



Community Reentry Reinvestment Summary

RECIDIVISM REDUCTION: FY17 (Q1-Q4) & FY18 (Q1-Q2)
Division of Behavioral Health

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Division of Behavioral Health Recidivism Reduction Reinvestment Initiative / Program Descriptions

Direct Service

The following programs and initiatives provide direct service supports (such as case management, housing, treatment, and health care supports) to individuals being released into the community from prison or jail.

<p>FY17 / FY18</p>	<p>Community Reentry Case Management Anchorage Neighborhood Housing Services & Cook Inlet Tribal Council (sub-grantee), Valley Charities, Inc. & Daybreak, Inc. (sub-grantee), Interior Alaska Center for Non-Violent Living, Juneau Alliance for Mental Health, Inc., Bristol Bay Native Association <i>Anchorage, Mat-Su, Fairbanks, Juneau, Dillingham</i></p>
<p>Description</p>	<p>The purpose of community reentry case management is to utilize evidence-based practices to connect medium to high-risk felony offenders, high-risk misdemeanants, and sex offenders with community resources in order to reduce the likelihood of re-offense and recidivism back into prison or jail.</p>
<p>Before Reinvestment</p>	<ul style="list-style-type: none"> • Limited access to important offender information • Limited updates about offender release dates • Few pre-release referrals were being made 90-days to release
<p>After Reinvestment</p>	<ul style="list-style-type: none"> • Shared Release of Information (ROI) between designated community reentry case managers and DOC institutional probation officers, resulting in: (a) regular in-reach, (b) community offender transition (case) plans that mirror DOC’s reentry plans, (c) less duplication of services • Shared DOC-DHSS ACOMS Automated Referral System for case managers vetted by DOC; community reentry case managers have access to ROIs, the release date, reentry plans, and the referring DOC facility location in order to better coordinated statewide • Increased number of pre-release referrals coming from DOC facilities 90-days (or more) from release
<p>Capacity of Program / Initiative</p>	<p>Each case manager can have a maximum caseload of 40 active participants. There are currently 5 community reentry case managers located in: Anchorage, the Mat-Su, Juneau, Fairbanks, and Dillingham.</p>

Goals	<ul style="list-style-type: none"> • Reduce Recidivism through maximizing community resources by bridging the gap between pre-release connections and post-release services, including: case management, housing, treatment, employment, public assistance linkage, transportation assistance, emergency assistance supports (Alaska Criminal Justice Commission: Annual Report, October 22, 2017) • Increase access to support services shown to reduce recidivism by: <ul style="list-style-type: none"> ○ Identifying service availability ○ Connection to services offered in the community ○ Funding for services • Removal of barriers for service continuation or completion through transportation assistance, appointment reminders, follow-up and check-in with service providers regarding participant engagement in the service provided, and wrap around support if issues arise between service providers and the participant engaged in services
Evidence-based Outcomes	<ul style="list-style-type: none"> • Utilize risk assessment metrics (provided by the Department of Corrections) that determine risk of re-offense and the level of service engagement • Utilize risk, need, and responsivity model to develop community transition (case) plans that mirror the work that DOC has completed with the offender prior to release

FY17 / FY18		Reentry Center Partners for Progress Anchorage	
Description	<p>The Department of Health and Social Services – Division of Behavioral Health (DBH), in cooperation with the Alaska Criminal Justice Commission (ACJC), the Department of Corrections (DOC), and the contractor will provide a recidivism reduction program providing reentry services in Anchorage, Alaska for probationers, parolees, or individuals who are within (6) months of release from a correctional institution.</p> <p>The goal of the program is to increase public safety by reducing the amount of repeat felony crimes committed by offenders returning to the community. (State of Alaska, Department of Health and Social Services, December 2016)</p>		
Before Reinvestment	<ul style="list-style-type: none"> • Partners for Progress received \$550,000 to assist 800 participants in FY16, however, data collected showed that the amount was being 		

After Reinvestment

- stretched to cover transitional services to over 1,300 participants in FY16
- Connections to public assistance and Medicaid / Medicare were encouraged, but not required
- Billing structure did not allow for flexible emergency support service invoicing based off of participant spikes in housing needs
- Deliverables reflected “what works,” but did not detail risk-need-responsivity model
- Partners for Progress received increased funding to assist up to 1500 participants
- From December 2016 to June 2017, Partners for Progress:
 - Assisted over 250 eligible participants to sign-up for Medicaid
 - Provided Medicaid and Public Assistance consultations to over 300 participants
- Safe, stable, and sober housing continues to be a significant barrier for individuals releasing into the community; with additional reinvestment Partners for Progress has been able to create innovative, sustainable transitional housing models with partner organizations

Capacity of Program / Initiative

Up to 1500 active participants per fiscal year

Goals

- **Reduce recidivism through providing emergency support services;** including: housing, treatment, employment, public assistance linkage, transportation assistance, emergency assistance supports ([State of Alaska, Department of Health and Social Services, December 2016](#))
- **Increase access to support services** shown to reduce recidivism by:
 - Identifying service availability
 - Connection to services offered in the community
 - Funding for services
- **Removal of barriers for service continuation or completion** through transportation assistance, appointment reminders, follow-up and check-in with service providers regarding participant engagement in the service provided, and wrap around support if issues arise between service providers and the participant engaged in services

Evidence-based Outcomes

- Utilize risk assessment tools to determine risk of re-offense and level of service
- Administer emergency support services utilizing risk-needs-responsivity (RNR) principles

FY18	Alaska Medicaid Coordinated Care Initiative (AMCCI) Department of Health and Social Services, Division of Health Care Services statewide
Description	<p>The Alaska Medicaid Coordinated Care Initiative promotes quality, cost effective health outcomes by ensuring that coordinated medical services are provided in the most appropriate setting, by focusing resources on prevention and enhanced integration of primary medical care and behavioral health services.</p> <p>The contract with the Division of Health Care Services and the contractor (MedExpert) was amended to include individuals leaving the Department of Corrections institutions in need of assistance navigating the health care system, including utilizing care coordination supports to manage their treatment needs.</p>
Before Reinvestment	<ul style="list-style-type: none"> • AMCCI targeted “super-utilizers,” but there was no connection point for justice-involved individuals, who can be: <ul style="list-style-type: none"> ○ Hard to contact via traditional means ○ May be less likely to seek health care / behavioral treatment post-release
After Reinvestment	<ul style="list-style-type: none"> • AMCCI contract has been amended to include justice-involved individuals leaving the Department of Corrections institutions • AMCCI can be integrated as a resource for both institutional probation officers and community reentry providers; thus increasing the connection between AMCCI & the individual being released • Creation of an AMCCI workgroup dedicated to identifying barriers and finding solutions to challenging cases (Department of Health and Social Services – Commissioner’s Office, Division of Behavioral Health, Division of Health Care Services; Department of Corrections – Health and Rehabilitative Services)
Capacity of Program / Initiative	<p>Up to 940 individuals in FY18</p> <p>This service is open to justice-involved individuals leaving the Department of Corrections, regardless of their risk level or participation as part of a community reentry program.</p>

<p>Goals</p> <p>What Works</p>	<ul style="list-style-type: none"> • Increasing access to health care / behavioral health treatment, individual follow-up for future appointments • Reduce usage of higher-cost emergency services • Educate community reentry providers about AMCCI, and choosing the most appropriate health care supports for justice-involved individuals <ul style="list-style-type: none"> • Determine eligibility for coverage and review insurance status <i>prior</i> to release • Facilitate the application and enrollment of eligible individuals in Medicaid or other coverage • Collaborate with state or local health administrators on protocols to connect these individuals with appropriate community health care providers (Council of State Governments Justice Center, 2013) (Coordinating Access to Services for Justice-Involved Populations, August 2016)
<p>FY18</p>	<p>Returning Home Program Alaska Housing Finance Corporation (AHFC) Anchorage, Fairbanks, Homer, Juneau, Ketchikan, Kodiak, Mat-Su, Petersburg, Sitka, Soldotna, Valdez, Wrangell</p>
<p>Description</p>	<p>The Returning Home program is a referral-based, transitional rental assistance program designed to meet the housing needs of parolees and probationers from Alaska’s correctional institutions.</p>
<p>Before Reinvestment</p>	<ul style="list-style-type: none"> • The Returning Home program was operational, and successfully connected individuals exiting from DOC with access to safe, sober, and stable housing across Alaska (Alaska Housing Finance Corporation, September 15, 2014) • Grant funding for the program was fully expended
<p>After Reinvestment</p>	<ul style="list-style-type: none"> • The Returning Home program is able to resume, with DOC driven referrals • Data is being collected by AHFC about the individuals utilizing the program, and recidivism rates for program participants will be tracked
<p>Capacity of Program / Initiative</p>	

Two-year, tenant-based rental assistance will be available by referral from the Department of Corrections for the Returning Home Program. Capacity of the program will be determined by the following factors:

- 1) Cost of each voucher per community (the cost fluctuates depending on the rental market)
- 2) Length of time individuals and families utilize the voucher (the maximum time length is two-years)
- 3) Number of voucher recipients able to be connected to landlords willing to rent to the individual or family

Goals

- **Increase the long-term rental success of individuals coming out of DOC facilities** by educating probation officers about additional supports available by community, with an emphasis on employment and treatment supports
- **Reduce recidivism by increasing compliance with DOC supervision** through safe, stable housing supports
- **Expand tenant-based rental assistance to areas outside of Anchorage** for eligible applicants

What Works

- Establish collaborations with private landlords, the Department of Corrections, and the Alaska Housing Finance Corporation in order to establish and expand (short and long-term) housing options
- Housing stakeholders should take steps to expand housing options and voucher programs by pursuing funding options as they become available, work with private landlords so that persons with incarceration histories can access private rental housing, and work to address and present mitigating circumstances regarding criminal backgrounds prior to admission decisions in publicly funded housing ([State of Alaska, Governor's Housing Summit, January 6, 2016](#))

Prevention and Early Intervention

Programs / initiatives under prevention and early intervention are tasked with: (1) establishing and strengthening collaboration among community agencies, community members, and federal, state, local, and tribal entities in order to increase public safety and to assist individuals releasing from correctional facilities and institutions; (2) assessing community needs and resources; (3) developing a community specific comprehensive plan; (4) building leadership; (5) advocating for change; (6) evaluating community efforts; (7) sustaining recidivism reduction efforts.

Description	Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions: <ol style="list-style-type: none"> 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 DOC and its partners in reducing recidivism. (Alaska Community Reentry Program, September 2017)
Before Reinvestment	<ul style="list-style-type: none"> • Rural areas interested in pursuing coalition work struggled to sustain coalition efforts without a dedicated staff position • Rural reentry coalitions that had formed through grassroots efforts, had to independently get connected to the framework utilized by other reentry coalitions • Limited flexibility built into the initial reentry coalition structure unintentionally created capacity barriers for more rural communities
After Reinvestment	<ul style="list-style-type: none"> • On January 2017, two community reentry coalition grants were awarded for the Kenai Peninsula and Nome • On April 2017, two additional rural community reentry coalition grants were awarded for Ketchikan and Dillingham • By September 2018: <ul style="list-style-type: none"> ○ Dillingham was able to flex their grant funds to complete a community reentry plan and to hire a case manager ○ The Ketchikan community reentry coalition was able to hire a full-time reentry coordinator • The Kenai Peninsula reentry coalition is currently pursuing non-SOA grant funding to create sustainable community supports
Capacity of Program / Initiative	Not applicable.
Goals	<ul style="list-style-type: none"> • Reduce recidivism and increase access to services by: <ul style="list-style-type: none"> ○ Bringing diverse people and talents together ○ Pooling expertise and resources

- Going beyond individual and organizational efforts
- Increasing community involvement
- Identifying community needs
- Changing community values
- Keeping the issue public
- Collecting and sharing data
- Educating policy makers

(Alaska Community Reentry Program, September 2017)

Evidence-based Outcomes

- Assess Needs
- Build Capacity
- Plan
- Implement
- Evaluate

(Center for the Application of Prevention Technologies (CAPT), 2018)

Program Infrastructure

Creating sustainable, statewide foundations for communities across Alaska through: (1) streamlined data-tracking requirements; (2) more efficient referrals; (3) increased enrollment and access to Medicaid or private insurance; and (4) evaluations of program / initiative success or service gaps.

FY17	ACOMS Reentry Pre-Release Referral Module Department of Corrections <i>Anchorage, Mat-Su, Juneau, Fairbanks; DOC Correctional Facilities and Community Residential Centers</i>
Description	<p>An automated pre-release referral module within DOC’s ACOMS system called the DOC-DHSS Reentry Case Management Waiting List, was created by the Department of Corrections, in coordination with the Department of Health and Social Services.</p> <p>The purpose of the referral module is to increase pre-release referrals from DOC to case managers within 90-days of release.</p> <p>Access to the module is restricted to reentry case managers who have filled out the DOC ACOMS forms and who have received approval to access the module on a case-by-case basis from the Department of Corrections.</p>

Before Reinvestment	<ul style="list-style-type: none"> • Pre-release referrals were sporadic, and dependent upon a program’s ability to interact with participants in person, often in large group settings • The pre-release referral process for case management was dependent upon each institutional probation officer notifying each case manager individually • Releases of Information for individuals located at institutions outside of the area from which they were releasing were difficult to obtain • Initial referral number rates from DOC facilities and institutions to case managers were lower than expected, with gaps in referrals from the largest DOC correctional facilities
After Reinvestment	<ul style="list-style-type: none"> • The pre-release referral module is fully operational, June 30, 2017 • Pre-release referrals from June 2017 to April 2018 have increased dramatically • Institutional probation officers (IPOs) can refer offenders to reentry case managers across Alaska by simply clicking a button located within their IPO desktop in ACOMS • As of a March 2018 update, ROIs can be uploaded by the institutional probation officer directly into the ACOMS pre-release referral module
Capacity of Program / Initiative	<p>The module does not have a limit on the numbers of individuals referred. If there are more referrals than case managers have openings, a history of individuals unable to be connected to case management services prior to release is kept on a separate tab within the module.</p>
Goals	<ul style="list-style-type: none"> • Increase the number of referrals from institutional probation officers located at DOC facilities across the state through consistent outreach and trainings • All community reentry case management locations have access to the module, and are able to pull participants in need of services onto their caseloads when space allows • Reentry case managers check the module for referrals frequently, including for participant release or location changes • Increase the efficiency of case manager participant transfers from one location to another
Evidence-based Outcomes	<ul style="list-style-type: none"> • Match services pre-release when possible • Maintain contact with participants from pre-release to post-release • Meet one-on-one with participants pre-release (in-reach) to establish service needs

- Frontload resources within the first six months of release
(Alaska Criminal Justice Commission: Justice Reinvestment Report, December 2015)
(Tools of the Trade: A Guide to Incorporating Science Into Practice, 2013)

FY17 / FY18	AKAIMS Therapeutic Courts, Case Management Module Division of Behavioral Health, AKAIMS <i>Programs: Therapeutic Courts, Reentry Case Mangers, Reentry Center (Partners for Progress); Communities: statewide</i>
Description	Collecting criminal justice data and assessing outcomes is statutorily mandated for programs utilizing Recidivism Reduction funding. Both the Therapeutic Courts and the Reentry programs utilize AKAIMS for case management tracking, including: case notes, demographic information, and admission/discharge status. In FY18, the Partners for Progress Reentry Center will start to input intake and discharge information into AKAIMS.
Before Reinvestment	<ul style="list-style-type: none"> • Each reentry case management location would have been required to utilize the limited funding they received to source, pay for, and make updates to a separate data-tracking system via an independent contractor • Each location would have had “information siloes” created through each location developing different systems, increasing the level of difficulty for program evaluation • Entries on the same participant would have been unable to be linked between DBH treatment agencies and reentry case managers, and file transfers could not happen between case management locations for participants who relocated or moved, but still wanted case management services
After Reinvestment	<ul style="list-style-type: none"> • The therapeutic courts module is accessible across programs, including: the therapeutic courts, the reentry case managers, and (in FY18) the Partners for Progress Reentry Center for intake and discharge • Each program and location has restricted access to only the participants involved in services provided by their agency

<p>Capacity of Program / Initiative</p>	<ul style="list-style-type: none"> • Entries on the same participant are able to be linked between DBH treatment agencies and reentry case managers, and files can “follow” participants if they move to a new case management location • Reentry case managers have been actively involved in championing updates to AKAIMS, as well as in requesting additional reporting features / billing modules to refine participant and program tracking
<p>Goals</p>	<p>Not applicable.</p> <ul style="list-style-type: none"> • Reduce barriers for program refinement and evaluation • Provide a secure, case management information system that can be utilized by community agencies • Increase the efficiency of the system by responding to program needs • Increase the reporting features, so that reentry case managers are able to assess common barriers across clients, and to efficiently utilize resources and collaborations to respond quickly to participant needs
<p>Evidence-based Outcomes</p>	<ul style="list-style-type: none"> • Assess Needs • Build Capacity • Plan • Implement • Evaluate <p>(Center for the Application of Prevention Technologies (CAPT), 2018)</p>

FY17 / FY18 Department of Corrections, Medicaid Enrollment Funding Department of Health and Social Services, Division of Public Assistance <i>statewide</i>	
<p>Description</p>	<p>Partial funding for one Division of Public Assistance position to assist with determining eligibility for Medicaid and other programs administered by the Division. These funds will be used to focus on work related individuals who have been recently been released from Department of Corrections custody in order to reduce recidivism and increase funding options (for those that qualify) for health care and treatment.</p>
<p>Before Reinvestment</p>	<ul style="list-style-type: none"> • There was a significant processing backlog for Medicaid applications
<p>After Reinvestment</p>	<ul style="list-style-type: none"> • The number of individuals being able to successfully enroll in Medicaid (if they qualify) has increased

Capacity of Program / Initiative	<ul style="list-style-type: none"> Community reentry providers are reporting significantly fewer delays in the approval of Medicaid for participants that qualify <p>This partnership is intended to assist individuals who are exiting from DOC facilities.</p>
Goals	<ul style="list-style-type: none"> Remove financial barriers to obtaining health insurance: <ul style="list-style-type: none"> The majority of this population leaves a DOC institution uninsured, low-income, and with high rates of chronic and communicable illnesses, as well as mental health and substance use disorders (Council of State Governments Justice Center, 2013)
What Works	<ul style="list-style-type: none"> Determine eligibility for coverage and review insurance status <i>prior</i> to release Facilitate the application and enrollment of eligible individuals in Medicaid or other coverage (Council of State Governments Justice Center, 2013) (Coordinating Access to Services for Justice-Involved Populations, August 2016) (Final Report of the Alaska Criminal Justice Assessment Commission, May 2000)

FY18	<p>Department of Corrections, Behind the Walls / Community Treatment Vivitrol Study Department of Corrections, Health and Rehabilitative Services) <i>Pilot Program Locations: Anchorage Correctional Complex (ACC), Hiland Mountain Correctional Center (HMCC), Fairbanks Correctional Center (FCC), Wildwood Correctional Complex (WCC)</i></p>
Description	<p>The Division of Behavioral Health is a partner in funding a UAA study to assess the impact of DOC’s Vivitrol Behind the Walls program. By following up with individuals who have been screened and received the Vivitrol shot inside of the Department of Corrections (pre-release) as they enter into the community, DOC hopes to gather valuable information about successes, gaps, and challenges of the program that can be used to improve outcomes.</p>
Before Reinvestment	<ul style="list-style-type: none"> Limited capacity through community providers for post-release access to Vivitrol

After Reinvestment

- Vivitrol shots inaccessible to offenders pre-release
- Long-term outcomes of Vivitrol shot availability were not assessed by DOC

- DOC administers Vivitrol shots pre-release
- Long-term outcomes are being studied by DOC
- Gaps in connections to Vivitrol shots and community based treatment are being identified, including pre-release to post-release treatment connections

Capacity of Program / Initiative

Pilot program, with locations limited to certain facilities.

Goals

- Identify service gaps
- Assess the impact and effectiveness of the program

Evidence-based Outcomes

- Assess Needs
- Build Capacity
- Plan
- Implement
- Evaluate

(Center for the Application of Prevention Technologies (CAPT), 2018)



Division of Behavioral Health Recidivism Reduction Reinvestment

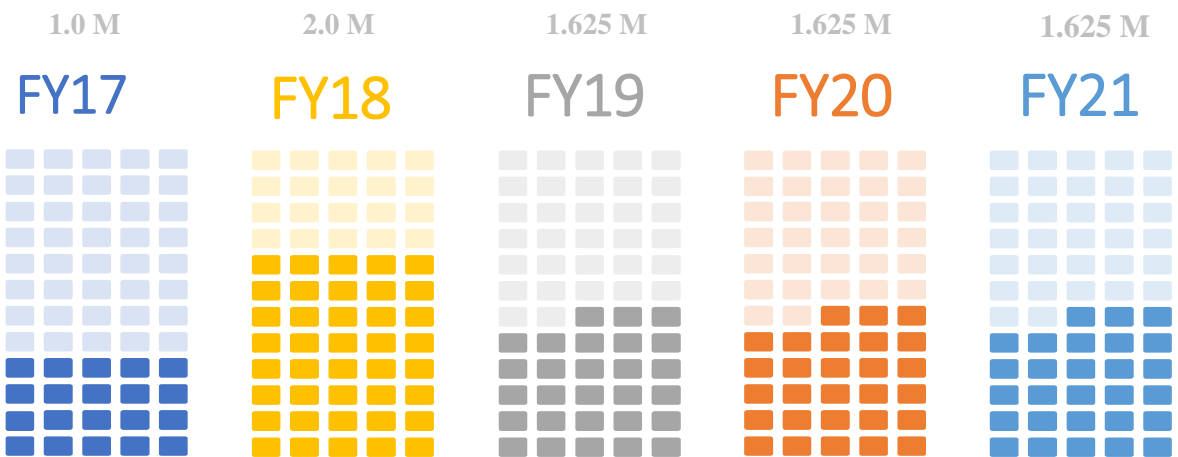
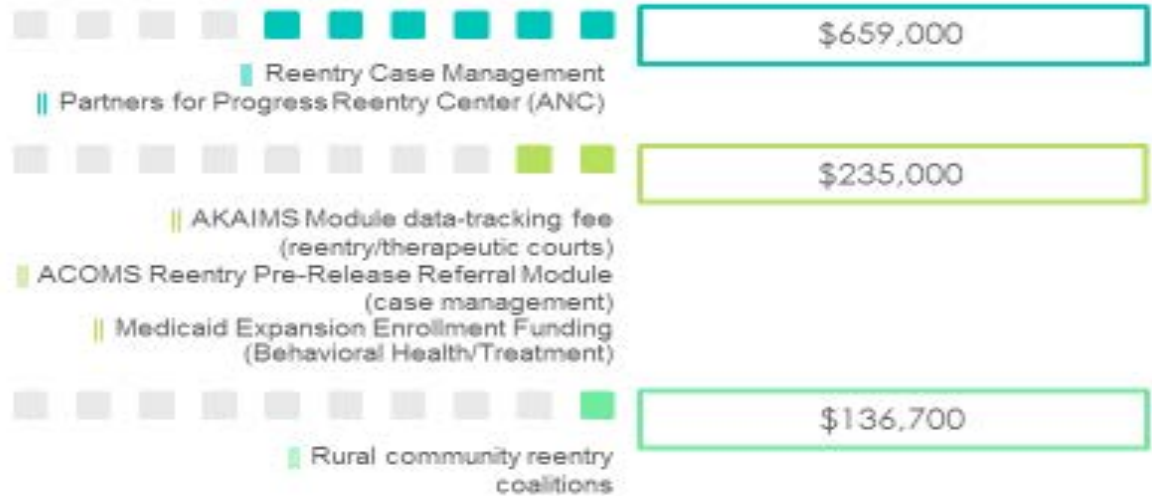
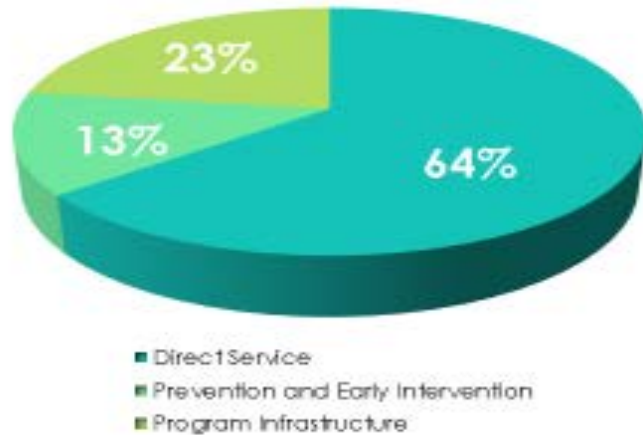


Figure 1 Community Reentry Reinvestment FY17-FY21

DBH Community Reentry Reinvestment (Recidivism Reduction)

FY17 (1.0 M)



Prepared by Alysa Wooden, DBH Program Coordinator

Figure 2 Community Reentry Reinvestment FY17

Locations Impacted	Recipients
Direct Service	
Anchorage, Fairbanks, Dillingham, Mat-Su, Juneau	Anchorage Neighborhood Housing Services & Cook Inlet Tribal Council (sub-grantee), Interior Alaska Center for Non-Violent Living, Bristol Bay Native Corporation, Valley Charities & Daybreak (sub-grantee), Juneau Alliance for Mental Health, Inc. (formerly National Council Alcoholism and Drug Dependence) Partners for Progress – Partners Reentry Center
Program Infrastructure	
statewide	Department of Corrections Division of Behavioral Health, AKAIMS: Pays for therapeutic courts module for Reentry Case Management, Reentry Center, and Therapeutic Courts Department of Health and Social Services, Division of Public Assistance
Prevention and Early Intervention	
The Kenai Peninsula, Ketchikan, Nome, Dillingham	Akeela, Inc., Bridges Community Resource Network, Bristol Bay Native Association, Norton Sound Health Corporation

DBH Community Reentry Reinvestment (Recidivism Reduction)

FY18 (2.0 M)*

*FY18: Q1-Q2. Final allocations will not be available until FY19.



■ Direct Service
 ■ Prevention and Early Intervention
 ■ Program Infrastructure

Prepared By Alysa Wooden, DBH Program Coordinator

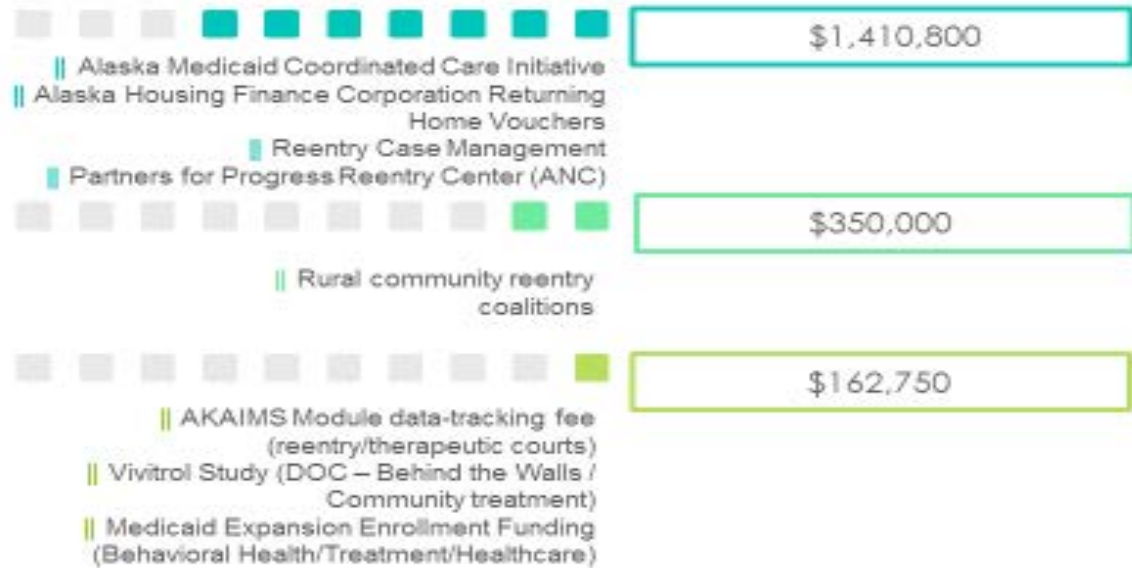


Figure 3 Community Reentry Reinvestment FY18

Locations Impacted	Recipients
Direct Service	
Anchorage, Fairbanks, Dillingham, Mat-Su, Juneau statewide (AMCCI) Ketchikan, Kodiak, Petersburg, Sitka, Soldotna, Valdez, Wrangell (AHFC Returning Home Vouchers)	Anchorage Neighborhood Housing Services & Cook Inlet Tribal Council (sub-grantee), Interior Alaska Center for Non-Violent Living, Bristol Bay Native Corporation, Valley Charities & Daybreak (sub-grantee), Juneau Alliance for Mental Health, Inc. (formerly National Council on Alcoholism and Drug Dependence) Partners for Progress – Partners Reentry Center Department of Health and Social Services, Division of Health Care Services Alaska Housing Finance Corporation
Program Infrastructure	
statewide pilot locations: Anchorage Correctional Complex, Hiland Mountain Correctional Center, Fairbanks Correctional Center, Wildwood Correctional Complex (Vivitrol Study)	Division of Behavioral Health, AKAIMS: Pays for therapeutic courts module for Reentry Case Management, Reentry Center, and Therapeutic Courts Department of Health and Social Services, Division of Public Assistance Department of Corrections, Health Care Services and Rehabilitation
Prevention and Early Intervention	
The Kenai Peninsula, Ketchikan, Nome, Dillingham	Akeela, Inc., Bridges Community Resource Network, Bristol Bay Native Association, Norton Sound Health Corporation

Appendix

Division of Behavioral Health Recidivism Reduction Stakeholders

Funding / Implementation Partners			
Alaska Criminal Justice Commission	Department of Corrections	Department of Health and Social Services: Public Assistance	Department of Health and Social Services: Health Care Services
Alaska Housing Finance Corporation	Alaska Mental Health Trust Authority	Partners for Progress, Partners Reentry Center	Akeela, Inc.
Bridges Community Resource Network	Norton Sound Health Corporation	Bristol Bay Native Association	Anchorage Neighborhood Housing Services & Cook Inlet Tribal Council
Interior Alaska Center for Non-Living	Valley Charities, Inc. & Daybreak, Inc.	Juneau Alliance for Mental Health, Inc. (formerly National Council on Alcoholism and Drug Dependence)	

Alaska Reentry Coalitions			
Anchorage Reentry Coalition	Fairbanks Reentry Coalition	Mat-Su Reentry Coalition	Juneau Reentry Coalition (JREC)
Ketchikan Reentry Coalition	The Kenai Peninsula Reentry Coalition	The Dillingham Reentry Task Force	Nome Reentry Coalition

What Works vs. Evidence-based Practice (EBP)

Resource	Work Cited
<p>“What Works” Implies linkage to outcomes (Brad Bogue, 2004)</p>	Yes
<p>“Evidence-based Practice (EBP)” 1) One outcome is desired others; 2) It is measurable; and 3) It is defined according to practical realities (i.e. public safety), rather than immeasurable moral or value-oriented standards (Brad Bogue, 2004)</p>	Yes

Program Coordinator Events: A selection of ACJC meetings and workgroups, presentations, SB 91 strategic planning meetings, and community reentry program trainings, visits, meetings, and audits

FY16		FY17		FY18	
Date	Event	Date	Event	Date	Event
Bi-weekly reentry center contract meetings starting: July 27, 2016 Bi-weekly reentry case management meetings starting: March 24, 2017					
8/3/2015	ACJC Full Meeting	7/9/2016	ACJC Workgroup on Behavioral Health	7/26/2017	ACJC Workgroup on Barriers to Reentry
2/18/2016	ACJC Workgroup on Behavioral Health	8/18/2016	Criminal Justice Working Group	8/23/2017	ACJC Full Meeting
3/11/2016	ACJC Workgroup on Title 28	8/25/2016	ACJC Full Meeting	12/7/2017	ACJC Full Meeting
4/5/2016	ACJC Workgroup on Barriers to Reentry	8/31/2016	SB91 Reentry Call - CJ	3/2018	On-site Visit / Audit: CM Mat-Su
4/7/2016	ACJC Workgroup on Title 28	9/8/2016	SB91 Recidivism Reduction Programming – DHSS Commissioner’s Office, DBH	5/3/2018	On-site Visit / Audit: CO Ketchikan
4/22/2016	ACJC Workgroup on Barriers to Reentry	9/9/2016	SB91 Implementation Planning Call- CJ	5/10/2018	On-site Visit / Audit: CM Fairbanks
4/28/2016	ACJC Workgroup on Title 28	9/2/2016	SB91 Recidivism Reduction Program Planning Meeting	5/16/2018	On-site Visit / Audit: CM Dillingham
5/11/16	ACJC Workgroup on Behavioral Health	10/12/2016	AK Coalition Housing and Homelessness Panel Presentation (Recidivism	5/23/2018	On-site Visit / Audit: CM Juneau

			Reduction Programming)		
5/25/16	ACJC Workgroup on Behavioral Health	10/26/2016	Medicaid Enrollment for Justice-Involved Individuals (Training)		
6/8/2016	ACJC Workgroup on Behavioral Health	11/22/2016	AKAIMS Demo: Partners for Progress		
6/22/2016	ACJC Workgroup on Behavioral Health	11/3/2016	SB 91 Data Collection Mtg.		
6/29/2016	ACJC Workgroup on Behavioral Health	12/15/2016	SB 91 Data Collection Mtg.		
		1/10/2017	Planning: Public Health Presentation		
		1/19/2017	ACJC Full Meeting		
		2/23/2017	ACJC Full Meeting (Reinvestment Update)		
		4/28/2017	ACJC Full Meeting		
		6/15/2017	ACJC Full Meeting		

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