentry Simulation Walk in Mat-Su. In the early stages of planning, it soon became evident that this would have be a driving tour as opposed to the Walk in Anchorage. Mat-Su service centers are simply too far apart to walk to them. Participants visited the Probation and Parole offices in Palmer, the Bishops Attic in Palmer, Salvation Army in Palmer, Set-Free Alaska on the Palmer/Wasilla Hwy, Frontline Mission in Wasilla, MY House in Wasilla, Knik House in Wasilla, turn-A-leaf thrift store in Wasilla; and Valley Charities, Inc. in Wasilla – the lead agency on the Homeless Assistance or HAP grant program. This Valley Tour of Services for Returning Citizens was very informative and well received.

Valley Charities applied for and received a Healthy Impact Grant with the Mat-Su Health Foundation for FY15/16. This grant focused on providing case management, transitional housing, training, employment assistance, and then permanent housing for returning citizens. It has been shown that the first weeks of return are key to success in reducing recidivism.

In 2015, the Trust provided four communities with a grant to hire a coordinator for their reentry coalitions. The Mat-Su was one of those communities and hired the coordinator for the Mat-Su Reentry Coalition

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(MSRC) in October 2015. The Trust has continued funding this position through FY19 and will hopefully fund for more years to come.

The Coordinator's first task was to work with the newly formed Steering Team for the Coalition. That Team consisted of three chairs (one from DOC institutions, one from DOC field office, and one from a community provider) and several members. Performance Measures issued by the Trust outline what the coordinator's tasks are to complete each fiscal year of funding.

Coalition Vision

The vision of the Alaska Community Reentry Program is this: Reentrants sentenced to thirty days or more will have access to the available tools and support needed to succeed in the community. The core purpose of the MSRC is to work within this vision and the state's reentry program framework to develop and maintain a community-based reentry program that works towards the goals of promoting public safety and increasing the success rates of reentrants.

Vision of the MSRC: The Mat-Su Reentry Coalition is a collaboration of individuals, community stakeholders, public and not-for-profit agencies, faith-based and business partners who are united and committed to reducing recidivism among reentrants to the Mat-Su community.

Coalition Mission

The MSRC Mission is to promote public safety by identifying and implementing strategies that increase former prisoners' well-being within the community and reduce the likelihood of their return to prison through recidivating. The Coalition will accomplish this by

- Improving communication and collaboration between Alaska Department of Corrections and the community.
- Building community partnerships to strengthen local services.
- Identifying barriers for those being released from incarceration and taking an active role in addressing those concerns.
- Promoting community educational and training opportunities for those releasing regarding resources.
- Working in conjunction with the Alaska Criminal Justice Commission to inform and promote reentry efforts in Alaska.

Coalition Values

The MSRC members value advocacy, credibility, cooperation, partnerships, communications, accountability, community, confidentiality, training, and respect.

Coalition Membership and Roles

Participation is open to interested public and private agencies, organizations, groups, businesses, and individuals, who serve, live in, are employed, or otherwise have a relationship within the Matanuska-Susitna Borough and who share the values of the MSRC. All members sign a Memorandum of Agreement (MOA) committing to the values, vision, and purpose of the MSRC and agreeing to abide by member expectations and a Social Contract outlining these principles of the group:

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- Bring concerns forward through inquiry instead of judgment or blame.
- Clearly identify concerns and solve problems by using current and relevant data.
- Things said at meetings must be true, be kind, and be necessary.
- Constructive, empathetic, respectful communication.
- Call for help when needed.
- Be honest and direct.
- Come together as a positive team to be solution-focused with an emphasis on supporting our community.
- Actively listen with an open mind for understanding.

Membership for the full coalition may include representatives from a variety of sectors in our community: homeless/housing providers; legal services; religious organizations; healthcare professionals; concerned citizens; behavioral health professionals, successful returning citizens; family and child welfare; veterans' support; victim advocacy; education and training; employment; State of Alaska, Department of Corrections; other State and Federal agencies; local and tribal agencies; and funding agencies.

The Steering Team is the policy-making body of the full coalition, as explained in the Operational Guidelines. It consists of up to 15 members representing public and private organizations within the Mat-Su Borough. Three members serve as Chairs: one representing a correctional institution, one representing a correctional field office, and one representing a community organization. The Chairs serve as the direct supervisor to the Coalition Coordinator. The Chairs appoint committees, except nominating, with Steering Team approval. The Chairs are ex-officio on all committees except nominating. The Chairs perform all duties attendant to that office, subject, however, to the control of the Steering Team, and shall perform such other duties as on occasion shall be assigned by the Steering Team. The Chairs shall also attend meetings with the Fiscal Agent, Valley Charities, as required.

The roles and responsibilities of the Coordinator, a non-voting member, include working closely with the Chairs, advising, researching, and collaborating as needed; attending all meetings and assisting as needed; serving as the liaison between the Coalition and the State of Alaska Department of Corrections; and following the performance measures guidelines as established by the Alaska Mental Health Trust Authority.

The roles and responsibilities of the Fiscal Agent, Valley Charities, are as follows:

- 1) Be the recipient of federal, state, and other grant monies generated by and directed to the Mat-Su Reentry Coalition.
- 2) Provide fiscal management and oversight as required by individual funders.
- 3) Provide staff to support the efforts of the MSRC.

The Operational Guidelines include a complete description of the Steering Team's duties; number, selection, and tenure; resignation; removal; vacancies; regular meetings and facilitation; special meetings; quorum; actions without a meeting; meetings by telephone or other methods of communication; email/mail voting; reimbursements; and conflicts of interest. The Operational Guidelines also outline the rules for Officers

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(Chairs) and that the Coalition Coordinator falls under direct supervision and management of the Fiscal Agent.

This is the current list of Steering Team members and their organizations:

- Julia Lowe, Probation Supervisor III, Goose Creek Correctional Center (Tri-Chair)
- Kelly McDonald, Probation Supervisor III, Palmer Probation Office (Tri-Chair)
- Vickie Knapp, Chief Op. Officer of Mat-Su Health Services. (Tri-Chair)
- Amanda Carlson, Manager of the Mat-Su Job Center.
- Jeaninne Milne, Clinical Case Manager, Alaska Family Services.
- Shannon Harris, Peer Mentor, Set Free Alaska.
- Leann Renick, Program Manager, Akeela.
- David Rose, Coordinator, Mat-Su Housing & Homelessness Coalition
- Samantha Addams-Lahti, Veterans Justice Outreach (VJO) Social Worker, Veterans Affairs
- Amy Hansen, Investigator III, Office of Public Advocacy
- Kelly Marre, DOC Reentry Intern/Concerned Citizen

In addition to the Operational Guidelines, coalition members are provided with this job description:

- ✓ Prepare for and attend coalition and work group meetings regularly. Steering team members who miss two consecutive regular meetings without notifying one of the Chairs may have her/his position declared vacant by a majority vote of the Steering Team members at any regular or special meeting.
- ✓ Gather/relay appropriate information to the coalition as the basis for decision-making.
- ✓ Help conduct community assessments and participate in strategic and action planning.
- ✓ Share ideas/concerns and assure that others are invited to do the same.
- ✓ Help carry out work group initiatives.
- ✓ Serve as meeting recorder on a rotating basis.
- ✓ Report coalition progress to your own organization and share your organization's concerns/ideas with the coalition.
- ✓ Be a coalition ambassador at other meetings/events.
- ✓ Recruit members for both the Steering Team and the Full Coalition.
- ✓ Serve as a Chair, if elected.
- ✓ Help develop resources to sustain the coalition.
- ✓ Advocate and promote the coalition's mission when/wherever possible.

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Time Commitments

- ✓ Approximately two to four hours every month.
- ✓ Attend work group/coalition meetings and major events.
- ✓ One-year availability.

Coalition Structure and Committees

The Steering Team discussed the creation of work groups to address the focus areas of our action plan. However, because of the number of existing coalitions and task forces in the Mat-Su, it was decided that members of the Steering Team would participate in existing groups rather than create additional ones for the same purposes. At this time, the coalition coordinator and coalition members attend meetings focused on the highest priority needs of reentrants: housing, transportation, jobs, physical health and continuity of care, behavioral health, and family reintegration.

Needs Prioritization and Assets

Community Assessment of Reentry Resources

Housing Services

Priority needs

The number one need in the Mat-Su Valley is more low-income and transitional housing specifically for reentrants, especially non-restrictive transitional housing due to the following reasons:

- More non-restrictive transitional housing is needed because currently a majority of the transitional housing units available in the Mat-Su Valley are either faith based, age based, or the reentrant needs to be enrolled in a substance abuse treatment program.
- Non-restrictive transitional housing would allow both males and females returning to the community from prison to have a safe place to stay while they get their lives in order.
- There are also less barriers to reentrants in getting into transitional housing units and more support to assist reentrants in maintain healthy living and making better choices.

Assets

While many housing programs are available in the Valley, this plan will focus on those most likely to be used by reentrants who have no or a low income.

1. Knik House. Wasilla. Knik House, operating since 2015, offers a solution-based, goal orientated program that teaches substantial remedies and education with regard to chronic homelessness, poverty, and crisis. Knik House is a community-focused program designed to successfully habilitate and re-habilitate people in housing crisis. Knik House provides a safe, sober, faith-based, and stable environment for at-risk or mentally ill people who are in housing crisis. Their 12-18 month program

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currently houses up to 23 men in one location and 11 women in a second location. They also provide food, clothing, education, healthy relationship building, transportation, referrals, self-sufficiency and respect. Occasionally, there are waiting lists. Residents can participate in either a 1-18-month program or a 1-12 month sober-living program. Funding is from the Blood and Fire Ministries.

2. MYHouse. Wasilla. My House in the Mat Su Valley serves Youth ages 14-24 who are homeless or at risk for being homeless. Clients are invited to come by the facility or call 373-4357 (HELP), or 354-4357 (HELP) for the Outreach line, and are frequently delivered by police, teachers and community members from locations throughout the Mat Su Valley.

MYHouse operates the Gathering Grounds Café, a Starbucks Café open from 9 AM-4:30 PM Monday through Friday and 10-3 on Saturday. Gathering Grounds trains 20-25 baristas annually. Their Boutique is open from 10:00 AM to 5:30 PM and is another job training opportunity, offering thrift boutique training that includes upcycling some donations into steampunk styled garments and accessories, in addition to offering clients the opportunity to learn merchandising, marketing, cash wrap, customer service and display skills. Both businesses offer Alaska Host Customer Service training which allows graduates to work on the Alaska Railroad or in any Princess Hotel.

Case Management services are available from 8 am-5 pm Monday through Friday. Case management services are offered on a first-come, first-served basis, and described as offering a “hand up not a hand out,” meaning that clients will “have a plan for goals and the expectation that they will work their plan and gain forward progress with support from staff.” The total clients served at MYHouse is 644 and they see an average of 120 different youth a week, with about half of those coming either directly or indirectly from a correctional facility. MYHouse Case Management offers food, clothing, shower and laundry services, employment services, public health care, mediation services, help with legal issues, and support and referral for mental health and substance abuse treatment. Substance abuse assessments can be done as needed through a partnership with True North Recovery or CITC Recovery Services and are accepted at local treatment programs, facilitating a fast track into treatment and recovery for clients. Full time Peer Support for clients is provided through a partnership with CITC Recovery Services and with half of our client interns in recovery or treatment at a time this is a very much needed partnership.

MYHouse offers a hot supper from 3-4pm every day for any homeless youth age 14-24. It is staffed by volunteers who both cook and join clients for a meal, visiting and sharing. Research shows that this service offers a level of comfort that encourages clients to engage in case management services, even if they haven't been here before.

Their transitional housing has expanded to 27 beds; 12 beds for females, 13 for men and an additional 2 COVID beds at this time. They also have the capacity for 8 emergency beds at the drop in center site if needed. These transitional housing beds are available on a first-come basis for youth age 17-24. If there is space in housing, youth may be able to enter the day they walk in. Requirements for housing include sobriety (they must pass a UA within 30 days of moving in if they are not able to pass upon move-in) and payment of affordable rent, they must have a job within 30 days and absolutely NO visitors are allowed. If someone is not able to maintain sobriety, a referral for treatment can be made and the client will then have access to Recovery Housing that is part of a peer-to-peer support program and facilitates success in treatment and long-term recovery. Housing

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projects are supported by BHAP Funds and MYHouse services such as transportation can be coordinated through case management.

An on-site partnership with Nine Star offers paid internships, employment assistance, high school completion and GED courses. Public Health maintains an office in the building and offers STD and pregnancy testing, as well as referral and consultation for medical concerns. MYHouse partners with outside resources for medical care, dental care, mental health services, addiction evaluation and treatment, job skills training and workshops, housing assistance and legal advice.

3. Euthus House, Wasilla – Euthus House is a Christ centered residential transition house (men only) that endeavors to empower men to create a successful future built on faith and character development through a safe and sober living environment designed to stimulate personal and spiritual growth, encourage accountability and responsibility, and provide essential reentry services that will move the residents toward the goals of self-sufficiency and pro-social living. They opened their doors on May 1, 2020 and currently have 6 to 8 beds available, however they plan to expand their bed capacity to approximately 20 beds within the next six to nine months.
4. Connect Palmer: Sarah’s House, Palmer - The housing for Connect Palmer has been named Sarah’s House and provides beds for women 18 or older. The women must be Christian and must agree to enroll in the God’s Work Design Program and the Life Connect Program. Connect Palmer is funded by donations from various churches. They currently have eight beds available.
5. True North Recovery – This is a substance addiction program with a peer support aspect to it. They offer housing for clients who need it and as space is available. The peer support services for all clients include facilitating recovery education, peer led support and mentoring, relating life experiences, and 24/7 crisis support. In addition, peer support also assists clients in acquiring housing, education, employment, job readiness training, physical and mental health services, food, clothing, transportation, and meeting criminal justice requirements.
6. Valley Residential Services (VRS). VRS currently offers 320 units (362 by the end of 2019) of housing throughout the Mat-Su Valley. Affordable housing for individuals, families, and seniors, people experiencing behavioral health, developmental disabilities and guidance for those who are homeless. Housing ranges from single family homes to larger housing developments. Access to these units is limited by the funders’ program requirements and qualifiers which often exclude reentrants with barrier crimes.

There is a new Valley Residential Services Bridgway Supportive Housing project that they have started construction on, which is located on Vine road. There will be 24 units, one bedroom and efficiencies, and it will be open to people with mental health disabilities, including reentrants, that want to live independently. There is funding available to assist those who need it with the rent. Mat-Su Health Services will be providing two behavioral health staff for the program that will be there to help residents with whatever they need. There will be a computer room and common area rooms for the residents to use. This complex should be completed by the end of 2020.

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7. Mat-Su Coalition on Housing and Homelessness (MSCHH) – This Coalition is a partnership of over twenty-five organizations in the Matanuska-Susitna Valley. The Coalition has several grants that they utilize to assist their clients with funding toward housing. One of the grants they utilize are the HAP (Housing Assistance Program) grants which provide short-term housing for people experiencing homelessness, but who have some income to make payments after assistance with gap funding. The usual clients for this service have had some unexpected expense, such as car repairs, illness or job loss. HAP partners include: Alaska Family Services, Blood n Fire Ministries, Daybreak, Inc. Family Promise Mat-Su, MY House, Salvation Army of Mat-Su, Valley Charities, Inc., and the Wasilla Homeless Committee.
There is also grant funding that provides for longer term assistance for homeless individuals. The grant they utilize the most with reentrants is the ESG (Emergency Solutions Grant). This grant is used mainly to assist with rapid rehousing, such as when a reentrant has gotten out of prison and is homeless or living with friends who are about to throw them out. The reentrant has to either get a job or show that they are trying to get a job by working an action plan with the Coalition Case Manager. The grant can be used to assist the reentrant with their first three months of rent.
8. Reentry Housing Project – The Mat-Su Reentry Coalition received grant funding through the Alaska Mental Health Trust for a Reentry Housing Project that run between July 1, 2020 through June 30, 2021. The grant is for a total of \$50,000 and the funds can be used to assist reentrants that are Trust Beneficiaries with housing costs and also utility set-up costs. The reentrants do not have to be on parole or probation or be under Reentry Case Management. The only restrictions are that participants must be Trust Beneficiaries, and had been incarcerated at least once within the last three years.

Support for the coordination and delivery of services:

One of the greatest strengths of providing housing for no- and low-income people comes from the willingness of the providers to collaborate. Through the Mat-Su Coalition on Housing and Homelessness, the agencies listed in above work together to apply for and to administer grant monies to support the housing needs of no- and low-income members of our community.

MSCHH functions as a strong and active “voice”, supporting development of an integrated system of homelessness prevention in the Mat-Su Borough. By broadening stakeholder interest and involvement, the coalition will continue to support forums that facilitate productive community conversations about homelessness prevention, as well as educating and informing the public and key stakeholders influencing housing and homeless solutions, i.e., housing-related nonprofits, developers, contractors, business leaders, and policy makers.

They work off of the Housing First Principles for their neediest clients, the idea that if you get them into housing then the rest of their life will improve as well.

The coalition’s priority focus areas are: 1) senior housing, 2) prisoner re-entry, 3) homeless youth, 4) affordable low-income housing, 5) special needs housing, and 5) solutions to homelessness precursors.

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Employment and Meaningful Engagement Services

Priority needs

1. Using what is available from the Department of Labor and Workforce Development. The Coalition is working towards assurance that all reentrants have access to the programs that are offered by the Department of Labor and Workforce Development. First, reentrants need to know what services are available, then what services they can benefit from, and then how they get connected to that service.
 - a. The Coalition, in partnership with the Mat-Su Job Center, needs to ensure that reentrants receive information about services the Mat-Su Job Center has to offer reentrants, prospective employment opportunities in the Mat-Su community, and community employment providers well in advance of anticipated release dates.
 - b. The case manager needs to encourage the reentrants they are working with to participate in the Reentry classes being offered at both Hiland Mountain Correctional Center and Goose Creek Correctional Center prior to getting released.
 - c. The Mat-Su Reentry Case Manager will work with the Mat-Su Job Center personnel to track successful job placements of reentrants will also track how many reentrants they are referring to the Job Center.
 - d. The Mat-Su Reentry Case Manager, in partnership with the Mat-Su Job Center, will assist reentrants with getting into job training programs and request the Mat-Su Job Center track and provide us with the data on how many of the reentrants placed into job training programs graduate and were employed after graduating the program.
2. Planning for training and education from the time of incarceration through release. In connection with the probation officers, the case managers need to use the Offender Management Plan process to identify what training programs and education programs the inmate will participate in while incarcerated, connecting the completion of those with the next phases of the OMPs, integrating the services of the Job Center with goals expressed in the OMP, and following up with the reentrants and the field PO for the OMP after release.
3. Coalition members and case managers need to collaborate with DOC staff through in-reach to act as intermediaries between employers and job-seeking individuals.

Assets

The State Department of Labor and Workforce Development (DOLWD) has many programs in place that can benefit reentrants and assist them on their road to meaningful employment. DOLWD looks at meaningful employment as beginning with a job seeker knowing the job market, their skills sets, and knowledge of a career path suitable for an individual. DOLWD offers numerous programs for motivated individuals and employers who want to improve their employees' success. A great resource to job seekers is the ALEXsys, Alaska's Job Bank.

One of the benefits that have come out of some of the new COVID protocols that have been put into place by DOLWD is that access to job services has become easier. Due to the new phone appointment protocols that have been put into place at the Mat-Su Job Center, which is located on the outskirts of Wasilla,

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reentrants now have easier access to utilizing the job services. Instead of having to find a way to physically get to the Mat-Su Job Center office, reentrants can now utilize most of their services over the phone.

Career Support and Training Services will assist job seekers in training and education opportunities. Also offered for job seekers are STEP Grant programs, seafood recruitment, apprenticeship programs, OJT, and numerous workshops, such as resume, interviewing, and typing to name a few.

Programs more specific to reentrants are our Employment after Incarceration offered at Job Centers and the Fidelity Bonding and Work Opportunity Tax Credit program, which gives employers incentives to hire a reentrant. The utilization of our Job Centers Resource Center computers and Employment Specialist expertise will help assist reentrants with career goals.

Reentrants are offered the Employment Counseling Interest Assessment to assist their specialist with locating appropriate areas of interest for each reentrant. Career Support and Training Services assist the job seekers to find training and education opportunities. Alaska offers for job seekers the STEP grant programs, seafood recruitment, and study for and completion of the Work Keys tests which will allow potential employers to evaluate their skills in certain areas. Reentrants can also test for Union Apprenticeship Opportunities and obtain information on self-employment, the Division of Vocational Rehabilitation, and self-employment through Native organizations (if applicable).

One other strength in the employment arena is that prior to being released incarcerated individuals at both Goose Creek Correctional Center and Hiland Correctional Center are offered reentry classes. This is a six-week class that covers employment, cover letter & resume writing, training programs that may be available once they are released, budgeting, the costs of housing, and other items related to living successfully once they are released. However, due to the COVID-19 protocols that have been put in place inside the Correctional Institutions since early March 2020, the reentry classes are now being done on a one-to-one basis, the same as any other classes that are being provided. This restriction will remain in place until further notice.

Physical Health and Mental Health/Substance Use Services

Priority needs

The Coalition identified the need for effective communication concerning access to physical health, mental health, and substance abuse treatment as vital. One way to ensure this communication is for the service providers to participate in Reentry Coalitions consistent in-reach at the different Correctional Institutions in order to let incarcerated individuals know about the services that are available and how to sign up for them either before they are released or immediately after.

Due to the DOC COVID-19 protocols that have been put into place in-reaches inside the Correctional Institutions have been suspended since mid-March 2020 until further notice. This makes communication the information about the different services that are available in the Mat-Su to inmates that are about to be released much more difficult.

Once the in-reaches are allowed back into the Correctional Institutions we can use reliable, consistent in-reach to let incarcerated people know about services available and how to sign up for them either before they are released or immediately after.

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In the meantime, while the in-reaches are still suspended, the Mat-Su Reentry Coalition Coordinator will need to make sure that the IPO's inside the Correctional Institutions have an update list of all the different services that are available to reentrants in the Mat-Su area.

Assets

Physical health services, as well as substance abuse and mental health services, are available for anyone seeking help throughout the Valley. Providers work together to ensure people are able to get services as soon as possible. When one provider does not offer a particular service or has a waiting list for it, that provider will make a referral to other providers. With the many providers available in the Valley and the recent growth of the Mat-Su Regional Medical Center, more people stay in the Valley for their health care and substance abuse treatment rather than drive to Anchorage. Many of the services available for substance use are faith based; but, in general, people can still find a place that will service their needs. When services are set up early, then the correct ones can be found for each client.

The following list is of the main Physical and Mental Health providers, along with Substance Abuse Services in the Mat-Su Borough:

1. Mat-Su Health Services provides many types of care, such as the following: postpartum, well-baby, family planning, health maintenance, school physicals and immunizations, vision and hearing screenings, screenings and care for diabetes and high blood pressure, early detection of breast and cervical cancer, oral health screening and fluoride treatments, dental procedures, senior care, and limited laboratory procedures. However, they do not provide Urgent Care, they refer those requests to other providers. Mat-Su Health Services also provides mental health treatment through counseling and psychosocial rehabilitative services, case management, and skills development for both children and adults.

Mat-Su Health Services also provides a medicated assisted treatment program for substance abuse, to utilize the program the person does have to be a patient in one of our other programs such as our Primary Care or Behavioral Health.

Mat-Su Health Services are currently able to serve clients without waiting lists and have space for many more clients. If they know an inmate is to be released soon and needs services, they will contact the institution's medical staff up to 48 hours prior to release. The Center has a great number of funding sources. It receives federal funding, state funding, foundation funding, and private funding. In addition, of course, it receives payments from third parties. If clients do not have insurance or Medicaid, staff will assist them with registering.

Mat-Su Health services also provides crisis intervention services 24 hours a day, 7 days a week. This service is available by calling (907) 376-2411.

2. Set Free Alaska —They are a Christian faith-based substance abuse treatment center that uses a mind-body-spirit approach to recovery. They serve adults, both men and women, with dual diagnosis, substance abuse and mental health issues, they have outpatient treatment and intensive outpatient treatment as well, the type of treatment is set up based on the individual's assessment. Once the Clinician contacts the client after an assessment has been completed to recommend a level of care, there is no waitlist for admissions if Outpatient is recommended. Each person's program is

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individualized. They have the capacity for 129 outpatient clients. They are unable to serve sex offenders because they have a children's program.

Their children's behavioral health program is for children ages 5 to 17 and they have the capacity for about 35 children in this program.

They have a 16 bed women's residential treatment facility that is for women, women with children up to the age of 10, and pregnant women. It is a 3.5 facility and it is located in Wasilla.

They also have a men's residential treatment facility that is located in the Kachemak Bay area just outside of Homer, AK. Men will have the opportunity to bring their children under the age of ten as part of our program. There is limited availability for children; however, we partner with other community agencies to maintain the best possible healthy family relationships throughout the healing process. Because our program is individualized for each of our residents the duration is anywhere from five to eight months. The facility has a 16-person capacity promoting a healthy, intimate, with a home living environment. They accept Medicaid, Private Insurance, and a Sliding Scale Fee based on income.

3. Akeela now offers both substance abuse treatment and mental health services in the Mat-Su Valley, they are located in Palmer across the street from the Palmer Probation Office. In March 2019 they added a Mental Health Clinician to their outpatient program to assist with individuals diagnosed with mental health issues in addition to substance abuse issues. Clients don't have to be in the substance abuse program to be able to receive the mental health services. They have also added some psychotherapy groups, which have gotten a lot of positive responses.
4. Adult and Teen Challenge is a new residential addiction treatment program to Alaska. It is a part of the Pacific Northwest arm of Adult and Teen Challenge. The group purchased buildings in Wasilla and after renovating them, they opened on April 19, 2019. The plan is to start with a few residential clients and then continue to add more until they reach the maximum of 28 clients. They are currently serving just men 18 and older and cannot serve sex offenders. It is a Christian faith-based program so those entering must be Christians. Funding is from private sources (faith based).
5. Alaska Center for the Blind and Visually Impaired provides orientation and life skills training for people with visual impairments. Center staff will go into correctional facilities to offer training and assistance. Their main center is located in Anchorage; however, they do have an office in Wasilla. The Wasilla office number is 907-631-4077. Their annual budget comes from grants, donations, and fees for services. The services are provided statewide to all ages; clients number between 300-400 each year.
6. Alaska Family Services offers programs in substance use disorder; co-occurring substance use disorders; and intervention, referral, collaboration, and education including alcohol and drug treatment programs for adults and youth. In total, the more than two dozen programs serve over 9,000 unduplicated clients annually with their budget coming from state and federal funding and grants.

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7. Co-Occurring Disorders Institute in Palmer addresses serious emotional disturbance and co-occurring substance use disorders for people ages 3-21 and their families. Funding is from state grants and earned revenue such as insurance and Medicaid.
8. Daybreak Mental Health Service Coordination provides coordination of mental health services for serious mental illness and co-occurring disorders, supportive housing, service coordination, case management, and tele-psychiatry for people 18+. Daybreak serves 80+ clients annually who have long-term mental health issues. Funding is 80% from Medicaid and 20% from State Department of Health and Social Services. There is also funding that comes in specifically from DHSS for clients who have been involved with therapeutic court.
9. Providence Medical Group Mat-Su Behavioral Health in Wasilla addresses general mental health, serious mental health, severe emotional disturbance, substance use disorders, and co-occurring disorders. Provides assessments, individual and group therapy, medication management, case management, wraparound services, neuro- feedback services to clients 4+ and accepts Medicaid, Medicare, private insurance, Tricare and a sliding fee pay scale. Full-Circle Counseling Services in Wasilla provides comprehensive mental health services to individuals and families on a sliding-fee scale and payment plan, if needed.
10. Sunshine Community Health Center in Willow and Talkeetna provides medical care, dental care, and behavioral health care. Sunshine Community Health Center, Inc., a federally qualified community health center, is a private non-profit corporation governed by a volunteer community board. It has two primary health care delivery sites strategically located in the Northern Susitna Valley of the Mat Su Borough, one in Talkeetna and one in Willow. These two clinics are joined by one dental clinic and a milieu of ancillary health services to address the needs of our patient population. Sunshine is committed to providing quality, comprehensive health care services with special consideration for medically underserved populations. The Center serves all individuals.
11. Mat-Su Veteran's Affairs (VA) Community-Based Clinic is located in Wasilla. This clinic provides primary care and mental health care for veterans. It is open from Monday through Friday, 7:30 AM to 4:00 PM. The phone number is 907-3100

Transportation Services

Priority needs

It is common knowledge that there is a lack of public transportation in the Mat-Su Valley. To help with this problem the Mat-Su Borough Planning Office has written up a MSB Coordinated Human Services Transportation Plan 2018-2022. This plan concentrates on developing a centralized on-line transportation dispatch platform that the different transportation services in the Mat-Su Borough can utilize.

The Reentry Coalition Coordinator will touch base with the Mat-Su Borough Planning Office on a regular basis to keep apprised on how the centralized dispatch program is progressing.

Assets

The Mat-Su Borough Planning Office has been working on a centralized dispatch model that should help to increase the number of people in general that are served, which in turn would increase the number of

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reentrants that are served. The new centralized dispatch system would be an on-line transportation platform that the different transportation services in the Valley can utilize. The centralized platform would probably be housed in Valley Transit and all the other service providers would be treated like drives. The idea behind it is that it would take a lot of the administrative cost off of each of the different organizations that are currently providing transportation. When a call requesting transportation came in, the new computerized system would allocate the ride to the eligible lowest cost provider.

The centralized dispatch program's trail run was delayed due to COVID-19, so they are still in the planning phase for a trail run with a few of the largest transportation providers in the Mat-Su Borough, to include: Chickaloon Transit (CATs), Sunshine Transit, Valley Transit, and the Mat-Su Senior Service. Once they have completed the trail run, if it is successful, they will reach out to the other organizations in the Mat-Su Borough that currently provide transportation and ask them to opt into the new centralized transportation program.

This initiative is being done to be able to provide more cost effective transportation services into the Mat-Su Borough and it is being funded through partnerships between the Alaska Mental Health Trust Authority and the Mat-Su Borough.

Cultural and Community Connection Services

Priority needs

The Coalition identified the importance of having the Coalition coordinator and the case manager familiar with the many groups and activities throughout the Valley so they could provide information to others working with inmates and reentrants and they could connect clients to the services that meet their likes. This information should be available during in-reach events and also posted on the bulletin board located outside the Reentry Case Managers office. One strategy the Coalition will use to move toward this goal will be to reach out to some of the local tribal organizations to see if they would be interested in sending a representative from their agency to the Reentry Coalition Steering Team meeting in order to keep us updated on the different cultural events occurring in the Mat-Su community.

Assets

The Mat-Su Valley is a growing, vibrant community where social groups for any type of hobby or pastime can be found. In addition, on any given day, several cultural events can also be found.

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Community Readiness

Readiness Scores and Stages

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	4.6	Preplanning
Leadership	4.6	Preplanning
Community Climate	4.6	Preplanning
Knowledge of the Issue	4	Preplanning
Resources	5.2	Preparation

Coalition Development

Coalition Strengths/Assets

The Mat-Su Reentry Coalition participated our third Coalition Capacity Assessment in May 2020. With 11 of the 11 Coalition Steering Team members responding to the survey, we found these areas to be strengths/assets (the scale was 1-5 with 1 Strongly Disagree and 5 Strongly Agree):

- Clarity of Mission/Strength of Vision
 - Mission and Vision 4.3
 - Basis for Action 4.4
 - Scope of Mission 4.4

The above scores indicate our coalition’s Steering Team views these areas as being effective. This means they agree that coalition members have a clear understanding of the coalition’s mission/vision; the coalition bases its actions on a focused mission; and the coalition’s mission is comprehensive and looks at the big picture.

- Communications/Link to Others
 - Integration in the Community 4.5
 - Credibility 4.4

The above scores indicate that the Steering Team agrees that our work is effective at integrating with the community and that the coalition has successfully maintained or increased its credibility.

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- The Collaborative Environment
 - Motivation and Inspiration 4.4
 - Trust and Openness 4.5
 - Conflict Management 4.3

The Steering Team agrees the coalition is effective in the areas of having a keeping its members motivated and inspired, having an honest and open environment, and having the lines of communication always open. In addition, the Team agrees that the coalition is effectively addressing and resolving conflicts.

- Building Member Capacity
 - Recruitment 4.3
 - Inclusion and Participation 4.5
 - New Member Orientation 4.5

As for Building Member Capacity, the Steering Team agrees that the coalition is effective in the areas of recruiting members based on the goals of the coalition, encouraging inclusion and participation by working to empower all members of the coalition. The Steering Team strongly agrees that new members of the coalition are welcomed and effectively oriented to our group.

- Management
 - Administrative Structure 4.4
 - Achieving Goals 4.5
 - Meetings 4.4

The Steering Team agrees that our coalition is effective in the following areas of management. The activities, staffing, and deadlines of the coalition are effectively coordinated to meet goals and meetings have clear objectives that meet the group's needs.

Coalition Growth Areas

This Coalition Capacity Assessment also showed areas the coalition's Steering Team scored the following areas to be less effective with a score of 4.0, and 4.2 on the scale of 1 to 5 (with 1 Strongly Disagree and 5 Strongly Agree):

These are the areas the Team then strategized to improve:

- Communication/Link to Others
 - Meaningful Influence 4.0

This score indicate that the Steering Team needs to improve the coalition's meaningful influence on key decision-makers, government agencies, and other organizations.

- Building Member Capacity
 - Roles and Responsibilities 4.2

Again, these numbers are not as close to the "Strongly Agree" end of the effectiveness scoring tool as the Steering Team would like them to be. The Steering Team needs to work on improving the development of specific roles and responsibilities for members based on their resources and skills. Clearly, not enough attention has been focused on drawing on the abilities, capacity, and perspectives of the coalition members.

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Two areas that the Steering Team felt needed to be considered a high priority to focus on was both the Communications/Link to Others element and the element of Building Membership Capacity.

Note: Even though the overall assessment score for the element of Building Membership Capacity was a 4.4 out of 5 and the overall assessment score of Communications/Link to Others was a 4.3 out of 5, we would like to include it as an area to focus on due to the fact that both of those elements were ranked as a high priority by 45% of the members surveyed.

Strategic Goals and Strategies

Goals and Strategies Associated with the Community Assessment of Reentry Resources

Complete the table on the following page. Goals should have one to three associated strategies. Add rows for additional goals or strategies if needed. Remember to remove the sample row from your final table.

Plan for Increasing Community Resources

Focus Areas	Goal / Outcome	Strategies	Outcomes, Measures and Targets	Target completion date; oversight by and frequency of review	Partners to accomplish the goal	Fiscal Resources
1. Housing	<ul style="list-style-type: none"> Develop more low-income and transitional housing units for reentrants from existing resources, especially non-restrictive transitional housing 	<ul style="list-style-type: none"> Work with the Mat-Su Coalition on Housing and Homelessness to develop a list of affordable housing landlords who will rent to reentrants. 	<ul style="list-style-type: none"> The percentage of reentrants who cannot find a rental upon leaving incarceration and who ask the coalition or case manager for assistance stays below 5%. 	<p>Current measurement completed by June 2021.</p> <p>Quarterly review for year-end reports</p>	<ul style="list-style-type: none"> Reentry Coalition Coordinator, Reentry Case Manager, Mat-Su Coalition on Housing and Homelessness 	State of Alaska; Partners for Progress; Mat-Su Health Foundation Healthy Impact grant, Trust Reentry Housing Project grant
		<ul style="list-style-type: none"> Collaborate with current transitional housing providers (Knik House, My House, True North Recovery, Sarah's House, and Euthus House) to establish beds for reentrants. 	<ul style="list-style-type: none"> Persuade at least one current transitional housing provider to agree to longer stay housing units. 	<p>Current measurement completed by June 2021.</p>	<ul style="list-style-type: none"> Reentry Coalition Coordinator, Reentry Case Manager, Transitional Housing Providers 	
		<ul style="list-style-type: none"> Collaborate with Partners for Progress for referrals and funding for beds. 	<ul style="list-style-type: none"> Track referrals received from Partners for Progress 	<p>Review Quarterly Ongoing</p>	<ul style="list-style-type: none"> Reentry Coalition Coordinator, Reentry Case Manager, Partners for Progress 	Partners for Progress
2. Employment or meaningful engagement	<ul style="list-style-type: none"> All reentrants are informed about and encouraged to participate in programs and services that are offered by the Department of Labor and Workforce Development 	<ul style="list-style-type: none"> Continue to have a DOLWD representative from the Mat-Su job center on the coalition's Steering Team. 	<ul style="list-style-type: none"> 80% of reentrants who ask for coalition assistance or who are working with the case manager are employed within 30 days of release 	<p>Review Quarterly, Ongoing</p>	<ul style="list-style-type: none"> Mat-Su DOLWD employment specialists; field probation office; case manager. 	State of Alaska
		<ul style="list-style-type: none"> Encourage the DOLWD representatives or a member of their staff to be a part of the in-reach panels at the institutions once the COVID restrictions are rescinded. 	<ul style="list-style-type: none"> A DOLWD staff member is included on in-reach panels 80% of the time. 	<p>Quarterly review, Ongoing</p>	<ul style="list-style-type: none"> Mat-Su DOLWD employment specialists; coalition; case manager. 	State of Alaska

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Plan for Increasing Community Resources

Focus Areas	Goal / Outcome	Strategies	Outcomes, Measures and Targets	Target completion date; oversight by and frequency of review	Partners to accomplish the goal	Fiscal Resources
3. Physical Health and Mental Health/ Substance Abuse Services	<ul style="list-style-type: none"> Consistent in-reach to the area institutions providing information about services available and how to access these services. 	<ul style="list-style-type: none"> Encourage staff from service providers to be part of the in-reach to institutions once COVID restrictions into Correctional Facilities have been rescinded. 	<ul style="list-style-type: none"> A minimum of 3 service providers will take part in monthly and quarterly in-reach events. 	Quarterly review, ongoing	<ul style="list-style-type: none"> Coalition coordinator, coalition members, case manager 	
		<ul style="list-style-type: none"> Provide inmates who attend in-reach events with verbal/written information about the service providers and how they can obtain Medicaid. 	<ul style="list-style-type: none"> Track number of inmates that talk to Mat-Su Coalition panelist during in-reach events. 	Quarterly review, Ongoing	Coalition coordinator, coalition members, case manager	
		<ul style="list-style-type: none"> Provide institutional and field staff with printed materials about services available. 	<ul style="list-style-type: none"> Packets of printed materials will be delivered to staff at: Hiland Mountain, Goose Creek Correctional Center, Mat-Su Pre-Trial, and the Palmer Field Office. 	Year-end review.	Coalition coordinator, coalition members, case manager	
4. Transportation Services	<ul style="list-style-type: none"> Keep apprised on how the Centralized Dispatch Program is progressing 	<ul style="list-style-type: none"> Reentry Coalition Coordinator will touch base with the Lead Transportation Planner for the Mat-Su Borough 	<ul style="list-style-type: none"> Reentry Coalition Coordinator will document quarterly meetings 	Quarterly review, Ongoing	<ul style="list-style-type: none"> Coalition Coordinator Mat-Su Borough Lead Transportation Planner 	Mat-Su Borough
5. Cultural and Community Connection Services	<ul style="list-style-type: none"> To inform reentrants who contact the coalition or in the case management program about cultural and community events, groups, and services. 	<ul style="list-style-type: none"> Reentry coalition Coordinator & Case Manager to establish a list of cultural and community events, groups, and services. 	<ul style="list-style-type: none"> The initial list will be completed by the end of October 2020, and then will be a changing document to keep up with current events. 	Quarterly review, Ongoing	Coalition Coordinator and Case Manager	State of Alaska
		<ul style="list-style-type: none"> Invite representatives of local tribal organization to Reentry Meeting to update us on the different cultural events 	<ul style="list-style-type: none"> At least one local tribal representative attends the Mat-Su Reentry Steering Team meeting once a quarter 	Review at the end of October 2020 and then quarterly	Coalition Coordinator	

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Goals and Strategies Associated with the Community Readiness Assessment

The coalition members and the coalition coordinator reviewed the strategies suggested by the Tri-Ethnic manual and decided to concentrate on the following areas for setting goals and strategizing:

- Promote public awareness of the efforts, issues, data, and resources to do with prisoner reentry.
 - Keep Mat-Su Reentry Coalitions sections on the Valley Charities Website updated; Coalition Coordinator with oversight by the Tri-Chairs.
 - Host annual Reentry Summit and Reentry Simulation Events, Coalition Coordinator and volunteers from the Steering Team, oversight by the Tri-Chairs.
 - Encouraging newspaper coverage of community –wide coalition meetings and other reentry events; Coalition Coordinator with oversight by the Tri-Chairs.
 - Speak/present at community meetings held throughout the Mat-Su Valley, dates and times TBD, Coalition Coordinator and volunteers from the Steering Team, oversight by the Tri-Chairs.
 - Host a table at the annual job fair, Mat-Su College, Coalition Coordinator and Case Manager with oversight by the Coalition Tri-Chairs.
- Review the existing efforts regarding prisoner reentry in the local community and other nearby communities to determine who benefits and the degree of success.
 - Attend the different Reentry Coalition Community Wide Reentry Meetings and other reentry events in-person or via Zoom to learn what is working and incorporate into the Mat-Su Reentry Coalition Community-Wide meetings as appropriate; Coalition Coordinator with oversight by the Coalition Tri-Chairs.
 - Collaborate with the Reentry Coalition Coordinators that are located throughout Alaska to share ideas and best practices; Coalition Coordinator with oversight by the Coalition Tri-Chairs.
 - Research successful reentry efforts in other states to determine if those efforts would be successful if they were implemented in the Mat-Su Valley; Coalition Coordinator with oversight by the Coalition Tri-Chairs.
- Encourage involvement of more community service providers in our coalition in order to form more provider partnerships for working with reentrants and their families through case management/care coordination.
 - Tailor the Mat-Su Reentry Coalition Community-Wide meetings so topics appeal to a wide range of participants; Coalition Coordinator with oversight by the Coalition Tri-Chairs.
 - Increase Steering Team membership by reaching out to targeted community organizations to obtain representation from sector that aren't currently involved, such as local and tribal government, legal services, vocational training, etc.; Coalition Coordinator and volunteers from the Steering Team, oversight by the Tri-Chairs.
 - Invite a wide range of service providers, community organizations and the general public to the public forums; Coalition Coordinator and volunteers from the Steering Team, oversight by the Tri-Chairs.

Comprehensive Community Reentry Plan

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- Continue to invite service providers from a wide range of services to participate in the in-reach resource events at the different Correctional Centers once the COVID restrictions on visitations to the Correctional Institutions have been rescinded; Coalition Coordinator, Case Manager, with oversight by the Tri-Chairs.

Goals and Strategies Associated with the Coalition Capacity Assessment

Following the review of this assessment, the Steering Team agreed we could increase our capacity by doing the following:

- Integrating our work with the community by encouraging more participation by community members who regularly attend coalition community-wide meetings in other Coalition activities.
 - Invite these community members to participate in the in-reach events different Correctional Centers once the COVID restrictions on visitations to the Correctional Institutions have been rescinded; Coalition Coordinator and Steering Team Volunteers, with oversight by the Tri-Chairs.
 - Invite these community members to volunteer/attend annual Mat-Su Coalition Reentry Simulation and Reentry Summit
 - Continue to participate in community groups by attending meetings and serving as a Board member; monthly attend the Mat-Su Area Partnerships (Coalition Coordinator is Vice President of the Board), Alaska Postsecondary Access and Completion Network (Coalition Coordinator is a Board members) Thrive, Opioid Task Force, and Criminal Justice Group meetings; Coalition Coordinator with oversight by Tri-Chairs.
- Increasing our public “face” through a Mat—Su Reentry Coalition section on the Valley Charities Website, hosting public forums, and advocacy work to influence key decision-makers, government agencies, and other organizations, these and other activities will take place in FY2020; Coalition Coordinator, Steering Team volunteers with oversight by Tri-Chairs.
- Assessing the skills and resources of our coalition members and asking them to take on a greater role in working towards the goals of the coalition; increase Coalition participation by requesting members take on tasks suited to their skills on an as needed bases; Coalition Coordinator and Tri-Chairs will review the skills of coalition members and determine where those skills could be used in Coalition activities; then the Coalition Coordinator or the Tri-Chairs will invite those individuals to participate on committees or speak at community wide meetings.
- Insure the element of Building Membership Capacity is a high priority.
 - Recruit new Reentry Coalition Steering Team members by reaching out to targeted community organizations to obtain representation from sector that aren’t currently involved, such as local and tribal government, legal services, vocational training, etc.; Coalition Coordinator, Steering Team volunteers with oversight by Tri-Chairs.

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Goals and Strategies Associated with Statewide Program and Monitored through the Case Management Process

The following goals and measures have been identified statewide; the case management process has been developed to strategize meeting these goals. Progress towards these goals will be reviewed by the coalition as follows:

- Monthly, one of the Tri-Chairs of the Coalition will meet with the case manager to discuss the progress of the case management program, any problems, solutions as needed, and the goals and measures listed below.
- Regularly, the Coalition Coordinator and Case Manager meet to discuss the number of clients currently on the case load; needs, progress, and barriers facing the reentrants on the case load; availability of services needed by the reentrants and any gaps in services that can be filled with alternatives; and progress towards the statewide goals, ensuring that everything is on track for success of the program. Any problems or issues are solved by the Coalition Coordinator and Case Manager; as needed, the Tri-Chairs of the Coalition and any Steering Team members may be called upon for assistance.
- Quarterly, the Tri-Chairs, the Coalition Coordinator, and the Case Manager meet to review the progress towards the goals and strategize for problem areas.

Promote public safety by reducing the threat of harm to persons, families and their property by citizens returning to their communities from prison.

- Measures
 - Number of clients who stayed in the community and did not commit a felony level crime in the three years following release
 - Number of clients who stayed in the community and did not commit any crimes in the three years following release
- Data for these measures comes from the DOC and will be collected every quarter, 6 months, 1 year and 3 years by the case manager.

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.

- Measures
 - Number of services requested by or referred to participant
 - Number of services received by participant
- Data for these measures comes from the community's case management program and will be collected by the case manager at discharge from the case management program.

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.

- Measures
 - Number of reentrants in permanent housing at discharge from case management services.
 - Number of reentrants enrolled in substance abuse treatment who successfully complete substance abuse treatment goals by discharge.

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- Data for these measures comes from the community's case management program and will be collected by the case manager at discharge from the case management program.

Evaluation Process

The evaluation of this Comprehensive Community Action Plan, an active working document, is important for the measurement of progress. It is vitally important that not only Coalition members, but also the general public is aware of the improvement in public safety and the lower number of community members recidivating because of the work of the Reentry Coalition and the Case Management program. Successful reentry for anyone being released from incarceration is possible only with the support of the community.

Monthly, the Coalition Coordinator and at least one of the Tri-Chairs will review the action items in this Plan. They will be looking for completion of those with timelines to that date, for progress on other items, and the possible need for additional action in order to meet goals. At the end of this review, the Coalition Coordinator will write the notes about the review to share with the other members of the Coalition and update the Plan as needed.

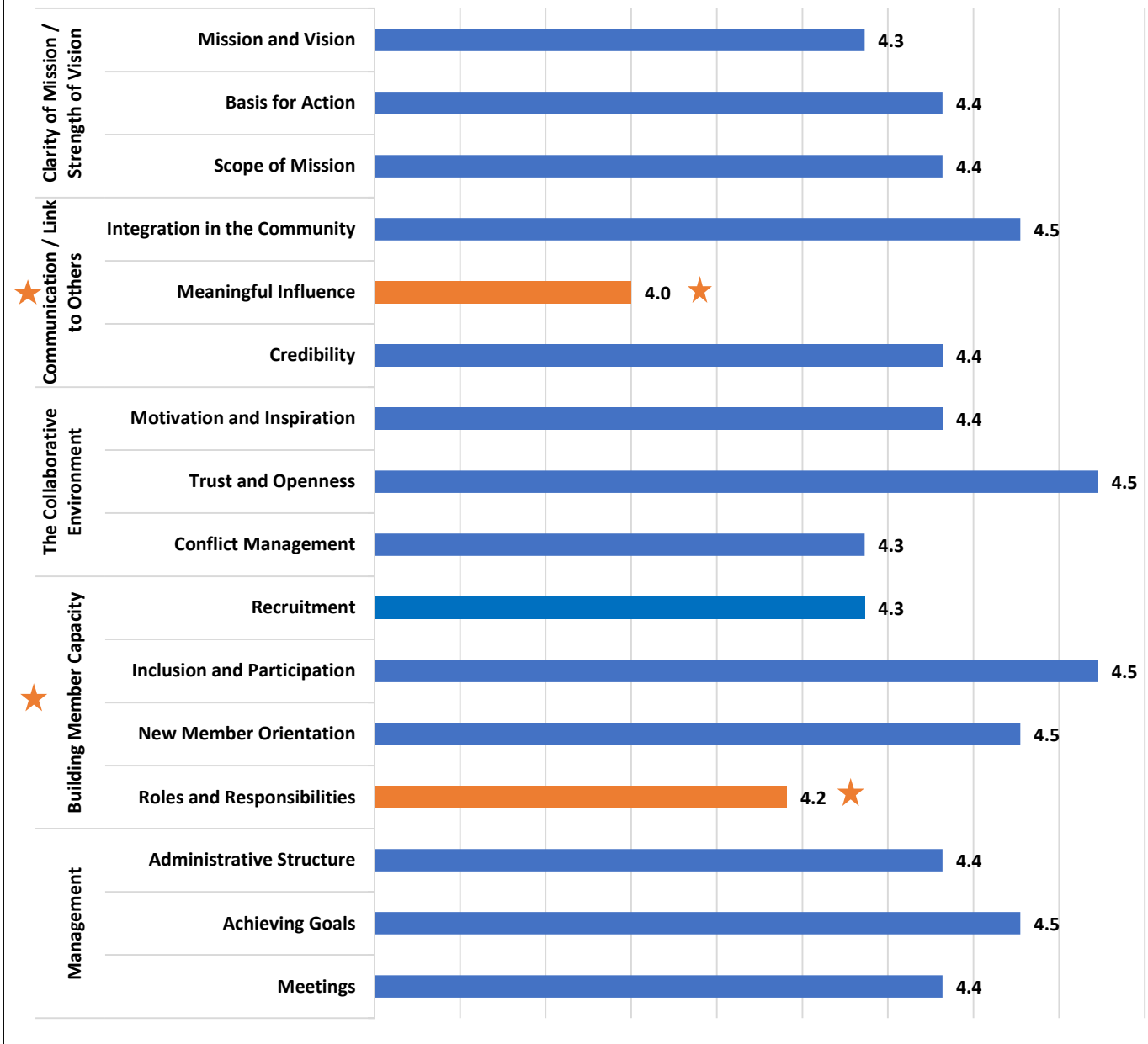
Quarterly, the Coalition Coordinator and at least one of the Tri-Chairs will review the notes from the prior months to evaluate the progress and to identify any areas of the Plan that need attention. At the Coalition Steering Team meeting following this review, the Coalition Coordinator and Tri-Chairs will share with the Team the review and the proposals for action. During this discussion, all members of the Steering Team may contribute comments and suggestions for accomplishing the goals of the Plan. The Coalition Coordinator will document the discussion and update the Plan as needed.

Annually, the Coalition Coordinator will distribute the updated Plan to the entire Steering Team, any interested members of the Coalition community-wide, and the Case Manager. The group will include as an agenda item for the Steering Team meeting in June to review the Comprehensive Community Reentry Plan and to update as needed.

Coalition Capacity Assessment

Mat-Su Reentry Coalition - May 2020

Scores reflect the average of 11 Surveys



This graph averages the results of eleven Coalition Capacity Assessments completed by Mat-Su Reentry Coalition members. Individual answers generally ranged from three to five, with only one out of the sixteen questions ranging from two to five.

Compared to last year's (2019) assessment, the scores in all five areas have increased. **Our overall Coalition Capacity Assessment score for 2020 is 4.4.** which is up slightly from last year's score of 4.1, however there are still a few areas we need to work on.

"Priority" areas are marked in this graph by an orange star and bar. This assessment is meant to stimulate coalition-wide discussions and assist us in identifying areas in which the coalition can strengthen itself.

Based on this assessment we will continue to focus on strengthening the following areas in the upcoming year:

- Increase our ability to influence key decision-makers, government agencies and other organizations.
- Ensure the coalition maintains clear roles, responsibilities, and procedures.
- Work on the elements of Communication and Building Membership Capacity

Mat-Su Reentry Coalition Capacity Needs Assessment Results 2020

1. Clarity of Mission and Vision

- a. All coalition members have a clear understanding of the coalition's mission and vision.

18% Neutral (2) 36% Agree (4) 46% Strongly Agree (5)

- b. The coalition bases its actions on the focused mission

64% Agree (7) 36% Strongly Agree (4)

- c. The coalition's mission is comprehensive and looks at the big picture.

64% Agree (7) 36% Strongly Agree (4)

2. Communication / Link to Others

- a. The coalition's work is integrated with the community, including participation by the constituency we serve.

55 % Agree (6) 45% Strongly Agree (5)

- b. The coalition influences key decision-makers, government agencies, and other organizations.

27% Neutral (3) 46% Agree (5) 27% Strongly Agree (3)

- c. The coalition has successfully maintained or increased its credibility.

64% Agree (7) 36% Strongly Agree (4)

3. The Collaborative Environment

- a. Members of the Coalition are motivated and inspired.

9% Disagree (1) 36% Agree (4) 55% Strongly Agree (6)

- b. The coalition has an honest and open environment, and lines of communication are always open.

9% Neutral (1) 27% Agree (3) 64% Strongly Agree (7)

- c. The coalition effectively addresses and resolves conflicts.

18% Neutral (2) 36% Agree (4) 46% Strongly Agree (5)

4. Building Member Capacity

- a. Members are recruited based on the goals of the coalition
27% Agree (3) 73% Strongly Agree (8)
- b. The coalition encourages inclusion and participation by working to empower all members.
45% Agree (5) 55% Strongly Agree (6)
- c. New members are welcomed and effectively oriented to the group.
9% Neutral (1) 36% Agree (4) 55% Strongly Agree (6)
- d. The coalition develops specific roles and responsibilities for members based on their resources and skills.
9% Neutral (1) 64% Agree (7) 27% Strongly Agree (3)

5. Management

- a. The coalition maintains clear roles, responsibilities, and procedures.
64% Agree (7) 36% Strongly Agree (4)
- b. Activities, staffing and deadlines are effectively coordinated to meet goals.
55% Agree (6) 45% Strongly Agree (5)
- c. Meetings have clear objectives that meet the groups' needs.
64% Agree (7) 36% Strongly Agree (4)

6. Which elements above do you feel are the most important to the success of this coalition?

Clarity of Mission and Vision	36%
Communication / Link to others	73%
The Collaborative Environment	73%
Building Member Capacity	9%
Management	18%

7. Which elements would you rank as a low priority because you feel the coalition is currently doing well in that area?

Clarity of Mission and Vision	27%
Communication / Link to others	9%
The Collaborative Environment	27%
Building Member Capacity	36%
Management	45%

8. Which elements would you rank as a high priority because you feel the coalition isn't doing as well as it should be in those areas?

Clarity of Mission and Vision	18%
Communication / Link to others	45%
The Collaborative Environment	9%
Building Member Capacity	45%
Management	0%

NOTE: For questions 6 through 8 members were allowed to select more than one answers, so percentages will not add up to 100%

COMMUNITY READINESS ASSESSMENT

Mat-Su Valley

Reported on June 23, 2020

Barbara Mongar, Mat-Su Reentry Coalition Coordinator

Part I. The Assessment Tool

“Community Readiness” is defined as the degree to which a community is ready to act on an issue. Our coalition conducted this third readiness assessment to determine if our community’s current responsiveness to the needs of reentrants has changed since the last readiness assessment was conducted by our coalition in May 2019. Our coalition will use the results of this readiness assessment to review and update our strategies to increase the community’s knowledge and involvement.

The assessment tool is a product of the Tri-Ethnic Center for Preventive Research. The *Alaska Community Reentry Program* (through the Department of Corrections and the Department of Health and Social Services) recommended we use this tool. A training manual was provided for us to follow for both conducting the assessment itself and then for the follow up of developing strategies that are effective for our community’s level of readiness. This is the same assessment tool that was used for the last readiness assessment we conducted in May 2019.

Part II. Method of Assessment

The assessment was completed by conducting four key informant interviews (4 to 10 was the number suggested) that focused on the attitudes, knowledge, and beliefs about the issue. The key informants were chosen to reflect a broad range of community members, and none were members of the coalition’s steering team. Key informants included staff from the Department of Corrections, the Department of Labor and Workforce Development, Public Health, and a Substance Abuse Treatment Center.

The coalition coordinator conducted four, 30- to 60-minute interviews, following a set of 36 questions designed to measure these five dimensions:

- **Community Knowledge of the Efforts.** To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- **Leadership.** To what extent are appointed leaders and influential community members supportive of the issue?

- **Community Climate.** What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?
- **Community Knowledge About the Issue.** To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
- **Resources Related to the Issue.** To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Each of the interviews was then transcribed and three community members were selected to assist with the scoring. Due to COVID-19 concerns, the scoring team was unable to meet in person, instead they met with the coordinator via Zoom and read and analyzed each of the interviews. The scoring team then assigned scores in each of the five dimensions and discussed the reasons for those scores based on the information in the transcribed interviews. After coming to a consensus on the scores for each area, the team was able to determine the overall level of readiness for our community.

The scores relate to these nine levels of the readiness of our community for working with reentrants to make a successful reentry:

1. No Awareness. The issue is not generally recognized by the community or leaders as a problem.
2. Denial/Resistance. At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness. Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning. There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation. Active leaders begin planning in earnest, laying the groundwork for planning community strategies to deal with the issue.
6. Initiation. Enough information is available to justify efforts. Activities are underway and there are existing programs and initiatives.
7. Stabilization. Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
8. Confirmation/Expansion. Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtainable.
9. High Level of Community Ownership. Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.

Part III. Our Community's Level of Readiness

On a scale of 1 to 9.99, our community scored highest in the dimension of

Resources Related to the Issue. *To what extent are local resources – people, time, money, space, etc. – available to support efforts?* This dimension was **scored at 5.2**, which shows that there are some resources identified that could be used for further efforts to address the issue. It also shows that some community members or leaders are actively working to secure these resources; for example, they may be soliciting donations, writing grant proposals, or seeking volunteers. The score in this dimension is up almost two full points from last year's score of 3.3. When asked to whom would an individual affected by prisoner Reentry turn to first for help in your community, half of the individuals interviewed mentioned the Mat-Su Reentry Case Manager by name. Also when asked on a scale from 1 to 10, what is the level of expertise and training among those working on prisoner reentry, the overall opinion was about a 7, and this was due to the "joint communication efforts" of the people and organizations that work in this area.

Community Knowledge of the Efforts. *To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?* The **score of 4.6** shows at least some community members have heard of local efforts and are familiar with the purpose of the efforts. The score in this dimension declined a slight amount, from a 5.5 to a 4.6. When asked if the key informants thought there was a need to expand reentry services, comments included "Absolutely. I think it would be great to have more accessibility for treatment centers and peer support into the Correctional Institutions, so they can build those relationships with the reentrants prior to their release" and "Yes, there is a need to expand. One of the things at corrections that we are trying to do right now is to unify the reentry programs statewide, and how we are trying to do it is by making sure that we disseminate the same information to the different correctional institutions so regardless where you are you know what resources are available." and "Oh absolutely, I mean there is a big need for it, because of the high crime rate, poverty, and stuff like that."

Leadership. *To what extent are appointed leaders and influential community members supportive of the issue?* The **score on this dimension was a 4.6**, which was basically the same as last year's score of 4.7. The majority of the key informants felt that at least some of the leadership believes that this is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts. All of the key informants interviewed named the Mat-Su Reentry Coalition Coordinator and Reentry Case Manager as two of the main "leaders" specific to reentry in their community. One out of the

four key informants interviewed felt that the community's political leadership believed that the issue was a big concern, however the other three key informants felt that the concern about reentry to the political leaders in the community was somewhere in the middle. As one of the key informant's stated, "It's on people's radar, but it is not rising to the very top of their list".

Community Climate. *What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?* Our key informants felt that some community members believed that this issue is a concern in the community and that some type of effort is needed to address it. The **score here was a 4.6**, which is up slightly from last year's score of 4.2. However, the score in this dimension still indicates that while some community members may be at least passively supportive of the efforts, only a few may be participating in developing, improving or implementing efforts.

Community Knowledge About the Issue. *To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?* **Our score was a 4**, which was up from the score of 3.2 last year. The score indicates that at least some community members know a little about the causes, consequence, signs and symptoms around the issue of prisoner reentry and are also aware that the issue occurs locally. When asked how knowledgeable are community members about prisoner reentry, some of the comments included "I do think there is a knowledge that this is an issue but not to the level of detail of understanding of how many people get out and reenter the community, and how many people are remanded again." and "I think that those that don't work within the field are not very knowledgeable about prisoner reentry. I know that before I started working in the field I didn't know the first thing about any of the type of services that were out there or anything regarding reentry. Even though the score increased slightly since last year the score for this dimension is still one of our lowest scores, so we will continue with concentrating our efforts during the upcoming year on increasing the community's knowledge on the issues revolving around prisoner reentry, the type of information that is available, and where they can obtain it.

Our community's overall readiness score increased slightly from the last time we conducted the Community Readiness Assessment, going from a 4.1 in May 2019 to a 4.6 in June 2020.

This slight increase in our community's overall readiness score still has us in the Preplanning level of Community Readiness. We will continue to utilize the strategies suggested for Preplanning level as we carry on our coalition's work and strive to move up the ladder of readiness.

The manual from the Tri-Ethnic Center for Preventive Research provides ample material for our coalition to review. Last year we utilized this information to refine our Comprehensive Community Action plan by including strategies suggested for communities that were at this level. Since we have not yet risen to the next level of Community Readiness, we will continue utilizing the suggested strategies we put into place last year.

Part IV. Next Steps

In reviewing the information from the interviews and the suggested strategies in the Tri-Ethnic manual, our Steering Team updated our goals to include strategies to increase the Mat-Su Community's knowledge by:

- Promoting public awareness of the efforts, issues, data, and resources to do with prisoner reentry. We will do this by continuing to conduct informative public presentations/forums about the issue, updating the Mat-Su Reentry Coalition's section updated on the Valley Charities Website, provide speakers for community events, encouraging newspaper coverage of community-wide coalition meetings and other reentry events.
- Review the existing efforts regarding prisoner reentry in the local community and other nearby communities (programs, activities, etc.) to determine who benefits and the degree of success. We will do this by continuing to communicate on a regular basis with the Reentry Coalitions in other Alaska Communities.
- Encouraging involvement of more community service providers in our coalition in order to form more provider partnerships for working with reentrants and their families through case management/care coordination. We will do this by continuing to tailor the quarterly community meetings so topics appeal to a wide range of participants and also by continuing to build up the Steering Team by inviting memberships from organizations that are not already represented.

Community Resource Assessment Report

Mat-Su Reentry Coalition

Compiled and Written by Barbara Mongar, Coalition Coordinator

June 24, 2020

The purpose of the Community Resource Assessment Report is to evaluate which resources exist in our community and which resources are needed to meet the needs of reentrants. This assessment serves as the basis for identifying our current resources and the need for additional resources. The assessment also looks at the barriers to establishing additional resources.

1. Coalition Information

Region: Matanuska-Susitna Valley

Name of Coalition: Mat-Su Reentry Coalition

Name of primary person conducting the assessment: Barbara Mongar, Coalition Coordinator

Dates during which the assessment was conducted: June 1 – June 19, 2020.

2. Assessment Tools Used to Collect Information

Existing Data

- *2019 Mat-Su Community Health Needs Assessment “Hearing Every Voice”*, Mat-Su Health Foundation,
- *MSB Coordinated Human Services Transportation Plan, 2018-2022*, Matanuska-Susitna Borough/Mat-Su Health Foundation
- *Mat-Su Valley Resource Guide, 2020*, United Way of Mat-Su.
- *May 2020 Issue of Alaska Economic Trends*, Department of Labor and Workforce Development
- *State of Alaska Reentrant Information, Department of Corrections Regional Data on Reentrants Returning to Communities, 2018-2019.*

Public Forum

Mat-Su Reentry Coalition conducted a community-wide summit entitled “2020 Reentry Summit: Tools for Change” on January 14 and 15th, 2020 at the Menard Sport Center in Wasilla, AK. The Keynote Speaker was Ed Latessa, Ph. D., from the Center for Criminal Justice Research, Division of Criminal Justice, University of Cincinnati.

This year's reentry summit was centered on improving and supporting skills shown to be effective at changing criminal behavior, developing program action planning, and reducing recidivism. Through the joint providership of North Star Behavioral Health System and the Mat-Su Reentry Coalition the reentry summit was designated for up to a maximum of 12 hours AMA PRA Category I continuing medical education credits for medical personnel that attended and actively participated in this event.

Sixty-five people in the Mat-Su Community attended the Summit and thirty-five evaluations were completed. Out of those evaluations 89% of the people stated that the choice of Keynote Speaker contributed to making the Mat-Su Reentry Summit valuable to them. Also, 83% of attendees stated that they would likely and/or very likely recommend coming to next year's Reentry Summit. Some of the comments on the evaluations included the following:

- This Summit was an excellent follow up from last year's and went hand-in-hand with the work we are doing with the Second Chance Act Grant.
- Thank You! The Summit was great – Outstanding speaker – Dr. Latessa is incredibly knowledgeable and fun.
- Excellent, Dr. Latessa is a great presenter, but it would have been nice if we could have different people in our group, not all Case Managers or DOC, but a mixture of people from different areas.
- I do not necessarily work with offenders but the model that was presented has shown me areas in my practice that I can use to become more effective to those I work with.

Interviews

As the Mat-Su Coalition Coordinator, I spoke in general with people at meetings throughout the year on topics related to resources and their availability to reentrants. In addition, I interviewed these people from particular fields:

1. Housing. Dave Rose, Mat-Su Coalition on Housing and Homelessness Coordinator, Valley Charities, Wasilla, Alaska.
2. Employment. Ashley Smith, Employment Services Technician I, Department of Labor and Workforce Development, Division of Employment and Training Services, Wasilla, Alaska.
3. Education. Joseph Steyer, Education Coordinator, at Goose Creek Correctional Center, Goose Creek, Alaska.
4. Health. Jamie Allison, RN, Mat-Su Public Health Center, Wasilla, Alaska.
5. Substance Abuse Treatment Services. Khristee Ware, Director of Administration and Community Relations, True North, Wasilla, Alaska.

3. Department of Corrections Regional Data on Reentrants Returning to Communities

I set up this table according to the categories in the data sheets. I wanted to see several things: a comparison by numbers and crime categories in the Mat-Su from 2018 to 2019, a comparison of the Mat-Su information to Anchorage, and then how Mat-Su and Anchorage compare to the statewide information. Below the table are some observations I made regarding the data.

	Mat-Su 2018	Mat-Su 2019	Anchorage 2018	Anchorage 2019	Statewide 2018	Statewide 2019
Total Reentrants	882	821 (735 UR)	3917	3936 (3248 UR)	8,392	8,315 (7,108 UR)
Violent	82	107	617	657	1,355	1,440
Non-Violent	800	714	3,300	3,279	7,037	6,875
Violent Maximum	17	16	113	111	200	193
Medium	19	32	163	170	372	396
Minimum	39	46	284	335	634	727
N/A	7	13	57	41	149	124
Non-Violent Maximum	137	85	581	540	1,042	935
Medium	190	154	737	702	1,582	1,553
Minimum	255	271	1,222	1359	2,543	2,748
N/A	218	204	760	678	1,870	1,639
Felonies	386 (44%)	284 (34%)	1,733 (44%)	1,635 (42%)	3,436 (41%)	3,068 (37%)
Misdemeanors	440 (50%)	507 (62%)	2,155 (55%)	2,251 (57%)	4,600 (55%)	4,874 (59%)
Other/unknown	56 (6%)	30 (4%)	29 (1%)	50 (1%)	356 (4%)	363 (4%)
RACE						
Alaska Native	143	139	1,392	1,372	3,296	3,274
Asian	9	5	146	163	184	214
Black	24	15	504	487	658	647
Caucasian	681	640	1,455	1,488	3,651	3,572
Hispanic/Latino	6	8	138	154	207	242
Native Hawaiian Pacific Islander	7	3	99	138	121	155
Other/Unknown	12	11	183	134	275	211
	Mat-Su 2018	Mat-Su 2019	Anchorage 2018	Anchorage 2019	Statewide 2018	Statewide 2019
SEX						
Male	685 (78%)	631 (77%)	3,081 (79%)	3,069 (78%)	6,617 (80%)	6469 (78%)
Female	197 (22%)	190 (23%)	836 (21%)	867 (22%)	1,776 (20%)	1,847 (22%)
AGE						
<20	14	13	40	64	109	132
20-24	132	95	511	442	1,105	990

25-29	186	154	792	821	1,669	1,670
30-34	187	184	752	774	1,685	1,617
35-39	139	124	589	623	1,252	1,341
40-44	80	86	388	395	797	827
45-49	46	42	292	303	579	594
50-54	38	40	260	219	516	455
55-59	37	46	170	164	382	380
60+	23	37	122	131	297	309
Unknown	0	0	1	0	1	0

- **Note: The number in parentheses under total reentrants released in each area for 2019 is what DOC refers to as Unique Releases (UR); The UR data only counts the individual being released once even if he or she was released for different offences more than once in 2019.**

Observations:

- Violent crime vs nonviolent crime—By far, the greater number of reentrants are nonviolent offenders (800 nonviolent vs. 82 violent in 2018 and 714 nonviolent vs. 107 violent in 2019 in the Mat-Su). This was also true in Anchorage (3300 nonviolent vs. 617 violent in 2018 and 3,279 nonviolent vs. violent 657 in 2019) and Statewide (7,037 nonviolent vs. 1,355 violent in 2018 and 6,867 nonviolent vs. 1,440 violent in 2019).

What the above data shows is that those reentrants that have the hardest time obtaining and keeping employment and finding permanent housing, violent offenders, make a small percentage of the overall number of reentrants. This is good news for the case managers and others working in reentry.

- Age—In both 2018 and 2019 the age breakdowns show that the Mat-Su age ranges are similar in percentage size to both Anchorage and Statewide. In 2018 those reentrants released to the Mat-Su under 25 are at 17% (146 of 882 total reentrants); under 30, 332 reentrants (38%); under 40, 658 reentrants (75%); over 40, 224 reentrants (25%). In 2019 those reentrants released to the Mat-Su under 25 are at 13% (108 of 821 total reentrants); under 30, 262 (32%); under 40, 570 reentrants (69%); over 40, 251 reentrants (31%).
- With close to 3/4 of the reentrants to the Mat-Su being under 40, we can work with them to make changes in their lives. These numbers may indicate the trend of people to “age out” of crime.
- Sex—it is not surprising to see that the number of male reentrants is much larger than the number of female.
- Crimes—The larger percentage of reentrants crimes were categorized as misdemeanors. In the Mat-Su, 50% of the reentrants in 2018 and 62% of reentrants in 2019; felonies accounted for 44% in 2018 (other or unknown 6%) and 34% in 2019 (other or unknown 4%). The numbers are very similar to those of Anchorage and Statewide in both misdemeanors and felonies.

4. Community Resource Areas

For each of the five areas—housing; employment; physical health, mental health, and substance use services; culture and social connectedness services; and transportation services—the following information was compiled from data sources, a public forum, and interviews. Under each focus area, there are programs and services listed. Each area includes information about the main service providers in each area as well as a list of others and references for further information. Assets, barriers, and gaps as determined by this coordinator and service providers interviewed are also included under each focus area and it is these features that serve as the basis for the Coalition’s Comprehensive Community Reentry Action Plan. The full Plan is a separate document that will be updated to include one need identified in this report for each of the five focus areas.

Housing Services

Programs:

While many housing programs are available in the Valley, this report will focus on those most likely to be used by reentrants who have no or a low income.

1. Knik House. Wasilla. Knik House, operating since 2015, offers a solution-based, goal orientated program that teaches substantial remedies and education with regard to chronic homelessness, poverty, and crisis. Knik House is a community-focused program designed to successfully habilitate and re-habilitate people in housing crisis. Knik House provides a safe, sober, faith-based, and stable environment for at-risk or mentally ill people who are in housing crisis. Their 12-18 month program currently houses up to 23 men in one location and 11 women in a second location. They also provide food, clothing, education, healthy relationship building, transportation, referrals, self-sufficiency and respect. Occasionally, there are waiting lists. Residents can participate in either a 1-18-month program or a 1-12 month sober-living program. Funding is from the Blood and Fire Ministries.
2. MYHouse. Wasilla. My House in the Mat Su Valley serves Youth ages 14-24 who are homeless or at risk for being homeless. Clients are invited to come by the facility or call 373-4357 (HELP), or 354-4357 (HELP) for the Outreach line, and are frequently delivered by police, teachers and community members from locations throughout the Mat Su Valley.

MYHouse operates the Gathering Grounds Café, a Starbucks Café open from 9 AM-4:30 PM Monday through Friday and 10-3 on Saturday. Gathering Grounds trains 20-25 baristas annually. Their Boutique is open from 10:00 AM to 5:30 PM and is another job training opportunity, offering thrift boutique training that includes upcycling some donations into steampunk styled garments and accessories, in addition to offering clients the opportunity to learn merchandising, marketing, cash wrap, customer service and display skills. Both businesses offer Alaska Host

Customer Service training which allows graduates to work on the Alaska Railroad or in any Princess Hotel.

Case Management services are available from 8 am-5 pm Monday through Friday. Case management services are offered on a first-come, first-served basis, and described as offering a “hand up not a hand out,” meaning that clients will “have a plan for goals and the expectation that they will work their plan and gain forward progress with support from staff.” The total clients served at MYHouse is 644 and they see an average of 120 different youth a week, with about half of those coming either directly or indirectly from a correctional facility. MYHouse Case Management offers food, clothing, shower and laundry services, employment services, public health care, mediation services, help with legal issues, and support and referral for mental health and substance abuse treatment. Substance abuse assessments can be done as needed through a partnership with True North Recovery or CITC Recovery Services and are accepted at local treatment programs, facilitating a fast track into treatment and recovery for clients. Full time Peer Support for clients is provided through a partnership with CITC Recovery Services and with half of our client interns in recovery or treatment at a time this is a very much needed partnership.

MYHouse offers a hot supper from 3-4pm every day for any homeless youth age 14-24. It is staffed by volunteers who both cook and join clients for a meal, visiting and sharing. Research shows that this service offers a level of comfort that encourages clients to engage in case management services, even if they haven't been here before.

Their transitional housing has expanded to 27 beds; 12 beds for females, 13 for men and an additional 2 COVID beds at this time. They also have the capacity for 8 emergency beds at the drop in center site if needed. These transitional housing beds are available on a first-come basis for youth age 17-24. If there is space in housing, youth may be able to enter the day they walk in. Requirements for housing include sobriety (they must pass a UA within 30 days of moving in if they are not able to pass upon move-in) and payment of affordable rent, they must have a job within 30 days and absolutely NO visitors are allowed. If someone is not able to maintain sobriety, a referral for treatment can be made and the client will then have access to Recovery Housing that is part of a peer-to-peer support program and facilitates success in treatment and long-term recovery. Housing projects are supported by BHAP Funds and MYHouse services such as transportation can be coordinated through case management.

An on-site partnership with Nine Star offers paid internships, employment assistance, high school completion and GED courses. Public Health maintains an office in the building and offers STD and pregnancy testing, as well as referral and consultation for medical concerns. MYHouse partners with outside resources for medical care, dental care, mental health services, addiction evaluation and treatment, job skills training and workshops, housing assistance and legal advice.

3. Euthus House, Wasilla – This is a Christ centered residential transition house (men only) that endeavors to empower men to create a successful future built on faith and character development through a safe and sober living environment designed to stimulate personal and spiritual growth, encourage accountability and responsibility, and provide essential reentry services that will move the residents toward the goals of self-sufficiency and pro-social living. They opened their doors on May 1, 2020 and currently they have 6 to 8 beds available, however they plan to expand their bed capacity to approximately 20 beds within the next six to nine months.
4. Connect Palmer: Sarah’s House, Palmer - The housing for Connect Palmer has been named Sarah’s House and provides beds for women 18 or older. The women must be Christian and must agree to enroll in the God’s Work Design Program and the Life Connect Program. Connect Palmer is funded by donations from various churches. They currently have eight beds available.
5. True North Recovery – True North offer sober living housing for individuals that are enrolled in a substance abuse treatment program, either through them or other providers in the Mat-Su, on a space available basis. They currently have two men houses and one women’s house. They also run a substance addiction program with a peer support aspect to it. The peer support services for all clients include facilitating recovery education, peer led support and mentoring, relating life experiences, and 24/7 crisis support. In addition, peer support also assists clients in acquiring housing, education, employment, job readiness training, physical and mental health services, food, clothing, transportation, and meeting criminal justice requirements.
6. Valley Residential Services (VRS). VRS currently offers 362units of housing throughout the Mat-Su Valley. Affordable housing for individuals, families, and seniors, people experiencing behavioral health, developmental disabilities and guidance for those who are homeless. Housing ranges from single family homes to larger housing developments. Access to these units is limited by the funders’ program requirements and qualifiers which often exclude reentrants with barrier crimes.

There is a new Valley Residential Services Bridgway Supportive Housing project that they have started construction on, which is located on Vine road. There will be 24 units, one bedroom and efficiencies, and it will be open to people with mental health disabilities, including reentrants, that want to live independently. There is funding available to assist those who need it with the rent. Mat-Su Health Services will be providing two behavioral health staff for the program that will be there to help residents with whatever they need. There will be a computer room and common area rooms for the residents to use. This complex should be completed by the end of 2020.

7. Mat-Su Coalition on Housing and Homelessness (MSCHH) – This Coalition is a partnership of over twenty-five organizations in the Matanuska-Susitna Valley. The Coalition has several grants that they utilize to assist their clients with funding toward housing. One of the grants they utilize are the HAP (Housing Assistance Program) grants which provide short-term housing for people experiencing homelessness, but who have some income to make payments after assistance with gap funding. The usual clients for this service have had some unexpected expense, such as car repairs, illness or job loss. HAP partners include: Alaska Family Services, Blood n Fire Ministries, Daybreak, Inc. Family Promise Mat-Su, MY House, Salvation Amy of Mat-Su, Valley Charities, Inc., and the Wasilla Homeless Committee.

There is also grant funding that provides for longer term assistance for homeless individuals. The grant they utilize the most with reentrants is the ESG (Emergency Solutions Grant). This grant is used mainly to assist with rapid rehousing, such as when a reentrant has gotten out of prison and is homeless or living with friends who are about to throw them out. The reentrant has to either get a job or show that they are trying to get a job by working an action plan with the Coalition Case Manager. The grant can be used to assist the reentrant with their first three months of rent.

8. The grant is for a total of \$50,000 and the funds can be used to assist Reentrants that are Trust Beneficiaries with housing costs and also utility set-up costs. The reentrants do not have to be on parole or probation or be under Reentry Case Management. The only restrictions are that participants must be Trust beneficiaries, and have been incarcerated at least once within the last three years.

Assets and strengths that support the coordination and delivery of services:

One of the greatest strengths of providing housing for no- and low-income people comes from the willingness of the providers to collaborate. Through the Mat-Su Coalition on Housing and Homelessness, the agencies listed above work together to apply for and to administer grant monies to support the housing needs of no- and low-income members of our community.

MSCHH functions as a strong and active “voice”, supporting development of an integrated system of homelessness prevention in the Mat-Su Borough. By broadening stakeholder interest and involvement, the coalition will continue to support forums that facilitate productive community conversations about homelessness prevention, as well as educating and informing the public and key stakeholders influencing housing and homeless solutions, i.e., housing-related nonprofits, developers, contractors, business leaders, and policy makers.

They work off of the Housing First Principles for their neediest clients, the idea that if you get them into housing then the rest of their life will improve as well.

The coalition's priority focus areas are: 1) senior housing, 2) prisoner re-entry, 3) homeless youth, 4) affordable low-income housing, 5) special needs housing, and 5) solutions to homelessness precursors.

The barriers that impede the effective coordination and delivery of services:

- Lack of a rental history or having a poor rental history. Also, not being able to pass background and financial background checks.
- A violent or felony background. The Housing and Homelessness Coalition is currently working to find "scattered" landlords who are agreeable to renting to felons. (Scattered means landlords who have rentals in one or more places, opposed to having a house or apartment building open for rent.)
- Felons often have little or no savings to pay for deposits, and have no support system on the outside who can assist them until they get "on their feet."
- Currently there is a six month wait for subsidized low-income housing in the Valley, and due to this they strictly follow their guidelines and it is extremely difficult for Reentrants with felonies, especially violent felonies, to obtain any subsidized low-income housing.
- Housing program requirements for subsidized housing units may limit access to the housing that is available, even sub-standard.
- There is a perceived high-risk for renting to reentrants.
- Reentrants have limited access to employment and to transportation. Funding requirements limit assisting those who are not working or who do not have the ability to work.
- Reentrants who are receiving SSDI can receive some of the housing funds, but providers look for an income-based situation for them, and those are difficult to find.

Policy, network or funding gaps that render the service less effective than it could be:

Even though there are several transitional housing options available to reentrants in the Mat-Su Valley, the majority of these options have various restrictions, such as they are either age based, faith based, or only available to reentrants that are going through some type of substance abuse treatment program. Currently, Knik House in Wasilla is one of the few transitional housing programs that has no restrictions other than the rules they need to follow and that it is a sober living environment.

One Need to prioritize in this area to address in our Comprehensive Community Reentry Action Plan:

The Valley needs more non-restrictive transitional housing units for reentrants. Currently a majority of the transitional housing units available in the Mat-Su Valley are either faith based, age based, or the reentrant needs to be enrolled in a substance abuse treatment

program. Due to the fact that there are also less barriers to reentrants in getting into transitional housing units and more support to assist reentrants in maintain healthy living and making better choices, we feel it is important to have more non-restrictive transitional housing units available in the Mat-Su area.

Employment and Meaningful Engagement Services

Programs:

There are several organizations in the Mat-Su that reentrants can go to for employment assistance, they are as follows:

1. Mat-Su Job Center - The Mat-Su Job Center is a state run facility through the Department of Labor and Workforce Development (DOLWD). They offer services such as classes on resume writing and interviewing skills, they provide Career Support & Training Orientations, and WorkKeys Testing. There is even a full-time employment specialist on staff that is dedicated to assisting reentrants gain employment after incarceration.
2. NINE STAR Education & Employment Services – This program has offices in Anchorage and Wasilla and provides assessment, academic skills upgrade activities, career counseling, and pre-employment skills to youth ages 16 - 24. Employability skills development includes job search training as well as the development of positive work attitudes and work habits through internships and permanent jobs.
3. Transitional Housing and Treatment Centers (Such as Knik House and True North Recovery) offer education, employment, and job readiness training.

Assets and strengths that support the coordination and delivery of services:

The State Department of Labor and Workforce Development (DOLWD) has many programs in place that can benefit reentrants and assist them on their road to meaningful employment. DOLWD looks at meaningful employment as beginning with a job seeker knowing the job market, their skills sets, and knowledge of a career path suitable for an individual. DOLWD offers numerous programs for motivated individuals and employers who want to improve their employees' success. A great resource to job seekers is the ALEXsys, which is Alaska's Job Bank.

One of the benefits that have come out of some of the new COVID protocols that have been put into place by DOLWD is that access to job services has become easier. Due to the new phone appointment protocols that have been put into place at the Mat-Su Job Center, which is located on the outskirts of Wasilla, reentrants now have easier access to utilizing the job services. Instead of having to find a way to physically get to the Mat-Su Job Center office, reentrants can now utilize most of their services over the phone.

Career Support and Training Services will assist job seekers in training and education opportunities. Also offered for job seekers are STEP Grant programs, seafood recruitment, apprenticeship programs, OJT, and numerous workshops, such as resume, interviewing, and typing to name a few.

Programs more specific to reentrants are the Employment after Incarceration offered at Job Centers and the Fidelity Bonding and Work Opportunity Tax Credit program, which gives employers incentives to hire a reentrant. The utilization of our Job Centers Resource Center computers and Employment Specialist expertise will help assist reentrants with career goals.

Reentrants are offered the Employment Counseling Interest Assessment to assist their specialist with locating appropriate areas of interest for each reentrant. Career Support and Training Services assist the job seekers to find training and education opportunities. Alaska offers for job seekers the STEP grant programs, seafood recruitment, and study for and completion of the Work Keys tests which will allow potential employers to evaluate their skills in certain areas. Reentrants can also test for Union Apprenticeship Opportunities and obtain information on self-employment, the Division of Vocational Rehabilitation, and self-employment through Native organizations (if applicable).

One other strength in the employment arena is that prior to being released incarcerated individuals at both Goose Creek Correctional Center and Hiland Correctional Center are offered reentry classes. This is a six-week class that covers employment, cover letter & resume writing, training programs that may be available once they are released, budgeting, the costs of housing, and other items related to living successfully once they are released. However, due to the COVID-19 protocols that have been put in place inside the Correctional Institutions since early March 2020, the reentry classes are now being done on a one-to-one basis, the same as any other classes that are being provided. This restriction will remain in place until further notice.

The barriers that impede the effective coordination and delivery of services:

One of the biggest barrier at this time is the negative effects COVID-19 has had on businesses and employment throughout Alaska. According to the May 2020 Issue of Alaska Economic Trends, from mid-March to the beginning of May over 70,000 people filed new claims for unemployment benefits. This is a dramatic surge compared to those same six weeks in 2019 when just 5,345 individuals filed new claims. “That means roughly 65,000 people who normally would have been employed weren’t working by the end of April. For context, Alaska’s entire working-age population numbers around 500,000,” writes Dan Robinson, Research Chief for the Alaska Dept. of Labor and Workforce Development.

Many of the same issues exist for any job seeker not able to find employment. What the employment market looks like at any given time is a major issue. If new jobs are not being created and major layoffs are occurring, it will naturally create a competitive market. If two equally qualified individuals pursue the same position--the one without a criminal

background stands to get the position. This is an accepted truth, whether it is the Mat-Su Valley or any other community.

Commonly agreed upon factors amongst DOLWD is the motivation level of the reentrant. A career pathway exists along with community resources. Studies show that prerelease job-hunting opportunities and having increased exposure to community resources can increase the reentrants' ability to be successful after release.

The lack of soft skills really affects a reentrant's ability to obtain employment that will lead to a career. Soft skills are not normally refined while incarcerated. A lack of basic soft skills reflects in the ability to create a serviceable resume, cover letter, and letter of explanation. Without the fundamentals of job seeking, the chance of employment decreases during a very competitive time in Alaska.

In addition, certain factors affect the ability of reentrants in the Mat-Su Valley to obtain employment. Transportation is one. While the Valley is large—having a population of over 100,000 people—public transportation is very limited. In addition, the Valley is very large—much larger geographically than most cities with the same population. If a reentrant finds housing in one area, he or she may have a very difficult time finding transportation to a job in another area of the Valley.

Other factors that are consistent for reentrants everywhere—criminal histories and probation conditions—also apply to reentrants in the Valley.

Policy, network or funding gaps that render the service less effective than it could be:

One of the biggest problems in regards to some of the specific programs that DOLWD offers regarding reentrants is that these programs are not well known to either reentrants or employers. Programs such as the Fidelity Bonding and Work Opportunity Tax Credit program, which gives employers incentives to hire a reentrant, would be utilized more if both the employers and the reentrants knew more about them.

One Need to prioritize in this area to address in our Comprehensive Community Reentry Action Plan:

Assurance that all reentrants have access to the programs that are offered by the Department of Labor and Workforce Development. We need to inform reentrants of the services available at the Mat-Su Job Center when the Reentry Coalition is conducting in-reaches at both Hiland Goose Creek Correctional Centers. We also need to make sure that probation and parole officers are informing reentrants about the services specific to reentrants that the Mat-Su Job Center has to offer.

The Mat-Su Reentry Coalition Case Manger should also encourage the reentrants they are working with to participate in the reentry classes being offered at both Hiland Mountain Correctional Center and Goose Creek Correctional Center prior to getting released.

The Mat-Su Reentry Case Manager will work with the Mat-Su Job Center personnel to track successful job placements of reentrants will also track how many reentrants they are referring to the Job Center.

The Mat-Su Reentry Case Manager, in partnership with the Mat-Su Job Center, will assist reentrants with getting into job training programs and request the Mat-Su Job Center track and provide us with the data on how many of the reentrants placed into job training programs graduate and were employed after graduating the program.

Physical Health, Mental Health, and Substance Use Services

Programs:

1. Mat-Su Health Services provides many types of care, such as the following: postpartum, well-baby, family planning, health maintenance, school physicals and immunizations, vision and hearing screenings, screenings and care for diabetes and high blood pressure, early detection of breast and cervical cancer, oral health screening and fluoride treatments, dental procedures, senior care, and limited laboratory procedures. However, they do not provide Urgent Care, they refer those requests to other providers. Mat-Su Health Services also provides mental health treatment through counseling and psychosocial rehabilitative services, case management, and skills development for both children and adults.

Mat-Su Health Services also provides a medicated assisted treatment program for substance abuse, to utilize the program the person does have to be a patient in one of our other programs such as our Primary Care or Behavioral Health.

Mat-Su Health Services are currently able to serve clients without waiting lists and have space for many more clients. If they know an inmate is to be released soon and needs services, they will contact the institution's medical staff up to 48 hours prior to release. The Center has a great number of funding sources. It receives federal funding, state funding, foundation funding, and private funding. In addition, of course, it receives payments from third parties. If clients do not have insurance or Medicaid, staff will assist them with registering.

Mat-Su Health services also provides crisis intervention services 24 hours a day, 7 days a week. This service is available by calling (907) 376-2411.

2. Set Free Alaska —They are a Christian faith-based substance abuse treatment center that uses a mind-body-spirit approach to recovery. They serve adults, both men and women, with dual diagnosis, substance abuse and mental health issues, they have outpatient treatment and intensive outpatient treatment as well, the type of treatment is set up based on the individual's assessment. Once the Clinician contacts the client after an assessment has been completed to recommend a level of care, there is no waitlist for admissions if Outpatient is recommended. Each person's program is individualized. They have the capacity for 129 outpatient clients. They are unable to serve sex offenders because they have a children's program.

Their children's behavioral health program is for children ages 5 to 17 and they have the capacity for about 35 children in this program.

They have a 16 bed women's residential treatment facility that is for women, women with children up to the age of 10, and pregnant women. It is a 3.5 facility and it is located in Wasilla.

They also have a men's residential treatment facility that is located in the Kachemak Bay area just outside of Homer, AK. Men will have the opportunity to bring their children under the age of ten as part of our program. There is limited availability for children; however, we partner with other community agencies to maintain the best possible healthy family relationships throughout the healing process. Because our program is individualized for each of our residents the duration is anywhere from five to eight months. The facility has a 16-person capacity promoting a healthy, intimate, with a home living environment. They accept Medicaid, Private Insurance, and a Sliding Scale Fee based on income.

3. Akeela now offers both substance abuse treatment and mental health services in the Mat-Su Valley, they are located in Palmer across the street from the Palmer Probation Office. In March 2019 they added a Mental Health Clinician to their outpatient program to assist with individuals diagnosed with mental health issues in addition to substance abuse issues. Clients don't have to be in the substance abuse program to be able to receive the mental health services. They have also added some psycho-therapy groups, which have gotten a lot of positive responses.
4. Adult and Teen Challenge now has a residential addiction treatment program for men in Alaska. It is a part of the Pacific Northwest arm of Adult and Teen Challenge. The group purchased buildings in Wasilla and after renovating them, they opened on April 19, 2019. They started with a few residential clients and then continued to add more until they reached the maximum of 28 clients. They are currently serving just men 18 and older and cannot serve sex offenders. It is a Christian faith-based program so those entering must be Christians. Funding is from private sources (faith based).
5. Alaska Center for the Blind and Visually Impaired provides orientation and life skills training for people with visual impairments. Center staff will go into correctional facilities to offer training and assistance. Their main center is located in Anchorage; however, they do have an office in Wasilla. The Wasilla office number is 907-631-4077. Their annual budget comes from grants, donations, and fees for services. The services are provided statewide to all ages; clients number between 300-400 each year.
6. Alaska Family Services offers programs in substance use disorder; co-occurring substance use disorders; and intervention, referral, collaboration, and education including alcohol and drug treatment programs for adults and youth. In total, the

more than two dozen programs serve over 9,000 unduplicated clients annually with their budget coming from state and federal funding and grants.

7. Co-Occurring Disorders Institute in Palmer addresses serious emotional disturbance and co-occurring substance use disorders for people ages 3-21 and their families. Funding is from state grants and earned revenue such as insurance and Medicaid.
8. Daybreak Mental Health Service Coordination provides coordination of mental health services for serious mental illness and co-occurring disorders, supportive housing, service coordination, case management, and tele-psychiatry for people 18+. Daybreak serves 80+ clients annually who have long-term mental health issues. Funding is 80% from Medicaid and 20% from State Department of Health and Social Services. There is also funding that comes in specifically from DHSS for clients who have been involved with therapeutic court.
9. Providence Medical Group Mat-Su Behavioral Health in Wasilla addresses general mental health, serious mental health, severe emotional disturbance, substance use disorders, and co-occurring disorders. Provides assessments, individual and group therapy, medication management, case management, wraparound services, neuro-feedback services to clients 4+ and accepts Medicaid, Medicare, private insurance, Tricare and a sliding fee pay scale. Full-Circle Counseling Services in Wasilla provides comprehensive mental health services to individuals and families on a sliding-fee scale and payment plan, if needed.
10. Sunshine Community Health Center in Willow and Talkeetna provides medical care, dental care, and behavioral health care. Sunshine Community Health Center, Inc., a federally qualified community health center, is a private non-profit corporation governed by a volunteer community board. It has two primary health care delivery sites strategically located in the Northern Susitna Valley of the Mat Su Borough, one in Talkeetna and one in Willow and they have the capacity to serve 1000 or more clients. These two clinics are joined by one dental clinic and a milieu of ancillary health services to address the needs of our patient population. Sunshine is committed to providing quality, comprehensive health care services with special consideration for medically underserved populations. The Center serves all individuals. Funding is 40% from HRSA and 60% from third-party payers such as Medicare and insurance.
11. Mat-Su Veteran's Affairs (VA) Community-Based Clinic is located in Wasilla. This clinic provides primary care and mental health care for veterans. It is open from Monday through Friday, 7:30 AM to 4:00 PM. The phone number is 907-3100

Assets and strengths that support the coordination and delivery of services:

Physical Health Services, as well as substance abuse and mental health services, are available for anyone seeking help throughout the Valley. Referrals are made when a

particular place does not provide a needed service. With the growth of the Mat-Su Regional Medical Center, more people stay in the Valley for their health care rather than drive to Anchorage. Many of the services available for substance use are faith based; but, in general, people can still find a place that will service their needs. When services are set up early, then the correct ones can be found for each client.

The barriers that impede the effective coordination and delivery of services:

1. Barriers for Mat-Su Health Services to serving more clients include finding qualified staff—especially for positions that require licensing. LCSW is the hardest position to fill. The location on the outskirts of Wasilla is not “ideal.” Some busses do go there and some non-profit organizations provide rides, but often clients will find an easier place to go to for services such as the Native health system or the VA or for-profit clinics.
2. The biggest barrier for the Center for the Blind and Visually Impaired is finding appropriately trained staff. There is a shortage of certified providers in the State of Alaska.
3. While it is wonderful that residences are provided for clients of Adult and Teen Challenge, the program serves only men who are not convicted of sex offenses and who are Christian.
4. The ability to host the programs for Akeela Tobacco Free is compromised by not having enough people apply to be trainers.
5. The Mat-Su Community-Based Clinic has very limited hours, they are only open for appointments during the work week from 7:30 AM to 4:00 PM, so it would be difficult for reentrants that are Veterans to utilize this clinic without having to take time off of work.

Policy, network or funding gaps that render the service less effective than it could be:

Again, communication is the key—letting reentrants know about the services and getting them set up with the correct ones is important. If the in-reach connection is made between the inmates and the service provider, then the reentrants will be able to obtain services upon release. That is provided transportation is available.

Currently, a big obstacle is that due to COVID-19 in-reaches inside the Correctional Institutions have been suspended since Mid-March 2020 until further notice. This makes communication the information about the different services that are available in the Mat-Su to inmates that are about to be released much more difficult.

One Need to prioritize in this area to address in our Comprehensive Community Reentry Action Plan:

Communication: once the in-reaches are allowed back into the Correctional Institutions we can use reliable, consistent in-reach to let incarcerated people know about services available and how to sign up for them either before they are released or immediately after.

In the meantime, while the in-reaches are still suspended, the Mat-Su Reentry Coalition Coordinator will need to make sure that the IPO's inside the Correctional Institutions have an update list of all the different services that are available to reentrants in the Mat-Su area.

Culture and Social Connectedness Services

Programs:

First of all, this is a very large area to consider. When looking for appropriate cultural or social services, finding the correct ones would depend upon the client's likes and dislikes. For example, if someone is interested in physical recreation, that person could be referred to local facilities through the Parks and Recreation Department. There, practices and leagues could be found for a variety of sports. If the person has the wanting to join a local gym, she or he could be referred to the YMCA or the Alaska Club. There are so many that fall under that category in the Valley. The person could also be referred to the section of the United Way Resource Guide that has two pages of listings.

If the person were interested in any particular hobby, or is an Alaska Native, the case manager could look for a club or group for the person to join. Through social media, nearly any type of hobby or event is listed along with contact information. In addition, web pages and Facebook pages list events for a multitude of cultures. For example, South Central Foundation's Facebook page lists events that may be of interest to Alaska Natives. The home page for the Alaska Native Heritage Center has a calendar of events. The German Club of Alaska hosts a Facebook page with a list of events. The Asian Cultural Center maintains a web site and invites everyone to events. Also, the Alaskan Scottish Club holds their annual Alaska Scottish Highland Games at the Alaska State Fairgrounds in Palmer.

With just a minimum amount of online research, a multitude of events can be found that would appeal to nearly every person.

Assets and strengths that support the coordination and delivery of services:

The assets and strengths here are that any type of hobby or pastime can be found to have a social group that is open to new members.

The barriers that impede the effective coordination and delivery of services:

The barriers would be if there is a cost involved that the person could not afford, and if the person were "shy" about attending in-person meetings with any group. Both can be overcome by having the person join online groups. Generally, those are free and the person

does not have to meet anyone live. Another solution would be to connect the client with a peer mentor who would accompany him or her to the first few meetings.

Policy, network or funding gaps that render the service less effective than it could be:

There are no gaps for this type of service to be effective since so many services and so many types of services are available that would suit people of all personalities.

One Need to prioritize in this area to address in our Comprehensive Community Reentry Action Plan:

Communication: Ensuring that both the Reentry Case Manager and Coalition Coordinator are familiar with finding groups to suit each client's likes. One strategy toward this goal will be to reach out to some of the local tribal organizations to see if they would be interested to sending a representative from their agency to the Reentry Coalition Steering Team meeting in order to keep us updated on the different cultural events occurring in the Mat-Su community.

Transportation Services

Programs:

Several services are available and work in collaboration to provide transportation throughout the Mat-Su Valley and to and from Anchorage. The following is list of different organizations that provided transportation that could potentially be used by reentrants:

1. Alaska Cab – This is a private taxi service accepts Medicare vouchers.
2. Alaska Family Services – They can get Vouchers for their Medicare clients so they are able to go to and from there facility for appointments.
3. Daybreak – They provide service related transportation in the Mat-Su Valley. The transportation is provided via Case Managers.
4. Division of Vocational Rehab - They can get Vouchers for their Medicare clients so they are able to go to and from there facility for appointments.
5. J&J Independent Living – They have their own transportation services called J&J Spin that is available for anybody with a disability. It is \$5 a ride and punch cards.
6. Families in Transition – They provide cab vouchers and gas cards to clients in their program.
7. Mat-Su Health Services - They can get Vouchers for their Medicare clients and provide limited transportation for those clients not on Medicare.
8. Mat-Su Reentry Coalition – The Reentry Case Manager provides limited transportation to his clients.
9. Mat-Su Senior Services (Palmer) – They provide a van for seniors in the core areas of the Valley.
10. MYHouse – They provide limited transportation for their clients
11. Chickaloon Transit (CATs) – Transportation to and from the Chickaloon Village
12. Sunshine - They provide a van for seniors in the core areas of the Valley.

13. Valley Transit– They provide two separate services and operate Monday through Saturday: 1) Fixed scheduled services between the Mat-Su Valley to Anchorage and back, fixed pickup and drop off points. This transportation cost \$7 one way, \$10 for a day pass, and \$120 a month. 2) Demand Response Services, that must be arranged in advance, the zones include Houston, Big Lake, Meadow Lakes, Knik Goose Bay, Fairview, Port Mackenzie, Wasilla, Palmer, and Butte, Passengers are charged \$3 for every zone they travel through.

Valley Transit also offers Free Fare Fridays on their fixed schedule for seniors (60+) and youth (17 and younger) as well discounted zone rate on demand response every day for senior and youth.

Assets and strengths that support the coordination and delivery of services:

Most of the people I spoke with were familiar with the services available to Valley residents. According to the operators of the systems, they have been coordinating with each other to make using public transportation an easier process in the Valley.

One strength is that The Mat-Su Borough Planning Office has been working on a centralized dispatch model that should help to increase the number of people in general that are served, which in turn would increase the number of reentrants that are served. The new centralized dispatch system would be an on-line transportation platform that the different transportation services in the Valley can utilize. The centralized platform would probably be housed in Valley Transit and all the other service providers would be treated like drives. The idea behind it is that it would take a lot of the administrative cost off of each of the different organizations that are currently providing transportation. When a call requesting transportation came in, the new computerized system would allocate the ride to the eligible lowest cost provider.

The centralized dispatch program's trail run was delayed due to COVID-19, so they are still in the planning phase for a trail run with a few of the largest transportation providers in the Mat-Su Borough, to include: Chickaloon Transit (CATs), Sunshine Transit, Valley Transit, and the Mat-Su Senior Service. Once they have completed the trail run, if it is successful, they will reach out to the other organizations in the Mat-Su Borough that currently provide transportation and ask them to opt into the new centralized transportation program.

This initiative is being done to be able to provide more cost effective transportation services into the Mat-Su Borough and it is being funded through partnerships between the Alaska Mental Health Trust Authority and the Mat-Su Borough.

The barriers that impede the effective coordination and delivery of services:

1. All but a few of the transportation services offered in the Valley are very specific to the type of individual they are available to (such as clients of the organization offering the service, disabled individuals, or the elderly) and because of this, these the services are unlikely to meet the needs of most people.

2. While Valley Transit still exists, the local buses are on demand rides only and you have to arrange for the bus ride in advance. Also, the bus route has fewer stops than it did in the past. Services the reentrants need are often quite a distance away from each other and from where the reentrant is living, which makes using the bus service that has so few stops even more difficult. Valley transit also runs the Valley to Anchorage transportation service, and while this is a good, low cost option to get to and from the Valley and Anchorage, there are only three main stops to pick people up from before leaving the Valley, so individuals need to make sure they know where these stops are and get to that location in time to catch the bus.
3. The centralized dispatch program's trail run was delayed due to COVID-19, and once they start the trail run they will probably do that for between 6 months and a year. After that they will need to go back and evaluate whether it accomplished what they wanted it to. So, it might still be more than a year or longer before the centralized dispatch program is fully implemented in the Mat-Su Borough.

Policy, network or funding gaps that render the service less effective than it could be:

The largest gap is just the unavailability of reliable, cost efficient, public transportation for reentrants. It is difficult to get around in the Mat-Su Valley by bus. Reentrants can get a bus to and from Anchorage daily, but need to have the funding for the passes and they also need to be able to get to the stops where the bus picks up. While Uber and Lyft have moved into the urban areas of our state, neither has become available in the Valley. The cost of using a taxi service is still very high here and out of the reach of most reentrants.

One Need to prioritize in this area to address in our Comprehensive Community Reentry Action Plan:

The Reentry Coalition Coordinator will keep in touch with the Transportation Planner for the Mat-Su Borough on a regular basis to keep apprised on how the centralized dispatch program is progressing.

Summary List of Community Outreach/Education Activities
Conducted by the Reentry Coordinator for FY2019

1. The Reentry Coordinator participated in the following large Community Planning Events between July 1 2019 through June 30, 2020:
 - 1) **CJ/DJ (Disability Justice) Budget FY21 Meeting:** Attended and participated in the budget meeting for FY21. Meeting held on July 12 at the Mental Health Trust in Anchorage.
 - 2) **Youth Summit:** Attended Youth Summit at the Glenn Massey Theater on Aug 6th, the event was sponsored by MyHouse and the Mat-Su Opioid Task Force. Speakers were Dr. Anne Zink, Alaska Chief Medical Officer and Commissioner Adam Crum, and a Youth Panel speaking on trauma, mental health and poverty.
 - 3) **Alaska Recidivism Reduction Project Launch:** Participated in the Alaska Recidivism Reduction Project Launch held at UAA on November 12th. This was a daylong event which was sponsored by Senator Shelley Hughes, Chair of the AK Senate Judiciary Committee. The event was geared toward finding solutions to help reduce recidivism in Alaska.
 - 4) **Ending Youth Homelessness Community Plan Workshop:** Participated in the workshop on December 4th at the Mat-Su Health Foundation; brainstormed with community members on resources currently available in the Mat-Su and those that we need to put in place in regards to ending youth homelessness.
 - 5) **Homeless Connect Event:** Coordinator manned a Reentry Coalition booth at the Homeless Connect Event held at the Menard Sport Complex on January 29, 2020. Spoke with over 56 participants at the event, explaining what the Reentry Coalition was and what the Reentry Case Manager Program offered.

2. The Reentry Coordinator the following large Community Educational Events between July 1 2019 through June 30, 2020:
 - 1) **Mat-Su Reentry Simulation held in November 2019:** The Coordinator conducted a Mat-Su Reentry Simulation in November. The Reentry Simulation simulates the struggles and challenges faced by individuals who are transitioning from incarceration back into society. The goal of this simulation was for participants to gain an understanding of the significant obstacles faced by men and women attempting to navigate the system upon their release from incarceration and returning home to their communities. We had a total of 40 participants go through the Reentry Simulation and 24 volunteers assisting us with it.
 - 2) **2020 Reentry Summit:** The Coordinator, in collaboration with Steering Team Members, held a two-day Reentry Summit at the Menard Sport Complex on January 15 & 16, 2020. The event featured a nationally recognized keynote speaker, Dr. Ed Latessa, and was done in a workshop type format to encourage community action planning. Sixty-five

people attended this event. Eighty-three percent of the attendees surveyed that stated they would likely or very likely recommend attending next year's Reentry Summit.

- 3) Mat-Su Reentry Simulation for Youth Court held February 6, 2020:** The Coordinator conducted another Mat-Su Reentry Simulation geared toward youth at the Youth Court in Palmer. Bryan Wilson, First Assistant United States Attorney, and Yulonda Candelario, the law enforcement Reentry and Community Outreach Coordinator from the Dept. of Justice U.S. Attorney's Office helped facilitate the event
 - i. 35 middle school and high school students participated and 18 Volunteers participated
 - ii. Received positive comments from facilitators, participants and volunteers

3. Documents that the Reentry Coordinator, in collaboration with other agencies, put together for the Mat-Su Community:
 - 1) Crisis Intervention Team (CIT) Resource Guide:** The Coordinator collaborated with two other members of the CIT Coalition to put together the CIT 2-sided color coded Mental Health/Substance Abuse Assistance Resource Guide to be used by first responders. The Mat-Su Mental Health Foundation laminated enough copies of this 2-sided guide for all the first responders in the Mat-Su. See Attachment F for a copy of the Resource Guide.
 - 2) Mat-Su & On-Line Reentry Training/Education Opportunities Document:** The Coalition Coordinator collaborated with the Mat-Su Job Center Manager and the Education Coordinator at Goose Creek Correctional Center to make this document to inform the IPO's, FPO' and the Reentry Case Manager of the educational and training resources the Mat-Su Valley. See attached Mat-Su & On-Line Reentry Training/Education Opportunities Document.

4. Outreach Activities and Meeting that the Coordinator Participates in from July 1 2019 through June 30 2020:
 - 1) July 6: Participated in FY20 Reentry Case Management Meeting via teleconference.
 - 2) July 8: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Three Providers (1 from Wellness Works, 2 from Set Free Alaska) plus myself conducted an in-reach panel and 5 inmates attended the panel.
 - 3) July 11: Assisted with set-up and attended the Mat-Su Area Partnership (MAP) meeting/BBQ at Wonderland Park in Wasilla.
 - 4) July 12: Attended and participated in the CJ/DJ (Disability Justice) Budget FY21 Meeting held at the Trust in Anchorage.
 - 5) July 12: Attended Case Manager Meeting at Partners Reentry Center in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition.
 - 6) July 16: Participated in the Thrive Coalition Meeting via teleconference. Updated them on what was happening with the Mat-Su Reentry Coalition.
 - 7) July 22: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution.
 - 8) July 25 & 26: Participated in a Grant Writing Workshop in Anchorage

- 9) August 5: Participated in FY20 Reentry Case Management Meeting via teleconference.
- 10) August 5: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Three Providers (1 from Wellness Works, 2 from Set Free Alaska) plus myself conducted the in-reach panel and 7 inmates attended the panel.
- 11) August 7: Held the Mat-Su Reentry Coalition Steering Team Meeting. Two new members joined the Steering Team; Amanda Carlson, the Acting Manager of the Mat-Su Job Center) and Dave Rose, the Mat-Su Coalition on Housing and Homelessness Coordinator
- 12) August 8: Conducted a Reentry Panel at the Mat-Su Area Partnership (MAP) meeting, the Panel consisted of 7 panel members. Approximately 25 people attended the Reentry Panel discussion.
- 13) August 16: Participated in FY20 Reentry Case Management Meeting via teleconference.
- 14) August 16: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Three Providers from Set Free Alaska plus myself conducted the in-reach panel and 5 inmates attended the panel
- 15) August 17: Participated in the Thrive Coalition Meeting with a special presentation by Dr. Gary Ferguson on holistic and community-specific interventions in addressing addictions and recovery. Dr. Ferguson is a licensed Naturopathic Doctor living in Anchorage. For the past 16 years, he has worked across Alaska to address the social, economic, cultural and environmental factors that contribute to the health and well-being of Alaskans. I also updated the Thrive Coalition members on what was happening with the Mat-Su Reentry Coalition and promoted the Mat-Su Reentry Coalition Community Wide meeting we are holding on September 4th.
- 16) August 28: Participated in Mat-Su Reentry Coalition quarterly in-reach to Goose Creek Correctional Center.
- 17) September 3: Met with Michael Cassista, the Alaska Itinerant Public Health Nurse, and explained what the Mat-Su Reentry Coalition was and informed him of the different service providers available in the Valley.
- 18) September 3: Attended the Opioid Task Force Meeting at the Wasilla City Hall. Gave updates concerning reentrants.
- 19) September 4: Held a Mat-Su Reentry Coalition Community-Wide Meeting. This meeting was conducted at the Mat-Su Health Foundation Conference Center. Over 20 community members attended the meeting. We had speakers on the following topics: Housing, Substance Abuse Treatment and Peer Support programs, Cook Inlet Tribal Counsel Programs, Transportation, and Information on conducting a Reentry Simulation
- 20) September 9: Meeting with Community Medical Services. Met with Barbara Johnson-Tow and her staff at Community Medical Services, toured their facility and explained what the Mat-Su Reentry Coalition and the Reentry Case Manager program consisted of.
- 21) September 10: Had a telephonic, one-on-one meeting with Travis Welch from the Mental Health Trust to Updated him on what was happening with the Mat-Su Reentry Coalition. He mentioned the Crises Intervention Training (CIT) Coalition that they have in

the Mat-Su Valley and thought I might want to get involved. Contacts for that coalition are Ray Michaelson,

- 22) September 10: Telephonically participated in the first RRR Conference planning committee meeting. The Conference is scheduled to be held on Feb 19 & 20th, 2020 in Anchorage at the Hotel Captain Cook.
- 23) September 12: Participate in the Mat-Su Area Partnership (MAP) meeting. Updated them on what was happening with the Mat-Su Reentry Coalition
- 24) September 16: Participated in the Reentry Case Management meeting via teleconference. Updated them in what is happening with our Reentry Coalition
- 25) September 16: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. Three Service providers (Set Free Alaska, Wellness Works, and Mat-Su Health Services) plus myself and the Mat-Su Reentry Case Manager conducted the in-reach panel and 11 inmates attended the panel.
- 26) September 17: Participated in the Quarterly Reentry Meeting with Travis Welch from The Trust and shared what was happening with the Mat-Su Reentry Coalition with the other Reentry Coalitions around the state
- 27) September 17: Participated in FY20 Reentry Case Management Meeting via teleconference, updating them on what's happening with the Mat-Su Reentry Coalition.
- 28) September 18: Participated in the Criminal Justice Meeting in Wasilla. Updated them on what was happening with the Mat-Su Reentry Coalition.
- 29) September 24: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on.
- 30) September 30: Participated in FY20 Reentry Case Management Meeting via teleconference, updating them on what is happening with the Mat-Su Reentry Coalition.
- 31) September 30: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. Two Service providers (Set Free Alaska and Wellness Works) plus myself and the Mat-Su Reentry Case Manager conducted the in-reach panel and 9 inmates attended the panel.
- 32) October 2: Planned and conducted the October Steering Team Meeting. Three new members joined the Steering Team; Shannon Harris, Peer Mentor from Set Free Alaska, will be holding the Reentry/Peer Mentor Representative Seat, Samantha Adams-lahti, Veterans Justice Outreach (VJO) Social Worker, will be holding the Veteran Representative Seat, and Kelly Marre, Intern for DOC Reentry Program/Graduate Student/ and Mat-Su Resident, will be holding the Concerned Community Member Seat.
- 33) October 7: Telephonically participated in the third RRR Conference planning committee meeting.
- 34) October 8: Conducted our first in-reach to Spring Creek Correctional Center in Seward Alaska. Brought Case Managers and Reentry Coalition Coordinators from both Anchorage and the Mat-Su Valley. Working on plans to make an in-reach to Spring Creek Correctional Center biannual event.
- 35) October 9: Participated in MAP Board meeting to plan and firm up agendas for this quarters MAP meetings

- 36) October 9: Conducted a Reentry Simulation Planning Committee Meeting at the Valley Charities Conference room in Wasilla. Committee members that attended included Vicky Knapp, Amanda Carlson, Ashley Smith, Jeaninne Milne, Kelley McDonald and Brian Galloway. Discussed upcoming Reentry Simulation scheduled for November 20th and divided out tasks to be accomplished prior to the event.
- 37) October 14: Participated in a planning meeting for the Reentry Strategies in the Mat-Su Panel Presentation being conducted at the Opioid Task Force meeting on Oct 22. Committee members in attendance included Janice Weiss, myself, Joanne Wiita , Kelly Marre and Brian Galloway. I, the Reentry Coordinator, was unable to attend and participate in the Reentry Panel because I was attending the Crisis Intervention Training Academy on Oct 22.
- 38) October 15: Helped with location coordinating and participated in Advocacy Training (with a Reentry Focus) being held at the Knik Tribal Council Building in Palme, AK. This training was sponsored by the Alaska Mental Health Trust. Teri Tibbett was the facilitator of this training.
- 39) October 21 - 25: Attended/participated in the Mat-Su Crisis Intervention Training Academy at the Mat-Su Health Foundation. This was a 40-hour intensive course that gave attendees insight into a suite of conditions law enforcement encounters daily, including mental illness, substance abuse, alcohol and drug assessment, developmental disabilities, post-traumatic stress disorders, psychiatric disorders, suicide prevention, etc. and techniques for intervening in a crisis. Presenters included mental health and legal professionals, family advocates, and mental health consumer groups.
- 40) October 28: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland Correctional Institution. Two Service providers plus myself and the Mat-Su Reentry Case Manager conducted the in-reach panel and 10 inmates attended the panel.
- 41) October 29: Assisted with the Anchorage Reentry Coalitions Reentry Simulation for the DOLWD One-Stop-Training in Anchorage. Volunteered to man a simulation table in order to gain experience for the simulation that we, the Mat-Su Reentry Coalition, will be conducting in November.
- 42) October 31: Toured the new True North Recovery facility in Wasilla. Connected with the Director of the facility, along with the Outreach Coordinator, to find out what type of treatment and housing they offered through their program. Explained what the Mat-SU Reentry Coalition was, what type of things we did, and invited them to become members of our coalition.
- 43) November 1: Assisted with another Anchorage Reentry Coalitions Reentry Simulation held at UAA in Anchorage. Volunteered to man a simulation table in order to gain more experience for the simulation that the Mat-Su Reentry Coalition would be conducting in November.
- 44) November 4: Attended and Presented at the Mat-Su All Collation & Agency Meeting. Updated all of the Mat-Su Agencies and Coalitions that were present about the work that the Mat-Su Reentry Coalition is doing. Also requested volunteers and invited all

that were interested to attend the Mat-Su Reentry Simulation we were holding on Nov 20th.

- 45) November 5: Presented at the Mat-Su Coalition on Housing and Homelessness Board Meeting. Update the Board members on items the Mat-Su Reentry Coalition were working on and also invited them all to participate in the Mat-Su Reentry Simulation being held on Nov 20th.
- 46) November 6: Conducted the Mat-Su Reentry Coalition Steering Team Meeting. Discussed progress toward the coalitions goals outlined in our Comprehensive Community Reentry Plan. We also discussed the upcoming Reentry Simulation and other coalition matters.
- 47) November 8: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. Two Providers from Set Free Alaska, the Reentry Case Manager, plus myself conducted the in-reach panel and 8 inmates attended the panel.
- 48) November 8: Attended the Partners for Progress Case Management meeting in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition, and invited them to participate in the Mat-Su Reentry Simulation being held on Nov 20th.
- 49) November 12: Participated in the Alaska Recidivism Reduction Project Launch held at UAA. This was a daylong event which was sponsored by Senator Shelley Hughes, Chair of the AK Senate Judiciary Committee. The event was geared toward finding solutions to help reduce recidivism in Alaska.
- 50) November 13: Telephonically participated in the RRR Conference planning committee meeting.
- 51) November 14: Participate in the Mat-Su Area Partnership (MAP) meeting. Updated them on what was happening with the Mat-Su Reentry Coalition, and invited members to volunteer or participate in the Mat-Su Reentry Simulation on Nov 20th.
- 52) November 15: Assisted in the coordination and participated in Mat-Su Reentry Coalition in-reach to Mat-Su Pre-Trial. Nine different agency providers attended and conducted the in-reach panel and over 25 inmates attended the panel. We are working on plans to make an in-reach to this facility either a quarterly or a biannual event.
- 53) November 18: Participated in the meeting via teleconference. Updated them in what is happening with our Reentry Coalition and promoted our January Reentry Summit.
- 54) November 20: Coordinated and conducted a Mat-Su Reentry Simulation in November. The Reentry Simulation simulates the struggles and challenges faced by individuals who are transitioning from incarceration back into society. A total of 40 participants went through the Reentry Simulation and 24 volunteers assisting us with it.
- 55) November 25: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. One Service provider from Set-Fee Alaska and myself conducted the in-reach panel and 4 inmates attended the panel.
- 56) November 26: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on.
- 57) December 2: Participated in the Reentry Case Management meeting via teleconference. Updated them in what is happening with our Reentry Coalition.

- 58) December 3: Attended the Opioid Task Force Meeting and updated them on what was happening with the Mat-Su Reentry Coalition.
- 59) December 4: Conducted the Mat-Su Reentry Coalition Steering Team Meeting. Discussed progress toward the coalitions goals outlined in our Comprehensive Community Reentry Plan. Also discussed the results from the Reentry Simulation we conducted on November 20th and planning for the Reentry Summit scheduled for January 14th and 15th and other coalition matters.
- 60) December 4: Telephonically participated in the RRR Conference planning committee meeting.
- 61) December 4: Participated in Ending Youth Homelessness Community Planning Workshop; brainstormed with community members on resources currently available in the Mat-Su and those that we need to put in place in regards to ending youth homelessness.
- 62) December 5: Participated in a discussion about potential funding from the Second Chance Grant with the DOC Reentry Program Manager and Grant Manager, along with several of our Coalition members. It was decided that the Mat-Su Reentry Coalition would put in a Request For Proposal to receive funding from the Second Chance Grant.
- 63) December 12: Participate in the Mat-Su Area Partnership (MAP) meeting at the Wasilla Library. Updated them on what was happening with the Mat-Su Reentry Coalition, and promoted the upcoming Reentry Summit on January 14th and 15th.
- 64) December 13: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. One Provider from Set Free, the Reentry Case Manager and myself conducted the in-reach panel and 5 inmates attended the panel.
- 65) December 13: Attended the Partners for Progress Case Management meeting in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition, and promoted the upcoming Reentry Summit on January 14th and 15th.
- 66) December 16: Participated in the meeting via teleconference. Updated them in what is happening with our Reentry Coalition and promoted our January Reentry Summit.
- 67) December 17: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on and promoted the 2020 Reentry Summit being held on January 14th & 15th.
- 68) December 17: Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on and promoted the 2020 Reentry Summit being held on January 14th & 15th.
- 69) December 31: Participated in the Quarterly Reentry Meeting with Travis Welch from The Trust and shared what was happening with the Mat-Su Reentry Coalition with the other Reentry Coalitions around the state. Also invited all the different Reentry Coalition coordinators to attend the 2020 Reentry Summit we are holding in the Mat-Su on January 14th & 15th.
- 70) January 6 – Reentry Case Management Meeting: Participated in the meeting via teleconference. Updated them in what is happening with our Reentry Coalition and promoted our upcoming January Reentry Summit.

- 71) January 7- Opioid Task Force Meeting: Attended the Opioid Task Force Meeting and updated them on what was happening with the Mat-Su Reentry Coalition and promoted our upcoming January Reentry Summit.
- 72) January 9 – Mat-Su Agency Partnership (MAP) Meeting: Participate in the Mat-Su Area Partnership (MAP) meeting at the Wasilla Library. Updated them on what was happening with the Mat-Su Reentry Coalition, and promoted the upcoming January Reentry Summit.
- 73) January 10– In-Reach to Hiland Mountain Correctional Center: Coordinated and participated in Mat-Su Reentry Coalition in-reach to Hiland. 4 Provider, the Reentry Case Manager and myself conducted the in-reach panel and 7 inmates attended the panel.
- 74) January 10 – Partners for Progress Case Management Meeting: Attended the Partners for Progress Case Management meeting in Anchorage. Updated them on what was happening with the Mat-Su Reentry Coalition, and promoted the upcoming January Reentry Summit.
- 75) January 13 – Recidivism & Reentry (RRR) Conference Planning Meeting: Telephonically participated in the RRR Conference planning committee meeting.
- 76) January 15 & 16 – Mat-Su Reentry Summit: Held a 2-Dday Mat-Su Reentry Summit. More info on Summit is attached.
- 77) Jan 28 – Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on
- 78) Feb 3 – Reentry Case Management Meeting: Participated in the meeting via teleconference. Updated them in what is happening with our Reentry Coalition.
- 79) Feb 11-AK Reentry & Justice Partnership: Participated and updated everyone on what was happening.
- 80) Feb 13- Alaska House State Affairs Committee: Testified on the benefits of having Reentry Coalitions before the Alaska House State Affairs Committee.
- 81) Feb 19 & 20: 2020 Reducing Recidivism and Reentry Conference: Attended and actively participated in all the conference session.
- 82) Feb 26- Second Chance Act Grant Planning Team Meeting - Actively participated in planning for Second Chance Act Grant participants.
- 83) March 23 and 24: Institute for Community Alliances: AKHMIS Training (Institute for Community Alliances): received in-depth training on AKHMIS system to be able to enter Second Chance Act Grant participant data.
- 84) March 25- Second Chance Act Grant Planning Team Meeting: Actively participated in planning for Second Chance Act Grant participants.
- 85) April 6: Reentry Case Management Meeting: Actively participated and Updated everyone on what the Reentry Coalition was doing.
- 86) April 14: AK Reentry & Justice Partnership Meeting: Participated and updated everyone on what was happening with the Mat-Su Reentry Coalition.
- 87) April 16: Alaska Postsecondary Access & Completion Network Board of Directors Meeting: Seated as a new Board member, with plans to bring the reentry perspective into future discussions.

- 88) April 22: Second Chance Act Grant Planning Team Meeting - Actively participated in planning for Second Chance Act Grant participants.
- 89) April 28 – Participated in the Crisis Intervention Training (CIT) Coalition Meeting. Updated Coalition members on what the Mat-Su Reentry Coalition was working on.
- 90) May 8, Alaska Access & Completion Network Professional Development Committee Meeting: Elected into position of co-chair for this committee. Working on professional development on educational access opportunities for Educational Coordinators at Alaska Correctional Institutions.
- 91) May 12- AK Reentry & Justice Partnership: Participated and updated everyone on what was happening.
- 92) May 14: Mat-Su Agency Partnership Meeting: Hosted zoom meeting for Mat-Su Agency Partnership.
- 93) May 18, Reentry Case Manager Meeting: Actively participated in the meeting discussion and updated everyone on the what our Coalition was doing.
- 94) May 27: Second Chance Act Grant Planning Team Meeting - Actively participated in planning for Second Chance Act Grant participants and updated them on the Mat-Su Training and Education document I put together.
- 95) May 27- Trust FY22/23 Budget Planning Meeting: Actively participated in budget planning meeting.
- 96) June 9: Trust Reentry Coalition Meeting with Judge Rhodes: Participated in meeting.
- 97) June 11: Mat-Su Agency Partnership Meeting- Hosted zoom meeting for Mat-Su Agency Partnership. Updated everyone on what the Reentry Coalition was doing.
- 98) June 15: Reentry Case Manager Meeting: Actively participated in the meeting discussion and updated everyone on the what our Coalition was doing.
- 99) June 16: Housing and Homelessness Coalition Meeting: Participated in meeting and updated everyone on the new Reentry Housing Project Grant we had received.
- 100) June 18, AK Postsecondary Access and Completion Network meeting via Zoom: Participated in the meeting as an active Board member, updated them on the Professional Development Committees plan to contact the Educational Coordinators in DOC to find out what type of educational development they might be interested in having us provide.
- 101) June 24: Second Chance Act Grant Planning Team Meeting - Actively participated in planning for Second Chance Act Grant participants and updated everyone on the new Reentry Housing Project Grant we had received.
- 102) June 17: Quarterly Reentry Coalition Coordinator Meeting: Actively participated in the meeting and updated the other Reentry Coalition Coordinators on what the Mat-Su Reentry Coalition was working on
- 103) June 30: Crisis Now Mat-Su Work Group Meeting: Participated in the newly formed Crisis Now Work Group to help come up with strategies on how we can implement the Crisis Now Model in the Mat-Su.

MAT-SU VALLEY - COUNSELING/MENTAL HEALTH/SUBSTANCE ABUSE RESOURCES

All Ages Youth Only Adults Only

PALMER	WASILLA	ANCHORAGE
<p>Alaska Family Services Behavioral health assessment and treatment. Also assists victims of sexual assault & domestic violence. (907) 376-4000 or (907) 746-4080/(866) 746-4080</p>	<p>Mat-Su Health Services Provides 24/7 MH crisis intervention. Behavioral health services for youth and adults. Psychiatric evaluation and med management. (907) 376-2411 (Tues & Thurs 7AM – 7PM; M, W, F 7AM – 5PM)</p>	<p>Alaska Psychiatric Institute Provides emergency and court-ordered inpatient psychiatric services (907) 269-7100</p> <p>Providence Alaska Medical Center, Psychiatric Emergency (907) 212-2800 or call (907) 563-3200 for the Behavioral Health 24-hour crisis line</p>
<p>Borealis Behavioral Health Works with families of children with special needs from birth to age 26 (907) 745-7080 (M-Th, 8AM-5:30PM)</p>	<p>Set-Free Alaska Services include behavioral health assessments & treatment (ages 5-17) (907) 373-4732 (M,T,W,F 10AM-5PM, Th 11AM-5PM)</p>	<p>South Central Foundation – Fireweed and Anchorage Native Primary Care Center Behavioral health services are available for Alaska Native/American Indian people ages 18+ at the ANPCC and for children and adolescents at the Fireweed Clinic (M-F 7:30AM-6:30PM) (907) 729-2500</p>
<p>Co-Occurring Disorder Institute (CODI) Compassionate Directions Provides behavioral health assistance for ages infant – 21 (907) 745-2634</p>	<p>Olive Tree Counseling Faith-based counseling services for ages 7+ (907) 357-6513 (M-F 9AM-5PM)</p>	<p>North Star Behavioral Health – The Trail Program Provides inpatient acute care for ages 4-18 (907) 258-7575 (available 24/7)</p>
<p>South Central Foundation – Benteh Nuutah Valley Native Primary Care Center Behavioral Health Clinic Services are available for Alaska Native/American Indian people ages 18+, and also children ages 6-18 (907) 631-7800 (M-F 7AM-6PM)</p>	<p>Full Circle Counseling Solutions Provides behavioral health services to all ages, specializing in trauma (907) 864-0560 (M-F 8AM-5PM)</p>	<p>South Central Foundation – Fireweed and Anchorage Native Primary Care Center (ANCPP) Behavioral health services are available for Alaska Native/American Indian people 18+ at the ANPCC and for children and adolescents at the Fireweed clinic (M-F 7:30AM-6:30PM) (907) 729-2500</p>
	<p>Providence Medical Group Mat-Su Behavioral Health Clinic Provides mental health assessments and services for all ages. (907) 761-5800</p>	
<p>North Star Behavioral Health – The Summit Residential Treatment Program Males ages 11-18 (907) 761-7400 or (907) 258-7575 (available 24/7)</p>	<p>Lighted Path Therapy Provides mental health counseling and individual, couples and family therapy (ages 5+) (907) 312-1202 (M-F 9AM-6PM)</p>	<p>Bean’s Café (Day Shelter) They serve breakfast and lunch, and provide shelter during the day for those in need (907) 274-9595</p>
<p>Alaska Vocational Counseling Services They provide services for a number of issues, such as stress, depression, anxiety/panic disorder, relationship communication, anger, social skills, career, etc. (907) 745-5066</p>	<p>Denali Family Service Provides services for children who require intensive behavioral health care services and their families (ages 3-24) (907) 376-3275 (M-T 8AM-7PM, F 8AM-6PM)</p>	<p>Brother Francis (Shelter) Overnight shelter serving men and women 365 days/year, open 24/7 (907) 277-1731</p>
<p>Daybreak Provides comprehensive case management services to adults with a diagnosed mental illness by assisting them in obtaining employment, housing, transportation & other services (907) 746-6019 (M-F 8AM-5PM)</p>	<p>Family Centered Services of Alaska (FCSA) (AKA Wasilla Behavioral Health) Offers behavioral health outpatient service, residential respite, and therapeutic group homes for those under age 21 (907) 357-7519</p>	<p>Clare House (Shelter) Homeless shelter & progressive housing for women with children, open 24/7 (907) 563-4545</p>
	<p>Playful Journeys Counseling services for children under the age of 18 through the use of play therapy (M-F 8AM-5PM) (907) 376-9091</p>	<p>CHOICES Provides comprehensive, individualized outpatient treatment for mental health and substance abuse disorders (907) 333-4343</p>
TALKEETNA & WILLOW	<p>Presbyterian Hospitality House Residential treatment ages 12-18 (907) 357-6445</p>	<p>Anchorage Community Mental Health Services (ACMHS) Provides services for all ages with mental health issues. Crisis Lines (907) 563-3200; Anchorage Adult Services (907) 563-1000; Anchorage child and family services (907) 561-0954</p>
<p>Sunshine Community Health Center Behavioral health and addiction recovery services (all ages) (M-F 9AM-5PM Talkeetna: (907) 733-2273 Willow: (907) 495-4100</p>	<p>Mat-Su Veterans’ Affairs Community-Based Clinic Provides primary care and mental health care for veterans (907) 631-3100 (M-F 7:30AM-4PM)</p>	
RESOURCES		
<p>United Way 211 Community Resource Directory; *Dial 2-1-1</p>	<p>MyHouse Ages 14-24 who are homeless or at risk of being homeless (907) 373-4357 (Wasilla)</p>	<p>Alaska Attachment & Bonding Accos. (AABA) (907) 376-0366 (Wasilla)</p>
<p>LINKS Mat-Su Parent Resource Center/Aging & Disability Resource Center (907) 373-3632</p>	<p>Mat-Su Services for Children and Adults, Inc. (907) 352-1200</p>	<p>Veteran’s Center (907) 376-4318</p>

MAT-SU VALLEY - COUNSELING/MENTAL HEALTH/SUBSTANCE ABUSE RESOURCES

All Ages Youth Only Adults Only

PALMER	WASILLA	WASILLA (Continued)
Alaska Family Services Substance use disorder assessment, alcohol & drug information school, outpatient, intensive outpatient, and residential treatment for women. Youth treatment available. (907) 376-4000 or (907) 746-4080 Toll-free (866) 746-4080 (24/hour crisis line)	Mat-Su Health Services Mental health crisis intervention and outpatient ASAM level 1 Substance Use Disorder services. (907) 376-2411 (T & Th 7AM-7PM; M,W,F 7AM-5PM)	Pacific Northwest Adult & Teen Challenge – Wasilla (Men only) – Faith-based, one-year residential discipleship addition rehabilitation program (18 and up) (907) 202-8850
AKEELA Mat-Su Provides assessment and treatment for substance abuse disorders and co-occurring mental and substance abuse disorders, outpatient and residential men and women (907) 707-1291	Set-Free Alaska Substance abuse treatment services available for Adults and Teens (ages 14-17), outpatient and intensive outpatient treatment, treatment of co-occurring disorders, women residential treatment (907) 373-4732 (M,T,W,F 10AM-5PM; Th 11AM-5PM)	Nugen’s Ranch Provides long-term adult residential substance use disorder treatment services. 9 to 12 month program for men and women 18+. (907) 376-4534
Alaska Dream Center Faith-based one-year intensive residential program. Separate locations for men and women. Serves ages 18+. (907) 746-3736	True North Faith-based outpatient treatment center for men, women and teens (907) 313-1333 or 982-HOPE	EAGLE RIVER
TALKEETNA & WILLOW	Cook Inlet Tribal Council – Mat-Su Recovery Services Provides substance use disorder assessments, outpatient and intensive outpatient programs. Adult and family support groups. (907) 357-5400	Adolescent Residential Center for Help (ARCH) – Volunteers of America An intensive, residential treatment program for chemical dependency and co-occurring disorders for ages 13-18. (907) 279-9640
Sunshine Community Health Center Addition Recovery Treatment Talkeetna (907) 733-2274 (M-F, 9-5) Willow (907) 495-4100 (M-F, 9-5)		

24-Hour Crisis Hotlines and Suicide Prevention Hotlines

Mental Health Emergency Counseling (907) 563-3200 Mat-Su Health Services 24-Hour Crisis Line (907) 376-2411	Suicide Prevention Hotline 1-800-273-8255 Providence Medical Group 24-Hour Crisis Line (907) 563-3200	CARELINE (877) 266-4357 Alaska Family Services 24-Hour Crisis Line (907) 746-4080	VA Suicide Prevention Hotline (800) 273-TALK Crisis Text Line Text “START” to 741-741
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Free Community Substance Addiction Support Groups & Programs

Addicted No More (907) 373-3601 Alcoholics Anonymous (907) 376-4777	Fresh Start Recovery (907) 373-7910 Narcotics Anonymous (907) 352-3773	Al-Anon Helpline (907) 357-2550 Celebrate Recovery (907) 841-9706	Mat-Su Alano Club (907) 376-8669 Alaska Tobacco Quit Line (800) 784-8669
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2020 Reentry Summit Evaluation Results

Number Attended: 65

Number of Surveys Returned: 35

Return Rate: 54%

Question 1: Which of the following contributed to making the Mat-Su Reentry Summit valuable for you?

- a. **Speaker - 31/35 (89%)**
- b. **Education Credits - 11/35 (31%)**
- c. **Work Group Topic: Program Design, Leadership, & Org. Readiness - 14/35 (40%)**
- d. **Work Group Topic: Staff Selection, Supervision & Training and Development - 13/35 (37%)**
- e. **Work Group Topic: Offender Assessment & Responsivity - 17/35 (49%)**
- f. **Work Group Topic: Introduction to Treatment Principle - 15/35 (43%)**
- g. **Work Group Topic: Program Fidelity & Evaluation - 11/35 (31%)**

Question 4: How likely is it that you would recommend coming to next year's Mat-Su Reentry Summit?

- 1). **Very Unlikely - 0**
- 2). **Unlikely - 0**
- 3). **Unsure - 6/35 (17%)**
- 4). **Likely - 10/35 (29%)**
- 5). **Very Likely - 19/35 (54%)**

83% of attendees stated they would likely and/or very likely recommend coming to next year's Reentry Summit.

Comments from Participants:

- This Summit was an excellent follow up from last year's and went hand-in-hand with the work we are doing with the 2nd Chance Act Grant.
- Thank you! The Summit was great – Outstanding speaker – Dr. Latessa is incredibly knowledgeable and fun.
- Excellent, Dr. Latessa is a great presenter and trainer. He is not some boring egg head spitting out studies.
- I enjoyed the group sessions, but it would be nice if we could have different people in our group, not all Case Managers or DOC, but a mixture of people from different areas.
- I do not necessarily work with offenders but the model that was presented has shown me areas in my practice that I can use to become more effective to those I work with.

Dozens gather for annual Reentry Summit at Menard Sports Center

BY JACOB MANN
Frontiersman.com

WASILLA — Dozens of professionals gathered inside the Menard Sports Center this week for the two-day 2020 Mat-Su Reentry Summit. There were several workshops, exercises and speaker presentations that were all centered on improving the various steps involved in the prisoner reentry process.

"I was really impressed with the gathering of information," Mat-Su Reentry Coalition reentry coordinator Barbara Mongar said.

The main focus of the summit was a training session focused on improving and supporting skills that help change criminal behavior, develop program action plans, and reduce overall recidivism rates in their respective communities.

"You have to have all the different organizations working together. It makes a big difference," Mongar said.

University of Cincinnati School of Criminal Justice Director and Professor Edward Latessa was this year's keynote speaker. This was his second year flying up to participate. As the 2020 keynote speaker, he went was able to go in depth as he shared his knowledge and experiences.

"It was very good," Latessa said.

When it comes to reducing recidivism rates, it doesn't matter where it is, according to Latessa. He said it's vital to support prisoners on their journey to reenter society and help them gain the skills and tools necessary to stay out of jail and grow as people. He noted that it's important to not dwell on those who couldn't be helped and focus on helping as many people as possible.



University of Cincinnati School of Criminal Justice Director and Professor, Edward Latessa speaks at the 2020 Mat-Su Reentry Summit Wednesday, Jan. 15.

JACOB MANN/FRONTIERSMAN

"It's not about coddling people... You want them to come out better than they came in," Latessa said.

Latessa said that improving the reentry process helps more people get their lives together and become productive members of society, and that ul-

timately benefits the community as a whole. Lowered recidivism rates means lowered crime rates.

"If you can lower recidivism rate by 20 percent,

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SUMMIT

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that's a matter of public safety," Latessa said.

Numerous representatives involved in the various steps in the reentry process participated in the summit, ranging from parole officers to substance abuse staff.

"It touches all of us. Ultimately, it touches the whole community," Set-Free Alaska marketing program manager Jessica Jones said.

Between Latessa's lessons, participants broke into groups to apply what they learned and problem solved solutions, sharing their experiences and knowledge from their respective fields. The goal was to train each participant and surround them in a multidisciplinary problem solving think tank of sorts; so they could bring back what they learned to their workplace.

"We can take what he offered and apply it locally," Jones said.

Attendees from across the state showed up for the summit. Teri Tibbett is the co-chair of the Juneau Reentry Coalition and she serves on the Alaska Mental Health Board/Advisory Board in Alcoholism and Drug Abuse.

Tibbett said that Latessa's lessons and the accompanying group exercises really resonated with her. She said one of her biggest takeaways was the importance of communication between agencies. She was glad to see them all work together in one place.

"That's very, very valuable," Tibbett said.

For more information about the Mat-Su Reentry Coalition, call 907-414-4077 or email Barbara.mongar@valleycharities.org.

Contact Mat-Su Valley Frontiersman reporter Jacob Mann at jacob.mann@frontiersman.com



Please join the Mat-Su Reentry Coalition for its Community-wide meeting:

On Wednesday, May 6, 2020

From 8:30 to 10:30 A.M.

Virtual Meeting Place: Zoom Meetings

Register Here: <https://zoom.us/meeting/register/tJEocu6uqDMrHNQtZ-mcsDtVehvirL3zrvjZ>

Topics for discussion:

Mental Health and the Criminal Justice System

How would the **Crisis Now Model** be used as an intervention tool to keep those who have a mental illness out of the criminal justice system? How can Mat-Su residents advocate for this model in our community?

Why is early intervention important for young adults first experiencing psychosis?

What programs and services does the Department of Correction offer to inmates who have a mental illness?

What is crisis stabilization and how does that help people in the Mat-Su Valley?

How do our law enforcement officers interact with those who have a mental illness using a trauma informed approach?

How Mental Health Services are functioning in the COVID-19 environment?



Please join the Mat-Su Reentry Coalition for its Community-wide meeting:

On Wednesday, September 4, 2019

From 8:30 to 10:30 a.m.

**At the Mat-Su Health Foundation Conference Center (first floor),
777 N. Crusey St., Wasilla, AK 99654**

Topics for discussion:

Housing: How does The Housing and Homeless coalition assist people? What are the biggest housing needs for reentrants in the Valley? What are some barriers for reentrants gaining affordable housing in the Valley?

Substance Abuse Treatment: What type of programs does Set Free Alaska offer? How does the Peer Support Program work?

Cook Inlet Tribal Counsel Programs: What type of programs does Cook Inlet Tribal Counsel offer? How does the Peer Support Program work?

Reentry Simulation: What is the purpose behind conducting a Reentry Simulation? How well received was the Reentry Simulation that was held in Anchorage earlier this year? Where there any positive outcomes resulting from that event?

Mat-Su Borough Transportation Plan: How would an on-line centralized dispatch system help with the transportation problem in the Valley? Where are they in the planning process? Will they be conducting a trial run?



MAT-SU REENTRY COALITION COMMUNITY-WIDE MEETING NOTES

Date: Wednesday, September 4, 2019

Location: Mat-Su Health Foundation Conference Room

Time: 8:30 – 10:30 a.m.

I. Attendance: Total Number of Attendees: 18

- a. **Steering Team members:** Sherry Hill, Jeaninne Milne, Julia Lowe, Amanda Carlson, Dave Rose, Leann Renick.

- b. **Community members:** Joe Steyer, Education Coordinator, Goose Creek Correctional Institute; Shannon Harris, Peer Support Program Manager, Set Free Alaska; Lance Ketterling, Palmer Police Chief, Palmer Police Force; Matt Clayton, Outreach Coordinator, MYHouse; Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition; James Savage, OVC Peer Case Manager, Cook Inlet Tribal Council (CITC); John Rozzi, Chief Executive Officer, Valley Charities, Inc.; Liz Mau, Behavioral Health Coordinator, Alaska Family Services; Samantha Adams-Lahti, Alaska Veterans Assistance (VA); Michael Clark, Reentry Coordinator, SOA-DOC; Ben Coleman, Planning Technician, Mat-Su Borough, Jim Beck, Mat-Su Health Foundation (MSHF).

II. Housing

Dave Rose, the Coalition Coordinator for the Mat-Su Coalition on Housing and Homelessness, spoke about the work they are doing. He stated that they seek and

utilize grant funds to help house people in the valley and keep folks housed. In the last five or six years they have done more preventive work than actual rehousing. What they have discovered is that it is about three to four times more expensive to rehouse somebody once they lose their housing than it is to keep them in that housing. So they have concentrate on the barriers that cause people to lose their places and they try to fix them early and maintain that stability and help increase their self-sufficiency.

We are located here in Wasilla, however we have many partner agencies across the Valley, that is one of the things that we found to be key out here, because it is such a large borough, it helps to have folks spread around. We use are Case Managers to go out to further regions, such as Talkeetna and Trapper Creek. Some of the areas we have difficulty with is rehousing reentrants that are released that fall in the sex offender category. However, we have had some success, and with our Case Managers over the years, as they've developed good relationships with landlords and property manager, we are having even greater success.

What we found that really helps is to know the full story right up front. For example, just this spring, a reentrant was being released into the community and she had a background that was going to make it real difficult to house her. We were honest with a privet landlord, who said, "Tell me the whole story." After telling him the whole story, the landlord decided to give her a second chance and it has been working out very well.

We work with all groups, all ages, and all backgrounds. We are doing better and better with seniors (55 years of age and up) because a few years ago there was a big push for senior housing. So there is more and more senior housing going up, however the rise in senior population in the Valley is still increasing faster than the amount of Senior housing available.

We got almost 80% of our funding back so we will be able to start help people again. I will send Barbara our Mat-Su Coalition on Housing and Homelessness brochure and she will send it out to everyone.

III. Substance Abuse Treatment Program

- a. Sherry Hill – Set Free Alaska is a substance Abuse Treatment Center, we offer outpatient and intensive outpatient care, we also have a 16 bed women's residential facility, and we also are going to open a men's 16 bed residential facility in Homer sometime in the first quarter of next year. We also offer children's behavioral health programs.

- b. Shannon Harris (Program Manager for Peer Support) –
- i. Through our Peer Support program, we provide peer mentoring, coaching, motivating, resource connecting. We assist individuals in building and restoring relationships. All peer coaches must have “lived experiences” to assist clients in recovery. We offer support that may be part of the treatment plan. And enrollment in the Peer Support program is voluntary. We incorporate a lot of community engagement activities:
 - We held a Recovery Campout, we had about 200 people join in, we shared stories and it was a family friendly event
 - Another thing we did is put together a softball team this year, it was open to everyone, family members joined, and we had a great time
 - We had a Butte Climbing event and had a meeting on top of the Butte
 - We did a garbage clean-up event at local Grocery Stores, in order to be of service and give back to the community (we will try to do something like this once a quarter)
 - ii. We just started Crisis Stabilization – this is where the Peer Support person can go out and assess the situation and assist somebody in crises with some extra support even if they are not yet in active treatment.

IV. Cook Inlet Tribal Council (CITC) Programs

James Savage, Peer Case Manager, from Cook Inlet Tribal Council spoke about the programs they offer. Peer Support works because of the shared experience connection with another person that has been successful.

- Cook Inlet Tribal has an immense continuum of care; we do everything from medically assisted treatment to residential treatment, we provide youth services, we provide youth residential services, we have transitional living in the Valley, we have Transitional living in Anchorage. We have a dedicated Reentry Program in Anchorage, there is also an additional 16 beds attached to that facility now that is used for transitional living. We also have a residential facility in Eklutna.

- The things we are doing more specifically in the Valley, we provide a Peer Support Network meeting every Friday at our Mat-Su Office, it's in the West Point Building, at 4:30 PM. It is open to the public. It's an all-inclusive recovery event and is open to anybody who would like to attend it.
- We also have a Family Support Group that is active, this is for the family of someone who is actively using or someone who has lost a family member to alcohol or drug addiction, it's held on Tuesdays at 12:00 PM, and it is a Peer run program.
- We also work closely with Mat-Su Hospital Behavioral Health Program. If they have somebody in crises, someone who needs services, someone who feels they want to stop drinking or using, they give us a call and we send a peer down there to walk them through that process. We give them the phone numbers they need and the application we think will be helpful and we sit down and talk to them about what their life could look like if this is the last time they have to visit the ER for their addiction.

V. Reentry Simulation Information:

Jonathan Pistotnik, The Anchorage Reentry Coalition Coordinator, spoke about the two Reentry Simulations that they held in Anchorage earlier this year.

The way the Reentry simulation works is that there are 15 different stations that represent different stops, services or places people might go when they get released from prison. Places like I.D. Stations, Transportation Station, Medical Station, Treatment Station, there is a Pawn Shop, and a number of other stations. So, you will need 1 or 2 volunteers to sit at each station and they are given the role of making that station work and they are given a set of instructions of what their role is in this activity. So, imagine a large room and there is about 15 tables spread out across the room, and so people sit at each of the stations and play their role, however they have the ability to get creative with it, there is a basic script but each person can add their own personality to it, which makes it kind of fun. And then you also have the people in the simulation that are playing the role of a reentrant, and they're the ones that are participating in this activity. Each person participating will get a folder with what is called a Life Card in it. This card has a fictitious name on it, and a description of what their situation is, a little bit of their background in about 2 sentences. Then they are given a list of things they need to accomplish over the course of the activity. The activity takes a little over an hour to complete and it is broken up into 15 minute intervals. Each 15 minutes is a week in the reentrants life. So during the given week they

have to accomplish their tasks, such as get their I.D., go pay for their rent, go to the medical clinic, attend treatment, go to AA, whatever it states that they need to accomplish. There are six different scenarios that are at play in any given time, so not everyone is doing the very same thing, they are all doing a variety of things, so as you precede through the activity people will start to do their own thing, so after the first 15 minutes that signifies the first week, people will be at completely different levels. You can tailor and adapt the simulation to the location you have to conduct it in and how you want to do it.

VI. Transportation: Ben Coleman & Jim Beck spoke about the Mat-Su Transportation Hub that was in the planes for the Valley. that The Mat-Su Borough Planning Office has been working on a centralized dispatch model that should help to increase the number of people in general that are served, which in turn would increase the number of reentrants that are served. The new centralized dispatch system would be an on-line transportation platform that the different transportation services in the Valley can utilize. The centralized platform would probably be housed in Valley Transit and all the other service providers would be treated like drives. The idea behind it is that it would take a lot of the administrative cost off of each of the different organizations that are currently providing transportation. When a call requesting transportation came in, the new computerized system would allocate the ride to the eligible lowest cost provider.

The centralized dispatch program's trail run is set for the Spring of 2020, so they are still in the planning phase for a trail run with a few of the largest transportation providers in the Mat-Su Borough, to include: Chickaloon Transit (CATs), Sunshine Transit, Valley Transit, and the Mat-Su Senior Service. Once they have completed the trail run, if it is successful, they will reach out to the other organizations in the Mat-Su Borough that currently provide transportation and ask them to opt into the new centralized transportation program.

VII. Closing: Barbara Mongar thanked everyone for attending this Mat-Su Reentry Coalition community-wide meeting. She mentioned that the Mat-Su Reentry Coalition was planning on conducting a Reentry Simulation in either November or December and that she would be sending out e-mails looking for Committee members to assist with putting this together.

Completed by: Barbara Mongar, Mat-Su Reentry Coalition Coordinator

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition
Capacity Development - Anchorage

Grantee: NeighborWorks Alaska

Fund: Authority Grant

Geographic Area Served: Anchorage Municipality

Project Category: Capacity Building

Years Funded: FY16 to Present

FY20 Grant Amount: \$100,000.00

High Level Project Summary:

The Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Anchorage consists of a cross section of people and organizations representing the services or supports available to reentrants in the community. The coalition educates the community about the criminal justice system and the reentry program, identifies local challenges facing reentrants such as gaps in services, develops collaborative solutions to build capacity in the community, and serves as the local point of contact for the Department of Corrections (DOC) and its partners in reducing recidivism.

In FY20, the coalition continued to collaborate with DOC and community stakeholders to coordinate services and supports for returning citizens who were previously incarcerated in one of Alaska's correctional facilities. These efforts have resulted in a sustained decline in Alaska's high recidivism rate which is now below 60% for the first time in 10 years. Trust staff will continue to work with NeighborWorks Alaska to identify and develop other funding sources to replace or augment Trust funding. Trust staff recommends continued funding in FY23.

This project supports Goal 7.3 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Anchorage

Staff Project Analysis:

The Anchorage Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to successfully reenter the Anchorage community after incarceration. This issue is too large and complex or large for any one person or organization to solve alone. The Anchorage Reentry Coalition Coordinator has worked with the Anchorage coalition to:

1. Facilitate coalition activities;
2. Conduct a Coalition Capacity Assessment to assess coalition's ability to work as a collaborative team and identify areas for the coalition to make improvements to strengthen the organization;
3. Conduct a Community Readiness Assessment to assess the degree to which Anchorage is ready to act and be responsive to the needs of individuals after incarceration;
4. Conduct (and update as needed) the Community Resource Assessment to examine the Anchorage community's service and support capacity to meet the needs of individuals after incarceration and provide the coalition with a unified understanding of its community's resource needs, instead of multiple individual perceptions and experiences;
5. Develop the Anchorage Coalition's Comprehensive Community Reentry Plan (strategic plan)
6. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services;
7. Educate the Anchorage community about reentry and criminal justice reform efforts.

During FY20, Until the start of the COVID-19 pandemic, The Anchorage Reentry Coalition continued to collaborate with the US Attorney's Office to host reentry simulations (including one in Juneau) where participants had the opportunity to experience the difficulties and complications facing reentrants who are returning to their community after leaving incarceration. The simulations have been well attended and been instrumental on educating policy makers and community members on the reentry obstacles and experience.

The coalition held and attended multiple virtual meetings and continued working on issues such as employment, housing, and transportation.

Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. Staff recommend continued funding for this project in FY23.

This project supports Goal 7.3 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.

Project Description: One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

13. Educate the community about the criminal justice system and the reentry program,

14. Identify local challenges facing reentrants,
15. Identify local gaps in services and identify collaborative solutions to build capacity in the community, and
16. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

The Reentry Coalition Coordinator staff or contractor must work closely and collaboratively with its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants. The Reentry Coalition Coordinator works with the coalition to:

25. Facilitate coalition activities
 - j. Coalition meetings: Coordinate meeting logistics, develop and distribute agendas with co-chair input, take meeting notes and distribute minutes before the next meeting.
 - k. Office management: maintain electronic file system, respond to written/electronic/telephonic communications directly or distribute to appropriate person(s), serve as lead in maintaining contact lists
 - l. Work with coalition co-chairs and partner entities to collect and allocate resources for coalition activities.
26. Conduct (and update annually) the Coalition Capacity Assessment.
27. Conduct (and update as needed) the Community Readiness Assessment.
28. Conduct (and update as needed) the Community Resource Assessment.
29. Support the work of the coalition to address gaps in resources and increase service capacity, where needed.
30. Draft the Comprehensive Community Reentry Plan and update the plan as needed.
31. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
32. Conduct community outreach presentations to educate the community about programs and resources to support the reentrant population and to share the goals of the Alaska Community Reentry Program. These efforts are coordinated and largely conducted by the coalition coordinator, with as needed support from coalition members.

Criminal Justice Reform and Reinvestment is a priority area of focus for Trust resources, funding and staff. Forty percent of incarcerations annually are Trust beneficiaries. Trust beneficiaries spend more time incarcerated than non-Trust beneficiaries in both a pre-sentence and sentenced status. And within the first-year post release, criminal recidivism rates for beneficiaries are twice the rate of non-beneficiaries.

Prior to the passage of State's comprehensive criminal justice reform legislation on July 11, 2016, the Trust has led and implemented system change for criminal justice involved beneficiaries. After the passage of the legislation, the focus, partnerships, and effort broadened, including how to bridge to or create a "warm hand-off" from correctional facilities to community-based services and supports for beneficiaries reintegrating into the community from incarceration. One joint strategy (Trust, Department of Corrections and Department of Health and Social Services) for improving this connection was the development and/or strengthening of reentry coalitions; particularly, in communities with a correctional facility, like Fairbanks. Reentry coalitions are a key part of the Trust's effort to improve outcomes for beneficiaries and raise awareness of the criminalization of Trust

beneficiaries and appropriate reforms to the criminal justice system that protect public safety and provide beneficiaries the opportunity positive, successful reintegration into our communities.
Grantee Response - FY20 Grant Report Executive Summary: See attached
Number of beneficiaries experiencing mental illness reported served by this project in FY20: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 0
Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY20: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 0
Number of individual trained as reported for this project in FY20: 0
<p>Performance Measure 1: No later than January 1, 2020, a written status update will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) to include:</p> <ul style="list-style-type: none"> m) progress towards the Coalition’s goals outlined in the Comprehensive Community Reentry Plan n) a summary of community outreach and education activities conducted by the Reentry Coalition Coordinator o) a description of any identified system and/or local community-based service/support challenges for returning citizens p) other Coalition accomplishments or highlights
Grantee Response to Performance Measure 1: See attached
<p>Performance Measure 2: By June 30, 2020 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY20 grant period. The report shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> bb) Overview of the Coalition including its: <ul style="list-style-type: none"> • vision, mission, core values, • organizational structure (i.e. chairs, committees, subcommittees, roles/responsibilities) • processes for conducting its work (by-laws, code of conduct, meeting guidelines, decision processes, communication protocols, etc.) • list of active members (names/affiliations) cc) Coalition Capacity Needs assessment <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards increasing the Coalition’s capacity based on the current assessment • An updated Coalition Capacity Needs assessment with goals for the upcoming year dd) Community Readiness Assessment <ul style="list-style-type: none"> • A narrative of the strategies, activities and progress towards increasing the community’s readiness based on the current assessment • An updated Community Readiness Assessment with goals for the upcoming year. ee) An updated Community Resource Assessment

- ff) Coalition's Comprehensive Community Reentry Plan
 - A narrative of the strategies, activities and progress towards the goals outlined in the Coalition's Comprehensive Community Reentry Plan
 - An updated Coalition Comprehensive Community Reentry Plan, with coalition goals for the upcoming year.
- gg) Summary of the Coalition's six meetings and related Coalition committee or workgroup meetings:
 - Dates, agenda, and attendees of meetings
 - Topics discussed, any action steps identified
 - Accomplishments from prior meeting(s) and/or identified challenges facing the Coalition, community or Trust beneficiary returning citizens
- hh) Summary list of community outreach and education activities conducted by the Reentry Coalition Coordinator (including presentations within a correctional facility):
 - Dates, location, names of presenter(s), topic(s) covered, purpose (general education on reentry, coalition membership recruitment, advocacy, etc.) and number of attendees
- ii) Summary list of reentry or criminal justice reform trainings, webinars, and/or technical assistance opportunities attended by the Reentry Coalition Coordinator:
 - Dates, type (training, webinar, technical assistance, conference, other), topic(s) covered, names of presenter(s).
- jj) Any other Coalition highlights, activities, or topics wished to be included.

Grantee Response to Performance Measure 2: See attached



The following information reflects the timeframe of July 1 to December 31, 2019.

1. Coalition meetings and events, outreach, and educational activities

Meetings and Events

Qtr	Date	Meeting	Location	# Attendees
Q1	7/25/2019	Coalition Quarterly Meeting	NeighborWorks Alaska	42
	8/20/2019	Steering Team Meeting	NeighborWorks Alaska	10
Q2	10/11/2019	Reentry Simulation #3 - ANJC	NeighborWorks Alaska	43
	10/15/2019	Steering Team Meeting	NeighborWorks Alaska	7
	10/24/2019	Coalition Quarterly Meeting	NeighborWorks Alaska	45
	10/29/2019	Reentry Simulation #4 - DOLWD	Loussac Library	50
	10/30/2019	Reentry Simulation #5 - DOLWD	Loussac Library	49
	11/1/2019	Reentry Simulation #6 - UAA	Cuddy Hall, UAA	85
	12/10/19	Steering Team Meeting	NeighborWorks Alaska	9

Institutional in-reach activities:

- Anchorage Jail (7 in-reach visits with inmates);
- Spring Creek (1 in-reach visits with inmates for the first organized provider in-reach event);
- Hiland Mountain (1 in-reach visit with inmates for the Success Inside Out 2019 event);
- Goose Creek (1 in-reach visit with inmates for the quarterly in-reach event);

Formal presentations or remarks the coalition coordinator made in the community:

- Alaska Criminal Justice Commission (8/20/19);
- Mat-Su Reentry Coalition (9/4/19);
- Lutheran Church of Hope (ELCA) - Alaska Synodical Women's Organization Convention (9/21/19);
- Anchorage Downtown Partnership Ambassadors (10/17/19);

Other Events hosted or facilitated through the coalition and coalition partners:

- Quarterly community Anchorage Reentry Coalition meetings
 - Quarter 1 (7/25/19)
 - Quarter 2 (10/24/19)
- Reentry simulations in Anchorage.
 - Co-sponsor was ANJC (10/11/19)
 - Co-sponsor was DOLWD (10/29/19 and 10/30/19)
 - Co-sponsor was UAA (11/1/19).
- Contributed the materials and technical support for reentry simulations in Juneau, Fairbanks, and the Mat-Su.



2. Other coalition accomplishments and highlights

- Continued to build and enhance sustainability of reentry simulation activity for Anchorage and Alaska. This included: improving applicability and appropriateness of materials for ANC/AK, printing and laminating materials, incorporation of feedback from volunteers and participants. Engaged in conversations with people from different organizations regarding the possibility of co-sponsoring future simulations (Public Defender Agency, SCF; legislature-focused simulation in Juneau). Simulation materials were shared with reentry coalition coordinators in Mat-Su, Fairbanks, and Juneau.
- Asked to participate in planning meetings for the annual Reducing Recidivism Conference in February, 2020; planning and preparing to lead a large-scale simulation at the conference.
- Hosted two quarterly coalition meetings; average attendance has been rising and feedback regarding the meetings has been very positive (see Chart A).
 - Successfully held a Skype call during a coalition meeting with men based in the reentry mod inside the Spring Creek Correctional Center.
- Continued to build coalition email distribution list. No formal list existed when the current coordinator came on and now the list has grown to more than 400 email addresses. Distribution of relevant information and community events to the coalition via Mail Chimp is on-going.
- Updated coalition materials (website, infographic, data sheet, brochure); distribution is on-going.
- Implemented the Coalition Functioning Instrument; distributed results to Steering Team.
- In the process of completing the Community Readiness Assessment.
- Drafted a new and updated Strategic Plan for the Coalition for the 2019-20 year.
- Continued to update the Ride Home Program Plan with hopes of a small-scale implementation phase 2020.
- Drafted a letter and logic model for a proposed tattoo removal project targeting justice involved individuals; met with a potential project partner that is interested in pursuing project.
- Began the process of finding partners and collecting content from current/former justice involved people for a creative project ("zine) to highlight the creative talent that exists within the population.
- In collaboration with the Director of Community Development at NeighborWorks Alaska, engaged with Partners Reentry Center for the purposes of delivering the Coalition Case Manager services.
- Actively updated the Coalition's Facebook page by posting relevant articles and links to current events.
- Was engaged in discussions with DOC regarding the delivery of Second Chance Act Grant money in the Anchorage community; preparation and planning has begun.
- Attended Homeboy Industries Gathering in Los Angeles, CA in August.
- Began collating and organizing literature regarding community resources relevant to the reentry population in Anchorage.
- Signed a letter of support for the Food Bank of Alaska regarding proposed changes SNAP benefits.



- Attended PRC Weekly Case Conference meetings and DBH Case Manager conference calls when available.
- Delivered four formal presentations in the community regarding the reentry coalition and the work/efforts of the coalition (e.g. reentry simulations).

3. Challenges identified for returning citizens

The challenges facing reentrants are varied. The Inmate Reentry Survey conducted by the Coalition Coordinator in the previous grant year illustrated that people releasing to the community experience a range of needs at release, with varying degrees of depth and breadth; housing, food, transportation assistance, employment opportunities, SUD treatment, mental health support and treatment, medical and oral health treatment, and clothing are some of the more common areas of need.

There are services available in the community for those that are willing to engage in them. One of the persistent challenges is the opportunity to prime and ready individuals for release into the community. Individuals that receive substantive pre-release planning, preparation, and contact from outside agencies are more likely to be successful upon their release (see Stages of Change/Transtheoretical behavior change model). The Alaska Department of Corrections (DOC), however, has not clearly demonstrated that it is committed to facilitating meaningful, system-wide reentry services to the detriment of reentrants, the reentry coalitions, community-based programming, and to Alaskan communities. Until DOC commits to sustained reentry programming and institution-based programs that prepare individuals for the communities they release to, large numbers of reentrants will continue to fail to integrate into the community and will continue to cycle through the criminal justice system.

The rolling back of criminal justice reforms will also stymie reentry efforts as some incentives were removed for good behaviors and sanctions were put back into place for technical violations. Also the move to send inmates out of state to private prisons will have a long-term negative effects on reentry, and indeed the .



4. Progress towards achieving the Coalition’s Strategic Plan.

Below is an abbreviated snapshot which conveys progress and status of each objective contained within the larger Anchorage Reentry Coalition Strategic Plan for 2019-20. For 2019-20 the Anchorage Reentry Coalition has established a total of 25 objectives across six distinct areas of focus that included capacity building; community awareness and education about reentry; case management services; access to healthcare; job development, supported employment, or pro-social meaningful activities; and transportation.

Focus Area: Capacity Building

OBJECTIVE	STATUS	COMMENTS
1.1.1. By June 30, 2020 secure commitments for each of the ARC Tri-Chairs.	In-process	Venus Woods stepped down as Tri-Chair; Josh Sopko was approved by the ST and accepted new Tri-Chair role.
1.1.2. By June 30, 2020 the Coalition Coordinator will have completed/updated the annual Community Readiness Assessment, Coalition Capacity Assessment, Community Resource Assessment.	In-process	Complete: Coalition Capacity. In-process: Community Readiness Assessment. Not started: Community Resource Assessment.
1.1.3. By June 30, 2020 the Coalition Coordinator will have updated the ARC Reentry Plan (strategic plan) for the following year.	Not Started	Tentative strategic plan for 2020-21 has not been started.
1.1.4. By October 1, 2020 update coalition literature and materials to include new and up to date data.	In-process	Requested latest data from DOC (Janice) ; received some data, not all; Infographic updated and posted online(7/24); data sheet updated and posted online (7/30); Coalition brochure updated with new Case Manager contact info (11/6); simulation and coalition documents updated/added (11/6); Remaining: Coalition Case Manager flyer/brochure.
1.2.1. By Dec 31, 2019 the ARC will have developed a process and begun gathering formal support from community organizations/ programs/people for the ARC.	Not Started	Will broach task at upcoming Steering Team meeting.
1.2.2. Add an average of at least seven new email addresses to the Coalition's email distribution list per quarter, between July 1, 2019 and June 30, 2020.	On-going	Email list continuously being maintained and updated; July - 14; Aug - 3; Sept - 4; Oct - 13; Nov - 67; Dec - TBD.
1.2.3. Gather commitments from each member agency represented on the Steering Team by Dec 30, 2019.	In-process	Commitment to ST has been asked of current members; expectations send. Will broach task at upcoming Steering Team meeting.



Focus Area: Community Awareness and Education about Reentry

OBJECTIVE	STATUS	COMMENTS
2.1.1. Average four public social media posts to the Coalition's Facebook page per month, between July 1, 2019 and June 30, 2020.	In-process	Facebook posts on-going; July - 5; Aug - 8; Sept - 7; Oct - 11; Nov - 11; Dec - TBD.
2.2.1. By June 30, 2019 ARC leadership (Coord/Tri-Chairs/Steering Team) will have formally presented at least 10 times about the ARC and the topic of prisoner reentry.	In-process	Completed 4 presentations: ACJC (August), Mat-Su Reentry Coalition and Lutheran Church of Hope (Sept), Anchorage Downtown Partnership (Oct); List of potential audiences has been created by Coalition Coord.; ST members have been engaged about potential targets.
2.3.1. By June 30, 2020, ARC will have hosted 4 reentry simulations in Anchorage and collaborated with the Mat-Su Reentry Coalition on hosting 1 simulation in the Mat-Su Valley.	Completed	Completed sims: Fairbanks Reentry Coalition (10/3/19); Juneau Reentry Coalition (10/29/19); ANJC (10/11/19); DOLWD OneStop (10/29/ and 10/30/19); UAA College of Health (11/1/19); Mat-Su Reentry Coalition (11/20/19).Planned sim: Reducing Recidivism Conf (Feb); PDA (Jan); Interest from the US Attorney's Office about hosting..
2.4.1. Between July 1, 2019 and June 30, 2020, host one ARC meeting per quarter.	In-process	Q1 (7/25/19) , Q2 (10/24/19) held; Q3, Q4 meetings scheduled.
2.5.1. Between July 1, 2019 and June 30, 2020 the ARC website will have been reviewed and updated (as necessary) one time per quarter.	On-going	Website updated with documents and content 7/24, 7/30, 11/6.
2.6.1. As needed throughout 2019-20, continue to disseminate emails via the coalition email list that contain documents, pertinent updates, partner events, or Coalition updates that increase awareness and knowledge of relevant reentry issues or topics.	On-going	Emails containing partner information. July - 4; Aug - 3; Sept - 0; Oct - 5 ; Nov - 2; Dec - TBD;
2.7.1. By June 30, 2020, the ARC will have participated in at least 2 different national recognition events during the year (National Recovery Month in September; National Reentry Month in April) by promoting local events and activities.	In-process	Reached out to Recover Alaska about partnering and utilizing their existing online calendar as a resource; emailed coalition about possible events and offered to connect them with Recover Alaska.

Focus Area: Inmate Awareness and Education about Reentry Services

OBJECTIVE	STATUS	COMMENTS
3.1.1. By March 1, 2020, complete a video detailing reentry services available in Anchorage and begin showing it inside Anchorage Correctional Complex (ACC).	Completed	Jenson completed editing video; video shared with partners for review; DVD disc burned and given to Tom L at AJ; reportedly, video is available on an internal channel and is playing on a loop; video is being shown inside Echo mod (intake mod); still working on showing video in a systematic way in other mods. APO has expressed interest in showing the video in their lobby.



Focus Area: Case Management Services

OBJECTIVE	STATUS	COMMENTS
4.1.1. By June 30, 2020, 50 individuals will have received case management services from the ARC Case Manager.	On-going	Case manager has left position and contractual relationship between NeighborWorks Alaska and CITC has concluded; NeighborWorks has newly contracted with PRC to provide case management services. Met w Christina 11/1 to review next steps.
4.1.2. By June 30, 2020, the ARC Case Manager will have participated in at least 20 in-reach events into DOC and/or CRC facilities.	On-going	Case manager left position without reporting number of in-reaches completed.
4.1.3. By June 30, 2020 distribute 50 Star Pack backpacks to reentrants being released back into the community that receive services through the ARC Case Manager.	On-going	Coalition Coordinator has assembled 50 backpacks for distribution to individuals on case managers caseload; 10 backpacks given to CM on 8/23/19; 6 backpacks on 12/9/19.

Focus Area: Employment Opportunities and Skill Development

OBJECTIVE	COMMENTS	COMMENTS
5.1.1. By June 1, 2020, host at least one job fair that is specifically aimed at offering reentrants job opportunities.	Not Started	DOLWD will convene a work group starting in January, 2020 to begin planning for the job fair in April, 2020.
5.1.2. By January 1, 2020, incorporate a method by which businesses/organizations at appropriate DOLWD-sponsored hiring events can discretely identify themselves as being felon-friendly or open to hiring reentrants.	Not Started	The Employer First Job Fair is specifically aimed at job seekers that are veterans or have a disability; inherently, many reentrants may qualify. Attempting to incorporate a discrete method to identify felon-friendly employers will be begin with this job fair.

Focus Area: Access to Healthcare (Primary Care & Behavioral Health)

OBJECTIVE	STATUS	COMMENTS
6.1.1. Between July 1, 2019 and June 30, 2020 update the SUD Treatment Guide at least 2 times to ensure information is accurate and up to date.	In-process	Attempts have been made to update guide; POC's at several TX providers have left, and others have been unresponsive to requests for information. Coord. has asked for assistance from DOC Reentry Intern .

Focus Area: Transportation

OBJECTIVE	STATUS	COMMENTS
7.1.1 By June 30, 2020, pilot the Anchorage Ride Home project by providing the service to (TBD) number of individuals releasing back to the Anchorage community.	In-process	Sent proposal to Chet to ask about interest in participating; gave proposal to Janice W. on 8/30/19 and inquired about next steps with gaining approval from DOC; program plan sent to ANJC.



Focus Area: Culturally Responsive Services

OBJECTIVE	STATUS	COMMENTS
8.1.1. By March 1, 2020, make available a technology training opportunity that provides reentrants an opportunity to learn about how to use and operate modern technology for everyday use (e.g. cell phone, touchscreen, computers, internet).	In-process	Reached out to John Y and Rebecca B to ask about potential resources; started identifying potential technology partners; brought up idea to Bob C (has connection to GCI).
8.2.1. By June 30, 2020, implement a process/program that makes available the ability to remove offensive or gang-related tattoos for 10 or more reentrants in the Anchorage community.	In-process	Preliminary research has begun: obtained book; started online research; sent out a survey to key informants and inquired among many partners about existence of program already; logic model drafted; vendor contacted; letter of interest completed; spoke with DOC Reentry about concept; on-going outreach to potential partners; been put in touch with someone with access to a tattoo removal laser and has expressed interest in the project.
8.3.1. By June 30, 2020, pilot a process based on the Credible Messenger model that results in in reentrants engaged in mentoring at-risk, criminal justice involved youth .	Not Started	Shared idea with some potential partners, but no substantive ground has been made.



CHART A - Quarterly Coalition Meeting Attendance

