

MEMO

To: Verné Boerner, Chair - Program and Planning Committee, Chair
Through: Steve Williams, Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: July 15, 2022
Re: FY21 Closed Grant Report for Trustees

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

FY21 Closed Grant Report

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its 24/25 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 FY24/25 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.

FY21 Closed Grant Selection Criteria

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

- a. Only FY21 closed grant projects (Authority Grants and MHTAAR grants)
- b. Only FY21 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 FY21 closed grant projects recommended for continued funding in the FY24/25 budget. (NOTE: If the FY24/25 recommendation is below the \$100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 38 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 FY21 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 FY24/25 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

Contents

Flexible Funding for Therapeutic Court Participants	5
Juneau Mental Health Court.....	15
Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model	45
Alaska Justice Information Center	53
Discharge Incentive Grants	307
Implement Crisis Intervention Team Training.....	318
Holistic Defense Model.....	322
Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Juneau.....	352
Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Fairbanks.....	407
Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	571
Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Anchorage.....	618

Project Title: Anchorage 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	
FY21 Grant Amount: \$229,500	
High Level Project Summary: <p>FY21 High Level Project Summary: This project provides financial resources to assist participants in Anchorage, Mat-Su, and Juneau Coordinated Resource Project (Mental Health Court) and the 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 through FY25.</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: Anchorage Flexible Funding for Therapeutic Court Participants

Staff Project Analysis:

FY21 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 can help 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 FY21 the therapeutic courts who received flex funds ran at an average of 60% capacity. The heaviest demand for the therapeutic courts funds has been housing, utilizing 35% of the flex funds, with transportation and emergent needs also being met.

In FY21 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 FY21. 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 through FY25.

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 FY21, this project provided flexible funding to court participants in Anchorage, Juneau and the MatSu 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 FY21, 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
FY21 Total \$214,500

Grantee Response - FY21 Grant Report Executive Summary:

See attached

Number of beneficiaries reported served by this project in FY21: See attached

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 narrative report for FY21 Flex Fund Grants
July 1st, 2020 through June 30th, 2021
Anchorage CRP Court Juneau CRP Court Palmer CRP Court Palmer FIT Court**

The Anchorage CRP Court ran at an average of 70% capacity during FY21, with 65% of the grant primarily used for housing. 35 unique individuals received housing assistance FY21. Emergent needs were able to be provided by the gift cards, and clothing vouchers with 2% spent from the grant funds and 5% spent on transportation. Partners continues to supplement the grant by requesting donations to help with providing small emergent need items and incentives. About 80% of participants in the Anchorage CRP Court have co-occurring Substance use and Mental Health Disorders.

During COVID Partners offered online employment workshops, as well as computer training, computer access, money management counseling, clothing, haircuts, and bicycles to CRP Court participants. These were available at various housing locations.

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. This year due to COVID Partners contracted with Alaska Therapeutic Court Alumni to provide ZOOM Peer Support Group Meetings for court participants. The AKTCA also offers on line monthly activities for all court participants. Partners has also funded a trained Alaska Therapeutic Court Alumni, CRP Court graduate to provide peer support groups for participants of the CRP Court.

Partner's works closely with the MHC project Coordinator to maintain housing and emergent needs for court participants while staying within the FY21 budget. This quarter Partners' staff requested and received gift cards from several vendors to be used as incentives for this court. Partners established a contract with Yellow Cab to provide transportation for CRP participants.

The Juneau CRP Court has run at an average of 40% capacity during FY21. It utilized 18% of its FY21 budget. Two participants were provided with housing for at St Vincent DePaul and at The Breakwater Inn using 13% of the total budget. Participants also received phone cards and other emergent needs items such as utility payments using 5% of the budget. Participants in the CRP Court fall into the combined beneficiary designations of Mental Illness, Chronic Substance Use and Mental Illness, Chronic Substance Use, and Traumatic Brain Injury.

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 Deluxe Taxi to provide rides for court participants. 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 has run at an average of 57% capacity during FY21. Usually this court runs at capacity but the COVID-19 restrictions have affected new intakes. It utilized 62% of its FY21 budget. The heaviest demand has been housing, utilizing 43% of the budget, providing assistance for 12 unique individuals, 18% spent on emergent needs, and 2% on transportation. Participants in the CRP Court fall into the following categories Mental Illness; Mental Illness and Chronic Substance Use; Mental Illness-Chronic Substance Use and Developmental Disabilities; Mental Illness, Developmental Disabilities: Chronic substance Use and Developmental Disabilities.

Partner's works closely with the MHC project Coordinator to maintain housing and emergent needs for court participants while staying within the FY21 budget. We have added a new housing provider, Set Free Alaska, Inc.

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.

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

Palmer FIT Court – The Palmer FIT court ran at an average of 71% capacity during FY21. The court usually runs at capacity but due to COVID-19 restriction there have not been any new participants coming into the court. The FIT court spent 41% of its budget during FY21 with 23% spent primarily on participant emergent needs, such as utilities, and specific needs for children, 17% on housing and 2% on transportation. FY21 FIT Court Funding provided assistance for ten Trust beneficiaries who fall into the beneficiary categories of Mental Illness, Chronic Substance Use and a combination of Mental Illness and Chronic Substance Use.

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.

	CRP Anchorage	CRP Juneau	CRP Palmer	TOTAL
Ordinary Income/Expense				
Income				
1100 · Grants	106,000.00	25,000.56	45,000.00	176,000.56
Total Income	106,000.00	25,000.56	45,000.00	176,000.56
Gross Profit	106,000.00	25,000.56	45,000.00	176,000.56
Expense				
100 · Payroll Expenses				
101 · Wages	-774.98	0.00	0.00	-774.98
108 · Worker's Comp Insurance	27.29	0.00	0.00	27.29
109 · Taxes				
109A · AK Unemployment Tax	59.81	0.00	0.00	59.81
109B · Federal Taxes (941/944)	547.28	0.00	0.00	547.28
Total 109 · Taxes	607.09	0.00	0.00	607.09
110 · Benefits	140.60	0.00	0.00	140.60
Total 100 · Payroll Expenses	0.00	0.00	0.00	0.00
610 · Participant Cost				
612 · Participant transportation	4,251.77	0.00	1,035.00	5,286.77
613 · Housing FWO/Transitional	57,283.29	3,319.50	19,149.24	79,752.03
614 · Housing Permanent	650.00	0.00	0.00	650.00
616 · Participant Costs	2,163.07	1,178.74	7,938.52	11,280.33
Total 610 · Participant Cost	64,348.13	4,498.24	28,122.76	96,969.13
700 · Administrative Cost				
716 · Administration Expense	11,736.63	0.00	0.00	11,736.63
Total 700 · Administrative Cost	11,736.63	0.00	0.00	11,736.63
Total Expense	76,084.76	4,498.24	28,122.76	108,705.76
Net Ordinary Income	29,915.24	20,502.32	16,877.24	67,294.80
Other Income/Expense				
Other Income				
1104 · Donations				
1104A · Donation Income	675.00	0.00	0.00	675.00
1104B · Donation Expense	-530.11	0.00	0.00	-530.11
Total 1104 · Donations	144.89	0.00	0.00	144.89
1107 · Rent				
1107A · Rent Income	225.00	0.00	600.00	825.00
1107B · Rent Expense	-474.75	0.00	0.00	-474.75
Total 1107 · Rent	-249.75	0.00	600.00	350.25
Total Other Income	-104.86	0.00	600.00	495.14
Net Other Income	-104.86	0.00	600.00	495.14
Net Income	29,810.38	20,502.32	17,477.24	67,789.94

Partners for Progress
Profit & Loss by Class
April through June 2021

	CRP Anchorage	CRP Juneau	CRP Palmer	TOTAL
Ordinary Income/Expense				
Income				
1100 · Grants	22,500.00	8,333.62	11,250.00	42,083.62
Total Income	22,500.00	8,333.62	11,250.00	42,083.62
Gross Profit	22,500.00	8,333.62	11,250.00	42,083.62
Expense				
100 · Payroll Expenses				
101 · Wages	-7,098.98	0.00	0.00	-7,098.98
108 · Worker's Comp Insurance	3.22	0.00	0.00	3.22
109 · Taxes				
109A · AK Unemployment Tax	13.72	0.00	0.00	13.72
109B · Federal Taxes (941/944)	59.94	0.00	0.00	59.94
Total 109 · Taxes	73.66	0.00	0.00	73.66
110 · Benefits	14.12	2,083.33	0.00	2,097.45
Total 100 · Payroll Expenses	-7,007.98	2,083.33	0.00	-4,924.65
610 · Participant Cost				
612 · Participant transportation	1,834.65	0.00	1,035.00	2,869.65
613 · Housing FWO/Transitional	18,598.01	797.50	6,939.84	26,335.35
614 · Housing Permanent	650.00	0.00	0.00	650.00
616 · Participant Costs	960.00	754.94	5,714.61	7,429.55
Total 610 · Participant Cost	22,042.66	1,552.44	13,689.45	37,284.55
700 · Administrative Cost				
716 · Administration Expense	4,640.59	0.00	0.00	4,640.59
Total 700 · Administrative Cost	4,640.59	0.00	0.00	4,640.59
Total Expense	19,675.27	3,635.77	13,689.45	37,000.49
Net Ordinary Income	2,824.73	4,697.85	-2,439.45	5,083.13
Other Income/Expense				
Other Income				
1104 · Donations				
1104B · Donation Expense	-238.05	0.00	0.00	-238.05
Total 1104 · Donations	-238.05	0.00	0.00	-238.05
Total Other Income	-238.05	0.00	0.00	-238.05
Net Other Income	-238.05	0.00	0.00	-238.05
Net Income	2,586.68	4,697.85	-2,439.45	4,845.08

	<u>MHTA PFit FY21</u>	<u>TOTAL</u>	
Ordinary Income/Expense			
Income			
1100 · Grants	38,499.42	38,499.42	
Total Income	<u>38,499.42</u>	<u>38,499.42</u>	35000
Gross Profit	38,499.42	38,499.42	
Expense			
610 · Participant Cost			
612 · Participant transportation	611.73	611.73	2% MI 50% - 3, MI-CSU 17% - 1, CSU 33% -
613 · Housing FWO/Transitional	5,810.65	5,810.65	17% MI 40% - 4, MI-CSU 50% - 5, CSU 10% -
616 · Participant Costs	7,997.98	7,997.98	23% MI 50% - 2, MI-CSU 25% - 1, CSU 25% -
Total 610 · Participant Cost	<u>14,420.36</u>	<u>14,420.36</u>	41%
700 · Administrative Cost			
716 · Administration Expense	2,881.75	2,881.75	
Total 700 · Administrative Cost	<u>2,881.75</u>	<u>2,881.75</u>	
Total Expense	<u>17,302.11</u>	<u>17,302.11</u>	
Net Ordinary Income	<u>21,197.31</u>	<u>21,197.31</u>	
Net Income	<u>21,197.31</u>	<u>21,197.31</u>	

MI=Mental Illness
CSU=Chronic Substance Abuse
TBI=Traumatic Brain Injury
DD Developmental Disability

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07/29/21
Accrual Basis

Partners for Progress
Profit & Loss by Job
July 2020 through June 2021

Ordinary Income/Expense	
Income	
1100 · Grants	
Total Income	
Gross Profit	
Expense	
610 · Participant Cost	
612 · Participant transportation	2 Total 6
613 · Housing FWO/Transitional	1, Total 10
616 · Participant Costs	2, Total 4
Total 610 · Participant Cost	
700 · Administrative Cost	
716 · Administration Expense	
Total 700 · Administrative Cost	
Total Expense	
Net Ordinary Income	
Net Income	

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07/29/21
Accrual Basis

Partners for Progress
Profit & Loss by Job
April through June 2021

	<u>MHTA PFit FY21</u>
Ordinary Income/Expense	
Income	
1100 · Grants	8,749.71
Total Income	<u>8,749.71</u>
Gross Profit	8,749.71
Expense	
610 · Participant Cost	
612 · Participant transportation	611.73
613 · Housing FWO/Transitional	3,582.40
616 · Participant Costs	3,591.15
Total 610 · Participant Cost	<u>7,785.28</u>
700 · Administrative Cost	
716 · Administration Expense	1,113.57
Total 700 · Administrative Cost	<u>1,113.57</u>
Total Expense	<u>8,898.85</u>
Net Ordinary Income	<u>-149.14</u>
Net Income	<u><u>-149.14</u></u>

Project Title: Juneau Mental Health Court (FY21)	
Grantee: Alaska Court System	
Fund: MHTAAR	
Geographic Area Served: Juneau City and Borough	Project Category: Direct Service
Years Funded: FY09 to Present	
FY21 Grant Amount: \$126,100.00	
High Level Project Summary: <p>FY21 High Level Project Summary: 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 through FY25.</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 (FY21)

Staff Project Analysis:

FY21 Staff Project Analysis: FY21 the Juneau Coordinated Resources Project, or JCRP (Mental Health Court) continued to grow with a utilization rate of 40%. Staff turnover, the ongoing pandemic and housing issues are still negatively affecting the court. One participant graduated during FY21 who opted-in to the program during FY20. JCRP participants continue to experience fewer arrests and days in jail (other than in a halfway house) 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 JCRP team continues to explore strategies with community partners to increase the court's 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 provides 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. Staff recommends continued funding for the Juneau mental health court through FY25.

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 - FY21 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 Manager (PO/CM) 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 is required before admission into the program. JCRP addressed the needs of 9 program

participants during FY21. 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.).

Impact of Pandemic

Due to the COVID-19 pandemic, most aspects of the JCRP program in FY21 were conducted virtually or telephonically until April 2021 when participants were required to attend court in person again. Before that many JCRP participants had difficulty with using and understanding Zoom and many needed assistance with getting a phone and data plans to attend all the required hearings and services. In-person pre-meets, treatment services and face-to-face contact between Probation Officers were also reinstated.

Since jury trials were suspended all year, defendants chose to have their cases continued with the hope of having their charges dismissed. Another dampener on referrals was caused by the DA's office expressing concern over treatment services provided virtually rather than in person.

Retention & Utilization

Because there have been so few referrals, therapeutic court representatives will meet with attorneys, treatment providers and DOC to discuss the types of cases and individuals that are most appropriate to participate in the court when trials resume.

JCRP admitted co-occurring cases in FY21: three participants were unable to successfully complete the program. Reasons for their discharge included: an FASD disability that prevented the participant from being able to comply with requirements of the program; a participant who had schizophrenia and was therapeutically discharged to work with the ACT team; and a participant who absconded.

In conjunction with the other two CRP courts, JCRP continued to develop a phase system so that participants will have a concrete rather than abstract idea of the goals and milestones to be achieved to successfully graduate from the program.

Network Breach

The Court System suffered a network breach at the end of April 2021 and email and access to other media were disrupted for a few days. Then in the middle of May, DHSS suffered a major cyberattack resulting in the AKAIMS database going offline and our ASAP Probation Officers being unable to access their network. At the time of writing this report (September 2021), AKAIMS is still unavailable. Therapeutic court staff are currently tracking data manually with the intent of doing intensive data entry once AKAIMS is back online. Fourth quarter reports were not completed because of the database being unavailable.

Training

JCRP saw a turnover of all the attorneys on the team for both state and municipal slots in FY21. The PC worked diligently to orient the new attorneys and provide them with foundational training and further educational resources. The PC also arranged for team in-house training on AA and two interactive sessions that simulated an MRT group and a SMART Recovery group, and generated a team discussion of the two types of 12-step recovery programs.

No NADCP conferences took place in FY21 (two happened during FY20) but FY21 funds from this grant were used for the JCRP Project Coordinator to attend a virtual NAADAC conference on Trauma and

Advanced Skills for Substance Use Disorders. The Project Coordinator also attended the annual MAT conference, Matsu Reentry Summit, and the Mental Health Court Conference. The Probation Officer and PC attended the virtual Reducing Recidivism Conference and ANSA training.

Peer Support

Participants in Anchorage therapeutic courts mentored JCRP participants and encouraged them to attend support groups. Most CRP participants attended the Juneau Alumni group meetings at least once or twice a month, depending on their stability in the program.

In May of this year a JCRP and JTC participant worked together with the Alaska Therapeutic Court Alumni group to arrange a community event to recognize National Drug Court Month: 'Kites for Recovery' offered food, a bonfire, and kites to fly and was a well-attended event.

Housing

Transitional and low-income housing continue to be in short supply in Juneau and are a hurdle for potential JCRP participants, who can be hampered by their criminal background and unstable rental history. However, Tlingit & Haida opened two new men's transitional housing units and took over Haven House, the women's transitional housing unit.

Flex funds from a separate MHTAAR grant in the amount of \$3941.00 were spent between three participants for housing including in hotels and Haven House. Housing is secured for participants before release from jail if the participant is in custody, or as soon as possible for those participants who are out of custody who do not have housing.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 9

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 1

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:

None. All referrals were eligible.

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: 2

Percentage of opt-ins who were successfully connected to treatment services: 2/2 100%

Reasons for opt-ins not successfully connected to treatment: N/A

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

- Total number of FY21 opt-ins who graduated
- Total number of previous (FY20) opt-ins who graduated in FY21
- 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 FY21, 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 (FY20), 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 21, 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 (FY20), the total number of arrests six months prior to participation, during participation, and six months after graduating
- For those who opted-in in FY21, the total number of days spent in a residential psychiatric treatment facility
- For those who opted-in in previous FY (FY20), the total number of days spent in a residential psychiatric treatment facility

Grantee Response to Performance Measure 3:

- Total number of FY21 opt-ins who graduated: 0
- Total number of previous (FY20) opt-ins who graduated in FY21: 1
- Total number of opt-ins who later opted-out, not completing the requirements of the court and why: 0
- What was the case disposition of those participants who graduated in FY21: Charges were dismissed
- For those who opted-in in FY21, 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 (FY20), 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 21, 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 (FY20), 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 FY21, the total number of days spent in a residential psychiatric treatment facility. Please see attached table 'Incarcerations, Arrests & Psychiatric Treatment Facilities'

<ul style="list-style-type: none"> For those who opted-in in previous FY (FY20), 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, 2020 - June 30, 2021).
Grantee Response to Performance Measure 4: Please see attached tables 'JCRP FY21 Capacity Utilization'.
Performance Measure 5: Provide a copy of each of the quarterly reports generated by the Juneau Coordinated Resources Project during FY21. July 1, 2020 - June 30, 2021).
Grantee Response to Performance Measure 5: Please see attached report: 'JCRP FY21 Q1-3 Reports Combined'. Note: because of the the DHSS network breach in mid-May and subsequent inaccessibility of the AKAIMS database, it was decided to delay Quarter 4 reports. As of 9/27/21 these reports have not been completed as AKAIMS is still offline.

1935.12 Juneau Coordinated Resources Project – FY21 Performance Measures – Incarceration & Arrests			
For those who opted-in in FY21 , 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
	159	240 Halfway house	N/A
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.	194	68	5
For those who opted-in in FY21 , the total number of arrests six months prior to participation, during participation, and six months after graduating, if available.	1	0	N/A
For those who opted-in in previous FYs , the total number of arrests prior to participation, during participation in FY20, and six months after graduating, if available.	10	8	1
For those who opted-in in FY21 , 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.	0	0	0
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.	Unknown	46	N/A

Performance Measure #4
JCRP FY21 Capacity Utilization & Retention

Juneau Coordinated Resources Project - Capacity 15 July 2020 - June 2021													% Annual Discharges
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
# Beginning of Month	6	6	6	7	7	8	6	6	6	5	5	5	
# Referrals	0	0	3	1	3	2	0	3	1	0	1	2	
# Initial Opt-Ins	0	0	1	0	2	1	0	0	0	0	0	0	
# Returns to Regular Court	0	0	0	0	0	1	0	0	0	0	0	0	
# Admissions	0	0	1	0	1	1	0	0	0	0	0	0	
# Formal Opt-Ins/Rule 11s	0	0	0	1	1	0	0	0	0	0	0	1	
# Opt-Outs After Formal Opt-In	0	0	0	0	0	0	0	0	0	0	0	0	0%
# Terminations	0	0	0	0	1	1	0	0	0	0	0	0	67%
# Graduations	0	0	0	0	0	0	0	0	1	0	0	0	33%
# End of Month	6	6	7	7	7	6	6	6	5	5	5	6	
# Pending Admissions	0	0	0	0	1	0	0	0	0	0	0	0	
# Total Participants & Pending Admissions	6	6	7	7	8	6	6	6	5	5	5	6	
% Capacity Utilization	40%	40%	47%	47%	53%	40%	40%	40%	33%	33%	33%	40%	
% Average Quarterly Utilization			42%			47%			38%			36%	
% Average 12 Month Utilization												41%	

Juneau Coordinated Resources Project - Capacity 15 Annual Statistics July 2020-June 2021					
		% Initial Opt-Ins vs Referrals	% Returns to Regular Court vs Initial Opt-Ins	% Admissions vs Initial Opt-Ins	% Annual Discharges
# Total Participants	9				
# Referrals	16				
# Initial Opt-Ins	4	25%			
# Returns to Regular Court	1		25%		
# Admissions	3			67%	
# Opt-Outs After Formal Opt-In	0				0%
# Graduations	1				33%
# Terminations	2				67%
% Average 12 Month Utilization	41%				

**FY21 Juneau Coordinated Resources Project (JCRP)
Quarters 1-3 Reports Combined**

Goals & Objectives

Goal One, Essential Elements 2, 3, 9

To enhance the quality of life and increase public safety in the City & Borough of Juneau, by reducing criminal behavior/recidivism, and incarceration among JCRP participant offenders

Process Objectives

- 1. All potential JCRP participants will receive a strength-based assessment within 30 days of initial opt-in and an individualized case plan within 5 days of final review that will connect them to community based treatment and support services that encourage recovery.**

- a. What percentage of assessments were completed within the above timeframe?**

Q1: 100% of participants received assessments and individualized case plans within the stated timeframe.

Q2: 66% of participants received assessments within initial opt-in. 33% did not due to absconding from supervision. 100% of participants that made it to Final MDT Review had an individualized case plan done within 5 days of the final review.

Q3: No participants opted into JCRP this quarter.

- b. Report on compliance with assessment schedules.**

- Refer to BILP Active Client Tracker.

Q1: JCRP is in compliance with the assessment schedules.

Q2: JCRP continues to be in compliance with the assessment schedules.

Q3: N/A

- c. Report on referrals to all services; describe any gaps/hurdles.**

Q1: Referrals were made to MAT, financial services, sponsors, vocational training, vocational services, and case management.

Q2: Referrals were made for ACT, mental health services, recovery meetings, and substance use assessments.

Q3: Referrals were made for recovery meetings, sponsors, and financial services.

2. **All JCRP participants will receive intensive supervision (as defined by the ASAP policies and procedures) to monitor the delivery and receipt of mental health services and treatment and be scheduled for regular court hearings to monitor compliance.**
- Report whether supervision was carried out according to ASAP P&Ps.
 - Give explanation if participants have not successfully completed therapeutic court and reasons that may have contributed to this (supervision/treatment/housing, etc.).

a.

ORIENTATION

- ASAP policy dictates that orientation to JCRP starts at initial opt-in and is to be completed within 1 week of the admission date.

Q1: 100% of participants completed orientation within 1 week of admission to JCRP.

Q2: 100% of participants completed orientation within 1 week of admission to JCRP.

Q3: N/A for this quarter

OFFICE VISITS

- Office visits for JCRP participants are determined by their risk/need assessment results and current level of functioning and stability. Weekly contact is required with participants through any of the following: office meetings, telephone contact, weekly logs, UA testing, or court.

Q1: 194 office visits were scheduled between 6 participants this quarter. 130 of those office visits were conducted. 61 office visits were FTA's, 2 were excuses, and 1 office visit did not have a result.

Q2: 61 office visits were scheduled between 9 participants. 46 of those office visits were conducted.
12 were FTA, 1 was excused, and 2 were not resulted.

Q3: 50 office visits were required to be scheduled between 6 participants. 52 office visits were conducted between 6 participants. There was 1 FTA.

CASE PLANS

- All JCRP participants are to have an individualized (R11 case plan) done within 5 days of the final MDT review. All participants are to receive an expanded case plan within 30 days of admission. Case plan updates are done every 30 days for new participants, and then every 30, 60, or 90 days depending on program progress.

Q1: R11 Case Plan

1 participant was required to receive an R11 case plan. That participant did receive the case plan within the timeframe listed above.

Expanded Case Plan/Case Plan Update

Of the participants that should have received an expanded case plan or case plan update, 0% of those participants received either of those case plans.

Q2: R11 Case Plan

100% of participants received an R11 case plan within 5 days of final MDT review.

Expanded Case Plan

0% of participants received an expanded case plan.

Case Plan Update

0% of participants received a case plan update.

Q3: R11 Case Plan

N/A – No participants required a R11 case plan

Expanded Case Plan

There should have been 1 Expanded Case Plan done this quarter. This was not completed.

Case Plan Update

There should have been 6 case plan updates done this quarter. 1 (17%) case plan was done.

c. Give explanation if supervision not meeting requirements.

Q1: It is unclear why no case plan updates were done this quarter. All participants should have had some kind of update to their case plans.

Q2: It is unclear why supervision continues to fail to conduct expanded case plans and case plan updates with participants.

Q3: It is unclear why supervision continues to fail to conduct expanded case plans and case plan updates as needed per ASAP policy.

b. Reasons for non-completion

- No participants were discharged this quarter.

3. All JCRP participants will receive home visits (as defined by ASAP policies and procedures.

- a. Report whether supervision was carried out according to ASAP P&Ps.

FIELD VISITS

- All participants are to receive 1 announced home visit between the initial opt-in/First MDT review and Final MDT review. All participants are to receive 1 unannounced home visit within 60 days of the final MDT review. Any participant who is high risk/need shall have 1 unannounced home visit at least every 4 months. Any participants who are med/low risk need shall have 1 unannounced home visit at least every 6 months.

Q1: No participants have received field visits in person or virtually since February 2020.

Q2: **Announced**

100% of participants who should have had an announced home visit, received that visit.

Unannounced

29% of participants received an unannounced home visit.

Q3: **Announced**

N/A – No participants were in need of an announced home visit.

Unannounced

0% of participants have received unannounced home visits this quarter.

b. Give explanation if supervision not meeting requirements.

Q1: Due to the pandemic, in person field visits were suspended until August 2020. In August 2020 field visits were to start occurring virtually. It is unclear why no participants have received a virtual home visit this quarter.

Q2: It is unclear why some participants are receiving unannounced home visits and some are not.

Q3: It is unclear why no participant received an unannounced home visit this quarter.

Goal Two, Essential Elements 4, 10

To reduce the cost associated with recidivism of JCRP participants to provide an overall reduction in the cost associated with recidivism, criminal case processing, incarceration, and jail overcrowding.

Process Objectives

1. Treatment, services, and supervision will be structured and individualized to reduce opportunities for and risks of further criminal behavior.

a. Is treatment provided at times that are beneficial for participants?

- JCRP works with JAMHI and GHS to provide mental health and substance use treatment. GHS provides classes Monday – Friday in the evening time. JAMHI provides classes Monday – Friday during the day time.

b. Are best practice treatment services provided for participants (are they intended for this target population)?

- Best practice treatment services are provided for participants in JCRP. Both JAMHI and GHS provide integrated behavioral health treatment services. JAMHI also provides case management services for participants.

c. Is supervision provided at times that are beneficial for participants?

- PO regularly arranges her schedule to meet participant needs.

d. What percentage of case plans and case plan updates are completed when due?

Q1: 17% of case plans were completed when due.

Q2: 22% of case plans were completed when due.

Q3: 17% of case plans were completed when due.

2. Maintain annual utilization rate of therapeutic court of 65% or greater.

- a. Has the court met this rate? If not, what is the utilization rate? Reasons for under-utilization (pre- and post- COVID complications).

Q1: The court has not met this rate this quarter. The average quarterly utilization rate was 42%. The court has increased utilization since last quarter, however due to COVID referrals to the court were significantly decreased, with no referrals being made to the court until September 2020.

Q2: The court has not met this utilization rate this quarter. The average quarterly utilization rate was 44% . The court had 3 terminations and 1 return to court this quarter.

Q3: The court continues to not meet this utilization rate. The average quarterly utilization rate was 38%.

3. If utilization falls below 65%, arraignment reports will be reviewed daily, with appropriate cases flagged for DA/PD review. A list will be maintained of all cases flagged for referral to the therapeutic court. Quarterly, the project coordinator will seek information from the DA and PD's offices with respect to any defendants identified that have not entered the court.

- a. Has the PC followed this process?

- PC reviews the arraignment calendar daily and flags any appropriate cases for DA/PD approval.
- PC does follow up with the DA and PD's office when referrals have not entered the court. Sometimes, the PD has not been able to be in contact with their clients, sometimes the clients are not interested, and sometimes there is no response on PC's inquiry.

Goal Three, Essential Elements 2, 3, 4, 6

Using evidence-based practices, the JCRP supports participants' mental health well-being and abstinence from mood/mind altering substances while promoting self-sufficiency and pro-social engagement in the community.

Process Objectives

- 1. Through attorney and ASAP PO contact, all participants will be informed of the rules and expectations of the (court name) program. Participation in the (court name) program will be at the voluntary, informed choice of the participant.**
 - a. Track percentage of participants' that have documented orientation dates and Rule 11 dates.

ORIENTATION

- ASAP policy dictates that orientation to JCRP starts at initial opt-in and is to be completed within 1 week of the admission date.

Q1: 100% of participants had their orientation completed within 1 week of admission date.

Q2: 100% of participants had their orientation completed within 1 week of admission date.

Q3: N/A – No participants were in need of an orientation this quarter.

R11

Q1: 100% of participants who opted into JCRP in the first quarter had a final review. Of those that had a final review 100% had an R11/COP.

Q2: 66% of participants who opted into JCRP this quarter had a final review. Of those that had a final review, 50% had a R11/COP.

Q3: 17% of participants who made it to final review still had not had their R11 completed by the end of this quarter. The participant had final review and was admitted to the court last quarter and has not had a change of plea. The attorneys cannot come to an agreement and the team is dissatisfied with the proposed R11 for this participant. The ADA has refused to listen to the teams concerns about the R11.

- 2. If eligibility has not already been determined with previous assessments, potential JCRP participants will be referred for assessments by mental health and substance use providers.**

- a. Track referral dates and assessment completion dates for all participants.
- b. What percentage of those referred have received completed assessments within 30 days from their referral to court.

Q1: 1 participant was already connected to services.

Q2: 2 participants were connected to services and 1 participant completed the assessment within 30 days of referral (100%)

Q3: 1 person was referred to get assessed for eligibility. As of the end of the quarter it is

unclear if this person has done that.

3. All integrated behavioral health assessments will reflect mental health and substance use treatment needs using current DSM and ASAM criteria.

- JAMHI and GHS are the treatment providers that JCRP utilizes for services. Both agencies conduct integrated behavioral health assessments using current DSM and ASAM criteria.

4. All JCRP participants will be entered into appropriate treatment services within 5 days after final MDT review.

- a. What percentage of participants were entered into services within 5 days after final MDT review?

Q1: 100% of participants were connected to services within 5 days of final MDT review.

Q2: 100% of participants were connected to services within 5 days of final MDT review.

Q3: N/A – There was no final reviews done this quarter.

5. JCRP will monitor and assess the effectiveness of treatment service providers.

- a. What is the treatment completion rate this quarter for participants (% for each provider utilized)?

Q1: 0% of participants have completed treatment this quarter.

Q2: 0% of participants have completed treatment this quarter.

Q3: 17% of participants have completed treatment this quarter.

6. Encourage participants' use of and participation in required services through appropriate application of incentives and sanctions.

- a. Ratio of incentives and sanctions (goal should be 4:1) - report whether meeting that goal, and if not, why not.

Q1: The court did not meet this objective this quarter with a ratio of 3:1 incentives to sanctions.

Although the court did not meet the goal this quarter it is an increase from the last quarter which saw 1.3 incentives to every 1 sanction.

Q2: The court did not meet this objective and continues with a ratio of 3:1 incentives to sanctions.

Q3: The court did not meet this objective and continues with a ratio of 3:1 incentives to sanctions.

- b. **How often (what percentage of the time) did the incentives or sanctions applied impact participant behavior successfully?**
- Q1:** 38% of sanctions were successful in impacting participant behavior.
56% of incentives given for proximal goals were successful in impacting participant behavior.
- Q2:** 42% of sanctions were successful in impacting participant behavior.
97% of incentives given for proximal goals were successful in impacting participant behavior.
- Q3:** 70% of sanctions were successful in impacting participant behavior.
93% of incentives given for proximal goals were successful in impacting participant behavior.
7. **Assistance to any JCRP participant lacking safe and sober housing will be provided prior to being admitted into the JCRP.**
- a. How many participants are being provided housing prior to formal admission, and for how long?
- Q1:** No participants were in need of housing this quarter.
- Q2:** 1 participant was provided housing prior to formal admission. The participant was in
the housing for 5 days.
- Q3:** No participants were in need of housing this quarter.
8. **All JCRP participants will be referred to training and mentoring in life skills, such as parenting and financial management, to include insurance enrollment (as appropriate).**
- a. If not, what % and why?
- Q1:** 14% of participants were referred to financial services
- Q2:** 0% of participants were referred for any services of this type.
- Q3:** 0% of participants were referred for any services of this type.
9. **Ensure JCRP participants without a high school diploma are enrolled and actively pursuing their GED within 8 months of entering the (court name) (as appropriate).**
- a. Does the court have documentation that this took place? What percentage?
- Q1:** No participants were referred for GED services.
- Q2:** No participants were referred for GED services.

Q3: No participants were referred for GED services.

10. Ensure JCRP participants will further their education/employment by utilizing vocation/vocational services (as appropriate).

a. Does the court have documentation that this took place? What percentage?

Q1: 14% of participants were referred for vocational services

Q2: 0% of participants were referred for any vocational services

Q3: 0% of participants were referred for any vocational services.

Goal Four, Essential Elements 1, 6, 8, 10

Conduct outreach and work with the Therapeutic Courts Office and Communications Counsel to inform the public about the benefits of therapeutic courts.

Process Objectives

1. Provide community awareness on Mental Health Courts and document at least one outreach effort each quarter.

a. Report on outreach throughout the year.

Q1:

- PC met with the Juneau Substance Use and Prevention (JSUP) group this month. JSUP is a relatively new group who are taking a community approach to substance use and prevention not only with adults, but also with youth. This meeting was to talk about establishing work groups for creating goals and objectives, youth/community engagement, funding, and data collection.
- PC provided a short presentation to staff members at JAMHI on the JTC and CRP court. PC is seeking referrals for both courts, and wanted to inform staff at JAMHI how the referral process works for both courts and also to allow for any questions that staff may have.
- PC is a part of the funding work group for the Juneau Substance Use and Prevention (JSUP) group. PC met with the funding work group to discuss finding funding for JSUP projects. PC met with entire JSUP group to talk about progress of work groups.
- PC worked with AKTCA and participants, to plan a virtual 5k event to celebrate Recovery Month. The event was held 9/26/20.
- Team met with Travis Welch from the Alaska Mental Health Trust. There has been team turnover, and it has been awhile since the team has met with Mr. Welch. So PC arranged a meeting to introduce new team members.

Q2:

- PC & PO attended the weekly meeting with LCCC & CRC staff. CRC staff had concerns about a mutual client and wanted to talk with PC & PO about supervision responsibilities (which PO is responsible for what) and to also talk about referrals to the JCRP court.
- PC met with Talia Eames from Tlingit & Haida (T&H) to discuss transitional housing. T&H has recently acquired 3 buildings that they are transforming into transitional housing. 2 buildings for men, and they have acquired Haven House. They are currently ready to fill beds at their facilities, so this opens up a lot of new housing opportunities for potential/current JTC participants.
- PC attended a community meeting hosted by the Juneau Reentry Coalition on accessing reentry services in Juneau during COVID.
- PC attended a meeting with JSUP. Group reviewed local SUD services document to see if any changes/inclusions needed to be made. Ideal Options gave an overview of what drugs are being seen in Juneau and an increase of Fentanyl has been noticed. Most disturbing is that the drug is now being sold pure and people are using it pure. Ideal Options has also posted a Facebook video on how to use Narcan, and they have been working to distribute Narcan Kits to the community. Ideal Options will provide PC & PO with new Narcan Kits.
- PC attended the weekly meeting with LCCC to introduce them to the ACT team lead.
- The team met with Dorolyn Alper, ACT Team Lead this month. ACT is new to Juneau and the meeting was for the team to get informed on what ACT is and can provide for clients, the referral processes, ACT eligibility criteria, and also to introduce ourselves to the ACT team lead.

Q3:

- Judge Pate, Judge Esquiro, and Stephanie Hawney who are working on starting the Sitka Wellness Court through the Sitka Tribe observed pre-meet and court hearings this month. They were able to chat with the team about questions that they had.
- Kathi Trawver met with the team to discuss a project proposal that would involve CRP participants. The project is focusing on trauma and personal health of participants with SMI's who are involved with the criminal justice system and participating in mental health courts. The study is to find out how trauma severity correlates with recidivism. Participant participation in this study would be voluntary. If a participant were to volunteer for the study, the PC would be asked to provide the following information: diagnosis, criminal history, LSIR scores, and date of entry into the mental health court.

Goal Five, Essential Elements 1, 8, 10

Complete and document an annual team review of the Therapeutic Court's Policies and Procedures, Program Forms, and the Participant Handbook.

Process Objective

1. Establish dates for these reviews to occur, and submit documentation of these reviews quarterly.

- a. Identify dates in 1st Quarter report, and document completion of these meetings in following quarterly/annual report.

Q1: The JCRP team met for the Q1 Administrative Meeting on 8/7/20. Team reviewed the updated ASAP supervision policy that started on August 1st. Team reviewed Facilitating Participant Success PowerPoint, CRP Graduated Sanctions Grid, and Behavior Response lists for Therapeutic Courts. Discussion on CRP sanctions/incentives.

Q2: Admin meeting date: 10/9/2020

The MDT team had its second quarter administrative meeting in October. Team members met in person and via teleconference. The team reviewed the following JCRP policies; Program Goals & Objectives, Eligibility Criteria, Referrals, and CRP Waitlist. The team discussed recovery capital and reviewed the ARC & BARC recovery capital surveys. The team decided to implement both of the surveys. The ARC survey will be given to participants quarterly and the Judge will keep a copy of the BARC survey to use on the bench as a guide to question participants about their program. The team also adjusted the pre-meet agenda and the ASAP PO gave team an explanation of the weekly log and what information participants need to document on the log.

Q3: Admin meeting date: 2/19/2021

Team reviewed JCRP Policies: Eligibility Screening, Admission – Initial Opt-In, Participant Orientation, Individualized Case Planning, Admission/Denial Policy, First & Final MDT Team Review, and R11 Agreement/Change of Plea

The team also discussed implementing a new incentive for participants. The incentive would allow for participants to accrue “leave time” that they could use toward their structured hours requirement. The team agreed this is a good idea but would need parameters such as, leave cannot be used for missing groups, court, PO appointments, UA's, etc. But rather could be used if someone needed a break from job searching for a couple of hours that week. Only 8 hours could be used in any one week, leave cannot be saved up and then used at the very end of the program. And the team agreed to 2 hours of leave accrual per every 32 hours of structured time that was conducted by the participant.

Q4: Admin meeting date: 4/16/2021

2. Submit revisions to Policies and Procedures, Program Forms, Participant Contracts and Participant Handbooks quarterly or as completed. Changes should be documented in quarterly/annual reports.

Q1: Felony Limited License Checklist implemented, PFP Request Form updated, CRP Weekly Log updated, CRP Participant Handbook updated, CRP Policies & Procedures completed.

Q2: The JCRP application was updated to request PED information, and a misdemeanor limited license checklist was implemented.

Q3: The JCRP application was updated to incorporate a separate housing form into the application to eliminate the separate housing form.

Goal Six, Essential Elements 1, 6, 8, 10

Conduct team trainings to assure that best practices are being utilized in the daily practice of the therapeutic courts.

Process Objective

1. Orientation of new team members will take place within XX days after they have been identified as a new team member.

- a. Document new team members' start dates with the court quarterly, and when they received orientation.

Q1: No new team members this quarter

Q2: No new team members this quarter

Q3: The team has a new ADA, a new City prosecutor, and a new City public defender who all started in January. The new prosecutor and public defender for the City have already been involved with JCRP and were familiar with policies & procedures. PC sent the new ADA the policies and procedures for review, links to websites for training on her own, and specifically send webinars on the prosecutor's role in therapeutic courts.

2. Survey the team annually to determine what trainings they have received. Based on the results of this survey, prioritize the team's training needs (both individually and as a group).

- a. Develop a list of the trainings needed, and submit in 1st Quarter Report. Document completion of these trainings in each subsequent quarterly report, and at the end of the year.

Q1:

- PC sent Best Practices Vol. I & II to MDT team members
- In house training on legal ethics and court procedures
- PC and GHS treatment provider attended: GAINS Technology VLC: Transform to Teleservices Part I: Expanding Access to Substance Use Disorder Treatment in Drug Courts

- PC attended: Understanding the Final Rule for 42CFR Part 2 and Next Steps webinar
- PC, PO, and City PD attended a webinar that introduced the new Equity and Inclusion Assessment Tool
- PC, PO, JAMHI treatment provider, GHS treatment provider, and JTC Judge met to watch the webinar “A Deeper Dive into Risk/Need Responsivity.
- PC attended a training on Motivational Interviewing.
- PC sent slides on Motivational Interviewing to the team
- PC attended a webinar on Understanding and Addressing Criminal Thinking
- PC & GHS treatment provider attended the annual MAT conference
- PC attended Recovery Capital and Treatment Courts: A New Approach to Improve Client Outcomes
- PC sent team link to watch the webinar on Recovery Capital
- PC attended Peer Recovery Services webinar

Q2:

- PC attended “Deaf Etiquette & Mental Health Issues” webinar
- PC attended “Core Correctional Practices” webinar
- ASAP PO provided the team a training on the LSIR assessment
- Team attended a mock MRT training hosted by JAMHI Clinical Director, Rachel Gearhart. Team members were given a step in MRT to complete and then present during the training. Team members were asked to give feedback on the presentations of team members.
- Team attended an ASAM training hosted by GHS treatment provider, Faith Rogers
- PC attended a webinar on amphetamines.
- PC sent a PowerPoint on Understanding and Addressing Criminal Thinking to team members
- PC attended the NAADAC Alaska Training Institute conference
- PC & City PD attended a GAINES webinar on “Competence to Stand Trial and Competence Restoration”.
- PC sent webinar slides on the “Competency to Stand Trial” webinar from November to the team.
- John Young and Faith Rogers provided training for the team on Alcoholics Anonymous. The training was recorded and can be used for training for future team members.
- Rachel Gearhart, JAMHI treatment provider, attended the webinar “High Risk Impaired Drivers: Substance Use Disorders, Psychiatric Diagnosis, and Challenges with Treatment”
- PC watched the ECHO webinar on “Cultural Competency in Substance Use Treatment”
- PC watched the webinar “Breaking Intergenerational Patterns of Trauma and Dark Family Secrets” and sent the link to the webinar to the team to watch.

Q3:

- PC attended the ECHO webinars “Tools for Managing Chronic Pain” and “Addicted or Dependent”
- PC watched the webinar “Using Innovative and Alternative Approaches for De-Escalating Individuals in Crisis Situations” and send the link to the team to watch.
- PC attended the Matsu Reentry Summit
- JAMHI treatment provider attended a training about Peer Support Certification that is coming to Alaska.
- PC sent the webinar and slide information to the team for the Accommodating Brain Injury presentation.

- PO listened to the webinar on “Accommodating Brain Injury in Vulnerable and At-Risk Populations.
- PO & PC attended the Reducing Recidivism Conference
- PC attended ECHO webinar: “Stimulants and Brain Neurology”
- PC attended webinar: “Examining Best Practices for Drug and Alcohol Testing in Community Corrections” and sent the webinar to the team to watch.
- PC attended webinar: “Strengthening Families: What Role Can Courts Play in Upstream Family Preservation”
- Team had an in-house training on SMART Recovery. Jim Musser and Elliott Sofhauser who are Peer Support Specialists and JAMHI provided the training. The team was able to participate in the training by completing SMART Recovery worksheets and then discussing them as a group. The team found this training fun and enlightening and discussed the differences between SMART Recovery and traditional 12 step recovery meetings.
- PC watched the ECHO webinar: Treating Stimulant & Opioid Use Disorders Together
- PC attended the ECHO presentation: Cognitive Impairment & Stimulant Use Disorders
- PC watched the webinar: Understanding Anti-Social Personality & Substance Use Disorders
- PC watched the webinar: Brain Injury Screening, Rehabilitation, and Reentry.
- PC sent all webinars to the team to watch
- PC sent the new prosecutors to the team webinars on the role of prosecutors in drug courts
- PC sent the new defense attorney’s webinars on the role of defense attorneys in drug courts
- PC attended the training “Stigma, Empathy and Trauma Informed Care” hosted by ANTHC and sent the PDF slides from the training to the team.
- PC attended the training “Stigma, Empathy and Trauma Informed Care” hosted by ANTHC and sent the PDF slides from the training to the team.

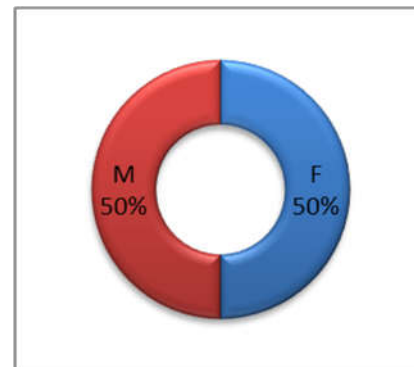
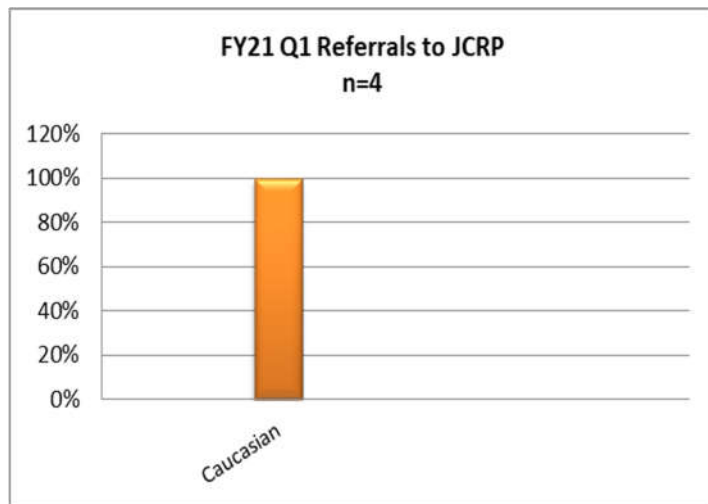
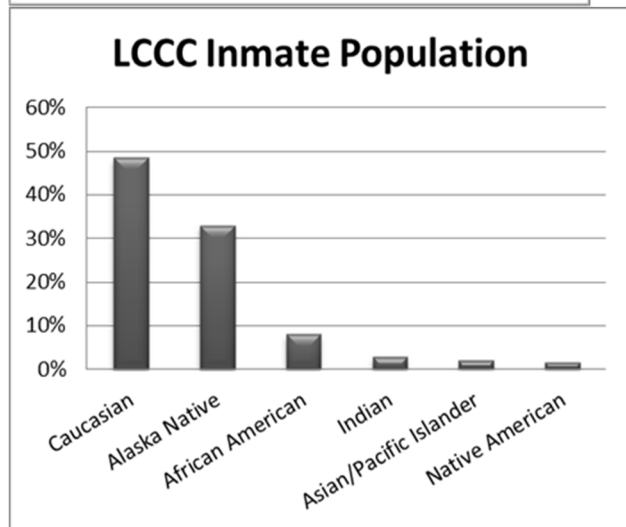
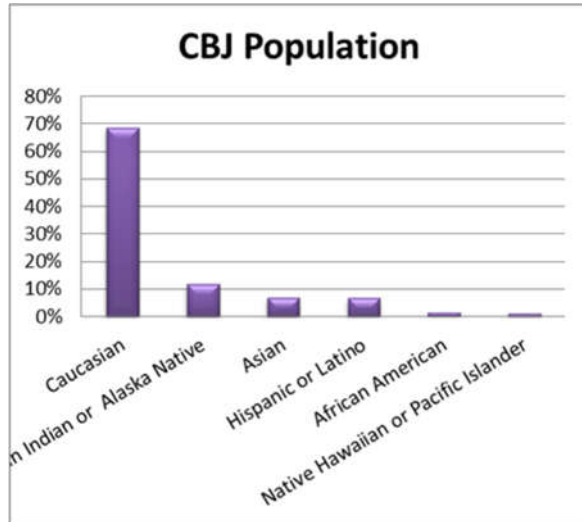
3. Submit this list to the Therapeutic Courts Program Coordinator with the 1st Quarter Report, and work with the Therapeutic Courts Program Coordinator to develop a plan to meet these training needs.

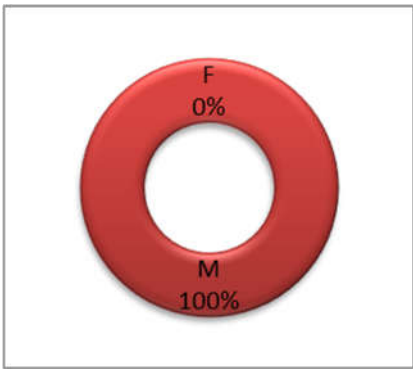
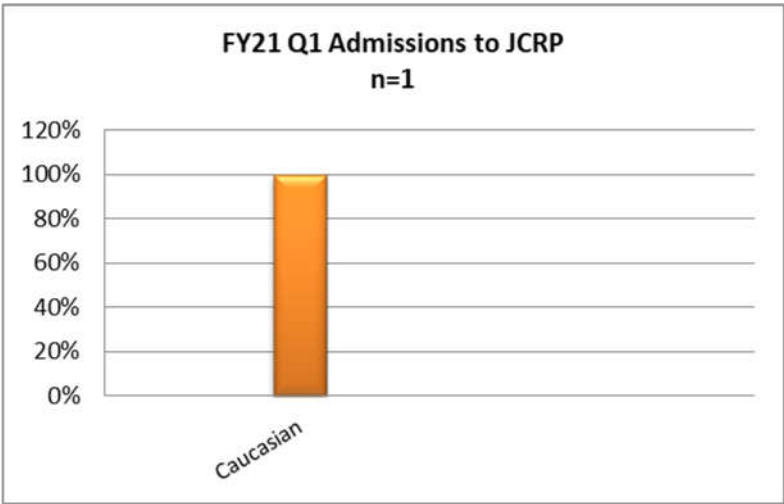
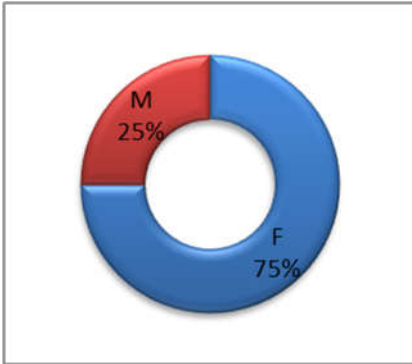
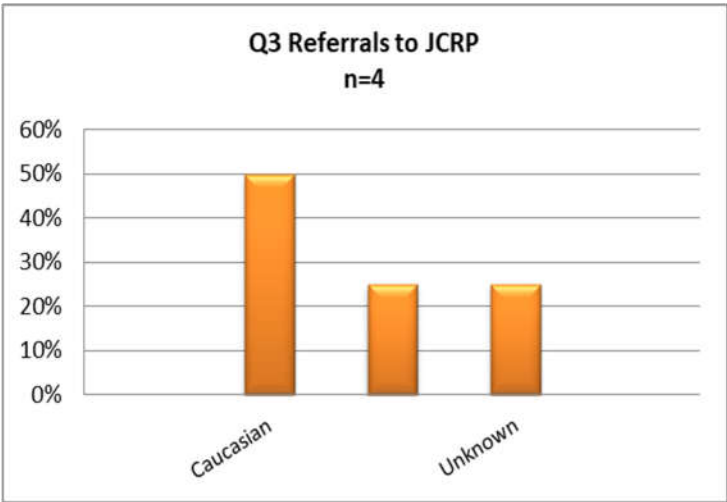
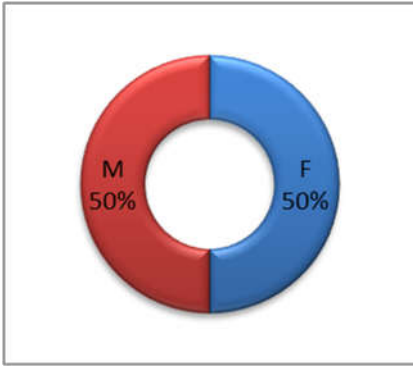
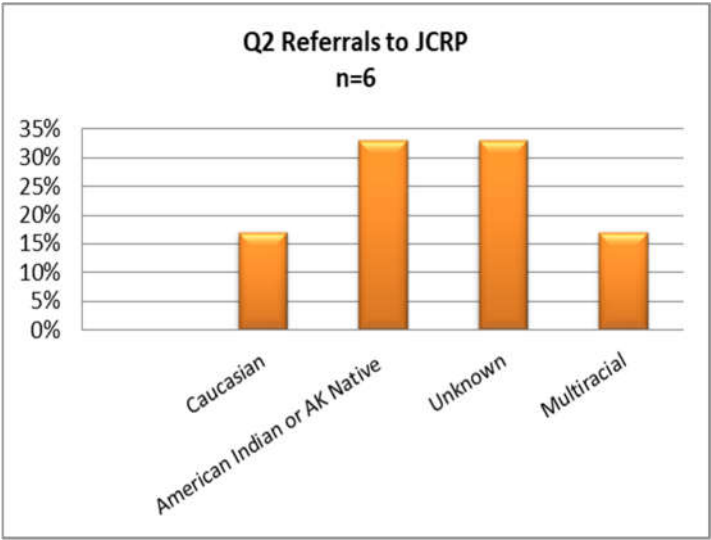
- a. Document the completion of this in the 2nd Quarter Report.

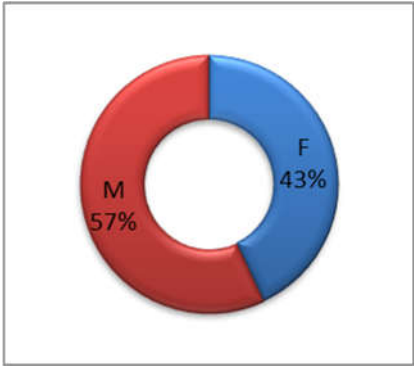
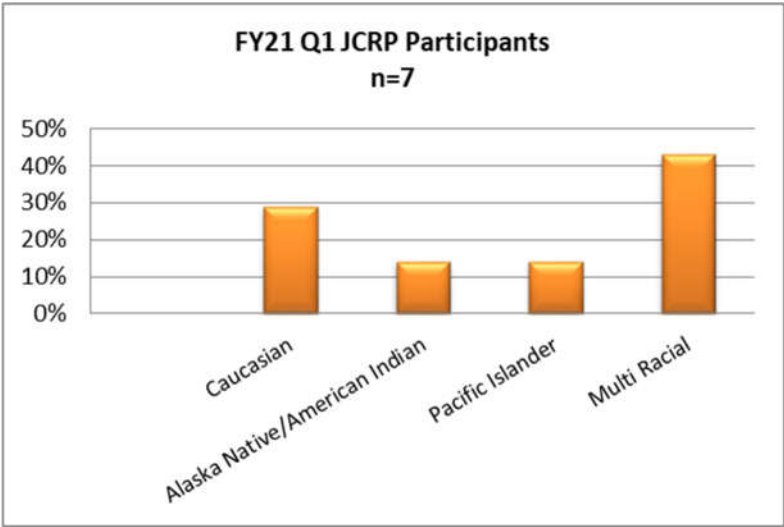
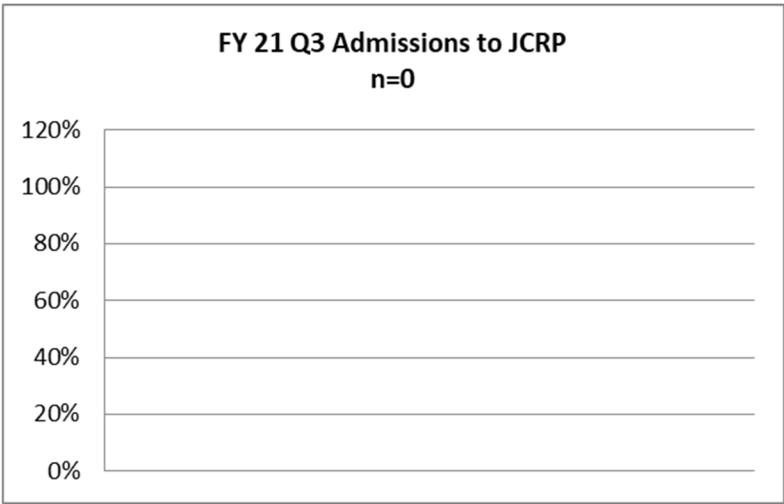
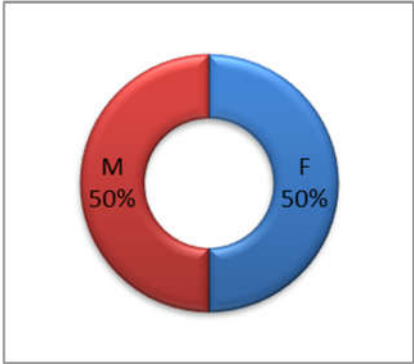
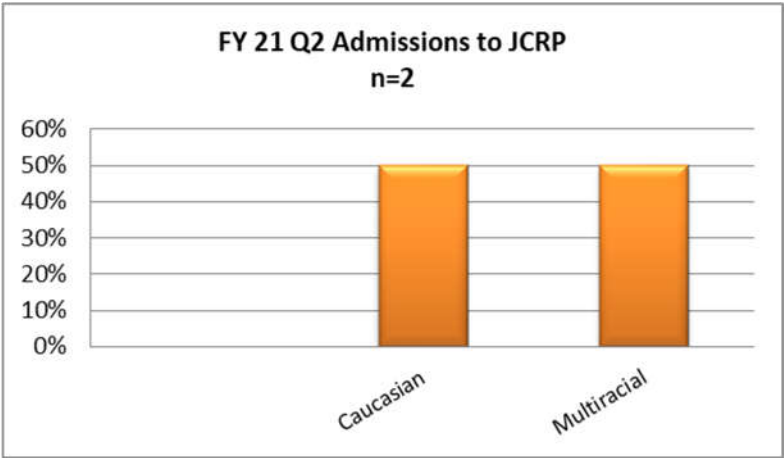
FY 21 Team Training Plan

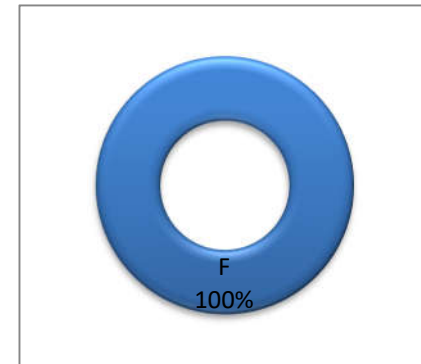
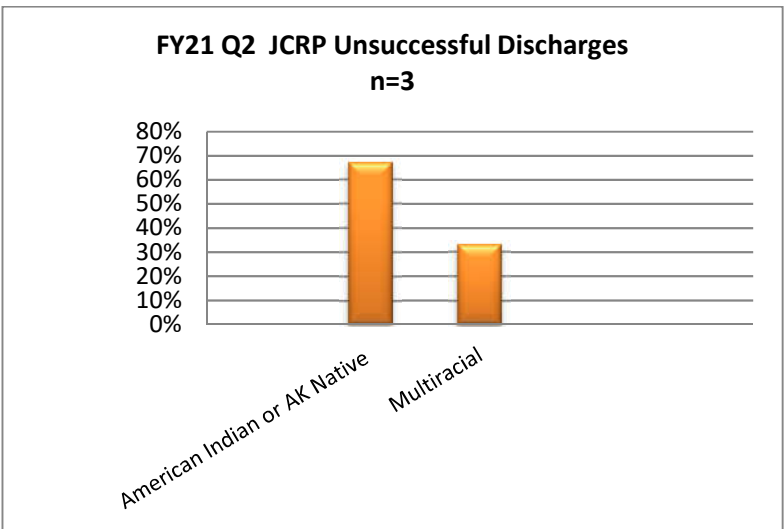
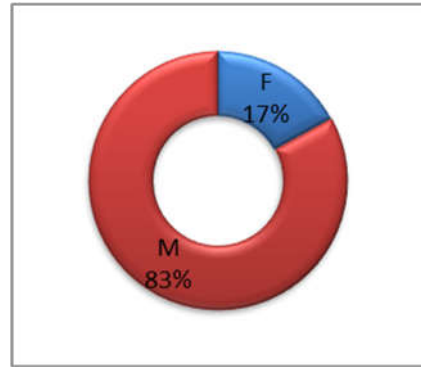
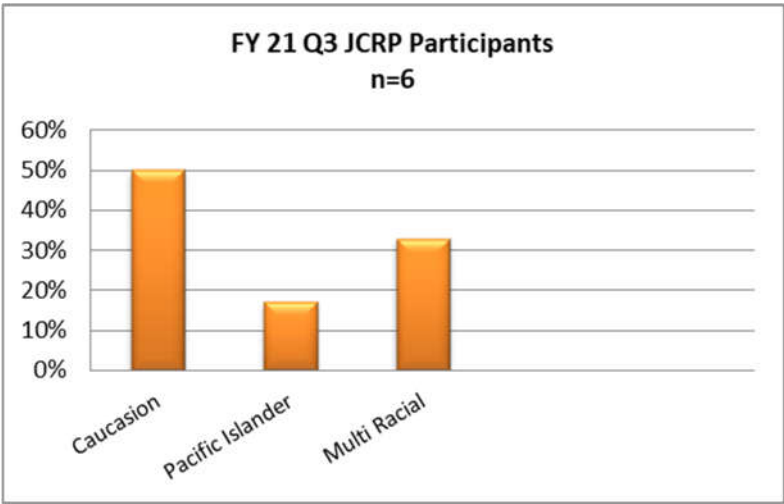
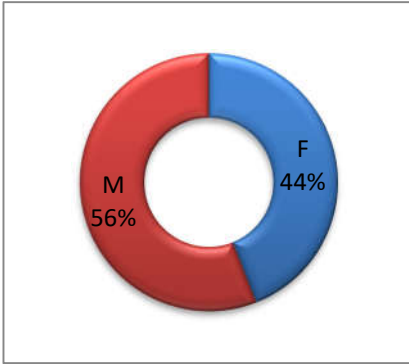
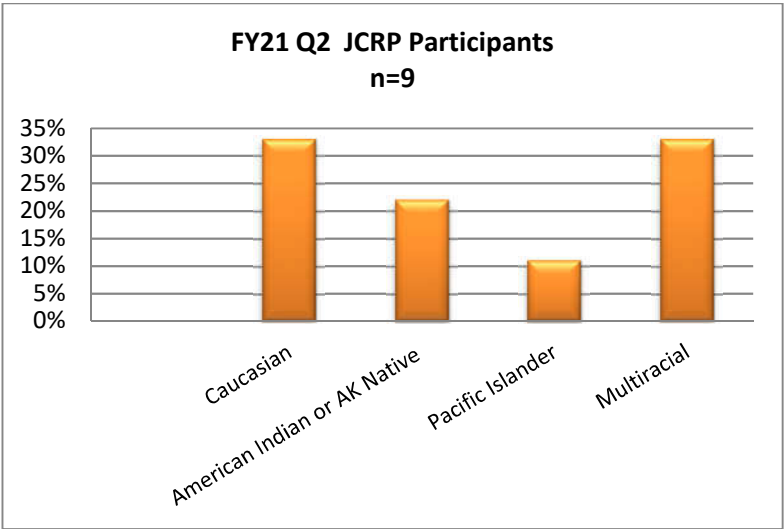
	Whole Team Together	Judge	DAs/PDs	Treatment	Law Enforce	Court Staff & POs
Orientation						
Court Mission	x					
P&Ps	x					
Participant Handbook	x					
Premeet & Court Observation	x					
Court Philosophy	x					
Team Member Roles & Responsibilities	x		x			x
Treatment						
Dynamics of Addiction		x	x		x	x
Dual Diagnosis/Co-occurring Disorders		x	x		x	x
Mission & Ethics of Tx Providers		x	x	x	x	x
Family Impact	x					
Pharmacological Interventions/MAT		x	x	x	x	x
Cognitive Behavioral Therapy		x	x	x	x	x
Trauma Informed Care	x	x	x	x	x	
Legal Processes						
Legal & Court Processes	x					
Mission & Ethics of Legal Representatives	x					
Court Program						
Sanctions & Incentives	x		x			
National Standards	x					
Drug/Alcohol Testing		x	x	x	x	x
Motivational Interviewing	x	x	x	x	x	
Cultural & Gender Issue Competency	x		x	x		
Confidentiality	x					
Criminogenic & Other Assessments	x					
Victims' Rights	x					
Self-Help/Peer-to-Peer Groups	x			x		
Community Resources	x			x	x	
Data Collection & Evaluation		x	x	x	x	x
NADCP Conference						

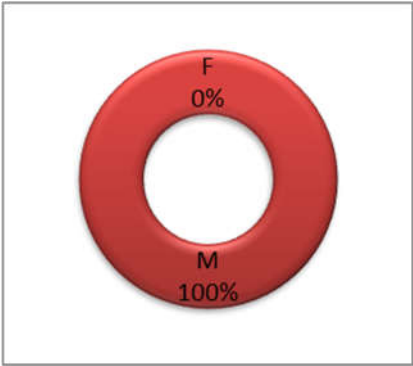
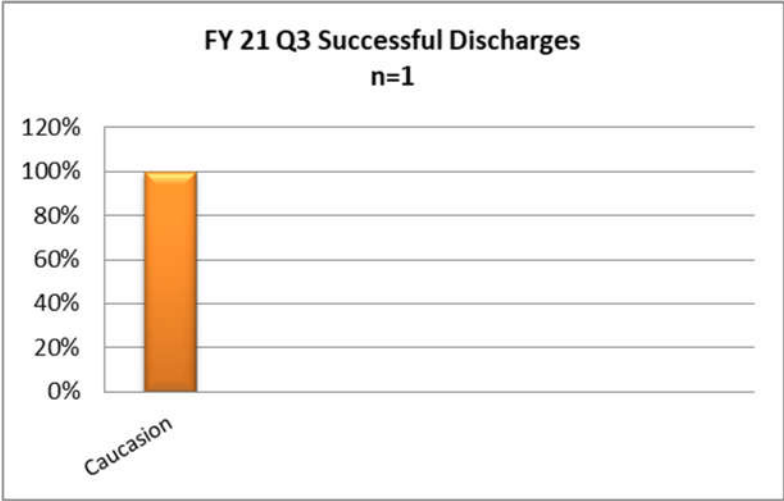
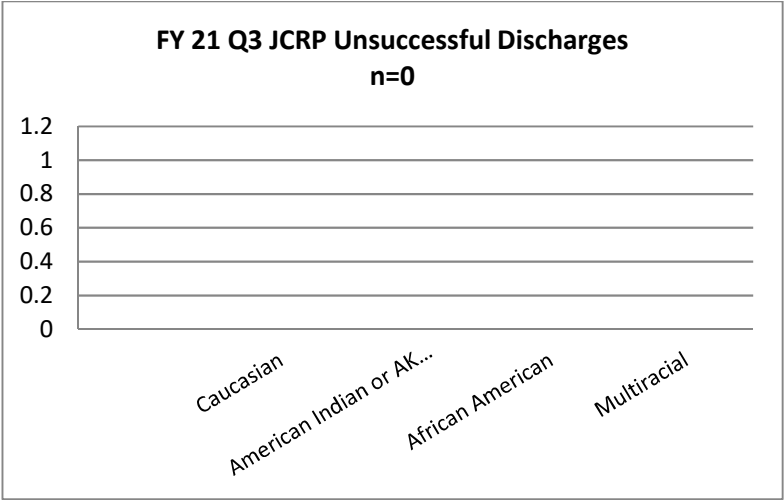
JCRP Demographics











OVERVIEW AND SCHEDULE FOR NAADAC TRAINING NOVEMBER 2021

11-30-20

Opening Session

Key Note Session

Representatives of the Alaska Division of Behavioral Health (DBH) will provide an overview of how the Alaska Department of Health and Social Services is actively responding to the COVID-19 Pandemic. This will include how DBH collaborates with behavioral health service providers to help guide them in providing high quality behavioral health services despite the challenges posed by the pandemic. The presentation will cover additional strategies to mitigate the impact of COVID-19 on mental health, and the community supports implemented to address associated risk factors for suicide. Services highlighted include the AK Responders Relief Line, the Alaska SAMHSA COVID-19 Emergency Mental Health and Substance Use Treatment grant, the COVID-19 Response Individual Services Program (CRISP), Federal Coronavirus Aid, Relief and Economic Security Act (CARES), Division of Behavioral Health Guidance documents, and efforts involving opioid treatment programs.

Understanding the Elements of a Quality Assessment

INTENSIVE THREE-PART TRAINING: Understanding the Elements of a Quality Assessment, Understanding the Elements of a Quality Treatment Plan, and Understanding the Golden Thread from Assessment to Progress Notes, presented by Lynn Eldridge, MEd

This session satisfies the ACBHC QAP category requirement for Documentation.

Quality assessments lead to quality treatment planning that ensures clients receive quality care. Individualized treatment plans specific to client-centered assessment provide a road map that guides the counselor and client in their individual and group treatment sessions. Understanding the dynamic among assessment, treatment plans, and progress notes is a foundational skill for effective SUD treatment and will be covered in this training.

12-1-20

Key Note Session – Cultural Humility in Practice

Many of us value diversity in our work serving others, yet often trainings in cultural competency can seem like they "check the box" when compared to a real discussion regarding incorporating sensitivity to those we serve. In this presentation, we discuss ways to more deeply stretch into true cultural humility and also understand how we can have meaningful conversations within our organizations that translate into better care for our clients.

Confidentiality Rule Changes and 42 CFR

This presentation will review the latest legislation on 42 USC 290dd-2(b), which migrates a portion of the substance use disorder confidentiality regulations into HIPAA. Participants will be presented with both the update and a discussion of the integration of the amended 42 USC 290dd-2. In addition, a review of the most current regulations put out by the Substance Abuse and Mental Health Services Administration (SAMHSA) will be presented. A reconciliation between the new statute and the most recent regulations will be discussed.

The Effectiveness of Peer Recovery in Diverse Communities

This presentation will review various federally funded projects where peer recovery was used as an evidenced-based practice with different minority populations. The presentation will also review the

Jordan Peer Recovery (JPR) ASK model, which enables providers to more effectively deliver culturally responsive care to those in recovery. Lessons learned when providing peer recovery services as a part of a federal initiative in response to unrest in Baltimore during the Freddie Grey riots will be covered. Finally, the presentation will discuss a collegiate peer recovery model that Jordan Peer Recovery implemented and that was funded by the Department of Labor.

Trauma Informed Care Systems

In May of 2019, the Northwest Addiction Technology Transfer Center partnered with Akeela, Inc.'s Stepping Stones program, a residential care facility serving women and children in Anchorage, AK as a pilot site to initiate technical assistance regarding trauma-informed care. This 14-month journey through the phases of exploration, preparation, implementation, and now sustainability was meant to engrain the trauma informed tools and practices in the Stepping Stones program with the prospect of further expansion within Akeela's programs statewide. This presentation will discuss Akeela's experience through this process and the broader supports provided by Northwest ATTC.

Project Title: Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model (FY21)	
Grantee: Department of Corrections	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Direct Service
Years Funded: FY06 to Present	
FY21 Grant Amount: \$290,000.00	
<p>High Level Project Summary:</p> <p>FY21 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.</p> <p>In FY21, 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 believe this model of serving beneficiaries who are returning from incarceration is being well delivered by DOC and recommends it for continued funding through FY25.</p> <p>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.</p>	

Project Title: Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model (FY21)

Staff Project Analysis:

FY21 Staff Project Analysis: In FY21, the APIC program received 859 unique and valid referrals. As a part of release planning efforts, over 344 or at least 40% of all mental health releases included 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 FY21 773 or 90% of APIC participants were connected to or engaged with a community provider to receive mental health services within 10-20 days of being released and 190 or 22% accessed APIC/Discharge Incentive Grant (DIG) housing funds. Approximately 70% of total funds available were used to provide housing for participants. 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, 207 or 24% 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 60%. 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. Staff recommend continued funding through FY25.

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 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 - FY21 Grant Report Executive Summary: The State of Alaska Department of Corrections' (DOC) APIC program and funding resource completed its 14th 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 FY21, 100% of services funded by APIC were accomplished by fee for service, thus it replaced the need for contracts of which none have been used since FY15 when Medicaid was expanded. This has allowed us to increase, diversify and engage vendors and services to assist eligible beneficiaries at release. This has made APIC a more valuable resource than it was in the past. In FY21 we used 46 vendors in the community compared to about 10-15 across the state in the early years with contracts. Of the 46 about half make up a core group of returning or regular vendors.

DOC MH has built and maintained important connections in the community to establish linkage including benefits, housing, medication, transportation, and treatment and oversight. 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. Outreach with the Mental Health Court (CRP), MH providers, housing providers, pharmacies, SDS, OPA, Probation, Public Defenders office and others is essential for this process to work.

Incarcerated individuals with severe and persistent mental illness, (SMPI) with or without other co-occurring disorders are identified early in the intake process and are seen by providers as needed based on a variety of criteria and referred to APIC for potential release planning. Each plan requires a different amount of coordination and every referral has its own specialized characteristics.

As indicated in recent years, FY21 continues to see an increased number of highly acute individuals in DOC that are more challenging to integrate in the community. When a diagnostically APIC eligible participant is released due to bail, change of plea/time served, or dismissed due being found legally incompetent or released onto PED, a plan lacks the development time needed (or the resources in the community) to increase its chances of success or there are no more options for a particular person who may have “burned bridges” in the community. The T47 pathway to API process is not a solution for many nor is it a solution in general. They often come right back to DOC. When the community cannot adequately meet the needs of those who are severely acute, refuse MH support and meds AND experience a high level of behavioral and/or clinical instability combined with a lack of familial/other support, this population recidivates.

Other challenges include the aging population/those with dementia, releases of SMPI who are also assaultive/violent; have no family or have significant co-occurring medical complications. Release plans that involve these populations can take weeks but when they are released quickly it is next to impossible to provide a viable situation in the community. The community lacks skilled placements for complicated individuals. For instance, licensed assisted living homes, do not have the skill level that would be required for many who release from jail who went to jail because they overwhelmed their previous care takers ultimately assaulting them.

Still, successes occurs with many complicated 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. The ones that are most successful are usually those who are dealing primarily with a mental health issue that is not co-occurring with other disorders. Once a MH diagnosis is co-occurring with other diagnoses, the complications decrease chances of success. Lack of success also comes if the Beneficiary also has a long criminal history and continues in those behaviors.

Successes come when there are invested family members, or solid 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 FY21: 538
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 360
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 80
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 6
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 30
Number of individual trained as reported for this project in FY21: 8
Performance Measure 1: <ul style="list-style-type: none"> 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: <p>In FY21 752/859 (87.5%) duplicated and unduplicated APIC referrals came from the mental health clinicians in the institutions with ACC-E and W and HMCC accounting for most of them—501/752 or 66%. The rest of the institutions account for about 33% of the total institutional referrals Of the 859 total referrals of both unique and duplicated, about 13% are referred from or made known to us from court, POs, families, PDs/Americorp Volunteers, community agencies, OPA or medical social work. FY21 was a unique year in that the COVID 19 pandemic stretched through it impacting releases because attorneys and families worked hard to release their clients/family but often they returned. Planning was more complicated because of more bails (which had to be reviewed more often for APIC involvement), more acuity, issues in the community taking people and various entities wanting APIC resources when they didn't really qualify for APIC. Nevertheless, APIC used its resources to assist referrals that in other years may not have benefitted from APIC funds. Primarily this was demonstrated though housing, medication and transportation or independent case management to offer extra support at a difficult time.</p> <p>If anyone calls or refers to APIC with an ineligible inquiry, they are given resources to contact. Referrals average between 50-60 per month and are managed by staff assigned to specific institutional locations.</p> <p>There were about 15 APIC referrals that were not Trust Beneficiaries and as indicated above. Some were diagnosed with FASD only and combined with no family resources, no guardian, and problematic prognoses they were provided APIC assistance. (There were about 40 beneficiaries with FASD and other (with) co-occurring disorders making them Trust Beneficiaries.) Other non-Trust Beneficiaries or non-eligible (about 95) were mild SUD with a behavioral or personality disorder, or others who had some history but not interested in MH treatment in the community once they got out, in other words they may have wanted housing but disagreed with other things for which APIC provides assistance. Other reasons there might be a referral, but no action taken would be refusal by inmate to sign ROI; inmate was too acute to follow through or needed to go to API as a civil commit (T47); complicated</p>

legal or sentencing issues that prevented release, poor history of previous releases and thus inability to place them adequately; wanting services and attention at release but then no follow through with expectations or the beneficiary cannot be located upon release into the community.

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 33 different vendors in FY21 that sent invoices (Fee for Service). In FY21 APIC distributed \$286,023.38 or 98.6% of the full budget, compared to 89% in FY20. Mental health provider agencies were more successful billing Medicaid and did not need to rely on APIC as in past years which has been a trend since 2015-16. Nevertheless, there are some clients whose Medicaid submittal was overlooked by agencies or had issues and could not obtain as expected.

All the community treatment vendors (5) combined, utilized \$31,876.95 or 11% of the utilized budget. This does not include private case management which adds another \$73,662.31 or 25.4% to that total making both combined 37% of the utilized budget going toward treatment and private case management. In addition, if obtaining medication from pharmacies is included, that adds another \$5,803.06 or 2% bringing the total percentage dedicated to clinically related treatment to 39% of the total amount spent.

- Alaska Behavioral Health (treatment) served 29 unduplicated Beneficiaries for \$22,179.68 or 8% of the utilized APIC budget. 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 4 treatment providers benefitted from APIC funds (\$9,697.27 or 30% of total utilized for treatment) and billed for a variety of MH treatment or clinic services: Allen Blair PsyD, for neuropsych evals; Center for Psychosocial Development for education classes; MatSu Health Services and Mountain View Recovery Services which is brand new this year.
- 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. They billed for a total of \$73,662.31 or 25.7% of utilized funds. This category demonstrates the great need for this service.
- Genoa Pharmacy (emergent medications) served 52 duplicated persons (who received other APIC funds) for a total of \$5,803.06 or 2% of utilized budget.

- Beneficiaries who were eligible for APIC assistance and a release plan often did not need APIC funds but were none the less served by DOC MH with a plan and follow up. Agencies and locations that did not need to or just did not bill APIC, include Southcentral Foundation and Quiana Club House; MatSu Health Services except for one person; JAMHI in Juneau and Gateway in Ketchikan; AKBH in Fairbanks includes billing from there in the Anchorage billing.
- Miscellaneous costs included clothing, supplies, IDs and reimbursements for a total of \$395.08, less than 1% of total funds utilized for 3 people.
- People Mover, Yellow Cab in Anchorage (transportation) served about 150-200 this year for \$16,249.67 –just over 5% of the utilized budget. Cab account was used far more than busses for a variety of safety reasons.
- Gratefully, APIC funds supplemented the Discharge Incentive Grant (DIG) for housing costs at both licensed Assisted Living Homes (ALH) and Transitional living in the community. This category accounts for 54.2% of APIC utilized funds (\$157,358.64) which supplemented the Discharge Incentive Grant (DIG) to Trust Beneficiaries. The funds allowed beneficiaries to remain housed longer while they endured the hardships of no income (waiting for SSI), a pandemic, their mental illness and lack of natural supports.

When used for housing, it was due to waiting for GR funds to be approved; SSI funds taking 9-18 months for beneficiaries in most situations which are evaluated monthly to problem solve with potential other resources. APIC partnered with guardians, families, and provider agencies to resolve over funding these situations. Another variable that required extended APIC support was due to the ongoing pandemic and its issues in the community. APIC worked with housing providers and case managers to keep people housed longer and as needed to prevent homelessness.

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) 0; no visitors or professionals were allowed DOC institutions due to Covid 19 protocols though phone calls were facilitated within the institutions when requested by community providers.
- b) NA
- c) All referred APIC participants had a release plan or a page of resources given to them by DOC MH institutional staff or APIC staff

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 is not exact for tracking given missed appointments, rescheduling, changes to appointments and not always being privy to all dates of appointments for all MH/APIC releases. But from the data we do have and anecdotal data from staff and intakes nearly all (over 90%) of APIC Beneficiaries received an appointment day and time within 10-20 days of release—either an intake or medical appointment with a psychiatric provider. This is true for all unduplicated Beneficiaries who were connected to or engaged with a community provider.
- b) There were no contracts in FY21 and as stated above about 90% received an appointment within 10-20 days with an average being in the range of 7-15 days. As long as they had their provider, we did not follow up with all of them, so it is unknown exact number of days to determine mean and median for accuracy. We did follow up with the ones for whom we paid their rent, or we believed additional DOC oversight was needed to ensure services were occurring. Due to the pandemic many practices were interrupted for normal delivery of services, but communication was good between DOC and providers.
- c) The participation of all those who received a referral to MH agency or service provider in FY21 ranged from 0 (not showing) to 6 months+ which is true for 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 unless there are circumstances that warrant it. DOC does monitor those for whom their rent is covered to ensure they are going to treatment. 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 Of the 859 total unduplicated referrals in FY21 APIC spent 55% of the utilized funds to cover housing for APIC eligible Beneficiaries. If combined with DIG funding for housing, 70% of total funds were used for rent in some capacity for about 190 individuals for a day or for a year depending on that person's situation. Most received both APIC or DIG funding to cover their rent depending on the type. The funds are well utilized for many of the issues named above with SSI/GR pends, pandemic-related issues with 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 7-30 days' worth (if that had that many left on their cards) and had the option of getting an additional 30 days' worth depending on their psychiatric appointment at the provider location or due to a

mishap. In FY21 as in FY20, there were 52 Beneficiaries that required those additional medications which were covered by APIC funds. The other hundreds either got them from their Provider, often AKBH, primary care, the ER or SCF/ANMC and those costs were covered by Medicaid or their own personal insurance.

- c) Benefits In FY21, nearly 40% of APIC release plans also included the submission of DPA/Medicaid/Food stamps applications by DOC MH via the Beneficiary (doing the applications in jail) or the DOC MH release planning staff; the other 60% were covered by providers, payees, guardians, conservators or family members or were still active. Nearly 20% of releasing Beneficiaries do not get their benefits or have ongoing problems getting them due to issues of eligibility or submission, lack of follow up, missed appointments or interviews, other complicating factors or confusion by the benefits agencies about jail dates. Information is on 100% of release plans that address and give contacts for follow up. SSA is running about 12 months for new applicants to begin pay status but Medicaid and Food Stamps are active most of the time. If someone is denied, the appeal can take up to 8+ more months. The pandemic impacted the process down since nothing was done in person.
- d) Employment Services There were 9 known APIC recipients who worked at least a PT job for at least a temporary amount of time. We did not track or do follow up on all referrals. Most APIC recipients receive SSI/SSDI and do not work due to their disabilities.

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

Grantee Response to Performance Measure 6:

In FY21, 207 or 24% 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 24% 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 FY21 during the time that DOC MH was aware of where they were, either stayed out of jail altogether or went back later. There does not seem to be 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 (FY21)	
Grantee: University Of Alaska Anchorage	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Data/Planning
Years Funded: FY16 to Present	
FY21 Grant Amount: \$225,000.00	
High Level Project Summary: <p>FY20 High Level Project Summary: The Alaska Justice Information Center (AJiC) is Alaska’s resource for compiling, analyzing, and reporting criminal justice data for 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 the role of mental health in Alaska’s justice system.</p> <p>In FY20, AJiC was able to collaborate with various Trust partners to publish papers, provide reports, and provide data that is highly informative and beneficial in regard to Trust beneficiaries and their involvement with the Alaska justice system. The data and information compiled and analyzed by AJiC has also been valuable for many State of Alaska departments, committees, commissions, and working groups which work to improve the criminal justice system and increase public safety. This initiative represents a core data collection and analysis element in the state that has not existed to date, and is recommended for continued funding through FY25.</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 (FY21)

Staff Project Analysis:

FY21 Staff Project Analysis: AJiC's Integrated Justice Data Platform became operational in July 2018. AJiC continues to partner with the Alaska Criminal Justice Commission, the Criminal Justice Working Group, and maintains ongoing relationships with Alaska criminal justice agencies. AJiC is eager to work with the Alaska Department of Corrections (DOC) to develop an interactive data dashboard describing the behavioral health conditions experienced by those in DOC custody. AJiC 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.

In FY21 AJiC collaborated with UAA Justice Center and the Alaska Department of Law, to publish Alaska Police Officer Use of Deadly Force: Data Quality Assessment and Casefile Review (2010-2020). This study and its findings support the need and ongoing Trust investment into various initiatives such as Crisis Intervention Teams (CIT) training and diversion programs like building out the behavioral health crisis continuum of care. This project analyzed casefiles provided by police departments to the Department of Law Office of Special Prosecutions after an Alaska police officer used lethal force. Among key findings was the prevalence of indicators that would suggest someone against whom lethal force was used had some mental or behavioral health crisis, including drug or alcohol use, and may be a Trust beneficiary.

Also, in FY 21 AJiC co-authored the Alaska Fetal Alcohol Spectrum Disorders Data Systems Development: Gaps, Opportunities, & Recommendations in collaboration with researchers from the UAA College of Health. This report found strong support in the literature that correctional populations were more likely than the general public to have had fetal alcohol exposure, however, none of the screening tools developed to date had robust evidence to support their deployment in a criminal justice setting. Furthermore, the report found a broader screening process for intellectual and developmental disabilities is likely to be more useful for guiding the rehabilitative treatment for justice-involved individuals.

AJiC continues to collaborate with other Trust partners such as the Council on Domestic Violence and Sexual Assault and the Anchorage Police Department (APD) to work on other projects with implications for Trust beneficiaries such as a dashboard showing results from the Alaska Victimization Survey (available at <https://uaa.alaska.edu/ajic/dashboards/avs>). Also, Based on AJiC's analysis of 20 years of APD data, the police department applied for a Smart Policing Initiative grant from the US Department of Justice Bureau of Justice Assistance to create a coordinated community response to domestic violence in Anchorage that would more tightly integrate the response from various agencies. AJiC will serve as the primary research partner on this three-year project and continues to analyze APD domestic violence data for other projects.

This project has a demonstrated history of providing valuable data and information on beneficiaries and the justice system. Staff will continue to monitor this project and work with AJiC staff to identify alternative sustainable funding sources beyond FY23. 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 - FY21 Grant Report Executive Summary: FY21 was a productive year for AJiC. We published two major reports this year. In collaboration with UAA Justice Center faculty Rob Henderson and the Alaska Department of Law, we published Alaska Police Officer Use of Deadly Force: Data Quality Assessment and Casefile Review (2010-2020). This project analyzed casefiles provided by police departments to the Department of Law Office of Special Prosecutions after an Alaska police officer uses lethal force. Among our key findings was that two-thirds of all persons against whom lethal force was used had some indicator of mental or behavioral health crisis, including drugs or alcohol. Fully one-third of all incidents involved a citizen who was suicidal and wanted the police to use lethal force. These findings were extracted from investigative case files that were not designed to record the mental state of the persons involved. It is likely that our findings underestimate the number of Alaska Mental Health Trust beneficiaries among persons against whom lethal force is used by police. These findings support various initiatives designed to improve outcomes from mental health crises including more and better training for police officers, and the use of mental health clinicians instead of police when the situation allows.

In collaboration with researchers throughout the University of Alaska Anchorage College of Health, AJiC co-authored Alaska Fetal Alcohol Spectrum Disorders Data Systems Development: Gaps, Opportunities, & Recommendations. This report was written discussed various aspects of fetal alcohol spectrum disorders (FASD) in Alaska. AJiC's responsibility was to discuss FASD in the context of the Alaska criminal justice system. We found strong support in the literature that correctional populations were more likely than the general public to have had fetal alcohol exposure, and that

neuropsychological exams would be necessary to estimate the prevalence of FASD among Alaska correctional populations. We also found that there was universal acknowledgement in the literature that an FASD screening tool would be useful, and Alaska criminal justice staff would generally welcome better tools to detect FASD. However, none of the screening tools developed to date had robust evidence to support their deployment in a criminal justice setting. Furthermore, given that most FASD symptoms are not specific to FASD, a broader screening process for intellectual and developmental disabilities (regardless of cause) is likely to be more useful for guiding the rehabilitative treatment for justice-involved individuals.

AJiC continues to work on other projects with implications for Trust beneficiaries. In collaboration with the Council on Domestic Violence and Sexual Assault, we produced a dashboard showing results from the Alaska Victimization Survey (available at <https://uaa.alaska.edu/ajic/dashboards/avs>). Based on our analysis of 20 years of their data, the Anchorage Police Department applied for a Smart Policing Initiative grant from the US Department of Justice Bureau of Justice Assistance. If funded, this program would create a coordinated community response to domestic violence in Anchorage that would more tightly integrate the response from various agencies. AJiC would serve as the primary research partner on this three-year project, and we continue to analyze APD domestic violence data for other projects.

AJiC has also begun to provide evaluation consulting services for the Crisis Now project. To date, we have had initial meetings with the Trust staff and Anchorage Fire Department and have received training regarding the overall model at the CIT International Conference. We anticipate assisting the Trust with various aspects of Crisis Now over the coming FY.

As noted in prior updates, access to Alaska agency data remains an ongoing challenge for AJiC. To date, AJiC has been able to partner with the Alaska Criminal Justice Commission, the Criminal Justice Working Group, and ongoing relationships with Alaska criminal justice agencies. However, the fact remains that data access is often contingent on the agency's 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.

Finally, AJiC exists within the Justice Center in the College of Health at the University of Alaska Anchorage. The University of Alaska system continues to face substantial budgetary challenges. These challenges impact AJiC's work in mostly indirect ways, though the availability of support staff such as communications professionals to help us create effective analysis products.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

<p>Performance Measure 1: By September 30, 2020, 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 FY21, AJiC was in contact with DOC regarding behavioral health data. We were ultimately unable to get a data sharing agreement executed during FY21, as DOC staff were focused on COVID-19 mitigation and related issues during much of the year. AJiC continues to pursue execution of a data sharing agreement.</p>
<p>Performance Measure 2: On an ongoing basis, AJiC will negotiate and execute one or more memoranda of understanding (MOUs) and/or data sharing agreements (DSAs) with state and local agencies, including the Alaska Departments of Public Safety, Corrections, Law, and Health and Services for the purposes of obtaining criminal justice data to upload to AJiC's Integrated Justice Data Platform.</p>
<p>Grantee Response to Performance Measure 2: During FY21, AJiC executed and continued ongoing projects using data sharing agreements with the Alaska Department of Law and Anchorage Police Department.</p>
<p>Performance Measure 3: By December 31, 2020, 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: By June 30, 2020, AJiC will publish results from one or more research projects describing Alaska police officer use of force involving Trust beneficiaries.</p>
<p>Grantee Response to Performance Measure 4: This project resulted in the technical report, "Alaska Police Officer Use of Deadly Force: Data Quality Assessment and Casefile Review (2010-2020)". See attachment.</p>



UAA College of Health
UNIVERSITY of ALASKA ANCHORAGE

Alaska Fetal Alcohol Spectrum Disorders Data Systems Development:

Gaps, Opportunities, & Recommendations

Prepared for:

Trust

**Alaska Mental Health
Trust Authority**

Submitted by
UAA College of Health

A Partnership Project
Alaska Justice Information Center
Center for Alcohol and Addition Studies
Center for Human Development
Division of Population Health Sciences

June 2021

Table of Contents

Alaska Fetal Alcohol Spectrum Disorders Data Systems Development:	1
Table of Contents	2
Table of Figures	7
Table of Tables.....	9
Fetal Alcohol Spectrum Disorder Systems of Care and Development.....	12
Executive Summary Component 1	12
Systems of Prevention and Healthcare.....	12
Prevention.....	13
FASD Prevention in Alaska	14
Care.....	14
Opportunities for Prevention and Care	19
Recommendations to Enhance Systems of Prevention and Care	19
Overview and Summary of Social Systems and Programs	20
Disability Support Systems	21
Opportunities for Disability Support Systems.....	22
Recommendations	22
Foster Care.....	22
Opportunities for Foster Care	23
Recommendations	23
Accommodated Education	23
Individualized Education Program	25
Opportunities for Accommodated Education.....	27
Recommendations	27
Mainstream Education	27
Opportunities for Mainstream Education.....	28
Recommendations	29
Higher Education	29
Opportunities for Higher Education.....	30
Recommendations	30

Vocational Rehabilitation and Employment Services.....	31
Gaps in Vocational Rehabilitation	31
Recommendations	31
Legal System & Public Safety	31
Opportunities for Legal System & Public Safety.....	32
Recommendations	32
Corrections and Re-Entry.....	32
Opportunities in Corrections	33
Recommendations	33
Homeless Service Systems.....	34
Gaps in Homeless Systems.....	34
Recommendations	34
Elder Care Systems	34
Opportunities for Elder Care Systems	35
Recommendations	35
Systems of Diagnoses and Screening	36
FASD Diagnostic Model	36
Screening Programs	36
Early & Periodic Screening, Diagnostic & Treatment Program (EPSDT).....	37
Gaps in Diagnostic & Screening Programs.....	38
Recommendations	38
Potential Funding for FASD Systems of Care, Identification, and Prevention	39
Summary of Targeted Interviews	39
References.....	41
Fetal Alcohol Spectrum Disorder and the Criminal Justice System.....	44
Executive Summary Component 2	44
Introduction	46
FASD, criminal behavior, and the sequential intercept model	47
System-level recommendations to improve criminal justice outcomes for people with FASD	49
Training and awareness for all criminal justice system actors is necessary.	49
Access to screening and diagnostics for intellectual and developmental disabilities should be improved.	50

Processes and explanations of those processes should be adapted to ensure defendants can understand them.....	50
Specialized units, including units with exclusively behavioral health caseloads, should be considered and their use expanded in addition to broad-based training for all criminal justice system actors.	50
Data sharing frameworks should be developed.	50
The Sequential Intercept Model and FASD	51
Intercept 0: Community Services	51
Recommendations at Intercept 0	52
Intercept 1: Law Enforcement	53
Recommendations at Intercept 1	54
Intercept 2: Initial Detention/Initial Court Hearings.....	54
Recommendations at Intercept 2	56
Intercept 3: Jails/Courts	57
Recommendations at Intercept 3	58
Intercept 4: Reentry	59
Recommendations at Intercept 4	59
Intercept 5: Community Corrections.....	59
Recommendations at Intercept 5	60
Fetal Alcohol Spectrum Disorder Diagnosis and Screening	61
Screening for FASD	64
No brief FASD screening tool has robust scientific support	64
Prevalence of Fetal Alcohol Spectrum Disorder.....	66
FASD Prevalence Among Justice-Involved Persons in the Scientific Literature	68
Linking FASD Diagnostic Data to Adult Criminal Justice Data	72
Conclusion and recommendations.....	75
References	77
Appendix I: Other diagnostic systems.....	86
Appendix II: Brief screening tools	89
Screening Tools Designed for a Justice Context.....	89
Screening Tools Adaptable to a Justice Context	90
Appendix III: BSC	93
Appendix IV: Brief Jail Mental Health Screen.....	96
Fetal Alcohol Spectrum Disorders and the Alaska Educational System	97

Executive Summary Component 3	97
Introduction	98
Purpose	98
Background.....	99
Mapping Alaska's Educational Systems	101
Policy related to public education of student with disabilities	102
School based interventions	105
Staffing Issues	106
Review of Statutes, Regulations, and Policies	107
Timeline of Relevant Alaska-Based Reports	107
Federal Legislation Related to FASDs and the Educational System.....	109
IDEA and Student Discipline	110
State Policies Related to FASDs and Education	111
State and Federal Policies Related to FASDs Outside of Education	112
Estimating Incidence and Prevalence of FASDs in the Alaska Educational System.....	112
Review of approaches for estimating incidence and prevalence of FASDs in educational systems	113
Application of various approaches/models to Alaska.....	114
Literature Review	116
Scoping Review Methodology	116
Scoping Review Results	119
Reviews of the Literature	120
Intervention Studies.....	121
Qualitative Studies	122
Education Engagement	123
Conclusion	124
Focus Groups on Lived Experience with FASDs in the Education System	125
Focus Group Methods.....	126
Focus Group Results	127
Cross Cutting Themes.....	127
Sub-Themes.....	130
Conclusion	133
Survey of Educators' knowledge, experience, and perspectives.....	133

Online Survey Methods.....	134
Survey Results.....	135
Demographics	135
What is the related knowledge, attitudes, and behavior of educators?	136
What are the needs of educators and the educational system in supporting individuals experiencing FASD?.....	136
How do individuals experiencing FASD currently interact with, and move out of, the education system in Alaska, addressing students from preschool through the completion of their secondary education?.....	137
What are the barriers and opportunities for FASDs related prevention and educational programming for students from preschool through high school graduation?	138
What are current best or promising practices and programming to help students experiencing FASDs address their educational needs?	139
Conclusion	140
Report Key Findings	140
Binkley Law Training.....	140
Behavioral Support Training and Needs.....	141
Pre-service Level.....	141
In-Service and School District Level	141
Policy Level	141
Governance	142
Transition supports	143
Data system enhancement	143
Recommendations regarding general FASD policy	144
Conclusion	145
References.....	146
Appendix A: Acronyms	150
Appendix B: Reviews of the literature summaries.....	152
Appendix C: Intervention study summaries.....	153
Appendix D: Qualitative paper summaries.....	160
Appendix E: Educational strategy summaries.....	166
Appendix F: Educational survey result charts	171

Table of Figures

Figure 1. Alaska Office of Healthcare Access Strategic Map 2018 – 2021	16
Figure 2. Alaska Public Health Centers and Itinerant PHN Services Map.....	17
Figure 3. Map of Alaska Native Health System	18
Figure 4: The Sequential Intercept Model.....	51
Figure 5. PRISMA-ScR flow chart	118
Figure 6. Conceptual framework of focus group themes	128

Appendix

Figure A 1. Please specify how you identify yourself (n = 345).....	171
Figure A 2. What is your race and/or ethnicity? (n = 339).....	172
Figure A 3. In which EI/ILP Service Area is your primary work location? (n = 345).....	173
Figure A 4. What is your current position? (n = 348)	174
Figure A 5. Do you have lived experience with FASD (e.g., as a parent, foster parent, sibling, grandparent)? (n = 342)	175
Figure A 6. How many years of work experience do you have in each of the following? (247 ≤ n ≤ 304)	176
Figure A 7. What is your highest education level? (n = 344).....	177
Figure A 8. Please rate your level of agreement with the following statements (n = 298)	178
Figure A 9. Please rate your level of agreement with the following statements: Prenatal alcohol exposure can affect a person's... (n = 294)	179
Figure A 10. If a child in your care was known/suspected of having FASD, who do you seek support from? (n = 262)	180
Figure A 11. Please rate your level of familiarity with the following organizations/programs (243 ≤ n ≤ 255).....	181
Figure A 12. For those students who have or are suspected to have FASD, how often do you collaborate with school-based team members to support the students and their families (not including IEP and/or 504 plan meetings)? (n = 253).....	182
Figure A 13. Does your school or program offer/participate in any of the following FASD prevention activities? (n = 227)	183
Figure A 14. Please rate your level of confidence in your ability with the following (n = 300) ...	184
Figure A 15. What do you see as the gaps in education services for students who have or you suspect have FASD? Birth - 3 years old (n = 160).....	185
Figure A 16. What do you see as the gaps in education services for students who have or you suspect have FASD? Pre-K (n = 182)	186
Figure A 17. What do you see as the gaps in education services for students who have or you suspect have FASD? Elementary (n = 200)	187
Figure A 18. What do you see as the gaps in education services for students who have or you suspect have FASD? Secondary (n = 194)	188

Figure A 19. What do you see as the gaps in education services for students who have or you suspect have FASD? Post-secondary (n = 157).....	189
Figure A 20. What do you see as the gaps in education services for students who have or you suspect have FASD? No gaps noted (n = 67)	190
Figure A 21. Does your employer require you to complete FASD focused training? (n = 327)	191
Figure A 22. In the past 12 months, have you received specific training on providing programming and supports for children with FASD? (n = 323)	192
Figure A 23. Which of the following evidence-based interventions to support individuals with FASD have you received training on? (n = 270).....	193
Figure A 24. Having received training in Applied Behavior Analysis, do you hold any of the following credentials? (n = 13)	194
Figure A 25. In what format(s) have you received training in Positive Behavior Supports and Interventions? (n = 187)	195
Figure A 26. How satisfied are you with the evidence-based interventions you have received training on? (2 ≤ n ≤ 180)	196
Figure A 27. Which of the following FASD-related trainings/courses have you completed? (n = 252)	197
Figure A 28. Of the training(s)/course(s) that you attended, please rate the helpfulness of the training/course (9 ≤ n ≤ 163)	198
Figure A 29. What are the challenges for students/families who have or you suspect have FASD in transitioning between 0-3 years to preschool? (n = 151)	199
Figure A 30. What are the challenges for students/families who have or you suspect have FASD in transitioning between preschool to elementary? (n = 144).....	200
Figure A 31. What are the challenges for students/families who have or you suspect have FASD in transitioning between elementary to secondary? (n ≤ 146).....	201
Figure A 32. What are the challenges for students/families who have or you suspect have FASD in transitioning between secondary to post-secondary? (n = 142)	202
Figure A 33. What has worked well for students/families who have or you suspect have FASD in transitioning between 0-3 years to preschool? (n = 113)	203
Figure A 34. What has worked well for students/families who have or you suspect have FASD in transitioning between preschool to elementary? (n = 117)	204
Figure A 35. What has worked well for students/families who have or you suspect have FASD in transitioning between elementary to secondary? (n = 111)	205
Figure A 36. What has worked well for students/families who have or you suspect have FASD in transitioning between secondary to post-secondary? (n = 108).....	206
Figure A 37. What barriers do you face in providing care/services to students/families with FASD? (n = 159).....	207
Figure A 38. What resources, connections, or information would help you to navigate barriers and provide the best care/services for students/families with FASD? (n = 135).....	208

Table of Tables

Table 1. Service eligibility in ISW Program, IDD Waiver, or Both	21
Table 2. FASD Diagnostic Systems Compared	63
Table 3. Comparison of Fetal Alcohol Spectrum Disorder Screening Tools Designed for Criminal Justice Contexts.....	65
Table 4. Estimated Prevalence of FASD for studies conducted with correctional populations ...	70
Table 5. FASD diagnosis by case disposition.....	73
Table 6. Number of cases by crime type	74
Table 7. Percent of Alcohol-Related Diagnoses by Diagnostic System (n= 1,581)	88
Table 8. Comparison of Fetal Alcohol Spectrum Disorder Screening Tools.....	92
Table 9. FASDs experiences across the lifespan	100
Table 10. Timeline of Relevant Alaska-Based Reports.....	108
Table 11. Common approaches to epidemiological study of FASDs	113

Appendix

Table A 1. Reviews of literature summaries	152
Table A 2. Intervention study summaries	153
Table A 3. Qualitative paper summaries.....	160
Table A 4. Educational strategy summaries	166

Fetal Alcohol Spectrum Disorders Systems

Overview

There is not a significant amount of objective information documented on the impact of fetal alcohol spectrum disorders (FASDs) in Alaska. The available information on prevention and care services available to impacted persons is fragmented, with much of the publicly available information provided across myriad systems. This presents a significant challenge to persons in need of care to locate timely information, and for educators, healthcare providers, and policy makers to access relevant data.

Persons with an FASD receive services within the standard healthcare and behavioral healthcare systems. In addition to the healthcare system, individuals at risk of alcohol exposed pregnancy and persons experiencing an FASD are involved in a wide range of other systems such as the educational, child protection, court and correctional settings. This report sought to provide information about those systems to help guide policy and funding decisions making related to the prevention of FASD in three overall components.

The first component, entitled 'Systems of Care and Development', provides an oversight of the multiple systems which are most likely to be encountered by a person impacted by fetal alcohol exposure. In this section, services and programs are outlined, as well as barriers and recommendations. The second component, 'FASD and the Criminal Justice System', provides an in depth look at the impact and interaction with persons impacted by an FASD and the criminal justice system. Advocates for persons with an FASD have made a significant push to change the interactions with the criminal justice system. Finally, 'Fetal Alcohol Spectrum Disorders and the Alaska Education System' provides a detailed overview of the interaction of persons with an FASD and the education system in Alaska.

There are limitations to this report, which are primarily founded in the reason for this report, the lack of objective, timely, and systematic information available on multiple systems which could be faced by a person impacted by an FASD. For example, multiple educational, programmatic, and policy websites are out of date and include information

which is no longer relevant nor applicable. Some previous reports and publications in this area provide information without references or ties to replicable data or information.

This report was informed in large components by persons who advocate for persons impacted by fetal alcohol exposure. These persons were able to provide the most current, up to date information, and aided in the creation of this report by illuminating several the current challenges with the systems as applied to persons with an FASD. If it were not for these advocates, providers, educators, and persons working in systems of care, we would not have been able to provide report with this level of information and relevance. Unfortunately, not all persons impacted by an FASD nor their providers are able to access this network of persons to the extent which we were able. If they were, many of the gaps in the systems would be remedied.

One primary recommendation from this report is that there should be a concerted effort to connect the network of persons with the information and knowledge to the agency and provider organizations so that: public facing information (websites, educational materials, and agent knowledge) may be updated. Such an effort could be a low cost, high yield accomplishment which would not only improve many lives but could also increase access to care and prevention resources.

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Fetal Alcohol Spectrum Disorders Systems of Care and Development

Executive Summary Component 1

This report explores the common systems encountered by persons with a Fetal Alcohol Spectrum Disorders (FASD) and/or their caregivers. The focus is on systems most likely to be encountered over the lifespan from early childhood to adulthood. Given the range of expressions by an FASD, there is no way to predict every possible system of care and prevention an impacted person may encounter, we have explored the systems most likely to be experienced by most persons with an FASD. Our systems identification was informed by a literature review including research and policy publications, state and federal benefits, and persons working in the service delivery systems.

While focused on systems in Alaska, we documented not only the available resources specific to persons impacted by FASD, but also highlighted mainstream systems which can be accessed by and may enhance the life of persons with FASD. In addition to the identification of resources, we provided a gaps analysis and recommendations for consideration of policy and service enhancement. Recommendations were informed by key stakeholder interviews (n = 28) across all FASD systems of care identified in this report, including a focus group (n = 5) of caregivers and an adult with FASD.

This information is presented in a format which follows the idea of intervention: first focusing on prevention and then on systems of care and support. The systems of support are presented in a lifespan order, beginning with the initial systems which may be experienced by a person impacted by FASD as a child and adolescent and then through the stages of adulthood.

Systems of Prevention and Healthcare

According to the US Centers for Disease Control and Prevention (CDC), prevention is intended to prevent the acquisition of or the advancing of disease or other negative

health outcomes. (Prevention, 2019) Primary prevention focuses on removing risk factors or increasing personal knowledge to assist people in avoiding exposures which lead to disease development. Secondary prevention strives to identify persons with a disease or health condition so that treatment and/or services may be provided. Tertiary prevention are mitigation services which attempt to stop the advancement of disease or mitigate the impact of disease or negative health event on the persons impacted. As prevention tends to be less costly than treatment, it is commonly a preferred path for interventions.

Prevention

The US Centers for Disease Control and Prevention (CDC) provides extensive information on FASD across multiple domains, including prevention. Currently, there are two primary prevention approaches recommended to reduce the risk of alcohol exposed pregnancy. One is an alcohol screening and brief intervention (aSBI) and the other is an evidence-based counseling intervention for non-pregnant women to help reduce alcohol use and/or increase the use of birth control called CHOICES. (Curry et al., 2018; Interventions: FASD Prevention Efforts, 2020) Both approaches are validated and have been demonstrated to be effective. Much like counseling interventions, the cost of the aSBI may be billed in a patient healthcare setting to insurance and is covered under the Affordable Care Act.

In more than 30 years of development and use, the aSBI is an effective tool to determine alcohol risk among adults and is recommended by the US Preventive Services Task Force for use in primary care settings. The aSBI uses a validated set of screening questions to identify a patient's drinking patterns, which takes only a few minutes. A short conversation with patients reporting excessive drinking, and a referral to specialized treatment as appropriate.

CHOICES is an evidence-based intervention for women with high-risk drinking who are not pregnant, but who could become pregnant. This intervention helps women reduce drinking and/ or increase the effective use of contraception. Motivational interviewing is used to increase a woman's motivation and commitment to change by allowing the participant to decide which behavior to focus on to reduce the risk of an alcohol-exposed pregnancy. The intervention is carried out in two to four counseling sessions and a contraceptive counseling session.

Additional prevention information available from the CDC includes education and awareness campaigns as well as efforts to reduce stigma associated with FASD.

FASD Prevention in Alaska

There are numerous Alaska based organizations, including state agencies and workgroups, which highlight prevention work in fetal alcohol spectrum disorder (FASD). Among these organizations, a common refrain is the importance of primary and secondary prevention for FASD. The following list highlights the organizations and their programs and recommendations on FASD prevention.

- 1) The Alaska Department of Health and Social Services (DHSS) has a program within the Office of Substance Misuse and Addiction Prevention, charged with the oversight of the DHSS response in Alaska. Its mission is to prevent and reduce substance use disorders and support community-based activities across Alaska. It proposes to fulfill its mission through knowledge communication, community engagement, and collaboration.
- 2) The Alaska Center for Fetal Alcohol Spectrum Disorders is a non-profit organization formed in 2017 as ‘...a response to the lack of momentum’ on FASD in Alaska. (Ponka et al., 2020) Their mission is to reduce alcohol-exposed pregnancies, promote successful outcomes for affected individuals and families, and creates FASD-informed communities of care. The center indicates that its focus is to address:
 - a. family & caregiver support
 - b. create better informed ‘systems of care’ and communities
 - c. provide a means for persons with FASD to connect with one another to avoid social isolation.

The AK Center for FASD has patient education information materials available for printing and some informational videos geared toward providers of women to address the risks of alcohol use during pregnancy. (Pottie et al., 2020)

Education and awareness in Alaska appear to be the tool for primary prevention efforts. While there are multiple levels of prevention in many health outcomes, with an outcome like FASD, once a person is born, there are no effective secondary or tertiary level preventions as FASD itself does not progress, does not transmit, and does not remit.

Care

While many of the medical needs of persons with an FASD are the same as persons without, persons with an FASD, the medical needs may be more complex. Given the diversity of disorders which fall under the umbrella of FASD and a universe of factors influencing their presentation, healthcare utilization will vary widely across persons. Factors such as the dose-response exposure to alcohol, the time in the pregnancy

when alcohol is used, singleton or multiple pregnancies, and access to prenatal care heavily influence health outcomes resulting in a wide variance in the severity and presentation of symptoms among and between persons with an FASD. (Lindinger et al., 2021; Miller et al., 2006) Depending on the severity of the FASD, a person may need access to highly specialized care, including plastic surgeons, gastroenterologists, neurologists, immunologists, and otolaryngologists, among others.



Persons with an FASD, like persons with other health concerns, may have a disadvantage in accessing healthcare in Alaska, especially among persons not located in or near a major population center. Even for persons in a population center, there are other factors which impact access to care, including housing, transportation, financial considerations, knowledge and understanding of healthcare navigation and service availability, and healthcare coverage.

The Alaska Office of Healthcare Access has identified four top priorities in their Strategic Map for 2018 – 2021 (OHA Strategic Plan: Strategic Map 2018 - 2021, 2017), including community health improvement, healthcare needs assessments, healthcare quality improvement, and healthcare workforce initiatives. Service needs for persons with FASDs could be enhanced through each of these four priorities and their corresponding objectives and strategies as presented in Figure 1. Statewide assessment of community healthcare needs, expansion of healthcare providers in key areas, community engagement to assess and improve outcomes, and identification of underserved populations and locations are the primary objectives which could increase care and remove barriers.

The distribution of healthcare and its support in a state the size of Alaska is a major undertaking (2019). While most of the population lives in relative proximity to one another, the lack of road system, remote areas, and other logistical issues, including shipping, impact healthcare delivery unlike any other place in the United States. There are two systems of care present in the state, one for persons of Alaska Native or Native Indian origin and one system for people who are not of First Nations origin.

The State of Alaska has developed an itinerant public healthcare system which provides care through a system of community health centers and relies heavily on public health nurses, public health aides, and behavioral health aides to provide care in more than 280 small communities and villages. There are many villages and settlements in remote and hard to access locations, Limited services are provided to individuals via the public health nursing model and include immunizations, family planning, prenatal counseling and postpartum outreach, well child exams, tuberculosis screening and treatment & school screenings, and HIV/STI testing.

Figure 1. Alaska Office of Healthcare Access Strategic Map 2018 – 2021

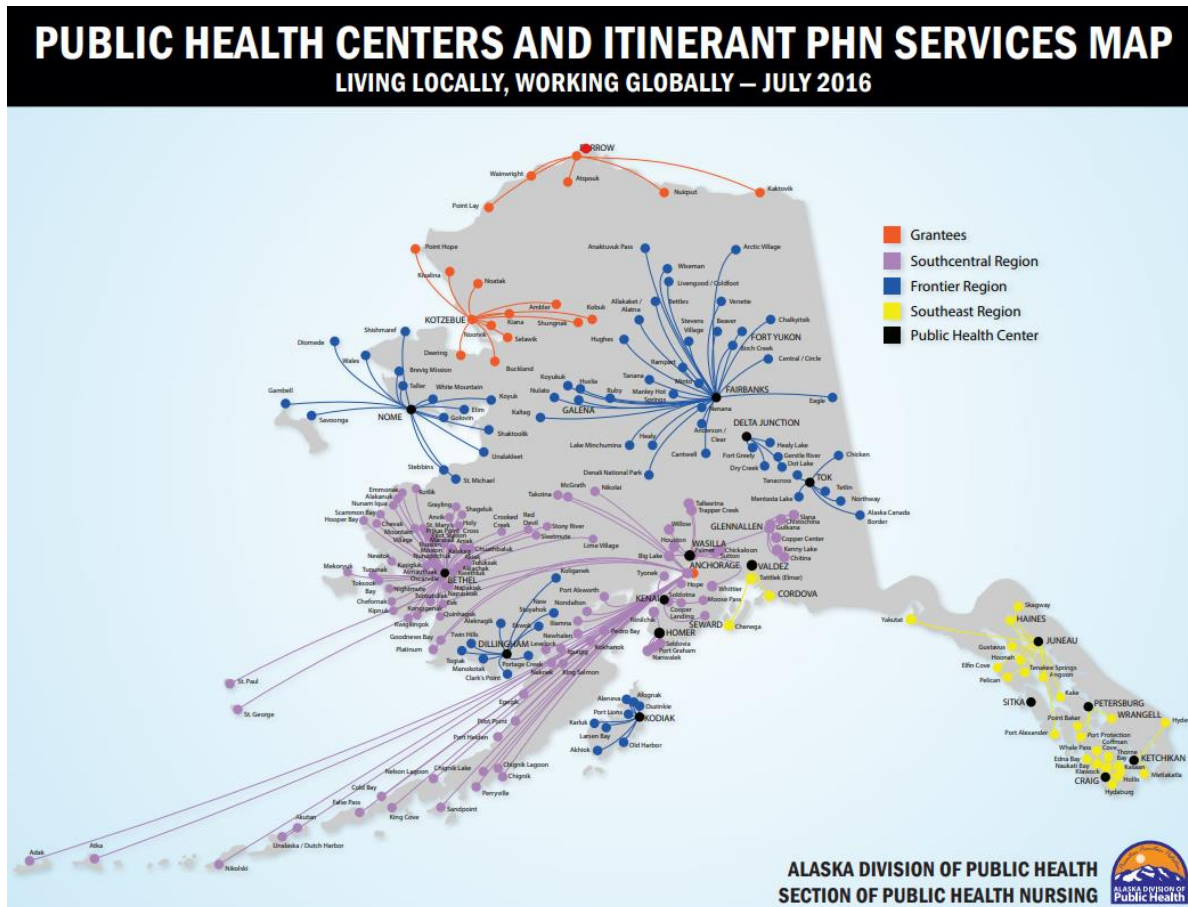
 DHSS, Division of Public, Health Rural & Community Health Systems Office of Healthcare Access Strategic Map 2018-2021 			
Vision: Vibrant health system in Alaska			
Mission: Improve the health of Alaskans by addressing health system issues.			
Guiding Principles: Communication is simple, accessible, and culturally competent.			
Priorities			
Community Health Improvement	Healthcare Needs Assessments	Healthcare Quality Improvement	Healthcare Workforce Initiatives
Objectives & Strategies			
Foster collaboration between communities and partners	Assess statewide community healthcare needs	Evaluate and support critical access hospital quality improvement	Promote healthcare workforce incentive programs
Engage and empower communities to assess and improve health outcomes	Survey healthcare sites to accurately assess provider staffing	Advocate value based care transitions	Reduce healthcare provider shortages in key areas
Promote rural health resources	Identify underserved populations and locations	Initiate emergency medical and hospital quality care coordination	Pursue new funding opportunities
Performance Measures			
Publish rural health newsletter	Track key areas statewide with health provider shortage designations	Critical access hospital quality measure dashboards	Impact of workforce initiatives
Engagement in community health improvement activities	Publish updated statewide healthcare needs assessments	Publish statewide emergency medical services needs assessment	Provider job satisfaction and retention

Version 2/28/2019

The community-based services provided include Infectious diseases investigations, Community assessments, Community health improvement processes, Community organizing and development activities, Emergency preparedness, Health education

The following map shows the location of the public health centers and the itinerant public health nursing services provided statewide.

Figure 2. Alaska Public Health Centers and Itinerant PHN Services Map



As of November 2020, there are 69 full time public health nurses employed to provide these services, not including 28 vacancies for full time positions. This map shows the hub model employed and the distances traveled to provide care from their base of locations. The health centers are also identified and while located near major population centers, there are large areas of the state where settlements and villages exist that are not covered by this system.

In addition to hospitals, this system includes 58 tribal health centers, 160 tribal community health aide clinics, and five residential substance abuse treatment centers. Referrals and specialty care are coordinated from the Alaska Native Medical Center in Anchorage. There are several other statewide health promotion and disease prevention programs operated by the Alaska Native Tribal Health Consortium (ANTHC), which is managed by representatives of all Alaska tribes. There are 36 positions in the Alaska Area IHS performing federal functions that cannot be contracted to T/TOs. The Alaska Area supports USPHS Commissioned Corps officers and civil service employees to T/TOs for the provision of health care services.

Opportunities for Prevention and Care

- Primary healthcare access is limited in Alaska. Specialist care is increasingly more difficult to access, especially among persons outside of population centers, such as Anchorage, Fairbanks, and Juneau.
- There does not appear to be a formal linkage system for care coordination of FASD services among providers more highly utilized among persons impacted by FASDs, including obstetrics, gynecology and pediatrics clinics, diagnostic clinics, neuropsychiatric clinics, occupational therapists, mental health providers, and substance misuse providers, among others.
- There are opportunities throughout Alaska to alter existing services which could provide surveillance data on the occurrence of FASDs and opportunities for screening of persons to determine if an FASD is present.
- At this time, there does not seem to be a coordinated effort to use the primary tools recommended by the CDC for primary prevention of FASD, including the alcohol brief screening and intervention tool nor CHOICES as an evidence-based intervention.

Recommendations to Enhance Systems of Prevention and Care

- Actively engage the Department of Health and Social Services to discuss opportunities for screening opportunities, especially among pregnant women and newborns across the state using the public health centers and public health nursing programs as a vehicle for change.
- Destigmatize FASD care and prevention by aligning the services with regular care provided through healthcare services. Routinization of care and prevention services will increase the uptake of services by removing barriers by using a population-based approach.
- Assess healthcare utilization data from hospitals or from Medicaid claims data to identify geographic areas for points of interventions through telemedicine or part time clinics to increase care access and reduce system costs and burden.

- Explore options for telehealth and telemedicine systems, including remote technology setup. This could address FASD and other health problems simultaneously.
- Service recommendations for individuals and families include post-diagnosis care coordination and case management services, educational assessment and intervention, caregiver support and respite services, community-based recreational programs, child counseling and psychiatric services, occupational and speech language therapy, and substance misuse prevention.
- Using existing Federal healthcare data, combined with State of Alaska data on healthcare utilization, map the location of all healthcare services statewide and compare to the mapped service utilization. This enables the determination of care access issues based on services accessed, distance traveled, provider to population ratio, and coverage needs among other key health access concerns.
- Implement a pilot program to measure the efficacy and outcomes of the alcohol brief screening and intervention tool at primary care and women's health centers.
- Implement a pilot program to measure the efficacy and outcomes of the CHOICES intervention at primary care centers and women's health centers.

Overview and Summary of Social Systems and Programs

In Alaska, there are many systems which a person impacted by FASD could interact within their life, while systems specific to serving persons with FASD is limited. The presented information includes systems which are most likely to impact persons with FASD based on information in scientific and public health literature. The purpose of this component is to outline the systems and identify major barriers, obstacles, and challenges. As with any system of care, there is no means by which an entirely exhaustive report can detail every challenge faced. Systems should be designed on the principle that every effort be made to allow efficient access to all persons who need those services.

To highlight an insider perspective, we include data collected from key informants. These informants are persons who work within the various systems and provided feedback on the gaps, strengths, and areas for potential enhancement of the systems. Given that persons who work within systems may know of methods to engage the system more successfully by persons using the system, the key informant inclusion appears to be a unique aspect compared to other published materials.

Disability Support Systems

In Alaska, the Intellectual and Developmental Disabilities (IDD) Unit provides support and oversees providers in the support systems for persons with disabilities. [12] Through the Senior and Disability Services through the Department of Health and Social Services, the IDD oversees:

- Developmental Disabilities (DD) eligibility program
- DD Registry (also known as the “Waitlist”)
- Individualized Supports Waiver (ISW)
- Intellectual and Developmental Disabilities (IDD) Waiver

To be eligible for services, a person must be determined through the Developmental Disability Determination Application to experience a developmental disability (DD) as defined by Alaska state law (AS 47.80.900(6)), where a person with a developmental disability is someone experiencing a severe, chronic disability that:

- is attributable to a mental or physical impairment or a combination
- is manifested prior to age 22
- is expected to be of an ongoing and indefinite period
- limits substantial functional in at least three of the following areas of life activity:
 - i. self-care
 - ii. learning
 - iii. mobility
 - iv. expressive and receptive language
 - v. self-direction
 - vi. capacity for independent living
 - vii. economic self-sufficiency

Once applied and approved, an applicant would be considered for either the ISW program, IDD waiver, or both. The ISW program focuses primarily on in home supports and has an annual cost cap. The following table compares these programs, both of which are likely to be accessed by persons with FASD and their family.

Table 1. Service eligibility in ISW Program, IDD Waiver, or Both

Service	IDD Waiver	ISW
Care Coordination*	X	X
Residential Habilitation (4 services)		
• Family Habilitation	X	
• Group Home	X	

• In-Home Supports < 18	X	X (limited)
• Supported Living >18	X	X (limited)
Day Habilitation	X	X
Respite	X	X
Supported Employment	X	X
Chore	X	X
Environmental Modifications	X	
Intensive Active Treatment (IAT)**	X	X
Meals	X	
Nursing Oversight and Care Management	X	
Specialized Medical Equipment	X	
Specialized Private Duty Nursing	X	
Transportation	X	X

Opportunities for Disability Support Systems

- The disability support systems seem to be under-resourced in terms of personnel and information technology systems which could expand access to services.

Recommendations

- Conduct a review and assessment of the successful engagement of this system by its constituency, including persons with an FASD and/or their caregivers and advocates.
- Post assessment, identify and implement cost and time savings actions which would increase the uptake and access of services by the persons in need of disability supports.

Foster Care

People of Color (POC) including Alaska Native persons and persons with lower income are disproportionately overrepresented in the child welfare system. Increased disparities in foster and adoptive placements lead to long-term family and community disconnect and increased likelihood of interactions with corrections and emergency service systems.

In Alaska, the foster care system may be the first non-medical system encountered by many persons with an FASD and persons without an-FASD alike. On average, there are

3,000 children in foster care each month in the state. (Alaska Office of Children's Services Statistical Information, 2020) For the month of October 2020, 3,142 children were in an 'Out of Home Care' placement through the Office of Children's Services (OCS). Of these, 2,047 were Alaska Native, representing 65.15% of the children in care, while Alaska Native persons represent approximately 19% of the total population in the State of Alaska. Also, during October, 88 children were removed from their home (64.77% Alaska Native) and 61 children were discharged from Out-of-Home Care of which 67.21% were Alaska Native.

For children and adolescents with an FASD, the likelihood of a successful, long term placement is reduced compared to a child without FASD and is more closely associated with children with behavioral disorders. (Paintner et al., 2012) Increased instability may result from displayed behavioral issues combined with the FASD associated stigma. If caregivers are not educated and trained for the special needs of a child with FASD, this can increase the probability of justice system and correctional systems engagement.

Opportunities for Foster Care

- There does not appear to be a reunification support program for children with an FASD to return to their caregivers as appropriate.
- No transitional skills programs have been identified for children and adolescents in foster care in Alaska with an FASD or a similar condition to assist in developing the necessary skills.

Recommendations

- Provide training to caregivers of children and adolescents with an FASD to reduce the engagement of the foster care system and to increase their knowledge of resources and systems of care which will benefit them in developing advocacy skills.
- Create a transitional program for adolescents and young adults with an FASD or similar health concern to increase the probability of their successful, independent living once they leave the foster care system.

Accommodated Education

Section 504 of the Rehabilitation Act of 1973 provides protection and equality of access for persons with disabilities in education and other programs, including persons with learning disabilities and FASD. Section 504 prohibits disability discrimination by any "program or activity" receiving federal funding. For educational institutions, this means any school, program, or institution that receives any type of federal funding must adhere to the protections of 504 and ensure that a person with a disability has access to an educational program equal to that of persons without disabilities. Under 504, a person

may be entitled to reasonable accommodation to access the including extra-curricular activities and school housing. ("Section 504, Rehabilitation Act of 1973," 1973)

Early intervention services (EIS) are federally governed by the Individuals with Disabilities Education Act (IDEA). A federal law passed in 1986, IDEA requires states to ensure that young children who may have disabilities or developmental delays receive an evaluation to identify the potential need for early intervention services. In Alaska, EI/ILP is administered by the Department of Health and Social Services (DHSS), Office of Children's Services, Early Intervention / Infant Learning Program. (Alaska Department of Health and Social Services, Senior and Disability Services, 2019) The IDEA requires states to develop and implement early intervention programs for infants and toddlers from birth to three years of age with disabilities or delayed development. Services for young children with developmental delays can often reduce the need for later special need services. EI/ILP encourages early identification and prompt referral of any infant or toddler with developmental delays in one or more areas of physical, cognitive, social/emotional, or adaptive development.

Certain diagnosed conditions pre-qualify children because of the high probability of developmental delays. Among the conditions which have a high probability of 50% developmental delays include syndromes and conditions associated with severe delays in development such as Fetal Alcohol Syndrome (FAS). Alaska's EI/IL program provides specialized services for children who have developmental delays and/or disabilities. It is a statewide system of professionals dedicated to serving all Alaskan families with children who are at risk for or experience developmental delay. The services are for children birth to three years of age. The mission is to build upon natural supports and provide resources that assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

EIS are designed to enroll qualifying children within 45 days from the day the agency is contacted. The statewide goal is to enroll 100% of all qualified children within 45 days from the initial referral. Alaska defines Part C eligible children as those children who experience a significant developmental delay (at or greater than 50% in one or more developmental domains: cognitive, physical, communication, social/emotional, or adaptive) or those children who have an identified condition that would result in a significant delay.

The Alaska EI/ILP partners with grantees around the state to provide services directly to families at a local level. EI/ILP grantees include school districts, mental health providers, Alaskan Native corporations, parent associations, and other nonprofit organizations. Programs vary widely by staff and region size. Service may include:

- developmental screening and evaluation
- individualized family service plans to outline goals for the family and child
- child development information
- home visits
- physical, occupational or speech therapy
- specialized equipment
- referrals to other needed services

Alaska's EI/ILP Program has 25 provider service areas with 18 agency providers statewide. Once referred to the program, the child receives an assessment by a multi-disciplinary team which may include a physical therapist, speech therapist, occupational therapist, and/or developmental therapist. An Individualized Family Service Plan (IFSP) is developed for eligible children. While no child is turned away due to inability to pay, Medicaid or private insurance may be billed for services.

Individualized Education Program

Alaska statute mandates the use of an individualized education program (IEP) in accordance with Federal requirements specifically for students receiving special education. ("Definition of individualized education program," 2007; "Individualized education program; transition services.," 2019) According to the Alaska Department of Education and Early Development, an individualized education program (IEP) details the educational plan for a student who receives special education services. All special education students in Alaska are required to have a current IEP.

The US Department of Education provides a more in-depth definition through the Federal Regulations which is adopted by multiple states. This definition includes that an IEP must make or provide the following:

- (1)** A statement of the child's present levels of academic achievement and functional performance, including -
 - (i)** How the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children); or
 - (ii)** For preschool [children](#), as appropriate, how the disability affects the child's participation in appropriate activities;
- (2)**
 - (i)** A statement of measurable annual goals, including academic and functional goals designed to -

- (A) Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and
 - (B) Meet each of the child's other educational needs that result from the child's disability;
- (ii) For [children](#) with disabilities who take alternate assessments aligned to alternate academic achievement standards, a description of benchmarks or short-term objectives;
- (3) A description of -
 - (i) How the child's progress toward meeting the annual goals described in paragraph (2) of this section will be measured; and
 - (ii) When periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;
- (4) A statement of the [special education](#) and [related services](#) and [supplementary aids and services](#), based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child -
 - (i) To advance appropriately toward attaining the annual goals;
 - (ii) To be involved in and make progress in the general education curriculum in accordance with [paragraph \(a\)\(1\)](#) of this section, and to participate in extracurricular and other nonacademic activities; and
 - (iii) To be educated and participate with other [children](#) with disabilities and nondisabled [children](#) in the activities described in this section;
- (5) An explanation of the extent, if any, to which the child will not participate with nondisabled [children](#) in the regular class and in the activities described in [paragraph \(a\)\(4\)](#) of this section;
- (6)
 - (i) A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on [State](#) and districtwide assessments consistent with section 612(a)(16) of the [Act](#); and
 - (ii) If the IEP Team determines that the child must take an alternate assessment instead of a particular regular [State](#) or districtwide assessment of student achievement, a statement of why -
 - (A) The child cannot participate in the regular assessment; and
 - (B) The particular alternate assessment selected is appropriate for the child; and
- (7) The projected date for the beginning of the services and modifications described in [paragraph \(a\)\(4\)](#) of this section, and the anticipated frequency, location, and duration of those services and modifications.
- (b) **Transition services.** Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually, thereafter, the IEP must [include](#) -

(1) Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and

(2) The [transition services](#) (including courses of study) needed to assist the child in reaching those goals.

(c) *Transfer of rights at age of majority.* Beginning not later than one year before the child reaches the age of majority under [State](#) law, the IEP must [include](#) a statement that the child has been informed of the child's rights under Part B of the [Act](#), if any, that will transfer to the child on reaching the age of majority under [§ 300.520](#).

To assist parents and educators in understanding the implementation, use, and transition of IEPs, the State of Alaska and many other organizations provide opportunities to learn about IEPs and their use.

Opportunities for Accommodated Education

- The lack of diagnostic teams and the extensive diagnostic process used in Alaska may present barriers to students who would be eligible for services to access services if services are contingent on an FASD diagnosis.
- Documenting the number of students who have an FASD and who receive these services, as well as the number of students who do not receive these services would provide insight into the engagement of students with an FASD.

Recommendations

- Identify and implement a targeted screening tool based on behavioral concerns through which a student could more readily access services as needed.
- Identify opportunities for augmented education and support for students, teachers, and caregivers to increase the probability of successful educational engagement.

Mainstream Education

Children and adolescents with an FASD may function at a high enough level to not meet the eligibility guidelines for special education services but may have other limitations which impede their ability to be successful in a mainstream educational setting. Despite not qualifying for special education, research indicates that children with an FASD process information differently than their non-disabled peers and peers with other disabling conditions. (Millar et al., 2017) School districts in the US attempt to address this issue in high schools by leveling courses, so that the same class will present content at a different speed and through different processes with the intent that students with different learning styles are grouped together. This may not benefit student learning

environment when the determination of students in these levels are based on performance, not on learning needs. Increasing the knowledge of educators on the impact of prenatal alcohol exposure is important. The Alaska Department of Education and Early Development has online trainings available. One of these trainings focuses on disabilities associated with prenatal alcohol and drug exposure. (Prenatal Alcohol and Drug Related Disabilities, 2021)

The National Organization on Fetal Alcohol Syndrome (NOFAS) partnered with the CDC to develop a curriculum focused on K-12 education targeting educators with an implementation action toolkit among other resources. (Fetal Alcohol Spectrum Disorders: Information for Educators, 2021) These tools are available free of charge and available to download from the CDC's website. Components include education on FASDs for educators, strategies for engaging and educating students with FASDs, and a training curriculum for educators and parents. As a comprehensive resource, the information available here could be used by schools or school districts to increase the competence and successful engagement of students.

Other site resources include a toolkit for reducing FASD associated stigma for healthcare providers and a separate module for addressing substance use disorder during pregnancy. There is an awareness curriculum geared toward Tribal justice center personnel which helps train personnel in working with persons who have an FASD and are justice system involved. Information is available on developmental milestones by which children aged three months to five years of age may be assessed to determine any delays. There is also a Science Ambassador program which provides information on the development of lesson plans on health concerns including FASDs. Part of this program offers a competitive application for participation in the CDC Science Ambassador Fellowship which is offered for STEM (science, technology, engineering, and math) teachers and educational leaders to learn how to introduce public health sciences into middle- and high-school classrooms. The fellowship includes a 1 week on site summer course at CDC headquarters in Atlanta, Georgia, and a 1-year distance-based professional development opportunity.

Opportunities for Mainstream Education

- Training of educators in mainstream classes to identify students with an FASD who may be functioning at the lower end of the success spectrum and who could benefit from augmented services in the mainstream educational setting.

Recommendations

- Establish, adapt, and promote CDC based FASD training for educators from K – 12 on recognizing FASD and how to appropriately engage a student and connect a student with specialized services as needed.

Higher Education

While we were unable to identify any college or university in the United States with programs specifically dedicated for students with FASD, there are many programs at colleges and universities which are structured to support students with learning and intellectual disabilities as well as behavioral disorders and cognitive impairments.

In addition to programs on college and university campuses for students with additional learning needs, there are a few colleges with emerging programs specifically designed for students needing a specifically tailored curriculum. One example is Beacon College, a private college in Leesburg, Florida, which was founded and evolved a multimodal pedagogy and unique learning-specialist education model. Beacon uses the concept of a social fabric, which meshes the college's global-leaning advocacy and innovation through narrative and personal reflections. The college reports itself to be the first accredited baccalaureate school to educate primarily students with learning disabilities, ADHD, dyslexia, and other learning differences in the United States. (Beacon College, 2020)

In the United States, there are many programs designed and implemented to assist students with disabilities to access higher education. One example are the Federal TRIO Programs, which are located at colleges and universities in each state and include outreach and student services programs designed to identify and provide services for individuals from disadvantaged backgrounds. TRIO includes eight programs targeted to serve and assist low-income individuals, first-generation college students, and individuals with disabilities to progress through the academic pipeline from middle school to postbaccalaureate programs. Given the broad scope of TRIO programs, persons with FASD could qualify for multiple programs based on their individual background, need, and disability. (Federal TRIO Programs, 2019)

The University of Alaska Anchorage and the University of Alaska Fairbanks each currently host two TRIO programs, including Student Support Services (SSS) and Upward Bound (UB). The program with the most relevance to students with an FASD at each campus would be SSS. This program offers services to students with limited income, whose parent(s) or guardian(s) have not earned a baccalaureate degree, and/or who experience a documented disability. SSS supports 160 students annually by

assisting them navigate their undergraduate program to graduation. There is no cost for eligible students accepted into the program.

The specific services provided by UAA's SSS program include:

- Academic Mentoring Support
- Assessment Testing including Accuplacer, Learning Styles and Strengths Quest Inventories
- Assistance with Degree Planning and Academic Mapping
- Bridging Program/Mentoring: Orientation to UAA and the College Experience
- College Survival Skills Instruction (3 Credits): Formal instruction on keys to successful college learning and degree completion
- Community and Campus Cultural Events: SSS Club, Cultural Exposé, Performing Art Culture Exposure, and Welcome Gatherings
- Financial Aid Assistance: financial aid application assistance, scholarship essay and referral assistance, tuition waivers, and Financial Literacy 101 Instruction
- Skill Development Workshops: Financial Literacy and Resume Development
- Tutorial Assistance such as individualized tutoring and referrals to campus tutoring

Opportunities for Higher Education

- Persons with an FASD or their caregivers who are seeking information on higher education opportunities should explore benefits and programs designed for all persons with disabilities or disabling conditions.
- Given the legal mandates from the Federal government, accommodations must be made at all educational organizations which accept Federal funds, thereby increasing the opportunities for persons to successfully obtain higher education, including persons with an FASD.

Recommendations

- Determine the prevalence of FASD among college and university students who are engaged with these programs within Alaska to determine the service connectivity among the FASD community and mainstream services.
- Itinerant or distance education-based teaching models with trained educators could provide services to students from anywhere using internet based technology.
- Increase family understanding of programs available to their adolescents for on campus support.
- Increase access to or expand services for adolescents and youth to improve social skills and to destigmatize FASD.

Vocational Rehabilitation and Employment Services

Vocational rehabilitation services are available to persons receiving Medicaid and persons who have documented disabilities. These services are provided to persons to assist in securing and maintaining employment. For persons who receiving supplemental income or disability income, the vocational rehabilitation system works with the person receiving their services to ensure there is a minimum impact on their income and to mitigate the risk of loss of healthcare coverage.

In the State of Alaska, to qualify for Vocational Rehabilitation services, a person must have:

- Medical records documenting the disability.
- Proof of receipt of social security disability.
- Documentation of work history.
- A completed application for services.
- An interview with a counselor from the vocational rehabilitation services.

Gaps in Vocational Rehabilitation

- There are very few programs focused on supportive employment for persons with an FASD or similar conditions to obtain and maintain employment.

Recommendations

- Link persons with an FASD to mainstream benefits and programs for vocational rehabilitation and supportive employment.
- Expand access to supportive employment programs, including job prospecting, shadowing, and employment mediation.

Legal System & Public Safety

The American Bar Association recognized the impact that FASD played on sentencing and in 2012, passed a resolution calling on attorneys and judges, as well as other members, to obtain education on FASD to better support their clients. In the same year, Alaska became the first state in the country to allow the presence of an FASD diagnosis to be considered in sentencing reduction for felony crimes. (Tibbett & Jeffrey, 2015)

There are currently no recorded data on the use of this statute. Given the lack of understanding and knowledge of FASD among judges, attorneys, and others in the legal system, it is estimated this resolution is not used to its fullest advantage. Combine this with the theorized under diagnosed number of cases of an FASD in Alaska, and

there exists an opportunity to provide additional intervention points through which persons with an FASD could be better served in a system through which they are overrepresented.

In our review of published literature, in the last 22 years there were only five publications addressing this issue, all of which were from Canada. (Fast & Conry, 2004; Fast et al., 1999; Gagnier et al., 2011; Mela & Luther, 2013; Popova et al., 2015) Each of these investigations demonstrated how persons with an FASD are disproportionately represented in the legal system, most are likely to be of lower income and education, less likely to have privately or personally funded legal representation and are more likely to get more severe sentencing for similar crimes than persons with a better and higher level of education and a higher income.

In the United States, the National Council of Juvenile and Family Court Judges created an FASD resource for judges. (Fetal Alcohol Spectrum Disorders: Implications for Juvenile and Family Court Judges, 2015)

Opportunities for Legal System & Public Safety

- There is not available data on the use of the FASD statute for sentence reduction in Alaska.
- No programs or opportunities have been identified which provide formal training for judges or other legal system employees to increase their knowledge of this resolution.
- Increase training on conflict resolution and de-escalation techniques for public safety officers could benefit persons with behaviors which may be perceived as agitated, aggressive, or non-compliant behavior.

Recommendations

- Collect data on FASD statute utilization since implementation and estimate the number of “missed opportunities” for this statute to be implemented.
- Create and launch tailored FASD training opportunities for attorneys, judges, and public safety officers combined with similar conditions to appeal to a broader audience and help destigmatize FASD.

Corrections and Re-Entry

In Alaska as in the rest of the United States, persons in the corrections systems, both juvenile and adult, are disproportionately persons of color (POC) and persons with disabling conditions. (Wildeman & Wang, 2017) In addition to overrepresentation among POC, persons with serious and persistent mental illness, substance misuse disorders,

behavioral disorders, traumatic brain injuries, developmental disabilities, and persons who have been in the foster care system are at increased risk for incarceration. Therefore, it stands to reason that persons with FASDs are also overrepresented. The cumulative effect of being a POC and having an FASD further increases the incarceration risk. Some studies have found that up to 90% of incarcerated men have FASD related traits and / or characteristics. (Brintnell et al., 2019)

Interaction with the corrections system is an unfortunate outcome for many persons and more so for persons with developmental disabilities or birth defects. While access to healthcare within the criminal justice system, both jails and prisons, is guaranteed under the Eighth and Fourteenth Amendments of the Constitution of the United States, quality and connection are difficult to assess and more difficult to determine adequacy. (Ahalt et al., 2013; De Groot et al., 2001) For persons with a diagnosed FASD, the justice system is obligated to provide care. However, it is theorized that many persons with FASD are undiagnosed, and while diagnostics are part of the guaranteed healthcare, an FASD diagnosis does not directly lead to a cure nor necessarily an effective treatment plan for the myriad conditions. (Gert Helgesson et al., 2018) This results in the outcome that there may be no means by which to compel the justice system to test and then provide care especially as diagnosing FASD is a highly contentious issue especially among adults as most of the arguments for a diagnosis benefit the family, not the person with FASD.

Opportunities in Corrections

- The Alaska Department of Corrections is mandated to screen for the presence of an FASD which does not appear to be consistently deployed.
- There are no identified educational opportunities for corrections workers to understand and more effectively engage inmates with an FASD.

Recommendations

- The Alaska Department of Corrections might partner with an organization to assist them in identifying a current tool used by other corrections systems to screen incarcerated persons for an FASD and adapt this tool for use in their system.
- Collecting data and determining the role of an FASD on incarcerations in Alaska could prove beneficial as an intervention point for reducing recidivism as well as providing best discharge planning services.

Homeless Service Systems

Like the interaction with corrections and justice systems, persons with FASD are overrepresented among persons who are homeless and/or precariously housed. (Harding et al., 2020) Persons who have a lower income, including persons with disability, are more likely to be housing insecure given the lack of affordable housing in many areas, including Alaska. There are opportunities for housing specifically for persons with disabling conditions. As defined by Housing and Urban Development, a disabling condition is an event which is expected to be of long-term duration and impacts a person's ability to conduct the activities of daily living but can be improved by housing. ("HUD Final Rule," 2015)

One barrier to accessing care is documentation of disabling condition. While there is a significant lack of FASD diagnostic teams in Alaska, if persons were able to be screened as positive for FASD related attributes or characteristics, there would be the opportunity to reduce homelessness through multiple housing options including long term supportive housing options through the US Housing and Urban Development's (HUD) Continuum of Care homeless services systems. ("HUD Final Rule," 2015) If persons with FASD had an advocate to assist them, homelessness could be more easily remedied given the 'mainstream' services available to persons who are homeless and have disabling conditions. Provider awareness of FASD could also be helpful for establishing housing criteria.

Gaps in Homeless Systems

- FASD is currently not widely considered in homeless care systems.

Recommendations

- Provide information on FASD to persons who work in the homeless provider system, but advocacy and education on FASDs could increase housing access through documentation of a 'disabling condition'.

Elder Care Systems

As the US population ages and the numbers of persons in older age increases from large population generations, this will increase the number of persons with an FASD who are becoming elderly. For persons with an FASD and who have limited functioning, their own aging and the aging of their care givers could exacerbate negative outcomes. While there is not a lot of information available specifically for aging persons with FASD, there are opportunities within the mainstream systems for older persons, including

special considerations in healthcare, dietary needs, assistance with activities of daily living, independent living, behavioral challenges, and housing.

The Office of Senior and Disability Services through the Alaska Department of Health and Social Services has Aging and Disability Resource Centers (ADRCs) for older persons with disabilities. The ADRCs connect seniors, people with disabilities, and caregivers with long-term services and supports which are tailored to needs and choice. These services are provided statewide to Alaskans regardless of age or income. As part of a federal effort, these services are to increase community supports for aging persons to increase success in life outside of an institutionalized setting. Not only does this approach increase quality of life and health outcomes for many, but is less costly. Community supports vary but can include transportation, assistive technology, or in-home care. ADRC specialists counsel callers and visitors on long-term supports that fit their circumstances. People specify their needs and the ADRC specialists help people access those services. Services through ADRCs are provided in six regions, including: Anchorage; Fairbanks North Star, Southeast Fairbanks, Yukon-Koyukuk, Denali and North Slope Alaska; Kenai Peninsula, Valdez-Cordova, and Kodiak; the Mat-Su Valley; Southeast Alaska; and Western Alaska, which includes the Aleutian Islands, Lake and Peninsula, Bristol Bay, Dillingham, Bethel, Kusilvak, Nome, and Northwest Arctic.

For persons who are Alaska Native, the Older Americans Act Title VI Programs and Services Title VI (OAA) is a Federal Act which provides primary authority for funding nutrition and family caregiver support services to Native American (Indian, Alaskan, and Hawaiian) elders, who are one of the poorest senior minority populations in the nation.

Opportunities for Elder Care Systems

- Though not scientifically supported, FASD is currently discounted by many persons as not existing in the elderly community – educational opportunities exist for persons who work with the aging community.
- Ensure connection to caregiver training and resources as grandparents may be caregivers to children and adolescents with an FASD.

Recommendations

- Determining the prevalence and impact of an FASD on aging and health outcomes could provide indicators for healthcare interventions at earlier life stages as a point to mitigate disease progression, specifically, dementia.

Systems of Diagnoses and Screening

FASD Diagnostic Model

The current model adopted by the State of Alaska for FASD diagnosis is the FASD 4-Digit Diagnostic Code, developed by the Washington State FAS Diagnostic and Prevention Network in 1997, updated in 1999 and 2004. At the time, this process was the first widely used, evidence based diagnostic test was reported as replicable and stated as valid by the authors. ("Diagnostic Guide for Fetal Alcohol Spectrum Disorders, The 4-Digit Diagnostic Code," 2004) Due to these reasons, this diagnostic process became the gold standard in the United States and remains in use to the present day. This time intensive effort requires an extensive interview and evaluation process using a highly specialized, multidisciplinary treatment team, and has significant associated costs. The recommended participants for this team include a case coordinator, psychologist, speech language pathologist, physical therapist or occupational therapist, physician, and a family navigator.

Since development almost 25 years ago, the healthcare landscape and specifically the payor reimbursement schema has changed significantly. In Alaska, given the intensity of the diagnostic process and the highly specialized nature of the providers, there few teams available for the service, and the dispersed location of the service, accessing a team is challenging. There are currently five diagnostic teams in Alaska, located in Anchorage, Fairbanks, Nome, Soldotna, and Wasilla.

A recent analysis conducted by the McDowell Group found that in 21 years of operation, the network of teams produced 2,933 diagnoses with a peak of 192 in 2015, with an annual average of 135 assessments per year for 2017, 2018, and 2019. (Alaska FASD Diagnostic Team Data Analysis, Policy & Prevention Recommendations, 2020) While there are not many diagnoses, the denominator of persons who were assessed and not diagnosed is unknown at this time. While this report uses the terms 'assessment' and 'diagnosis' interchangeably, it appears the reported numbers are diagnoses exclusively. The numbers are further diminished as one of these teams discontinued participation in the shared data collection process in 2010, resulting in artificially decreased numbers in the report.

Screening Programs

In public health, as in clinical care, screening programs and diagnostic procedures are used when there is a benefit to the patient or in the case of infectious or environmental

exposures, to a close contact of the patient. (Delatycki, 2012) Because of this, diagnosing FASD is a controversial and contested topic in the healthcare setting and with many countries not acknowledging FASD as a diagnosis nor an umbrella term, it offers no clinical benefits to a patient, whereas diagnosing the individual aspects may lead to treatment and improved health. (G. Helgesson et al., 2018; Swedish Council on Health Technology, 2016) FASD diagnoses seem more important to families and persons with an FASD for peace of mind. Based on this, in part, screening may be a more appropriate avenue for providers and patients alike, but both should be evidence based. (Fields & Chevlen, 2006)

FASD Screening was identified as Priority Area 1 in a three-to-five-year plan in the Governor's Council on Disabilities and Special Education's Alaska Fetal Alcohol Spectrum Disorders (FASD) Strategic Plan (2017 – 2022). (Alaska Fetal Alcohol Spectrum Disorders (FASD) Strategic Plan 2017-2022, 2018) One recommended outcome from this document is to implement the use of validated screening tools with brief interventions and referrals among preconception and prenatal care providers. The use of screening tools should be tailored to the population being screened and the location of screening as well as provider type. The use of validated instruments should be prioritized for specific populations, such as newborns, children and adolescents potentially affected by FASD, neurobehavioral screening tools for maladaptive behaviors, and corrections settings including both juvenile and adult systems.

Currently, the only consistently applied screening program reported in Alaska which could be used to determine the presence of an FASD is for newborns. The only mandated screening program for adults is within the Department of Corrections. According to a recent report by the McDowell Group for the AK Mental Health Trust Authority, the Alaska Department of Corrections completes a single question screening at intake and contingent upon the response, additional questions may be asked. (Alaska FASD Diagnostic Team Data Analysis, Policy & Prevention Recommendations, 2020)

Early & Periodic Screening, Diagnostic & Treatment Program (EPSDT)

In Alaska, for children eligible for Medicaid and Denali-KidCare (Alaska Well Child Program) this program focuses on the timely provision of health care for children as needs are identified. This includes physical, mental, social, emotional, and behavioral health needs.

The goal of EPSDT is to provide early healthcare as defined 'Children should receive quality health care beginning at birth and continuing throughout childhood and adolescence including the identification, diagnosis and treatment of medical conditions as early as possible.' This includes minimal expectations based on a timeline as

established by the American Academy of Pediatrics and other best practices. (Delaney et al., 2021)

These early intervention services are recommended to include services of a health history, developmental and behavioral screening and assessment, physical exam, immunizations, lab tests, and screenings for dental, vision, and hearing. Blood lead screening is also indicated at 12 and 24 months. Diagnostics should be conducted for treatment evaluation for health, developmental, and emotional problems during well-child visits.

Gaps in Diagnostic & Screening Programs

- Of the five diagnostic teams in the State of Alaska, the team in Anchorage is operated by the Southcentral Foundation, which is accessible by persons eligible for services to Indian Health Services programs. This means there are four treatment teams available in the state open to all residents.
- There are no universal nor widely available screening programs outside of the Department of Corrections which offers the opportunity for piloting and adaptation of validated instruments for statewide deployment.
- If a validated screening tool could be identified and deployed throughout Alaska, the number of people who would need to access a diagnostic team could be greatly reduced. This would greatly reduce associated costs and lead to a better understanding of the prevalence.

Recommendations

- Institutionalize KABB (Knowledge, attitude, beliefs, and behaviors) surveys to assess provider knowledge about FASD identification. Develop and require trainings to address gaps through continuing education units (CEUs).
- Identify screening tools which would be appropriate and have a high level of specificity so that they could more correctly identify persons without an FASD, which would decrease the number of persons who would need a diagnostic team.
- Identify and implement a risk assessment tool for use in areas where people are engaging in high risk behaviors that increase the potential for prenatal exposure to alcohol or other drugs. Train behavioral health aides and other providers to increase their use. Focusing on high risk behaviors (drinking and drug use) can decrease the stigma of women as the sole contributor to prenatal alcohol and drug exposure and increase the understanding that men contribute to these exposures.
- If a validated screening tool is identified for Alaska, a validation study could be conducted comparing persons diagnosed through the gold standard four-digit diagnostic process with persons assessed by the instrument.

- Implement universal screening where persons are most likely to be available for screening, such as emergency departments, hospital inpatient, outpatient clinics, substance misuse and mental health services, as well as an enhanced screening in corrections.

Potential Funding for FASD Systems of Care, Identification, and Prevention

Funding opportunities are difficult to identify and recommend at this point for a few reasons. As there is no solid understanding of the prevalence of FASDs, the distribution throughout the State of Alaska, and the populations most impacted, a focus on resolving these gaps of knowledge are recommended to prioritize for action and funding.

General funding opportunities available to persons with FASDs and similar health conditions are based on the project initiative and organization deploying the project. Examples of funding include: State of Alaska's 1115 Behavioral Health Medicaid Waiver Demonstration Project; a funding reserve from an alcohol tax; Centers for Medicaid and Medicare Services programs to reduce expenses for persons with an FASD by focusing on preventative treatment and prevention; Patient Centered Outcomes Research Institute; and the Agency for Healthcare Research and Quality.

A diagnostic impression or screening tool could greatly reduce the cost of FASD diagnosing, which would expand the scope of eligible services as well as provide a more precise understanding of the prevalence and occurrence of FASD in Alaska.

Summary of Targeted Interviews

Drawing upon the knowledge of experts across multiple systems of care, the project team engaged with key FASD stakeholders to identify systems-level gaps and inform the recommendations in this report. A total of 28 interviews were completed with stakeholders from the following sectors: early intervention, child welfare, foster care, education (K-12), intellectual/developmental disability, mental/behavioral health, higher education, vocational rehabilitation, corrections, homeless services, public safety, eldercare, and direct healthcare/clinical services.

In addition, one focus group was conducted (n = 5) consisting of caregivers from both rural and urban communities statewide and an adult with FASD. Participants had opportunities to reflect on lived experiences accessing FASD systems in their communities and offer feedback on barriers and areas in need of improvement.

Summary of Discussions:

Among providers who offer in home, early intervention services, for example, physical therapy, occupational therapy, and speech language therapy, along with program administrators, several major issues were consistently noted during the exchanges.

First, families may interact with providers that may not fully understand the implications of FASD for the child and the family. Provider education was identified as a key element. Family and caregiver training, including generational training, can help families advocate for services and navigate service systems.

Second, it was universally noted that it is essential for services to be based on the child's needs. Given the time to reach a diagnosis, it was reported that the family's current needs must be addressed. Meeting the immediate needs should be the highest priority whether the child has a diagnosis, is being evaluated by a FASD Diagnostic Team, has a suspected diagnosis, or has not been referred to a FASD Diagnostic Team. In tandem with addressing present needs, a common issue noted was that due to the length of time from referral to receiving a diagnosis, the family having support to navigate the entire process [diagnosis, needing care, needing assistance, finding resources] is crucial. In addition, families need support while they are on multiple, extensive waiting lists for services. Further, restrictive eligibility guidelines for programs can lead to families not receiving services.

Third, especially in rural areas, it was noted that providing and maintaining consistent levels of services is a challenge. This is multifactorial and may be influenced by staffing, funding, and standardized professional preparation.

Fourth, from a systems perspective, it was described that preparing for transition is an ongoing process. Whether the transition is from the early intervention to the school system to post-secondary education, families can benefit from support in preparing for transition.

Finally, stigma and trust in existing systems were described as overarching issues. Stigma was discussed as an issue with many layers often based on assumptions. As a result, it was noted that families may be hesitant to seek services.

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Fetal Alcohol Spectrum Disorder and the Criminal Justice System

FASD Criminal Justice Resource Guide and Toolkit

Executive Summary Component 2

Fetal Alcohol Spectrum Disorder (FASD) costs the U.S. billions of dollars and causes lifelong neurobehavioral deficits in adaptive behavior, language, attention, reasoning, memory, and other facets of central nervous system functioning, as well as sometimes causing the distinct pattern of facial dysmorphias often called the “FAS face”. With the exception of facial dysmorphism, these deficits are not unique to FASD, which causes difficulty in diagnosis. One attribute common among persons with FASD is increased impulsivity. Impulsivity, in turn, is among the most robust predictors of crime and delinquency.

The effects of FASD also impact a defendant’s ability to understand and comply with complex instructions. In particular, language deficits can manifest as reduced verbal reasoning. When combined with impulsivity and weak memory also associated with FASD, defendants may appear to be willfully noncompliant with criminal justice actors when, in fact, they simply do not understand or recall the instructions.

Across the entire criminal justice system, professionals should receive training and increase awareness of FASD. Access to screening and diagnostics should be improved, so that criminal justice actors can adapt processes in a way that is consistent with each individual defendant’s risks, needs, and responsivity to treatment. Specialized units with exclusively behavioral health caseloads should be considered to supplement broad-based training. While difficult, data sharing frameworks should be developed that allow service providers and criminal justice agencies to provide a continuum of care that enhances the likelihood of positive outcomes.

The key to adaptation of existing practices is recognition that a defendant should be assessed for FASD. After a review of existing diagnostic systems, we recommend that Alaska continue to use the 4-Digit Diagnostic Code. While there are different diagnostic

systems in use — and they do produce different results when tested head-to-head — there is no external standard that can be used to validate FASD diagnostic systems. One key advantage of the 4-Digit Diagnostic Code relative to other diagnostic systems is that it does not require confirmed maternal alcohol use. Particularly when diagnosing adults, confirmation of maternal alcohol use can be difficult.

Diagnostic systems for FASD are expensive due to their requirements for multi-disciplinary teams of medical professionals. Screening tools can be used to ensure efficient use of diagnostic resources, and while they cannot substitute for full diagnostics, screening tools can be implemented in criminal justice settings by professionals and paraprofessionals.

While several brief screening tools have been designed to detect FASD and each generally has an initial validation study, none have robust support in the scientific literature; some brief screening tools have conflicting evidence in the literature. These screening tools are promising, but implementation of any screening tool should include a local validation study to ensure predictive validity. At the individual level, it may be more fruitful to implement enhanced screening and diagnostics for intellectual and developmental disabilities more generally, with FASD as one cause among many.

Prior active case ascertainment research among correctional populations (mostly in Canada) suggests that between 10% and 20% of the correctional population falls somewhere on the FASD spectrum. If that holds for Alaska, we estimate that between 500 and 1,000 offenders in Alaska DOC institutions and an additional 350 to 700 persons under community supervision may have an FASD. We emphasize that this is a coarse estimate based solely on applying prior research findings from elsewhere to Alaska's 2019 population counts. More accurate prevalence estimates require active case ascertainment studies within these populations, the results of which would be useful for directing primary prevention efforts.

Among persons with an FASD diagnosis, prior research suggests that 60% will be justice-involved in their lifetimes. An analysis of limited FASD diagnostic data and Alaska Court System data suggests that 21% of persons with an FASD diagnosis between 2011 and 2021 had an adult criminal case filed against them within a five-year period (2016-2021). Most of these cases involved misdemeanors only, with violation of conditions of release, assaults, and disorder charges being the most common. Among persons with an FAS or pFAS diagnosis, 85% of cases resulted in a guilty disposition on one or more charges.

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is a group of disorders caused by maternal alcohol use during pregnancy that manifests in a pattern of central nervous system abnormalities, growth deficits, a distinct pattern of facial dysmorphias, impulsivity, memory problems, language problems, inability to empathize with others, and adaptive behavior problems (Bertrand et al., 2004; Clarke & Gibbard, 2003). The most serious form of FASD is Fetal Alcohol Syndrome (FAS); a variety of terms have been used to describe less serious presentations of FASD.

FAS is a relatively new condition. Developmental deficiencies in children stemming from the effects of maternal alcohol use during pregnancy were first detailed in the late 1960s (Lemoine et al., 1968) and the constellation of symptoms we now recognize as FAS were described in the early 1970s (Jones & Smith, 1973). Research progressed quickly, and in 1981, the U.S. Surgeon General advised women to avoid drinking during pregnancy (Armstrong, 1998). Current guidance from the CDC suggests women avoid alcohol consumption entirely during childbearing years when they are sexually active and not using contraception to avoid accidental fetal alcohol exposure (Centers for Disease Control and Prevention, 2018). Alcohol use during pregnancy remains a public health concern. Globally, about 10% of women consume alcohol while pregnant, and roughly 1 in 67 women who did so gave birth to a child with FAS (Popova et al., 2017).

FAS and FASD, beyond the detrimental effects on public health, are also enormously costly to the justice system in particular and society in general. The total cost of FASD in the US in 1998 was estimated to be \$4 billion (Fast & Conry, 2009). In Alaska, The McDowell Group (2020b) estimated that the State of Alaska spends approximately \$1.7 million annually to house offenders who screened positive for FASD on the Alaska Screening Tool.

The State of Alaska has focused on addressing FASD in recent years. The creation of the FASD Partnership in 2010 led to the creation of the Alaska FASD mitigating statute. In 2012 this group released a list of recommendations for the state to improve services for people with FASD (Alaska FASD Partnership, 2012). More recently, the Governor's Council of Disabilities and Special Education FASD Workgroup has created a 2017-2022 five-year plan to address changes across six areas: prevention, screening and diagnosis, early childhood education, system transformation, workforce development, and community outreach (Alaska Governor's Council on Disabilities & Special Education FASD Strategic Plan Workgroup, 2018). Additionally, the FASD Program

housed in the Alaska Department of Health and Social Services Office of Substance Misuse and Addiction Prevention maintains diagnostic sites across the state.

This report describes the intersection of FASD and the criminal justice system. We begin by describing how individuals with an FASD become justice-involved, using SAMSHA's Sequential Intercept Model as a guide to the criminal justice process. To add to this discussion, we conducted key informant interviews with criminal justice professionals to gain Alaska-specific descriptions of the impacts of FASD. Next, we discuss diagnostic and screening tools for FASD with a particular focus on how these tools could be implemented in criminal justice contexts. We then discuss how the differing diagnostic criteria make it difficult to estimate prevalence, again with a focus on prevalence within the criminal justice system. Finally, we provide estimates of justice involvement among FASD-diagnosed persons in Alaska.

FASD, criminal behavior, and the sequential intercept model

The cognitive deficits caused by FASD can impact not only the propensity to offend but also how defendants interact with every aspect of criminal justice processing. Conry and Fast (2000) describe the cognitive deficits caused by FASD using the mnemonic device ALARM: adaptive behavior, language, attention, reasoning, and memory. These aspects are not unique to FASD, but they are common among persons diagnosed with FASD:

A — Adaptive Behavior

- Ineffectiveness in meeting personal and social skill expectations for age and cultural group.
- Poor life skills such as self-care, personal relationships, independence, appropriate judgement in social/work situations.

L — Language

- May appear to possess good verbal skills but with a comprehension level considerably lower than word use.
- There may be speech or language delays and difficulty processing verbal directions.
- May use superficial language expression.

A — Attention

- Attention deficit disorder – inability to concentrate for long periods of time on one topic.

- Highly impulsive with few internal controls.

R — Reasoning

- Inability to link actions with consequences or to respond appropriately.
- Unable to empathize with others or understand how their actions affect others.

M — Memory

- May show weak short-term memory.
- May have trouble with “working memory” (i.e., “spotty”, uneven, inconsistent long-term recall of information).
- Confabulation – recalling details/events that didn’t actually happen. (p. 13)

There are multiple well-tested criminological theory domains that are implicated by these deficits. A recent retrospective chart review conducted at the Asante Center in Canada found that of 161 individuals diagnosed with FASD had high rates of substance use (50%), involvement in child welfare (75%) and criminal justice systems (30%) (Popova et al., 2021). Prior research found that 60% of adults and juveniles with FASD disorder experienced some trouble with the law (Fast & Conry, 2009). Among the cognitive deficits common among persons with FASD, impulsivity may be the most important to the commission of crimes. The link between impulsivity (sometimes called low self-control) and criminal behavior is well-documented (Gottfredson & Hirschi, 1990; Pratt & Cullen, 2006; Vazsonyi et al., 2016). The link between school performance and delinquency (Maguin & Loeber, 1996) is also well-established, and is likely due to impulsivity (Felson & Staff, 2006). Impulsivity also impacts the ability to weigh costs and benefits of actions in the moment (Clarke & Cornish, 2000). High impulsivity is therefore linked not only to criminal propensity but also to the decision to commit a particular crime in a particular place. Additionally, social issues and problems maintaining relationships mean that FASD sufferers are more likely to associate with delinquent peers (Fast & Conry, 2009). Social learning theory suggests that criminal behavior is learned through peer groups and is further reinforced through social means within those peer groups (Agnew, 2001; Akers et al., 1979; Burgess & Akers, 1966; Pratt et al., 2010).

The cognitive deficits associated with FASD can also impact correctional rehabilitation. The risk-needs-responsivity (RNR) model has become the dominant framework for correctional rehabilitation in the US (Muhlhausen, 2016). Correctional rehabilitation following the RNR model involves: 1) identifying an offender’s level of risk of reoffending, 2) tailoring an individualized treatment menu to the offender’s needs, and 3) analyzing the level of responsivity the offender will have to treatment to ensure that it is provided in the method in which it will be most effective (Bonta & Andrews, 2007; Ogloff & Davis, 2006).

The RNR model is flexible and effective (Andrews, 2012; Andrews & Bonta, 2010; Dowden & Andrews, 1999; Hanson et al., 2009; Lipsey, 2009; Serin et al., 2010; Turner & Petersilia, 2012). As a model, RNR has the adaptability and agility to address a variety of offenders and their risks, needs, and responsivity to treatment, including FASD. While some research has shown that offenders with mental illness generally have more risk factors than offenders without mental illness (Peterson et al., 2010), many of these risk factors are the same for both groups. Presentations of FASD vary greatly, and the needs of persons with FASD vary accordingly. Those needs can include a variety of life skills and coping mechanisms to minimize the detrimental impacts of FASD — but again, these needs are not entirely dissimilar from those that are common among correctional populations (Andrews & Bonta, 2010). Responsivity is also implicated by learning, attention, and memory deficits, suggesting that FASD-informed care plans may be necessary to ensure understanding and program compliance.

System-level recommendations to improve criminal justice outcomes for people with FASD

The cognitive deficits associated with FASD also have impacts on criminal justice processing and how actors within the system respond to defendants. We review each step of the criminal justice system and provide details in the sections below, but four recommendations are applicable across the entire system:

Training and awareness for all criminal justice system actors is necessary.

Service providers, police officers, correctional officers and jail staff, defense attorneys, prosecutors, judges, probation/parole officers and associated staff should all receive practical training to identify patterns of behavior associated with intellectual and developmental disabilities, including FASD. These trainings should be tailored for specific roles in the criminal justice system and ideally made part of the standard training curriculum for each role.

Our discussions with juvenile and criminal justice professionals repeatedly surfaced the importance of professional and clinical judgement in detecting suspected FASD cases. Despite the lack of a validated screening tool, our key informants each discussed situations where agency staff realized that a person “just wasn’t getting it,” as it was often described. This kind of professional judgement relies on an environment where staff are both appropriately trained and are able to tailor responses to the risk, needs, and responsivity of each individual.

Access to screening and diagnostics for intellectual and developmental disabilities should be improved.

Although brief screening tools for FASD have not received strong support in the scientific literature (see the Fetal Alcohol Spectrum Disorder Diagnosis and Screening section for more detail), there are methods that can be implemented to help criminal justice practitioners identify not only FASDs, but also other disabilities that negatively impact the offender's journey through the SIM. Increased access to individual education plans from defendants' school years, for example, could be helpful in tailoring responses to individual needs. Ultimately, neuropsychological evaluations are likely the best tool to determine the unique needs of the individual, regardless of the cause.

Processes and explanations of those processes should be adapted to ensure defendants can understand them.

The cognitive deficits associated with FASD can impact a defendant's ability to understand and comply with conditions of release and other rules. Processes should be adapted when an FASD is confirmed or suspected, with shorter instructions, more written instructions, and more frequent meetings. These changes are likely to benefit other defendants as well.

Specialized units, including units with exclusively behavioral health caseloads, should be considered and their use expanded in addition to broad-based training for all criminal justice system actors.

Mobile crisis units trained to provide a non-law enforcement response to behavioral health crises are a key component of Crisis Now, and mobile crisis units show promise in improving outcomes for persons experiencing a mental health crisis. In law enforcement, crisis intervention teams (CIT) receive specialized training to handle incidents involving mental health crises. Mental health court staff receive specialized training as well, and many probation/parole offices throughout the US have teams with reduced caseloads who serve clients with mental health concerns. These specialized units should be expanded, and lessons learned from these units should be communicated throughout the system.

Data sharing frameworks should be developed.

Sharing data efficiently is a difficult technical challenge in any context. The problem is compounded in this context by privacy concerns. Individually identified criminal justice information and protected health information are both heavily regulated, and data sharing in some circumstances requires a release of information from the individual. Some defendants may not know that certain data exists, and therefore may not seek its

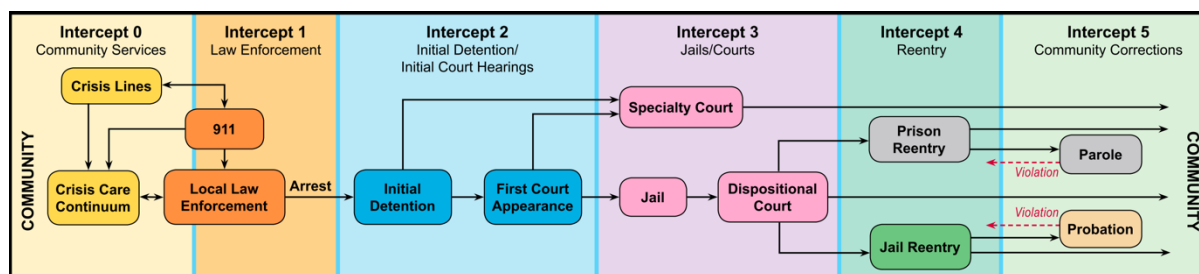
release. Other defendants may not want to share data among service providers for a variety of reasons, including the stigma attached to FASD. There are few easy solutions to the problem of data sharing; technical and regulatory hurdles vary by agency. Service providers should be proactive when seeking releases of information from clients, and methods for securely sharing data between service providers should be developed.

The Sequential Intercept Model and FASD

We used the Sequential Intercept Model (SIM) as a framework to describe the stages of the criminal justice system. We provide a brief overview of each intercept, then describe how FASD could impact decisions made by both offenders and criminal justice actors. As shown in Figure 4, progress through the intercepts is generally — but not always — sequential. We discuss each intercept as a separate stage for ease of presentation, but there can be overlap between them for any given defendant. For example, a person on probation may be arrested for technical violations and be remanded to a correctional institution.

For a more thorough description of SIM as it generally applies to persons in mental health crisis, see Substance Abuse and Mental Health Services Administration (2019) and Griffen et al. (2015).

Figure 4: The Sequential Intercept Model



a. Figure adapted from Substance Abuse and Mental Health Services Administration (2019).

Intercept 0: Community Services

Intercept 0 includes community services that encompass a range of services prior to criminal justice system involvement. A detailed review of these services is outside of the scope of this report; we offer this brief discussion due to the importance of community services in avoiding the criminal justice system entirely. Common elements in this

system are 23-hour crisis stabilization/observation beds, short-term crisis residential stabilization services, mobile crisis services, peer crisis services, 24/7 hot and warm lines, and emergency departments (Substance Abuse and Mental Health Services Administration, 2014). We also include education and other community services at this intercept.

Early intervention improves the odds of avoiding lifetime adverse effects for persons with an FASD diagnosis by a factor of two to four (Streissguth et al., 2004), and many of the treatments for a child with FASD are delivered in the school system (Chasnoff et al., 2015). Deficits of adaptive functioning (such as improper socialization and poor life skills), language comprehension, and attention will likely show themselves during school years. When the need for additional care is identified, the child with FASD should receive an individualized education plan (IEP). Deficiencies in adaptive functioning can be aided by an IEP, since the lacking skills involve improving social skills, understanding what is expected in social environments, and skills needed for personal independence. At their best, an IEP combined with skilled educators will gather together a multidisciplinary team consisting of not only educators but also physicians, psychologists, speech language pathologists, occupational therapists, social workers, physical therapists, school guidance counselors, and family/caregivers (Millar et al., 2017).

There is evidence that FASD is underdiagnosed among children. A study of children in a foster care environment found alarmingly high rates of missed FASD diagnosis. Out of 156 children who met criteria for a FASD diagnosis 80.1% (n=125) had not been previously diagnosed with FASD; the most common prior diagnosis was Attention Deficit Hyperactivity Disorder (ADHD) Chasnoff et al. (2015).

Adults with FASD may struggle to seek, receive, and maintain community-based services. Non-compliance with program instructions or rules is likely to occur due to deficiencies in adaptive function, attention, and language comprehension. Over time, fewer and fewer resources may be available when non-compliance results in disqualification from the program or service. The same deficits may also wear out family and/or other community support. Lacking resources, the person with an FASD may become more likely to enter a state of crisis.

Recommendations at Intercept 0

School systems should have robust systems for identifying intellectual and developmental disabilities, including FASD. The development and use of IEPs provides greater potential for direct support in the child's development of coping strategies that will pay lifelong dividends. Individual education plans can also assist indirectly, by giving

other support services and criminal justice actors needed indicators regarding the person's history. Criminal justice professionals at each intercept discussed the importance of IEPs in our key informant interviews. IEPs were repeatedly discussed as a means for identifying possible mental and behavioral issues. Even when the details are years old, the presence of an IEP can serve as an indicator for criminal justice actors to further investigate mental health issues.

Service providers should receive training that can enable identification of patterns of behavior that are likely caused by FASD. Program non-compliance may be due to language, reasoning, or attention deficits that are not under the control of program participants with FASD. This non-compliance may appear to be willful and lead to disqualification or other service refusals when providers are untrained. The need for service provider training was reinforced during our interviews with practitioners across the SIM. A likely trajectory for the FASD afflicted individual is that they will cycle through available service provider and fail to comply with treatment protocols at each. That failure can be used to deny admission at a later date, creating barriers to diversion and treatment.

Intercept 1: Law Enforcement

Intercept 1 includes law enforcement officers, who act as the “gatekeepers” to the rest of the criminal justice system (Reuland & Yasuhara, 2015). Patrol officers are often the first criminal justice actors to come into contact with a person with FASD. Over the past two decades, police departments have recognized the need for specialized responses to mental illness. Nearly all departments surveyed by Fiske et al. (2020) utilized a specialized police response for mentally ill suspects, typically trained in Crisis Intervention Team (CIT) procedures. The extent to which police departments receive FASD-specific training nationwide is unknown. Anchorage Police Department recruits receive two days of training designed to help officers detect and appropriately respond to persons with disabilities, including intellectual and developmental disabilities. This training includes both classroom and scenario-based elements, but has no FASD-specific content (Capt. Sean Case, personal communication 5/1/2021).

The cognitive deficits associated with FASD such as impulsivity and difficulties interpreting language make people more likely to not only commit crimes, but also to respond to police officers in ways that will be interpreted as willful non-compliance. Willful non-compliance has traditionally been met with force — sometimes called street justice — because officers perceived that a person could have acted differently but simply disobeyed the officer (Van Maanen, 1978). While empirical studies of policing using 1970's and 1990's data found that officers were not more likely to arrest mentally disordered suspects (Engel & Silver, 2001), the subtle nature of FASD's effects almost

certainly would not have been measured as mental disorder in the few large-scale studies of police behavior that have examined related questions¹.

Recommendations at Intercept 1

The use of mobile crisis units should be explored more fully. Recent work suggests that models that allow police officers and the community to involve mobile crisis units specially trained in mental illness can reduce the likelihood of adverse outcomes (Lord & Bjerregaard, 2014). This is part of the Crisis Now model currently in the planning phase in Alaska (Alaska Mental Health Trust Authority, 2021), along with expanded crisis lines and expanded capacity for short-term involuntary commitment. In the language of SIM, implementation of the Crisis Now model will likely strengthen the link between Intercept 0 and Intercept 1 services.

Police officer training should include training to enable the identification of patterns of speech and behavior that are common among persons diagnosed with FASD. While there is not robust research on this topic, there is some evidence that police officers agree and would welcome additional training in FASD identification and strategies for improving outcomes for persons with FASD (Stewart & Glowatski, 2014). Additional specialized training is available for mental health in policing. Common models of this are the Crisis Intervention Team (CIT) model and the specialized policing responses (SPR) model (Dempsey et al., 2020; Reuland & Yasuhara, 2015). Both models promote the use of special teams of officers or civilian personnel, creating connections to community resources for those suffering from mental illness, and diversion of such suspects out of the formal criminal justice process when appropriate. Line officers could be trained to identify the deficits using the ALARM mnemonic, and specialized policing teams or mobile crisis units could be called in to respond further as appropriate. According to our conversations with CIT officers in the Anchorage Police Department and Alaska State Troopers, there is likely support among officers for both more basic training for all officers and having more specialized responders who can focus on mental health and disabilities.

Intercept 2: Initial Detention/Initial Court Hearings

Intercept 2 begins after an individual has been arrested. It typically occurs at a police station in a holding cell, at a court lock-up, or at a local jail. At this intercept the individual is waiting for an initial hearing presided over by a judge or magistrate. Many different stakeholders can be involved at this stage including mental health

¹ Engel & Silver (2001) measured whether citizens were unable to "perceive situations as a reasonable person would or to control their emotions and actions" (p. 234). They explicitly excluded from their measure two persons who were "mentally retarded but had been incorrectly coded as mentally disordered" (p. 235) which suggests that persons with cognitive deficits who were not in an immediately obvious crisis would not have been included in "mentally disordered."

professionals, public defenders, private defense attorneys, magistrates and judges, jail-based case managers, jail liaisons to the court, and other jail mental health staff. While individuals wait for court proceedings to occur, the key elements of Intercept 2 may take place: 1) screening for mental or substance use disorders, 2) data linkage, and 3) pretrial diversion can be presented (Abreu et al., 2017).

Language deficiencies can impede the ability of the defendant to understand questions about their mental health history. The presence of an IEP during school years can be a valuable piece of information for jail diversion programs among adults, since it provides evidence of a chronic condition. Prior diagnoses from medical professionals are also useful. Information sharing is a key element, but the defendant has to choose to disclose their prior history in most cases. Privacy considerations for both education and health records generally prohibit automatic information sharing. But where prior records are available, our interviews with key informants suggested they are helpful.

Whether self-disclosed or through prior diagnoses or an IEP, not all defendants with a prior diagnosis will want to disclose the diagnosis to criminal justice professionals due to social stigma associated with FASD. This is likely due in part to the impact of negative stereotypes that persons with FASD are unable to do certain tasks and have negative life trajectories (Aspler et al., 2021)². The benefit of access to mental health history was brought up among our interviews with public defenders and other legal actors at Intercept 2, but is usually gated by the defendant choosing to disclose their history.

Deficiencies in language comprehension and memory can also cause challenges while in a courtroom setting. Courtroom hearings are difficult to comprehend generally (Broner et al., 2002-2003), and since a person with FASD may struggle to comprehend language more than the general population, the problem is compounded. The issues go beyond mere confusion. Persons with intellectual disabilities have been found to be more likely to recall incorrectly based on leading questions (Milne et al., 2002). Furthermore, deficiencies in memory can cause a person with FASD to struggle to give accurate accounts of events and participate in their own defense. Their language patterns and word choice may come across as intentionally deceitful when the defendant is merely mistaken or confused.

Pretrial release often involves some degree of court/jail supervision and specific conditions of release. Noncompliance with these conditions typically results in detention until trial. The effects of FASD may cause people to not understand these conditions

² Aspler et al, 2021 interviewed 19 adults with FASD, 20 caregivers, and 23 relevant healthcare and allied professionals (i.e., physicians, nurses, social workers, psychologists) to derive themes of stereotypes associated with having a FASD, and how those stereotypes impacted outcomes.

when they are explained. Increased impulsivity can also cause persons with FASD to be noncompliant, which can result in remand to a jail pending the resolution of the case.

Individuals with FASD will likely have difficulties in detainment. Jails often lack resources that a person with FASD would need. An arrestee who has undiagnosed FASD will also not have the resources to help them while housed with the general inmate population. Jail is a stressful and disorienting environment, and deficits in adaptive functioning make the FASD afflicted individual susceptible to victimization, and/or self-harm while detained. In addition to the issues of the jail environment itself, individuals with FASD who were receiving treatment prior to arrest will have their provision of services interrupted by the detention (Broner et al., 2002-2003; Clark, 2004; National GAINS Center, 2007).

Recommendations at Intercept 2

Improve and institutionalize FASD awareness and training among criminal justice actors. In particular, deficiencies in language make it more likely that individuals with FASD will not understand directions, although they will respond with affirmations that they do (Deere et al., 2018). Subsequent noncompliance therefore appears willful.

Improve and institutionalize intellectual and developmental disability screening, including FASD, at DOC and among the criminal defense bar. Screening and evaluation is the most essential step in post-booking diversion programs (Lattimore et al., 2003; National GAINS Center, 2007). Screening may use treatment histories, direct observation, nonclinical interviews, self/family referrals, or the use of standardized instruments/surveys. Screening could occur either in a court or jail setting or in both (Lattimore et al., 2003). After initial screening, an evaluation by mental health professionals should take place for eligible individuals. After diagnosis, a variety of options such as diversion, plea bargaining, reduced charges, or reduced pretrial detention could be appropriate, depending on the alleged crime and extent of the defendant's disability (Steadman et al., 1994). Alaska DOC currently employs the SAMHSA Brief Jail Mental Health Screen during intake (see Appendix IV: Brief Jail Mental Health Screen).

Adapt explanations of court processes and conditions of pretrial release to compensate for reduced language skills. In addition to changing outcomes for defendants, diagnosis or suspicion of FASD should cause the Court, defense bar, and pretrial supervision staff to adapt their processes and how they are explained. This has been done in Alaska courtrooms before, but on an ad-hoc basis (Jeffery, 2010). Jeffery (2010) describes adaptations he made in his Utqiagvik (then Barrow) courtroom in an attempt to make the process more understandable. We discuss this in more detail below, in Intercept 5,

but providing instructions to defendants in a way that is likely to be understood is important at every stage of the criminal justice process.

Provide a framework for linking data diversion programs, behavioral health providers, schools, and other community resources such as homelessness services. Data linkage and information sharing is challenging, both technically and from a regulatory compliance standpoint, but is worth attempting. Data linkage can improve the likelihood of Intercept 2 diversion for an individual with FASD. For example, Maricopa County (Phoenix), AZ implemented a data linking system where jail admission data was sent to a mental health provider, then it was scanned to find name matches, and a curated list of names were sent back to the jail diversion staff (National GAINS Center, 2007). By connecting services criminal justice practitioners can learn that an individual has received behavioral health services, or even a FASD diagnosis, in the past.

Intercept 3: Jails/Courts

Intercept 3 involves corrections officials at all levels of correctional institutions – municipal/county, state, and federal. At this intercept, the suspect is either awaiting trial or serving a sentence after having been arrested, booked, and has had their initial appearance in court. Officials at this intercept are routinely involved in correctional rehabilitation. Existing frameworks to serve this goal can be utilized and adapted to treat persons with FASD.

The cognitive deficits caused by FASD put individuals detained in courts or jails at risk from both inmates and corrections officials. Much in the same way that high impulsivity, a lack of empathy for others, and an inability to link actions with consequences put persons with FASD at risk of running afoul of the law, they would likely do the same in regards to rules and regulations inside a jail or courtroom. Memory deficits could additionally make these rules difficult for defendants to retain. Trouble understanding legal proceedings would cause them to not comprehend their legal options, such as appeals, the usefulness of being represented by an attorney, and the nuances of plea agreements (Gagnier et al., 2011).

It is crucial for criminal justice actors to understand how the cognitive deficits caused by fetal alcohol exposure impact a defendant's responses in the courtroom and prison because jails and courts have a prominent role to play in the administration of both legal responsibility and potential treatment of offenders with FASD. Furthermore, courts are the last chance for an offender with mental illness to be diverted from the formal legal process before sentencing and conviction (Liu & Redlich, 2015).

The same risks of pretrial detention for persons with an FASD described above in intercept 2 also apply to longer stays in correctional institutions. Additionally, the social deficits persons with FASD often experience can also put persons with FASD at higher risk of embedding with gangs while in jail. Executive function deficits as well as language issues can make it difficult for persons with FASD to take advantage of GED or work programs that might improve their life outcomes after they are released.

Comorbid mental health issues in the incarcerated population make any type of progress inherently difficult – one study showed a prevalence of serious mental illness of 14.5% for males and 31% for females in a sample of Maryland and New York Jails (Steadman et al., 2009). In the Alaska correctional population between 2008 and 2012, 30.4% of inmates were identified as Trust Beneficiaries, with 61.3% of these individuals found to have more than one Axis 1 mental health diagnosis, and 30.8% to have both Axis 1 disorder(s) and Axis II personality disorders (Hornby Zeller Associates, 2014, p. 3).

Recommendations at Intercept 3

Increase use of therapeutic courts with a focus on mental health. Currently, the State of Alaska operates three mental health courts in Anchorage, Juneau, and Palmer. Mental health courts use a rehabilitative lens that focus on mental illness as an underlying causal factor (Castellano & Anderson, 2013) and have generally been found to reduce recidivism (Anestis & Carbonell, 2014; Burns et al., 2013; Herinckx et al., 2005; Hiday et al., 2013; McNiel & Binder, 2007; Sarteschi et al., 2011; Snedker et al., 2017; Steadman et al., 2011). While there is variation in how they are implemented, a national survey found several traits are present in nearly all therapeutic courts: they target a portion of the docket that contains offenders with mental illness, divert defendants from jails and prisons into community-based mental health treatment, monitor for program compliance, and sanction non-compliance as well as provide rewards for compliance (Redlich et al., 2006). The defendant plays a more significant role in this type of court, which fosters an agility and variety of solutions that a traditional court may not be able or willing to provide. A 2017 study of Alaska service providers found mental health courts to be expensive, costing the state \$11,416 per person, but effective in reducing recidivism with savings calculated at \$13,246 per person (Valle, 2017, p. 110).

Ensure that existing screenings in DOC contexts capture intellectual and developmental disabilities, including FASD, that can impact risks, needs, and responsivity to treatment. We discuss these below, in Intercept 4, and the concepts in institutional settings are similar.

Intercept 4: Reentry

Most inmates will be released from DOC custody. There exists a broad range of programs designed to make this process a positive one for offenders, but these programs have varying rates of success. The propensity of offenders to leave and reenter the criminal justice system has been described as a “revolving door” (Snedker et al., 2017). Offenders with mental illnesses have been shown to exhibit higher rates of recidivism (Baillargeon et al., 2009; Messina et al., 2004). In Alaska, within the first year after release 40.9% of Trust Beneficiaries will recidivate, nearly twice the rate of those who are not Trust Beneficiaries (22.0%) (Hornby Zeller Associates, 2014, p. 33). A tailored approach designed to address the risks, needs, and responsivity to treatment of offenders a mental illness is required. Any correctional rehabilitation program that accepts patients with any intellectual or developmental disability, including FASD, in a corrections setting must have a number of characteristics to be successful: a long duration, concrete examples of concepts taught, small groups, considerations for anxiety of patients, a focus on one problem at a time, aftercare, short directions, appropriateness of treatment, and an understanding of how to cope with impairments for which there is no treatment (Burd, Fast, et al., 2010).

The Assessment, Planning, Identification, and Coordination (APIC) model currently used by the Alaska Department of Corrections is heavily influenced by the RNR model and is derived from similar principles (Alaska Department of Corrections, 2020b; Osher et al., 2003). The APIC model emphasizes planning and coordinating linkages between probation officials and community organizations to ensure the smoothest transition from corrections to community. This emphasis can improve the RNR approach to individuals with FASD by more explicitly focusing on how community resources can help the individual prior to release.

Recommendations at Intercept 4

Ensure continuity of care as offenders transition from pretrial, adjudication, institutional corrections, community corrections, and out of correctional system care. Interviews with practitioners reiterate this need for a “warm handoff” between juvenile and adult justice systems, and between service providers. A general lack of service providers that are willing and able to work with FASD-affected clients was often cited as a hinderance for both initial care and proper handoff between systems.

Intercept 5: Community Corrections

The final step in the SIM is Intercept 5, community correction services. It includes individuals who are on some form of supervised release, typically probation or parole.

Probation is non-custodial supervision served in lieu of incarceration, whereas parole occurs after an individual has served part of their sentence in a correctional facility. In the framework of the SIM they function similarly: supervising officers work to enable service provision to address the risks and needs of offenders and provide supervision to keep the community safe (Klockars, 1972). Community corrections agencies work to reduce the likelihood that the individual will recidivate and re-enter the criminal justice system by addressing their risks, needs, and responsivity to treatment.

Probation and parole are tenuous states of existence for justice-involved individuals. Technical violations of the conditions of release can mean being remanded to prison or jail. Common technical violations include failure to appear at court at specified times, failure to maintain continued employment, failed drug testing, and failure to adhere to treatment requirements set by the court upon release. Persons with an FASD are more likely to commit technical violations because they struggle to understand and follow rules — but they are also likely to tell the court and probation officers that they understand instructions (Fast & Conry, 2009).

Deficiencies in reasoning, including executive function, are likely to impair an individual with FASD's ability to follow through on probation or parole conditions of release. A deficit in language abilities and adaptive functioning could damage the offender-parole officer (PO) relationship because the PO may interpret affirmative responses from a client with FASD as confirmation that they understand and wish to follow-through on instructions. Persons with FASD, especially when it goes undiagnosed, may also fail out of a number of community reentry and rehabilitation programs for similar patterns of noncompliance, further reducing the possibility of successfully completing a community corrections sentence. Finally, memory deficits may make what seems to be an obvious link between behavior and consequence difficult to understand. For this reason, memory deficits will make it seem like individuals with FASD do not learn from their mistakes, and are not deterred by repeated consequences associated with their criminal actions (Conry & Fast, 2000).

Recommendations at Intercept 5

Develop specialized community corrections programs with smaller caseloads and expanded training. Many states have developed specialized community corrections programs in which officers deal with smaller caseloads and are trained in mental health issues, including FASD, as they pertain to the criminal justice system, the provision of services, and case management (Council of State Governments, 2002; Skeem & Manchak, 2008). These programs have been shown to reduce both technical violations and recidivism (Louden et al., 2010; Skeem et al., 2009).

Provide a framework for adapting processes and explanations to different learning styles. Orders from the court, including conditions of release, should be adapted to ensure that defendants can understand them. This idea is not new to Alaska and has been described by a (now-retired) judge in detail (Jeffery, 2010). Judge Jeffery suggested that paper forms include initials next to each section, and that sections be shortened, and language simplified to aid in comprehension. Case management should also include more frequent meetings to provide additional structure for people diagnosed or suspected of having FASD.

Fetal Alcohol Spectrum Disorder Diagnosis and Screening

The prior section largely assumed that FASD was diagnosed or suspected. While FASD symptomology and the life course of those who suffer from this disorder are well documented (Clarke & Gibbard, 2003; Streissguth et al., 1998), diagnosis of FASD is complex. Most symptoms of FASD are not unique to FASD — the ALARM deficits discussed above are certainly not unique to FASD. There are disagreements regarding the diagnostic criteria for FASD. These disagreements have centered around the similarity of symptoms, the causality of alcohol, and the seeming lack of a simple dose-response curve, as many women who drank heavily during pregnancy did not have offspring with the worst symptoms (Armstrong, 1998).

From the identification of FAS as a distinct diagnostic category of intellectual and developmental disabilities in the early 1970s through the late 1990s, the prevailing method of diagnosing FAS has been called the ‘Gestalt Method’ by some researchers (Astley, 2013; Astley & Clarren, 2000). This method, as the name implies, requires a medical professional to look at the broad, holistic presentation of all symptoms and decide on a diagnosis in a dichotomous fashion (Sokol & Clarren, 1989). While this was a step forward in the sense that FASD could be diagnosed, modern research has shown the need for both objective criteria and diagnosis on a spectrum instead of a binary decision. FASD has a wide range of symptoms, many of which overlap with other disorders such as Aarskog syndrome, Dubowitz syndrome, Cornelia de Lange syndrome, and many others. The presentation of FASD and related deficits and disabilities also varies considerably (Astley & Clarren, 2000).

Several FASD diagnostic systems were developed roughly contemporaneously in the 1990s and early 2000s, revised versions of which remain the most commonly used tools today (Astley & Clarren, 2000; Chudley et al., 2005; Hoyme et al., 2005). The 4-Digit

Diagnostic Code was developed in 1997 and revised in 1999 and 2004 (Astley, 2004). The 4-Digit Diagnostic Code considers the four broad diagnostic subcategories that patients typically display— 1) growth deficiency, 2) facial phenotype (thin upper lip, palpebral fissure length, smooth philtrum), 3) central nervous system dysfunction, and 4) gestational alcohol exposure, and places patients on a spectrum (Astley & Clarren, 2000). Validation of the 4-Digit Diagnostic Code in a 10-year foster care program showed favorable performance to holistic diagnostic methods (Astley, 2013). The 4-Digit Diagnostic code has also enjoyed broad popularity due to its portability and availability of online training (FAS Diagnostic & Prevention Network, n.d.). Alaska's FASD diagnostic teams use the 4-Digit Diagnostic Code.

Other diagnostic criteria exist. While there is considerable overlap in the conceptual domains covered by each diagnostic system, the systems are not identical. Table 2 summarizes selected domains covered by each of these diagnostic systems to show the similarities and differences among the systems, and Appendix I describes each of these other systems in more detail.

One notable advantage of the 4-Digit Diagnostic Code is that it measures maternal alcohol use but does not require confirmed prenatal alcohol exposure. Confirmation of maternal alcohol use is often difficult (Bakhireva et al., 2018; Freeman et al., 2019). Diagnostic systems that require confirmed maternal use can lead to underdiagnosis (Coles et al., 2016; Petryk et al., 2019).

It is not possible to objectively assess the performance of FASD diagnostic systems because no external standard exists. Researchers have compared FASD diagnostic systems against one another, however. In general, these studies have found that the 4-Digit Diagnostic Code tends to produce lower estimates of FAS than other systems but produces estimates of other aspects of FASD such as partial FAS (pFAS) and alcohol-related neurodevelopmental disorder (ARND) similar to other diagnostic tools (Coles et al., 2016; Hemingway et al., 2019).

Table 2. FASD Diagnostic Systems Compared

	<i>3rd Edition 4-Digit Diagnostic Code</i>	<i>Revised Institute of Medicine Guidelines</i>	<i>2016 Canadian Guidelines</i>	<i>DSM-V ND-PAE</i>	<i>Australian Guidelines</i>	<i>German Guidelines</i>	<i>CDC Guidelines</i>
Criteria	(Astley, 2004)	(Hoyme et al., 2016)	(Cook et al., 2016)	American Psychiatric Association (2013)	Bower et al. (2017)	Landgraf et al. (2013)	Bertrand et al. (2004)
Sentinel facial features and/or other physical defects	x	x	x		x	x	x
Cognition/IQ	x	x	x	x	x	x	x
Adaptive behavior	x		x	x	x		
Language/social deficits	x	x	x	x	x	x	x
Memory problems		x	x	x	x	x	x
Visuo-spatial ability		x		x		x	
Neuropsychological/neuroanatomical deficits	x	x	x		x	x	x
Academic deficits	x		x	x	x	x	x
Motor/sensory evaluation	x		x	x	x	x	x
Mental health and other psychiatric conditions	x						
Family history			x				
Executive function & hyperactivity	x	x	x	x	x	x	x
Cognitive development	x	x	x			x	
Growth Deficits	x	x				x	x
Maternal alcohol consumption required	No	Yes	Yes	Yes	Yes	No	Yes

Notes:

1. CDC Guidelines provide recommendations for the diagnosis of FAS, not FASD.
2. All diagnostic systems except the DSM-V ND PAE require multi-disciplinary teams.

Screening for FASD

Given the multi-disciplinary nature of most diagnostic systems, universal FASD diagnostic assessment for all offenders in a criminal justice context is cost prohibitive. As a practical matter, a screening or referral protocol that can be administered at a comparatively low cost would be beneficial (Boland et al., 2002). In the broader public health literature, screening children for FASD prior to diagnosis has been shown to be cost effective, with one study showing a savings per 100 children screened of \$89,895 compared to conducting complete diagnostics for FASD (Berrigan et al., 2019). FASD screening should be carried out early on—ideally, during the intake assessment during booking, although other authors have noted that screening can also aid in offender’s legal defense by raising issues of competency to stand trial, culpability for criminal behavior, and sentence mitigation (Boland et al., 2002; Gagnier et al., 2011).

Screening tools specializing in FASD, experts trained to use them, opportunities to train existing mental health professionals in usage of those tools, and the number of screens done overall are all low in the United States. In a survey of correction systems in each state and four major cities in the US, Burd et al. (2004) found that only one of their respondent correctional systems had any screening program for FAS. Just four programs had access to FAS diagnostic services, and just one offender out of the 3,080,904 offenders covered by respondent correctional systems was reported to have a diagnosis of FAS.

We found four screening tools designed for use in adult or juvenile correctional settings: the Canadian Brief Screen Checklist (BSC), the Fetal Alcohol Behavior Scale (FABS), a forensic FASD screen developed by Brown and colleagues in 2010, and the Asante Center Tool (Brown et al., 2010; Burd et al., 2004; MacPherson et al., 2011; Streissguth et al., 1998). Appendix II describes these tools in more detail and describes other screening tools that could be adapted to a criminal justice context.

No brief FASD screening tool has robust scientific support

Screening tools remain a developing area. Most show promise, and some are in active use in jurisdictions throughout the US and Canada. Yet we found no screening tool with universal support among technical reports and published scientific literature. The four tools listed in Table 3 each had initial validation studies conducted that showed the tools were effective. In general, however, few studies other than this initial validation have been published regarding the tools. With some tools, such as the BSC, follow-up studies found that the original scale required extensive modification to item scaling

(McLachlan, 2017) to be predictive at all, or required substantial changes to screening criteria (McLachlan et al., 2020) to balance sensitivity and specificity.

Table 3. Comparison of Fetal Alcohol Spectrum Disorder Screening Tools Designed for Criminal Justice Contexts

	<i>Brief Screen Checklist (BSC)</i>	<i>Fetal Alcohol Behavior Scale (FABS)</i>	<i>Brown et al., 2010</i>	<i>Asante Center Tool</i>
	MacPherson et al. (2011)	Streissguth et al. (1998)	Brown et al. (2010)	Conry and Asante (2010)
<i>Number of items</i>	48	36	35	11
<i>Maternal Alcohol Use</i>	x		x	x
<i>Behavioral Questions</i>	x	x	x	x
<i>Family History Questions</i>	x		x	x
<i>Past Psychiatric Illness</i>				x
<i>Facial Analysis</i>	x			
<i>Age Group</i>	Adults and juveniles	Adults and juveniles	Adults and juveniles	Juveniles

Due to the overall lack of consistent evidence in support of any screening tool, any screening tool deployed in Alaska criminal justice contexts would likely require a local validation as part of its deployment. Given the mixed results in the extant literature, substantial revision may be required to arrive at a valid tool. Periodic revalidation may require yet further revisions. With each revision, staff training on the new tool would be required.

Part of the difficulty in creating and validating a screening tool is the general lack of agreement on the more complete diagnostic criteria. The set of intellectual and developmental deficits and disabilities associated with FASD are also not unique to FASD. Moreover, in discussions with criminal justice professionals, we were repeatedly reminded that knowing that an FASD is confirmed or suspected is useful information — but that alone is not sufficient to craft accommodations and adaptations of programs and processes that are likely to improve outcomes for persons with FASD. The presentation of FASD varies so widely from one person to the next that more detail is required.

In terms of the treatment of individuals in the criminal justice system, then, a more fruitful approach may be to abandon the goal of a brief FASD-specific screening tool. Instead, enhanced screening for intellectual and developmental disabilities and their related deficits/disabilities more broadly should be conducted, regardless of cause. Such screening can rely on professional judgement, as it is today, augmented with screening tools designed to detect intellectual and developmental disabilities.

Prevalence of Fetal Alcohol Spectrum Disorder

There are not universally-accepted methods for estimating FASD prevalence (May & Gossage, 2001; McDowell Group, 2020a). As discussed elsewhere in this report, diagnostic criteria and preferred terminology both vary. While the diagnostic tools are similar, they are not identical and prevalence estimates are sensitive to the diagnostic criteria used. Contemporary studies of FASD prevalence have strayed from examining FAS as a standalone syndrome, and instead place FAS on a spectrum that includes related disorders. Terminology also varies, with studies discussing one or more of FAS, FASD, partial fetal alcohol syndrome (pFAS), fetal alcohol effects (FAE), alcohol-related birth defects (ARBD), and alcohol-related neurodevelopmental disorder (ARND).

May et al. (2009) determined that less severe cases of FASD are particularly likely to be missed in prevalence estimates for three reasons: first, FASD is less likely to be screened for when there are comorbid neurodevelopmental disorders; second, there is not one standardized battery of tests that clinicians and researchers agree most effectively diagnoses FASD; and third, diagnostic methodology has historically focused on physical growth and development deficiencies which are less likely to be present in less serious cases of FASD. Diagnosing FASD often requires the coordination of a team of investigators, which also complicates estimating prevalence (Clarren & Lutke, 2008; Eriksson, 2007).

The variation in diagnostic criteria, terminology, and study methodology explains some of the variation in prevalence estimates discussed below. A complete review of FASD prevalence literature is outside of the scope of this report; we suggest interested readers see Abel (1995), May and Gossage (2001), and Popova et al. (2017). This report does, however, discuss prevalence among justice-involved individuals. A brief review of prevalence estimates is therefore relevant.

Three methodologies are common among studies of FASD prevalence: clinic-based studies, passive surveillance, and active case ascertainment. Clinic-based studies are typically conducted in hospitals or maternity clinics and are advantageous because hospitals and clinics are good places to collect a sample of pregnant women and their children. Gathering maternal history and personal health habits are typical steps in the pre-natal healthcare process, making data collection less obtrusive. The disadvantage of clinic-based studies, however, is that participants are self-selecting, and the individuals who have the highest risk to produce offspring with FASD are also less likely to visit maternity clinics or agree to participate in clinical research (May & Gossage, 2001). Clinic-based studies have typically found FAS prevalence rates between 0 and 3

cases per 1,000 live births (Abel, 1995; Abel & Sokol, 1987). Prevalence estimates of other diagnoses on the FASD spectrum are rare in the literature; our review found just one study, Sampson et al. (1997), that estimated the combined rate of FAS and ARND to be 9.1 per 1,000 live births. The large difference between this study and other studies illustrates how diagnostic and definitional differences impact prevalence estimates.

Another common method for estimating FASD prevalence is passive surveillance. Passive surveillance involves establishing which diagnostic criteria will be used to define FASD and reviewing available records in order to find births that meet those criteria. Historically, these records have included birth certificates, developmental disability registries, and hospital records. Additionally, several states, Alaska among them, have broad birth-defect tracking systems. Passive surveillance is the easiest and cheapest means of estimating prevalence, as it involves the analysis of existing data. However, the major disadvantages of passive surveillance are that FASD is more difficult to diagnose than some other birth defects (Aase, 1994; Clarren et al., 2001; Little et al., 1990) and that they typically underestimate FASD prevalence compared to other methodologies (Popova et al., 2017). Prevalence estimates from passive surveillance studies have typically found FAS prevalence rates between 0.2 and 2.9 per 1,000 live births (Burd et al., 1996; Centers for Disease Control and Prevention, 1993, 1995, 1997; Chavez et al., 1988; Egeland et al., 1998; Weiss et al., 2004). Passive surveillance studies examining FAS have found prevalence rates approximately 10 times higher among American Indian and Alaska Native populations compared to the general population (Chavez et al., 1988; Egeland et al., 1998).

Active case ascertainment is another method for estimating FASD prevalence. Active case ascertainment involves researchers entering the community under study and actively seeking out children who may have FASD. After establishing screening criteria, researchers typically refer candidates to clinicians for diagnosis. This method benefits from involving community outreach, which improves the likelihood that researchers will uncover individuals who would otherwise be less likely to self-identify. However, it is a time consuming and costly method of study, which also relies on a high level of cooperation not just within the research team, but from many community members as well (May & Gossage, 2001). Active case ascertainment studies have found prevalence rates between 1.4 and 18.4 per 1,000 live births (Clarren et al., 2001; May et al., 1983; Quaid et al., 1993).

FASD Prevalence Among Justice-Involved Persons in the Scientific Literature

There is reason to believe that the prevalence of FASD is higher among justice-involved persons than the general population. Mental health issues are more common among justice-involved persons than the general public. The prevalence of serious mental illness is approximately 5.5% in the US adult population (Hudson, 2009), while 13.8% of male prisoners and 18% of female prisoners suffered from a serious mental illness (Fazel & Seewald, 2012). Using a more expansive definition, Hornby Zeller Associates (2014) found that more than 30% of individuals who entered, exited, or resided in an Alaska DOC facility between July 1st 2008 and June 30th 2012 were beneficiaries of the Alaska Mental Health Trust, and that over 40% of incarcerations per year are likely to be Trust beneficiaries (Hornby Zeller Associates, 2014).

It is simply too costly to attempt FASD diagnostics for all justice-involved persons. The lack of validated brief screening tools suggests that targeting diagnostic resources for the purposes of individual diversion and case management is difficult (at best). At the population level, however, estimating prevalence is key to primary prevention efforts. Active case ascertainment studies are the most accurate way to produce estimates of the prevalence of FASD among justice-involved persons at various stages of the criminal justice process. In the absence of active case ascertainment, however, we can use prior studies to estimate the prevalence of FASD among Alaska correctional populations.

Despite widespread concern about the impact of FASD on justice-involved persons (see SIM discussion for details of how FASD impacts each step of the criminal justice process), we could find no published studies of FASD prevalence among arrestees or court defendants. We are limited to studies of correctional populations, and studies from outside the US.³ Studies of FASD prevalence among justice-involved juveniles have generally used active case ascertainment and were conducted in Canada or Australia. Estimates vary but are typically between 10% and 20% of the juvenile correctional population. Estimates are similar among adult populations, with active case ascertainment studies generally finding that between 10% and 20% of adult correctional populations have a diagnosable FASD. Other studies also suggest that FASD impacts justice-involved youth. For example, in a meta-analysis, Popova et al. (2011) found that youth with FASD were roughly 19 times more likely to be incarcerated than youth without FASD. Table 4 shows the results of these prevalence studies among correctional populations. Overall, studies of correctional populations show higher prevalence than studies of the general population — but as discussed above,

³ Burd et al. (2004) cites Streissguth et al. (1998) as having estimated the prevalence of FAS in the Washington State corrections system. However, we were unable to find such an estimate in this work.

differences in methodology may explain at least some of the differences between correctional populations and the general population, especially when the differences are large. Given the variation in time periods, diagnosis, diagnostic criteria, and specific population under study, it is notable that estimates for both juveniles and adults converge around 10-20%.

We can use this to provide a rough estimate of FASD among correctional populations in Alaska. In 2019, Alaska DOC's adult population included 4,997 persons. Given the prior literature suggesting that approximately 10-20% of correctional populations have FASD, it is reasonable to estimate that between 500 (10%) and 1,000 (20%) offenders in Alaska DOC institutions could be diagnosed with an FASD. An additional 3,460 persons were on probation or parole, adding between 350 (10%) and 700 (20%) persons under DOC supervision who may have had an FASD (Alaska Department of Corrections, 2020a).

This estimate is substantially higher than was recently estimated by McDowell Group. Based on recorded screenings using the Alaska Screening Tool (AST), the McDowell Group reported that 29 individuals living in correctional or detention facilities in Alaska had screened positive for FASD on the AST in 2017 (McDowell Group, 2020b). While the numbers are not directly comparable to the prevalence estimates from Canadian studies due to differences in methodology, it is suggestive that FASD may be underdiagnosed among persons under Alaska DOC supervision.

Table 4. Estimated Prevalence of FASD for studies conducted with correctional populations

Study	Data Collection Period	Correctional Population	Diagnosis ¹	Diagnostic Criteria	Rate per 1k Population
Fast et al. (1999)	1995-1996	Juvenile, 12-18, Inpatient Assessment Unit of Youth Forensic Psychiatric Services, Burnaby, British Columbia, Canada	FAE	Clarren & Smith (1978)	220
Fast et al. (1999)	1995-1996	Juvenile, 12-18, Inpatient Assessment Unit of Youth Forensic Psychiatric Services, Burnaby, British Columbia, Canada	FAS	Sokol & Clarren (1989)	10
Murphy et al. (2005)	2004	Juvenile, three youth custody centers in British Columbia, Canada	FAE or FAS	Unspecified	120
Bower et al. (2018)	2015-2016	Juvenile, 10-18, Banksia Hill Detention Centre	FASD	Australian Guide to the Diagnosis of FASD	360
Rojas and Gretton (2007)	1985-2004	Juvenile, two sites for juvenile sexual offenders in British Columbia, Canada	FAS or FAE	Unspecified	109
MacPherson et al. (2011)	2005-2006	Adult Male, 30 and under, federal inmates from Winnipeg, Manitoba, Canada	FASD	Brief Screening Checklist	100

Study	Data Collection Period	Correctional Population	Diagnosis ¹	Diagnostic Criteria	Rate per 1k Population
MacPherson et al. (2011)	2005-2006	Adult Male, 30 and under, federal inmates from Winnipeg, Manitoba, Canada	Some characteristics of FASD	Brief Screening Checklist	150
Forrester et al. (2015)	2011-2012	Adult Female, 35 and under, one federal institution for women in Canada	FASD	Brief Screening Checklist for Women	170
Forrester et al. (2015)	2011-2012	Adult Female, 35 and under, one federal institution for women in Canada	Some characteristics of FASD	Brief Screening Checklist for Women	220
McLachlan (2017); (McLachlan et al., 2019)	2013-2015	Adult, 18-40, institutional and community corrections in Yukon Territory, Canada	FASD	2005 Canadian Diagnostic Guidelines	175
Brintnell et al. (2019)	2009- unspecified	Adult Male, one provincial correctional site in Canada	Neurobehavioral disorders with PAE	2005 Canadian Diagnostic Guidelines	370
Brintnell et al. (2019)	2009- unspecified	Adult Male, one provincial correctional site in Canada	Static encephalopathy with PAE	2005 Canadian Diagnostic Guidelines	200

¹Language used to describe disorders varies as diagnostic criteria are different across time and geography. FAE: Fetal Alcohol Effects; FAS: Fetal Alcohol Syndrome; FASD: Fetal Alcohol Spectrum Disorder; PAE: Prenatal Alcohol Exposure

Linking FASD Diagnostic Data to Adult Criminal Justice Data

In addition to estimates of the prevalence of FASD among correctional populations from the scientific literature, it is important to estimate justice involvement among persons with an FASD diagnosis. Prior literature has found that youth with FASD are roughly 19 times more likely to be incarcerated than youth without FASD (Popova et al., 2011). One study estimated that 60% of adolescents and adults with FAS or FAE have been charged with a crime, arrested, convicted, or otherwise in trouble with the law in their lifetimes, and 35% have been incarcerated for a crime in their lifetimes (Streissguth et al., 2004).

To estimate justice involvement among Alaskans with FASD diagnoses, we linked FASD diagnostic data maintained by the Alaska Department of Health and Social Services (DHSS) to Alaska Court System (ACS) criminal case dispositions. The diagnostic data provided by DHSS include FASD diagnoses from January 2011 through March 2021. The case disposition data contains all adult criminal cases disposed (completed) from January 2016 through March 2021. The two datasets were linked using a probabilistic matching procedure⁴ on name and date of birth.

Two limitations of the data and methods used will tend to underestimate the number of FASD-diagnosed persons who had criminal justice involvement in this analysis. First, the diagnostic data are not complete — there are FASD diagnoses in Alaska that are not recorded in DHSS's database. In general, DHSS has information only on diagnoses funded by the state. Second, we do not have any data from the Alaska Division of Juvenile Justice (DJJ). This second point is particularly salient because the median age of persons in the FASD data was 13 years old on March 21, 2021, the date the available Alaska Court System data ends. Minors are generally not processed through the adult criminal justice in Alaska.⁵

Despite these limitations, the available data provide useful information. We received FASD diagnostic data for 1,360 distinct persons, 346 of whom were 18 or older as of March 31, 2021. We were able to match 75 persons⁶ (6% of the total, 21% of adults) to adult criminal justice cases disposed of between January 2016 and March 2021.

There were 266 cases among the 75 persons. These cases were not equally distributed, with 30 persons having just one case. Six persons had more than 10 cases

⁴ Our procedure first created separate fields for first name, middle name, last name, name suffix (Jr., III, etc), and month, day, and year of birth. Name fields were passed through a phonetic algorithm to account for spelling variations and typographical errors. Each data source was deduplicated, then each field and its phonetic code was compared to the other data, with matching and non-matching scores attached to each field. Potential matches were reviewed clerically until a suitable cutoff score for matches between datasets was found.

⁵ While youths *can* be waived to adult court (see AS 47.12.100) and some offenses are automatically waived, only 0.67% of court dispositions between January 1, 2016 and March 31, 2021 involve persons under 18 years of age at the time the case was filed.

⁶ This includes two persons with an FASD diagnosis who were minors.

in the Court System data analyzed. In three cases, the defendant was found incompetent; these cases all involved the same defendant and were filed in the same month. A quarter (26%) of cases were dismissed for various reasons after a complaint was filed. In an additional 12% of cases, a complaint was never filed. Defendants were guilty in 62% of cases. The defendant pleaded guilty in 163 cases; in one case the defendant was found guilty at trial. In no case was the defendant acquitted.

Table 5 shows the case disposition by FASD diagnosis. Eight out of nine persons diagnosed with FAS pleaded guilty; the ninth was found guilty at trial. Eighty percent (40 out of 49) of persons diagnosed with pFAS pleaded guilty.

Table 5. FASD diagnosis by case disposition

	Case disposition				
	Def. found incompetent	Dismissed	Compliant not filed	Guilty	Total
FASD diagnosis					
FAS				9	9
Partial FAS		8	1	40	49
Sentinel physical finding(s) / static encephalopathy		8	5	11	24
Static encephalopathy	3	41	18	68	130
Sentinel physical finding(s) / neurobehavioral disorder		4	1	4	9
Neurobehavioral disorder		7	5	28	40
No physical findings or CNS abnormalities detected			1	4	5
Total	3	68	31	164	266

Each case can contain multiple charges. Sixty percent of cases (161) had a single charge, and 92% of cases had four or fewer charges. Just under a quarter (23%, 61 cases) of cases included any felony charges. Table 6 shows the number of cases by crime type. Crime types are not mutually exclusive (i.e., cases can have more than one

crime type). The most common crime type was violation of conditions of release, present in 69 cases (26%). Assaults were nearly as common and were present in 63 cases; disorder charges were present in 57 cases.

Table 6. Number of cases by crime type

Crime type	Number of cases
Alcohol	7
Assault	63
Burglary	12
DUI	14
DV protective order	7
Disorder	57
Escape	1
False reporting	5
MICS	13
Other property	6
None (no complaint filed)	30
Other violence	4
Robbery	6
Sexual assault	4
Sex offender registry	2
Theft	48
Traffic	19
Trespass	21
VCOR	69
Vehicle theft	13
Weapons	2
Note: Number of cases does not sum to total; each case can have more than one crime type.	

These findings should be viewed with caution given the limitations of the data. What we can say, however, is that a reasonable lower bound for an estimate of adult criminal justice involvement among adults who have been through the FASD diagnostic process is approximately one in five. Cases typically resulted in the defendant pleading guilty to

one or more charges, but a quarter of cases were dismissed. Complaints were never filed in another 12%. Among persons with the most serious FASD diagnoses, FAS and pFAS, 85% of cases resulted in a guilty disposition on one or more charges.

Finally, three-quarters of cases were for misdemeanors only. Among persons with FAS or pFAS diagnoses, 62% of cases were for misdemeanors only. Alaska's sentencing mitigator for FAS applies only to felonies. While the available data do not contain sufficient sentencing details to determine whether this mitigator was actually used in any of the cases in our analysis, these results suggest that relatively few cases could qualify.

Conclusion and recommendations

This report summarized how the cognitive deficits associated with FASD are likely to impact justice-involved persons. Deficits in adaptive behavior, learning, attention, reasoning, and memory (ALARM) are likely to impact criminal behavior and understanding of the criminal justice process. These deficits can also impact the efficacy of correctional rehabilitation programs when adaptations are not made to programming. Accommodations for a disability such as FASD cannot be made when the disability remains unknown (perhaps even to the justice-involved person themselves).

We offer several recommendations that cut across the entire criminal justice system. We suggest increased training and awareness for all criminal justice actors and increased access to screening and evaluation services. We also recommend adapting processes and explanations to the learning style of each defendant. The increased use of specialized units with additional training in FASD (among other diagnoses) is also recommended as supplementary support for particularly difficult to serve individuals. Finally, we recommend creating data sharing frameworks, and providing incentives for their use by criminal justice actors.

We recommend no change to the diagnostic criteria in use by the State of Alaska (the 4-Digit Diagnostic Code). While there are different criteria available, there is no external standard by which the various criteria can be judged. Comparisons to other diagnostic criteria suggest that the 4-Digit Diagnostic Code may underdiagnose FAS, but its identification of FASD is similar to other tools.

Given the overall lack of validated brief screening tools, we can recommend no existing brief screening tool for immediate deployment in criminal justice contexts. Any tool would likely require extensive local validation. At the individual level, it may be more

impactful to focus on screening and diagnostics for intellectual and developmental disabilities more broadly among justice-involved persons.

Prior research, mostly from Canada, suggests that between 10% and 20% of Alaska DOC populations may have had an FASD. In the absence of active case ascertainment studies, this is likely the best estimate available. Prior research suggests that the lifetime justice involvement among those diagnosed with FASD may be as high as 60%. Our analysis of Alaska FASD diagnostic data and Alaska Court System data suggested that 21% of adults with an FASD diagnosis had one or more criminal cases filed during a relatively short period, from January 2016 through March 2021.

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Appendix I: Other diagnostic systems

The Institute of Medicine's (IOM) 1996 guidelines were developed pursuant to a congressional mandate and were made into a true diagnostic system with updates in 2016 (Hoyme et al., 2016; Hoyme et al., 2005). The IOM Guidelines take a different diagnostic approach to FASD than the 4-Digit Diagnostic Code (Hoyme et al., 2005). The IOM guidelines delineate four distinct categories of the effects that stem from fetal exposure to alcohol, as opposed to the more spectrum-based 4-Digit diagnosis. These categories are FAS, partial FAS (pFAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). Each requires a different presentation of largely the same four symptom categories described within the 4-Digit Diagnostic Code (Hoyme et al., 2016; Hoyme et al., 2005). Validation research has shown the 2005 version of the guidelines to have a high degree of agreement with other diagnostic systems (Coles et al., 2016).

The Public Health Agency of Canada's National Advisory Committee on Fetal Alcohol Spectrum Disorder developed the Canadian Guidelines in 2005. These guidelines sought to harmonize the 4-Digit Diagnostic Code and the IOM guidelines (Chudley et al., 2005). The Canadian Guidelines recommended keeping the objective assessment tools of the 4-Digit Diagnostic Code along with the four diagnostic categories and terminology of the IOM guidelines. The revised 2016 Canadian Guidelines cover screening and referral, the various types of assessments required for diagnosis, and use of the same four diagnostic domains described by the 4-Digit Diagnostic code as well as the IOM guidelines (Cook et al., 2016). Validation research of the Canadian Guidelines showed favorable interrater reliability and sensitivity compared to the DSM-V diagnosis of neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE), a diagnostic method described later in this report (Sanders, Breen, et al., 2017).

The Center for Disease Control and Prevention FASD diagnostic guidelines were developed in coordination with the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect in 2004 (Bertrand et al., 2004). Like the Canadian Guidelines, the intention of the CDC guidelines was to harmonize various systems in use at the time, and thus many of the features of referral and diagnosis the CDC recommends look similar to those that were already in use by 2004. The diagnostic features that the CDC guidelines list as indicative of FASD are much the same as those of the previous three diagnostic systems (4-digit, Canadian, and IOM), and include facial dysmorphism, central nervous system dysmorphology and dysfunction, and growth deficits. This includes a multidisciplinary evaluation team, similar diagnostic criteria, and a screening

methodology intended to capture potential cases for formal diagnostic procedures, as well as recommendations for prevention and risk factors (Bertrand et al., 2004).

The Australian guidelines, developed in 2017 as a result of the efforts of the Commonwealth Department of Health, recommend a diagnostic system that looks similar to those already discussed—brain structure, cognitive ability, executive function, facial dysmorphology, as well as adaptive behavior (or lack thereof) and academic achievement (Bower et al., 2017). Confirmed prenatal alcohol exposure is not required for diagnosis, and this system has been used for children as old as 17 (Bower et al., 2017). The German FAS guidelines, developed in 2013, propose the usage of similar diagnostic features for diagnosis, and do not focus on diagnosing the entire range of FASD, but rather the most serious manifestations of the disease that result in FAS (Landgraf et al., 2013).

Lastly, the DSM-V includes a diagnostic category named neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) (American Psychiatric Association, 2013). The proposed criteria require more than minimal gestational alcohol exposure, at least one neurocognitive function impairment, at least one self-regulatory impairment, at least one adaptive function impairment, onset in childhood, and presence of clinically significant distress or impairment in various life domains (American Psychiatric Association, 2013). In one major validation study, the DSM-V diagnosis of ND-PAE showed weak construct validity (Sanders et al., 2020). Further, recent research has shown that ND-PAE diagnosis is too strict and requires more adaptive dysfunction than is necessary compared to other diagnostic systems (Kable & Coles, 2018; Sanders, Hudson Breen, et al., 2017).

In the absence of an external standard, it is impossible to determine which diagnostic system is most accurate, or whether any one system is more accurate than any other. FASD is a complex and relatively new condition, with rapidly progressing developments in screening, diagnosis, and treatment (Coles et al., 2016). What is possible, however, is to compare various systems on how they perform when diagnosing the same treatment group. Overall, these studies find at best modest agreement among commonly-used diagnostic systems. When multiple systems are used to retrospectively diagnose the same sample of patients, there are differences in the percent of the sample that is positive for FAS or FASD according to each system.

Table 7, reproduced from Coles et al. (2016), shows the extent of disagreement among a study of five diagnostic systems. The same sample of patients was diagnosed with the differing criteria. Using Cohen's Kappa, only modest agreement was found between the five systems examined, indicating problems with convergent validity (Coles et al., 2016).

Table 7. Percent of Alcohol-Related Diagnoses by Diagnostic System (n= 1,581)

System	FAS	pFAS	ARND	Any alcohol Dx	No diagnosis
Emory-20	13.73%	16.13%	15.94%	45.79%	54.21%
4-Digit Code	0.25%	12.97%	24.29%	37.51%	62.49%
Canada	1.83%	10.31%	13.03%	25.17%	74.83%
IOM	12.21%	22.83%	24.54%	59.58%	40.42%
CDC	4.74%	N/A	N/A	4.74%	95.26%

Note – Reproduced from Coles et al. (2016, p. 17)

Similarly, another study of diagnostic performance confirmed that there are differences in diagnostic inclusion between commonly-used systems, with variable performance on both FAS and FASD diagnoses. Hemingway et al. (2019) found that the percent of a sample diagnosed with FAS and FASD using the 4-Digit Code (2.1% and 79%), IOM Guidelines (6.4% and 44%), Australian Guidelines (1.8% and 29%), and Canadian Guidelines (1.8% and 16%) show large differences in convergence and divergence. The percentage of the clinical sample diagnosed with FASD by all four systems was just 11% (Hemingway et al., 2019). Other analyses show that relaxing the criteria for the “FAS face” lead to increases in the percentage of patients diagnosed with FASD (Astley, 2006).

Appendix II: Brief screening tools

Screening Tools Designed for a Justice Context

While no single tool has a robust evidence base, our review found four screening tools designed for adults in justice settings: the Fetal Alcohol Behavior Scale (FABS), the Canadian Brief Screen Checklist (BSC, included as Appendix III), a four-tier screening method outlined by Burd and colleagues in 2004, and a forensic FASD screen developed by Brown and colleagues in 2010 (Brown et al., 2010; Burd et al., 2004; MacPherson et al., 2011; Streissguth et al., 1998). For juvenile populations in justice settings, both the Asante Center's Youth Probation Officer's Guide to FASD Screening and Referral, and a method used in Manitoba by the Manitoba Youth Justice FASD Program have been used (Conry & Asante, 2010; Singal et al., 2018).

For adults and juveniles in justice settings, the FABS uses 36 questions about an individual's behavior in a yes/no format and adds the resultant scores. Some examples of the items include "Overreacts to situations", "Often demands attention or monopolizes a conversation", and "Makes 'off the wall' comments" (Streissguth et al., 1998, p. 326). The scale has been shown to have high test-retest and item-to-scale reliability in a series of 5 studies (Streissguth et al., 1998).

The Canadian Brief Screen Checklist was developed by MacPherson et al. (2011) to flag juvenile and adult offenders in a correctional population for further assessment for FASD. Family members and the individuals with suspected FASD fill out the BSC and answer questions in a number of domains found to be predictive of an FASD-related diagnosis. MacPherson and colleagues found that the psychometric properties of this screening tool were very favorable – when participants in their study were both screened and diagnosed by a multidisciplinary team, the BSC was found to have high predictive utility (78% sensitivity and 85% specificity), a high degree of accuracy (84%), and high internal consistency (Cronbach's alpha = .89). Additionally, the BSC was able to discriminate between three distinct groups: those with an FASD, participants with neuropsychological issues that were unrelated to prenatal alcohol exposure, and those with no deficits (MacPherson et al., 2011).

In 2010 Brown and colleagues proposed a primarily behavioral screening assessment intended for use with criminally-involved adults entering the courts. It is a 35-item form that obtains information about 5 domains—three of which deal specifically with the criminal history of the suspect or the circumstances of the incident which brought them before the court. These sections ask questions that attempt to tease out the kind of

behavior that is indicative of the pattern of neurological damage caused by exposure to alcohol in utero, such as whether the suspect acted in an illogical, impulsive way with a high risk of detection, had a poor exit strategy, and exhibited a willingness to confess to suggestible questioning (Brown et al., 2010). The remaining items are about the suspect's personal history and the nature and interpersonal communication abilities. These items are grounded in the FASD literature and are derived from empirically validated factors and deficits associated with FASD, although formal validation research on this tool has not been done.

For juvenile offenders, research in Canada with two different methodologies has shown some promise. The Asante Center, with consultation with an FASD expert, developed a checklist for probation officers with indicators proven predictive of FASD and asked questions about social factors (such as family history with FASD, alcoholism of mother, and whether the youth has been involved with child protection services) and personal factors (such as growth deficiencies, history of learning difficulties in school, and other mental health diagnoses) (Conry & Asante, 2010). Researchers showed that it was possible to train non-experts in the field of FASD in a brief screening methodology using plain language and accessible information to provide a potential list of candidates for formal diagnosis.

The Manitoba Youth Justice FASD program uses what they term a “red flag method” that screens candidates (selected through numerous interactions with justice professionals who note behavior that indicates potential FASD) for physical characteristics, behavioral and attention problems, trouble with understanding consequences of behavior, difficulties with empathy, and impulsiveness, and refers candidates who have not been previously diagnosed with FASD to diagnosis in an FASD diagnostic clinic. This red flag method has shown to have higher sensitivity than the Asante method (Singal et al., 2018). However, neither the Asante screen nor the “Red Flag Method” have undergone validation analysis.

Screening Tools Adaptable to a Justice Context

Four additional tools worthy of consideration are the Life History Screen, Fetal Alcohol Syndrome Diagnostic Checklist (FASDC), Neurobehavioral Screening Tool (NST), and the FAS Screen. All of these tools are used with children and not in justice settings, although there is a possibility to adapt them to this use with juvenile justice settings (Davis et al., 2013; Grant et al., 2013; Poitra et al., 2003).

Grant et al. (2013) developed the FASD Life History Screen to be used with adults in non-correctional settings with 28 questions that span life history, maternal alcohol use, education, criminal history, and many adaptive variables. This tool has the advantage

that it does not require a 3rd party nor anyone familiar with the individual to complete. Further, it was shown to be an efficient screening method with items that were significantly associated with FASD (Grant et al., 2013).

While only used with children and not yet adapted for justice settings, three tools deserve consideration for their potential to be adapted for such a purpose. The FASDC developed by Burd, Klug, et al. (2010) uses criteria developed from the IOM diagnostic guidelines and shows an impressive ability to distinguish FAS from non-FASD subjects (as determined by IOM diagnosis concurrent with screening), with 99% accuracy, 99% specificity, and 99% sensitivity. The NST is a psychometric tool that asks caregivers to provide information on a variety of behavioral factors centered around empathy, lack of consideration of consequences, disobedience, attention, and many others to screen for potential FASD. The NST shows excellent specificity (100% discrimination between FAS and control), and good sensitivity (62.5%) for participants with FASD (LaFrance et al., 2014). The FAS Screen is a rapidly-administered school-based screen that asks questions about physical and developmental characteristics that sent those with a score above 20 to diagnostic clinics for further evaluation. Research has shown that broad-based screening in a school system is a method of screening large numbers of people quickly (Poitra et al., 2003). The FAS Screen showed high sensitivity (100%), specificity (95.43%), and accuracy (95.44%) in an analysis of the tool's ability to distinguish between FAS and non-FAS children.

See Table 8 for a comparison of the selected screening tools in this paper.

Table 8. Comparison of Fetal Alcohol Spectrum Disorder Screening Tools

	<i>Fetal Alcohol Behavior Scale (FABS)</i>	<i>Brief Screen Checklist (BSC)</i>	<i>Brown et al., 2010</i>	<i>Asante Center Tool</i>	<i>Manitoba "Red Flag Method"</i>	<i>Life History Screen</i>	<i>FAS Diagnostic Checklist (FASDC)</i>	<i>Neurobehavioral Screening Tool (NST)</i>	<i>The FAS Screen</i>
Features	Streissguth et al. (1998)	MacPherson et al. (2011)	Brown et al. (2010)	Conry and Asante (2010)	Singal et al. (2018)	Grant et al. (2013)	Burd, Klug, et al. (2010)	LaFrance et al. (2014)	Poitra et al. (2003)
<i>Number of Items</i>	36	48	35	11	N/A	28	41	10	
<i>Commonly Used In Corrections?</i>	x	x	x	x	x				
<i>Maternal Alcohol Use Questions</i>		x	x	x	N/A	x	x		
<i>Behavioral Questions</i>	x	x	x	x	x	x	x	x	x
<i>Family History Questions</i>		x	x	x	N/A	x			
<i>Questions about past psychiatric illness</i>				x	N/A	x	x		
<i>Facial Analysis</i>		x			N/A		x		x
<i>Physical Measurements</i>							x		x
<i>Age Group</i>	Adults and juveniles	Adults and juveniles	Adults and juveniles	Juveniles	Juveniles	Adults and Juveniles	Juveniles	Juveniles	Juveniles
<i>Completed by self-report or 3rd Party</i>	3 rd party	Both	Both	3 rd party	3 rd party	Self-report	3 rd party	3 rd party	3 rd party

Appendix III: BSC

Source: MacPherson et al. (2011)

Fetal Alcohol Spectrum Disorder Brief Screen Checklist –Revised

Case ID: _____

Date: _____

Part 1 Behavioural Indicators

The first set of questions is about your behavior and abilities.

Directions: Please rate yourself on the following questions. There are no right or wrong answers. I will begin asking you the first set of questions now.

Would you say you are someone who:	Yes	No
1. Acts impulsively.	1	0
2. Has trouble following directions.	1	0
3. Is restless.	1	0
4. Has a problem with spelling.	1	0
5. Shows poor judgment.	1	0
6. Is easily distracted.	1	0
7. Has temper tantrums.	1	0
8. Has strong mood swings.	1	0
9. Is hyperactive.	1	0
10. Has a problem with money	1	0
11. Seems unaware of the consequences of your actions.	1	0
12. Has a problem with maths.	1	0
13. Interrupts a lot during conversation.	1	0
14. Is agitated.	1	0
15. Is very forgetful of everyday things.	1	0
16. Talks a lot but says little.	1	0
17. Has a poor memory.	1	0
18. Has a problem with reading.	1	0
19. Is easily victimized.	1	0
20. Has trouble completing tasks.	1	0
21. Has a poor attention span.	1	0
22. Has few friends.	1	0
23. Is easily manipulated.	1	0
24. Is disorganized.	1	0
25. Has trouble staying on topic.	1	0
26. Has poor social skills.	1	0

Score on behavioural items _____ (Maximum 26)

☐ 0-9=low risk

☐ 10 or more=moderate to high risk

Part 2
Historical Information

The second set of questions is about your history.

Directions: Please answer the following questions to the best of your ability. There are no right or wrong answers. I will begin asking you the second set of questions now.

27.	Were you adopted?	Yes	No	Do Not Know	
28.	How many times have you been in foster care?	Never	1-2 times	3 or more	Do not know
30.	Have you had problems with school from an early age?	Yes	No	Do Not Know	
31.	How many times have you been in mental health treatment?	Never	1-2 times	3 or more	Do not know

Score on historical items _____ (Maximum 6)

Scoring :

- ☐ 0-1=low risk
- ☐
- ☐ 2 or more= moderate to high risk

Part 3
Maternal Indicators

The final set of questions is about your mother's use of alcohol when you were young and during the time she was pregnant with you.

Directions: Please answer the questions to the best of your ability. There are no right or wrong answers, just do the best you can. I will begin asking you the last set of questions now.

32. Did your mother drink alcohol when you were young? **Yes** **No** **Do Not Know**
(if answer is 'no' or 'do not know' go to question 35)

33. If yes: how often did your mother drink?
- | | |
|---|---|
| <input type="checkbox"/> Once monthly or less | <input type="checkbox"/> Do Not Know |
| <input type="checkbox"/> 2-4 times per month | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> At least 2 times per week (<i>high risk</i>) | |

34. How many drinks of alcohol did she usually have on a typical drinking occasion?

One standard drink is defined as:

- 12 oz (341 ml, standard bottle) of regular beer
- 5 oz (142 ml, regular size wine glass) of table wine,
- 3 oz (85 ml) of fortified wine (sherry, port, vermouth),
- 1.5 oz (43 ml, single shot) of spirits (whiskey, rum, gin)

- | | |
|--|---|
| <input type="checkbox"/> One to three | <input type="checkbox"/> Do Not Know |
| <input type="checkbox"/> Four or more (<i>high risk</i>) | <input type="checkbox"/> Not Applicable |

("At least twice a week" and/or "four or more drinks" = *high risk*)

35. Did your mother drink alcohol when she was pregnant with you? Yes No Do not know
(If no or do not know, go to 37)

36 Who told you about your mother's drinking during pregnancy?

<input type="checkbox"/> Mother <input type="checkbox"/> Other Relatives <input type="checkbox"/> Friends <input type="checkbox"/> Foster/adopted parent	<input type="checkbox"/> Health Professional <input type="checkbox"/> Elder <input type="checkbox"/> Other: _____
---	---

37. Did your mother use any other drugs during pregnancy?

<input type="checkbox"/> Tobacco <input type="checkbox"/> Prescription – from a doctor <input type="checkbox"/> Prescription – used without a doctor's order Which drugs did she use? _____	<input type="checkbox"/> Illegal drugs (eg. marijuhana, hashish, cocaine, heroin) <input type="checkbox"/> Do not know <input type="checkbox"/> Did not use
---	---

That is the end of the questions. Thank you for answering.

That is the end of the questions. Thank you for answering.

NOTE TO INTERVIEWER: Please provide any other details discussed during the interview regarding the participant's behaviour, family history or mother's use of alcohol.

REFERRAL FOR FOLLOW UP ASSESSMENT

Need Behavioural, Historical and one Maternal criteria:

- ☐ **Behavioural Items** Score of 10 or more (*required*)
- ☐ **Historical Items** Score of 2 or more (*required*)

One or both of the following required:

- ☐ **Maternal Items** Response of "At least twice a week" during childhood
And/Or
- ☐ **Maternal Items** Response of "four or more drinks per occasion" during childhood

Offender Final Assessment

- ☐ **Risk of Fetal Alcohol Spectrum Disorder** (follow up required)
- ☐ **No risk of Fetal Alcohol Spectrum Disorder**

Appendix IV: Brief Jail Mental Health Screen

Source: <https://www.prainc.com/?product=brief-jail-mental-health-screen>

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
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Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <i>ever</i> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative
<input type="checkbox"/> Difficulty understanding questions	<input type="checkbox"/> Other, specify: _____	

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

☐ Not Referred

☐ Referred on ____/____/____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

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Fetal Alcohol Spectrum Disorders and the Alaska Educational System

Executive Summary Component 3

Fetal alcohol spectrum disorders (FASDs) is an umbrella term used to describe the range or spectrum of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral, and/or learning disabilities; the effects are life-long. These disabilities are expressed as attention problems, memory deficits, executive functioning impairments, neurocognitive delays and impairments, motor delays, and inconsistent social skills.

This report is part of an endeavor to develop data, information, and recommendations for improving systems of care for individuals experiencing fetal alcohol spectrum disorders (FASDs), and to identify strategic opportunities for the prevention of FASDs in Alaska. In this report, we focus on the experience of FASDs within Alaska's educational system. Other reports in the larger endeavor addressed FASDs systems of care and involvement and FASDs and the criminal justice system. This report was guided and informed by an advisory group of seven individuals with lived experience with FASDs, including an individual with FASDs as well as parents of children with FASDs.

There is no method to accurately assess the number, incidence and prevalence of students with FASDs in Alaska's educational system. FASDs are not a specific disability type within Alaska state statute nor are FASDs documented within the Alaska Department of Education and Early Development's data system for special education. The common approaches used to calculate prevalence/incidence of FASDs (passive surveillance, clinical-based studies, active case ascertainment) are difficult and costly to implement in the educational setting.

Two focus groups with a total of 10 participants were held with individuals with lived experience of FASDs in the educational system. Most of the participants were mothers to children with FASDs, with the exception of one male participant who experiences FASD. Participants had experiences in all stages of public education (Infant Learning Programs through post-secondary education) and had described educational experiences of their children who experience FASDs in small village settings, rural hub

communities and urban centers. Participants provided rich, detailed descriptions of their experiences with the school system, including supports that were or were not helpful, and described how their children who experience FASDs currently interact with, and move out of, the education system in Alaska. Participants discussed standard transition periods and also highlighted critical social-emotional developmental periods. Parent experiences with the educational system, student transition points, noted resources, and gaps in service were similar regardless of urban/rural location. The negative effect of turnover of educators, staff and administrators was noted in all settings. Parents noted school district variability in the assessment and type of support offered to their child. Perseverance of students in the educational system, ongoing advocacy of parents with educational staff who were aware of the needs of students with disabilities led to positive outcomes in the education of students with FASDs.

A survey of Alaskan educators from across the state described FASD-related knowledge, attitudes, training needs, challenges and opportunities in educating students with known or suspected FASDs. Educators largely agreed that FASDs negatively affect many aspects of an individual's life. Educators still lack familiarity with many of the organizations, programs, and websites that may address FASDs. There is a need for more collaboration outside of IEP and/or 504 meetings. Educators noted needs in communication both with families and among staff and desired one place to go to with clear resources and information related to FASDs. Educators reported being relatively unaware of the resources available as students transition out of the education system. Educators mentioned participating in training that was useful when working with students with FASDs: Positive Behavior Supports, Non-Violent Crisis Intervention, and Applied Behavior Analysis. Of these, educators were most satisfied with the Positive Behavior Supports training. Most schools offer FASD prevention activities in the form of health classes.

Introduction

Purpose

This report is part of an endeavor to develop data, information, and recommendations for improving systems of care for individuals experiencing fetal alcohol spectrum disorders (FASDs), and to identify strategic opportunities for the prevention of FASDs in Alaska. Specifically, this report is focused on the experience of FASDs within Alaska's educational system. Other reports in the larger endeavor addressed FASD systems of care and involvement and FASDs and the criminal justice system. This report was

guided and informed by an advisory group of seven individuals with lived experience with FASDs, including an individual with FASD as well as parents of children with FASDs. We also sought feedback from professional stakeholders, including individuals who staff key roles in health and education in state government and individuals who have been leaders in FASD advocacy in Alaska.

Background

Fetal alcohol spectrum disorders (FASDs) is an umbrella term used to describe the range or spectrum of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral, and/or learning disabilities; the effects are life-long. Each person who is affected by prenatal alcohol exposure is affected differently, so it's important to look at the individual, not the term. FASD is not a term intended to be used as a clinical diagnosis. Clinical diagnoses can include fetal alcohol syndrome (FAS), alcohol related neurodevelopmental disorder (ARND), neurobehavioral disorder (ND), atypical fetal alcohol syndrome (AFAS), and static encephalopathy. The clinical diagnosis given may be dependent on the diagnostic process used. In Alaska, the process that is most widely used and recommended is the University of Washington 4-digit code system (Astley, 2013).

Individuals with FASDs may have physical disabilities and differences that are visible as well as invisible developmental delays and neurodevelopmental disorders. These disabilities are expressed as attention problems, memory deficits, executive functioning impairments, neurocognitive delays and impairments, motor delays, and inconsistent social skills. Some disabilities associated with FASDs may not be noticed in infancy and toddlerhood; however, as a child grows older and expectations increase, the differences due to FASDs can become more apparent. Unaddressed core deficits, weaknesses, and vulnerabilities related to FASDs and childhood trauma during infancy, childhood and adolescence can lead to the development of secondary disabilities. Secondary disabilities are disabilities an individual is not born with, but which arises out of the interaction between the person's primary disabilities and their life experiences. Secondary disabilities include disruption of school experience, criminal activity, and mental health problems.

Individuals with FASDs are often supported by a variety of specialists throughout the individual's lifespan to assist with primary and secondary diagnoses and issues related to FASD (see Table 9. FASDs experiences across the lifespan).

Table 9. FASDs experiences across the lifespan

Life stage	Education Setting	Common FASDs related issues
Infant and Toddler (0-2 years)	Early care and education	Sensory and regulatory problems, fine motor issues, and problems with physical health.
Preschool (3-5 years)	Pre-K	Fine and gross motor delays, failure to comply, and loss of previously learned material. Disabilities that were present in infancy/toddlerhood might also continue or increase. Conditions often suspected at this age as a result of behaviors can include attention-deficit/hyperactivity disorder (ADHD), conduct disorder, and oppositional defiant disorder.
Elementary ages (5-12 years)	Grades K-6	Attention/cognition, and visual-spatial and social skills problems.
Middle and High School (12-19 years)	Grades 7-12	Cognitive, behavioral, and functioning problems associated with FASDs during elementary years continue. The onset of puberty, increased difficulty with social understanding, and other cognitive difficulties may cause new or ongoing mental health problems such as mood disorders, substance abuse, and social problems. Difficulty with abstract thinking.
Early adulthood	Transitioning out of the school system	Continuation of cognitive, behavioral, functioning problems; abstract thinking and mental health issues from adolescence; benefit from case management and ongoing support
<p>note: Sensory = to do with the senses: touch, taste, sight, smell, hearing; Regulatory problems= poor sleep cycles, irritability, stress reactivity, early attention skills; Fine motor skills = being able to make small, controlled movements, for example, picking up and writing with a pencil; Gross motor skills = walking/running smoothly, jumping, climbing; swimming; Attention problems = difficulty sitting in class, problems with focus, poor impulse control, difficulty learning, attention disorders, and often problems with sleep; Visual-spatial abilities = perceiving and judging visual information, understanding spatial relationships, using mental imagery, symbol recognition, and storing visual images in short- and long-term memory, math skills; Social skills = difficulties understanding social boundaries, reading social cues, and relating to peers; mood disorder = depression and/or anxiety; Social understanding = difficulty developing personal or social boundaries, poor self-esteem, impulsivity, poor judgement. Abstract thinking = the ability to use concepts to make and generalize meaning such as time or money.</p>		

Given the spectrum of how FASD presents for each individual, it is difficult to create and recommend interventions in the community and educational system to support individuals with FASDs across their lifespan. Individuals with FASDs are most commonly treated with processes and interventions developed for other disabilities. This report describes the context of Alaska's educational system with attention to FASDs related policy. New information is provided regarding the lived experience of students with FASDs and their families, gathered through focus group discussions and surveys of

Alaskan educators. Finally, systematic reviews of literature and policies were conducted to summarize educational interventions, instructional practice, in addition to describing considerations on estimating the number, incidence and prevalence of students with FASDs in Alaska's educational system. The report concludes with a description of policies impacting the education of students with FASDs and policy recommendations.

Mapping Alaska's Educational Systems

The Alaska education system is broadly divided into three major components: 1) early care and learning, 2) primary/elementary education and 3) secondary education. A wide range of teacher certifications (e.g., initial, professional, special services) and endorsements (e.g., early childhood, special education, reading) are offered through the State of Alaska's Department of Education and Early Development (DEED; see DEED, n.d. for a complete list).

Article VII, Section 1 of the Alaska Constitution directs the legislature to establish a school system open to all children in the state. In its entirety, the section reads: "The legislature shall by general law establish and maintain a system of public schools open to all children of the State, and may provide for other public educational institutions. Schools and institutions so established shall be free from sectarian control. No money shall be paid from public funds for the direct benefit of any religious or other private educational institution." DEED is the State's education agency. Alaska Statute designates the State Board of Education and Early Development as the head of the DEED and the Commissioner of Education and Early Development as the chief executive officer of DEED (AS 44.27.010). At the local level, Alaska's 53 school districts are each governed by a locally elected School Board. Thirty-three of the districts are city or borough entities, while twenty regional educational attendance area districts serve students in rural and remote settlements outside the cities and boroughs of the state. There are about 10,000 full-time equivalent certified personnel at Alaska's public schools who serve 130,394 students (enrollment as of October 1, 2020).

The Alaska Early Childhood Coordinating Council (AECCC), is a 25-member entity that serves as the state's advisory body for early childhood education grants and planning activities that require a designated advisory, reporting, or consulting body. These include the Child Care & Development Block Grant; Maternal, Infant, & Early Childhood Home Visiting Program; and the Early Childhood Comprehensive Systems project. The Alaska System for Early Education Development, or SEED, is a statewide professional development system for early childhood and school-age professionals. Alaska SEED

works to improve overall professionalism and advocates for fair compensation in the field. Alaska SEED is housed and managed by thread Alaska.

The **early care and learning component** includes a variety of approved, licensed, or otherwise regulated providers. It includes federally funded Early Head Start/Head Start and other privately funded preschool programs such as center-based, before and after school programs, and learning and care opportunities in a private home or in the child's own home. Additionally, public preschool is available in many school districts but is not universally available. While Alaska does not have statewide **kindergarten** transition policies many programs and districts support transition activities. The minimum kindergarten entrance age is five years old on or before September 1. Kindergarten entrance assessment is required; districts must submit to DEED an Alaska Developmental Profile (ADP) for each student entering kindergarten or first grade with indicators of the student's physical and cognitive development, social-emotional health, cognition and general knowledge, language, and literacy. For more on educators' use of the ADP see Harvey and Ohle (2018) and Ohle and Harvey (2017). Following Kindergarten students move through the public school system unless families choose private or home-school options. School choice options (e.g., Charter, optional, alternative) vary by school district with notable differences between urban and rural.

Policy related to public education of student with disabilities

Individuals with disabilities age 0 to 21 years have the right to a Free Appropriate Public Education (FAPE) as specified under the federal law Individuals with Disability Education Act (IDEA, 2004). Part C of IDEA provides guidelines for states to follow in providing services to families with infants and toddlers (birth to three years old) that have disabilities. Part B of the law gives minimum requirements for special education services to children 3 to 21 years of age. In Alaska, Part C and Part B special education services governed by IDEA are administered by different departments. Part C services fall under the Department of Health and Social Services (DHSS), Early Intervention/Infant Learning Program (EI/ILP). Part B services fall under the Department of Education and Early Development (DEED), with Preschool Special Education services (Part B Section 619) under the DEED's Early Learning Program. IDEA mandates, through what is known as **Child Find**, that all states must have policies and procedures in effect to identify, locate, and evaluate children with disabilities ages birth - 21 in order to provide appropriate services. This mandate is carried out through the EI/ILP program for infants and toddlers, and through school districts for children age 3 to 21.

The State of Alaska defines 14 disability categories, which the child must meet criteria for at least one category, or a combination of categories, to be eligible for special

education: autism, deafness, deaf-blindness, emotional disturbance, hearing impairment, specific learning disability, cognitive impairment, multiple disabilities, orthopedic impairment, other health impairment, early childhood developmental delay, speech or language impairment, traumatic brain injury, or visual impairment. FASDs are not mentioned in IDEA Part B legislation or regulations. In 2016, FASDs were added to the Other Health Impairment special education eligibility category list of medical conditions, making Alaska the first state in the country to name FASD in education regulation (4 AAC 52.130 – Criteria for determination of eligibility). The definitions of the Alaska state disabilities categories are included in the Guidance for Special Education Personnel handbook (DEED, 2020). The presence of a disability alone is not sufficient to establish the need for special education services. The disability must result in an educational deficit that requires specially designed instruction.

Eligibility for Part C is determined through an evaluation/assessment by the local Alaska Early Intervention/Infant Learning Program (EI/ILP). Any infant or toddler with a diagnosed or suspected developmental delay has a right to a free screening and evaluation to determine their eligibility for enrollment in EI/ILP. Children, from birth to 3 years old, who meet one of the following criteria, are eligible: (1) developmental delay of 50% or greater in one or more areas of development, (2) disabling condition with a high probability of resulting in a 50% or greater developmental delay, or (3) child's development appears atypical and a multi-disciplinary team determines that the child is likely to have a severe developmental delay. For those who are eligible and with parental consent, an Individualized Family Service Plan (IFSP) is developed. The goal of EI/ILP is to make sure that families have easy access to a coordinated, community-based service system in order to help their children develop to the best of their ability. The program is designed to include a wide range of family-centered services, resources and supports; and is provided in everyday routines, activities and places relevant to families' lives.

Eligibility for Part B is also determined through an evaluation/assessment by the local school district. Part B requires, with parental consent, school districts to evaluate whether a student has a disability and whether that disability impedes the student's ability to progress in the general education settings of their school. Through the referral and evaluation/assessment process, the school-based team reviews existing data, determines the child's present level of academic achievement and functional behavior, and gathers additional assessment information related to area(s) of concern. The evaluation/assessment is documented on the **Evaluation Summary Eligibility Report (ESER)** to help determine if a child has a disability, based on the State of Alaska's 14 disability categories, and is eligible for special education services. If eligible, a team including the family and school professionals creates an **Individualized Education Program (IEP)**. IDEA requires that a continuum of special education (SPED)

placements is available, which includes support in the general education classroom supervised by special education or related services personnel, direct service by SPED personnel in the general classroom, pull-out from the general education classroom with service from SPED personnel, self-contained special education classrooms, special schools, home or hospital instruction or instruction in an institution.

The IEP must address all of the child's special education and related services based on need, not the disability. In addition to special education services, the IEP team may determine a need for related services which may include speech therapy, occupational therapy, physical therapy, counseling, specialized nursing services, audiology services and transportation. Part B requires a re-evaluation to occur at least once every three years (or more often if there are changes that affect the child, or if a parent or teacher requests it) to determine if the child continues to be eligible for special education. During high school, the IEP team begins planning for a student's post-school outcomes. A statement of transition needs must be included in the IEP for every student by their 16th birthday or before with the intention that the IEP team is focused on post-school outcomes and the student's course of study.

Section 504 of the Federal Rehabilitation Act of 1973 is a **federal anti-discrimination law** that protects persons with disabilities of all ages. Section 504 ensures that students with disabilities have equal access to their educational programs and requires a school district to provide a FAPE to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. A student may qualify for a **504 Plan** if they have a physical or mental impairment that substantially limits one or more major life activities (e.g., communication, walking, learning, standing, working, thinking). Section 504 does not require that the child's educational performance be adversely affected. Therefore, a child may qualify for a 504 Plan, but may not qualify for an IEP.

Students with FASD who are assessed and offered either special education services (with an IEP) or a 504 plan are provided classroom modifications and associated services. However, some students with FASDs are not assessed or are assessed and determined to not meet the criteria for services. FASDs are considered an invisible disability, and many students with FASDs do not receive school based supports and services. Additionally, there are reports of difficulty accessing all needed supports and services in school districts in rural areas and where staff are unable to be recruited and retained regardless if an IEP or 504 plan includes the services.

As students navigate through middle and high school, transition planning occurs. The Workforce Investment Opportunity Act (WIOA) requires State Vocational Rehabilitation agencies to set aside a minimum of 15% of their Federal dollars to provide pre-

employment transition services to students with disabilities and states must submit a 4-year workforce plan to the US Department of Labor. Alaska submitted an original plan in 2016 and a required 2-year revision was submitted in April of 2018. The vision for Alaska is that “all Alaskans, including individuals with disabilities, the underserved, Alaska Natives, dislocated workers, and others who experience significant barriers to employment, will have access to the career education, training, and support services needed to prepare for and participate in high-demand occupations that pay family-sustaining wages.” In Alaska, the Division of Vocational Rehabilitation (DVR) provides Pre-Employment Transition Services (**Pre-ETS**) to students with disabilities ages 16 to 21 years old who are eligible or potentially eligible for DVR services. Pre-ETS requires coordination between the schools districts and DVR to provide the following required activities: 1) job exploration counseling, 2) work-based learning opportunities, 3) counseling and postsecondary educational opportunities, 4) workplace readiness training, and 5) instruction in self-advocacy.

According to the National Center for Education Statistics (n.d.), 13.7% (n = 19,473) of Alaska students receive special education services under IDEA, which is slightly above the national average of 13%. Of those receiving special education services, more than 2% (n = 2,473) are infants, toddlers, or preschoolers eligible for IDEA in the category Early Childhood Developmental Delay (does not include those birth to five years in other eligibility categories as the eligibility data was not disaggregated by age). In AY19, 1.88% (n = 190) of infants birth to one year in Alaska received Part C services as compared to the national average of 1.24% (DHSS, 2019). Furthermore, in FY19, Alaska EI/ILP data showed that for all three federally required Office of Special Education Program (OSEP) Early Childhood Outcomes, none of the target goals for Indicators A (Positive social-emotional skills), B (Acquisition and use of knowledge and skills), or C (Use of appropriate behaviors to meet needs) were met. At the time of exit, only 50% (target 65%) of infants and toddlers receiving Part C services demonstrated positive rate of growth for emotional and social skills at the time of exit, less than 44% (target 59%) showed age expectations for emotional and social skills, 55% (target 75%) had a positive rate of growth in using appropriate behaviors, and 40% (target 56%) showed age expectations for using appropriate behaviors (DHSS, 2019).

School based interventions

FASDs present differently for each individual student, as such, there is no single classroom intervention, strategy, or environmental accommodation that will work for all students with FASDs. Individual assessment and interventions are needed given the spectrum of how FASDs present within an individual and the frequent development of secondary disabilities due to inadequate supports and services in infancy/childhood. Students with FASDs have brain differences that may require adaptations in curriculum,

environment, and the structure of their school day for them to be successful. Changes in school environment and content often overwhelm students with FASDs by requiring them to demonstrate a mastery of skills that FASDs often impair. Students often present their disabilities through behaviors that suggest they are students with emotional issues rather than students with brain differences due to prenatal exposure to alcohol.

Very little research has been conducted with children who have FASDs and even less research has been done with children who have FASDs in the educational setting. Several **adaptive interventions** have been shown to be effective for children with FASDs. Some of these behavioral interventions include: Project Bruin Buddies – social skills training to improve peer friendships for children with FASDs; the Georgia Math Interactive Learning Experience (MILE) Program – adapted materials and tutoring methods to improve math knowledge and skills; the Alert program® – educational curriculum to improve behavior regulation and executive functioning; and parent therapy program – parent training to improve parent effectiveness and reduce clinically significant behavior problems in school-aged children with FASDs. These interventions are community-based (e.g. take place outside of school and take place after school hours, and do not involve educators), not school-based interventions.

Most Alaska-based organizations and groups supporting students with disabilities focus their reports and efforts in early childhood. There is a gap in efforts noted in statewide reports related to elementary and secondary students, particularly those with FASDs. Observations and reports from educators and families indicate that students with FASDs may be faring well in earlier elementary grades, but, as school curriculum and social interactions become more complex, students with FASDs often have more difficulties.

Staffing Issues

Throughout the lifespan, individuals with FASDs are best supported by teams of support providers. In childhood and adolescence, the team of support providers includes educators, paraprofessional instructional team members and parents. School districts may employ service providers who supply specialized services to students with special needs. Examples include:

- Speech Language Pathologists (SLP) who design intervention strategies for training students in communication and teach other staff members how to incorporate communication strategies into daily routines and activities
- Physical Therapists (PT) who evaluate and treat students who have dysfunction of the joints, muscles and central nervous system
- Occupational Therapists (OT) who provide expertise with assessment and activities of daily living, assist in adapting the environment to meet sensory needs

- School Psychologists who consult on behavior management and help families understand the needs of their child and support positive family interactions
- Nurses who serve as a liaison between school staff and medical staff on physical needs of the student and provide medical screening for vision and hearing loss and
- Social Workers who serve as an advocate for the child and family, and facilitate community services that the student may be served by or the family may wish to access.
- Board Certified Behavior Analyst (BCBA) who may conduct functional behavior assessments and support behavior intervention planning and implementation
- Registered Behavior Technician (RBT) who support the implementation of behavior plans in the classroom

Unfortunately, on a statewide basis, school districts report difficulty recruiting and retaining support providers. Rural school districts are understaffed in all positions and have more difficulty recruiting and retaining staff due to low wages compared to local cost of living, housing shortages, isolation, and reported burnout. Students with FASDs are best served by individuals they trust and the lack of long term staff impacts the relationship building and therapeutic alliances between students with FASDs and the educational professionals who support them.

Review of Statutes, Regulations, and Policies

Policy is key to initiating systems change to benefit individuals with FASDs and their experience with education. Both in Alaska as well as federally, there are few FASDs policies that directly relate to education. However, there are several policies that, although tangential, may impact FASDs in education. Furthermore, the overall picture of policies provides a helpful lens through which one could make policy recommendations. The following policy section includes: 1) a timeline of relevant Alaska-based reports, 2) a review of federal legislation related to FASDs and education, 3) a review of state legislation related to FASDs and education, and 4) a summary of policies outside of the education system related to FASDs.

Timeline of Relevant Alaska-Based Reports

Over the past couple of decades numerous Alaska-based organizations, groups, or individuals have documented policies, reports, comprehensive plans, or strategic goals to address FASD and related needs in the state. However, from this policy scan it is unclear how these reports and recommendations are strategically implemented, integrated, monitored, and evaluated. Table 10 provides a brief timeline and overview of

these reports and acknowledges that this is not an exhaustive list. Many initiatives and organizational practices have been in place since the 1970s as noted in the Alaska Fetal Alcohol Spectrum Disorders (FASD) Strategic Plan 2017-2022.

Table 10. Timeline of Relevant Alaska-Based Reports

Date	Report Name	Author(s)	Overview and Connection to FASD
July 2010	Alaska Birth Defects Monitor Volume III, Issue 2	Alaska Birth Defects Registry	Description of the decline in birth prevalence of FAS in Alaska, the Arctic FASD Regional Training Center, parent navigation support from Stone Soup Group
January 2018	Alaska Fetal Alcohol Spectrum Disorders (FASD) Strategic Plan 2017-2022	Governor's Council on Disabilities and Special Education & Partnerships	Identifies six priority areas with goals and objectives: Primary Prevention, Screening and Diagnosis, Early Childhood and Education, System Transformation and Navigation for Youth and Adults, Workforce Development, and Community Outreach and Engagement
July 2019	Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan 2020-2024	Department of Health and Social Services & Alaska Mental Health Trust Authority Partnerships	Provides a guide for resource allocation decisions in the development of services, workforce, and facilities to meet needs of Trust beneficiaries.
December 2019	A Needs Assessment of Alaska's Mixed-Delivery System of Early Childhood Care and Education	McDowell Group for the Association of Alaska School Boards	Statewide needs assessment is intended to inform understanding and improvement of the Alaska early care and education system, with particular attention to low-income, disadvantaged, and rural children. Provides context for IDEA part B and C.
June 2020	Alaska Early Childhood Environmental Scan & Baseline Report on the Condition of Young Children	All Alaska Pediatric Partnership	Comprehensive description of current status of young children in Alaska and the infrastructure in place to coordinate, monitor and improve the policies and services that exist for young children and families.
July 2020	Alaska FASD Diagnostic Team Data Analysis, Policy & Prevention Recommendations	McDowell Group	Reports data from Alaska's FASD diagnostic team databases; provides policy literature review; presents FASD Data Scoreboard

Federal Legislation Related to FASDs and the Educational System

There are several federal laws that govern the policies and educational practices related to individuals with disabilities in educational settings:

- *Individuals with Disabilities Education Act* (IDEA) enacted in 1975 and reauthorized in 2004 (see section above “Mapping Alaska’s Education System”)
- *Every Student Succeeds Act* (ESSA) enacted in 1965, reauthorized in 2001 and replaces the *No Child Left Behind Act* (NCLB) of 2001. ESSA requires that all students, including those with disabilities, have access to a well-rounded education that will help prepare them to succeed in college and careers. Title IV of ESSA is aligned with Part B of IDEA, the authorization of coordination of services across agencies involved in supporting the transition of students with disabilities to postsecondary education settings.
- *Rehabilitation Act* enacted in 1973 Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education.
- *Americans with Disabilities Act* (ADA), enacted in 1990, is an equal opportunity law for people with disabilities. The ADA is modeled after Section 504 of the *Rehabilitation Act of 1973* and the Civil Rights Act of 1964, the latter which prohibits discrimination on the basis of race, color, religion, sex, or national origin.
- *Workforce Investment Opportunity Act* (WIOA) signed into law in 2014 superseded the *Workforce Investment Act of 1998* and amends the *Adult Education and Family Literacy Act*, the *Wagner-Peyser Act*, and the *Rehabilitation Act of 1973*. The WIOA aims to more efficiently and effectively meet the employment and labor market needs of Americans, and specifically aims to increase access to vocational services and competitive integrated employment for Americans with disabilities. Related to education, the WIOA requires State Vocational Rehabilitation agencies to set aside a minimum of 15% of their Federal dollars to provide pre-employment transition services to students with disabilities.

As noted earlier, the Individuals with Disabilities Education Act (IDEA) provides free appropriate public education to all eligible children with disabilities to ensure the provision of special education and related services. Part C of IDEA provides guidelines for states to follow in providing services to families with infants and toddlers (birth to three years old) that have disabilities. Part B of the law gives minimum requirements for special education services to children 3 – 21 years of age. Refer back to Mapping Alaska’s Educational Systems section for more details on IDEA. Since Part C (EI/ILP)

services are administered under DHSS while Part B 619 (Preschool Special Education) services are administered under the DEED, there are data disconnects and communication gaps as students transition between the agencies administering the programs. In some cases, data is reported differently about the same programs. This is relevant to consider given the importance of continuity of systems of care and data tracking.

IDEA and Student Discipline

Given the evidence that children with FASDs experience a range of behavioral support needs and many subsequently experience disciplinary actions, a brief review of policies relating to behavioral supports and discipline procedures in federal and state policies are reviewed here.

The federal regulations for IDEA require the use of evidence-based practices (EBPs) for behavioral interventions and supports, and reference the use of Functional Behavior Assessments (FBAs) in connection with long term changes of placement (i.e., out of school suspensions). However, IDEA federal regulations do not provide requirements for how to implement these supports, what they must include, nor specify the requirement for conducting a FBA (4 ACC 07.010-07.900). For many states, including Alaska, there is nothing in state statute that requires conducting a FBA and offering a Behavior Intervention Plan (BIP) to address behavioral challenges or in response to discipline (even though deemed as an EBP), but rather the state regulations say to follow IDEA (E. Fraczek, personal communication, April 21, 2021). Furthermore, the Alaska Department of Education and Early Development (DEED) Special Education Handbook (DEED, 2020) confirms that there are no state regulations specific to the FBA process and provides guidance that schools shall “provide services, conduct an FBA & offer a BIP, as appropriate” (DEED, 2020, p. 93).

Under the IDEA §300.530(e) (2004) school teams must conduct a manifestation determination review to determine whether or not the child’s behavior that led to the disciplinary infraction is linked to his or her disability. A manifestation determination must occur within 10 days of any decision to change the child’s placement because of a violation of a code of student conduct. Again, even with a manifestation determination and despite strong professional recommendations (Collins & Zirkle, 2017), neither IDEA nor Alaska’s state regulations require a FBA/BIP (DEED, 2020).

In a comprehensive review of all states’ special education laws for FBAs and BIPs, Zirkle (2011) revealed that “...only 31 out of 50 states have statutory or regulatory provisions for FBAs and/or BIPs that exceed the requirements of IDEA and that most of the provisions are relatively limited in terms of scope and strength” (p. 267). In a follow

up study, Zirkle (2017) noted an increase from 31 to 35 states with provisions, but concluded, “the overall extent of the state law FBA/BIP provisions remain rather scant, particularly with regard to who must conduct FBAs and BIPs and the how, or procedural specifications, for FBAs” (see Section Discussion). Alaska is one of the states in which there is an absence of provisions. As one example of a provision exceeding IDEA, Utah has a state regulation which defines the features of a FBA (Section 1.E.19...) and specifically states, “[W]hen making decisions on behavior interventions, the IEP Team must refer to the USBE Technical Assistance (TA) manual that outlines the Least Restrictive Behavior Interventions (LRBI) for information on research-based intervention procedures” (UT III.1b(5)(a)). For a comprehensive review of FBA/BIP legal requirements and professional recommendations see Collins and Zirkle (2017).

State Policies Related to FASDs and Education

The most notable Alaska state policies addressing FASD in education are the Administrative Code under IDEA; the Criteria for Determination of Eligibility (ACC 52.130), which stipulates that those with FASD may qualify for special education under the title of “other health impairments”; and the Binkley Law (Statute 14.20.680), which requires alcohol or drug related training for educators. The Administrative Code adds FASDs to the list of possible health impairments which may impact a child’s success in an educational program; however it does not stipulate that any child with FASDs qualifies for special education or related services. Under IDEA, children must not only meet criteria for eligibility but also require special facilities, equipment, or methods to make the child's educational program effective.

The Binkley law was developed to ensure that Alaska educators understand the needs of individuals affected by prenatal exposure to alcohol. Due to the Binkley law, DEED offers an online training called “Prenatal Alcohol and Drug Related Disabilities.” Per state statute, the training must include an overview of the medical and psychological characteristics of drug and alcohol-related disabilities, highlight associated learning needs, and utilize the best available technology. The training is one of four trainings that are mandatory for teacher certification. There are no other required trainings related to FASDs for staff in the educational system apart from the training required in the Binkley law.

State and Federal Policies Related to FASDs Outside of Education

A number of notable policies related to FASDs outside of the education system exist and are briefly noted here as they intersect with the education system. Alaska has enacted several laws and policies regarding FASDs including:

- AS 47.20.290 which recognizes Fetal Alcohol Syndrome as a disability,
- AS 12.55.155 which allows mitigation in sentencing for those with FASDs in court
- AS 47.17.024 which requires healthcare workers involved in the delivery or care of a child who they expect was prenatally exposed to make a report to the Department of Health and Social Services (<http://www.akleg.gov/basis/statutes.asp#12.55.155>), and
- 7 AAC 50.820 and 3 AAC 304.465 which focus on training for both residential psychiatric treatment centers as well as alcohol servers (<http://www.akleg.gov/basis/aac.asp#7.50.820>; <http://www.akleg.gov/basis/aac.asp#3.304.465>).

At the federal level the “Advancing FASD Research, Prevention, and Services Act” is currently being reviewed. If passed, it would address multiple aspects of FASDs through policy, research, and services (NOFAS, n.d.).

Estimating Incidence and Prevalence of FASDs in the Alaska Educational System

The process of generating accurate estimates of incidence and prevalence of FASDs is fraught with complicating factors including the lack of standard agreement on how best to diagnose FASDs and inconsistency among the outcomes from research studies (Brown, Bland, Jonsson, & Greeshaw, 2019). Despite these barriers, there is no argument that FASDs continue to be a global health problem, and not just in educational systems but in sub-populations of children (e.g., children in care, children in correctional facilities, children receiving special education, children receiving specialized clinical services, and Indigenous populations) where prevalence is significantly higher compared to the general population (Popova et al., 2019). Thus, the need for ongoing assessments of FASD prevalence cannot be overstated. What follows is a brief discussion of the most common approaches in research to estimating the prevalence of

FASDs followed by information on the application of various approaches specific to Alaska.

Review of approaches for estimating incidence and prevalence of FASDs in educational systems

The term incidence commonly refers to the number of new cases of a medical condition that occur over a specified time period while prevalence refers to all new and existing cases. The number of studies within the literature that refer to the incidence of FASDs pales in comparison to the number of studies involving prevalence, at least in part because it is difficult to determine when new cases of FASD arise. May and Gossage (2001) argued that since FASDs can exist in a fetus up to seven months prior to birth with frequent spontaneous abortions among women who abuse alcohol, the prevalence of FASDs may actually be higher during some months of pregnancy than the number of cases recorded at birth. Thus, there is no point of time reference for when FASD should be considered a new case, and the conventional use of the term incidence as it applies to other areas of epidemiology, such as infectious diseases, does not apply in the context of FASDs. Since FASDs generally persist throughout the lifespan, May and Gossage used the term prevalence to describe the existence of FASDs among all age groups with no need for the term incidence in the traditional sense. Prevalence is therefore the predominant term used in the literature.

As described by May et al. (2009), the three most common approaches to the epidemiological study of FASDs are 1) Passive surveillance, 2) Clinic-based studies, and 3) Active case ascertainment methods. See Table 11 for a brief description of each approach along with some of their advantages and disadvantages.

Table 11. Common approaches to epidemiological study of FASDs

Approach	Advantages	Disadvantages
Passive surveillance - Use of existing record collections	<ul style="list-style-type: none"> - Use of pre-existing data - Inexpensive - Relatively easy to implement 	<ul style="list-style-type: none"> - Lack of rigor/consistency of diagnoses - Affected by variation in quality of data sources
Clinic-based - Rigorous methodology with controls	<ul style="list-style-type: none"> - Opportunity to gather maternal history data - Opportunity to study large number of pregnancies with various levels of alcohol exposure - Greater control and rigor in measuring variables 	<ul style="list-style-type: none"> - Self-selection biases - Difficult to get a representative sample - FASDs are not accurately diagnosed at birth

Active case ascertainment - Find and assess children who may experience FASDs	- Involves children of appropriate ages for accurate diagnosis - Likely to uncover children with FASDs and mothers at high risk of abusing alcohol - Tendency to eliminate selection biases (if there is cooperation among various community constituencies)	- Labor intensive, time consuming, costly - Cooperation required among many non-researchers (community, political, health, and education officials, parents, etc.)
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In general, estimates of prevalence rates based on passive surveillance studies tend to be lower than the prevalence rates from clinic-based studies, which in turn are often less than the estimated rates based on active case ascertainment studies (May et al., 2009). Furthermore, none of the approaches are easily implemented in an educational setting. Even the comparatively least costly and easiest approach, passive surveillance, often involves a significant amount of work since access to some types of records may not be readily available (e.g., medical records). On the other end of the spectrum, active case ascertainment methods, despite being the most costly and labor intensive approach, can still provide inaccurate estimates of prevalence if there is differential access to the various populations within the community. It is also important to note that the vast majority of FASD prevalence studies, regardless of the approach used, represent a snapshot of a specific point in time or they are based on aggregated data over a time span as opposed to ongoing surveillance involving prevalence estimates updated on a regular basis.

Application of various approaches/models to Alaska

Tracking the prevalence of FAS is more common than that of FASDs since the former is a more specific diagnosis and a subset of the latter. Egeland et al. (1998) conducted one of the earliest extensive studies of FAS prevalence in Alaska using a passive surveillance approach involving 16 data sources spanning the years 1977-1992. The CDC's Fetal Alcohol Syndrome Surveillance Network (FASSNet) used a similar multiple source passive surveillance approach to determine the FAS prevalence rate in four states including Alaska from 1995-1997 (CDC, 2002). More recent estimates for the years 2007-2017 come from the Alaska Birth Defects Registry (ABDR) which collects and reports on FAS prevalence (State of Alaska DHSS, 2021). Results are broken down by three-year moving averages, seven regions of the state, and various demographic variables.

Tracking the prevalence of FASDs is far more difficult compared to FAS. For example, it is not possible to calculate the prevalence of FASDs based on data from the ABDR due

to the lack of standardized diagnostic criteria for the entire spectrum of disorders. Furthermore, there are no prevalence studies within the literature specific to an Alaska educational setting. However, during an interview, Clayton Holland--Assistant Superintendent of Instruction for the Kenai Peninsula Borough School District (KPBSD)--described a brute force method for determining the number of students who experience FASDs within the district (personal communication, March 31, 2021). District staff reviewed the eligibility and associated medical record reports of students within the "Other Health Impairments" category for special education services to count those with an FASD diagnosis. The estimated time to complete the review process was less than two weeks. As reported by the McDowell Group (2020) in a previous interview, approximately 80 out of 400 students had an FASD designation. Other districts could use the 20% prevalence proportion within the "Other Health Impairments" classification to estimate the number of students who experience FASDs in their own districts, but the identification of FASDs may be higher in KPBSD due to the presence of an FASD clinic in the area, not to mention the large disparities (size, demography, etc.) that exist among Alaska's 54 school districts. Furthermore, an estimate based on the process described above would likely be conservative due to a lack of routine screening protocols and FASD awareness training among all educators, together with limited access to assessments. Also, there are likely special education service eligibility categories, in addition to Other Health Impairments, that include students who experience FASDs (e.g., Emotional Disturbance, Cognitive Impairment, Specific Learning Disability).

Another option for estimating the prevalence of FASDs in Alaska would be to extrapolate from the results of research studies conducted elsewhere. For example, one of the most commonly cited studies within the literature was conducted by May et al. (2018) using active case ascertainment methods involving four communities in the Rocky Mountain, Midwestern, Southeastern, and Pacific Southwestern regions of the United States. Despite the relatively diverse settings in the study, there are nevertheless substantial demographic and regional differences between Alaska and the represented communities that would render the extrapolated results highly questionable. A study by Popova, Lange, Burd, Nam, and Rehm (2016) used extrapolation to estimate prevalence in areas of Canada that had incomplete data based on data from other geographic regions. Even if reliable and accurate FASD prevalence estimates existed for some portions of Alaska, because the state is so diverse, it would be difficult to extrapolate results to many extraordinarily unique areas.

All approaches to estimate the prevalence of FASDs are difficult to implement in an educational setting for multiple reasons, including the challenges associated with gaining access to records associated with children and obtaining consent from parents/guardians to conduct diagnostic measurements/tests. Providing the most

accurate estimate would likely involve conducting an extensive active case ascertainment in numerous diverse areas around the state. However, as previously mentioned, such an endeavor would be costly, time-consuming, and only provide a snapshot in time. It is not a feasible approach for ongoing surveillance.

Instead of tracking the prevalence of FASDs directly, there may eventually exist the option of monitoring data from surrogate sources. For example, in Washington State, data from the Pregnancy Risk Assessment Monitoring System (PRAMS) showed a significant decrease in the prevalence of maternal alcohol use during pregnancy that coincided with a significant decrease in the prevalence of FAS (Astley, 2004). Of course, additional research is needed because the prevalence of FAS does not necessarily mirror the prevalence of FASDs. Since drinking behavior is also monitored by the Behavioral Risk Factor Surveillance System (BRFSS), future research may involve the development of a statistical predictive model of FASD prevalence based on data readily available from surveillance systems such as PRAMS and BRFSS. Though for much of Alaska, data from nationwide surveillance systems may not be conducive for analyses at the local level due to insufficient sample sizes in sparsely populated areas.

Literature Review

For the past three decades FASDs prevention and intervention programs have targeted students in the Alaska educational system. However, it is unclear what kind of information is available in literature about what educators and educational systems do in support of students with FASDs, and what kind of problems and needs they have in supporting students with FASDs. For these reasons, a scoping review was conducted in order to systematically map the research done in this area, as well as to identify any existing gaps in knowledge, recommendations for educational practice, suggestions for education policy and areas of future research. This scoping review was undertaken to identify the context, the range and variety of existing school-based interventions for students with FASDs, in addition to educator strategies and needs.

Scoping Review Methodology

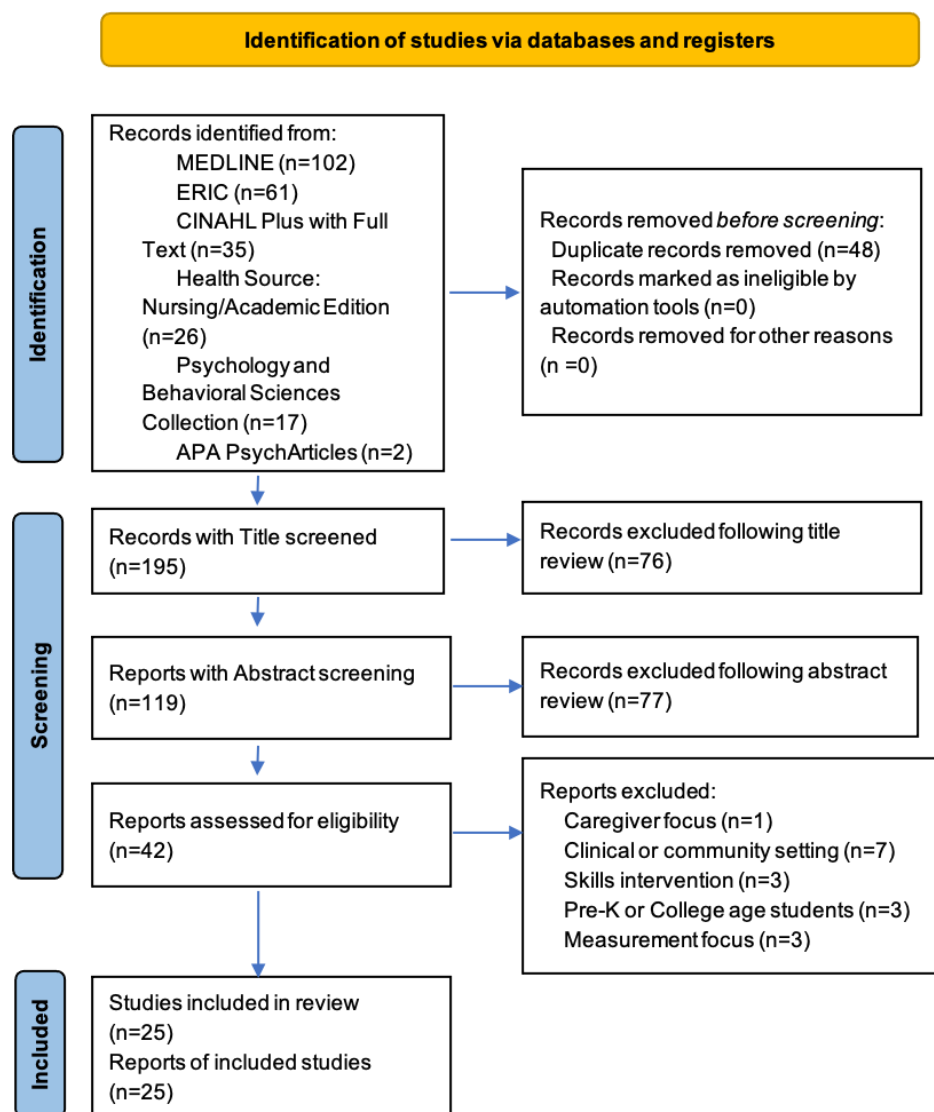
Scoping reviews are aimed at summarizing the scope, content, and specific research available on a given topic, with the aim of orienting practitioners, policy makers, and researchers to current gaps in knowledge and practice (Levac et al., 2010). The five-stage methodological framework described by Arksey and O'Malley (2005) was used as it is currently recognized as best practice for scoping reviews (Colquhoun et al., 2014).

The five stages are: 1) identifying the research question; 2) identifying relevant studies; 3) study selection; 4) charting the data; and 5) collating, summarizing and reporting the results. The findings are crucial for educators and education administrators to design and implement intervention programs for students with FASDs and to develop research directions that enrich evidence-based practice in education.

Our protocol was drafted using the Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols (PRISMA-P), which was revised by the research team (VYH, DJ, HH, PB). Ethics approval was not required for this scoping review. To be included in the scoping review, papers needed to be focused in the educational system, pertaining to students with FASDs. Peer reviewed journal papers were included if they were: published between the period of 2000–2020, written in English, involved human participants and described an intervention supporting students with FASDs in the educational setting. Quantitative, qualitative, mixed-method studies and literature reviews were included in order to consider different stages of intervention development. Figure 5 provides the PRISMA-ScR flow chart which summarizes the selection of peer-reviewed articles.

The database search took place in February 2021. Electronic searches of the following databases were conducted: Academic Search Premier, ERIC, CINAHL with full text, Health Source: Nursing/Academic Edition, Psychology and Behavioral Sciences Collection and APA PsychArticles. The search strategies were drafted by the project lead (VYH) and further refined through team discussion. Electronic database searches were conducted using a set of defined subject keywords as follows: (fetal alcohol spectrum disorder or fetal alcohol syndrome or fasd or fas) AND intervention OR (fetal alcohol spectrum disorder or fetal alcohol syndrome or fasd or fas) AND education.

Figure 5. PRISMA-ScR flow chart



A customized data extraction instrument was developed to explore the scope of the available literature and to compare study design, subjects, location, methods, results, study limitations and implications for educational practice, policy and future research.

Studies were grouped the studies by the types of intervention, literature review, qualitative description of phenomenon, and educational practice then summarized the type of settings, populations, and study designs for each group, along with the measures used and broad findings.

Scoping Review Results

Ryan and Ferguson (2006) noted that there has been nearly no systematic research on the needs of students with FASDs or on the best educational strategies. Further, Blackburn, Carpenter and Egerton (2010) reported that systematic training for teachers to educate young people on the consequences of maternal alcohol consumption were also not present in the literature. Broadly speaking, across the existing literature on FASDs in the educational system there is a recognition that students who experience FASDs are prevalent in the educational system at a rate higher than reported in the literature and few evidenced-based interventions and educational strategies are taught to educators. The atypical learning processes and disruptive behaviors of students with FASDs are often outside of the expertise of teachers who find themselves “pedagogically bereft” (Carpenter, 2011).

With few FASDs specific intervention options in existence, educators and parents attempt to adapt strategies and frameworks intended for students with other disabilities. Adaptations are focused on the awareness that developmentally appropriate practices are needed to support each student with FASDs’ social, emotional, physical and cognitive development needs. A team approach to support students with FASDs in all grade levels was described as a best practice as was integration of students with FASDs into general classroom settings whenever possible.

In addition to classroom and curricula accommodations, the literature reviewed noted a need for enhanced ecological consciousness within the school system, where there is a leadership and system recognition that the diversity of students with FASDs should be embraced rather than excluded or folded within a general special education framework. Finally, many of the papers described the need for close relationships between parents of students with FASDs and the school team with a recognition of the advocacy role of parents in accessing resources for students within the school setting.

The following section describes specific findings per article grouping. The 25 articles identified in the scoping review fell into four categories: reviews of the literature, qualitative studies, intervention studies, and descriptions of educational strategies for students with FASDs (referred to as education engagement). Seven of the identified articles assessed education-based interventions directed at students with FASDs. Two articles described systematic reviews of the literature related to education and FASDs.

Six of the identified articles were qualitative studies that described the lived experiences of parents (biological, foster, or adoptive), early interventionists, teachers, and young adults living with FASD. Finally, ten articles described the educational engagement of students living with FASD. The majority of articles in all categories were focused on tertiary prevention, with only one (Boulter, 2007) focused on a primary prevention intervention. Although the scoping review was not limited to literature from North America, only two articles (Blackburn, 2010; Carpenter, 2011) were from outside the United States or Canada.

Reviews of the Literature

Of the 25 articles examined, two were reviews of the literature. The first review (Peadon et al., 2009) examined 12 different studies, while the second built upon the first and included a total of 32 studies (Reid et al., 2015). Both reviews systematically summarized the results of their respective studies by including each of the FASD interventions tested as well as an analysis of how well each study was conducted. Although there were relatively few interventions specifically geared towards individuals with FASD who were attending school, some were noted as having an effect and potential application in either education or learning skills.

Overall, of these interventions, only a small number showed real, noteworthy improvements. Furthermore, in general they seemed to approach the teaching of students with FASDs by focusing on very specific skills rather than a holistic manner. For example, Peadon et al., 2009 found that Cognitive Control Therapy improved personal behavior scores; and unnamed language, literacy interventions, and math interventions were linked to phonological awareness, improvements in literacy, and increases in math knowledge respectively. Furthermore there seems to be potential in using virtual reality games as a teaching method, although the game was used to teach safety and there were mixed results at follow up (Peadon et al., 2009). In the next review, aside from the overlapping studies mentioned above, interventions including the ALERT® program, The Computerised Progressive Attention Program, and activities from the pay attention training protocol focusing on self-regulation and attentional control showed positive gains, although with limited follow up. When addressing specific skills the MILE program showed some promise in improving math skills and behavior. Additionally, a group-rehearsal training improved digit span scores, and the cover, copy, and compare spelling procedure increased the amount of correct words spelt. From the teaching strategy standpoint, one study showed that training in the classroom environment led to fewer school problems and improvements in adaptive skills (Reid et al., 2015).

Based on the articles summarized, the authors of the literature reviews made the following recommendations in regard to both educational practice as well as future research. Perhaps due to the specific nature of the interventions, Peadon et al. (2009) recommended that interventions should remain focused on the problems most prevalent among those with FASD, with the stipulation that more quality research on interventions should be conducted. However, Reid et al. (2015) noted that interventions targeting multiple aspects of FASD would be helpful. Adding to their practical recommendations, they also made recommendations for future research, most notably, focused on providing a comprehensive framework, examining the interaction between the individual and their environment, and measuring intervention effects with different tools.

Intervention Studies

Unfortunately, only seven articles were identified that focused on specific education related FASD interventions. Of the seven articles in this category, only one (Boulter, 2007) could be considered a primary prevention intervention, while the others were geared towards tertiary prevention. The studies were a combination of individual case studies and case-control designs with sample sizes ranging from one to 642. The ages ranged from four to 19, although only two studies focused entirely on students aged 10 and under (Kully-Martens et al., 2018; Wiskow et al., 2018). The individuals participating in the interventions, sans the preventative intervention, either had a previous diagnosis of FAS, FAE, or FASD. It should be noted that not all of these were able to be confirmed with testing and there was limited specificity as to how the diagnoses were originally made.

As noted by Peadon et al. (2009) and Reid et al. (2015), the majority of tertiary intervention studies reviewed were rather specific, focusing on education or behavior strategies to target: spelling, reading, writing, and self-esteem through a tutoring program (Johnson & Lapadat, 2000); attention, behavior, working memory, and academic fluency through the Caribbean Quest Game (Kerns et al., 2017); disruptive behavior through the Good Behavior Game (Wiskow et al., 2018); and math skills and cognitive deficits through a modified version of the MILE (Kully-Martens et al., 2018). One of the other tertiary interventions looked at how an entire education center impacted those with FASD compared to other students (Flannigan et al., 2017), while another took a more holistic approach and looked at how a specific type of coaching could be used to impact overall metacognitive strategy use (Makela et al., 2019). The one study that examined primary prevention used a presentation and pre- and post-tests to see if overall knowledge of the effects of alcohol consumption during pregnancy improved (Boulter, 2007).

In each of these intervention studies, improvements were noted, but once again the majority of these were quite specific and only two studies included follow-ups (Boulter, 2007; Kully-Martens, 2018). The metacognitive coaching strategy did show encouraging signs by helping those with FASD. Furthermore, part of the purpose of this study was to test the feasibility of the intervention in schools, which does appear to be a realistic possibility (Makela et al., 2019). Another possibly interesting note is that the model used in a Canadian school model showed that FASD students do use services offered and that these services may be beneficial to those with FASD (Flannigan et al., 2017). Many of the recommendations made consisted of an urge to implement the interventions tested in classrooms, while others focused on teacher understanding and training. Finally, it was recommended that future researchers continue to study these interventions with various tweaks. Johnson & Lapadat, 2000, also recommended the use of longitudinal studies in the future in a variety of contexts, as well as studying FASD with possible comorbidities.

Qualitative Studies

Six studies used qualitative methods (photovoice, interviews, focus groups) to ask open ended questions of participants to explore and allow for first person experience descriptions of teaching and learning among students with FASDs in the educational setting. The articles in this group described data collected between 2009-2011. Two papers included adolescents who had a diagnosis of FAS (Brenna, 2017; Duquette, 2007) and the remaining four articles included educators who work with and parents who support students who have FASDs. Two of the six papers utilized data from the same overarching study but had different aims and analyses of the data source (Job, 2013; Poth, 2014). All but one paper (Koren, 2010) included a thematic analysis of findings. One paper (Pruner, 2020) described FASDs in early intervention, two papers (Benna, 2017; Duquette, 2007) focused on high school students and the remaining three papers (Job, 2013; Koren, 2010; Poth, 2014) described needs in the kindergarten through grade 12 span broadly.

Several key findings and recommendations for educational practice supporting students with FASDs were noted. Educators and caregivers noted that FASDs prevalence in the school setting is underreported and that assessment and diagnosis of children with FASDs are advantageous in students receiving access to special education supports in the school setting (Koren, 2010; Poth, 2014). The development of FASD-informed schools was noted by Brenna, 2017; Job, 2013; and Pruner, 2020 with an importance on staffing early interventionists, teachers, peers and members of the public who understand FASDs.

Relationships emerged as a necessary condition for enhancing communication and collaboration between school personnel and families (Job, 2013, Koren, 2010; Poth, 2014; Pruner, 2020). Students with FASDs have better social interactions in the educational setting and persistence in remaining in the school setting when they have an understanding of their own strengths and difficulties, are part of the team developing their learning targets and career goals (Brenna, 2017; Poth, 2014). Students with FASDs should have the opportunity to interact with peers at school (Duquette, 2007, Poth, 2014). Parental advocacy enhances the quality education for students with FASDs (Duquette, 2007, Poth, 2014) and additional external support in the form of a sponsor, coach, or mentor in addition to parents further enhances quality of education and quality of life for students with FASDs (Brenna, 2017).

The authors of the six qualitative studies suggested areas for future research. The authors note the need for research to amplify how FASDs are described objectively by youth with lived experience. Additionally, students should be asked to share their views longitudinally to better understand how their views change over the course of their educational experiences. Research is needed to understand how to strengthen school/family partnerships, understand how parental advocacy influences the quality of education and what programs and services will best support students with FASDs and their families and how schools should implement such programs and services. Finally, research is needed to determine how to better educate and train early interventionists and school personnel in teaching students with FASDs.

Education Engagement

There were ten articles identified describing educational strategies for teaching students with FASDs. Three of the articles (Harwood, 2002; Millar, 2017; Ryan, 2006) drew findings from specific educational settings and the educators within those settings (e.g. Winnipeg School Division, rural Alaska educators) with the remaining articles summarizing findings from the literature. Two articles were from the United Kingdom (Blackburn, 2010; Carpenter, 2011), one from Canada (Millar, 2017), two from Alaska (Harwood, 2002; Ryan, 2006) and the remainder were not location specific.

The ten papers reviewed offered suggestions for school level and classroom level strategies to support students with FASDs. These were not grade level or developmental stage specific strategies, rather the authors presented frameworks for consideration. We have summarized the salient strategies in the bulleted lists below.

Classroom level strategies to support the learning of students with FASDs:

- Welcoming environment
- Calm learning environment

- Classroom free from clutter
- Focused tasks presented in small steps
- Personal space for the student
- Link visual cues to verbal prompts
- Frequent, short exercise/movement opportunities during the day
- Multisensory learning
- Frequent re-teaching of skills

School level strategies and factors that support positive school experiences for students with FASDs:

- Supportive school administration/executive leadership
- Frequent neurobehavioral assessment with observation of skill development and gaps in natural environment
- Personalized learning based on individual learning characteristics gleaned from assessments and family observations
- Involvement of families and caregivers who provide valuable information on the curriculum and how the child is coping
- Development of shared realistic goals based on the child's individual assessment
- Multidisciplinary teams who regularly support students with FASDs that include physical therapists, occupational therapists, speech language pathologists, psychologists, special education and classroom teachers and paraprofessionals
- Using caregivers, teachers and others as external supports to help with executive functioning
- Implementing strategies to address cognitive, communication, social, emotional and physical developmental delays and preparation for employment among older students
- Supporting relationships with role models and non-parent mentors
- Repeated opportunities to role-play prosocial skills
- Placing appropriate structures (e.g., routines, consistency, supervision, specific work areas and visual aids/instructions) throughout the school environment to help the student know what is expected or decrease visual and auditory stimulation to decrease distractions

Conclusion

Despite the myriad of educational challenges and known importance of early intervention for students with FASDs, there is little published research examining effective classroom strategies for students with FASDs. Across the papers found in our systematic review, authors noted that children with FASDs typically experience significant deficits in executive functioning compared to both children without a disability and children with other disabilities impacting behavior such as ADHD. Children with

deficits in executive functioning struggle with inhibition, impulse control problems, difficulty in planning and organizing and challenges with emotional regulation. These impairments coupled with challenges with sensory processing, motor control, adaptive and academic achievement are difficult to address for classroom educators. Research gaps exist on interventions targeting students in the school environment, specifically interventions that target executive functions at the early childhood, elementary and secondary levels. Additionally, research is needed to better understand and enhance parent support and relationships with the school system staff. Finally, observational and descriptive findings from the field are needed in the literature.

Focus Groups on Lived Experience with FASDs in the Education System

Having a comprehensive understanding of the impact and lived experience for students who experience FASDs and their families is necessary to understand student transition points, noted resources, and gaps in service. Children who experience FASDs may or may not demonstrate the need for K-12 school supports. Some individuals with FASDs may qualify for special education services under a variety of eligibility categories, including but not limited to Emotional Disturbance, Learning Disabilities, Autism, Cognitive Impairment, or Other Health Impaired. It is known that critical shortages in special education teachers and related service personnel exist across the nation and shortages of these professionals are magnified in regions characterized by poverty and rural geography. This is particularly salient in Alaska where access to and turnover of special education teachers and related service providers (including behavioral health providers) is exacerbated by physical geography. As noted in the scoping review (see section “Literature Review” above), the viewpoints of individuals who experience FASDs are absent from the literature. Further, the Alaska Developmental Disabilities (DD) Shared Vision signed into law in 2018 states, “Alaskans share a vision of a flexible system in which each person directs their own supports, based on their strengths and abilities, toward a meaningful life in their home, their job and their community.” Therefore, in alignment with the literature review findings and the DD Shared Vision, the focus groups sought to include both individuals with lived experience of FASDs and caregivers of students with FASDs to share their stories.

Potential focus group participants were 1) parents/guardians of students with lived experience of FASDs, and 2) individuals aged 18 years and over who have lived experience of FASDs and were students in the Alaska educational system. An electronic flyer inviting individuals to participate in the focus group interviews was

distributed using a convenience sample through the project's advisory committee, FASD workgroup listservs, and the CHD Facebook account. The invitation explained the project and participant eligibility and outlined the schedule for focus groups. If people were interested in participating in the focus groups, they were asked to contact a research team member. The research team members gathered information relating to individuals' lived experience with FASDs, Alaska educational experience and accommodation requests; described the focus group process and purpose; and answered any questions participants had about the focus groups. Individuals who met the inclusion criteria were sent the Zoom link for the requested focus group date.

Focus Group Methods

Focus groups were conducted using Zoom as a way to include a combination of rural and urban locations. Focus groups were limited to eight people per group. An incentive was offered for participating in the focus group and participants were given an electronic \$50 gift card to Amazon.com as a thank you for their time.

Prior to beginning the focus group discussion, participants were read a verbal informed consent and provided an opportunity to ask questions. To ensure confidentiality, participants in the Zoom session were renamed and were referred to by their pseudonym. Experienced qualitative researchers served as moderators for the focus groups. Moderators utilized standardized open-ended interviews where the question wording and the sequence of questions were predetermined. The standardized interview format allowed all respondents to answer the same questions and increased comparability of responses. This format also helped to reduce interviewer bias and more than one interviewer was present to conduct the focus group. Four major questions were asked:

1. What were the most important things in education for you/your child and your family?
2. Can you share what educational placements and supports you/your child experienced as they moved up through the school system?
3. Was there ever a time you disagreed with those in the school system on what was appropriate? How did you handle the situation?
4. What helps students who have FASDs have academic success in the educational system?

Focus groups were recorded, only after consent was obtained and participants were renamed, and written notes were also taken for analysis purposes. Focus group recordings were reviewed independently by the contributing researchers and each

noted salient identified themes with supporting quotations. The researchers met multiple times to synthesize themes and subthemes. The analysis was done by hand rather than through use of qualitative software to increase engagement with the data (Charmaz, 2000) and interpretations were made using inductive reasoning (Patton, 2002). All aspects of the focus group portion of the project were approved by the University of Alaska Anchorage Institutional Review Board.

Focus Group Results

Two focus groups were held with a total of 10 participants. All of the participants were mothers to children with FASDs, with the exception of one male student participant who experiences FASD. Participants had experiences in all stages of public education (Infant Learning Programs through post-secondary education) and had described educational experiences of their children who experience FASDs in small village settings, rural hub communities and urban centers. Some of the participants were parents to multiple children with FASDs in various stages of the school system and diagnosis. Half of the focus group participants were currently or previously employed in the Alaska educational system, with three having experience in special education.

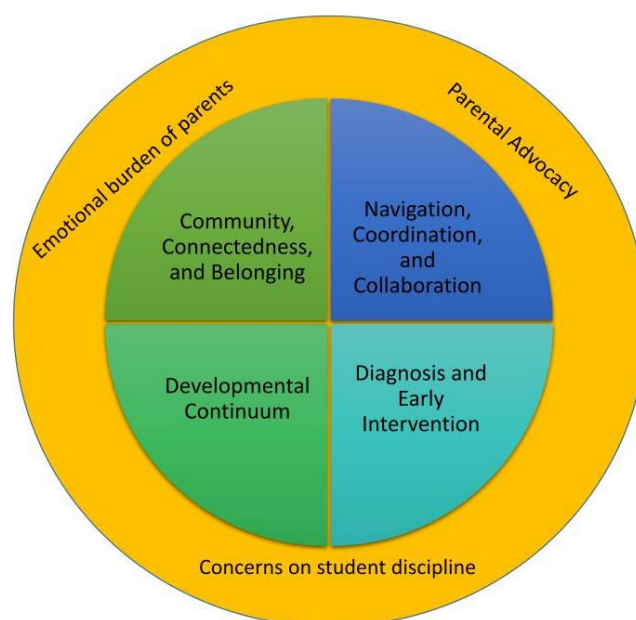
Parent participant responses and stories were consistent within and across the groups. Participants provided rich, detailed descriptions of their experiences with the school system, including supports that were or were not helpful, and described how their children who experience FASDs currently interact with, and move out of, the education system in Alaska. Participants discussed standard transition periods (e.g. entering into the educational system, moving from pre-kindergarten to kindergarten) and also highlighted critical social-emotional developmental periods (e.g self-consciousness grades 3-4 and hormonal changes in 12-14 year olds). The positive attributes of students who experience FASDs were rarely mentioned. This could be due to lack of participation of individuals who experience FASDs in the groups. Perseverance and hopefulness for the future were noted by the student with FASDs who said: *“What you do now determines what happens later. So I mean, if you are trying and all that, and yeah you failed but it’s going to turn around later. What you put in, it’s gonna pay off. Life is like a bicycle ride- every downhill has a price to pay. Everyone loves downhills on their bike but you’re going to have to go uphill.”*

Cross Cutting Themes

Although the groups were small in size, the conversation was robust. Participants frequently endorsed comments made by others in the group as related to their experiences or their student’s experiences with the educational system despite differences in geographic location. Three cross-cutting themes were identified: 1)

Emotional burden of parents, 2) Parental advocacy, and 3) Concerns on student discipline, and four sub-themes: 1) Navigation, Coordination, and Collaboration; 2) Diagnosis and Early Intervention; 3) Developmental continuum; and 4) Community, Connectedness, and Belonging. Cross-cutting themes were present within the sub-themes and sub-themes were often described in concert with one another (Figure 6. Conceptual framework of focus group themes).

Figure 6. Conceptual framework of focus group themes



The cross-cutting theme of **emotional burden of parents** was present throughout the discussion groups. Parents spoke candidly about the emotional toll they felt as they sought to support their child in the educational system. They shared anecdotes about their disappointment with themselves and the systems in understanding and supporting their child in a timely and child focused manner. They commiserated over the effects disciplinary actions had on their child's relationship to the school system and more so, their entire experience of learning. One parent reflected on the stories being shared in the focus group and said,

I'm really resonating with the pain that parents feel. I lived with that for so many years. I guess that my biggest input for this committee [focus group] is that if the school district is failing these kids so much and families are suffering so much this is a bigger issue than saying we need to do inservicing for our teachers [scoffs and sniffles]. There's a lot of pain here. It's bringing up a lot of old stuff for me.

Another cross-cutting theme was **parental advocacy**. Parents described feeling alone in navigating services and being misunderstood while advocating on behalf of their child. They described years of persevering to access school-based services including IEP or 504 plans to support their child in school. One parent told a story of advocating for several years despite her child having an FAS diagnosis in early childhood:

I've tried since she was in pre-school, knowing what her struggles were going to be, I got her diagnosed at age 4 with fetal alcohol syndrome and then I started my research about it. And realized, like somebody mentioned, finding out early what they have but there is a dearth, it's like a desert. Once you find out, where do you go with that? Because everyone is asking questions but no one really has the answers. So I tried to get her on an IEP, to have those extra supports and I just found barriers. We were in Ketchikan, they said no she didn't need it. We went to Sitka, they said no she didn't need it. I came to Anchorage, and it wasn't until she was 3rd grade and they said you might want to consider a 504. And I said 'thank you, I've been trying since she was 4 [years old]' but we got the 504 but really it wasn't until she had a teacher in 6th grade and he had a brother...but this teacher shared that he understood my child.

The final cross-cutting theme was about parental **concerns around disciplinary actions**. Several stories were shared about disciplinary action taken to correct student behavior with little understanding by the student as to what they did wrong. The purpose of the discipline was unclear given the lack of cognitive understanding of the student due to their developmental delay. One parent said, *"It's hard to see kids get treated that way, especially when they have special needs. I think that's what triggered everything after. He has a hard time in school now. He is a junior in high school."* Several parents described suspension as a turning point in their child's willingness to return to school, a decline in the child's view of their self-worth, and loss of tenuous social connection in their community. A parent described her dismay and frustration due to a two week suspension in this story:

When schools have zero tolerance for drugs, I think people in this group are sharing that [zero tolerance] is so detrimental to these kids...all kids with special needs. If they're special needs and can't understand the meaning of a two week consequence [gives example of 9th grade daughter who had smoked weed then came to school]....there was a week that she did a class about drug abuse and then the 2nd week she thought she'd go back to school. And when she couldn't, her routine and anything she found of consistency was gone. She ran away from home that week. Got in trouble, was suicidal,

almost died. And from there, being on the streets, we got her into treatment. But to me, that was a big turning point. And it wasn't that she didn't understand that there was a big consequence but for her, that two week consequence of staying home and being away from her friends at school, she could not cognitively really grasp that. And once you do a traumatic thing like others have said and that seems to set the stage for how they see themselves for the future in education...this zero tolerance thing has been so hurtful for so many special needs kids. Two weeks for a kid who doesn't understand what they did is just so detrimental. If they don't have the cognitive understanding, not just FASD kids but other special needs kids, if they don't have the cognitive understanding, what is the purpose and the point of doing that?

Sub-Themes

The subtheme of **navigation, coordination, and collaboration** emerged across multiple parents' experiences and reflected both challenges and successes. Parents reflected challenges in navigating services, and in particular, decisions around school choice. A number of parents expressed challenges with traditional school experiences and sought out Charter schools, which offered more project-based, arts-based, or inquiry-based learning experiences that they felt were more aligned with their child's needs. However, some parents described this as a "trade-off" as those school placements then lacked the resources to provide individualized special education services and for one family, they were "invited" to leave the school. School-based collaboration and coordination was continuously referenced and included challenges in teachers' understanding of FASDs or making incorrect assumptions; challenges in feeling and being included as a parent on the team; and recurring challenges with discipline policies and procedures, as previously noted. One rural parent described the IEP meeting as a key event requiring advocacy, navigation, coordination and collaboration, as she said:

When we walk into an IEP meeting, those can be nerve racking. It is you the parent and you've got the principal, the teacher, the OT, the PT, the speech and the SPED coordinator and the resource group and they are all on the same page but when they can step back and include you in that process, that really, really helps to a parent or myself realize that you are not giving my child services because these are the things that we are focusing on and let's all work together because that's what's best for the child, especially for the long run- when our student is outside of the school world, the school environment.

Few successes were noted, which included when school teams made individualized adaptations for their child (not necessarily reflected on an IEP) such as allowing for a delayed middle school start, having the school nurse provide a break spot for one child, or having a teacher who "understood" because they too had lived experience.

Numerous parents discussed the weight of having to coordinate services outside of school. Many sought private occupational therapy, speech-language, counseling, and/or academic tutoring services which often were not offered within the school system because their child was not eligible. For example, one parent expressed that although her daughter did not qualify for Speech-Language services, she struggled with social communication and making/maintaining friendships; she felt these services were necessary to help teach her daughter these skills which she was not learning in the school setting. Similarly, multiple parents sought private counseling services for mental health supports, again which they felt were lacking in the school setting. As one parent from a rural community stated, *"I would seek counseling for my children because I felt like we weren't meeting their needs and they would say they are fine, they are just kids. I was told that the Native community isn't competitive so your kids are not competitive, more apathetic. This was very upsetting to me."* Finally, within this sub-theme a few parents discussed the difficulty with navigating dual roles when they worked within the educational system and were also parenting a child and advocating for their needs, as one parent stated, *"I was an Administrator in the Special Ed department...I knew the system and I couldn't get help for my kid."*

Diagnosis and early intervention was another recurring sub-theme. Multiple parents expressed the critical role of a medical diagnosis (or lack of) in accessing (or not accessing) school-based and/or community-based services. For those who were not able to obtain a medical diagnosis due to geographic location limitations or absence of family history, this hindered their ability to receive services within the school setting. For one parent, she was told she needed a diagnosis of FAS in order for her child to qualify for OT and PT services. Furthermore, a number of children with FASDs did not meet eligibility criteria and did not demonstrate a need for specialized or related services in early elementary school, often because their academic deficits were not "severe" enough despite experiencing cognitive (e.g., executive function tasks) or social challenges. However, a critical transition point in 3rd grade was experienced by more than one family in which their child's academic gaps and slower rates of growth became more apparent. For some, this resulted in qualifying for special education services and for others the academic gap was not severe enough, yet cognitive and social challenges persisted. A number of parents reported that eventually their child was eligible for a 504 Plan, which provided some academic support but this typically didn't occur until middle school and in some cases was not followed. One caregiver expressed, *"Most teachers didn't care to accommodate, no accountability. Had an experience with a teacher that wasn't good and sought resources elsewhere. Home schooled, private speech, private counseling. It was all on us, all of it."*

The **developmental continuum** was the third identified sub-theme, which reflected the idea of recognizing, understanding, and supporting where children are developmentally

across all domains (i.e., cognitive, social, emotional, physical) and adjusting one's expectations across time. For some, this meant their child was performing academically within grade level expectations, yet their social and emotional development were not where teachers expected. This resulted in missed opportunities for teaching those skills and subsequently, disciplinary actions for many because they were "expected" to know how to behave. For one parent, the developmental continuum meant missing critical skills (i.e., alphabet order and sounds) because the focus was on grade level expectations.

One of the biggest successes for our kiddo was actually meeting them at their level. They're so sometimes you see they are hitting them at grade level and I see so much of not meeting them at their level, not seeing where they are. We are going to continue the 6th grade math book but because of COVID, we backed things up and I realized that he did not know, he is 13, and he did not know and still does not know his ABC's in his head. So we were struggling with reading and we realized that he still can't tell you the ABCs in order and he is 13 years old. So how did we miss that? Where did that fall through? Because someone was so busy about making him at grade level that that wasn't even caught. He is in 8th grade so like nine years of schooling.

Another emphasized the importance of individuality, *"All of my children are different academically and social emotionally. We have different goals for our children and different expectations for each one of our children. Teachers need to be able to see them as individuals with individual capabilities and abilities."*

The final sub-theme identified was **community, connectedness, and belonging**. Throughout the focus groups, participants discussed what facilitated and detracted from having social connections within the school setting. Parents described feeling disconnected to their child's schools and their child having poor interpersonal relationships and interactions with most school personnel. As one stated, *"It's not just all about academics. It's about feeling that you belong to an educational community. And she doesn't and will never, like she hates the institution."* Students and families did not feel they belonged and described disconnecting from the school community because they were not welcomed and had different perspectives on student success and goals. A student with FASDs shared, *"One more thing, [it] would be good if teachers were more understanding. [I] wish that teachers would understand the kids more. Kids don't do stuff for no reason. Kids do stuff because they are trying to get to a point."*

Positive connection was described when there was longevity in school personnel. Success in developing and maintaining positive interpersonal relationships with school staff was dependent on teachers who had an understanding of FASDs, were non-judgmental of student behaviors, and had personal experience (e.g. family member with a developmental disability) to draw from. The awareness of educators on the community

and the cultural context of families was noted as a facilitator to building trust, developing a sense of understanding of the family's home context, and developing common goals for their child. One parent described how partnering in their child's education worked best for their family:

[The most important thing in education] is the willingness to work together for a common goal. To really sit down and say okay, are academics the most important? Are social-emotional regulations? Having that open dialogue to where the specific teachers can call me or text me or email me and know that I will respond. That we are working together. That we are utilizing even the same terminology. Like 'use your words and not your body to express your emotions' and utilizing the same calm down techniques and tactics and verbiage. Allowing time for processing. Allowing us [family] to be part of that conversation. Not treating us as though we know less than them or that we are not equal partners in the education and the future of our children.

Conclusion

Parent experiences with the educational system, student transition points, noted resources, and gaps in services were similar regardless of urban/rural location. Turnover of educators, staff and administrators as well as student discipline practices were noted in all settings as detriments to student success. Parents noted school district variability in the assessment and type of supports offered to their child. The positive outcome for students with FASDs that was noted by parents was community integration and creating a system of education where *"our children are as independent as possible by the time they graduate from high school."* Perseverance of students in the educational system, ongoing advocacy of parents with educational staff who were aware of the needs of students with disabilities led to positive outcomes in the education of students with FASDs.

Survey of Educators' knowledge, experience, and perspectives

Educators' knowledge, experience, and perspectives are key to understanding the educational experience and success of students with FASDs in Alaska's educational system. As such, a survey was developed and distributed to Alaska educators to gain better understanding of educator knowledge of FASDs, as well as noted transition

points, resources, and gaps in service for students with known or suspected FASDs. The survey responded to five related research questions:

- 1) What is the FASD-related knowledge, attitudes, and behavior of educators?
- 2) What are the needs of educators and the educational system in supporting individuals experiencing ASD?
- 3) How do individuals experiencing FASDs currently interact with, and move out of, the education system in Alaska, addressing students from preschool through the completion of their secondary education?
- 4) What are the barriers and opportunities for FASD related prevention and educational programming for students from preschool through high school graduation?
- 5) What are current best or promising practices and programming to help students experiencing FASDs address their educational needs?

Online Survey Methods

The 46-item survey was developed by a team of researchers at the Center for Human Development, reviewed by the project's advisory group and based on key themes in the FASD literature. To reduce the burden on respondents, the survey was formatted in Qualtrics using display logic and only a few questions were required. The survey was distributed between March 22, 2021 and April 11, 2021, to educators in Alaska's school system using a single, sharable hyperlink. Participants were recruited through key stakeholders and listservs of educators, counselors, and disabilities advocacy groups. Eligible participants included individuals ages 18 years and older who are educators within the Alaska public school system. Target audiences included special education paraprofessionals, special education teachers, special educators directors, Infant Learning Program Coordinators, Infant Learning Program Developmental Specialists, and counselors; though responses from general educators and other related service personnel were also included.

Consent and eligibility information were provided at the beginning of the survey prior to answering questions. The survey included seven demographic questions on gender, race and ethnicity, primary work location, current position, years of work experience, highest education level and if they had lived experience with FASDs (e.g., as a parent, foster parent, sibling, grandparent). Respondents were asked about their primary work location using the regions from the DHSS ILP map (http://dhss.alaska.gov/dsds/Documents/InfantLearning/pdf/ilp_map.pdf).

A set of five questions on FASD-related knowledge, attitudes, and behavior of educators were included. A set of four questions addressed FASD prevention activities offered at the school, barriers in providing care/services to students/families with

FASDs, resources, connections, or information available to navigate barriers with an open-ended question on areas of support that are needed for students/families with FASDs. A series of questions on gaps in education services for students who have or are suspected to have FASDs by portion of the educational system (e.g. early childhood, pre-kindergarten, elementary, secondary, post-secondary) and a question on awareness about the resources available to individuals who have FASDs after they exit school were asked. A set of open-ended questions on barriers and opportunities for transitioning between stages in the educational system for students with FASDs (e.g. transitioning between 0-3 years to preschool, transitioning between preschool to elementary, transitioning between elementary to secondary, transitioning between secondary to postsecondary) was included. Finally, questions on current best or promising practices and programming to help students experiencing FASD address their educational needs related to training were included.

Results are shown with summary statistics and narrative summaries for open-ended items, as well as tests of significance involving questions for which comparisons were of value. The number of respondents is provided for each analysis. All analyses were performed with SPSS Version 27 (IBM Corp., USA). Survey protocols and questions were reviewed and approved by the University of Alaska Anchorage Institutional Review Board.

Survey Results

Demographics

There were 378 respondents to the survey, of which 345 were included in the analyses. Exclusion criteria consisted of whether or not respondents answered any questions outside of the demographic section. The vast majority of respondents identified as women (86.4%) and were white/caucasian (90.6%). The survey received responses from all over the state, although the majority came from either the Matanuska-Susitna Borough (31.6%) or the Anchorage, Girdwood & Whittier (22.0%) service areas. The remaining 46.4% were divided between the other 14 service areas, with no area contributing to more than 10% of the responses (Appendix F: Figure A 3). Special Education Teacher (31.6%) was the most common profession among the respondents, followed most predominantly by Paraprofessionals (16.4%), Counselors/Psychologists (14.1%), and Aides/Assistants/Support Staff (13.51%) (Appendix F: Figure A 4). The majority of respondents had completed a Graduate or Professional degree (56.5%) (Appendix F: Figure A 7) and on average, respondents had 10.05 years of experience in special education in Alaska, although with a large degree of variance ($SD = 8.26$) (Appendix F: Figure A 6). Approximately eighteen percent of respondents stated that they had lived experience with FASDs, which could include as a parent, foster parent,

sibling, etc. (Appendix F: Figure A 5). Their experience adds immense value to the results of this survey.

What is the related knowledge, attitudes, and behavior of educators?

Respondents displayed general knowledge of FASDs and largely agreed with the fact that FASDs are preventable and that prenatal alcohol exposure (PAE) negatively affects many aspects of an individual's life including motor skills, memory, judgement, ability to plan, ability to reason, and cognition (Appendix F: Figure A 8 Figure A 9). However, on average, respondents demonstrated a general lack of familiarity with organizations, programs, and websites that are involved in the direct or indirect assistance of individuals with FASDs (Appendix F: Figure A 11). Furthermore, although respondents displayed relative confidence on a scale from zero (Not at All confident) to five (Totally confident) in recognizing physical signs ($M = 3.25$, $SD = 1.22$), behavioral signs ($M = 3.27$, $SD = 1.21$), and cognitive signs ($M = 3.27$, $SD = 1.20$), their level of confidence in actually providing programming and supports to children with FASDs was significantly lower ($M = 2.92$, $SD = 1.32$) ($P < .05$) (Appendix F: Figure A 14). In terms of their collaborations with school-based team members to support individuals and families outside of the IEP and/or 504 meeting, 36.3% said they collaborated with each other "Never" or "Rarely", 28.9% said they collaborated "Occasionally", and 34.8% reported that they collaborated "A Moderate Amount" or "A Great Deal", highlighting the potential need for increased communication in the effort to support students with FASDs (Appendix F: Figure A 12).

What are the needs of educators and the educational system in supporting individuals experiencing FASD?

Not only do the students with FASDs and their families have needs but the educators supporting them have needs as well. When asked about the barriers educators face in providing support, respondents provided enlightening statements which were summarized into themes. The major themes included family resistance, which in turn impacted receiving a diagnosis; a lack of knowledge, time, training, staff, consistency, and funding; and communication issues and stigma (Appendix F: Figure A 37). In regards to family resistance, one individual stated that,

The family [is] unwilling to participate due to ongoing guilt or misunderstandings of FASDs. Often our parents are the victims of FASDs as well and the "normal" is measured differently in communities with high-incidents of FASDs.

Another said this about the lack of general knowledge or understanding of FASD:

Acknowledgement that they are FASD. Student[s] with FASD have struggles that others don't. They are often treated like [a] student with learning disabilities (SLD) and it is much more complicated than that. So the educators don't understand why they are completely with them today and like a blank page the next. That has been the most frustrating because then they tend to give up and try to push them off on the SPED department all day.

In response to these barriers, educators also provided insights into what resources would be helpful. Consistent comments in response to this question included how helpful it would be to have one place to go where there was clear and succinct information or as one respondent put it, a “clear presentation of what all the resources are and how to access them.” Furthermore, educators advocated for further training and access to local experts (Appendix F: Figure A 38). Continuing to offer prevention activities in schools is one additional way to benefit both educators and families. Based on respondents' answers it would appear that health classes, FASDs awareness activities, and parenting classes are the most common forms of current prevention activities. It is encouraging that of all respondents only 6.6% said there were no prevention activities offered (Appendix F: Figure A 13).

How do individuals experiencing FASD currently interact with, and move out of, the education system in Alaska, addressing students from preschool through the completion of their secondary education?

Respondents to the survey provided valuable information about observed gaps in the education system for those with FASDs and at what stage of the educational experience these gaps are occurring. Compared to the other stages, Secondary Education was selected most often as having gaps. Other trends included the fact that diagnosis and funding were more commonly mentioned as gaps in the early stages whereas mental health supports and transition supports were more commonly noted in the later stages. Lack of staff was a concern noted across all stages of the educational experience (Appendix F: : Figure A 15, Figure A 16, Figure A 17, Figure A 18, Figure A 19, & Figure A 20). However, these results should be interpreted with caution as it is possible that individuals only responded in the age groups where they had the most knowledge, and these results could be a reflection of what age groups respondents work with rather than as a comparison of gaps between the age groups. In addressing transitions out of the school system, respondents were quite unaware of resources to support this transition ($M = 1.59$, $SD = 1.43$ on scale from 0, “Very Unaware” to 5, “Very Aware”), highlighting a critical area in which improvements can be made.

What are the barriers and opportunities for FASDs related prevention and educational programming for students from preschool through high school graduation?

The barriers for students with FASDs and their families are many. To find patterns to these barriers, survey respondents were asked what was particularly difficult as students with FASDs made transitions (e.g. early childhood, pre-kindergarten, elementary, secondary, post-secondary). Common challenges included lack of supports and resources, inherent challenges from FASD symptoms, challenges with the transition itself, and challenges in regards to the diagnosis. Although these themes were present in each of the educational stages, it should be noted that more educators mentioned certain themes during certain stages. For instance, it is apparent that receiving an accurate diagnosis is a particular challenge in early education, whereas when moving from secondary to postsecondary it is the actual transition itself that presents as more of a problem (Appendix F: Figure A 29, Figure A 30, Figure A 31, & Figure A 32). Some particular areas of support that were identified as needs included more community resources and awareness, an increase in training, and a decrease in shame and stigma so parents might be more willing to seek help. To this point one individual stated,

It is a touchy subject? Parents feel shame and blame from others if they admit FASD. If we could eliminate some of that they might get help for their children sooner. We need the message to parents to change and we need to change our hearts and minds so we don't blame and shame them. We educators can be very critical at times.

Although it is easy to focus on these challenges, it is also important to note what is working for these students and families. Across all stages, it was made evident that specific interventions, strategies, and supports were quite helpful. Of these, clarity, consistency and routines, as well as structure and a helpful and supportive staff were mentioned quite often. In the early stages it was noted that when individuals had been assessed and it was determined that they needed special education services, early intervention and receiving an IEP were critical. One educator noted that,

If there is an IEP in place they are immediately placed on a SPED caseload and can receive services both in and out of the [general education] gen. Ed setting as needed. They are supported and monitored as needed.

In later stages parent support groups also seemed to play an important role and several respondents mentioned the importance of going into the post-secondary setting with good relationships already established, and quickly getting in contact with the Division of Vocational Rehabilitation (DVR). Communication was also a major theme, both between families and schools as well as between staff (Appendix F: Figure A 33, Figure

A 34, Figure A 35, & Figure A 36). There is certainly much to improve on and several key barriers for students with FASDs and their families, but it remains important to continually investigate what is going well and how that can be built upon and disseminated to more individuals.

What are current best or promising practices and programming to help students experiencing FASDs address their educational needs?

One piece to ensuring best-practice in programming and interventions for students with FASDs is to train educators. Forty-three percent of respondents said their employer required them to complete FASDs specific training (Appendix F: Figure A 21). However, this number could either be an overestimate or underestimate depending on whether respondents considered the Binkley law training (Alaska Statute 14.20.680) to be employer required. As mentioned in the Review of Statutes, Regulations, and Policies section of this report, the Binkley law requires each teacher, administrator, counselor, and specialist in a school district to be trained on alcohol and drug related disabilities. The DEED online module “Prenatal Alcohol and Drug Related Disabilities” is intended to fulfill the Binkley law training requirement. That being said, when asked which trainings and courses had been completed, of which the DEED trainings were listed as choices, 15.9% of respondents said they had not completed any FASD-related trainings/courses, and in the last year only 31.9% of educators reported receiving specific training on providing programs and supports for students with FASDs (Appendix F: Figure A 22). Besides the DEED trainings, other notable trainings and courses that respondents had completed included 8 Magic Keys (10.3% of respondents), Centers for Disease Control and Prevention (CDC) FASD trainings (9.1%), the University of Alaska Fairbanks Education: Special Education Course (6.3%), the Anchorage School District Academy FASD-focused training (6.0%), and the FASD into Action course from the Stone Soup Group (5.6%) (Appendix F: Figure A 27). Respondents rated the helpfulness of these trainings, and although (Appendix F: Figure A 28), there were not enough responses to run a meaningful test of significance comparing these ratings, it should be noted that they ranged DEED Prenatal Alcohol & Drug Related Disabilities webinar ($M = 3.79$, $SD = 1.03$) to 8 Magic Keys ($M = 4.2$, $SD = 1.16$) (Appendix F: Figure A 28). These ratings were on a scale from zero (“Extremely Unhelpful”) to five (“Extremely Helpful”).

Finally, respondents were asked to report on which specific interventions they have received training. Of those that had received intervention training ($n = 270$), 74.1% had received training in Positive Behavior Supports and Interventions, with the next most common being Applied Behavior Analysis (ABA) (39.6%) and Non-Violent Crisis Intervention (NCI) (38.1%) (Appendix F: Figure A 23). Of those who had received training in Positive Behavior Supports and Interventions, most had received the training as part of a workshop or seminar (74.9%) (Appendix F: Figure A 25). The following

interventions were the least selected with less than five percent of respondents having had received training: Parent-Child Interaction Therapy (PCIT), Facilitating Attuned Interactions (FAN) Training, Parents and Children Together (PACT), Parents Under Pressure (PuP), Math Interactive Learning Experience (MILE), Families Moving Forward (FMF), and Good Buddies (Appendix F: Figure A 23). Of those trainings with a large enough sample ($n > 26$) there was no significant difference in respondent's level of satisfaction (Appendix F: Figure A 26). That being said, it is evident that more training should be required and that the quality of training could be improved.

Conclusion

Overall, the survey responses and data collected were quite insightful. It is apparent that students with FASDs, their families, and the educators involved need more support. Although educators may be aware of these needs, there is a general lack of knowledge and information on what can actually be implemented. There is a lack of familiarity with programs available for those with FASDs. The quality of trainings, as well as the proportion of educators receiving these trainings needs to be addressed. Furthermore, as mentioned in the Literature Review section of this report, there is a lack of effective interventions and strategies for those with FASDs, and of the interventions educators may receive training on, only the MILE, is specifically created for those with FASDs. Finally, while educators stressed the importance of communication, there is much that needs to be done to improve collaboration between education staff as well as between families and educators.

Report Key Findings

The first two key findings (Binkley Law Training and Behavioral Support Training and Needs) are priority recommendations.

Binkley Law Training

Per state statute, the training provided under the Binkley Law must include an overview of the medical and psychological characteristics of drug and alcohol-related disabilities, highlight associated learning needs, and utilize the best available technology. Currently this is implemented through DEED's online training called "Prenatal Alcohol and Drug Related Disabilities." As noted early in this report (see "Survey on FASDs Experience in the Education System"), this training could be improved. The online training could be

reorganized to expand classroom and school level strategies for supporting individuals with FASDs.

Additionally, it is recommended to extend the Binkley law to include early childhood educators and non-teaching certified educational professionals. As noted in the report *A Needs Assessment of Alaska's Mixed-Delivery System of Early Childhood Care and Education*, DEED has created an eLearning module focused on IDEA Part B transitions planning and is working to centralize and systematize transitions training to support districts and DHSS has plans to create a similar training module for IDEA Part C providers on transition planning. It is recommended that the DEED transition planning module and the DHSS transition module be offered to all staff in the educational system with state programmatic requirements for special education team members.

Behavioral Support Training and Needs

Pre-service Level

Given the reported need for increased behavioral supports and training (i.e., from survey and focus group data) along with reviewed literature (i.e., Collins & Zirkle, 2017) it is recommended to examine pre-service special education teacher training, and in particular consider integration or requirement of the existing UAF special education course (EDSE F448/648: FASD Assessment, Diagnosis, and Intervention).

In-Service and School District Level

Given the reported need for increased behavioral supports and training (i.e., from survey and focus group data) along with reviewed literature it is recommended that all school teams include a member with expertise in behavior theory and supports. Although this may be recognized as typical practice (e.g., all school IEP teams include a special educator and a school psychologist at minimum), professionals may have a spectrum of training and experience in conducting and implementing FBAs/BIPs with efficacy. Furthermore, often paraeducators support the implementation of the BIP, who also require training and support.

Policy Level

It is recommended to take a deeper dive into statutes and regulations related to FBAs and BIPs from other states, for example Utah, which has defined required components of FBAs and BIPs in state laws that exceed IDEA requirements. Given that Alaska statute does not include any further regulations beyond minimal IDEA requirements (which as noted earlier does not specify the components of a FBA or BIP nor are they required) and DEED's Special Education Handbook only states that a FBA and BIP may

be completed “as appropriate” (p. 93), it may be relevant to consider the development of a Technical Assistance center (i.e., a living website for evidenced-based practices for behavior supports) modeled after Utah or Washington. This Technical Assistance Center (connected through the state’s Department of Education) can then be referenced in state regulations such as Utah did, “[W]hen making decisions on behavior interventions, the IEP Team must refer to the USBE Technical Assistance (TA) manual that outlines the Least Restrictive Behavior Interventions (LRBI) for information on research-based intervention procedures.”

Were DEED to consider a regulation regarding the use of FBAs, it is recommended to consider following Utah’s model which defines a FBA at section I.E.19: Functional behavior assessment (FBA) to mean a systematic process of identifying problem behaviors and the events that (a) reliably predict occurrence and nonoccurrence of those behaviors, and (b) maintain the behaviors across time. FBA should produce three main results: (1) Hypothesis statements that have: Operational definitions of the problem behavior, descriptions of the antecedent events that reliably predict occurrence and nonoccurrence, and descriptions of the consequent events that maintain the behavior; (2) direct observation data supporting the hypotheses; and (3) a behavior support and intervention plan.

Governance

As noted in the report *Alaska Early Childhood Environmental Scan & Baseline Report on the Condition of Young Children*, there is a lack of clear leadership and authority within Alaska’s early childhood system. Oversight of the IDEA Part C Infant Learning Program occurs through the Governor’s Council on Disabilities and Special Education (GCDSE) while state-funded preschool programs are overseen by the State Board of Education and Early Development. The Alaska Early Childhood Coordinating Council (AECCC) currently provides oversight to five federal grants operated by the state: Child Care and Development Block Grant, Head Start Collaboration Grant, Maternal Infant Early Childhood Home Visiting (MIECHV) Program, Early Childhood Comprehensive Systems (ECCS) Grant, and the Preschool Development Grant (PDG), yet the AECCC does not exist in state statute, nor does it have a line item in the state budget. The recommendation in the *Alaska Early Childhood Environmental Scan & Baseline Report on the Condition of Young Children* report to strengthen the AECCC or equivalent body in statute to provide clarity of roles and responsibilities, enhance communication with agencies serving children in the early childhood system remains salient. The AECCC or equivalent body could then seek to coordinate across agencies including the Alaska Children’s Trust (ACT), the Alaska Mental Health Board (AMHB), the Alaska Mental Health Trust Authority (the Trust), the Alaska Workforce Investment Board (AWIB), the Governor’s Council on Disabilities and Special Education (GCDSE), and the State

Board of Education and Early Development to advocate for FASD related training, policy and development/dissemination of best practices for individuals with FASDs in Alaska's early childhood system.

Transition supports

Although IDEA part B and WIOA support transition services for qualifying students transitioning out of secondary education, there is no state level or district support for the transition from primary/elementary school to secondary education (middle school and high school) for students, including students who qualify for special education. Within elementary aged children with FASDs there are a few notable difficult transition periods including entering kindergarten and within grades 3 and 4, but there are no transition supports or programs targeting these periods in the educational system. Development of state policy to lower the age of the start of transition services noted in federal law could be considered to support early transition service provision. For example, a lower age could support transition between elementary to secondary school.

Data system enhancement

As noted in the report A Needs Assessment of Alaska's Mixed-Delivery ECE System, IDEA Part C services for children under age 3 years are administered under the DHSS while IDEA Part B services for children ages 3 to 21 years are administered under DEED creating data disconnects and communication gaps. The report A Needs Assessment of Alaska's Mixed-Delivery ECE System highlights two exemplar state programs that have successfully navigated data sharing: Maryland's Department of Education and Pennsylvania's Departments of Public Welfare and Education. The report additionally outlines data coordination issues to consider in moving towards an integrated data system. For example, the adoption of a unique identifier across systems requires ongoing investment and legal coordination as the unique identifier system must adhere to local, state, and U.S. privacy laws, including the Family Educational Rights & Privacy Act (FERPA), IDEA, Health Insurance Portability and Accountability Act (HIPAA), and Head Start Program Performance Standards. Data from the Alaska's Automated Information Management System (AKAIMS), a data system that was developed specifically for mental health and substance abuse grantee providers that also housed data from the Alaska's FASD Diagnostic Teams, could also be linked to DEED and DHSS systems to support individuals with FASDs.

Currently, the state must examine the data from DEED and school districts to determine whether significant disproportionality exists on the basis of race or ethnicity for identifying special education needs within a particular impairment; placing children with disabilities in a particular setting; and implementing disciplinary actions, including the

frequency, duration, and type of discipline. The identification and prevention of over- or under-identification, as well as the representation of a child within a specific race or ethnic background for special education services is a national challenge. Districts must maintain data, policies, and procedures pertaining to race, ethnicity, and the disabilities of children in special education. Extracting special education data related to students with FASDs is near impossible since FASDs are not a distinct disability type, for example, it is impossible to determine if there are significant disparities on the basis of race or ethnicity that are occurring for students with FASDs related to the amount, duration, and type of disciplinary actions if students with FASDs are reported in various categories including being lumped into Other Health Impaired. Therefore, it is recommended that FASDs be amended within state statute (4 AAC 52.130 – Criteria for determination of eligibility) and moved from the “other disability” category to a new 15th disability category. This amendment would allow for clear documentation of FASDs in the DEED special education data system and allow for analysis and reporting on the number of students with FASDs in special education as well as review of placement of children with FASDs in a particular setting; and the extent of disciplinary actions.

Recommendations regarding general FASD policy

Federal laws, such as the Indian Healthcare Improvement Act of 1976 and the Indian Self-Determination and Education Assistance Act of 1996 have acknowledged Alaska Native self-determination in healthcare. Alaska Native health organizations have increased screening and assessment in infancy/early childhood for developmental disabilities resulting in a disproportionate number of FASDs noted among the Alaska Native population compared to the general Alaska population, and an increased stigmatization that FAS is predominantly a “Native problem” (Hedwig, 2013). Increased access to neurodevelopmental screening in infancy/early childhood is recommended for all Alaska health systems to identify all infants/children for early intervention services, including IDEA part C services in the educational setting. There are several policy recommendations, although not directly related to education, which could provide increased FASD support, especially among Alaska Native people. These recommendations include increased surveillance in all areas and among all demographics to reduce FASD stigmatization among the Alaska Native population, increased coordination of service providers, focus on in-state care by strengthening services and giving support to policies such as the Bring the Kids Home Initiative, extension of the range of FASD trainings beyond teacher certification, work to increase the representation of Alaska Native people in the foster parenting system, integration of services into all health care settings to widen the range of FASD awareness and further decrease stigma, and work to improve community participation (Hedwig, 2013).

Conclusion

Given the findings of this report, there is much work to be done in Alaska to address the needs of students with FASDs in Alaska's educational system. Within the literature, there is little published research examining effective classroom strategies for students with FASDs, few reported FASD specific interventions, and no reported interventions for the school setting. Focus groups with individuals with lived experiences with FASDs in the educational system indicated low connection to schools and school district variability in the assessment and type of support resulted in poor student outcomes. The survey of Alaskan educators showed that educators were knowledgeable about FASDs but lacked familiarity with resources to support students with FASDs and highlighted the need for more communication with families and support staff to support students with FASDs.

There is no method to accurately assess the number, incidence and prevalence of students with FASDs in Alaska's educational system. FASDs are not a specific disability type within Alaska state statute nor are FASDs documented within the Alaska Department of Education and Early Development's data system for special education. The common approaches used to calculate prevalence/incidence of FASDs (passive surveillance, clinical-based studies, active case ascertainment) are difficult and costly to implement in the educational setting. The FASD strategic plan could consider advocating for the expansion of existing educator trainings on FASDs, adding definition in state statute on FBA and BIP, and enhancing the data system to document and track students with FASDs across state data systems. By working together across health and education systems, improvement in the education and enhanced independent living of Alaskans with FASDs can be achieved.

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Appendix A: Acronyms

Acronym	Definition
ABA	Applied Behavior Analysis
ABDR	Alaska Birth Defects Registry
ACT	Alaska Children's Trust
ADA	Americans with Disabilities Act
ADHD	Attention-Deficit/Hyperactivity Disorder
ADP	Alaska Developmental Profile
AEECC	Alaska Early Childhood Coordinating Council
AFAS	Atypical Fetal Alcohol Syndrome
AKAIMS	Alaska's Automated Information Management System
AMHB	Alaska Mental Health Board
ARND	Alcohol Related Neurodevelopmental Disorder
AS	Alaska Statute
ASD	Autism Spectrum Disorder
AWIB	Alaska Workforce Investment Board
BCABA	Board Certified Assistant Behavior
BCBA	Board Certified Behavior Analyst
BIP	Behavior Intervention Plan
BRFSS	Behavioral Risk Factor Surveillance System
CCT	Cognitive Control Therapy
CDC	Centers for Disease Control and Prevention
CHD	Center for Human Development
DEED	Department of Education and Early Development
DHSS	Department of Health and Social Services
DVR	Division of Vocational Rehabilitation
EBPs	Evidence-Based Practices
EI/ILP	Early Intervention/Infant Learning Program
ESER	Evaluation Summary Eligibility Report
ESSA	Every Student Succeeds Act
FAN	Facilitating Attuned Interaction
FAPE	Free Appropriate Public Education
FAE	Fetal Alcohol Effect
FAS	Fetal Alcohol Syndrome
FASDs	Fetal Alcohol Spectrum Disorders
FASSNet	Fetal Alcohol Syndrome Surveillance Network
FBA	Functional Behavior Assessment
FERPA	Family Educational Rights and Privacy Act
FMF	Families Moving Forward
GCDSE	Governor's Council on Disabilities and Special Education

HIPAA	Health Insurance Portability and Accountability Act
IDEA	Individuals with Disability Education Act
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IQ	Intelligence Quotient
IQR	Interquartile Range
KPBSD	Kenai Peninsula Borough School District
LRBI	Least Restrictive Behavior Interventions
MILE	Math Interactive Learning Experience
NCI	Non-Violent Crisis Intervention
NCLA	No Child Left Behind Act
NOFAS	National Organization of Fetal Alcohol Syndrome
OSEP	Office of Special Education Program
OT	Occupational Therapist
PACT	Parents and Children Together
PAE	Prenatal Alcohol Exposure
PCIT	Parent-Child Interaction Therapy
PRAMS	Pregnancy Risk Assessment Monitoring System
Pre-ETS	Pre-Employment Transition Services
PRISMAP	Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols
PT	Physical Therapist
PTSD	Post Traumatic Stress Disorder
PuP	Parents Under Pressure
RBT	Registered Behavior Technician
SEED	System for Early Education Development
SERRC	Special Education Resource & Referral Center
SESA	Special Education Service Agency
SLD	Student with Learning Disabilities
SLP	Speech-Language Pathologist
SPED	Special Education
The Trust	Alaska Mental Health Trust Authority
UAF	University of Alaska Fairbanks
WIOA	Workforce Investment Opportunity Act

Appendix B: Reviews of the literature summaries

Table A 1. Reviews of literature summaries

Full Citation	# Studies	Key Findings	Recommendations For Educational Practice	Future Research Recommendations
Peadon, E., Rhys-Jones, B., Bower, C., & Elliott, E. J. (2009). Systematic review of interventions for children with Fetal Alcohol Spectrum Disorders. BMC Pediatrics, 9, 35. https://10.1186/1471-2431-9-35	12	1) Cognitive Control Therapy (CCT) improved personal behavior scores 2) A language and literacy intervention showed improvement on phonological awareness and an early literacy test 3) A math intervention showed improvements in math knowledge 4) Subjects learned some safety skills from virtual reality games	Interventions should be focused on most common clinical & neuropsychological problems	More quality research on interventions
Reid, N., Dawe, S., Shelton, D., Harnett, P., Warner, J., Armstrong, E., LeGros, K., & O'Callaghan, F. (2015). Systematic Review of Fetal Alcohol Spectrum Disorder Interventions Across the Life Span. Alcoholism, Clinical and Experimental Research, 39(12), 2283-2295. https://10.1111/acer.12903	32	1) CCT improved personal behavior scores 2) Interventions focusing on self-regulation and attentional control, including the ALERT® program, The Computerised Progressive Attention Program, and activities from the pay attention training protocol showed positive gains although they had limited follow up. 3) In specific skill interventions the MILE program helped with math skills and behavior, virtual reality games were relatively effective in teaching safety skills, a language and literacy intervention showed improvements on preliteracy, reading, and spelling, group-rehearsal training improved digit span scores, and the cover, copy, and compare spelling procedure increased the number of correctly spelt words. 4) For teachers, professional development focusing on classroom environment improved students adaptive skills and behavior	1) Program developers need to be focused on specific needs of those involved with FASD. 2) Interventions addressed at multiple aspects of PAE may be more beneficial.	1) Explore early intervention with cost effective programs 2) Support adolescents and adults 3) Consider interaction between individual characteristics and the environment 4) Create a unified framework 5) Measure intervention effects with other tools and use standard measures for infants and toddlers 6) Examine whether interventions impact physiology 7) Examine the impact of programs like CFT with adolescents and adults

Appendix C: Intervention study summaries

Table A 2. Intervention study summaries

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Boulter, L. T. (2007). The effectiveness of peer-led FAS/FAE prevention presentations in middle and high schools. <i>Journal of Alcohol & Drug Education</i> , 51(3), 7-26.	Determine if presentation about FAS would impact middle and high school students' knowledge of FAS and FAE	642 middle and high school students from 6 schools in a southeastern city	Not stated	Primary	1) Knowledge of effects of alcohol consumption during pregnancy: pretest, posttest, and follow up test	1) Slightly older peer led presentations to middle and high school students led to increases in students' overall knowledge and understanding of the effects of alcohol consumption during pregnancy. 2) Increased knowledge held true at the six week post-test. 3) Female students had higher scores than males. 4) There was an age-related increase in scores.	Education: 1) School systems should collaborate with college and community programs to develop engaging health education presentations given by slightly older peers Research: 2) A control group of participants randomly selected, balanced for age and gender should complete the pre and posttest in order to provide a baseline 3) Content and language of presentations should be evaluated for content and language per age/grade level.

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Flannigan, K., Rebus, M., Mitchell, N., Gear, A., Basisty, B., Couling, K., Whitford, C., Moore, M., Meunier, S., Smale, K., Pei, J., & Rasmussen, C. (2017). Understanding Adverse Experiences and Providing School-Based Supports for Youth Who Are High Risk with and without FASD. International Journal of Special Education, 32(4), 842-857.	1) Characterize adverse life experiences of Youth Who are High Risk with FASD. 2) Explore the services and programs currently employed at Boyle Street Education Center to support students with FASD and examine whether services differ between students with and without FASD 3) Examine the association between service access and school attendance rates, comorbid mental health diagnoses, and legal issues.	90 youth ages 15 - 19; 45 with FASDs, 45 without FASDs or documented PAE	Boyle Street Education Center Services	Tertiary	1) comorbid diagnoses: learning disabilities, substance abuse, ADHD, oppositional defiant disorder, delayed cognition, depression, anxiety, reactive attachment disorder, PTSD, schizophrenia, drug-induced psychosis, personality disorder, other 2) School Services: psychological testing, counseling & health services, alternative classes, youth worker, cultural activities, work related services, incentives & other services	1) No group differences in school attendance 2) Those with FASD and higher rates of mental health comorbidities also had higher rates of service access 3) Service access was not significantly related to criminal record	Research: 1) Study how Boyle Street Education Center services can be used in other schools 2) Research how Boyle Street Education Center services impact student outcomes in a longitudinal study

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Johnson, C. L., & Lapadat, J. C. (2000). Parallels between Learning Disabilities and Fetal Alcohol Syndrome/Effect: No Need To Reinvent the Wheel. <i>Exceptionality</i> Education Canada, 10(3), 65-81.	1) Examine effectiveness of written language teacher interventions 2) Document the decision making process in one-on-one tutoring 3) Test whether student would improve in the reading skills of decoding, fluency, and comprehension and in the spelling skills of accuracy and automaticity, whether better spelling, proofreading, greater variety, and more context-appropriate vocabulary would lead to greater writing creativity, whether student would be more confident in academics evidenced by more risk taking and greater variety and context-appropriate writing vocabulary	One 14 year old diagnosed with FAE and with learning disabilities	Tutoring program - 3 hours a week for four months	Tertiary	1) Reading, comprehension, readiness, basic skills: Woodcock Ready Mastery Tests - Revised (WRMT-R) 2) Spelling: Wide Range Achievement Test 3 (WRAT 3) 3) Self-esteem: Behavior Assessment Scale for Children (BASC) 4) skills, strengths, behavior, teaching strategies: Qualitative data (observation, interviews, school and medical records)	1) Spelling, reading, and writing improved though with varying practical effect sizes (medium effect sizes on spelling and readiness aspect of reading test and little to practical significance in basic skills, reading comprehension, and total reading aspects of reading test) 2) No self-esteem improvement was shown 3) Similar interventions could be used for FAS/E and Learning Disorders 4) Some helpful strategies included webbing and visual tools	Educational: 1) Teachers should be aware of physiological bases of FAS/E 2) It is important to gain knowledge of language, teaching techniques and resources, how to monitor students, student attributions, and the ability to help students with their strengths and weaknesses Research: 3) Track those with FAS/E in longitudinal studies, in different contexts, and with possible comorbidities

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Kerns, K. A., Macoun, S., MacSween, J., Pei, J., & Hutchison, M. (2017). Attention and working memory training: A feasibility study in children with neurodevelopmental disorders. <i>Applied Neuropsychology Child</i> , 6(2), 120-137. https://10.1080/21622965.2015.1109513	1) Examine whether a game and training approach was effective with children with neurodevelopmental disorders 2) Examine whether attention and working memory deficits could be improved by the intervention 3) See if it would be possible to train educational assistants to deliver the intervention within a school setting 4) Show that the methods were effective and provide an estimate of effect sizes	17 middle class children ages 6 - 13 with neurodevelopmental disorders (10 with FASD, 7 with ASD) who qualified for special education services in two local school districts, and who had been identified as having problems with aspects of attention and concentration.	Caribbean Quest (CQ) Game - half hour sessions, 2-3 times a week, 10-12 weeks with educational assistant (EA) support	Tertiary	1) Everyday problem behaviors and attentional skills: Behavior Rating Inventory of Executive Function (BRIEF), Conners' Rating Scale - Short Version, Third Edition (CRS-3) 2) Emotional and Behavioral strengths: Behavioral and Emotional Rating Scale, Second Edition (BERS-2) 3) Utility and feasibility of training: qualitative data through interviews with EAs 4) Distractibility, divided attention, attention shifting/flexibility: Test of Attentional Performance for Children (KiTAP) 5) Working Memory: Digit and Spatial Span tasks from Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV) - Integrated, Counting Recall and Listening Recall tasks from Working Memory Test Battery for Children (WMTB-C) 6) Academic Fluency: AIMSWEB curriculum-based measure of oral reading fluency	1) CQ intervention led to improvements of attention, working memory, and academic fluency 2) Subjects showed behavioral, academic, social, and emotional changes that could be applied to academics as reported by EAs 3) The CQ intervention would be possible within a school setting or remotely and could be delivered by EAs trained online	Research: Use a modified CQ game by lowering amount of trials to progress in working memory tasks and by adding "game targeting cognitive set-shifting processes"

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Kully-Martens, K., Pei, J., Kable, J., Coles, C. D., Andrew, G., & Rasmussen, C. (2018). Mathematics intervention for children with fetal alcohol spectrum disorder: A replication and extension of the math interactive learning experience (MILE) program. Research in Developmental Disabilities, 78, 55-65. https://10.1016/j.ridd.2018.04.018	1) Examine the effectiveness of a math intervention on math performance and cognitive deficits 2) Do those who engage in modified intervention improve in math performance compared to those receiving a different intervention both post-intervention and six months later 3) Does the MILE intervention impact other cognitive abilities post-intervention and six months later 4) Are there any subject characteristics that impact outcomes?	28 Children ages 4 - 10 with PAE and FASD - 15 MILE intervention, 13 behavioral comparison	Modified math interactive learning experience (MILE)	Tertiary	1) Age, grade, placement history, current living situation, caregiver factors: demographic questionnaire 2) Math: Key Math 3 Diagnostic Assessment - Candian Edition (KeyMath 3 DA) 3) Executive Functioning: Auditory Attention/Response Set subtest from NEPSY-II 4) Working Memory: Working Memory Test Battery for Children (WMTB-C) 5) Visuospatial Functioning: Block Construction subtest from NEPSY-II, Rey Complex Figure Test (RCFT) 6) Intelligence: Wide Range Intelligence Test (WRIT)	1) Those participating in the MILE intervention showed significant mathematical improvements immediately and 6 months later 2) None of the results comparing other cognitive outcomes between the two interventions were significant 3) Those who engaged in the MILE intervention and who improved most drastically in math were older, had lower verbal and full-scale IQ, and were PAE but not diagnosed with FAS. 4) Those who engaged in the contrast intervention and who improved most drastically in math had higher IQ 5) Gender and SES did not relate to outcomes	Research: 1) Manipulate length of treatment to see which treatment is best for short and long term gains 2) Examine those who have multiple neurodevelopmental challenges 3) Compare MILE to other math interventions

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Makela, M. L., Pei, J. R., Kerns, K. A., MacSween, J. V., Kapasi, A., & Rasmussen, C. (2019). Teaching Children with Fetal Alcohol Spectrum Disorder to Use Metacognitive Strategies. <i>Journal of Special Education</i> , 53(2), 119-128.	Hypotheses: Children with FASD would use metacognitive strategies, need less prompting, and become better at spontaneously using metacognitive strategies by engaging in strategy instruction and coaching	7 Children and adolescents ages 8 - 16 with FASD from a local schools	1) Strategy Coaching 2) Cognitive Carnival (60-90 min per week/12 weeks)	Tertiary	1) strategies used: metacognitive strategy checklist (taught, prompted, spontaneous, mastered)	1) children with FASD increased in spontaneously used metacognitive strategies and decreased in prompted metacognitive strategies 2) Children with FASD are able to think metacognitively in order to help themselves succeed 3) Metacognitive training seems to be a valid and accessible intervention in helping those with FASD succeed in school and other areas	Educational: 1) Use metacognitive strategies in classrooms (a non computerized version might be more accessible) 2) Help students use working memory strategies throughout the day Research: 1) See how effective metacognitive approach is in a classroom 2) Examine the carnival's game's and metacognitive training's effectiveness on their own

Full Citation	Study Aims	Sample Description	Intervention	Prevention Level	Outcome Measures	Key Findings	Recommendations
Wiskow, K. M., Ruiz-Olivares, R., Matter, A. L., & Donaldson, J. M. (2018). Evaluation of the Good Behavior Game with a child with fetal alcohol syndrome in a small-group context. Behavioral Interventions, 33(2), 150-159. https://10.1002/bin.1515	1) Examine efficacy of Good Behavior Game on reducing disruptive behavior in a child with FAS 2) Compare behavior to peers 3) Examine whether choice vs surprise rewards has an impact on disruptive behavior	A student with FAS and 3 peers ages 4 - 7	Good Behavior Game: 1-4 times per day / M-F/ 3 week program	Tertiary	1) disruptive behavior (talking without permission, out of seat behavior, inappropriate contact with objects): Data collectors 2) corrective feedback (therapist telling participant to stop the disruptive behavior or reminding the participant of the behavior expectations: Data collectors 3) Praise (positive statements about appropriate behavior: Data Collectors	1) There was less disruptive behavior when the Good Behavior Game was played 2) FAS student had similar levels of disruptive behavior compared to peer team member 3) No difference in disruptive behavior between choice and surprise reward	Educational: 1) Allow a choice of reward when possible 2) Teachers and researchers should continue to explore and use the Good Behavior Game Research: 3) Examine if using highly preferred items has any impact on disruptive behavior 4) Examine if using a token system with a variety of reward options has an impact 5) Replication in general education classrooms (with students with disabilities) and special education classrooms

Appendix D: Qualitative paper summaries

Table A 3. Qualitative paper summaries

Full Citation	Study aims	Location (state/province/territory, country) (Date of data collection)	Data Collection Methods	Sample description	Age range/educational level of students	Key Findings	Themes	Recommendations for educational practice	Future research recommendation
Brenna, B., Burles, M., Holtslander, L., & Bocking, S. (2017). A School Curriculum for Fetal Alcohol Spectrum Disorder: Advice from a Young Adult with FASD. <i>International Journal of Inclusive Education</i> , 21(2), 218-229.	To describe what it is like to live with FASDs during young adulthood by exploring subjective experiences through qualitative Photovoice research and Schwab's four curriculum commonplaces as a framework for discussion: learner, teacher, milieu, and resources.	Saskatchewan, Canada (2011)	Single case study using Photovoice with interviews	1 Young male with ADHD and FAS diagnosis; adoptive parents	21 years old; High school graduate	Self-understanding of strengths and difficulties; external student support in addition to parents; bridging programs to careers are needed. Important to have teachers, peers and member of the public who understand FASDs.	Four themes: need to balance external support with desire for independence; self-awareness of his own strengths and challenges; attitude and adaptation strategies for navigating life with FASDs; advice for others with FASDs.	A facilitated peer sponsor model. More classroom resources showing diversity and variability in lives. Earlier in the educational experience there should be a greater focus on strengths based career possibilities.	Longitudinally studies on transition to young adulthood; descriptions of FASDs by youth with lived experience.

Full Citation	Study aims	Location (state/province/territory, country) (Date of data collection)	Data Collection Methods	Sample description	Age range/educational level of students	Key Findings	Themes	Recommendations for educational practice	Future research recommendation
Duquette, C., Stodel, E., Fullarton, S., & Hagglund, K. (2007). Secondary School Experiences of Individuals with Foetal Alcohol Spectrum Disorder: Perspectives of Parents and Their Children. <i>International Journal of Inclusive Education</i> , 11(5-6), 571-591.	To explore conditions contributing to educational persistence of adolescents with FASDs who are still in high school or who have recently graduated.	Canada & USA (no date noted)	phenomenology with open-ended questionnaires and in-depth interviews	8 Adolescents who had a diagnosis of FASDs and to attend a high school or have recently graduated and 16 parents of an adolescent or young adult with FASD who was either still in high school or had recently graduated.	Adolescents 15-20; high school or recent graduate	Tinto's student integration model only partially explained the persistence of students. Two conditions that contribute to persistence were the opportunity to interact with peers at school and unwavering parental support.	Three themes: background characteristics and attributes affecting the level of goal commitment; level of academic integration; and level of social integration into the institution that determine whether or not a student will graduate.	Additional teacher education on FASD and other disabilities in adolescence is needed. Positive relationships between teachers and parents are needed to support high school students in school persistence.	Research on strengthening school/family partnerships and how parental advocacy that influences the quality of education, which in turn may result in important differences in the educational outcomes of their children are warranted.

Full Citation	Study aims	Location (state/province/territory, country) (Date of data collection)	Data Collection Methods	Sample description	Age range/educational level of students	Key Findings	Themes	Recommendations for educational practice	Future research recommendation
Job, J. M., Poth, C. A., Pei, J., Caissie, B., Brandell, D., & Macnab, J. (2013). Toward Better Collaboration in the Education of Students with Fetal Alcohol Spectrum Disorders: Integrating the Voices of Teachers, Administrators, Caregivers, and Allied Professionals. <i>Qualitative Research in Education</i> , 2(1), 38-64.	Describe the successes and challenges in stakeholder communication and collaboration within and across roles in an effort to better understand how to build and maintain positive working relationships in the education of students with FASDs.	No location noted (March 2009-May 2010)	11 focus groups and 3 individual interviews	60 (31 teachers, 7 administrators, 16 allied professionals, 6 caregivers)	age range for affected children with whom the participants worked was 3 to 18 years; grades K-12	The fostering of relationships is necessary for enhancing communication and collaboration between school personnel and families. The emphasis for improved FASDs awareness and understanding allows for more accurate perceptions and greater preparation of school personnel working with students with FASDs.	Three themes: fostering relationships, reframing practices, and accessing supports.	Educators should be provided resources and training to build foundational knowledge and skill, which can be used to provide appropriate programming for students with FASDs and engage collaboratively with families.	Research is needed to determine what constitutes effective collaboration between educators and parents; how to better educate and train school personnel in teaching students with FASDs; and to learn what programs and services will best support students with FASDs?

Full Citation	Study aims	Location (state/province/territory, country) (Date of data collection)	Data Collection Methods	Sample description	Age range/educational level of students	Key Findings	Themes	Recommendations for educational practice	Future research recommendation
Koren, G. I., Fantus, E., & Nulman, I. (2010). Managing fetal alcohol spectrum disorder in the public school system: a needs assessment pilot. The Canadian Journal of Clinical Pharmacology = Journal Canadien De Pharmacologie Clinique, 17(1), e79-e89.	Explore needs of schools and educators in supporting those with FASD and describe what is currently possible to help those with FASD in the school setting	Toronto, Canada (2009)	semi-structured interviews	12 (2 principals, 2 vice principals, 2 materials and resource teachers, 2 school board psychologists, 2 primary grade teachers, 1 kindergarten teacher and 1 special education teacher in a multiple exceptionalities class)	Ages not stated; grades K-8	FASD was underreported at all schools. Medical conditions rarely determined educational practices. Educators in elementary and middle schools desire more education on FASD.	none noted	Learning disability designation is helpful in gaining needed support for students with FASD; conduct a comprehensive academic assessment to help educators understand the needs of students with FASD.	Research how FASD stigma is related to underreporting in schools.

Full Citation	Study aims	Location (state/province/territory, country) (Date of data collection)	Data Collection Methods	Sample description	Age range/educational level of students	Key Findings	Themes	Recommendations for educational practice	Future research recommendation
Poth, C., Pei, J., Job, J. M., & Wyper, K. (2014). Toward Intentional, Reflective, and Assimilative Classroom Practices with Students with FASD. Teacher Educator, 49(4), 247-264.	This study documented the experiences of teachers, administrators, caregivers, and allied professionals and influence of different systems in the education of students with FASD and then identified influential teaching strategies for meeting the learning and developmental needs of students with FASD.	No location noted (March 2009-May 2010)	11 focus groups and 3 individual interviews	60 participants (31 teachers, 7 administrators, 16 allied professionals, 6 caregivers)	Ages not stated, grades K-12	Positive outcomes are achieved through classroom strategies that gain an understanding of the whole student, respond appropriately to the dynamic influences on the student's complex environments.	Three themes: understanding the whole student, responding within dynamic environments, and optimizing student centered programming.	Foster an inclusive school atmosphere that welcomes students and caregivers structured learning environment with consistent leadership, rules, routines, and consequences for behavior	Further research is recommended to replicate this study across populations for greater generalization and understanding of how an approach characterized by intentionality, reflection, and assimilation could enhance classroom practices beyond the FASD population for additional complex student populations.

Full Citation	Study aims	Location (state/province/territory, country) (Date of data collection)	Data Collection Methods	Sample description	Age range/educational level of students	Key Findings	Themes	Recommendations for educational practice	Future research recommendation
Pruner, M., Jirikowic, T., Yorkston, K. M., & Olson, H. C. (2020). The best possible start: A qualitative study on the experiences of parents of young children with or at risk for fetal alcohol spectrum disorders. Research in Developmental Disabilities, 97, 103558. https://doi.org/10.1016/j.ridd.2019.103558	This study identified characteristics of early intervention practice that are both supportive and challenging for parents and sought to use findings to define training and competency needs for early intervention providers working with children with FASDs.	Seattle, WA, USA (2017)	phenomenology with focus groups	25 biological or adoptive parents of children with or at high risk for FASD	0-3 years/early learning settings	When parents talked about their child's cognitive, physical, communication or adaptive development, they all discussed how early intervention was meeting those needs. Early intervention programs did not meet children's social-emotional development needs.	3 themes: child needs; parent needs and priorities; and early intervention capacity.	Providers are encouraged to be truthful about the future needs of the child, provide anticipatory guidance for future life course struggles, and connect the parents with support for their own social-emotional well-being.	Research on the perspectives of early intervention providers who support infants and toddlers with FASD and their families is needed.

Appendix E: Educational strategy summaries

Table A 4. Educational strategy summaries

Full Citation	Study aims	Key Findings	School Level Strategies	Classroom Level Strategies	Recommendations for educational practice
Blackburn, C., Carpenter, B., & Egerton, J. O. (2010). Shaping the future for children with foetal alcohol spectrum disorders. <i>Support for Learning</i> , 25(3), 139-145. https://10.1111/j.1467-9604.2010.01452.x	This article illustrates the educational implications of FASDs and the implications for the educational workforce	The paper summarized the prevalence of FASD in the UK, physical characteristics of FASD, the implications of FASD for child development, the learning profile of children with FASD, and the curriculum for children with FASD.	Repeated assessment to accurately capture evolving strengths and weaknesses to support intervention planning; offer transition between primary and secondary schools to ensure strategies and services continue disrupted and communication continues between teams at the different school levels	Build upon the students positive personality characteristics, strengths and talents and manage the learning environment to allow these to thrive; provide consistency, structure, repetition, sensory regulation, and hands on approach to learning.	Educators need to take into account the students strengths and difficulties and develop personalized learning, the current style and structure of most classrooms is not conducive for students with FASD.
Carpenter, B. (2011). Pedagogically Bereft! Improving Learning Outcomes for Children with Foetal Alcohol Spectrum Disorders. <i>British Journal of Special Education</i> , 38(1), 37-43.	This article describes the challenges for today's educators on teaching children with FASDs	The paper summarized key research related to FASD in education. Challenges in the classroom learning environment presented by the students are described along with major teaching responses. Teacher interventions to mediate the learning environment for managing students with FASD are described.	Blend the learning styles of students with FASD into inclusive classroom settings- include a focused exercise into curriculum, social stories to address the child's lack of environmental awareness, visual presentation of tasks and over-learning routines, give the child concrete experiences of time, number, space, money, etc.	Engagement of students with FASDs improve when the physical structure (lighting, removing clutter), deployment of staffing, visually based resources, groupings of children and teaching styles are reconsidered to meet the needs of students with FASDs.	Educators are encouraged to determine the learning needs of the child before them, question the responsivity in the curriculum and alter teaching strategies that will touch the child with FASD at his or her point of learning need.

Full Citation	Study aims	Key Findings	School Level Strategies	Classroom Level Strategies	Recommendations for educational practice
Green, J. H. (2007). Fetal Alcohol Spectrum Disorders: understanding the effects of prenatal alcohol exposure and supporting students. The Journal of School Health, 77(3), 103-108. https://10.1111/j.1746-1561.2007.00178.x	This article describes characteristics of FASD and summarizes interventions that may be helpful in schools	Effective interventions must consider the interplay between behavioral symptoms and the neuropsychological effects of prenatal alcohol exposure. In designing interventions, children with FASD need opportunities to learn and build skills that will help them regulate their emotions and behaviors as well as environmental modifications that increase the likelihood of adaptive behaviors.	Collaboration between providers, schools, and family in developing individualized interventions. Behavior should be viewed in the context of symptoms.	Intervention plans should draw on literature from Positive Behavior Support programming, cognitive behavioral therapy, and interventions for behavior disorders like ADHD. Effective interventions should involve environmental factors, positive feedback, and learning opportunities and should aim for behavioral and neurocognitive effects.	The team of professionals and caregivers who support a student with FASD can identify a limited number of target behaviors and provide frequent monitoring and reinforcement for appropriate behavior.
Harwood, M., & Kleinfeld, J. S. (2002). Up Front, in Hope: The Value of Early Intervention for Children with Fetal Alcohol Syndrome. Young Children, 57(4), 86-90.	This article provides a description of FASDs related behavior and early educator supports for infants, toddlers, and preschool aged children with FASDs	A common problem for children with prenatal alcohol exposure is consistently performing skills they have been taught.	Offer support at the earliest stages of development. Provide an introduction to FASDs information as a process to parents.	Teach how to play in repeated short demonstrations to allow the child to use toys in a purposeful manner.	Frequent reteaching of skills is needed. Safety tasks should be reviewed, modeled, and practiced daily. Caregivers need to reteach, repeat, and redirect without demeaning or devaluing students who experience FASDs.

Full Citation	Study aims	Key Findings	School Level Strategies	Classroom Level Strategies	Recommendations for educational practice
Kalberg, W. O., & Buckley, D. (2006). Educational planning for children with fetal alcohol syndrome. <i>Annali Dell'Istituto Superiore Di Sanita</i> , 42(1), 58-66.	This article examines the results of neurobehavioral research and how it can benefit school assessments, interventions, planning, and support	Executive functioning deficits in alcohol-exposed children have been found to closely correlate with reported behavioral issues in these children. Understanding the executive functioning deficits in an individual provides a clearer understanding of the issues that interfere with learning and behavior in the classroom, home and community.	Use of neurobehavioral testing to better determine the individual learning profile of children with FASD. Observational assessments should occur in the student's natural environment.	Children with FAS have the most difficulty shifting their attention and encoding new information. Supporting transition points and repeating new information with instructions that are supported by visual reinforcements is helpful.	Create individual learning profile for each child; use of neurobehavioral testing; school team should work with family; carry out a detailed assessment of child's functional abilities; develop individualized interventions based off individual learning profile; systematic and structured teaching must be used
Millar, J. A., Thompson, J., Schwab, D., Hanlon-Dearman, A., Goodman, D., Koren, G., & Masotti, P. (2017). Educating Students with FASD: Linking Policy, Research and Practice. <i>Journal of Research in Special Educational Needs</i> , 17(1), 3-17.	This paper is a summary of the 16-year history of Winnipeg School Division's development of its FASD program of services with a description of best strategies and lessons learned from the educators who have served students with FASD.	The system developed by Winnipeg School Division has led to positive FASD outcomes including success in school, better social skills, increased self-esteem, better understanding of themselves, acceptance of their diagnoses.	Paradigm shift to develop FASD inclusive classrooms and curriculum; students may stay with the same teacher longer; providing resources and up to date technology; comprehensive assessment; flexibility in procedures and rules; additional programming to develop life skills; time periods before and after school.	Innovative teaching approaches based upon an assessment of how the specific child's brain works; Learn to use and adapt tools and technology to support the way FASD brains work; traditional classroom rules may need to be adapted and other activities/procedures done differently.	Specialized FASD classrooms comprised of eight students, one teacher and two educational assistants; all staff have had specialized FASD professional development training. FASD lead teachers serve as peer mentors and train additional teachers to grow the FASD classroom model.

Full Citation	Study aims	Key Findings	School Level Strategies	Classroom Level Strategies	Recommendations for educational practice
Petrenko, C. L. M., & Alto, M. E. (2017). Interventions in fetal alcohol spectrum disorders: An international perspective. <i>European Journal of Medical Genetics</i> , 60(1), 79-91. https://10.1016/j.ejmg.2016.10.005	This article summarizes existing FASD interventions that have empirical support and outlines cultural barriers pertaining to FASDs that may impede the implementation process	Interventions in the parent education and training domain focus on the caregiver-child relationship, psychoeducation, positive behavior support, and/or mentoring and accessing community resources and occur outside the school setting but may impact education of students.	Revise systems to include FASD; disseminate evidence-based interventions; integrate programs into existing systems	Include stakeholders; consider the role of culture when implementing interventions	Researchers need to collaborate with local stakeholders and use cultural liaisons to help bridge the gap between research and practice when implementing interventions.
Ryan, S. M. (2006). Instructional Tips: Supporting the Educational Needs of Students with Fetal Alcohol Spectrum Disorders. <i>TEACHING Exceptional Children Plus</i> , 3(2)	This article highlights instructional tips from 25 teachers and observations in their classrooms over the course of 4 years in rural Alaska say are helpful when teaching students with FASD	A set of instructional tips are provided: Think Person/Child First; Build a Relationship with the Student's Family; Develop Partnerships and Build Collaboration Between Families, Schools, and Community Agencies, and Implement Wrap-Around Services; Develop Social Skills; Provide a Structured Environment; Use Repetition and Consistency; Modify the Classroom Environment and Modify the Curriculum; Make a Referral to Special Education and to an FAS Diagnostic Clinic	Ensuring that there is a strong link between the school, families and agencies that support students with FASDs. Allow for consistency and repetition in all activities.	View the student with FASD as an individual and recognize that each student represents a vast array of abilities and interests. Develop lessons on play and expectations/maintaining boundaries in interpersonal relationships.	Teachers can successfully support the needs of students with FASD through gathering information on the student's strengths, interests, and needs; implementing the recommended practices described as instructional tips; and gathering information on how the student responds to the interventions implemented.

Full Citation	Study aims	Key Findings	School Level Strategies	Classroom Level Strategies	Recommendations for educational practice
Schiltroth, A. (2014). Promoting Success with FASD-Affected Students. BU Journal of Graduate Studies in Education, 6(2), 32-35.	This article describes education practices the support developing learner profiles and individualized learning pathways for FASD-affected students through a team approach and family support	Each child presents his/her own unique set of challenges, involved educators must personalize learning pathways for meaningful education. Developing a relationship with families or caregivers may link educators to background and family insights resulting in accurate, personalized programming.	Well-informed educators meet the needs of these complex children and their families through in-depth planning and advocacy for appropriate services for families and involved caregivers.	Use clear, concise directions and provide immediate consequences. Provide opportunities for positive social interactions, to develop age-appropriate social skills, and promote healthy lifestyle choices to ensure that these students are prepared for adulthood and independent living.	Prepare teachers to handle extreme behaviors, anticipate the need for additional supervision of students who are prone to risk taking/impulsive unsafe behaviors. Educators and parents align to advocate for appropriate services. Provide FASD-related information to parents, foster parents, and other providers.
Watson, S. M. R., & Westby, C. E. (2003). Strategies for Addressing the Executive Function Impairments of Students Prenatally Exposed to Alcohol and Other Drugs. Communication Disorders Quarterly, 24(4), 194-204.	Discuss learning and behavioral characteristics of children prenatally exposed to alcohol and present a framework of strategies for developing executive functioning	A combination of cognitive and behavioral strategies help with academic achievement and social behaviors	School wide programs focused on early intervention; collaboration among professionals; provision of systematic and intensive supports for students and educators	Teachers need to consider strengths, and identify deficit and nature of deficit when choosing interventions	Obtain knowledge, collect info, complete a functional behavioral assessment; educators need knowledge of metacognitive, linguistic, and behavioral interventions

Appendix F: Educational survey result charts

Note: n: represents sample size for that question, Figure 10 & Figure 24 are not mentioned above

Figure A 1. Please specify how you identify yourself (n = 345)

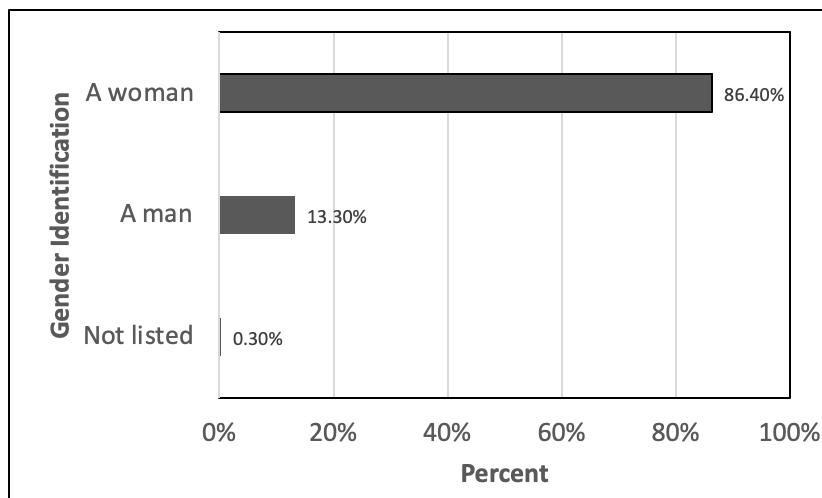


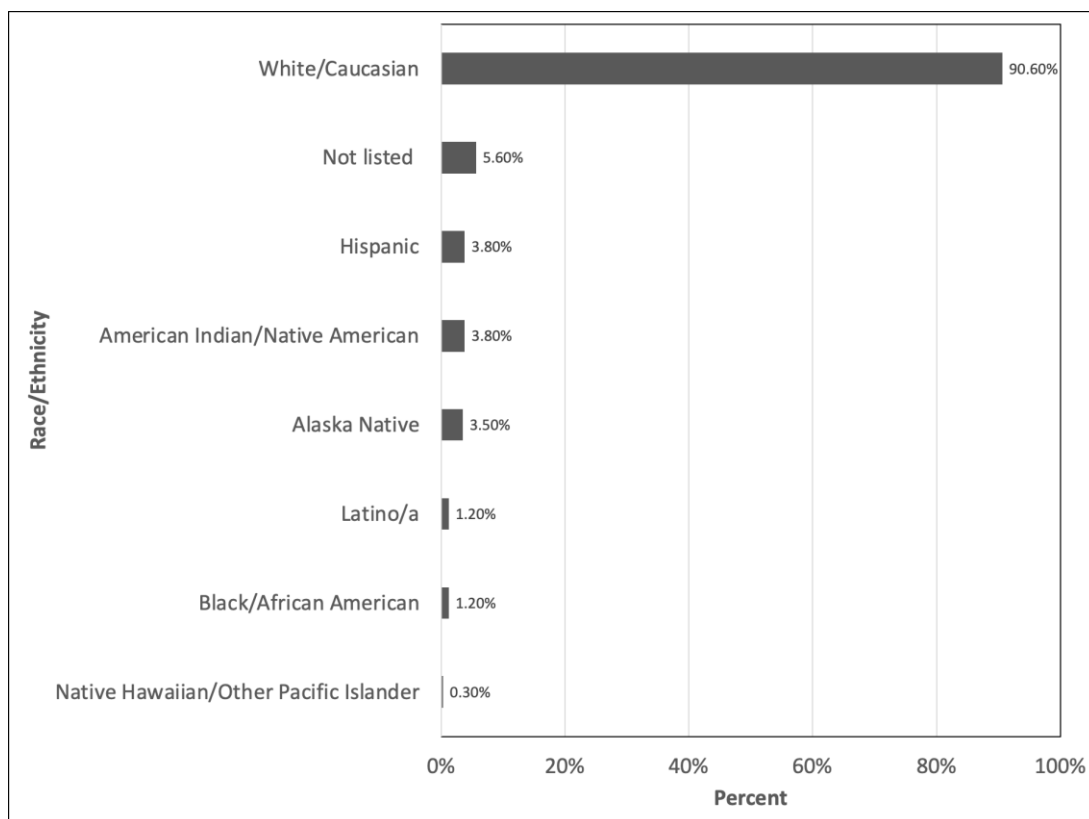
Figure A 2. What is your race and/or ethnicity? (n = 339)

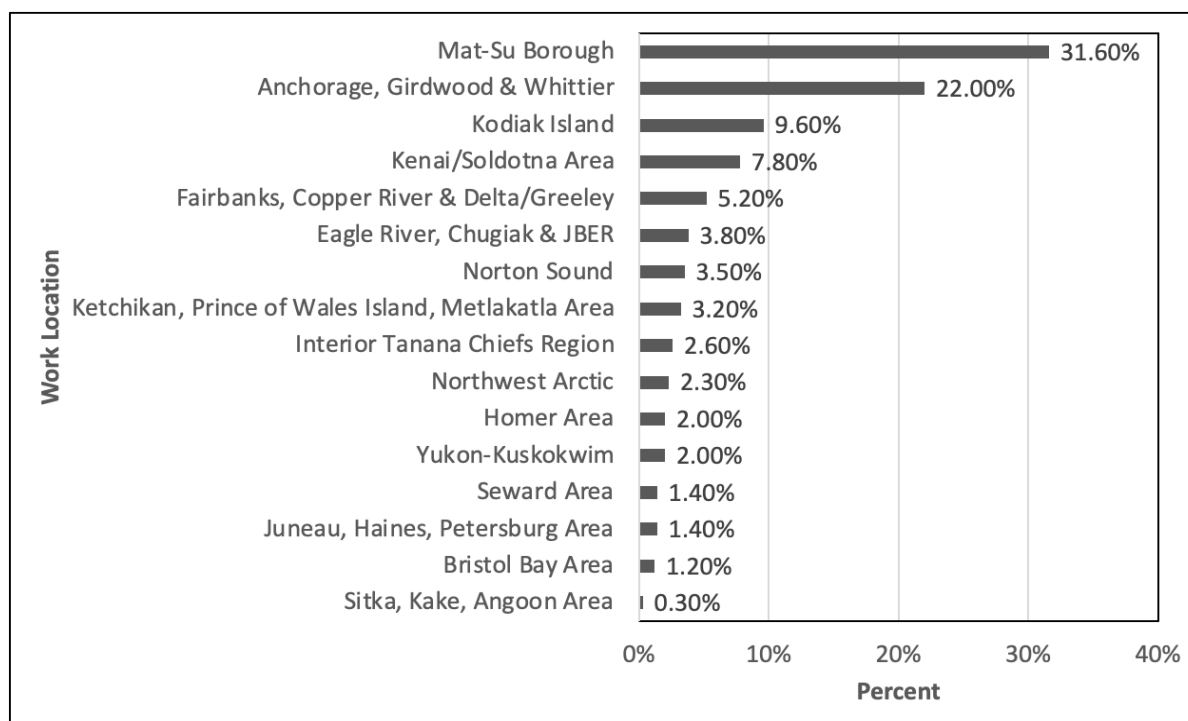
Figure A 3. In which EI/ILP Service Area is your primary work location? (n = 345)

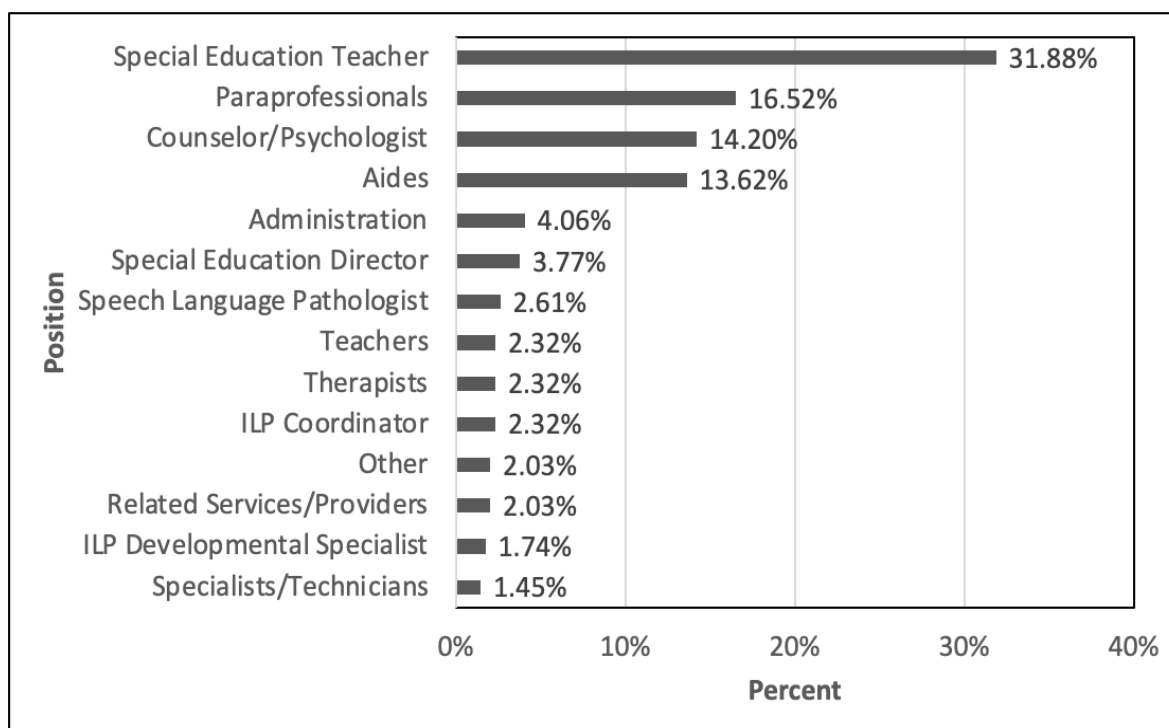
Figure A 4. What is your current position? (n = 348)

Figure A 5. Do you have lived experience with FASD (e.g., as a parent, foster parent, sibling, grandparent)? (n = 342)

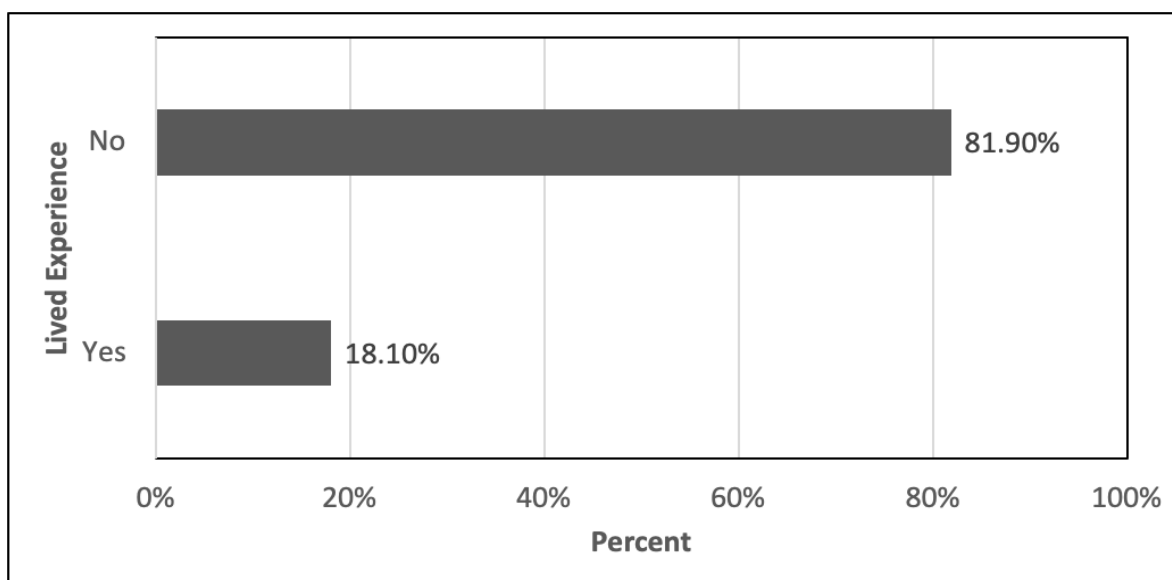


Figure A 6. How many years of work experience do you have in each of the following?
(247 ≤ n ≤ 304)

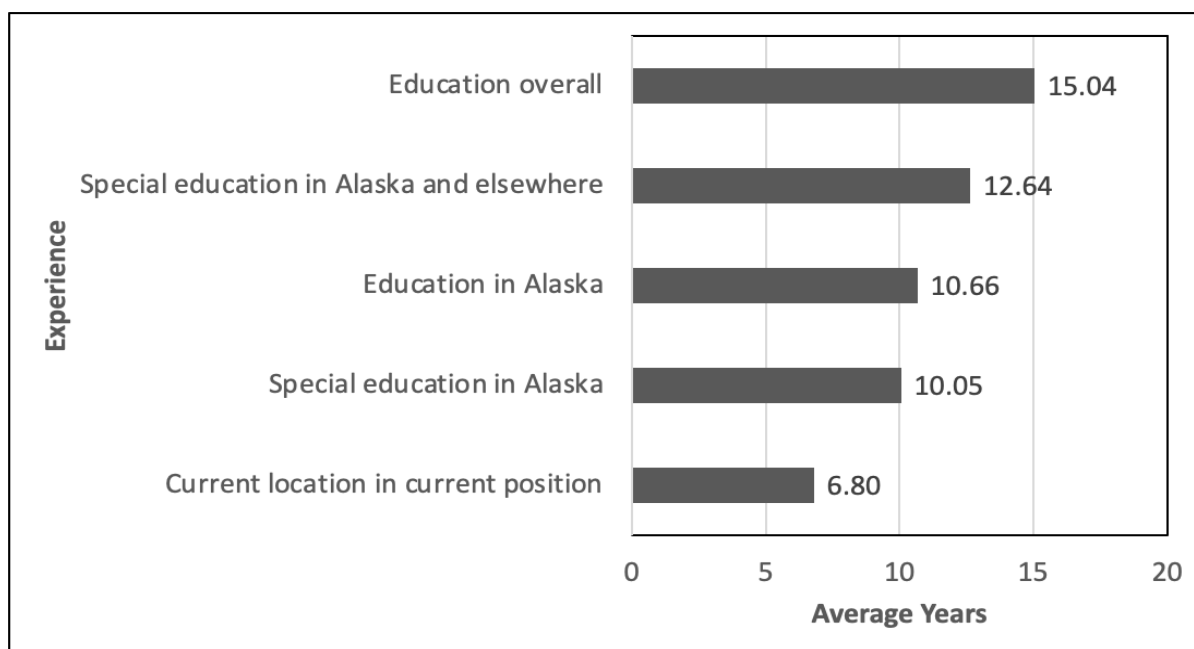


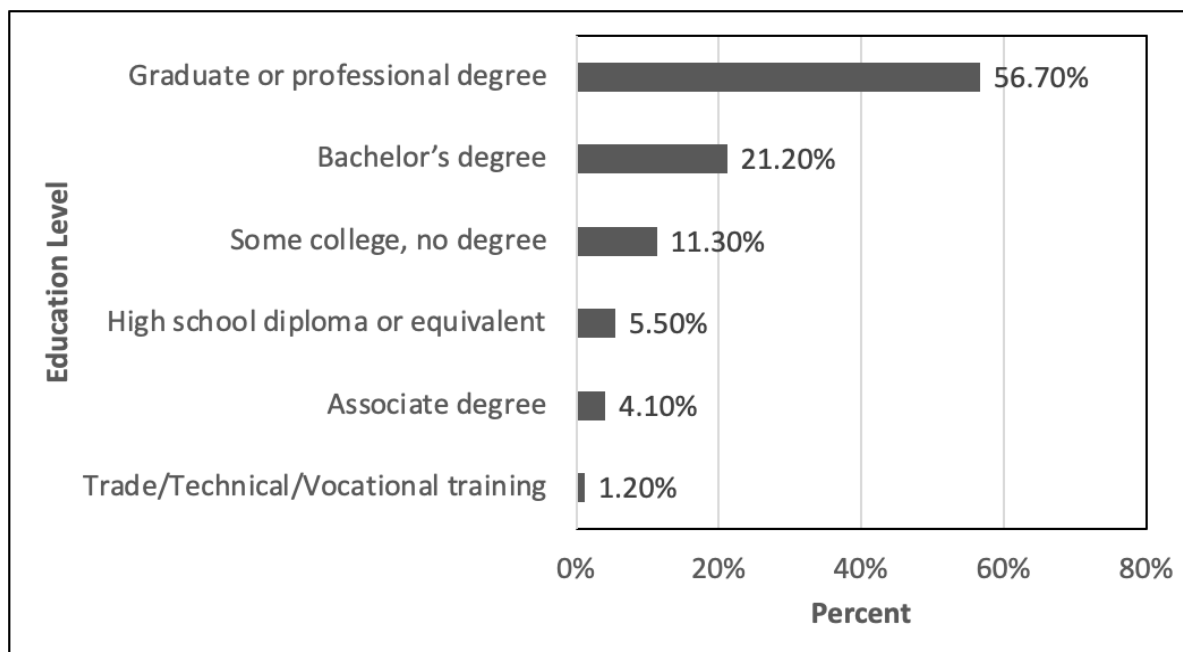
Figure A 7. What is your highest education level? (n = 344)

Figure A 8. Please rate your level of agreement with the following statements (n = 298)

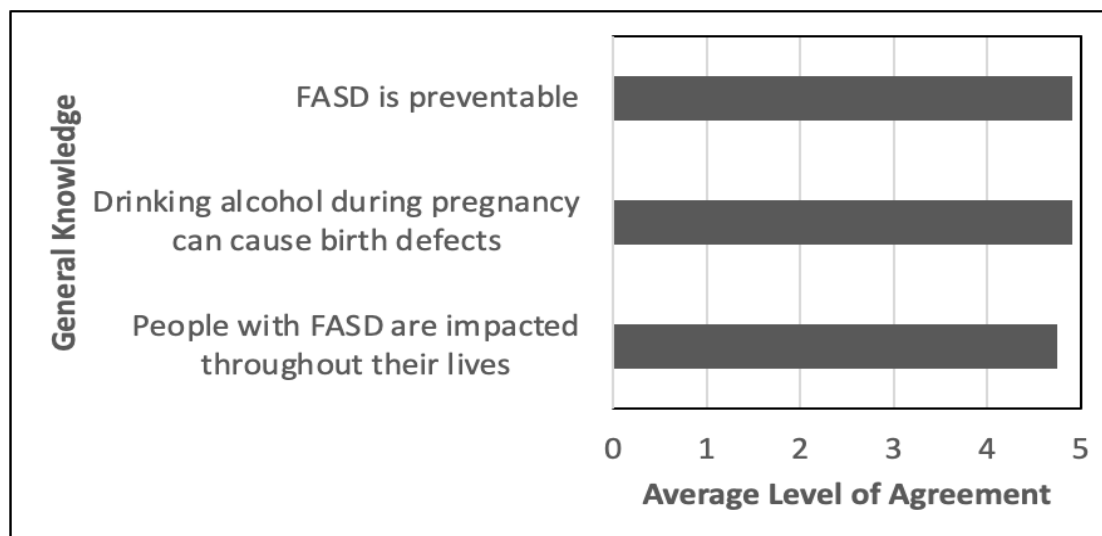


Figure A 9. Please rate your level of agreement with the following statements: Prenatal alcohol exposure can affect a person's... (n = 294)

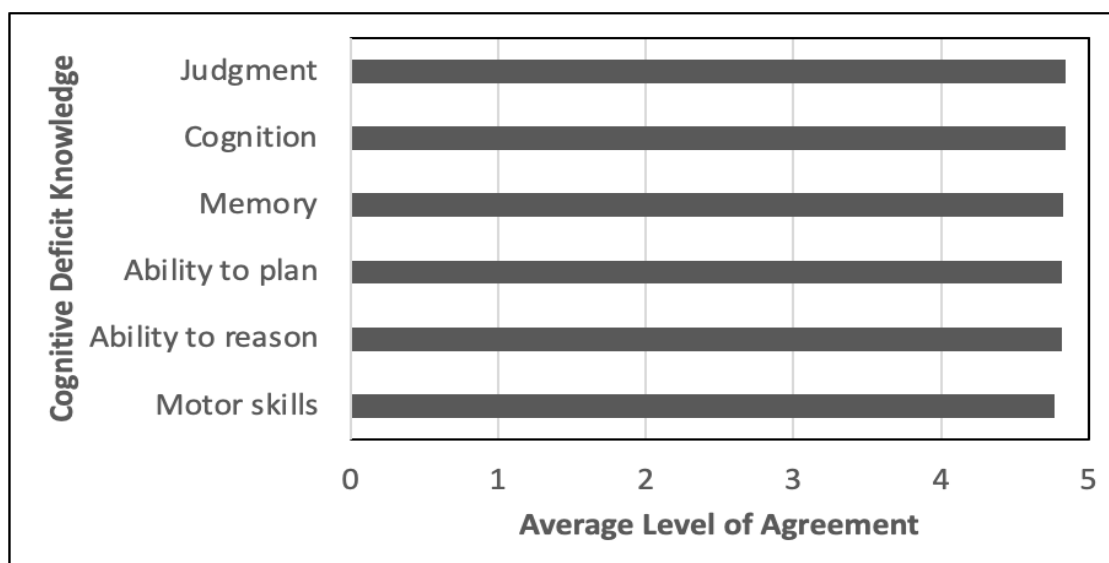


Figure A 10. If a child in your care was known/suspected of having FASD, who do you seek support from? (n = 262)

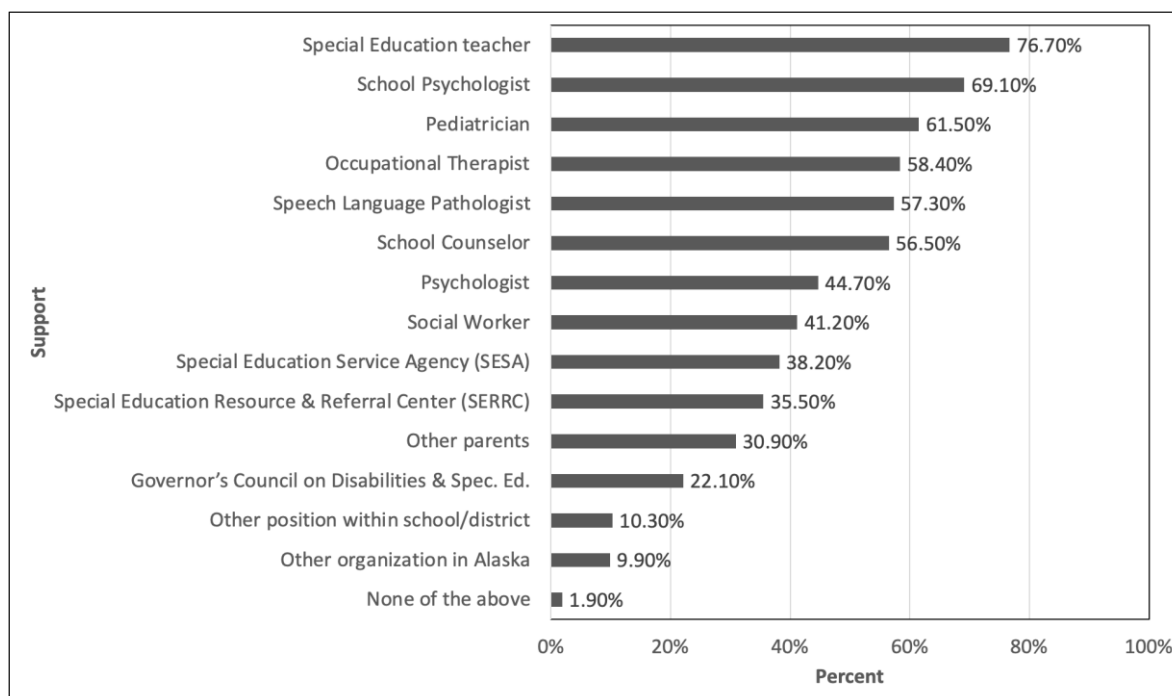


Figure A 11. Please rate your level of familiarity with the following organizations/programs (243 ≤ n ≤ 255)

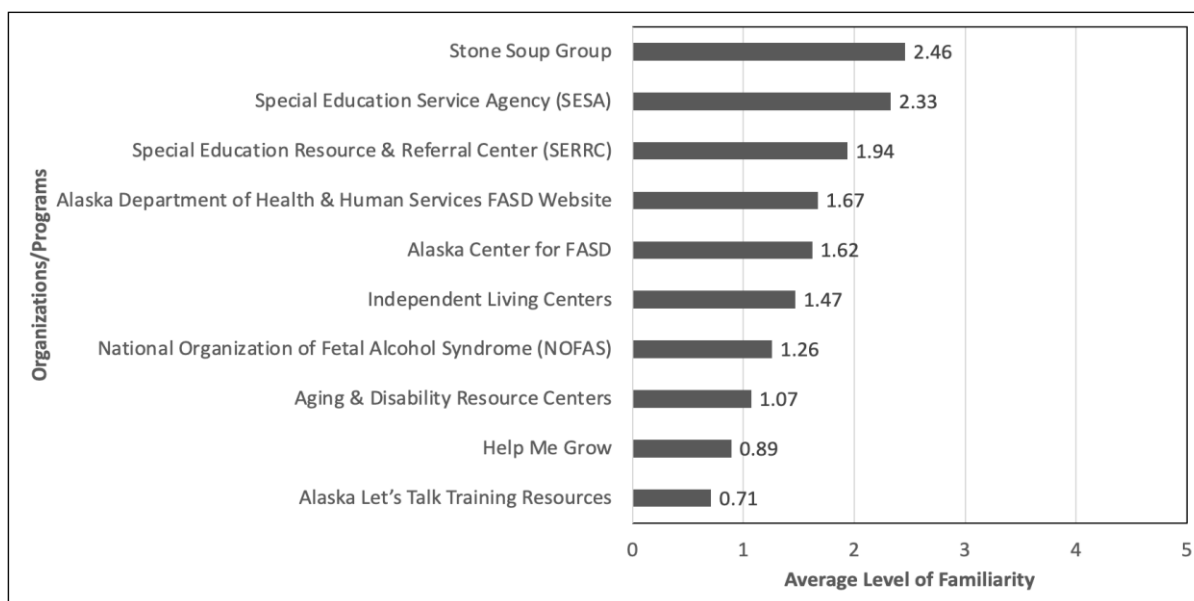


Figure A 12. For those students who have or are suspected to have FASD, how often do you collaborate with school-based team members to support the students and their families (not including IEP and/or 504 plan meetings)? (n = 253)

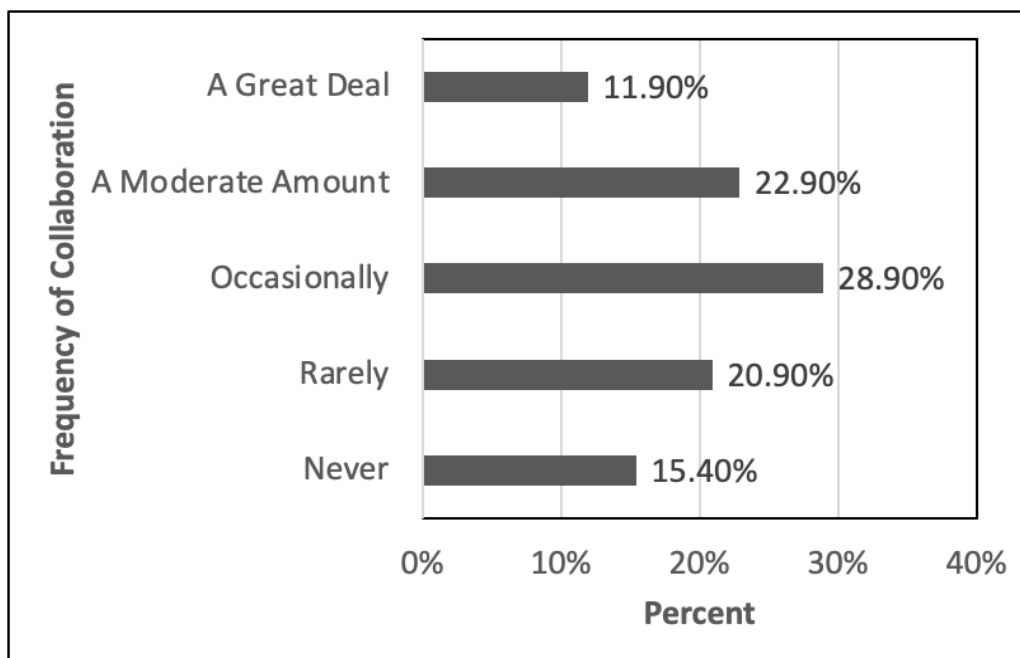


Figure A 13. Does your school or program offer/participate in any of the following FASD prevention activities? (n = 227)

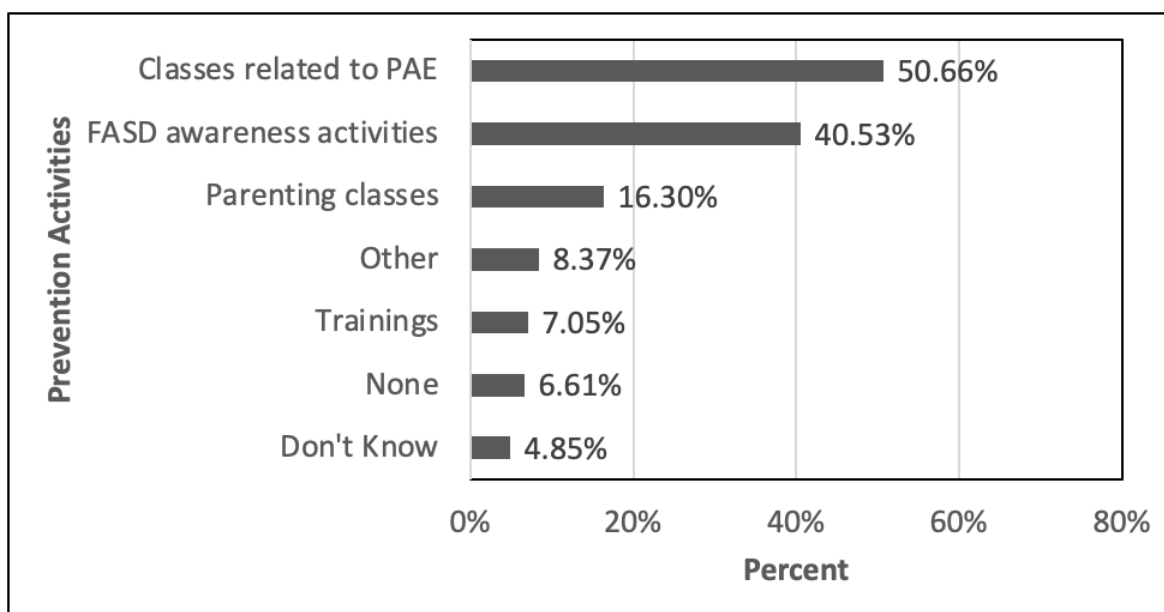


Figure A 14. Please rate your level of confidence in your ability with the following (n = 300)

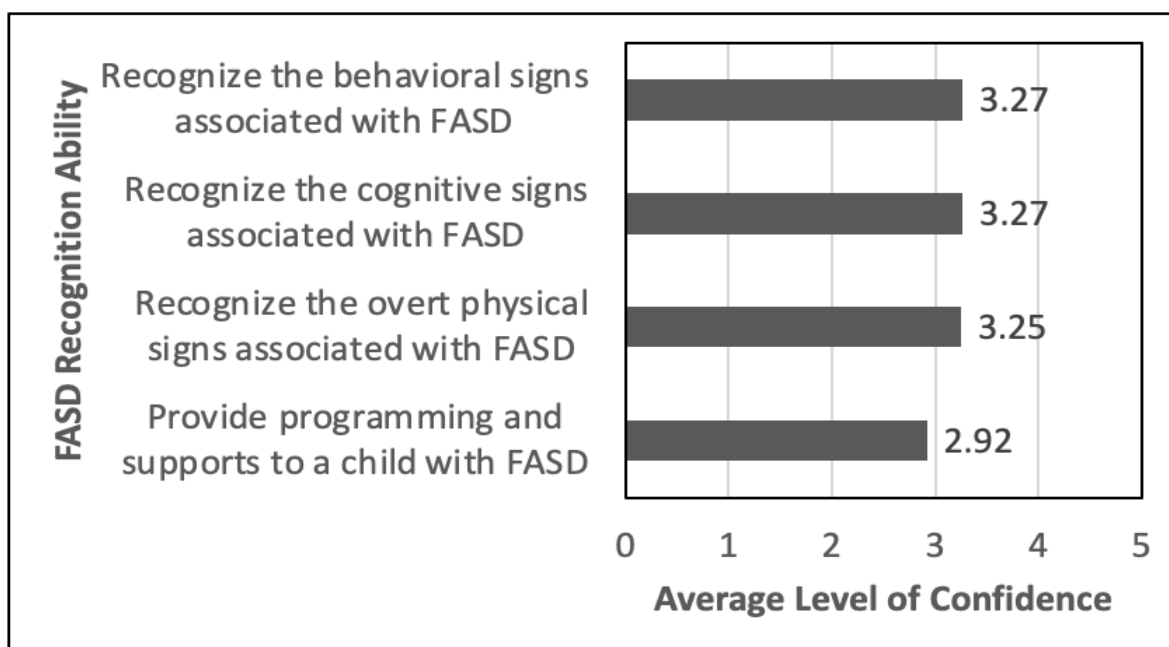


Figure A 15. What do you see as the gaps in education services for students who have or you suspect have FASD? Birth - 3 years old (n = 160)

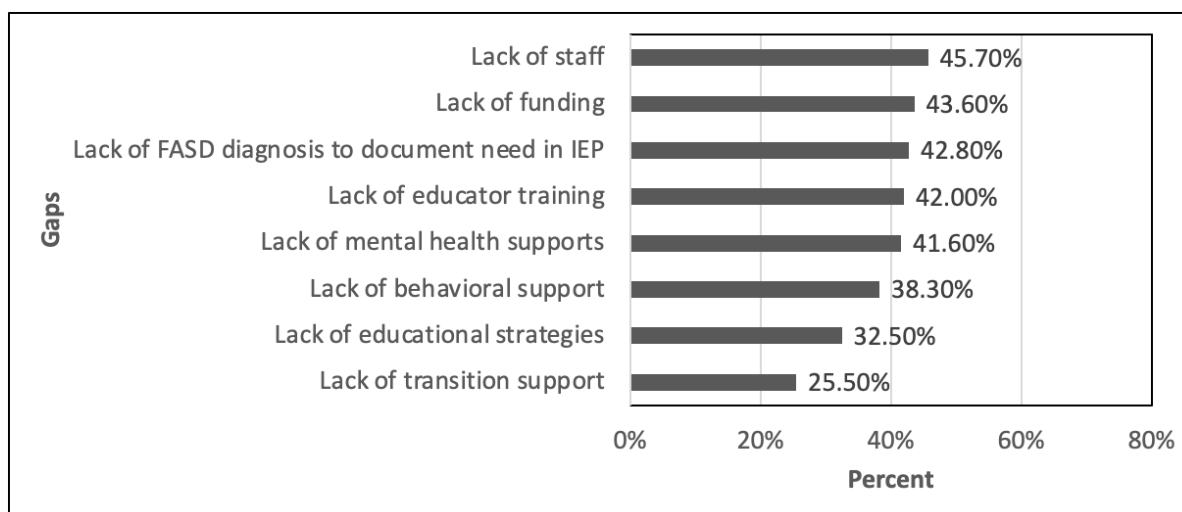


Figure A 16. What do you see as the gaps in education services for students who have or you suspect have FASD? Pre-K (n = 182)

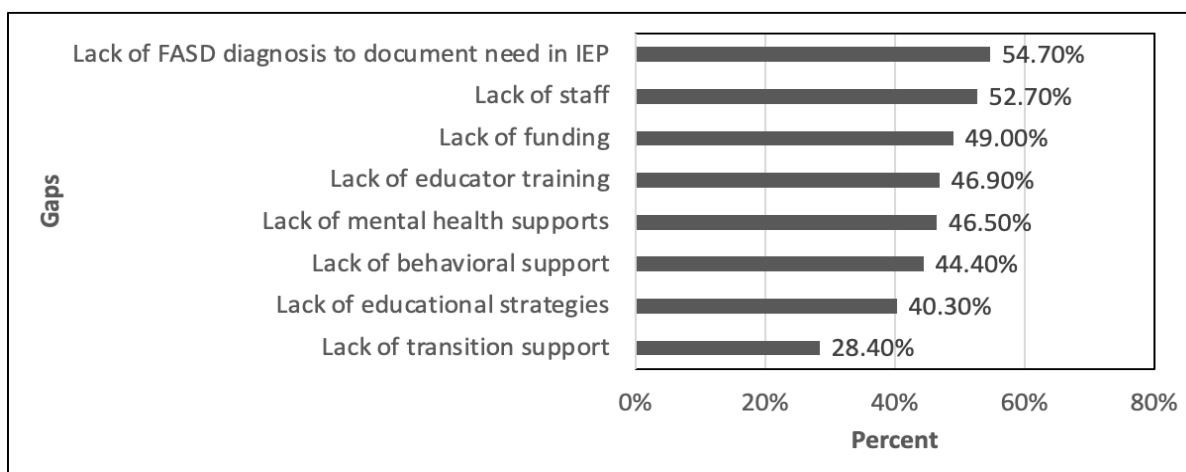


Figure A 17. What do you see as the gaps in education services for students who have or you suspect have FASD? Elementary (n = 200)

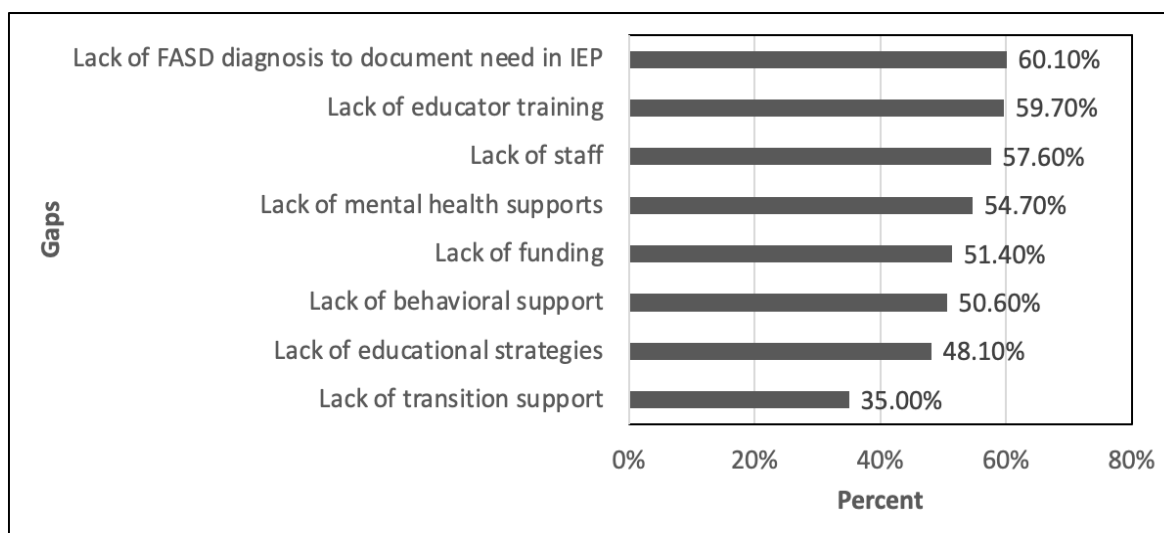


Figure A 18. What do you see as the gaps in education services for students who have or you suspect have FASD? Secondary (n = 194)

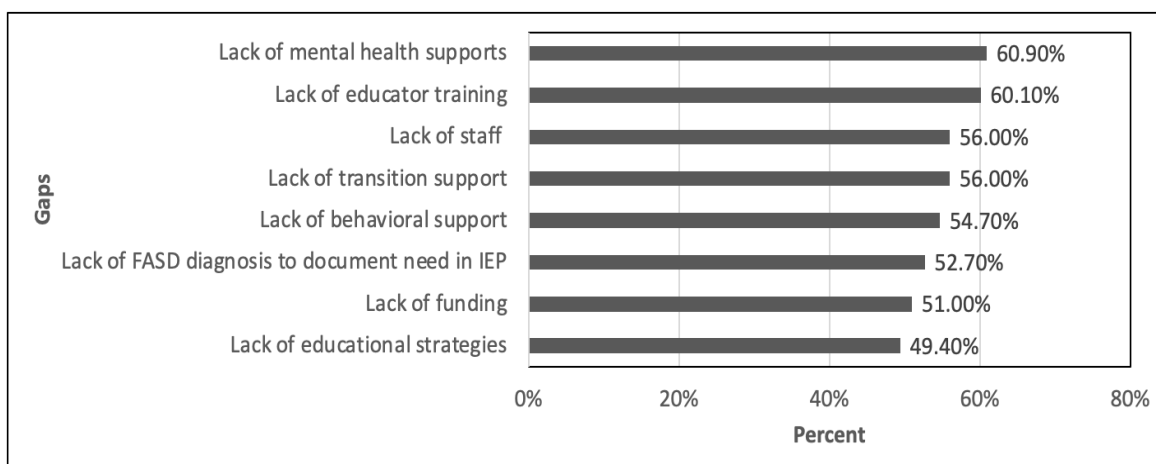


Figure A 19. What do you see as the gaps in education services for students who have or you suspect have FASD? Post-secondary (n = 157)

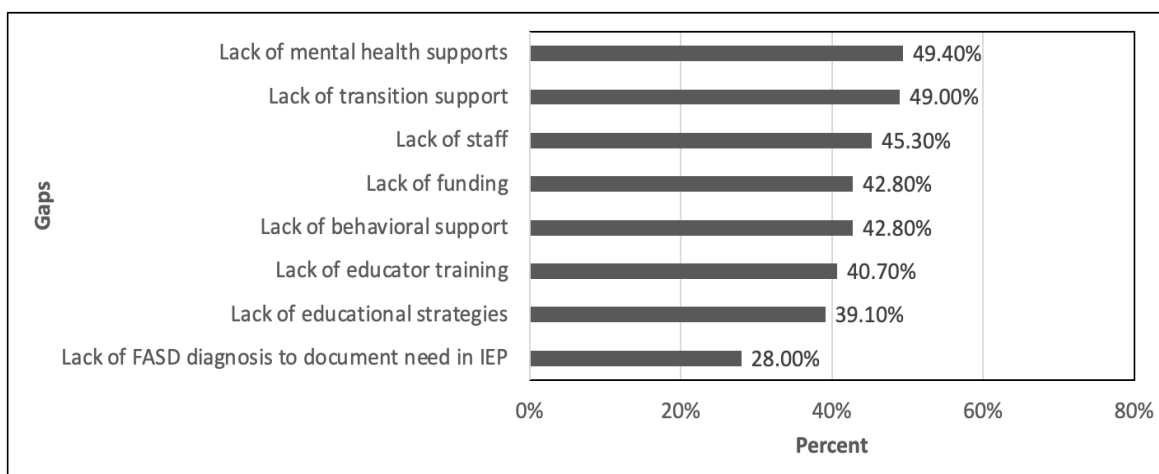


Figure A 20. What do you see as the gaps in education services for students who have or you suspect have FASD? No gaps noted (n = 67)

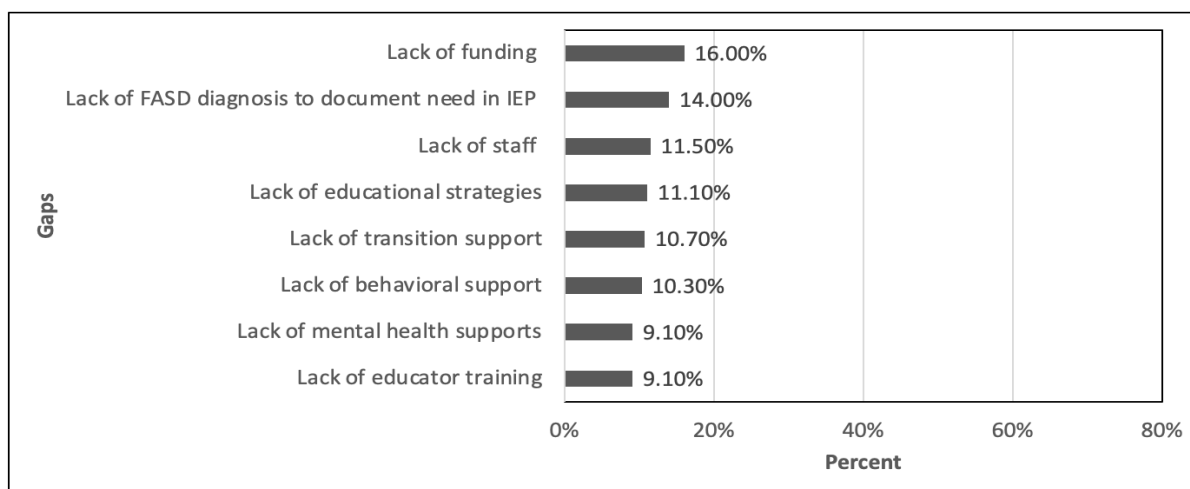


Figure A 21. Does your employer require you to complete FASD focused training? (n = 327)

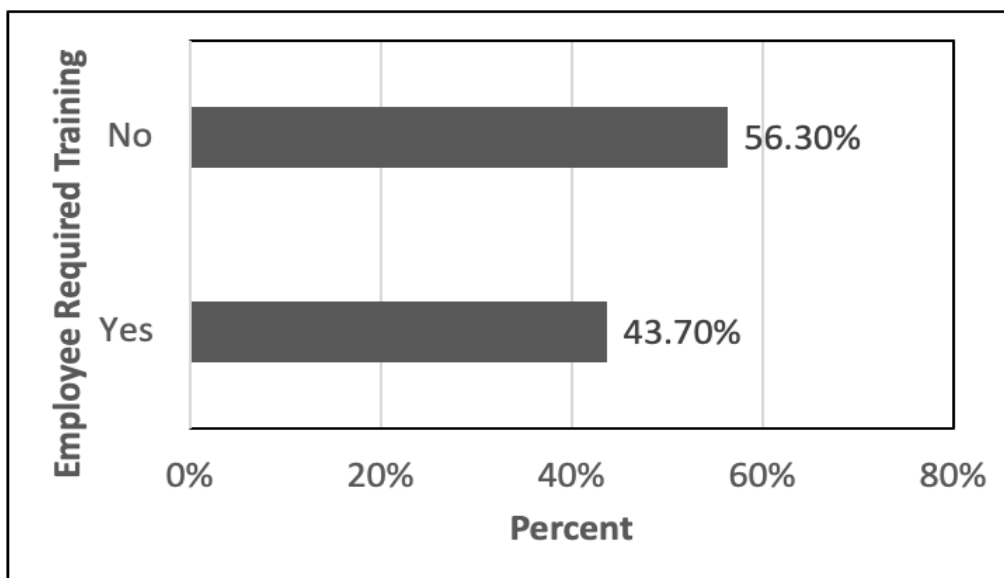


Figure A 22. In the past 12 months, have you received specific training on providing programming and supports for children with FASD? (n = 323)

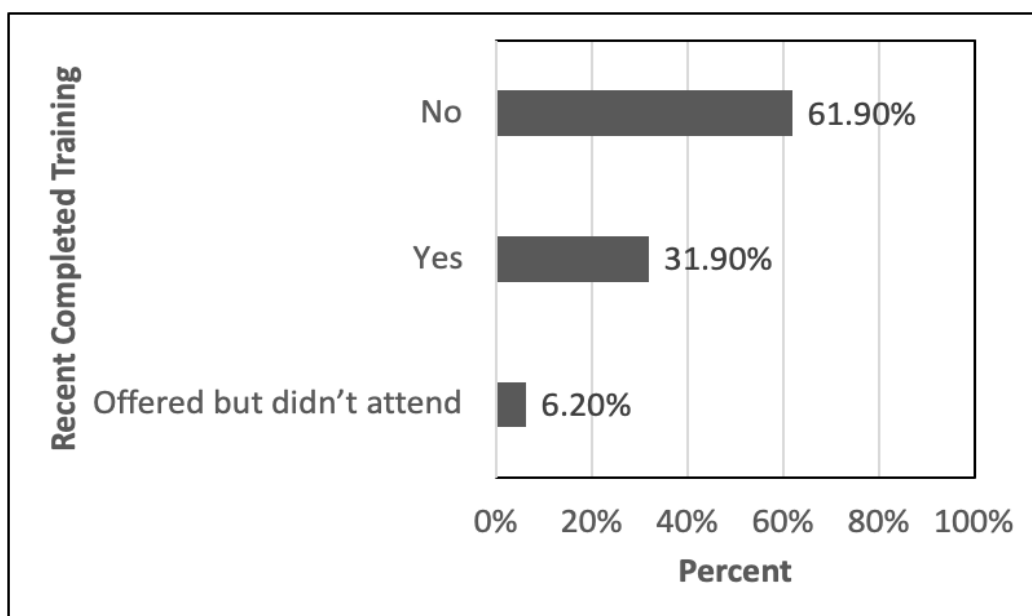


Figure A 23. Which of the following evidence-based interventions to support individuals with FASD have you received training on? (n = 270)

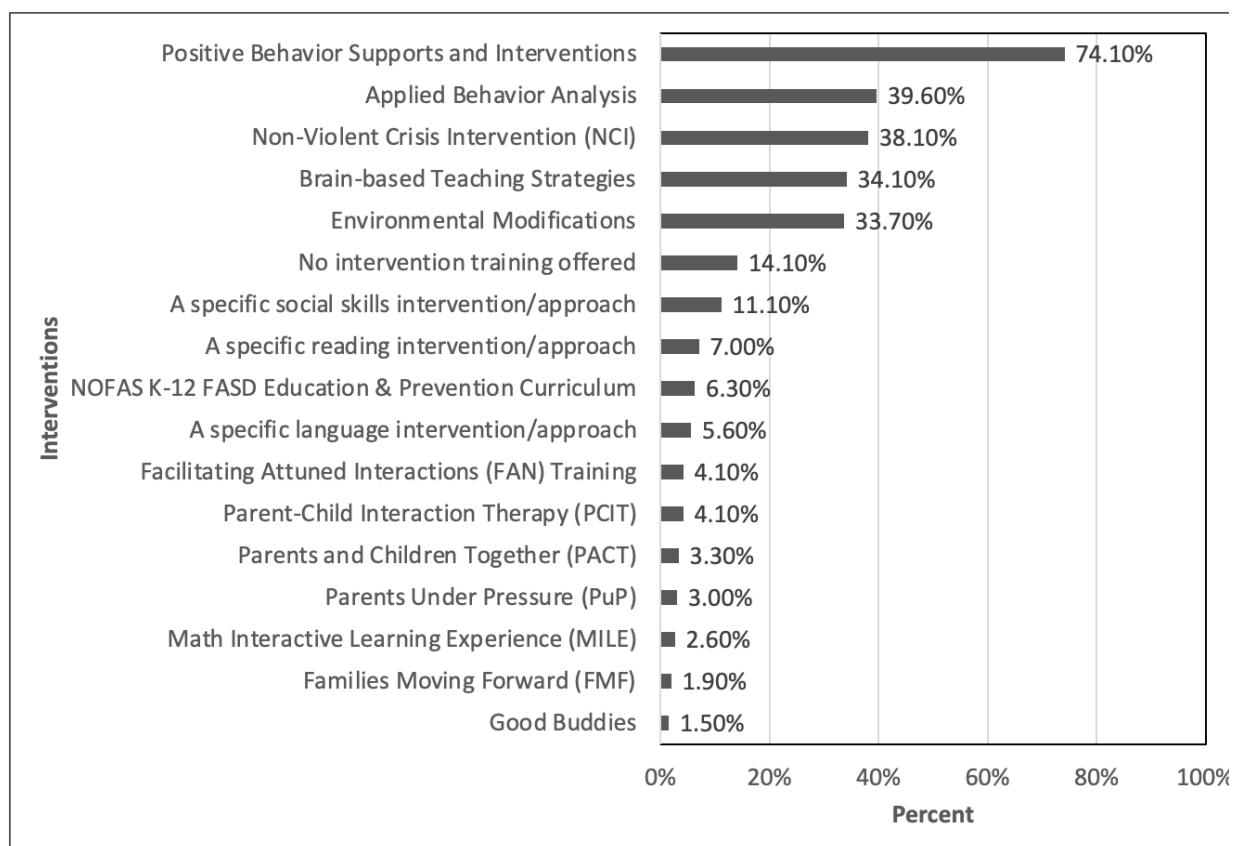


Figure A 24. Having received training in Applied Behavior Analysis, do you hold any of the following credentials? (n = 13)

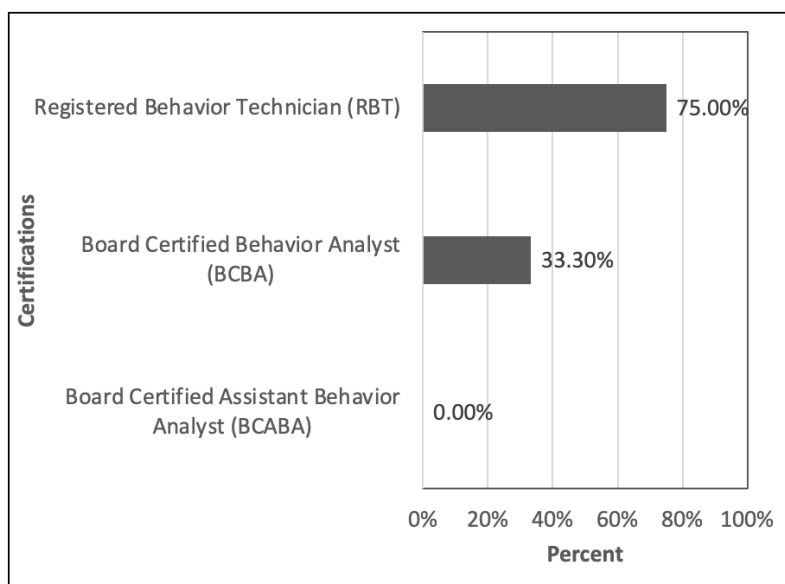


Figure A 25. In what format(s) have you received training in Positive Behavior Supports and Interventions? (n = 187)

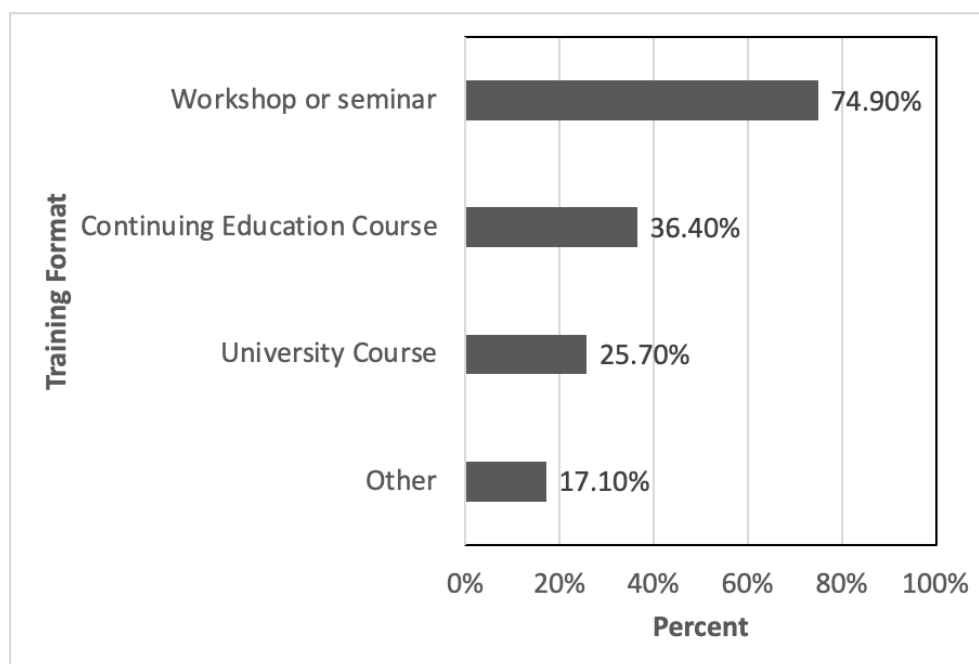


Figure A 26. How satisfied are you with the evidence-based interventions you have received training on? ($2 \leq n \leq 180$)

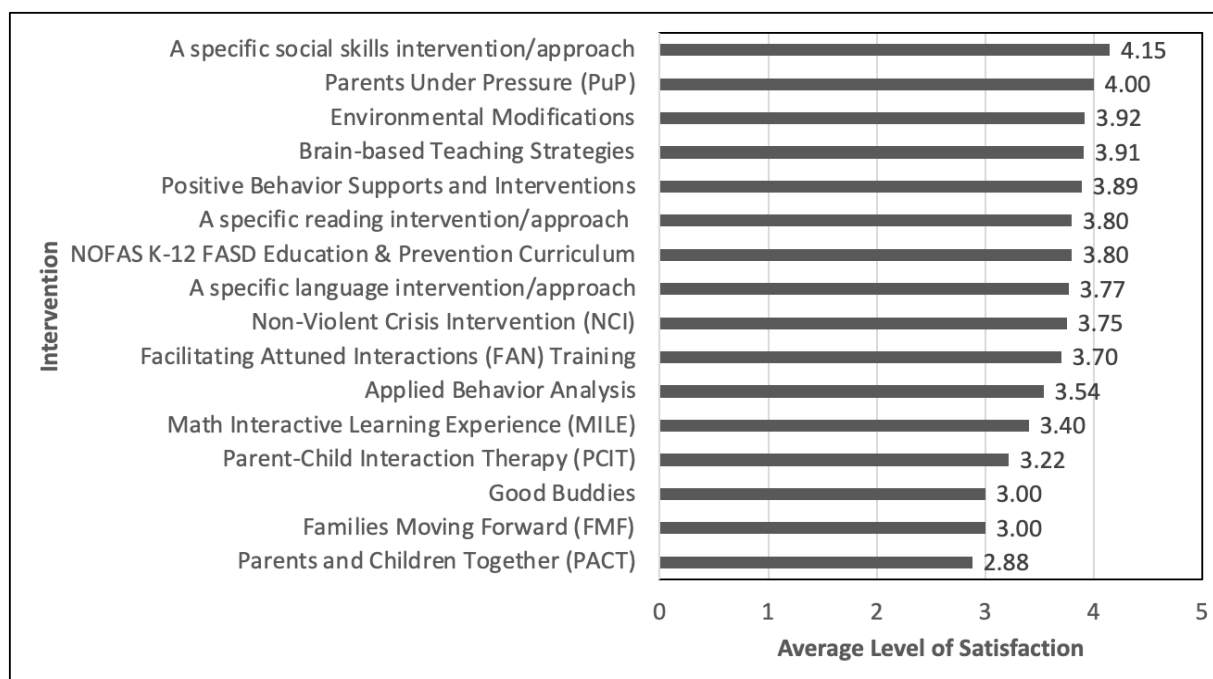


Figure A 27. Which of the following FASD-related trainings/courses have you completed? (n = 252)

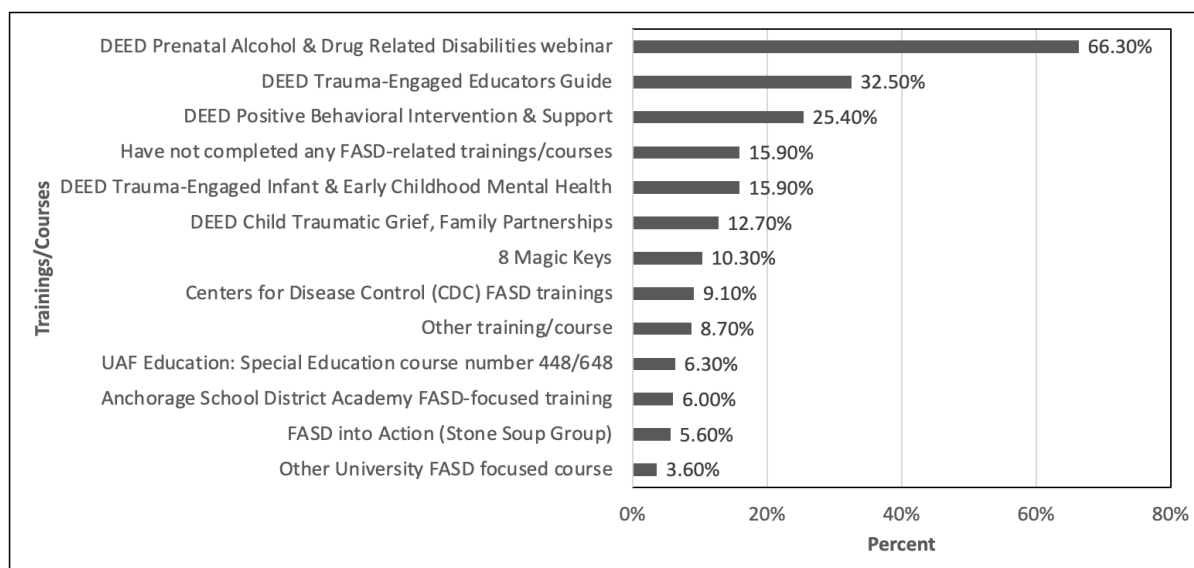


Figure A 28. Of the training(s)/course(s) that you attended, please rate the helpfulness of the training/course ($9 \leq n \leq 163$)

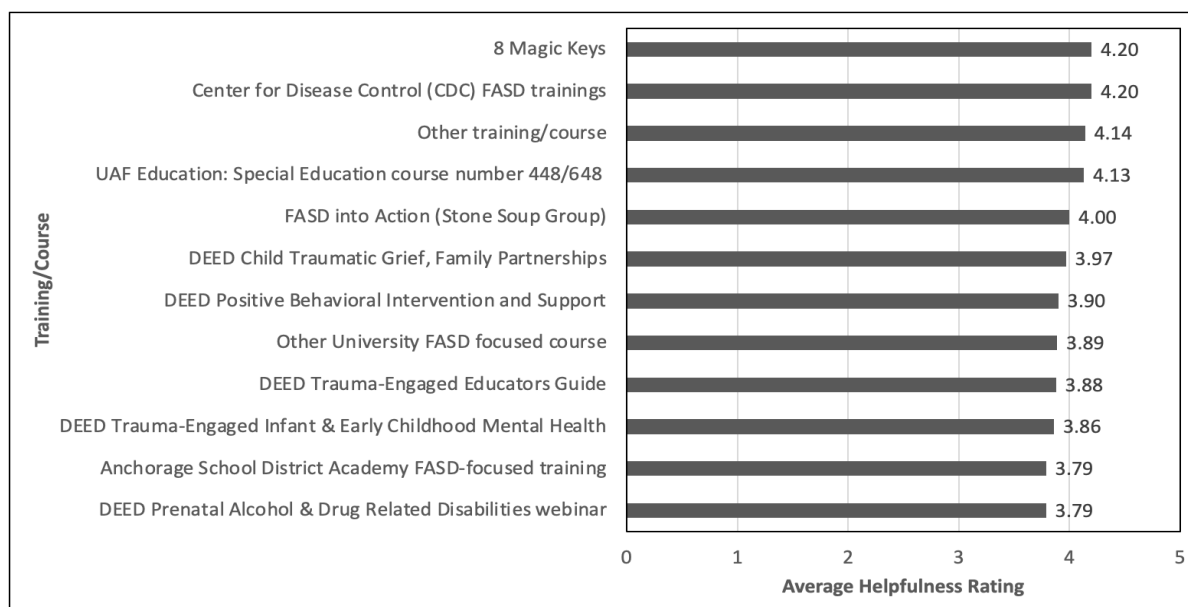


Figure A 29. What are the challenges for students/families who have or you suspect have FASD in transitioning between 0-3 years to preschool? (n = 151)

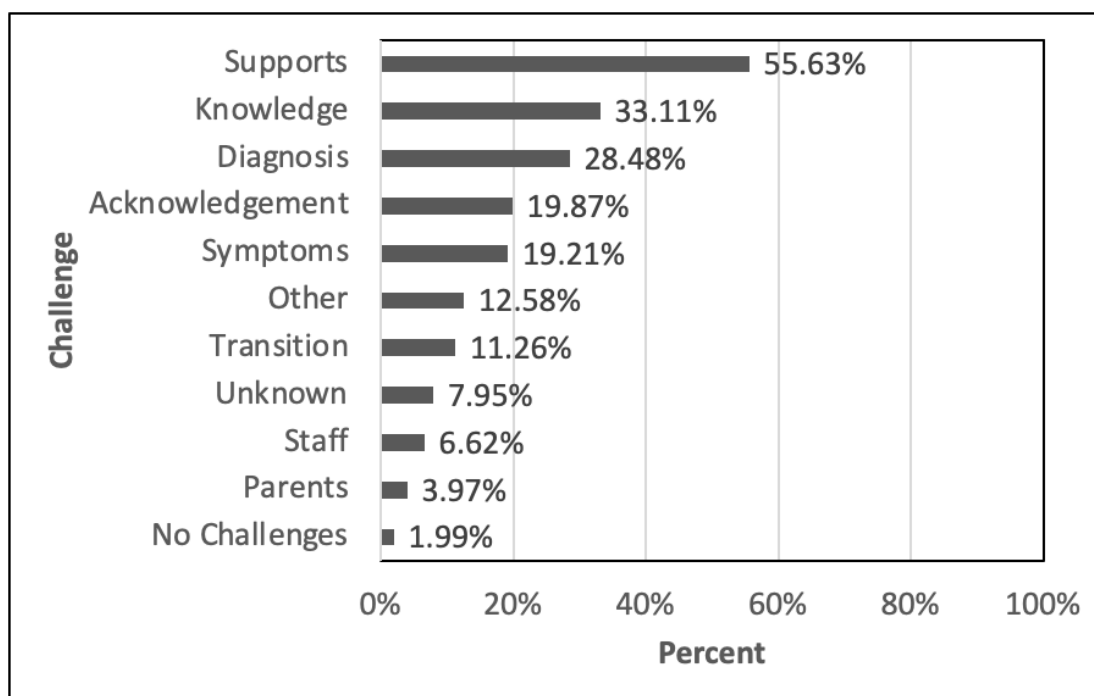


Figure A 30. What are the challenges for students/families who have or you suspect have FASD in transitioning between preschool to elementary? (n = 144)

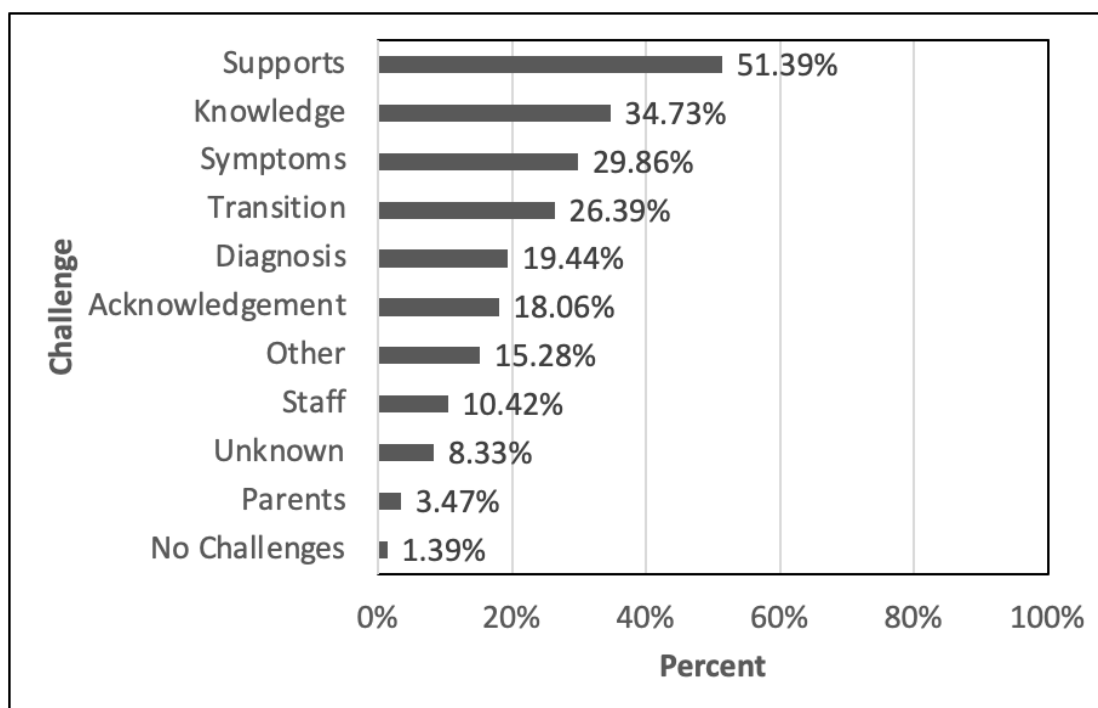


Figure A 31. What are the challenges for students/families who have or you suspect have FASD in transitioning between elementary to secondary? (n ≤ 146)

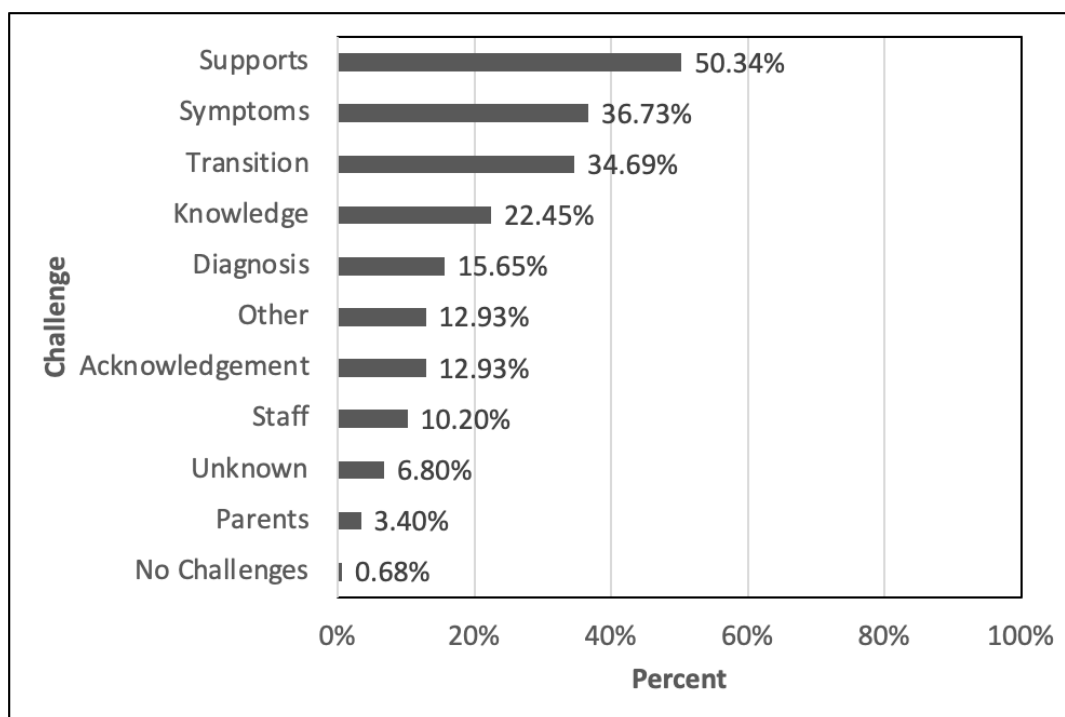


Figure A 32. What are the challenges for students/families who have or you suspect have FASD in transitioning between secondary to post-secondary? (n = 142)

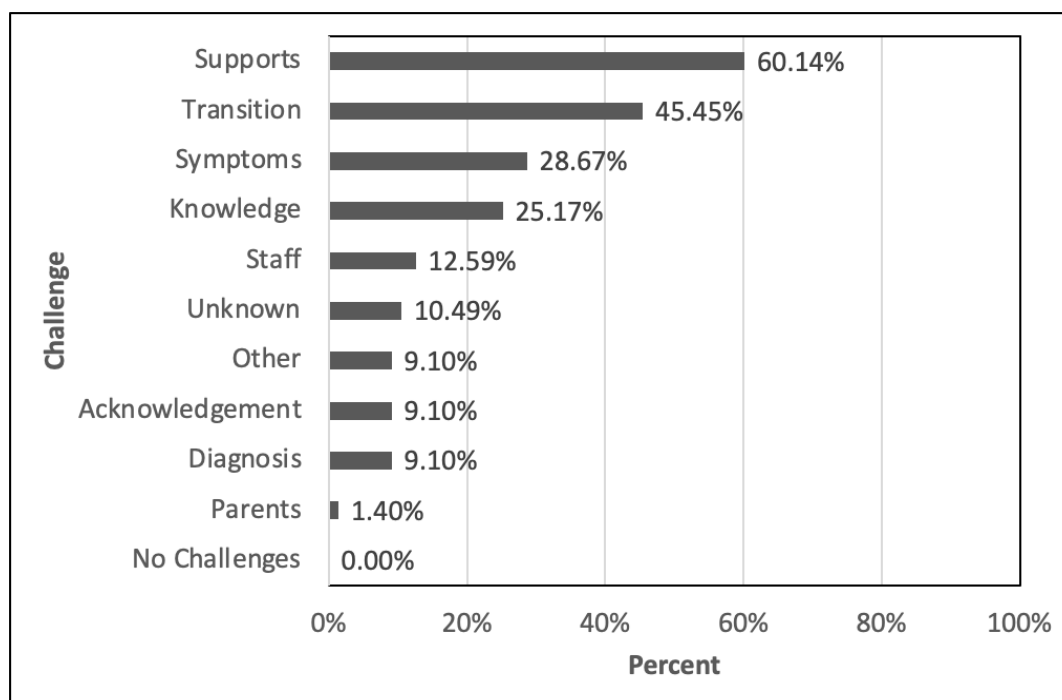


Figure A 33. What has worked well for students/families who have or you suspect have FASD in transitioning between 0-3 years to preschool? (n = 113)

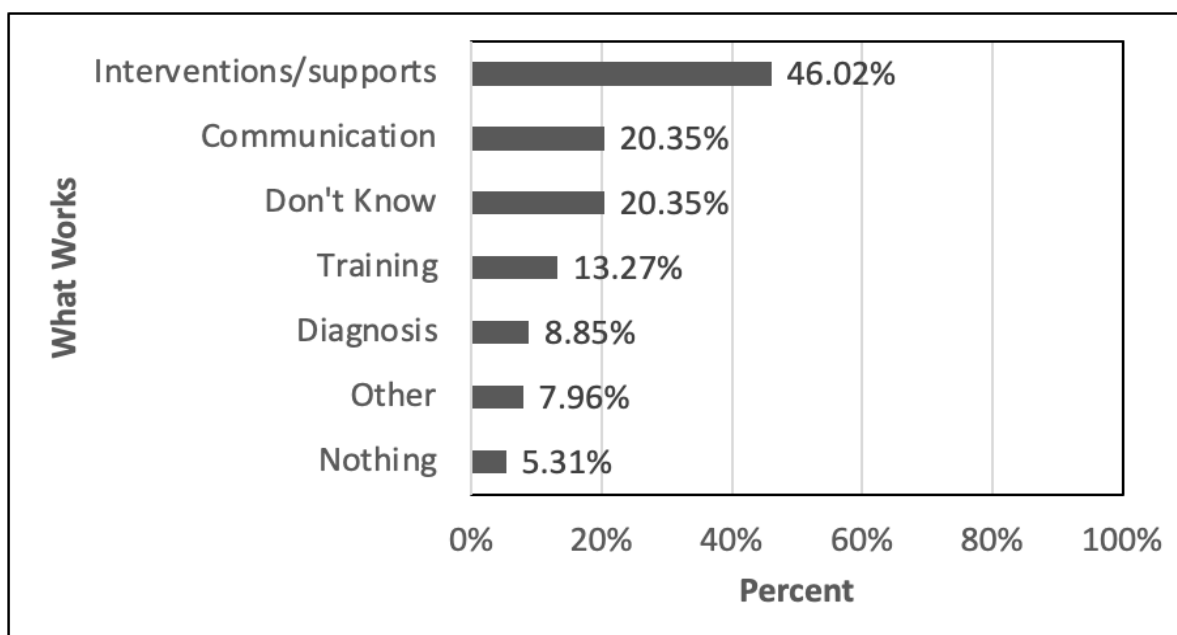


Figure A 34. What has worked well for students/families who have or you suspect have FASD in transitioning between preschool to elementary? (n = 117)

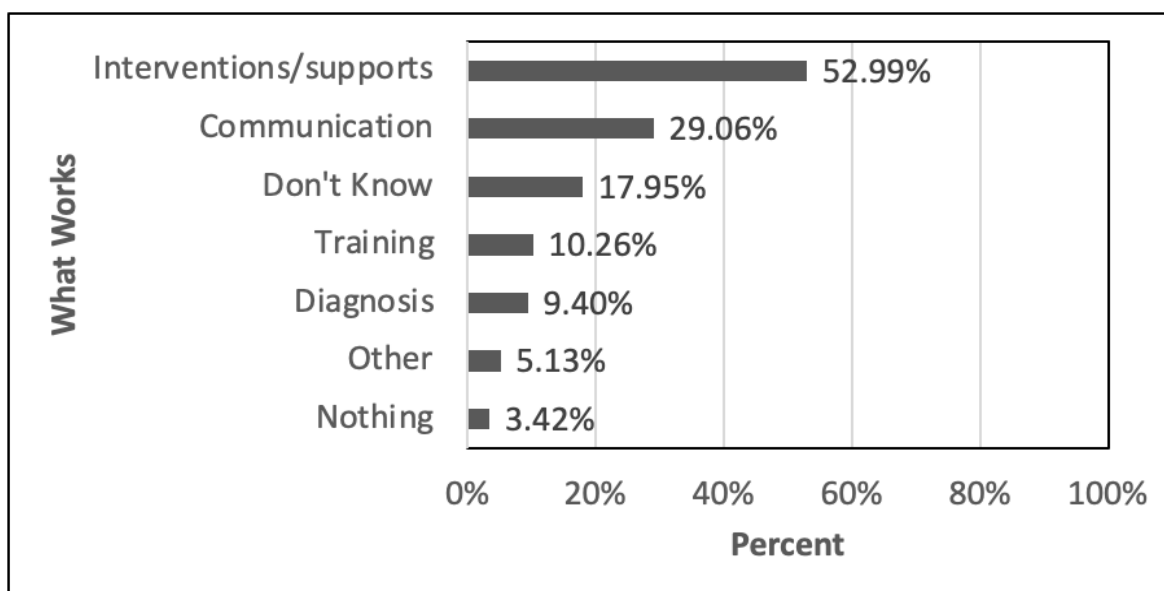


Figure A 35. What has worked well for students/families who have or you suspect have FASD in transitioning between elementary to secondary? (n = 111)

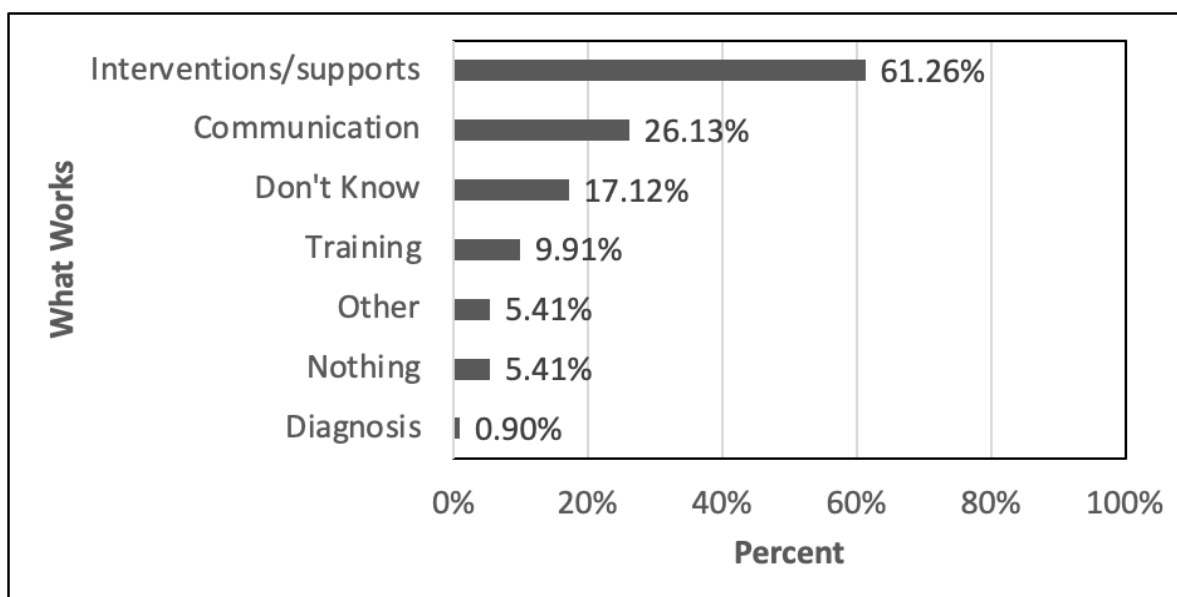


Figure A 36. What has worked well for students/families who have or you suspect have FASD in transitioning between secondary to post-secondary? (n = 108)

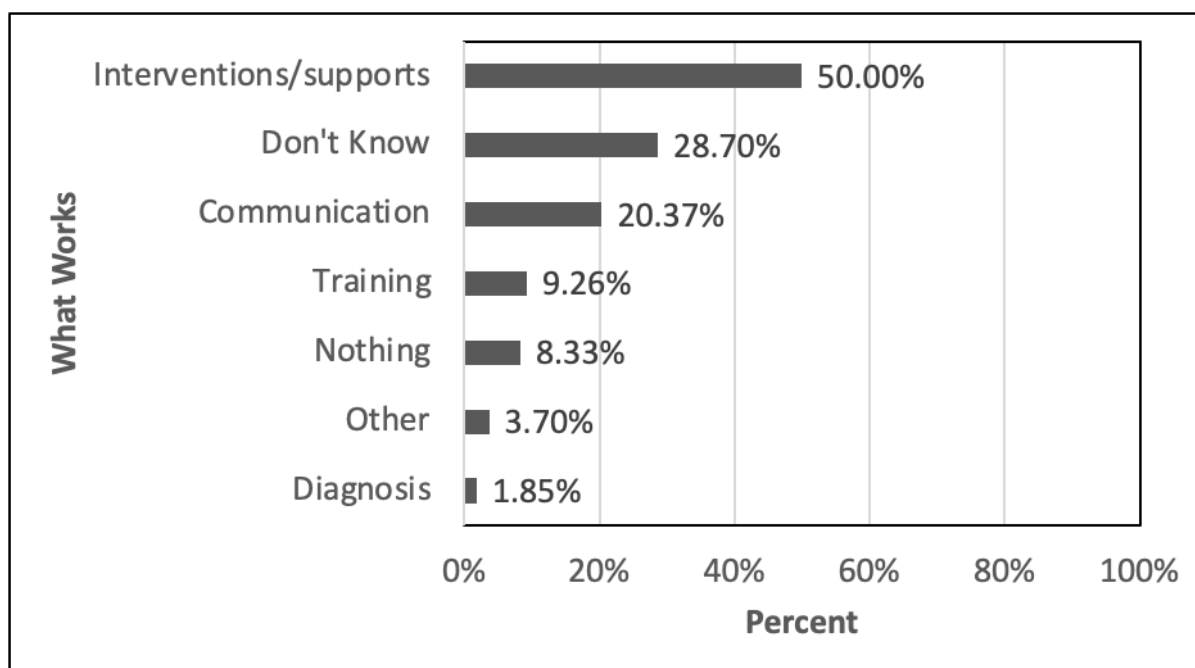


Figure A 37. What barriers do you face in providing care/services to students/families with FASD? (n = 159)

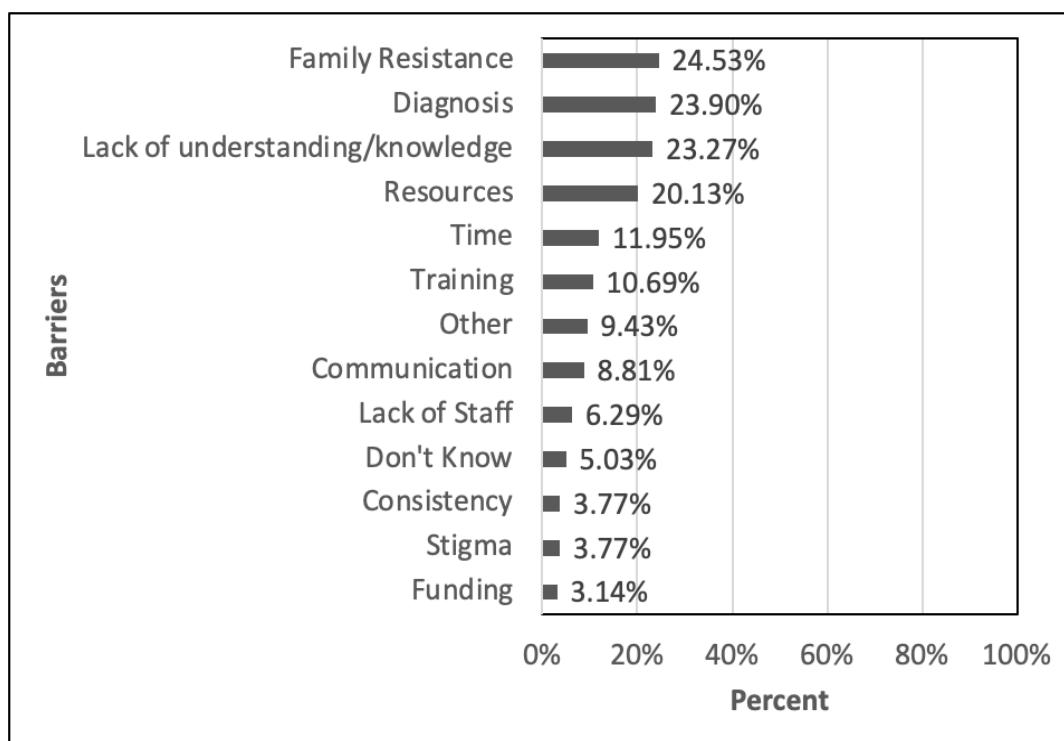
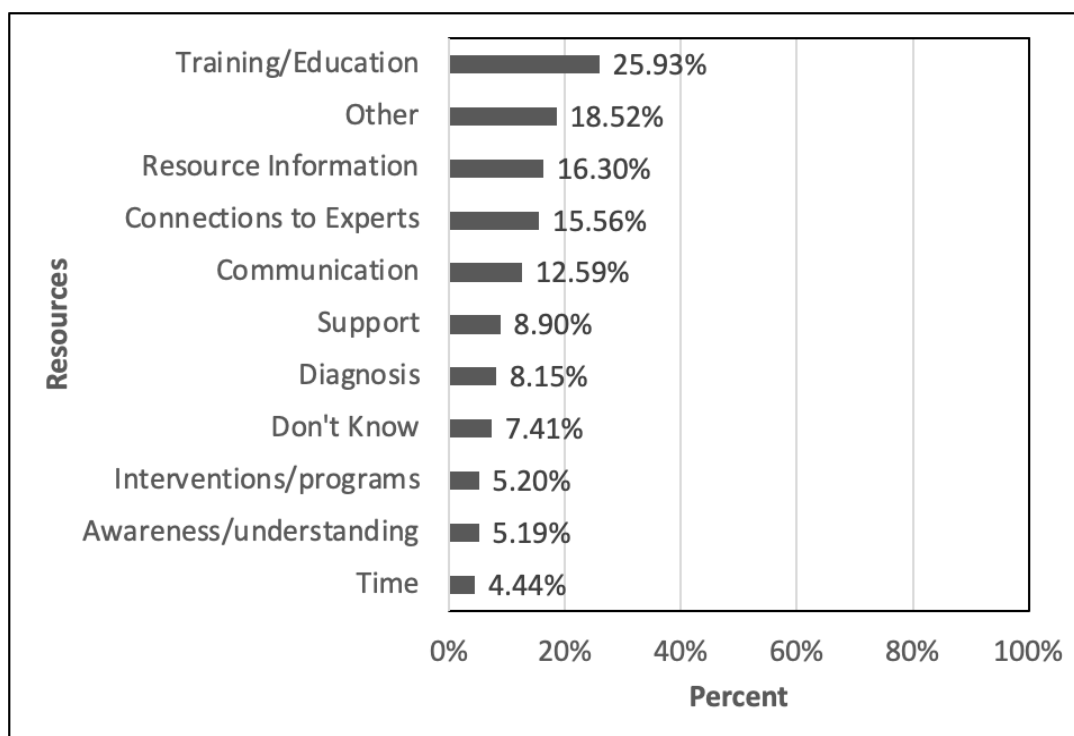


Figure A 38. What resources, connections, or information would help you to navigate barriers and provide the best care/services for students/families with FASD? (n = 135)



ALASKA POLICE OFFICER USE OF DEADLY FORCE

DATA QUALITY ASSESSMENT AND CASEFILE REVIEW | 2010-2020



Alaska Justice
Information Center
UNIVERSITY of ALASKA ANCHORAGE

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EXECUTIVE SUMMARY

The Alaska Department of Law Office of Special Prosecutions (OSP) and the Alaska Justice Information Center (AJiC) partnered to answer two questions regarding police officer use of deadly force. First, to what extent existing OSP investigative casefiles could be used to fully describe the nature of uses of lethal force incidents in Alaska. Second, to describe lethal use of force incidents using the available information. We found that while OSP casefiles files contained sufficient information for OSP's purpose of determining whether criminal charges are warranted under the circumstances, the OSP casefiles lacked some information of interest to policymakers and the public.

AJiC analyzed all OSP casefiles involving officer uses of lethal force from 2010 to October 2020, covering a total of 92 incidents, 100 citizens, and 295 officers. Just over half of citizens died as a result of the incident in which deadly force was used, with another quarter sustaining serious injuries. Nearly every citizen involved displayed or used a weapon. No human officers were killed in the incidents reviewed, but two police dogs were killed, and three officers were seriously injured.

Over a third of incidents involved the citizen making statements indicating they wanted to commit suicide-by-cop, and over two-thirds of incidents involved a citizen exhibiting some indication of mental illness during the incident. A third of incidents involved a citizen who had consumed alcohol, and methamphetamine/amphetamine was the most common drug other than alcohol, involved in more than a quarter of incidents.

We offer the following recommendations for data collection based on our project:

1. The State of Alaska should develop a comprehensive statewide data collection regarding police officer uses of lethal force housed at an agency that can compile and use the information to drive policy.
2. OSP casefiles can serve as a starting point for data collection, but OSP case files cannot be the sole data source.
3. The development of a comprehensive data collection platform should include mandatory standardized data elements, starting with the FBI's National Use-of-Force Data Collection Elements.
4. Other data elements should be considered for inclusion by a broad group of stakeholders from inside and outside of the criminal justice system.
5. Detailed use of lethal force incident data should be public where possible — but that may not always be possible or advisable.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INTRODUCTION	6
THE OIS INVESTIGATION PROCESS IN ALASKA	7
DATA QUALITY ASSESSMENT	8
DEFINITIONS	8
DATA AVAILABILITY	9
Incident-Level Characteristics	9
Citizen-Level Characteristics	10
Officer-Level Characteristics	10
DATA QUALITY SUMMARY	11
OFFICER USE OF LETHAL FORCE IN ALASKA 2010 – OCT 2020	12
INCIDENTS	12
Location of Incidents	12
Distribution of Incidents by Year	13
Distribution of Incidents by Time of Day	14
Incident Characteristics	14
Timing of Officer Use of Lethal Force	15
Bystander Injuries	16
CITIZEN VARIABLES	17
Citizen Injuries	17
Age	18
Sex	18
Race	18
Mental and Behavioral Health	20
Drug and Alcohol Use	22
Crime Suspicion and Criminal History	24
Citizen Resistance And Weapon Use	25
OFFICERS INVOLVED	26
Number of Officers	26
Agency of Employment	26
Officer Rank and Duty Assignment	28
Officer Injury	29
Deadly Force Used by Officers	30
Other Uses of Force	30
SUMMARY	32
RECOMMENDATIONS	34
THE STATE OF ALASKA SHOULD DEVELOP A COMPREHENSIVE STATEWIDE DATA COLLECTION REGARDING POLICE OFFICER USES OF LETHAL FORCE HOUSED AT AN AGENCY THAT CAN COMPILE AND USE THE INFORMATION TO DRIVE POLICY	34
OSP CASEFILES CAN SERVE AS A STARTING POINT FOR DATA COLLECTION – BUT OSP FILES CANNOT BE THE SOLE DATA SOURCE	34
THE DEVELOPMENT OF A COMPREHENSIVE DATA COLLECTION SHOULD INCLUDE MANDATORY STANDARDIZED DATA ELEMENTS, STARTING WITH THE FBI'S NATIONAL USE-OF-FORCE DATA COLLECTION ELEMENTS.	34
OTHER DATA ELEMENTS SHOULD BE CONSIDERED FOR INCLUSION BY A BROAD GROUP OF STAKEHOLDERS FROM INSIDE AND OUTSIDE OF THE CRIMINAL JUSTICE SYSTEM.	35
DETAILED USE OF LETHAL FORCE INCIDENT DATA SHOULD BE PUBLIC WHERE POSSIBLE – BUT THAT MAY NOT ALWAYS BE POSSIBLE OR ADVISABLE	36
APPENDIX – DATA AVAILABILITY FOR EACH ELEMENT	37

TABLE OF CONTENTS

TABLE OF FIGURES

Figure 1: Number of Officer Lethal Use of Force Incidents in Alaska by Year, 2010 – Oct 2020 (n=92).....	13
Figure 2: Number of Officer Lethal Use of Force Incidents in Alaska By Time of Day, 2010 – Oct 2020 (N=90)	14
Figure 3: Bystander Injury Seriousness Resulting from Officer Use of Lethal Force Incidents.....	16
Figure 4: Citizen Injury Seriousness Resulting from Officer Use of Lethal Force Incidents	17
Figure 5: Distribution of Citizens' Age	18
Figure 6: Race of Citizens in Officer Use of Lethal Force Incidents	19
Figure 7: Seriousness of Officer Injury (percent of incidents)	29

TABLE OF TABLES

Table 1: Geographic Distribution of Officer Use of Lethal Force Incidents in Alaska 2010-2020	12
Table 2: Initial Incident Type.....	15
Table 3: Phase of Incident When Force Was Used	15
Table 4: Earliest Phase of Incident When Responding Officers Suspected Mental Illness of Suspect.....	20
Table 5: Phase of Incident by Method of Discovery of Mental Illness	21
Table 6: Drug Use By Alcohol Use.....	23
Table 7: Citizen Drug Use.....	23
Table 8: Citizen's Criminal Suspicion.....	24
Table 9: Criminal History Of Citizens By Seriousness And Violence.....	25
Table 10: Weapons Used In Incidents.....	26
Table 11: Officer Agency.....	27
Table 12: Highest Rank Of Responding Officers	28
Table 13: Firearm Types Used By Officers.....	30
Table 14: Officer Use Of Less-Lethal Weapons.....	31
Table 15: Incident-Level Data Availability	37
Table 16: Citizen-Level Data Availability	38
Table 17: Officer-Level Data Availability.....	39

INTRODUCTION

Nationally, the picture of exactly how many police officers use lethal force every year is not clear. Currently there is no national government database of police officer uses of lethal force available to the public, a fact that has been written about in many publications in the past several years¹. Several third parties have attempted to collect this information in recent years. For example, the Washington Post attempted to address this knowledge gap with the development of a database going back to 2015.² Others have created similar databases.^{3,4} The FBI began the National Use of Force Data Collection in 2019⁵ in response to these efforts. In 2020, the number of reporting agencies to this voluntary data collection was 42%. As a result, the only information publicly reported to date by the FBI has been the percentage of participating agencies.⁶

To address the need for comprehensive Alaska data regarding the use of lethal force, the Alaska Department of Law Office of Special Prosecutions (OSP) and the Alaska Justice Information Center (AJiC) partnered to describe the nature of uses of lethal force incidents in Alaska using investigative casefiles provided to OSP by the investigating agency. Such an undertaking is both important and timely in the modern era, considering that public trust and confidence in police are at historical lows.⁷

This project had two goals. First, we sought to conduct a data quality assessment to determine the extent to which existing information submitted to OSP can be used to fully describe incidents in which officers use lethal force in Alaska. Put simply, our data source (OSP case files) was not meant to contain a comprehensive description of every aspect that is of public or policy interest. OSP's casefiles are compiled for a very specific purpose: to determine whether there is sufficient evidence to charge officer(s) with a crime related to a specific use of lethal force and whether criminal charges are legally appropriate. The information required for this legal analysis is not necessarily the same as the information needed to fully describe incidents, officers, and civilians. For example, the particular race of various participants in a given incident is usually not a legally relevant charging factor but describing the distribution of race may assist in understanding who has used force and against whom.

Second, we sought to describe the incidents in which a law enforcement officer uses lethal force in Alaska using the available information. OSP casefiles generally include narrative reports from law enforcement officers involved in the incident as well as those responding to the incident in a support role; autopsy narratives; toxicology reports; criminal histories; transcripts of interviews with officers, suspects, witnesses, family members, and significant others; computer-aided dispatch data; scene photos and diagrams; hospital records; forensic analyses; and, when applicable, the Office of Special Prosecution's declination letter.⁸

¹ For one example, refer to <https://www.washingtonpost.com/news/post-nation/wp/2014/09/08/how-many-police-shootings-a-year-no-one-knows/>

² <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>

³ <https://mappingpoliceviolence.org/>

⁴ <http://homicidecenter.org/services/resources/police-shootings/>

⁵ <https://www.fbi.gov/services/cjis/ucr/use-of-force>

⁶ The FBI's data considerations for the National Use of Force Data Collection state that aggregate data may only be published when data representing 80% or more of the total officer population are present. See <https://crime-data-explorer.app.cloud.gov/officers/national/united-states/uof>.

⁷ See <https://fas.org/sgp/crs/misc/R43904.pdf> and <https://news.gallup.com/poll/317135/amid-pandemic-confidence-key-institutions-surges.aspx>

⁸ As a technical matter, this is a decision letter, sent by OSP to the chief executive of the agency at which the officer(s) are employed. It is commonly referred to as a declination letter, however, because OSP has typically declined to file criminal charges. Criminal charges were filed in no case examined for this analysis; no one we spoke with during this project could recall any case in Alaska where officers were charged with a crime as a result of using lethal force.

THE OIS INVESTIGATION PROCESS IN ALASKA

The entity responsible for making a legal determination regarding criminal liability following an officer's use of lethal force is the State of Alaska Department of Law. The Alaska Attorney General has delegated this responsibility to the Office of Special Prosecutions. This office, housed within the Attorney's General Office, analyzes the pertinent facts of an officer use of lethal force incident using documentation provided by the investigating law enforcement agency. It is useful to briefly describe this process to understand how the casefiles used in this analysis were created.

When a law enforcement officer uses lethal force, the employing agency typically handles the initial response and the investigation. This includes steps such as securing and documenting the scene of the incident, collecting evidence such as the firearm used or officer's uniform, and conducting interviews with officers involved and witnesses. Smaller agencies or agencies lacking experience in homicide investigations often ask for investigative assistance from the Alaska State Troopers, which is typically conducted by the Alaska Bureau of Investigation's Major Crimes Section.

The facts of the case are largely crafted out of the combined evidentiary landscape that is constructed by investigators in this stage. When the number of officers and citizens involved is low and the circumstances of the officer use of lethal force incident are plain, the investigative task is straightforward. But often the events are complex and chaotic. Such incidents can take considerable time to fully investigate and document. Even in "simple" incidents, autopsies and toxicology reports take time, witnesses often come forward long after the incident occurred, and injured witnesses can be in the hospital for an extended period of time as they recover from injuries.

The extent of OSP's involvement in this stage of the investigation varies. OSP is often notified when the incident occurs, and some agencies directly involve OSP during the investigation. After the investigation is concluded to the satisfaction of the agencies involved, a copy of the investigative case file is delivered to OSP. OSP must then determine whether there is sufficient evidence to believe that the officer(s) committed a crime given the circumstances of their behavior and whether criminal charges are legally appropriate.

It is important to be clear about OSP's role: OSP makes a determination regarding criminal liability. The office makes no statements about the correctness of officer or citizen behavior, whether the actions taken were the most effective or morally appropriate given the circumstances, or whether the involved officers violated the department's applicable use-of-force policies. OSP does not examine whether civil liability may attach to the citizens' or officers' actions; OSP also does not typically review the behavior of officers who were killed in the line of duty for criminal liability.

Similarly, AJiC did not seek to determine whether officers used an appropriate amount of force, beyond reporting OSP's decision regarding criminal liability. We neither sought, nor conducted a thorough review of the tactics used, and we take no position on whether any of the incidents reviewed constituted excessive use of lethal force, either legally or in the more colloquial sense. While we believe this is likely the most important question regarding police officer use of lethal force, our purpose was more modest. We sought only to describe the available data and what it could tell us about these incidents.

DATA QUALITY ASSESSMENT

OSP's role in police officer use of potentially lethal force is to determine whether there is sufficient evidence to warrant charging the involved officers with a criminal offense. This focus is necessarily narrow — and is more narrow than what is required to fully describe incidents. Understandably, there are no objective standards or requirements for specific data elements that must be reported to OSP by the investigative agency.

Some variables have a high percentage of missing data, particularly when those variables are routinely legally irrelevant. This includes information about officer demographics (age, race, gender), officer tenure with current agency and other civilian agencies, officer and citizen military background, citizen alcohol and drug use, and whether officers had prior contact with citizens involved.

Some case processing details, such as when OSP received the officer use of lethal force incident file from the investigating agency, were also frequently not present in the casefiles. Much of this information may have been available from other sources. Our task, however, was to describe incidents using the information available in OSP's casefiles, and to describe the extent to which OSP casefiles could be used to fully describe the incident and persons involved. We were not attempting to build the most comprehensive record we could build from any and all sources.

DEFINITIONS

We collected information on incidents, citizens, and officers.

An *incident* was one case file forwarded to the Department of Law, Office of Special Prosecutions. Typically, this was one police-citizen encounter recorded by a law enforcement agency where at least one officer employed by a law enforcement agency (at the time of the deadly force incident) used deadly force in the course of their duties. An "incident" may include multiple locations, multiple citizens, multiple officers, and multiple uses of both non-lethal and lethal force.

Accidental automobile collisions that occurred outside the context of a larger police-citizen encounter are excluded. Incidents in which officers used deadly force but were themselves killed by citizens were also excluded when there were no surviving officers who used deadly force. This is understandable, given OSP's role is to review the incident for criminal liability on the part of officers.

A *citizen* was a person against whom the police used any level of force, including verbal threats of force, during a police-citizen encounter that resulted in deadly force. Citizens need not have had potentially deadly force used against them to be included in our data, but they must have been the target of some force (including verbal threats of force) by officers during a police-citizen encounter that resulted in deadly force. As we describe in other sections, the majority of incidents in our data involve a single citizen against whom deadly force was used.

An *officer* was a state-certified law enforcement officer employed by a state or municipal law enforcement agency in Alaska at the time of the deadly force incident who used or threatened to use any level of force against any citizen during a police-citizen encounter in which any officer used deadly force against any citizen. Use and threats of use of force included verbal threats to use force and/or holding any weapon regardless of whether the weapon was pointed, used, or fired at any citizen.

Our definition of *officer* required that the officer(s) have been involved in the chain of events leading to the deadly use of force. We excluded officers tasked with evidence collection, witness interviews, traffic control, or other administrative tasks not immediately connected to the chain of events leading to the use of deadly force. Also excluded are law enforcement officers and agents employed by federal law enforcement agencies. OSP typically does not review federal law enforcement officer lethal uses of force in Alaska.

DATA AVAILABILITY

Data elements were not always available in the casefiles we reviewed for this analysis. That was expected and is not an indication of the quality of information used by OSP for the purpose of determining criminal liability on the part of officers. Simply put, OSP's purpose did not require all of the information we were seeking. In analyses of administrative data, it is common for data elements to have low availability when the files were created for a purpose different from that of the researchers. Part of the scope of our project was determining what was available in the files and what was not.

We categorized the availability of data elements as full, high, fair, or poor. Full availability elements were present in all instances; there were zero missing instances of that data element. High availability meant there were some missing instances of that data element, but fewer than 20% were missing. Fair availability meant that between 20 and 39.9% of instances were missing that element. Poor availability data elements were missing in 40% or more instances.

We summarize availability below; full information is in the Appendix Table 15, Table 16, and Table 17.

Incident-Level Characteristics

Incident-level characteristics were generally fully available. The only characteristic with less than high availability was the date OSP received the file, which was missing for 46.7% of incidents. It is possible that other records within OSP contain this date, and the files made available to us omitted this date.

Citizen-Level Characteristics

Some citizen-level characteristics, such as name, race, whether the citizen was injured, and the nature and extent of the citizen's use or threats of force were always documented in OSP's casefiles. Other indicators were rarely missing, such as injury seriousness, injury weapon, and whether the citizen was charged with crimes as a result of the incident in which deadly force was used.

Our indicators of mental and behavioral health required some evidence in the file to be marked yes — and absence of that evidence was considered a no. This method resulted in high availability for these variables.

Citizen alcohol and drug use was measured differently. For alcohol and drug use, we did not assume that the lack of evidence meant that alcohol/drugs were not a factor. Alcohol and drug use required a negative mention in the file to be coded no, such as a negative toxicology screen. In more than a third of incidents, alcohol use simply was not mentioned in the casefile at all, one way or the other. In 40% of incidents, drugs were not mentioned, one way or the other. It may be that many of these incidents did not involve alcohol/drugs.

Details regarding criminal charges filed against citizens relating to the incident were not available at least 50% of the time. Arrest tracking numbers (ATN) were missing 50% of the time, and case numbers were missing 60% of the time. For both of these measures, the base was the number of citizens who were charged in the incident — those should therefore be interpreted as “given that the citizen was charged, was there documentation of the ATN or case number in the file?” The decision about whether charges should be filed against a citizen for actions of the citizen during the incident are determined by a District Attorney's Office, and not OSP. This may explain why charging information for citizens was frequently not present in OSP files reviewed by the research team.

Whether the citizen's criminal history (or lack thereof) was known to officers was not documented for 58% of citizens. Of these, 38 citizens had criminal history while 18 did not. Finally, the citizen's military history was very rarely documented.

We are certain that other sources would have at least some of this citizen information, but again our task was limited to the OSP casefile.

Officer-Level Characteristics

The availability of officer characteristics is complicated by the intersection of the purpose of OSP's review and our definitions. Recall that OSP's task is to determine if there is sufficient evidence to believe that officers who used deadly force committed one or more crimes and whether criminal charges are legally appropriate. Our definition of officer included officers who merely issued commands. These officers would often be less relevant to OSP's analysis, and we therefore should not expect to have complete information on these officers. We also included two police dogs (commonly called “K9s” by law enforcement) who were killed in the line of duty in two separate incidents, in an attempt to better capture the threat to officer safety.

Nearly all incidents involved one or more officers who fired a firearm (90 of 92 incidents). Officers who fired any firearm are therefore a reasonable proxy for officers who used deadly force. In the Appendix Table 17, we report on data availability for both all human officers (293 officers, total) and all human officers who fired a firearm (158 officers, total). In general, more information is available for officers who used a firearm.

Officer name, agency, injuries, and use of weapons were always available. Officer rank and duty assignments were nearly always available, and whether the officer was in uniform at the time of the incident also had high availability.

Officer demographics were frequently missing. Officer date of birth (and therefore age) was missing for more than half of all officers and more than a third of officers who used a firearm. Officer sex and race are both missing more frequently for all officers than for officers who used a firearm. Still, even among officers who used firearms, 12.7% were missing officer sex and more than a third (34.8%) were missing officer race.

The extent of the officer's law enforcement experience with their current agency and with other agencies was missing more frequently than it was present for both all officers and only those officers who used a firearm. Officer military experience was also rarely available.

The officer's weapon use was nearly always available, as was the officer's use of verbal commands or threats, but whether the officer had prior contact with the citizens involved was rarely documented. Even for officers who used a firearm, whether the officer had prior contact with the citizen was not documented nearly 70% of the time.

DATA QUALITY SUMMARY

OSP's casefiles contain enough information to serve their intended purpose (determination of whether criminal charges against officers are appropriate). We again stress that we were attempting to use OSP's casefiles for a purpose they were simply not meant to serve — many of the variables we were interested in examining were not often legally relevant.

Nevertheless, the extent of missing data limits what we can report elsewhere in this report. We cannot, for example, describe the number of years of law enforcement and/or military experience officers had prior to the use of lethal force incident. Nor can we reasonably report on officer age or race due to the high proportion of missing data.

Some characteristics of interest to the research team — such as citizen mental and behavioral health and alcohol/drug use — are likely to be mentioned in the investigative casefiles only when they are obviously present. Determining the extent to which these characteristics are present, even when not obvious, is difficult. From the information available to us, when there is no documentation of mental health issues, we cannot differentiate between (a) non-existent mental health issues versus (b) there being no mental health issues documented in the casefile.

Overall, readers are cautioned that characteristics that are not legally relevant to OSP's analysis are less likely to be documented in the casefiles available to the research team, and therefore are less likely to appear in this report.

OFFICER USE OF LETHAL FORCE IN ALASKA 2010 – OCT 2020

We collected information on incidents, citizens, and officers from casefiles used by the Department of Law, Office of Special Prosecutions to make a determination of criminal liability on the part of officers. There were 92 incidents, 100 citizens, and 295 officers (including two police dogs) involved in officer lethal use of force incidents from January 2010 through October 2020. See the prior section for complete definitions of incident, citizen, and officer.

INCIDENTS

Location of Incidents

Table 1 shows the geographic distribution of officer lethal use of force incidents in Alaska from 2010 to October 2020. A third of incidents (33.7%) occurred in Anchorage. More than half of all incidents (52.1%) occurred outside of the three largest population centers: Anchorage, Fairbanks, and Juneau.

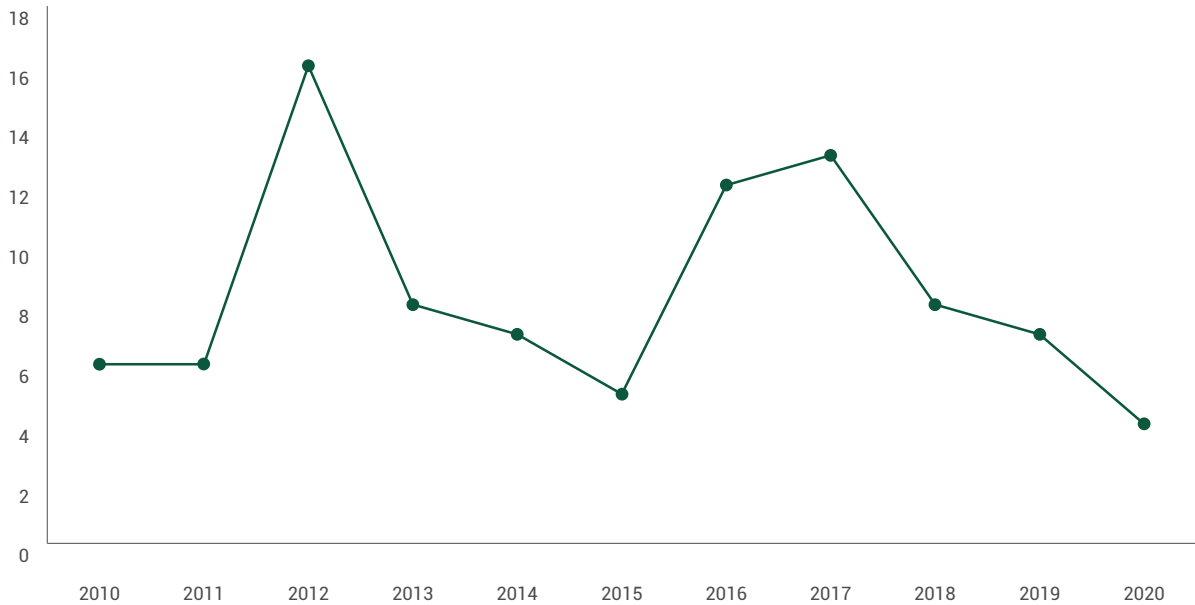
Table 1: Geographic Distribution of Officer Use of Lethal Force Incidents in Alaska 2010-2020

LOCATION	COUNT	PERCENT OF INCIDENTS
Anchorage	31	33.7%
Fairbanks	10	10.9%
Palmer	5	5.4%
Wasilla	4	4.3%
Juneau	3	3.3%
Bethel	2	2.2%
Barrow	2	2.2%
Big Lake	2	2.2%
Other towns and villages	23	25.0%
Outside of a town/city or along a highway	10	10.9%
TOTAL	92	

Distribution of Incidents by Year

The distribution of officer lethal use of force incidents in Alaska is displayed in Figure 1. Excluding 2020 due to lack of data for that complete calendar year, there was an average of 8.8 officer use of lethal force incidents per year from 2010 through 2019. There were nearly twice the average number of incidents in 2012 (16 incidents) and both 2016 and 2017 exhibited a high number (12 and 13 respectively).

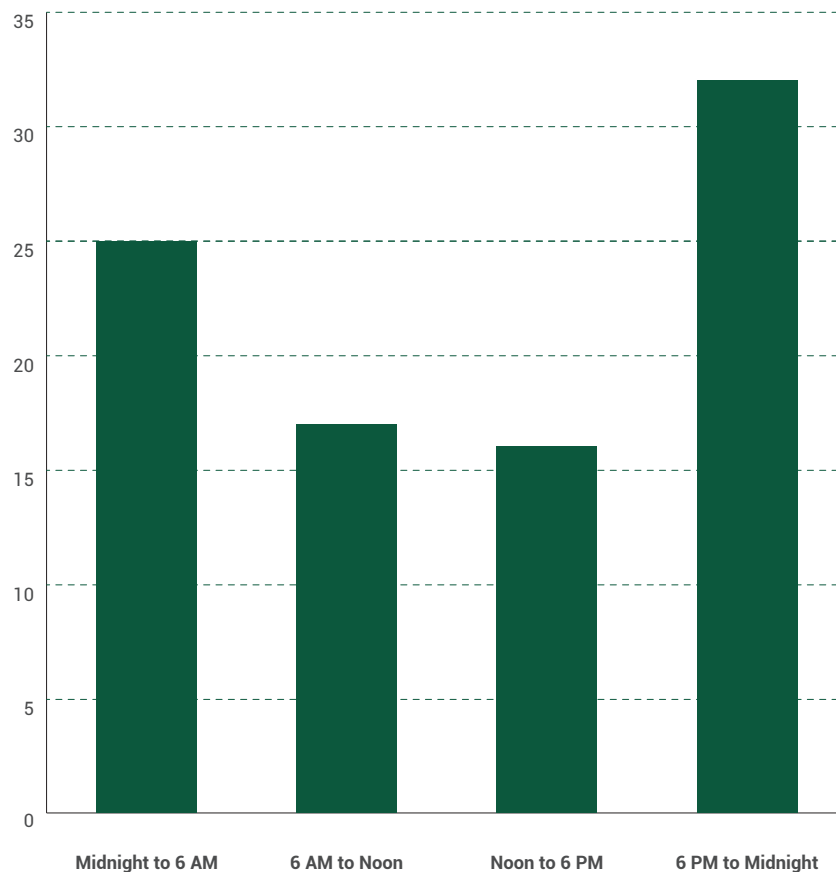
Figure 1: *Number of Officer Lethal Use of Force Incidents in Alaska by Year, 2010 – Oct 2020 (n=92)*



Distribution of Incidents by Time of Day

Figure 2 shows the distribution of officer use of lethal force incidents by time of day with the exception of two incidents for which time of occurrence was unknown. Times of day were categorized into six-hour periods. Most events (57 out of 92 or 62%) occurred during typical nighttime hours (6 pm to 6 am) as opposed to daytime (6 am to 6 pm). In particular, 6 pm to midnight was the time slot during which the plurality of incidents occurred (34.8%).

Figure 2: Number of Officer Lethal Use of Force Incidents in Alaska By Time of Day, 2010 – Oct 2020 (N=90)



Incident Characteristics

Most incidents (92.4%) involved a single citizen. Half of all incidents involved one (21.7%) or two (28.3%) officers who used any level of force. Incidents were initiated by citizens 72 out of 92 times (78.3%) and officers 20 out of 92 times (19.6%). A citizen-initiated encounter typically involved police officers responding to a citizen request for assistance, such as a 911 call regarding a domestic disturbance. Police-initiated encounters, on the other hand, were initiated without a citizen request. Examples of police-initiated encounters include traffic stops and the execution of search warrants.

Table 2 shows the initial incident type. Traffic indicates an incident initiated by a traffic stop, Disorder/ Disturbance is typically a citizen-initiated encounter where officers are called to a disturbance such as a suspicious person, argument, or noise complaint. Property crime and Violent Crime are incidents initiated by the investigation of specific crime types. Warrant / Writ Service incidents are those that occur

as a result of officers serving court documents or someone noticing a wanted citizen. Mental health / Wellness check incidents are instances of a citizen or another person calling emergency services requesting officers respond to a situation in which a citizen is potentially suicidal or acting in a manner that indicates they are experiencing an acute mental health crisis.

Table 2: Initial Incident Type

INCIDENT TYPE	COUNT	PERCENT OF INCIDENTS
Traffic	15	16.3%
Disorder / Disturbance	19	20.7%
Property Crime	11	12.0%
Violent Crime	38	41.3%
Warrant / Writ Service	6	6.5%
Mental health / Wellness Check	3	3.3%
TOTAL	92	

Timing of Officer Use of Lethal Force

Table 3 shows the phase of the incident when lethal force was used against the citizen. Nearly half (47.8%) of all incidents occurred after officers arrived, but before attempting an arrest. This category is described as after at least two verbal exchanges between officer(s) and citizen or more than two minutes after arrival but prior to any attempt to arrest the citizen. When combined with immediately on officer arrival, officers used lethal force before attempting an arrest in 61 out of 92 incidents – 66.3% of all incidents.

Table 3: Phase of Incident When Force Was Used

PHASE	COUNT	PERCENT OF INCIDENTS
Immediately on officer arrival	17	18.5%
After arrival but before arrest	44	47.8%
During arrest	9	9.8%
Upon subject fleeing	21	22.8%
Other/Unknown	1	1.1%
TOTAL	92	

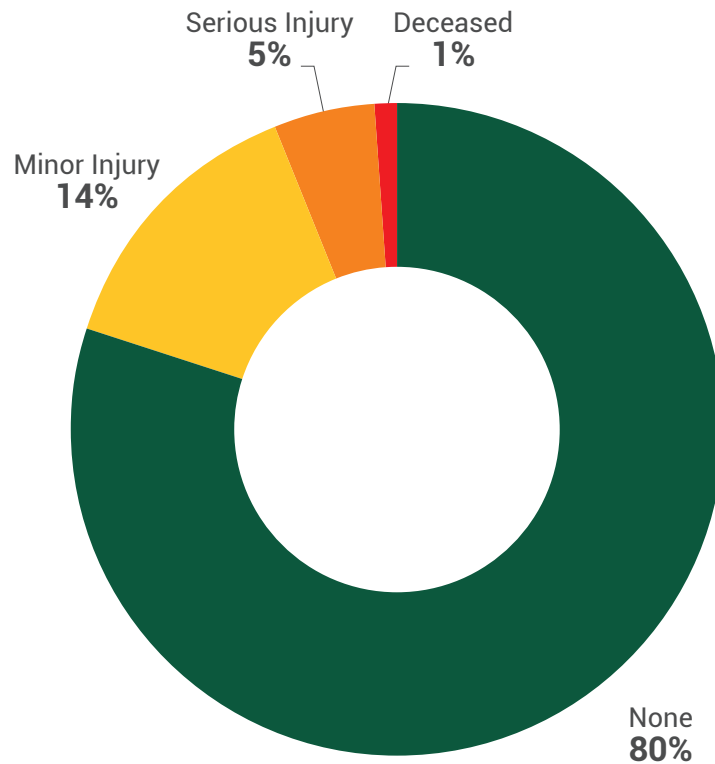
Bystander Injuries

Bystanders are those who are not immediately involved in the police-citizen encounter. Bystanders may be victims of the citizen involved in the police-citizen encounter, or they may be entirely unrelated persons who were incidentally injured. One or more bystanders were injured in 19.6% of incidents (18 of 92). Most bystander injuries were caused by citizens rather than police (17 out of 18). One incident involved a bystander injured by only an officer, and in one incident a bystander was injured by both a citizen and an officer.

While most bystander injuries were not life-threatening, one bystander died as a result of their injuries. Regarding the method of injury, hand-to-hand fighting was the most common method, accounting for eight injuries. Firearms accounted for five injuries, melee weapons accounted for four injuries, and other weapons caused two injuries.

Figure 3 shows the outcomes of those 19 incidents.

Figure 3: Bystander Injury Seriousness Resulting from Officer Use of Lethal Force Incidents



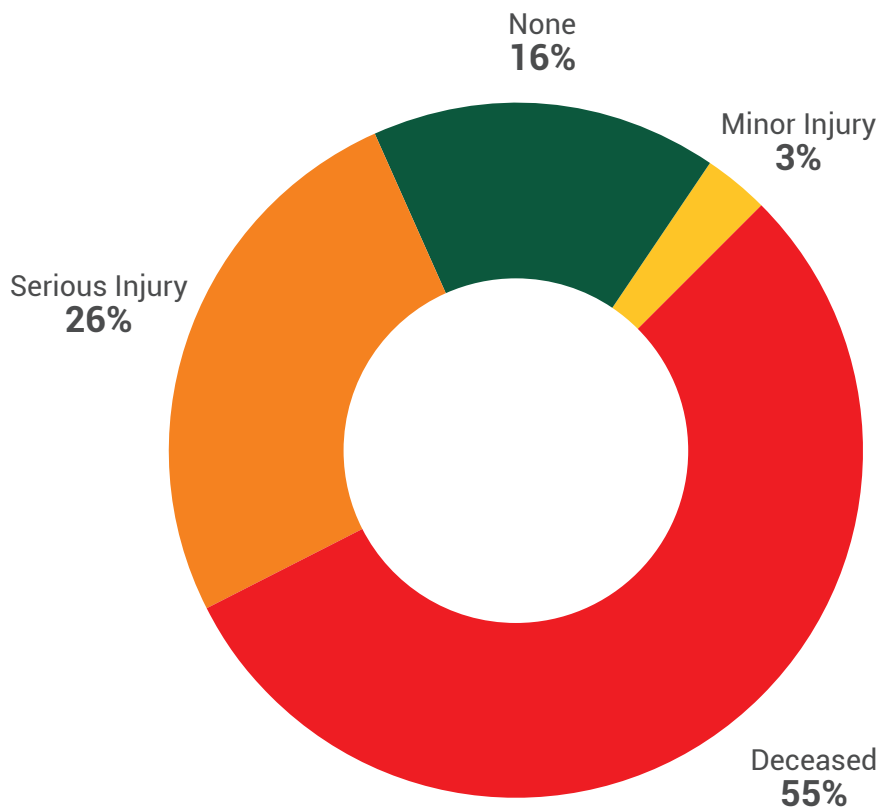
CITIZEN VARIABLES

In this report, a citizen is any person against whom police used any level of force, including verbal threats of force, during a police-citizen encounter that resulted in deadly force. AJiC collected data for all citizens, regardless of whether they were the target of lethal force. For example, a passenger in a vehicle would be included in our data, even when the primary target of potentially lethal force was the driver. Even so, more than 90% of incidents involved just one citizen.

Citizen Injuries

Injury seriousness was available for all but one citizen. More than half (55%) of citizens involved in officer lethal use of force incidents were killed. More than a quarter (26%) suffered a serious injury; a small number (3%) suffered minor injuries. The remainder (16%) suffered no injuries. Firearms were involved in the vast majority of injuries (82), other weapons accounted for one injury. Figure 4 shows the distribution of citizen injury seriousness.

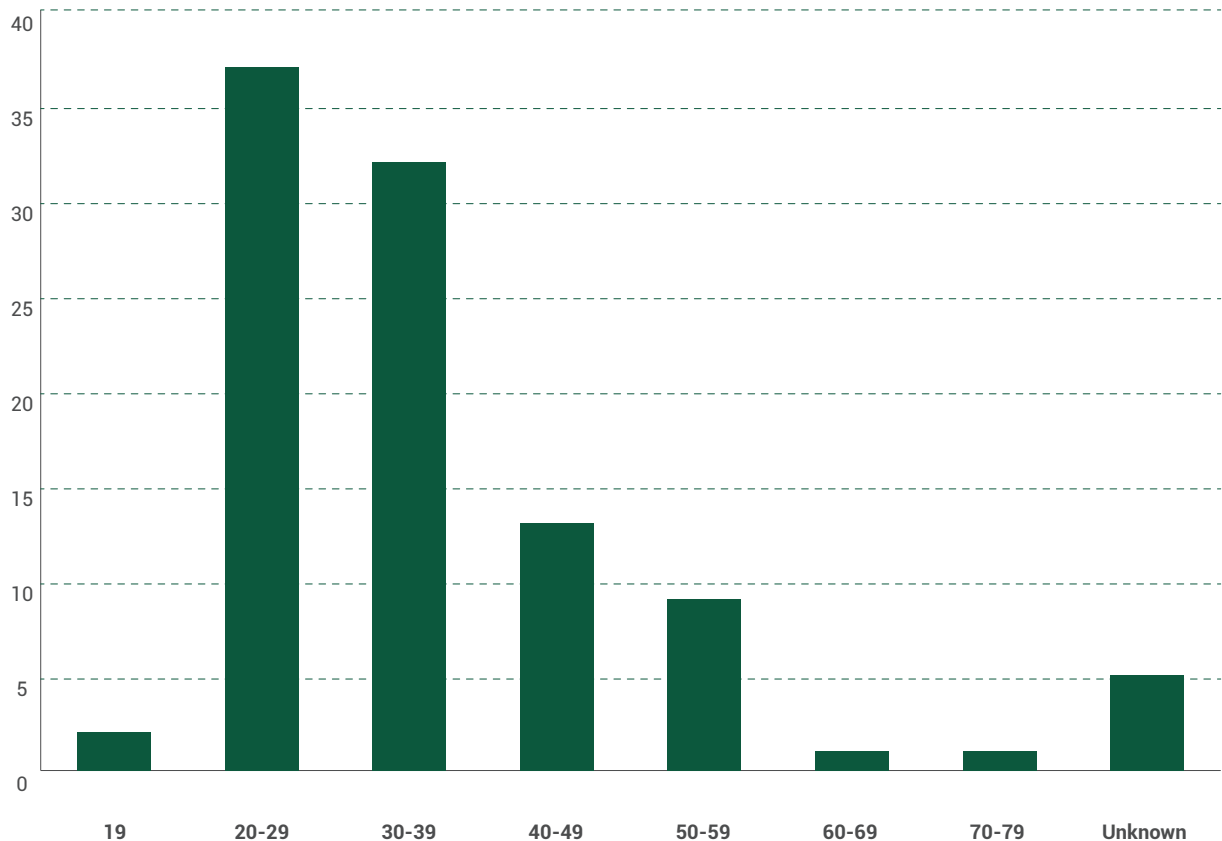
Figure 4: Citizen Injury Seriousness Resulting from Officer Use of Lethal Force Incidents



Age

Citizens ranged from 19 to 75 years old with an average of 34.3 years. More than two-thirds of citizens (69%) were in their 20s or 30s. Citizens' age distribution is shown in Figure 6.

Figure 5: Distribution of Citizens' Age



Sex

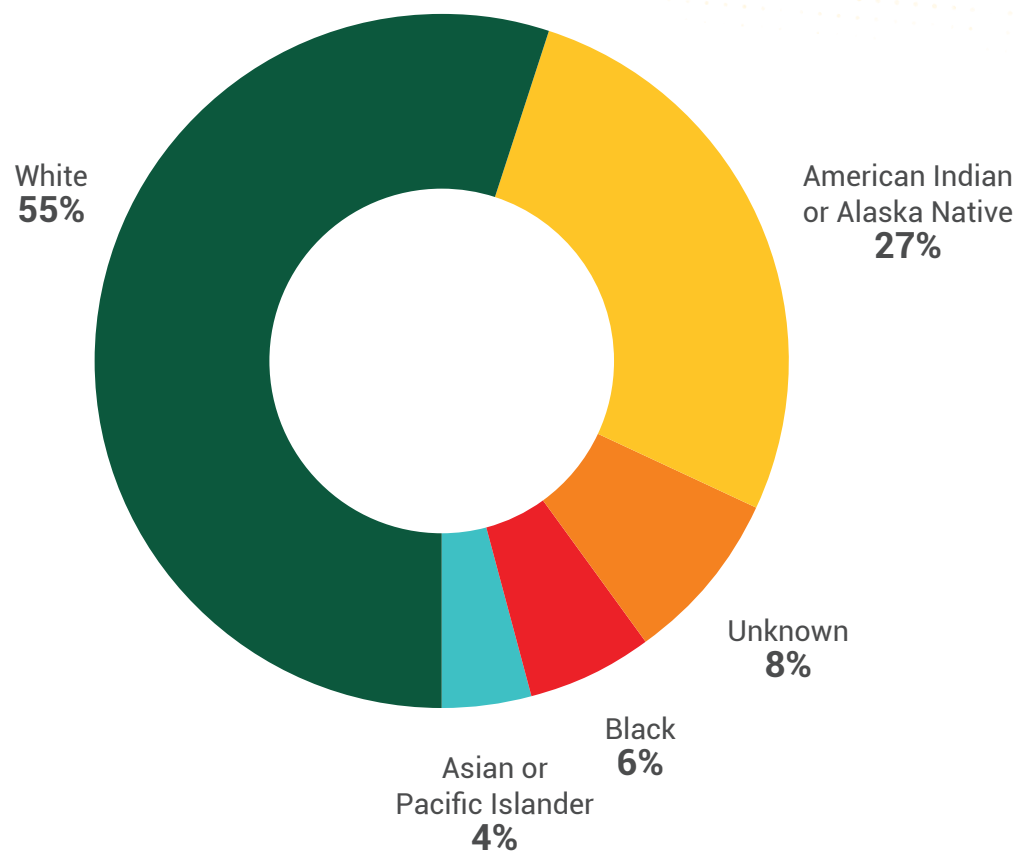
The vast majority of citizens involved in officer use of lethal force incidents were males (91%), and 5% were female. A small percentage of citizen sex (4%) was unknown.

Race

A majority of citizens involved in officer use of lethal force incidents were white (55%). Just over a quarter of citizens (27%) were American Indian or Alaska Native, six percent were Black, and four percent were Asian or Pacific Islander. Relative to the overall population of Alaska, Asians or Pacific Islanders and White were under-represented. American Indians or Alaska Natives and Blacks were involved as citizens in officer use of lethal force incidents nearly double their overall representation in Alaska's population.⁹ Citizen's race distribution is shown in Figure 6.

⁹ Population data averaged over the years 2010-2019, using population estimates from the Alaska Department of Labor and Workforce Development at <https://live.laborstats.alaska.gov/pop/>. The average percent White was 66.7%, American Indian or Alaska Native was 15.2%; Black was 3.6%, and Asian or Pacific Islander was 7.3%.

Figure 6: Race of Citizens in Officer Use of Lethal Force Incidents



Mental and Behavioral Health

For the purposes of this report, we defined mental illness as any indication of any psychiatric or psychological dysfunction. Our measures did not require medical diagnoses and included any evidence in the investigative casefile of suicidal ideation, manic or psychotic episodes, delusion, or evidence that the citizen was in any state that significantly distorts or disrupts their processing of objective reality, including when such a state is caused by the ingestion of drugs. While our definition is quite broad, in many instances, these factors were not legally relevant for the analysis OSP provides. It is possible that there were incidents with indicators of mental illness but those indicators were not obvious to officers or were not documented in the case file.



68.5% OF INCIDENTS INVOLVED A CITIZEN WITH A MENTAL ILLNESS

More than two-thirds (68.5%) of incidents involved at least one citizen who showed one or more indicators of mental illness. We coded the first instance of any on-scene officer becoming aware of citizen mental illness as documented in the casefile. Due to the chaotic nature of many incidents, some officers could know of mental illness while others were not aware of mental health involvement. Table 4 describes the phase during which on-scene officers discovered citizen's mental illness.

Prior to the application of lethal force, officers were aware of mental health involvement in slightly more than one in five incidents (22.8%). In half of incidents involving a citizen with an indicator of mental illness, officers were not aware of the citizen's mental illness until after application of potentially lethal force (35.9% of all incidents). For these incidents, evidence of mental illness was discovered during the investigation phase but there was no documentation that officers who were involved in the incident were aware of possible mental illness issues.

Table 4: Earliest Phase of Incident When Responding Officers Suspected Mental Illness of Suspect

EARLIEST PHASE OF INCIDENT WHEN OFFICERS DISCOVERED MENTAL ILLNESS	COUNT	PERCENT OF INCIDENTS
Before Use of Lethal Force	21	22.8%
During Use of Lethal Force	9	9.8%
After Use Of Lethal Force (includes investigation phase)	33	35.9%
No mental Illness	29	31.5%

Officers were made aware of citizens' mental illness in various ways during each phase of the incident. Mental health involvement could become known to officers because a citizen told officers, because officers had prior history with the citizen, because other people told the officers of mental health issues, or due to officer observation. In some incidents, multiple methods of discovery were present, and it was often difficult to determine which discovery method occurred first from the information available.

Table 5 shows the phase of incident by method of discovery. Categories in Table 5 are not mutually exclusive; some incidents have multiple phases and multiple methods of discovery. Two facts are clear from the table. First, it was rare for an officer to know of a citizen's mental illness due to prior history with the citizen. This was documented just once in the case files reviewed for analysis. Second, by far, the most common discovery method was another person telling officers of the citizen's mental state – and this frequently occurred after the use of force.

Table 5: *Phase of Incident by Method of Discovery of Mental Illness*

PHASE OF INCIDENT	HOW OFFICERS LEARNED OF MENTAL ILLNESS INVOLVEMENT			
	CITIZEN TOLD OFFICERS	OFFICER HAD PRIOR HISTORY WITH CITIZEN	OTHER PERSON TOLD OFFICERS	OFFICER OBSERVATION
Before lethal use of force	8	1	14	6
During lethal use of force	7	0	1	3
After lethal use of force	9	0	25	1

Note: Categories are not mutually exclusive; multiple discovery methods at multiple points in time are possible.

The available information in the case files did not generally allow us to separate various diagnoses. The sole exception was suicide. This phenomenon, commonly referred to as suicide-by-cop, has been studied in the criminological and public health literature for decades.¹⁰ The single most common indicator of mental illness was a citizen's wishes that officers end the citizen's life. This was so common and so clear in initial reviews of case files during pilot testing our methods that we added items specifically to capture suicide.

AJiC's coding rules required documentation in the casefile that the citizen made unambiguous statements regarding their wishes. Our measure does not include officers or others hypothesizing about the cause of a citizen's behavior. There had to be at least one clear, unambiguous statement made by the citizen to either officers directly or someone close to the citizen (typically revealed in interviews after the incident) that clearly indicated the citizen's intentions.

¹⁰ For more information on research about suicide by cop, see, e.g.:
<https://doi.org/10.1111/j.1556-4029.2008.00981.x>
[https://doi.org/10.1016/S0196-0644\(98\)70064-2](https://doi.org/10.1016/S0196-0644(98)70064-2)
<https://doi.org/10.1520/JFS14690J>

In our data, 33 out of 92, or just over one-third of all incidents involved a citizen who indicated to at least one person that they wished to commit suicide-by-cop. This category of mental illness indicator made up about half of all mental illness in the sample.

Even though the information available to the research team was limited, we were able to determine that these incidents often posed substantial challenges for both officers and citizens. The citizen displayed, threatened/attempted to use, or actually used a firearm in 70% of suicide-by-cop incidents (23 incidents). In the majority of suicide-by-cop incidents, officers on-scene were not aware of the citizen's intentions prior to using lethal force. In 30% of incidents where the citizen desired to use the police as a weapon to commit suicide (10 incidents), officers were aware of the citizen's suicidal intentions prior to the application of lethal force. In all but one of these incidents, the citizen displayed, threatened, attempted to use, or used a firearm.

Our data source does not allow comprehensive measurement of the extent to which involved citizens were able to seek and receive relevant psychiatric care; these are details that are frequently not legally relevant and are therefore not documented during the investigation. Even so, in several incidents, family members interviewed by police after an incident spontaneously discussed failed attempts to get psychiatric help for the citizen.



**SUICIDE BY COP
ACCOUNTED FOR 36%
OF ALL OFFICER USE OF LETHAL
FORCE INCIDENTS.**

Drug and Alcohol Use

We measured drug and alcohol use in multiple ways, including blood tests, citizen observations (where another person tells an officer that the citizen in question used drugs or drank alcohol), or observation by the officer (either direct observation of drug/alcohol use, scent of alcohol on the breath, or observation of behavior consistent with intoxication).

More than a quarter (27.2%) of incidents simply did not mention drugs and alcohol — there was no indication of whether alcohol and/or drugs played a role at all. It is possible that in some of those incidents drugs and/or alcohol were contributing factors but were not mentioned in the case file. Still, drug and alcohol use were commonly documented in the casefile, with over two-thirds of incidents (68.5%, 63 incidents) involving one or more citizens who had used drugs and/or alcohol.

The most common drug involved was alcohol. One-third (33.7%, 31 incidents) of incidents involved one or more citizens with suspected or confirmed alcohol intoxication. Twenty citizens had blood-test confirmed¹¹ BAC levels, the average of which was .164, over twice the legal limit for driving in the state.

¹¹ In other incidents where there was no blood test or toxicology report, there were clear indicators of alcohol intoxication, such as the citizen admitted to alcohol use or officers noted a breath odor of alcohol.

Table 6 shows the cross-tabulation of alcohol and any drugs other than alcohol. In approximately half of incidents with alcohol intoxication, other drugs were also involved (16 incidents).

Table 6: Drug Use by Alcohol Use

DRUGS OTHER THAN ALCOHOL	ALCOHOL			
	NOT TESTED*	NO†	YES	TOTAL
Not tested*	25	0	7	32
No†	0	4	8	12
Yes	5	27	16	48
TOTAL	30	31	31	92

Notes:

*Not tested means there was no evidence in the file of drug and or alcohol intoxication and no toxicology results.

†No means there were negative toxicology results or other evidence of no drug/alcohol involvement, such as a notation in an officer report that alcohol/drugs were not involved.

There was evidence of citizen drug use other than alcohol in about half of all incidents (52.2%, 48 incidents). The most common drug other than alcohol was methamphetamine or amphetamine, occurring in 28.3% of all incidents (26 of 92 incidents), closely followed by marijuana (25 out 92 incidents or 27.2%). Other drugs were less common (see Table 7). In only 4 incidents were all citizens confirmed to have no drugs in their system with negative toxicology results, but in an additional 25 incidents neither drugs nor alcohol were mentioned in the casefile.

Table 7: Citizen Drug Use

DRUG TYPE	COUNT	PERCENT OF INCIDENTS
Alcohol	31	33.7%
Methamphetamine/Amphetamine	26	28.3%
Marijuana	25	27.2%
Opiates/Opioids	10	10.9%
Other	10	10.9%
Crack/Cocaine	1	1.1%
Toxicology report negative for all drugs	4	4.3%
No drug or alcohol testing information in file	25	27.2%

Note: Citizens could be intoxicated by multiple drugs simultaneously.

Crime Suspicion and Criminal History

In our data collection, criminal suspicion included indicators that the citizen was actively wanted for suspicion of crimes committed prior to the incident that resulted in police using lethal force. Criminal suspicion included the citizen having open warrants, matching the description of a wanted person, violations of parole, or violations of domestic violence protective orders. We coded the presence of suspicion of other crimes and whether there was any indication that any officer on scene was aware of that suspicion prior to the use of lethal force.

Nearly two-thirds of officer use of lethal force incidents (65.2%, 60 incidents) involved a citizen who was suspected of criminal behavior prior to the incident in which lethal force was used by police. One in five incidents (21.7%, 20 incidents) involved citizens with one or more open warrants; in half of those incidents (11 incidents) officers were aware of the open warrant(s) prior to the use of force. In over forty percent of incidents (43 incidents, 46.7%) one or more citizens matched the description of a suspect wanted for prior crimes. This includes five incidents in which citizens both matched the description of a suspect and had open warrants.

The nature of citizen criminal suspicion is described in Table 8.

Table 8: Citizen's Criminal Suspicion

NATURE OF SUSPICION	COUNT	PERCENT OF INCIDENTS
Matched description of a suspect	43	46.7%
Open warrants <u>known</u> to officers	11	12.0%
Open warrants <u>unknown</u> to officers	9	9.8%
Other suspicion	2	2.2%
No suspicion	32	34.8%

Note: Citizens can have more than one type of criminal suspicion

The incident case file included a criminal history report for 57% of citizens (57 of 100 citizens). We searched the publicly-available CourtView records for 41 citizens to determine criminal history. For two citizens, the case files did not include criminal history and also did not include the date of birth; we were unable to determine criminal history for these two citizens.

More than four out of every five incidents (76 incidents or 82.6%) involved citizens with a criminal history as reported by APSIN (when included in the file) or CourtView. We found no indication that officers were aware of the citizen's criminal history in most incidents. Just 11 incidents included documentation that officers were aware of the citizen's criminal history prior to the lethal use of force.

The most common type of criminal history was a misdemeanor history of violence. Table 9 shows the seriousness of criminal history by whether it included crimes of violence. There were 25 incidents that involved one or more citizens with a misdemeanor history of violence. Non-violent felonies were nearly as common, followed by violent felonies.

Table 9: Criminal History of Citizens by Seriousness and Violence

SERIOUSNESS	NON-VIOLENT	VIOLENT	TOTAL
Misdemeanor (only)	13	25	38
Felony	22	18	40

Note: Incidents do not sum to the total number of incidents involving citizens with a criminal history due to a small number of incidents involving citizens with differing criminal histories.

Citizen Resistance And Weapon Use

Every case file contained evidence of active resistance or an active public safety threat by one or more citizens.

Citizen threats (verbal threats to use weapon), attempts (reaching for or unholstering weapon but not using it), and uses (firing, slashing, etc.) of various types of weapons were common. Just two incidents did not involve the immediate use of a weapon. In one of these incidents, the citizen failed to yield to a police officer, brandished a firearm, and drove a vehicle on the wrong side of a highway at high speed. In the other incident without the immediate use of a weapon, a police officer fired a warning shot into the air to stop a citizen from fleeing.

We collected information on the targets of citizen weapon use and the type of weapon used. Some incidents include multiple weapon types. Multiple targets were more common than multiple weapon types.

Firearms were the most common weapons used by citizens. In three out of five incidents (57 incidents, 62.0% of incidents) in these data, citizens either displayed, threatened, attempted to use, or used a firearm. When citizens threatened, attempted to use, or used a firearm, police officers were the most common target. In 51 incidents (55.4%), citizens threatened, attempted to use, or used a firearm against officers — and in 21 incidents (22.8%), citizens used (fired) a firearm against officers.

Citizens used firearms less frequently against other persons. Twenty-two incidents (24%) included the threat, attempt, or use of a firearm against another citizen. Thirteen incidents included one or more citizens who threatened, attempted to use, or used a firearm against themselves. In nearly all of the self-harm incidents, the citizen also threatened other people or officers. Just one self-harm incident involving a firearm included only self-harm without threats, attempts, or use of a firearm against other persons. As shown in Table 10, the second most common weapon used by citizens were vehicles. Note, however, that citizens can use multiple weapons in an incident — and in more than half (10) of the incidents where vehicles were used as weapons, firearms were used as well.

Table 10: Weapons Used in Incidents

WEAPON TYPE	COUNT OF INCIDENTS
Firearm	57
Vehicle	18
Knives and other bladed weapons	14
Other weapons	5
Blunt objects	7
Simulated weapons	3
Note: Counts do not sum to the total number of incidents; multiple weapons were used in some incidents.	

OFFICERS INVOLVED

An officer in this data is a law enforcement officer employed by a law enforcement agency in Alaska at the time of the officer's use of lethal force incident who used or threatened to use any level of force against any citizen during a police-citizen encounter, including verbal threats of force. We also included two K9s (police dogs) as officers in our analysis. Our analysis therefore includes officers who were present at the time of the use of force but who did not use lethal force.

We collected data only on officers who were involved in the chain of events that led to the use of lethal force. Officers tasked with evidence collection, witness interviews, traffic control, prisoner transport, and other administrative tasks not immediately connected to the chain of events that gave rise to the use of lethal force are excluded.

Number of Officers

A total of 295 officers were involved in the 92 incidents. This includes two K9s (police dogs) who were killed in the line of duty during the incident and 158 officers who fired a firearm during the incident. The typical number of officers involved was one or two. Half of the 92 incidents involved either one officer (25.0% of incidents) or two officers (30.4% of incidents). Only 25% of incidents involved more than four officers.

Agency of Employment

Table 11 shows the agencies of employment of officers who used any level of force in included incidents. Three-quarters of incidents involved either the Alaska State Troopers or Anchorage Police Department (and in one incident, both agencies). More incidents involved the Alaska State Troopers than any other agency (46.7% of all incidents). More than a quarter of incidents involving one or more Alaska State Troopers (12 incidents) also included another agency. More than half of the incidents involving one or more officers from the Wasilla Police Department also included one or more Alaska State Troopers. More than a third of incidents involving the Fairbanks Police Department also included one or more Alaska State Troopers. The Homer Police Department, Kotzebue Police Department, Palmer Police Department, and UAF Police Department were also involved in single incidents that also involved one or more Alaska State Troopers. The Anchorage Police Department was involved in 31.5% of all incidents, with one of these also involving an Alaska State Trooper.

Table 11: Officer Agency

SINGLE-AGENCY INCIDENTS		COUNT
Alaska State Troopers		31
Anchorage Police Department		28
Fairbanks Police Department		5
Juneau Police Department		3
North Slope Borough Police Department		3
Wasilla Police Department		3
Bethel Police Department		2
Anchorage Airport Police Department & Fire		1
DOC (Parole & Probation)		1
Dillingham DPS		1
Petersburg Police Department		1
Seward Police Department		1
MULTIPLE-AGENCY INCIDENTS		
Alaska State Troopers	Wasilla Police Department	4
Alaska State Troopers	Fairbanks Police Department	3
Alaska State Troopers	Anchorage Police Department	1
Alaska State Troopers	Homer Police Department	1
Alaska State Troopers	Kotzebue Police Department	1
Alaska State Troopers	Palmer Police Department	1
Alaska State Troopers	UAF Police Department	1

Officer Rank and Duty Assignment

The typical officer use of lethal force incident involved a patrol officer as the highest-ranking on-scene officer (52.2% of all incidents). Nearly one in three included a sergeant—this is typically an officer who supervises a number of patrol officers and has a higher level of experience. Nearly twenty percent (18.5%) of incidents involved an officer who held ranks above sergeant, such as lieutenant, captain, deputy chief, or chief.

Table 12: Highest Rank of Responding Officers

OFFICER RANK	NUMBER OF INCIDENTS	PERCENT OF INCIDENTS
Line-level Patrol	48	52.2%
Sergeant	27	29.4%
Higher than sergeant	17	18.5%

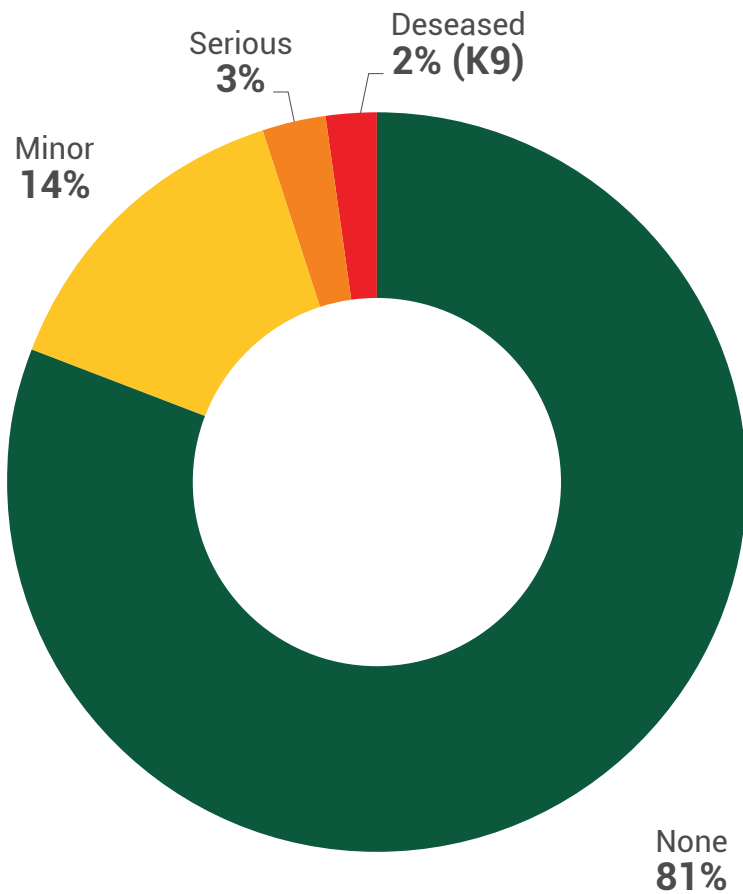
Three-quarters (73.9%, 68 incidents) involved only officers with a primary duty assignment of patrol (including two incidents with K9 officers). Eleven incidents (12.0%) involved one or more Special Emergency Reaction Team or Special Weapons And Tactics (SERT/SWAT) officers while acting in their SERT/SWAT capacity. SERT/SWAT officers have specialized training to respond to high-risk situations. In Alaska, SERT/SWAT is often an additional voluntary assignment, in which case officers have other primary duty assignments. Officers were noted as SERT/SWAT only when interviews and/or other materials in the file confirmed the officer had SERT/SWAT training, experience, and was deployed in a SERT/SWAT capacity at the time lethal force was used.

SERT/SWAT incidents are typically different from non-SWAT incidents in a number of ways, many of which were not captured in our data. In our data, the primary difference was that a greater number of responding officers were present on scene in SERT/SWAT incidents. On average, a SERT/SWAT incident had 6.5 officers; a non-SERT/SWAT incident had 2.8 officers on average.

Officer Injury

Figure 7 shows the distribution of seriousness of injuries incurred by officers during incidents in which potentially lethal force was used by officers. Officers were injured in 18 incidents (19.6% of all incidents). In one of these incidents, two officers were injured. No human officers were killed in these incidents, but two police dogs were killed in two separate incidents.¹²

Figure 7: Seriousness of Officer Injury (percent of incidents)



¹² There were other incidents throughout Alaska during the study period (January 2010 through October 2020) in which law enforcement officers were killed in the line of duty. Those incidents, however, were not reviewed by OSP for criminal liability on the part of officers and therefore do not appear in our data.

Firearms were the most common weapon used to injure officers. Eight officers were injured by firearms in seven incidents. Half of these injuries were not life-threatening. Two officers were seriously injured by firearms; two K9s (police dogs) were killed by firearms. Five officers were injured by vehicles (all non-life-threatening injuries). Four officers were injured in hand-to-hand combat, one with life-threatening injuries. Other weapons caused minor injuries to two other officers.

Deadly Force Used by Officers

Officers used firearms in all but two incidents. Sidearms (pistols) were the predominant firearm used in officer use of lethal force incidents – at least one officer used a sidearm in 70.7% of incidents. In 47 incidents (51.1% of all incidents), a sidearm was the only firearm used. Verbal commands or threats to the citizen were used in 88 out of the 90 incidents in which an officer used a firearm.

Firearms were not used in only two incidents. In one of those incidents, the officer used a hand-to-hand compliance hold as well as a TASER. In the other incident, the citizen gained control of the officer's firearm and committed suicide with the officer's weapon in a suicide-by-cop related incident. Detailed firearms data is displayed in Table 13.

Table 13: *Firearm Types Used by Officers*

FIREARMS	NUMBER OF INCIDENTS	PERCENT
Sidearm	65	70.7%
Patrol Rifle	35	38.0%
Shotgun	6	6.5%
None	2	2.2%

Other Uses of Force

Nearly all incidents (89 incidents, 96.7% of all incidents) included at least one officer who issued verbal commands, verbal threats of deadly force, or verbal threats of less-lethal force.

Hand-to-hand techniques such as compliance holds were rarely used in lethal use of force incidents, occurring in just five incidents (5.4% of incidents). In four of those five, a firearm was also used at some point by at least one officer. There were no incidents where hand-to-hand techniques were the only force used by officers.

We collected whether less-lethal weapons were used, but our data cannot be used to determine the effectiveness of less-lethal weapons. By definition, our data includes only potentially fatal encounters that were reviewed for the officers' criminal liability by OSP. Incidents in which less-lethal weapons were successfully deployed and caused only minor injuries were not routinely reviewed by OSP.

Less-lethal weapons (pepper spray or mace, conducted electrical weapons such as TASERS, bean bag rounds, batons) were used by one or more officers in more than a quarter of incidents (27 incidents, 29.3% of incidents). In most of these incidents (24 incidents) only one type of less-lethal weapon was used.

Conductive electrical weapons (TASERS) were the most common less-lethal weapon, used in 15 incidents (16.3%) and displayed but not used in an additional three incidents (3.3%). Pepper (OC) spray or mace was used in five incidents (5.4%). Beanbag rounds were also used in five incidents, and a weapon that fired beanbag rounds was displayed but not fired in one additional incident. Other less-lethal weapons were used in three incidents and were displayed in one additional incident.

Table 14: Officer Use of Less-lethal Weapons

LESS-LETHAL WEAPONS	NUMBER OF INCIDENTS	PERCENT OF INCIDENTS
Taser	15	16.3%
Pepper Spray / Mace	5	5.4%
Bean Bag / ARWEN	5	5.4%
K9	5	5.4%
Baton	1	1.1%
Other	3	3.3%
None	65	70.7%

Note: More than one less-lethal weapon was used in three incidents

SUMMARY

This project had two purposes. First, we sought to assess the extent to which existing OSP case files could be used to build a comprehensive data collection platform regarding incidents in which Alaska police officers use deadly force. Second, we sought to describe these incidents with the information available.

Overall, our work suggests that OSP's casefiles contain more than enough information to make the determination OSP is tasked with making — that is, is there sufficient evidence to warrant charging an officer with a criminal offense under Alaska law and are criminal charges legally appropriate given the circumstances? OSP's casefiles can also provide a useful starting point for the creation of comprehensive data, but they do not contain all information of public interest and policy significance.

In general, the research team was able to extract incident-level characteristics from the OSP casefile successfully. Citizen characteristics were also frequently fully available or highly available. Exceptions include clear negative results for alcohol/drug use — most often when there was no alcohol/drug use suspected. These aspects were simply absent from the file instead of a clear notation that alcohol/drugs were not involved. The citizen's military status was also rarely in the file. Criminal case processing details for the citizen (case numbers, ATNs) were also frequently absent. Finally, whether a citizen's criminal history was known to officers prior to the use of force was missing more than half the time as well.

Officer-level demographics and experience were more problematic. As we describe in the data quality assessment, this is due in part to our definition of officer, which included officers who did not apply deadly force. Even when limiting our analysis to officers who used deadly force, OSP's casefiles were missing officer date of birth and race more than a third of the time. Officer sex was missing more than 10% of the time (and much of the time, we derived this from pronoun use in interviews with officers). Officer experience with their current agency and/or other agencies, and officer military experience were missing more frequently than not.

We can describe officer use of lethal force incidents with the available information. The typical incident in which an officer used deadly force occurred between 6pm and 6am and was initiated by another citizen. Between one and two officers responded and used deadly force relatively early in the police-citizen encounter. Half of citizens who had deadly force used against them were actually killed by police; most of the remainder suffered serious injuries. Most of those fatalities and injuries were due to gunshot wounds. Officers were typically line-level patrol officers with a duty assignment of patrol. Approximately three quarters of officers involved in lethal use of force incidents worked for either the Alaska State Troopers or Anchorage Police Department. Most incidents ended with no serious injuries to officers, although in three incidents serious injury to officers occurred and two police dogs were killed. No human officers were killed in the incidents reviewed for this report, although there were incidents not reviewed for this report in which officers were killed during the study period (see footnote 12 on page 29). When officers were injured, firearms were the most common weapon used against them.

Nearly all incidents involved officers issuing commands or threats of force, and nearly all incidents involved one or more police officers firing a firearm. In half of incidents, officers used only pistols; patrol rifles were used in 38% of incidents. Less-lethal weapons were used in a third of incidents, with conductive electrical weapons (TASERS) being the most common.

Incidents typically involved a single male citizen who was in his 20's or 30's. While the majority of citizens were white, American Indians or Alaska Natives and Blacks were involved at rates approximately double their proportion of the population. The citizen was more likely than not to be under the influence of drugs and/or alcohol, and nearly all citizens displayed or used a weapon. Citizens were more likely than not to either match the description of a wanted suspect or have open warrants for their arrest, and to have a criminal history prior to the incident in which officers used deadly force.

Citizens who had deadly force used against them were more likely than not to be in a mental health crisis. More specifically, fully a third of incidents involved a citizen who had made unambiguous statements to others that he wanted to end his life, and that he wanted to provoke an encounter with police to achieve that goal. Officers were not aware of the citizen's intention most of the time, and in most of these incidents, the citizen threatened to use, attempted to use, or used a firearm against officers or another person.

RECOMMENDATIONS

Our project was not designed to evaluate police officer strategies and tactics, nor was it designed to determine if officers used excessive force (in either the legal sense or the more colloquial sense). We therefore offer no recommendations to officers or agencies regarding the actions of officers in these incidents beyond our descriptions above.

We offer the following recommendations regarding data collection based on our project:

The State of Alaska should develop a comprehensive statewide data collection regarding police officer uses of lethal force housed at an agency that can compile and use the information to drive policy.

Currently, there is no comprehensive official data source that can be used by policymakers and the general public to examine and describe police officer uses of lethal force in the State of Alaska. At present, policymakers and the public are limited to what information is reported by the news media. Incidents are reported singly, with varying amounts of detail and differing definitions of key aspects of the incident. A comprehensive statewide data collection could help further discussions to improve policy and practice while also increasing transparency.

There are policy and practical issues to housing such a data collection. While the full enumeration of these issues is outside the scope of this report, we offer a few suggestions for characteristics of the agency tasked with this data collection. At minimum, the agency must have the ability to 1) collect and maintain criminal justice information in a manner consistent with applicable state and federal regulations; 2) issue reports from the data; 3) vet external requests for the data; 4) provide policy-level insights on police practices; 5) maintain legitimacy in the eyes of the public. Given OSP's current role in officer use of deadly force events, some of these characteristics likely fall outside of OSP's mandate.

OSP casefiles can serve as a starting point for data collection – but OSP files cannot be the sole data source.

OSP's casefiles are not designed to be a canonical record of every reasonable data element of public interest in officer use of lethal force incidents. It is therefore unfair to expect these files to serve that role alone. Our analysis found that OSP's casefiles could be a reasonable starting point for developing a comprehensive data collection regarding officer use of lethal force.

The development of a comprehensive data collection should include mandatory standardized data elements, starting with the FBI's National Use-of-Force Data Collection elements.

In response to public pressure, the FBI engaged national stakeholders and piloted a use of force data collection from 2015-2019. The resulting FBI National Use of Force Data Collection should serve as a model for Alaska's data collection. The Alaska Department of Public Safety is already taking steps to implement the voluntary collection of certain data points; we recommend a statutory mandate for agencies to report specific data elements.

The FBI's data collection includes the following information on incidents, citizens, and officers:

Incident

- Date/time
- Number of officers who applied force
- Location and location type
- Did the officer(s) approach the subjects?
- Was it an ambush incident?
- Was a supervisor or senior officer consulted during the incident?
- Reason for initial contact
- If the initial contact was for unlawful activity, what was the most serious offense the subject was suspected of?
- NIBRS record number or local incident number
- Case/report numbers for other agencies when multiple agencies are involved

Citizen/subject information

- Age, sex, race, ethnicity, height and weight
- Injury/death of subject
- Type of force used
- Did the subject direct a threat to the officer or another person?
- Did the subject resist?
- Type of resistance or weapon involvement
- Did the subject have a known or apparent impairment, such as mental health condition or being under the influence of drugs or alcohol?
- Was the subject believed to have a weapon?

Officer

- Age, sex, race, ethnicity, height and weight
- Years of service in law enforcement
- Was the officer a full-time employee?
- Was the officer on duty?
- Did the officer discharge a firearm?
- Was the officer injured, and if so, what was the injury type?

Other data elements should be considered for inclusion by a broad group of stakeholders from inside and outside of the criminal justice system.

There may be data elements of interest in addition to the FBI's National Use-of-Force Data Collection elements. Alaska-specific elements should be identified by key stakeholders through a public process. At the implementation level, care should be taken to maintain compatibility with national data collections (e.g., conflicting definitions should not be used). Care should also be taken to ensure that data collection is not overly burdensome to agencies.

Detailed use of lethal force incident data should be public where possible – but that may not always be possible or advisable.

Where possible, data regarding police officer use of lethal force should be publicly available to ensure transparency and enable the public to produce their own analyses. This includes sufficient documentation to describe data elements and the data generating process. Data should be publicly available in aggregated form in reports and digital publications. The raw data should also be readily available to the public, where possible. Some data elements, such as mental health status and other identifiable information, may need to be restricted to research organizations to preserve privacy of individuals. Clear guidelines for the release and use of restricted data should be created. Many data elements of public interest, however, should have no such restriction.

APPENDIX – DATA AVAILABILITY FOR EACH ELEMENT

Table 15: Incident-Level Data Availability

CHARACTERISTIC	PERCENT MISSING	AVAILABILITY
Incident date	0.0	Full availability (0% missing)
Incident address	0.0	Full availability (0% missing)
Incident type	0.0	Full availability (0% missing)
Date OSP issued declination letter	0.0	Full availability (0% missing)
Number of citizens on scene when deadly force used	0.0	Full availability (0% missing)
Number of officers on scene when deadly force used	0.0	Full availability (0% missing)
Citizen or officer-initiated incident	0.0	Full availability (0% missing)
When during incident lethal use of force occurred	0.0	Full availability (0% missing)
Whether bystander was injured	0.0	Full availability (0% missing)
Bystander injured by what weapon?	0.0	Full availability (0% missing)
Citizen stopped by deadly force?	1.1	High availability (1-19.9% missing)
Bystander injury extent	1.1	High availability (1-19.9% missing)
Incident time	2.2	High availability (1-19.9% missing)
Date OSP received file	46.7	Poor availability (40%+ missing)

Table 16: Citizen-Level Data Availability

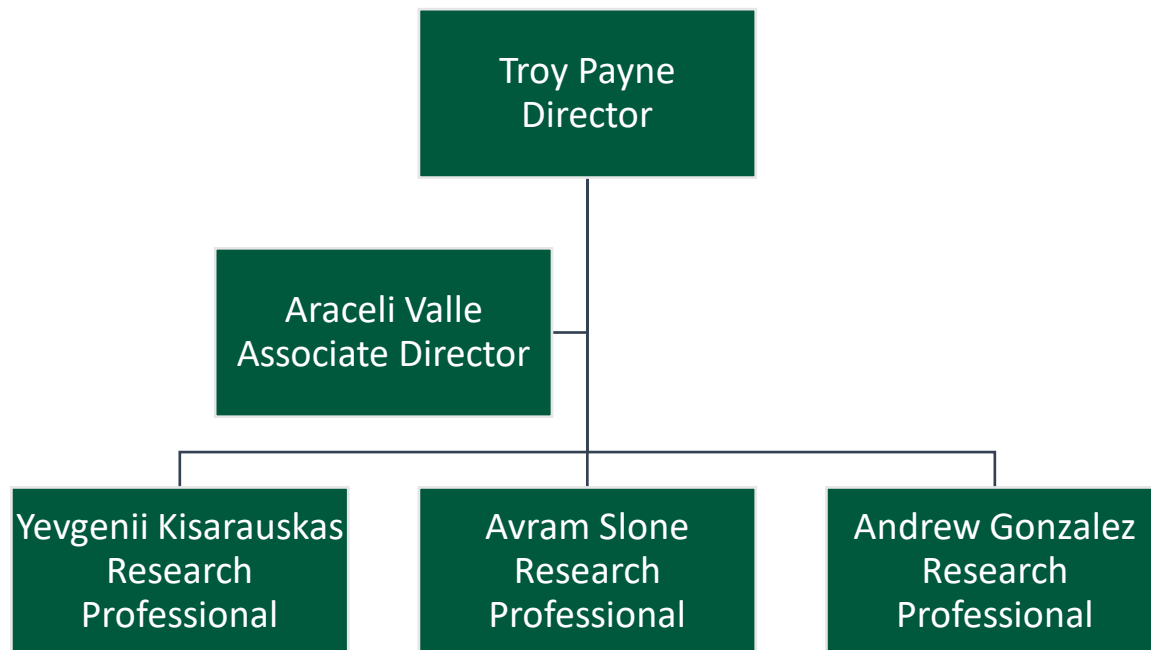
CHARACTERISTIC	PERCENT MISSING	AVAILABILITY
Citizen name	0.0	Full availability (0% missing)
Citizen race	0.0	Full availability (0% missing)
Citizen suspected of crimes	0.0	Full availability (0% missing)
Citizen injured?	0.0	Full availability (0% missing)
Citizen use and threats of force	0.0	Full availability (0% missing)
Citizen mental health indicators	1.0	High availability (1-19.9% missing)
Citizen injury seriousness	1.0	High availability (1-19.9% missing)
Citizen injury weapon	1.0	High availability (1-19.9% missing)
Citizen resistance active/passive	1.0	High availability (1-19.9% missing)
Citizen resistance weapon type	1.0	High availability (1-19.9% missing)
Citizen charges stemming from incident?	2.0	High availability (1-19.9% missing)
Citizen criminal history	2.0	High availability (1-19.9% missing)
Citizen sex	4.0	High availability (1-19.9% missing)
Citizen DOB	5.0	High availability (1-19.9% missing)
Citizen alcohol use	37.0	Fair availability (20-39.9% missing)
Citizen alcohol BAC	37.5	Fair availability (20-39.9% missing)
Citizen drug use	40.0	Poor availability (40%+ missing)
Citizen ATN for incident	50.0	Poor availability (40%+ missing)
Citizen criminal history known to officers before force used	58.0	Poor availability (40%+ missing)
Citizen case number for incident	60.0	Poor availability (40%+ missing)
Citizen military status	97.0	Poor availability (40%+ missing)

Table 17: Officer-Level Data Availability

CHARACTERISTIC	PERCENT MISSING		AVAILABILITY
	All human officers n = 293	All officers who fired a firearm n = 158	
Officer name	0.0	0.0	Full availability (0% missing)
Officer agency	0.0	0.0	Full availability (0% missing)
Officer DOB	53.2	37.3	Fair availability (20-39.9% missing)
Officer sex	28.3	12.7	Fair / high
Officer race	51.9	34.8	High / fair
Officer tenure with present agency	78.5	65.8	Poor availability (40%+ missing)
Officer tenure with other agencies	88.4	80.4	Poor availability (40%+ missing)
Officer injured and extent of injury	0.0	0.0	Full availability (0% missing)
Officer injured by what weapon	0.0	0.0	Full availability (0% missing)
Officer prior contact with citizens	78.8	69.6	Poor availability (40%+ missing)
Officer rank	2.0	0.6	High availability (1-19.9% missing)
Officer duty assignment	2.4	0.6	High availability (1-19.9% missing)
Officer in uniform	13.7	4.4	High availability (1-19.9% missing)
Officer military experience	94.5	90.5	Poor availability (40%+ missing)
Officer verbally threatened to use force	3.4	1.9	High availability (1-19.9% missing)
Officer used hand to hand technique	0.3	0.0	Full availability (0% missing)
Officer use of less-lethal weapons	0.0	0.0	Full availability (0% missing)
Officer use of a firearm	0.0	0.0	Full availability (0% missing)
Type of firearm used by officer	0.3	0.0	Full availability (0% missing)

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, an Associate Director, and three full-time research professionals.

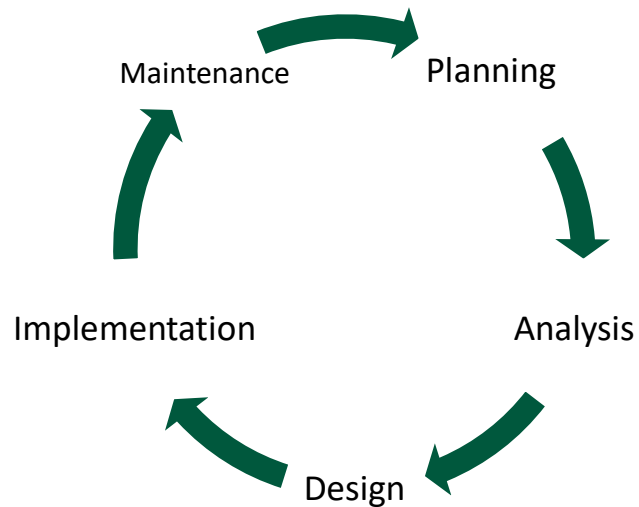


Governance

AJiC continuously seeks informal input from criminal justice stakeholders throughout the state. We have recently created a more formal method for gaining input by reconstituting a Steering Committee. The Steering Committee met in October and will continue to meet quarterly. Current membership includes 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, Alaska Public Defender Agency, 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 was necessary with projects that have multiple or complex deliverables. This has been especially true as we have shifted to working from home during 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 among research professionals 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.

Project Title: Discharge Incentive Grants - Capital (FY21)	
Grantee: Alaska Housing Finance Corporation	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Direct Service
Years Funded: FY06 to Present	
FY21 Grant Amount: \$100,000.00	
High Level Project Summary: <p>FY21 High Level Project Summary: 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 FY21, 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 this project is recommended for continued funding through FY25.</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 - Capital (FY21)</p>
<p>Staff Project Analysis:</p> <p>FY20 Staff Project Analysis: This funding provides direct support to beneficiaries discharging from the Alaska DOC who are at risk of homelessness. Positive outcomes were demonstrated during this grant period.</p> <p>In FY21, 107 beneficiaries were served and of those served 13% returned to jail within the same FY they received funds. Funding for the DIG program represented 48.88% of the total funds needed to support FY21 housing for DOC's releases with mental health conditions to the community (APIC covered the other 51.12% of housing expenses).</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 FY25.</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 - FY21 Grant Report Executive Summary: Provided by Marian Lilley, Mental Health Clinician, Alaska Department of Corrections. Ms. Lilley's full report is included as an attachment to this report.</p> <p>The Discharge Incentive Grant, (DIG) was provided to the Department of Corrections (DOC) for the 13th consecutive year by The Mental Health Trust Authority and the Division of Behavioral Health via the Alaska Housing and Finance Corp for the 4th 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.</p> <p>This year, 107 unique individuals benefitted from the DIG and 99.9% of the funds were used directly for housing/rental costs. All 12 months of this past fiscal year took place during the Covid 19 pandemic which changed the dynamics of how people were housed and for how long compared to previous years. The number of months increased for many who required housing assistance because they didn't have their benefits due to the ongoing issues at Social Security which were exacerbated by the pandemic. As a result, fewer unduplicated people benefitted from the DIG. Funds were utilized by 107 individuals vs 123 last year. The goal is for people to only need it for 2-3 months but most needed it for over 6 months and some over a year.</p>

In total, there were 265 instances of rent for the 107 recipients paid throughout FY20. In addition, it should be noted that the DIG represented 48.88% of the funds used for housing and rent of the total funds needed to pay for FY21 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 51.12% of the housing expenses.

The success of the DIG is its accessibility in providing timely funds to eligible recipients and community housing providers who specifically seek to provide this service and offer something meaningful to those being released from jail. These providers intentionally prefer to work with this population because they recognize the needs of those who have been incarcerated and who must obtain ongoing support in the form of a transitional place to safely stay upon release. The housing providers invoice DOC with a competitive monthly rent cost paid for by the DIG and each year partnerships grow as vendors or providers make themselves known by reaching out to provide this much-needed service. Trust grows between DOC and the providers who have benefitted from their years of experience doing this work. It is a mutually beneficial relationship.

Primary successes also include the role that the DIG plays which allows people who experience a mental illness and have lost their support system to feel the security that comes with knowing there is a safe place to go after being incarcerated. This paves the way, theoretically, for addressing their immediate needs without fear of homelessness. As said in previous reports, the importance of this should not be underestimated. Once housed, participants can attend to their needs which includes treatment, taking prescribed medications, and following through with 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 which is the overarching theory of the goal of this funding. The DIG will pay rent (case by case) until such a time that other funding sources can assume payment or it is not needed because the person left or lost their right to stay or moved on to another situation.

In approved situations, the DIG can pay for specific items that individuals might reasonably need upon a release needs, but this represents just less than .010% of the overall DIG budget since the rest is reserved strictly for rent due to the extreme need. These ancillary things are covered by APIC funds. Challenges regarding the DIG continue to include the social security timetable and how long it takes for new applicants to receive SSI/SSDI to be able to pay their rent which is over a year. Repeat applications can still take up to a year to be approved and dispersed though there are some exceptions. However, most people make less with SSI than the actual cost of rent per month. Street drugs, such as meth, continue to be a challenge for people in the community living in transitional residences; it sabotages MH treatment and much of the population is not amenable to treatment or able to do the treatment.

The most challenging part of housing this population is providing adequate housing environments to those who release from jail with no housing but have significant behavioral acting out, can't follow rules, don't follow through with their release plans (even with provided supports) and thus end up being homeless.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 101

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 70

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 17

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 1

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 8
Number of individual trained as reported for this project in FY21: 0
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.
<p>Grantee Response to Performance Measure 1:</p> <p>In FY21, there were 107 individuals served for a total of 265 rent instances-- some just for a day or two and others for up to 9-12 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 and FY20 123.</p> <p>There were 14 recipients of the DIG of the 107 or 13% 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 19 different providers who received DIG funds for their services. This included 12 transitional facilities; 2 assisted living homes; 2 private/landlord residences and 3 hotels. Of these, about 10 providers serve as a core group that provide services on a regular basis and receive DIG funds in order to do so.</p>
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 FY21 averaged to \$1,406.22. Some recipients needed less than \$100 and others utilized 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 more in a given month for which they bill the DIG for \$2000-\$5,000 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>
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>Grantee Response to Performance Measure 3:</p> <p>In FY21 there were 0 admissions to API for anyone while they were receiving DIG funds. It is unknown how many people subsequently go to API at a different time on a civil commitment after they have been recipients of the DIG fund. There was 0 days admission for DIG recipients during or shortly after they received the DIG fund. There were 14 people who were incarcerated directly or soon after receiving the DIG fund.</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>Grantee Response to Performance Measure 4:</p> <p>As reported last year and the previous years, 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. For safety to be maintained, housing providers don't allow it,</p>

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 and safety for self and others usually degrade once substances are used. Providers most often adhere to a strict set of boundaries because it affects others in the same place. DOC supports these 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 is assessed to determine best-case options.

FY21 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 FY21. 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 13th consecutive year by The Mental Health Trust Authority and the Division of Behavioral Health via the Alaska Housing and Finance Corp for the 4th 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, 107 unique individuals benefitted from the DIG and 99.9% of the funds were used directly for housing/rental costs. All 12 months of this past fiscal year took place during the Covid 19 pandemic which changed the dynamics of how people were housed and for how long compared to previous years. The number of months increased for many who required housing assistance because they didn't have their benefits due to the ongoing issues at Social Security which were exacerbated by the pandemic. As a result, fewer unduplicated people benefitted from the DIG. Funds were utilized by 107 individuals vs 123 last year. The goal is for people to only need it for 2-3 months but most needed it for over 6 months and some over a year.

In total, there were 265 instances of rent for the 107 recipients paid throughout FY20. In addition, it should be noted that the DIG represented 48.88% of the funds used for housing and rent of the total funds needed to pay for FY21 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 51.12% of the housing expenses.

The success of the DIG is its accessibility in providing timely funds to eligible recipients and community housing providers who specifically seek to provide this service and offer something meaningful to those being released from jail. These providers intentionally prefer to work with this population because they recognize the needs of those who have been incarcerated and who must obtain ongoing support in the form of transitional place to safely stay upon release. The housing providers invoice DOC with a competitive monthly rent cost paid for by the DIG and each year partnerships grow as vendors or providers make themselves known by reaching out to provide this much needed service. Trust grows between DOC and the providers who have benefitted from their years of experience doing this work. It is a mutually beneficial relationship.

Primary successes also include the role that the DIG plays which allows people who experience a mental illness and have lost their support system to feel the security that comes with knowing there is a safe place to go after being incarcerated. This paves the way, theoretically, for addressing their immediate needs without fear of homelessness. As said in previous reports, the importance of this should not be underestimated. Once housed, participants can attend to their needs which includes treatment, taking prescribed medications and following through with 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 which is the overarching theory of the goal of this funding. The DIG will pay rent (case by case) until such a time that other funding sources can assume payment or it is not needed because the person left or lost their right to stay or moved on to another situation.

In approved situations, the DIG can pay for specific items that individuals might reasonably need upon a release needs, but this represents just less than .010% of the overall DIG budget since the rest is reserved strictly for rent due to the extreme need. These ancillary things are covered by APIC funds.

Challenges regarding the DIG continue to include the social security timetable and how long it takes for new applicants to receive SSI/SSDI to be able to pay their rent which is over a year. Repeat applications can still take up to a year to be approved and dispersed though there are some exceptions. However, most people make less with SSI than actual cost of rent per month.

Street drugs, such as meth, continue to be a challenge for people in the community living in transitional residences; it sabotages MH treatment and much of the population is not amenable to treatment or able to do treatment.

The most challenging part of housing this population is providing adequate housing environments to those who release from jail with no housing but have significant behavioral acting out, can't follow rules, doesn't follow through with their release plans (even with provided supports) and thus end up being homeless.

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 FY21

Please enter the unduplicated number of beneficiaries experiencing mental illness served in FY21 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

- **101 or 94.3% of DIG beneficiaries experienced a mental illness alone or with a co-occurring disorder**
- **Of the 107 unique individuals, 17 experienced a Developmental/Intellectual Disability w/ or without a co-occurring disorder**
- **70 experienced a substance use disorder with a co-occurring disorder**
- **Again this year, 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, 8 experienced a traumatic brain injury (TBI) alone or with a co-occurring disorder which is likely lower than the true number. 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:

	18 - 24	25+	Missing Age	Total
Alzheimer's Disease & Related Dementias	0	1	0	1
Chronic Alcoholism or Substance Abuse	4	66	0	70
Intellectual or Developmental Disability	2	15	0	17
Mental Illness	6	95	0	101
Traumatic Brain Injuries	0	8	0	8
No reported Disability	0	1	0	1

All Disabilities Combined	18 - 24	25+	Missing Age	Total
	6	101		107
Alzheimer's Disease & Related Dementias; Mental Illness	0	1	0	1
Chronic Alcoholism or Substance Abuse	0	2	0	2
Chronic Alcoholism or Substance Abuse; Intellectual or Developmental Disability; Mental Illness	1	10	0	11
Chronic Alcoholism or Substance Abuse; Intellectual or Developmental Disability; TBI	0	1	0	1
Chronic Alcoholism or Substance Abuse; Mental Illness	3	50	0	53
Chronic Alcoholism or Substance Abuse; Mental Illness; TBI	0	2	0	2
Chronic Alcoholism or Substance Abuse; TBI	0	1	0	1
Intellectual or Developmental Disability; Mental Illness	1	4	0	5
Mental Illness	1	25	0	26
Mental Illness; TBI	0	3	0	3
TBI	0	1	0	1
No reported disability	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 FY21, of the 107 beneficiaries, 7 (.065%) 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).

0 There were no new staff persons with APIC trained about the DIG but 3 staff in the institutions learned about housing funds and in the community, about 15 providers and state people (attorneys, guardians, Americorp Volunteers) 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 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 FY21, there were 107 individuals served for a total of 265 rent instances-- some just for a day or two and others for up to 9-12 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 and FY20 123.

There were 14 recipients of the DIG of the 107 or 13% 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 19 different providers who received DIG funds for their services. This included 12 transitional facilities; 2 assisted living homes; 2 private/landlord residences and 3 hotels. Of these, about 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 FY21 averaged to \$1,406.22. Some recipients needed less than \$100 and others utilized 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 more in a given month for which they bill the DIG for \$2000-\$5,000 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 FY21 there were 0 admissions to API for anyone while they were receiving DIG funds. It is unknown how many people subsequently go to API at a different time 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 14 people who were incarcerated directly or soon after receiving the DIG 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.

As reported last year and the previous years, 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. 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 and safety for self and others usually degrade once substances are used. Providers most often adhere to a strict set of boundaries because it affects others in the same place. DOC supports these 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: Implement Crisis Intervention Team Training	
Grantee: Department of Public Safety – Alaska State Troopers and The Alaska Police Standards Council	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Workforce Development/Training
Years Funded: FY21 first year of funding	
FY21 Grant Amount: \$160,000	
High Level Project Summary: <p>FY20 High Level Project Summary: A key strategy of the Trust’s Disability Justice Effort is to support the training of law enforcement personnel on disorders experienced by Trust beneficiaries. Since 2001, the Trust has collaborated with local police departments to implement Crisis Intervention Team (CIT) training, a national model that was developed by Major Sam Cochran of the Memphis Police Department. This national model provides law enforcement and first responders with the tools needed to properly interact with Trust beneficiaries in a productive and meaningful way and to reduce the need for the use of force when responding to individuals in mental health crisis. CIT and CIT trained first responders are a critical element of the Trust’s work without partners and stakeholders to establish a robust crisis continuum of care.</p> <p>CIT training supports goal and objective 7.3 of Alaska’s Comprehensive Integrated Mental Health Program Plan: Reduce beneficiaries involved in the criminal justice system.</p>	

Project Title: Implement Crisis Intervention Team Training
Staff Project Analysis: <p>FY21 Staff Project Analysis: CIT academy requires in-person training that was not able to occur due to the COVID pandemic. Due to the inability to hold CIT academies, program funding was used to fund 25 Alaska State Troopers, 14 state correctional officers and two local police officer to attend a virtual CIT conference. Also, three members of the AST advanced training unit attended a virtual training to become CIT program coordinators.</p> <p>CIT training has proven to be valuable for first responders and Trust beneficiaries since 2001. As CIT academies are reinstated, staff will monitor this project and work with the Alaska Dept. of Public Safety (DPS) to identify alternative sustainable funding sources. Staff recommends that Trust funding be continued through FY25.</p> <p>CIT training supports goal and objective 7.3 of Alaska's Comprehensive Integrated Mental Health Program Plan: Reduce beneficiaries involved in the criminal justice system.</p>
<p>Project Description: This project maintains a critical component of the Trust's Disability Justice focus area by providing foundational knowledge for law enforcement and first responders on mental health disorders and cognitive impairments, best practices for responding to mental and behavioral health issues, laws centered around title 47, and our state's community behavioral health system to municipal law enforcement, the Alaska State Troopers (AST), and other first responders. The funding enables DPS and the Alaska Police Standards Council (APSC) to provide support for APSC certified municipal and state law enforcement, APSC certified municipal and state correctional officers, APSC certified probation officers, and village police officers to take the 40 hours of Crisis Intervention Team training. This training adheres to the nationally recognized Memphis Model that will provide Alaska's first responders with the tools to best respond to calls for service involving persons with mental and behavioral health issues and who may be experiencing a mental health crisis thus, providing greater public protection and keeping Alaskans safe.</p>
Grantee Response - FY21 Grant Report Executive Summary: <p>Alaska Police Standards Council Response: ACIT training requires in-person team based delivery of training which has been totally curtailed due to COVID pandemic travel and social distancing restrictions. That being said APSC has sponsored 14 individual's attendance at the CIT Virtual Annual Conference in August for a total of \$2,375.00. COVID pandemic restrictions did not improve before the end of FY 2021; therefore, APSC was unable to host a rural CIT Training session.</p> <p>Alaska State Troopers Response: DPS was able to fund several students for CIT Virtual Conferences and Trainings this year. We had to cancel one 40- hour class at the beginning of the year due to COVID restrictions. CIT classes are highly interactive with site visits and scenarios; therefore, it has been difficult to schedule and arrange training due to COVID. As the year progressed trainings we rescheduled and the funds were used for those trainings.</p>
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individual trained as reported for this project in FY21: 41
Performance Measure 1: The number of certified law enforcement personnel (officers, corrections officers, etc.) who successfully completed a CIT Academy for FY21. The graduate list should be broken out by location, agency, and position.
<p>Grantee Response to Performance Measure 1:</p> <p>Alaska Police Standards Council Response: This program funding was used to fund 14 state correctional officers and two local police officer (one in anchorage and one in Juneau) to attend a virtual CIT training. CIT academy requires in-person training that is not able to occur due to the COVID pandemic.</p> <p>Alaska State Troopers Response: Due to the COVID pandemic the required in-person training for CIT was unable to occur. The department has a scheduled training for October/November 2021 for varies law enforcement personnel. Three members of the advanced training unit were able to get training as CIT coordinators with the funding and 25 law enforcement personnel were able to attend a virtual conference for CIT this year.</p>
Performance Measure 2:
Alaska Police Standards Council: The number of CIT trained certified law enforcement personnel to date and their agency.
<p>Grantee Response to Performance Measure 2:</p> <p>CIT academy requires in-person training that is not able to occur due to the COVID pandemic.</p>
Performance Measure 3:
Alaska Police Standards Council: The percentage of funding went towards supporting certified law enforcement personnel to attend a CIT academy form rural Alaska.
<p>Grantee Response to Performance Measure 3:</p> <p>CIT academy requires in-person training that is not able to occur due to the COVID pandemic.</p>
Performance Measure 4:
Alaska State Troopers: The number of CIT trained Alaska State Troopers to date and their assigned duty station.
Grantee Response to Performance Measure 4: Due to the COVID pandemic the required in-person training for CIT was unable to occur.
Performance Measure 5:
Alaska State Troopers: The total number of active CIT trained Alaska State Troopers needed to have a minimum of one CIT trained Trooper per duty station and/or shift.
Grantee Response to Performance Measure 5: Due to the COVID pandemic the required in-person training for CIT was unable to occur.
Performance Measure 6:

Alaska State Troopers: The number of calls for service involving crisis identified persons with mental disorders.

Grantee Response to Performance Measure 6: There were 55 calls for service in 2020 from July 1 to December 31 and 82 calls for service in 2021 from January 1 to June 30 that involved persons with mental disorders.

Performance Measure 7:

Alaska State Troopers: The number of calls for service involving crisis identified persons with mental disorders in which a CIT trained Trooper responded and action was taken (de-escalation situation & no charge was initiated, de-escalated situation with a diversion to a community mental health agency, de-escalated situation with a diversion to an emergency room or designated evaluation and treatment facility, arrest with a referral to a mental health court, citation with referral to a mental health court) for the period of October 1, 2020 through September 30, 2021.

Grantee Response to Performance Measure 7: Due to the COVID pandemic the required in-person training for CIT was unable to occur.

Project Title: Holistic Defense Model (FY21)	
Grantee: Public Defender Agency & Alaska Legal Services Corporation	
Fund: MHTAAR & Authority Grant	
Geographic Area Served: Bethel Census Area	Project Category: Direct Service
Years Funded: FY16 to Present	
FY21 Grant Amount: \$373,800	
High Level Project Summary: <p>FY21 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 the participant's legal needs and assist with unmet social support needs.</p> <p>This project has a demonstrated history of providing positive outcomes to beneficiaries. 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 through FY25.</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 (FY21)

Staff Project Analysis:

FY21 Staff Project Analysis: FY21 is the sixth year of the Holistic Defense Project.

This project is a formal 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 Trust beneficiaries.

In FY21, 97 beneficiaries were 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 obtaining records (31%), assistance with obtaining assessment (28%), obtaining public benefits (22%), and case management (20%).

COVID-19 continued to be an obstacle in FY21. Therefore, many cases remained open for the entire fiscal year due to the almost complete cessation of jury trials. Most cases remained open at the end of the fiscal year. Of the cases that were closed there were six (6) dismissals, eight (8) sentence mitigations and five (5) families reunified.

This project has a demonstrated history of providing positive outcomes to beneficiaries and has successfully expanded to additional rural communities, and staff recommends continued funding through FY25. Staff will continue to monitor this project and work with PDA and AK Legal Services staff to identify alternative sustainable funding sources.

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 piloted 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 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 - FY21 Grant Report Executive Summary: The Holistic Defense Program continued to offer public defender clients increased services and access to a civil attorney during Fiscal Year 21 despite many challenges caused by the Covid-19 pandemic. The Yukon-Kuskokwim Region was hit

especially hard by the pandemic which resulted in our staff having to rethink our delivery system to our clients. At times our office had to rely solely on telephonic communication with clients quarantined at the jail. Many of our clients reside in villages that were on COVID lock-down for large parts of the year. In addition, many of the state and tribal offices that the program utilizes to obtain client services were closed and offering only remote and/or limited services. Despite these significant challenges, the program remained a vital support system for Mental Health Trust beneficiaries in our region.

For instance, the program quickly adapted to assist clients in accessing emergency pandemic services such as Cares Act payments, unemployment, rental assistance, and tribal emergency aid. Early in the pandemic the program developed resource materials for clients with guidance about eligibility and access to pandemic related relief. The program assisted several clients in navigating the often-confusing pandemic relief process.

Another change in HDP practice was that many cases remained open for the entire fiscal year due to the almost complete cessation of jury trials. The majority of cases remained open at the end of the fiscal year. Clients were less motivated to acquire assessments, treatment and other services without their cases advancing in court. Many HDP clients with child in need of aid cases went months without in-person visitation with their children.

Despite these challenges there were several successes. The HDP civil attorney successfully appealed the Alaska Department of Labor's denial of a client's application for pandemic unemployment assistance. The client received \$13,000 in back benefits.

In addition, the two HDP agencies continued to work together for positive outcomes in both the criminal and civil context. For instance, the HDP team identified a client who was having difficulty with his probation reporting requirements due to a cognitive disability. The social services specialist was able to work with the client to develop a calendar and to provide occasional reminders. In the process, the client's elderly mother, his only means of support and his third-party custodian, was facing eviction. The HDP civil attorney successfully delayed the eviction for a year and helped acquire \$20,000 in rental assistance to ensure stability and probation compliance for this vulnerable Trust beneficiary. Rather than return to jail at great public expense, this particular client was able to comply with his probation and remain stable in the community.

In another HDP case, a Trust beneficiary with both a criminal and a CINA case needed assistance getting into treatment. The client was struggling to remain sober in the community, having picked up several bail violations. The social services specialist was able to expedite the process and secure her entry into treatment along with her child. Rather than spend time in jail awaiting trial during a pandemic, this Trust beneficiary was reunited with her child in a treatment setting.

These are just a few examples among many in which the HDP successfully navigated the extraordinary circumstances brought on by a long-standing pandemic to improve the circumstances of Trust beneficiaries in this difficult and uncertain time. While the pandemic may have precipitated the suspension of many programs and services that Trust beneficiaries rely on, it only increased the urgency of need for those same beneficiaries.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 39

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 32

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 24
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 2
Number of individual trained as reported for this project in FY21: 13
<p>Performance Measure 1: By November 15, 2020, in combination with Alaska Legal Services finalize a Holistic Defense Project manual, including but not limited to:</p> <ul style="list-style-type: none"> 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
<p>Grantee Response to Performance Measure 1:</p> <p>The manual was completed in a former fiscal year and continues to be used to implement the program in both Bethel and Nome. 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 client specialist and defense attorneys in Bethel.</p>
<p>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.</p>
<p>Grantee Response to Performance Measure 2:</p> <p>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. Due to the pandemic, the Holistic team has had to rely on mailings including these brochures, cover letters and the intake packet. Having these materials at a time when we often cannot meet in person has helped clients understand the benefits of participating in the program.</p>
<p>Performance Measure 3: Program partners will work to access the finalized study of the Holistic Justice Program's effectiveness under contract with Harvard Law School.</p>
<p>Grantee Response to Performance Measure 3:</p> <p>As reported last year 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. We have continued to work with the researcher at Harvard providing them with extensive recidivism data not only on the clients in Holistic Defense but</p>

also on a control group. We were able to provide the research team with an extension in order to obtain that data and finish the research project. We expect to receive the results during this fiscal year.

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 Holistic Defense Program has continued to be successful in Nome. They continue to be fully staffed and are working to expand their program and identifying the needs of their clients. The Nome HDP worked with 40 clients this year. A majority of those clients sought assistance with substance abuse treatment while other clients worked with the attorney from Alaska legal services on civil issues.

The Agency's Americorps Program has yielded some impressive results. Eleven Americorps volunteers worked with a total of 643 Mental Health Trust beneficiaries across several locations. The number of beneficiaries with mental illness as their primary diagnosis was 101 and the number of beneficiaries with chronic alcoholism as their primary diagnosis was 542. Those volunteers assisted clients primarily with access to substance abuse treatment. The next most requested service was help with access to housing programs and housing assistance. They also assisted with access to mental health treatment, Medicaid, public assistance, social security benefits, and veteran's benefits.

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 97 clients this year. Twenty-seven (27) received assistance with obtaining an assessment, twenty-one received assistance with benefits, nineteen (19) received case management services, twenty-eight (28) had social histories taken, thirty (30) had assistance with getting records and fourteen (14) received referrals to other services.

The following outcomes were obtained, fifteen (15) obtained food stamps and Medicaid three (3) clients avoided an eviction, nineteen (19) obtained treatment, eleven (11) obtained pandemic resources, nineteen (19) received civil research and advice, one (1) had a favorable outcome in a DVPO and one client had assistance with reducing debt.

Out of the cases that were closed we had six (6) dismissals, eight (8) sentence mitigations and five (5) families reunified.

Who We Are

Megan Newport.

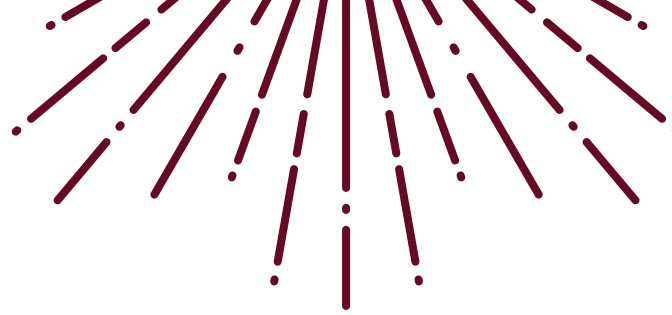
Megan Newport has lived in Bethel for the past eleven years with her family. She has two sons who attend school at Bethel Regional High School and Ayaprun Elitnaurvik. She has been providing social services to Public Defender clients for nine years.

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

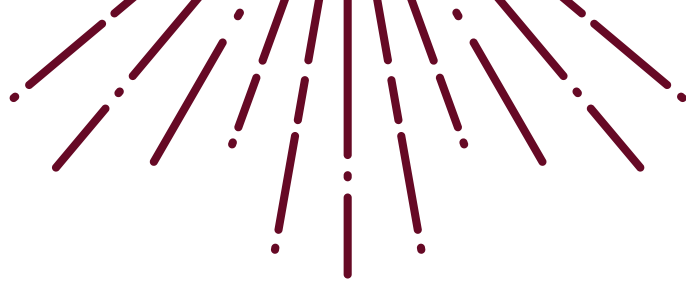
460 Ridgecrest Dr., Bethel,
AK Suite 217

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>



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:

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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	
FY21 Grant Amount: \$100,000	
<p>High Level Project Summary:</p> <p>FY21 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.</p> <p>In FY21, 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 around 60%.</p> <p>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 through FY25.</p> <p>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.</p>	

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

Staff Project Analysis:

FY21 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 FY21, 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 engagement, and housing. 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, Juneau Restorative Justice Community Model, and Juneau Opioid Working Group just to name a few.

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 through FY25.

This project supports Goal and Objective 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:

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 nonbeneficiaries.

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 - FY21 Grant Report Executive Summary: See attached

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

Performance Measure 1: No later than January 1, 2021, 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, 2021 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY21 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:

<ul style="list-style-type: none"> Dates, type (training, webinar, technical assistance, conference, other), topic(s) covered, names of presenter(s).
g) Any other Coalition highlights, activities, or topics wished to be included.
Grantee Response to Performance Measure 2: See attached



*Promoting Public Safety &
Strengthening Our Community*

**Alaska Prisoner Reentry Initiative:
Reentry Coalition Capacity Development – Juneau (FY21)
Project Performance Measures – mid-year Status Report
December 31, 2020
Gifts ID: 6906.05**

A. Progress towards the Coalition's goals outlined in the Comprehensive Community Reentry Plan:

The Juneau Reentry Coalition (JREC) priority focus areas in the 2020 plan are access to behavioral health, housing, peer support, and a reinvigorated community engagement effort. A prolonged COVID-19 pandemic has acted as a catalyst to advance solutions in some focus areas while exacerbating successful outcomes in other focus areas.

Reentry Housing

Reentry housing is set to take a significant leap forward in Juneau through the efforts of Tlingit & Haida. A JREC agency partner, they are investing CARES Act funding in two reentry housing projects that are expected to open no later than December 31, 2020. The projects add 28 reentry beds for justice system-involved men.

Tlingit & Haida's projects are designated as Transitional Housing. These programs provide safe, stable, sober, and structured housing for justice-involved enrollees. Program involvement is from six to twenty-four months. The Alaway project, with sixteen beds, targets those in reentry and substance misuse issues. It excludes certain felony offense types due to its proximity to local neighborhoods. The Allen Court project, with twelve beds, targets those in reentry that lack housing options at release. This project will accept all applicants willing to abide by program rules without regard to the type of crime committed.

In 2018 the JREC Reentry Housing Workgroup used DOC release data to estimate reentry housing bed capacity needed for the male reentrant population. The workgroup estimated an additional twenty-five to forty reentry beds would meet demand. The Tlingit & Haida reentry housing projects meet 100% of the need if the lower end of the estimate is correct, and 70% of the high-side estimate capacity. A fantastic accomplishment in reducing the reentry housing barrier issue in Juneau.

JREC's role has been to support Tlingit & Haida's reentry housing projects at any and all opportunities.

Behavioral Health and Peer Support

JREC, in its 2020 reentry plan, said that it would "work to improve SUD treatment/care/recovery access and options" under its Behavioral Health focus area. JREC also said it would "work to implement peer support as a full-time staffed position." The JREC focus areas of behavioral health and peer support are a mixed bag of success and new challenges. Since the achievements and challenges are similar in scope for both focus areas, they are combined in this report.

Behavioral health and peer support success is summed up by capacity increases for Juneau. Juneau reports seven access points for Medication-Assisted Treatment in its June 2020 Substance Use Disorder Services document. Likewise, Rainforest Recovery and JAMHI Health & Wellness have peer support programs that work with the reentry population. This capacity increases success for both MAT and peer support programs is significant since most of the increase is within the last two to three years.

Access has become a new challenge for behavioral health and peer support during this reporting period. Community health-safety mandates have changed traditional service access channels. This means that service providers needed to change access options to accommodate community health-safety rules. For a time, clients found themselves with limited service options as agencies determined the best virtual service delivery methods. Clients also had to learn how to access the new virtual service delivery styles and incorporate them into their reentry routines. Many clients were able to successfully adapt to these changes. At the same time, some struggled to make the changes and fell into relapse.

While service access issues existed, one positive outcome in the process is that service agencies have reported increased client engagement of virtual delivery options. Hopefully, service utilization will continue as the COVID-19 pandemic grinds on. And that virtual service delivery successes will continue to meet the client's needs after the pandemic is over.

The inability of the JREC to meet with reentrants within the 90 days of release is a profound challenge. Because of DOC visitation closures, the initial face to face intake meetings between the reentrant and their case manager now occurs after release. The

delayed reentry case management start has led to delay in clients connecting to community services.

In conclusion, for the behavioral health and peer support focus areas, service capacity has increased, and access to services is challenging. To overcome the challenges, JREC has shifted some of its work focus this reporting period. One example is joining a statewide effort to better use virtual technology inside DOC facilities to increase community connection before release.

Community Engagement

JREC's plans to increase outreach to the general public, partner agencies, and reentrants are challenged this reporting period. JREC intended to hold community meetings every other month throughout these last six months; one was scheduled. A Reentry Hero project with the Juneau Police Department to run new stories illustrating reentry success was in the works. This project also stalled. The stalled or canceled community meetings were due to the pandemic.

The one community meeting success for JREC was a virtual meeting that brought together agency partners, reentrants, and the community to hear how to access services during a pandemic. JREC heard from behavioral health, housing, peer support, and healthcare providers. Presenters described their services and how best to connect to them during COVID-19. The audience could engage the presenters through a moderated chatbox question and answer process. Thirty-five community members attended the evening event and were highly engaged.

The success of the virtual community meeting above prompted the JREC Steering Team to plan for the second event in February 2021. The community meeting will be themed along the lines of 'healthy relationships' to coincide with Valentines' Day. The Steering Team has determined that holding less frequent and better themed virtual community meetings might keep attendance and interest high.

B. *A summary of community outreach and education activities conducted by the Reentry Coalition Coordinator.*

JREC Virtual Meetings held during this reporting period:

Meeting Type	Date	Coordinator Role/Comments
--------------	------	---------------------------

JREC Steering Team	07/22/2020	Admin and logistical support for coalition leadership.
JREC Steering Team	08/26/2020	Admin and logistical support for coalition leadership.
JREC Steering Team	09/23/2020	Admin and logistical support for coalition leadership.
JREC Steering Team	10/28/2020	Admin and logistical support for coalition leadership.
JREC Community	11/04/2020	Planning and logistical support for a coalition community meeting on Reentry Services in time of a pandemic.
JREC Steering Team	11/18/2020	Admin and logistical support for coalition leadership.

Attend and participate in other organizations and meetings to ensure reentry perspective is involved in community discussions:

- Juneau Opioid Working Group, attend monthly meetings, a community effort to reduce access to opioids.
- Restorative Justice model, JREC became a planning member of an ad-hoc group working to design a Juneau Restorative Justice community model.
- Juneau Suicide Prevention Coalition - attend monthly meetings. JSPC works to reduce the incidence of suicide in the community.
- Juneau Coalition on Housing & Homelessness – attend monthly meetings. JCHH works to end homelessness in Juneau.

Meetings and work with ADOC to ensure regular communications and outreach.

- Attend the Institutional Probation Officers' reentry meeting at the Lemon Creek Correctional Center (LCCC) once per month.
- Working with LCCC's Educational Coordinator on the planning and potential implementation of an Alaska Reentry Website and an inreach film project so that the connection between community and reentrant is consistent and ever-present regardless of visitation policy.

C. A description of any identified systems and/or local community-based service/support challenges for returning citizens.

As previously mentioned, access to reentrants to discuss and plan for returning to the community before their release date is a profound issue. JREC has been actively involved with the community and statewide partners to improve access at the DOC facility interface level. Most of these efforts have been mentioned above. The item not yet mentioned is work on changes to state policy (AS 33.30.015) that inhibit the use of technology by prisoners inside a DOC facility. The interest for JREC is to improve state policy, so that incarcerated individuals have reasonable access to community information and case management services before release. Services such as virtual reentry case management, reentry planning, job search, training, etc., are likely candidates for inclusion in the No Frills Act's state policy changes.

D. Other Coalition accomplishments or highlights.

Through an Alaska Mental Health Trust Authority housing assistant grant, JREC rolled out a program to assist reentrants in need of funds to secure housing. The program allows anyone involved with Alaska's criminal justice system to work with their reentry or behavioral health case manager to apply for and receive housing support. Upon successful application, JREC's Fiscal Agent (JAMHI Health & Wellness) will disburse funds to a landlord, utility provider, etc., to obtain housing.

JREC believes the housing assistance funding is vital given the challenges reentrants encounter in getting their feet solidly beneath them in a depressed pandemic economy. The funds are temporary help, and the reentrant works with their case manager to achieve self-sustainability.

Thank you, Trust, for your partnership!

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 outreach 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 (NAMI) (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.

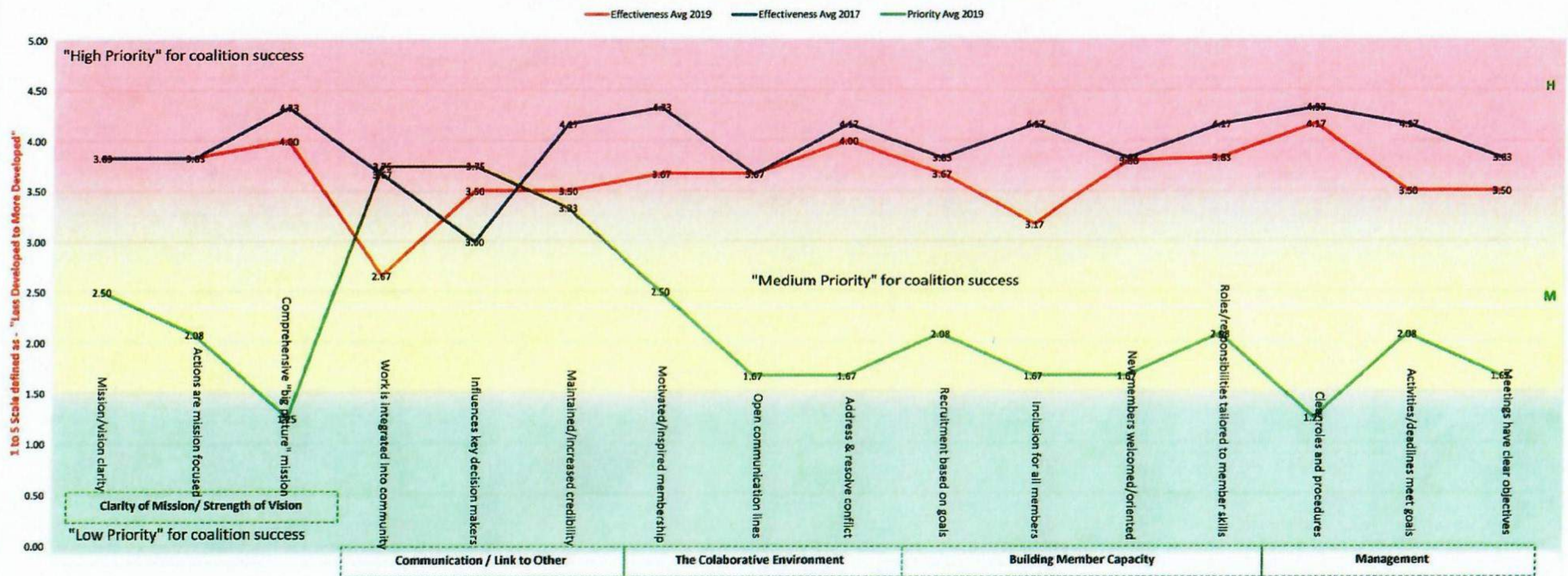
TRAVEL FUNDS

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.

JREC Coalition Needs Assessment 2019 (2017 for comparison)



2019 JREC Coalition Capacity Needs Assessment Data

	Clarity of Mission / Strength of Vision			Communication / Link to Others			The Collaborative Environment			Building Member Capacity				Management		
	Mission & Vision	Basis of Action	Scope of Mission	Integration in the Community	Meaningful Influence	Credibility	Motivation & Inspiration	Trust & Openness	Conflict Management	Recruitment	Inclusion & Participation	New Member Orientation	Roles & Responsibilities	Administrative Structure	Achieving Goals	Meetings
Respondent 1	4	4	4	3	4	4	2	2	4	4	5	4	5	5	3	3
Respondent 2	4	4	4	2	3	3	4	4	4	4	3	3	4	4	3	3
Respondent 3	5	5	5	3	4	4	5	4	5	3	4	5	4	5	5	5
Respondent 4	3	4	3	3	4	4	4	4	3	4	3	3	4	4	4	4
Respondent 5	4	3	4	2	2	4	3	5	5	3	2	4	2	4	4	3
Respondent 6	3	3	4	3	4	2	4	3	3	4	2		4	3	2	3
Respondent 7																
Respondent 1	M	M	M	M	M	M	H	H	M	M	L	M	L	L	M	M
Respondent 2	M	M	M	H	H	H	M	M	M	M	H	H	H	M	H	H
Respondent 3	L	L	L	H	M	H	L	L	L	M	L	L	M	L	L	L
Respondent 4	M	L	L	M	M	L	M	L	M	L	L	L	L	M	L	L
Respondent 5	M	H	M	H	H	M	M	L	L	H	M	L	H	L	L	L
Respondent 6	H	M	L	M	H	H	M	M	M	L	M	M	L	M	H	M
Respondent 7																
Effectiveness Avg 2019	3.83	3.83	4.00	2.67	3.50	3.50	3.67	3.67	4.00	3.67	3.17	3.80	3.83	4.17	3.50	3.50
Effectiveness Avg 2017	3.83	3.83	4.33	3.67	3.00	4.17	4.33	3.67	4.17	3.83	4.17	3.83	4.17	4.33	4.17	3.83
Priority Avg 2019	2.50	2.08	1.25	3.75	3.75	3.33	2.50	1.67	1.67	2.08	1.67	1.67	2.08	1.25	2.08	1.67

2019 JREC Coalition Capacity Assessment Questionnaire Comments:

Q: **A:**

#1 - Which of the elements do you feel are most important to the success of this coalition?

Having collaborative projects.
Recruiting and engaging the community, and getting bigger "players" involved.
Maintaining a strong, diverse coalition
Communications/Link to others. Building Membership Community.
Collaborative/Link to others; working close with agencies; better links between service providers of behavioral health; provide more support with peer support.

#2 - Which elements are ranked as low priority because it is "more developed"?

Individual perspectives because we are close to a philosophical homogenous group.
Management is great (thanks, Don!). I think we also communicate well and operate largely without conflict.
All that have a 4 and marked as low.
I rated strength of mission, collaborative environment, and management as low priority. I believe we are strong in these areas. In recent years, JREC has focused on developing and defining the coalition's structure, with an on-boarding and appointment process for its executive team and membership. We are strong in management, largely due to Don's stellar performance as JREC coordinator and Mike as an extension of the coalition, working on the ground to help individuals successfully return to our community. We have clarity of mission and vision; we know who we are.

#3 - Which elements are ranked as a high priority because it is "less developed"?

Collaborative projects with presence and inclusion of community.
Recruiting and engaging the community, and getting bigger "players" involved. I don't know what else we could do, however, maybe a focused campaign.
none
The elements below are not just 1-2 scores but reflect what areas I believe JREC should continue to prioritize. Our work is integrated with the community, including participation by the constituency we serve: From JREC's inception, a priority has been placed on engaging and recruiting members that represent our constituency. I marked this as a high priority, not because we're unsuccessful in this area, but because it's central to the work we do. It should remain a priority to engage and empower individuals who have successfully returned to the community. Since I joined the coalition, discussions on paid opportunities for peer support and coaching have taken place. We took a step in this direction recently when contracting with Jim and hope we'll continue to explore this further. The collaborative has successfully maintained or increased its credibility: In Juneau, JREC has increased its credibility and we have made efforts to make our work visible. However, credibility is influenced by the strength and effectiveness of our statewide network of coalitions and public attitudes toward crime. Continuing to address and correct misinformation through education, outreach, and reaching across the aisle, should be a priority. The collaborative influences key decision-makers, government agencies, and other organizations: Again, we have been effective in this area, but it should remain a priority due to our current administration, legislation to repeal key parts of criminal justice reform, and public attitudes towards crime. Members are recruited based on the goals of the collaborative: JREC has done a great job reaching into the community and inviting speakers and presenters for our monthly meetings and being visible in the community and among partner coalitions and agencies. We have also been successful in recruiting members based on our workgroup structure needs and recruiting representatives from agencies with overlapping goals. In the future, we might want to consider recruiting members based on our annual goals and objectives (i.e.: if we want to increase housing stock or businesses that hire individuals with barrier crimes, we should recruit specifically based on those needs). The collaborative develops specific roles and responsibilities for members based on their resources and skills. Specific roles and responsibilities are clear for our executive team, but a little less clear for at-large and steering team members that don't oversee a specific workgroup. During our next planning retreat, it would be helpful to assess our individual contributions and identify projects, advisory roles, and ongoing coalition needs where members can contribute their time and skills.

COMPREHENSIVE COMMUNITY REENTRY PLAN

Juneau Reentry Coalition

June 2021



Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

Table of Contents

Executive Summary	3
Program Overview	3
The Alaska Community Reentry Program	3
Juneau Reentry Coalition.....	4
Needs Prioritization and Assets	8
Community Assessment of Reentry Resources	8
Community Readiness	13
Readiness Scores and Stages	13
Coalition Development	14
Strategic Goals and Strategies	15
Goals and Strategies Associated with the Community Assessment of Reentry Resources	15
Goals and Strategies Associated with the Community Readiness Assessment	18
Goals and Strategies Associated with the Coalition Capacity Assessment.....	19
Goals and Strategies Associated with Statewide Program and Monitored through the Case Management Process.....	19
Evaluation Process	20

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 high-cost proposition regarding human, community, and governmental processes. Alaska's high recidivism rate is 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 reports that the current Alaska recidivism rate is 60.61% (S Fin Sub Comm., February 23, 2021). This is a slight increase from the prior year, which posted the state's recidivism rate at 60.04%. Overall, however, the state's recidivism rate has dropped, and community reentry programs are a part of the reduction achievement.

However, to continue the downward trend, additional work must be done. The JREC 2021 community reentry plan remains committed to behavioral health treatment, education and outreach, housing, and peer support to further reentry work in Juneau. Filling in service gaps or overcoming barriers to services remain an underpinning of JREC's efforts.

JREC envisions the community education and outreach effort to be like an umbrella. The messaging work is the protective covering that promotes increased behavioral health, housing, and peer support services. Only when the JREC message is fully deployed can it cover the continued growth of additional reentry services.

Integral to the 2021 plan is the partner agency piece. Although agency partnerships have been emphasized since JREC's inception, the emergence of a specified partner agency message and outreach focus is new. For JREC to continue lowering the recidivism rate, it must remain focused on streamlining the connective tissue between agencies so that reentry services are as seamless as possible. Thus, many of the 2021 goals and objectives are engagement efforts intended to diminish service and treatment barriers and gaps to increase reentry success.

A final comment focuses on JREC's priority behavioral health, housing, and peer support issues. A year of disruptions to traditional service delivery due to a pandemic requires that work to ensure behavioral health, housing, and peer support gaps and barriers are alleviated is to continue. Understanding how a pandemic may have changed reentry service needs is required and adjusting coalition work effort to rebuild or augment service access is necessary. JREC will begin by reinstating their planning retreat sometime late summer or early fall to refine their goal and objectives focus. The planning effort ensures coalition resources continue their work to build community reentry resources that incentivize reentry success.

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

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

and supports include but are not limited to: access to physical and behavioral healthcare, employment, transportation, education and training, and housing. In addition, offenders are introduced to various community services and providers during their incarceration. They gain familiarity and establish relations with the supportive services they need for successful reentry and are connected to those services upon release so that successful reentry is enhanced and community public safety increases.

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.

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 recidivism rate 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

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

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, 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 Alaska Community Reentry Program Guide guidelines 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.

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.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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 solid 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 designed to elevate reentry issues to the broadest community audience. Community meetings provide education, obtain feedback, explore options, seek new information, create a welcoming environment, generate new ideas, and engage in reentry issues. In addition, 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. The steering team's leadership roles and responsibilities 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 resolution.

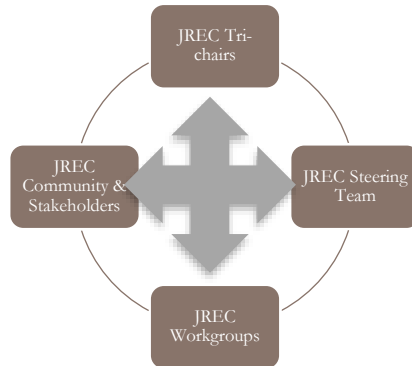
JAMHI Health and Wellness, Inc. is the coalition's fiscal agent. A JAMHI Health and Wellness representative holds a seat on the coalition's Steering Team and is a member of the executive committee.

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 on an issue to achieve group consensus at the appropriate level of decision-making. Levels of decision-making are not overly concrete. 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 coalition members and groups.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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 be handed back to the original or another component for group consensus and decision-making. 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	Open
6	Community Education & Outreach Member	Teri Tibbett, ABADA & AMHB
7	Education & Training Member	Open
8	Employment Member	Jim Swanson, DVR
9	Family Support Member	Open
10	Housing Member	Richard Cole, community member
11	Peer Support Member	Jim Musser, JAMHI
12	Law Enforcement	Open
13	Faith-Based Organization	Open
14	Victim Advocate	Open
15	Legal (DA, PA, Judge, etc.)	Open
16	Juneau At-Large	Christina Lee, CCTHITA
17	Juneau At-Large	Open
18	Juneau At-Large	Open
19	Reentry Case Manager	Nathan Block, JAMHI
20	Community Coordinator, staff, and non-voting member	Don Habeger

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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 rotate annually. In addition, the steering team has determined that a member may be removed after an annual review by the steering team for non-involvement/inactivity to keep the organization productive. 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
DVR	Alaska Division of Vocational Rehabilitation
AMHB	Alaska Mental Health Board
CCTHITA	Central Council Tlingit & Haida Indian Tribes of Alaska
DOC	Alaska Department of Corrections
JAMHI	JAMHI Health and Wellness, Inc.
LCCC	Lemon Creek Correctional Center

Needs Prioritization and Assets

Community Assessment of Reentry Resources

Housing Services

Priority needs

Shortages of 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.

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. The reentrant is severely challenged given the availability and price of an entry-level apartment due to the meager vacancy rate. Lodging at the homeless shelter might be the only option available.

⁴ *Housing Data Update*, provided to the CBJ Assembly by the City Manager's Office, https://3tb2gc2mxpyu3uwr0l20tbhq-wpengine.netdna-ssl.com/wp-content/uploads/2020/02/10282019_HAPupdate_data.pdf, October 15, 2019

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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/options⁵		
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
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

⁵ Affordable Housing Online, www.affordablehousingonline.com/housing-search/Alaska/Juneau?show=20&page=1#apartments, February 15, 2018

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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.

The bright spot in reentry housing for FY21 is opening two new transitional housing programs for men by the Tlingit & Haida Reentry & Recovery. The two projects will add twenty-eight transitional housing beds to the community’s supportive housing inventory.

Tlingit & Haida Reentry & Recovery began taking in residents at the beginning of 2021. Space availability was limited due to the need to limit higher density living situations because of the pandemic. By June 2021, Tlingit & Haida Reentry & Recovery opened up to full utilization of the twenty-eight-bed capacity.

While it is too early to tell what the impact on reentry housing shortages is by opening these facilities, it is likely reentry housing is still needed. When LCCC Institutional Probation Officers were asked if twenty-eight new beds were enough, none thought it would meet the community’s reentry housing need.

Employment and Meaningful Engagement Services

Priority needs

The Alaska Department of Labor and Workforce Development (DOLWD) reported an April 2021 “not seasonally adjusted annual unemployment rate for Juneau, AK of 5.3%. April 2020, DOLWD reported Juneau’s unemployment at 10.9%. Clearly, employment opportunities exist for those looking for them.

JREC remains uncertain what long-term job availability post-pandemic might mean to the reentrant’s ability to secure a job. Tourism, for example, is not expected to rebound to its total capacity until 2022. Thus, employment opportunities may be diminished in specific industries and seasons.

JREC plans to continue working closely with our job training community to mitigate these employment challenges that are likely to be encountered.

Assets

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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 a 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 opportunities 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. CCTHITA's 477 program helps with adult vocational training, higher education assistance, adult basic education, and general assistance to Alaska Natives. The Glory Hole effectively provides basic needs (shelter and food) 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. Fortunately, Juneau has private-sector employers that work with some of our placement centers to provide employment opportunities to returning citizens. The group is not large, but those employers that do are community assets.

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. Therefore, 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.

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

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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. In addition, 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. However, 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. JREC believes that a mentor model is a key to improving successful community reentry after incarceration.

Assets

Recent investment into peer-supported services has occurred within the community of Juneau. Investment by the Juneau Community Foundation into this work has enabled Bartlett Regional Hospital to hire 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 are homeless. Connecting a returning citizen to community services is not a primary objective for the navigator program. However, there is an overlap when returning citizens are without housing and/or are homeless and on the streets. JREC supports the navigator system due to this overlap in service connectivity to the returning citizen.

A second peer support asset similar to the Navigator program is a recovery-based peer support program. The program is supported by JREC and run 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.

New the community's peer-supported programming is the Tlingit & Haida Reentry & Recovery transitional housing program. The program is in its infancy, and staff hiring and client applications are being taken. So, the reentry peer-support component is not functioning as of yet. However, as the program matures, the plan

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

is to build up a Reentry Peer Support Specialist team and tap into their successful reentry skillset to mentor program beginners.

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.⁶ Therefore, culturally-based reentry services are a need in the community if these numbers are to be reduced. The below table breaks out the DOC releasee population by ethnicity. Clearly, it demonstrates the over-representation of Alaska Natives in the prison system.

JUNEAU RELEASES BY RACE: CY2012 THRU CY2016						
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 high number of tribal members in the Alaska justice system. Recent developments include forming their Reentry & Recovery unit dedicated to assisting tribal reentrants' successful return 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 to build reentry services. The early stages of reentry service delivery have begun, and JREC looks forward to supporting CCTHITA's continuing work in Juneau and SE Alaska services. Ms. Eames is also a JREC Steering Team member.

Community Readiness

Readiness Scores and Stages

Dimension	Readiness Level	Readiness Stage
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⁶ Quickfacts, Juneau City and Borough, Alaska, United States Census Bureau, www.census.gov/quickfacts/fact/table/juneaucityandboroughalaskacounty/PST045217, Population estimates, July 1, 2017.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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, 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 Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

	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.
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.

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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 Coalition on Housing and Homelessness: attend the monthly meeting, maintain membership, leverage support for reentry housing. 	<ul style="list-style-type: none"> Ensure reentry housing is a part of JHHC consideration as the next community project is identified - attend 80% of all meetings. 	Ongoing	<ul style="list-style-type: none"> Juneau Coalition on Housing and Homelessness 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 existing and potential community-based reentry housing programs and projects, including reentry-based transitional housing for male returning citizens. 	<ul style="list-style-type: none"> Focused Housing Workgroup attention on the priority need to reentry transitional housing to identify specific housing solutions and project implementation plans. 	JREC Housing Workgroup & Community Coordinator Annual Review		
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 Devel., Juneau Job Center. 	<ul style="list-style-type: none"> Support DOLWD's job training and support services in LCCC. 	Ongoing and December 2021	<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. 	<ul style="list-style-type: none"> Expanded employment options and opportunities for returning citizens. Increase by one, an employer willing to hire returning citizens. 	Community Coordinator & JREC membership. Semiannual Review		
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. 	Ongoing	<ul style="list-style-type: none"> JREC Juneau Community Foundation CBJ AMHTA JAMHI MH Treatment Community 	<ul style="list-style-type: none"> JREC Juneau Community Foundation Trust AK H&SS
		<ul style="list-style-type: none"> Work with all partners engaged in the work, including agencies, non-profits, government, and the private sector. 	<ul style="list-style-type: none"> Support/partner with healthcare organizations in service expansion and added funding for physical and behavioral 	Behavioral Health & Wellness Workgroup, Community Coordinator Semiannual		

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

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
			healthcare options such as SUD and MAT treatment options.		<ul style="list-style-type: none"> Juneau Opioid Work Group 	
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 essential community reentry resource, is supported through testimony, letter writing, and other JREC's advocacy tools. 	Ongoing 2021 JREC Steering Team/Coalition. Semiannual review	<ul style="list-style-type: none"> Central Council of Tlingit & Haida Indian Tribes of Alaska JREC 	<ul style="list-style-type: none"> Coalition CCTHITA
5. Peer Support	<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 full-time reentry peer support service Find funding to pay for a reentry peer-support system. 	Ongoing. Plan for and commence reentry peer-support services.	<ul style="list-style-type: none"> JAMHI Health & Wellness JREC CCTHITA Trust Juneau Community Foundation 	<ul style="list-style-type: none"> CCTHITA

Comprehensive Community Reentry Plan

Juneau Reentry Coalition, Juneau, Alaska

Goals and Strategies Associated with the Community Readiness Assessment

Note to the reader: The 2019 refresh was the most recent planning retreat as JREC did not hold one during the pandemic year (FY21). Also, the outreach effort envisioned was not implemented this last year as community meetings did not take place. The JREC Steering Team will calendar a strategic planning session in late summer or early fall 2021 to determine how best to reengaged its community outreach efforts. The goals and strategies are therefore kept in whole from the 2020 community reentry plan.

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 direction is more strategic in getting the JREC message out by identifying specific community groups that will be targeting 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 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. It 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 the 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 review cycle is greatly dependent on when State agency partners disseminate the information identified below to their 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. They 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
 - The 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. They 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 to achieve goals and objectives. To this end, JREC has detailed in the section entitled Coalition Structure and Committees a circular system that allows for the free exchange of information and the decision-making process. The achievements, goals, measures, and mission attainment process include progress analysis, a review of target acquisition, and adjustments as necessary. The evaluation process occurs at least annually but may be more frequent as determined by a working group entity or the Steering Team.

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, JREC Steering Team, JREC Executive Team, and/or JREC Coalition.
- The detailed workgroup performance reviewed – at least annually and more frequently as determined by the JREC Workgroup. Issues are subject matter-specific as defined by the JREC Work Group Chair and membership.
- Administrative evaluation processes include reviews and oversight. The work consists of 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.

Comprehensive Community Reentry Plan
Juneau Reentry Coalition, Juneau, Alaska

Attachment A



*Promoting Public Safety &
Strengthening Our Community*

FY21 Authority Grant Funding Agreement / Gift ID 6906.05

Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development – Juneau Project Performance Measures Year-end Report – June 30, 2021

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 about the Juneau reentry coalition are 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 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, 2021, 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			
Community Education & Training Member			
Employment Member	Jim Swanson	DOLWD, Vocational Rehabilitation	
Family Support Member			
Housing Member	Richard Cole	Community member	
Peer Support Member	Jim Musser	JAMHI Health & Wellness	
Law Enforcement			
Faith-Based Organization			
Victim Advocate			
Legal (DA, PA, Judge, etc.)			
Juneau At-Large	Christina Lee	Tlingit & Haida	
Juneau At Large			
Juneau At Large			
Reentry Case Manager	Nathan Block	JAMHI Health & Wellness	
Community Coordinator	Don Habeger	Staff	

Acronym key for organizations:

ABADA = Alaska Board on Alcoholism & Drug Abuse

AMHB = Alaska Mental Health Board
DOLWD = Alaska Department of Labor and Workforce Development
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 is 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 are needed. Also that 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 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 2021 calendar year, JREC commenced planning for the Community Readiness Assessment. Initial outreach to assist with the project was with Community Solutions to discuss assistance with the project.

Community Readiness Solutions returned a bid of four thousand dollars to assist JREC with a completed community readiness assessment. The JREC Steering Team did not support the idea of paying a contractor this amount, and the project was placed on hold.

JREC's Coalition Coordinator reached out to other coalition coordinators to determine how they conduct their community readiness assessments. The use of a SurveyMonkey questionnaire methodology was most common.

The JREC Steering Team reviewed the Anchorage Reentry Coalition's survey. It determined the JREC community readiness assessment would be modeled after Anchorage's. The JREC community readiness assessment survey is in a final review process through a JREC working group. The survey will likely launch this summer or early fall (2021).

D. Community Resource Assessment

The 2021 fiscal year was challenging for gauging forward progress on Juneau's reentry resources. Historical assessment methods employed by JREC became ineffective due to the pandemic.

Pre-pandemic, JREC relied on in-person community engagement to determine resource availability, gaps, and barriers. Attending meetings and conducting formal and informal conversations was used to stay current on community resource issues and trends. Social distancing and other pandemic influences stopped these traditional methodologies.

Although pandemic-related interruptions occurred in traditional data collection methodologies, JREC can still report progress on the increase of reentry resources.

Reentry housing received the most significant boost in resource development or stabilization in the community. The Central Council Tlingit & Haida Indian Tribes of Alaska (Tlingit & Haida) leveraged federal pandemic funding to start two new transitional housing projects that increased Juneau's reentry bed capacity by about 30 beds. Also, Tlingit & Haida purchased the Haven House reentry transitional housing for women project to ensure its long-term viability.

As of mid-June 2021, Tlingit & Haida's reentry housing projects are open and accepting clients. The programs provide a sober and supportive environment through professional onsite staff. Enrollment is from six up to eighteen months. Program elements include reentry and recovery supports and services, employment and training opportunities, and intensive case management.

It is unclear to what degree the addition of about 30 reentry transitional housing beds will impact the overall reentry housing supply need in Juneau. The DOC release data for the 2020 calendar year reports that 198 unique releases were made. 117 (59%) of these releases are the reentry program target population (felony or high-risk misdemeanor convictions.) JREC does not know how many of

the 117 need or want transitional housing. However, it is easy to imagine there is still a community shortage since thirty beds are only 25% of the 117 released.

JREC queried the Institutional Probation Officers asking if they believed thirty additional reentry beds meet the need. They did not think enough existed even with the additional beds. Although an antidotal data point, it helps JREC know more work to increase the resource is still needed.

Behavioral healthcare service advancements in the community have been made this past year. Program expansion includes a Certified Community Behavioral Health Clinic (CCBHC) through JAMHI, Inc. and the opening of additional substance misuse treatment beds through the Rainforest Recovery Center at Bartlett Regional Hospital (BRH) renovation project.

A part of the CCBHC services by JAMHI new this year is an Assertive Community Treatment (ACT) team and JAMHI Family. The ACT program adds “compressive community-based practice that provides integrated treatment, rehabilitation, and support to individuals diagnosed with Serious and Persistent Mental Illness.” JAMHI Family offers a “continuum of behavioral health services dedicated to serving the needs of children, adolescents, and families.”

JREC’s Community Coordinator is a member of the CCBHC community advisory team. JREC wrote a letter of support when JAMHI, Inc applied for the federal grant. The coalition agreed to be a part of the community advisory process if the grant was awarded.

Issues encountered by Rainforest Recovery Center and JAMHI Inc this year in increasing their programing during a pandemic are launch delays, space utilization limitations, and labor shortages. For example, in-person patient services were unavailable, and telehealth options were the norm for 2020. Also, once Rainforest Recovery completed the addition of treatment beds, social distancing mandates meant half of their beds were utilized for residential treatment. Treatment capacity during this time was at 50%. Behavioral health labor shortages have exacerbated the issue, and unfilled positions remain.

Both BRH and JAMHI Inc have been challenged in getting their new programs running at capacity during a pandemic. The good news is behavioral health services in Juneau have expanded. Behavioral health programming increases will provide a positive impact on the reentry community as healthcare options increase.

Another community reentry resource being worked on is a Crisis Now response program. JAMHI Inc, Bartlett Regional Hospital behavioral health, and the City and Borough of Juneau are engaged in its planning. JREC will provide support as opportunities to do so present themselves.

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:

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

JREC's continued planning effort produced a concentrated focus on community outreach and education. The concentration on community outreach and education was distilled into four outreach work components: messaging and delivery, public, partner agencies, and reentrants.

JREC's FY21 concentrated focus on community outreach did not materialize as envisioned. While COVID-19 unfolded, JREC ceased in-person public meetings and engagement. Unfortunately, this meant that community outreach and discussions did not take place.

JREC continued Steering Team meetings utilizing video conferencing technology. Thus, coalition business activity continued throughout FY21 as close to normal as possible.

Several times throughout FY21, the JREC Steering Team discussed adjusting goals and objectives. JREC determined each time that it should remain focused on its stated focus areas noted above. Twice JREC attempted Zoom-based community meetings to further outreach. One was well attended, and the other was not. Zoom fatigue was thought to be the reason for poor attendance at the poorly attended meeting.

The JREC Steering Team maintains the following community goals and objectives for FY22.

Issue	Goal	Outcome
Housing	Involved in Juneau Housing & Homeless Coalition. Advocate and support existing and potential reentry housing projects.	JREC is an involved member of the Juneau Housing & Homeless Coalition, advocating for community increases for low-income housing. As a result, Tlingit & Haida's reentry housing projects came online this year. In addition, Glory Hall is constructing their new emergency housing project.

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's Community Coordinator is a JAMHI Inc's Certified Community Behavior Health Center community advisory team member.
Peer Support	Work to implement Peer Support as a full-time staffed position.	Advancing Peer Support did not receive much attention in FY21. Social distancing and the move by providers to increase telehealth options meant peer support was placed on hold. However, JREC is working on a peer-supported reentry-themed community in early FY22 to restart the work.
Community Engagement	To engage and educate the community through reentry-themed meetings every other month.	All in-person community meetings were canceled. Two Zoom-based sessions took place. Connecting to reentry services during the pandemic was well attended. The COVID-19 vaccine in congregate settings and building healthy relationships meeting was not well attended.

- An updated Coalition Comprehensive Community Reentry Plan*

An updated JREC Comprehensive Community Reentry Plan is attached as the PDF file, *JREC Comprehensive Community Reentry Plan_June 2021*.

Summary of Coalition Meetings

Date	Meeting Type	Agenda	Summary Comments
07/22/2020	Steering Team	Community Education and Outreach strategy planning	The Steering Team began listing ideas for community outreach during a pandemic. Ideas were compiled in a communications matrix.
08/26/2020	Steering Team	Community Ed. and Outreach planning continued, Steering Team recruitment	Communication and outreach ideas were finalized. Reentry hero stories emerged as the outreach framework. Potential

			Steering Team names to be forwarded to Coalition Coordinator.
09/23/2020	Steering Team	Reentry housing, Community Readiness Assessment planning	Reentry housing moves slowly due to permitting issues. Community Readiness Assessment contractors will be asked to submit bids.
10/28/2020	Steering Team	Community Meeting planning, Community Readiness Assessment project	The meeting was canceled due to a lack of a quorum.
11/04/2020	Community Meeting	Accessing Reentry Services After Incarceration During Covid-19	Physical and behavioral healthcare providers spoke on what services are available and how to access them. Community engagement was significant with many questions. Thirty in attendance.
11/18/2020	Steering Team	Reentry housing grant, Community Readiness Assessment, Community Meetings planning	JREC received reentry housing funds and will distribute them through Reentry Case Managers. A Feb Zoomed community meeting with the theme of a healthy relationship was chosen. In addition, a community readiness assessment workgroup was selected.
01/27/2021	Steering Team	2021 JREC Meeting Schedule, Technology Inside DOC facilities, JREC goals and objectives discussion	The 2021 meetings are calendared. JREC supports technology in DOC facilities bills when introduced. The steering team decides to review goals and objectives in late summer.
02/17/2021	Community Meeting	The COVID Vaccine Science & Building Healthy Relationships	Dr. Simon presents on vaccine rollout, and Roberta Izzard presents on healthy relationships. Meeting attendance down at nine.
02/24/2021	Steering Team	Legislative issues discussion, Community Readiness Assessment contract	JREC supports SB70 (Narcotics bill). Discussed \$4000 bid for Community Readiness Assessment contract and sets the issue aside.
03/24/2021	Steering Team	JREC yearend projects discussion and planning, Legislative issues	JREC FY21 budget reviewed; work begins on identifying yearend projects. Legislative issues discussed.

04/28/2021	Steering Team	Community Meeting planning, JREC Adopt-A-Highway event, yearend project discussions	A June 16 community meeting is themed to be Peer Support, speakers to be identified. The highway clean-up date is set, and advertising will go out. Yearend projects are approved for involvement and funding.
05/26/2021	Steering Team	Second Chance Grant, Peer Support themed community meeting	Ms. Wiita (DOC) presents on the Second Chance Grant. The community meeting is delayed until speakers are identified.
06/23/2021	Steering Team	Meeting yet to take place	Meeting yet to take place

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 is 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. The meetings take place via Zoomed format.
Second Tuesday of each month	Reentry Partnership teleconference meeting	Attend the monthly statewide Reentry Partnership call to discuss statewide reentry issues.
Third Wed of each month	Juneau Suicide Prevention Coalition meeting – Zoomed	JREC remains engaged in community behavioral health and suicide prevention strategies.
Third Thur of each month	Juneau Housing and Homelessness Coalition	JREC remains engaged in community housing and homeless work and discussions.
Fourth Mon of each month	DHSS Reentry Case Managers Zoomed meeting	JREC's Community Coordinator attends and engages in the monthly DHSS reentry case manager's meeting.
As needed	Alaska Reducing Recidivism & Reentry Conference planning	JREC Community Coordinator was a member of the conference planning team and attended meetings as necessary.

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

Date	Type	Summary Comments
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July 23, 2020	Webinar	The Vital Role of Recovery Housing in the Continuum of Care by NWATTC
October 14, 2020	Facility Tour	Through invitation, the Community Coordinator tours the newly remodeled and opening Rainforest Recovery Center.
October 24, 2020	Star-Lite Training, Zoomed	An eight-hour STAR: Strategies for Trauma Awareness & Resilience training. The training is a precursor to their Restorative Justice training.
October 28, 2020	WordPress 101 webinar	A WordPress training to better understand how to work with the JREC WordPress-themed site.
January 5, 2021	Star-Lite Training – Zoomed	The second eight-hour STAR Center training – Restorative Justice for Community.
February 9-12, 2021	Conference, Zoomed	The Alaska Reducing Recidivism & Reentry Conference.
May 21, 2021	Webinar	Branding Strategies that Deliver Powerful Results, webinar on focused messaging.
May 25, 2021	Webinar	Meth 2.0 and Opioid Use Disorder: A Collision of Epidemics by NWATTC.
June 15, 2021	Webinar	Justice and Mental Health Collaboration Program Solicitation webinar, by DOJ.

H. Any other Coalition Highlights, Activities, or Topics

A project JREC became involved in was the envisioning of communication tools that enhance the prison to community connection. The pandemic magnified the need for a system of communication that could occur regardless of one's ability to visit in person. JREC offered up two concepts to DOC Reentry Unit personnel that might satisfy the need to communicate community reentry resource information to any incarcerated individual.

Concept one was a video project that could catch attention and convey necessary community reentry information. Concept two was a single source of information that provided community reentry resource information.

The concepts were well received by DOC Reentry Unit personnel. As a result, the Lemon Creek Correctional Center's Education Coordinator was asked to join the work to help add depth to the concepts. Working jointly with LCCC's Educational Coordinator, detail was added, and the work culminated in a vision document entitled *Alaska Reentry Website Project Vision*.

The *Alaska Reentry Website Project Vision* became the starting point for the Trust to engage a technology development contractor to quantify design elements of a statewide reentry resource site. This work is ongoing, and JREC is a part of the development process.

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	
FY21 Grant Amount: \$100,000	
High Level Project Summary: <p>FY21 High Level Project Summary: 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 FY21, 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 around 60% and down from 67%.</p> <p>Trust staff will continue to work to identify and develop other funding sources to replace or augment Trust funding. Trust staff recommends continued funding through FY25.</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:

FY21 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.

During FY21, The Fairbanks Reentry Coalition meetings were held virtually as the coalition and its members continued working on issues such as employment, housing, and transportation. The coalition coordinator and coalition members participated in various statewide virtual meetings and attended community meetings throughout the year. These meetings were held virtually due to the ongoing pandemic. The coalition meeting attendance is vital for reentry partners to collaborate and coordinate on reentry efforts and the services they provide.

During FY21, The Fairbanks Reentry Coalition worked virtually with Stellar Group on the goals of the coalition. The goals discussed and set centered around suitable housing, employment and engagement, and access to physical health, mental health, and substance abuse treatment.

Continued community service coordination, in-reach to correctional facilities, and public education about reentry and criminal justice reform efforts is critical. Trust staff will continue to work to identify and develop other funding sources to replace or augment Trust funding. Trust staff recommends continued funding through FY25.

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:

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 nonbeneficiaries.

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 - FY21 Grant Report Executive Summary: See attached
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individual trained as reported for this project in FY21: 0
<p>Performance Measure 1: No later than January 1, 2021, 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"> 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
<p>Performance Measure 2: By June 30, 2021 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY21 grant period. The report shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> a) 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) b) 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 c) 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. d) An updated Community Resource Assessment e) 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. <p>f) Summary of the Coalition’s six meetings and related Coalition committee or workgroup meetings:</p> <ul style="list-style-type: none"> • 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>g) Summary list of community outreach and education activities conducted by the Reentry Coalition Coordinator (including presentations within a correctional facility):</p> <ul style="list-style-type: none"> • Dates, location, names of presenter(s), topic(s) covered, purpose (general education on reentry, coalition membership recruitment, advocacy, etc.) and number of attendees <p>h) Summary list of reentry or criminal justice reform trainings, webinars, and/or technical assistance opportunities attended by the Reentry Coalition Coordinator:</p> <ul style="list-style-type: none"> • Dates, type (training, webinar, technical assistance, conference, other), topic(s) covered, names of presenter(s). <p>Any other Coalition highlights, activities, or topics wished to be included.</p>
<p>Grantee Response to Performance Measure 2: See attached</p>



December 2020 Report to the Alaska Mental Health Trust Authority

By Linda Setterberg, FRC Coordinator

1. Progress toward the Coalition's goals outlined in the Comprehensive Community Reentry Plan.

We started this year working with Stellar Group in Juneau over the ZOOM platform to take a fresh look at the goals of the coalition. Planning meetings were attended by thirty coalition members and guests. I will attach the report from the Stellar Group. These are the goals for FY21 from our Comprehensive Community Reentry Plan and a little about whether it made it into our new Strategic Plan.

- **Reentrants have access to suitable housing.** These goals were made by our Housing Work Group- Chair Mike Sanders FHHC, active members Roscoe Britton-No Limits, Tundra Greenstreet-The Bridge, Peter Charlie-Graceland Reentry and Aftercare, Dahlia Wilson, Hallie Mott, Joe Pratte-AmeriCorps PDA, Bobby Dorton- Co-Chair, Mikayla Riley-FRC VISTA attended a least one of the two quarterly meetings.
 - First night post-release reentrants have safe transitional housing.
 - This has been addressed in part by the 4th Ave house for men coming out of DOC as part of the Second Chance Act grant. It was started by IACNVL as a recovery residence and will be taken over by a private landlord in January.
 - Advocate with the FHHC for Senior and Assisted Living Housing for elderly reentrants with Dementia and health needs that require assistance.
 - This community issue didn't make our new strategic plan.
 - Homeless reentrants are able to receive assistance through community partners, peer support and encampment outreach and are always connected with suitable housing resources.
 - The Bridge has 3 staff members who are part of the Coordinated Entry System. This has become a goal of The Bridge Support Services.
 - Initiate a Good Renter program to increase likelihood that a reentrant will maintain housing after case management and vouchers end.
 - FRC will work with Love INC and FHHC to develop this program.

At our November meeting the PDA AmeriCorps members requested we address Pre-trial housing. I had a conversation with Travis Welch about using Reentry Housing funds and he said



we could request a variance if we had a compelling need. We also discussed a new LOI directed at Pre-trial cases.

- **Increased employment and meaningful engagement opportunities for reentrants.**

This work group meets quarterly and many of them are also members of the IPS Steering committee that meets during the off months supporting The Bridge. The FRC Employment Work Group Chair is Libby Croan- DOL/ Job Center, active members include Liz Markle-DVR, Pam Kellish-DVR, Giles Hawthorn- The Bridge, Anna Sochocki-The Bridge, Maria Pena-Breadline Stone's Throw, Troy Robinson-Literacy Council, and Sarah Koogler, AKBH. The new TCC Employment Director Isaac Bettis has reached out to join this coalition work group in the future.

- Employers understand the benefits and supports offered when hiring reentrants.
 - This is now 4.3 on the strategic plan. The Coordinator and The Bridge Employment Specialists are responsible for this and on August 5th we made a presentation via ZOOM with the Greater Fairbanks Chamber of Commerce Education and Workforce Development Committee.
- Reentrants overcome the barriers to employment with assistance from Reentry Case Management, The Bridge Employment Specialists and DOL/DVR.
 - We are working with the Bridge IPS Steering Committee to develop a continuum of care to overcome barriers to employment.
 - The Bridge Employment Specialists and Reentry Case Managers are assisting reentrants with resumes, cover letters, variance applications and obtaining ID, SS Cards and Birth Certificates.

- **Reentrants have increased access to physical health, mental health and substance abuse treatment.** The Health WG has been inactive due to COVID-19 as our chair Vicki Craddick Public Health Nurse has had increased job duties, we had one meeting in August attended by Vicki, Cheryl Kilgore- Interior Community Health Center, Justine Slater-IMAT/IAA, Maya Bowers-IAA. In November, the Steering Committee appointed Dr. Miranda Heupers-FNA Behavioral Health to this position and we will be working on restarting this work group in 2021.



- Advocate for Public Health Services to be restored for adults 30 years old and over.
 - This did not make the new plan, I think because of COVID-19 and the overwhelm this caused our Public Health Department.
- Reentrants are referred to community providers and given access at The Bridge to technology for virtual appointments and assessments.
 - The Bridge is helping reentrants with technology in several ways with donated computers from Green Star and with a ZOOM room at the office and a computer lab.
 - Currently, we are in an adjoining suite with ABC Batterer's Intervention, Reentry Case Management and The Bridge Support Services. This greatly aids in providing access for program participants.
- Reentrants have increased access to cultural and community services.
 - **The Community Connections Work Group will connect the reentrants with peer support, prosocial activities, new support groups and cultural connections.** This work group has met monthly except in December. The Work group chair is Kerry Phillips- IACNVL/Careline, active members include Bobby Dorton-FNA/RPC, Amy Bollaert-Fairbanks Wellness Court, Zoe Sutton-Recovery is Real/FNA, Brynn Butler-The Bridge Encampment CM, Mikayla Riley-FRC VISTA, Maya Bowers-IAA.
 - Space has been made for the longest running NA group to meet in person at The Bridge. We collaborated with the Fairbanks Wellness Court to hold a weekend of pro-social activities including a full paint night during Recover Month in September.
 - Pursue funding for Recovery Support activities and classes for reentrants.
 - Unfortunately this did not make the new plan. I suppose this will be something that The Bridge will pursue.
- **Reentrants have increased access to transportation.** This is still an open position on the Steering Committee.



- 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.
 - The Mobility Coalition has not met since COVID and this didn't make the plan.
- 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,
 - With reentry funding, COVID funding and the Supported Employment Grant we have been able to connect participants with LYFT rides, at times The Bridge staff will also provide rides. The buses are currently free to ride (up to 8 riders).
- Formalize Project Ride Home for newly released individuals, starting with Second Chance Act grant participants.
 - This has not made it into the new plan. Our new VISTA volunteer is working the Reentry and The Bridge staff to start a program called the 72 hour fund to link staff and volunteers to funding for a meal, clothing, personal hygiene items and a ride to housing and probation immediately on release. This is in the planning stages with funding requested from The Trust, a small fundraiser and with a \$5,000 grant from TOTE for pre-employment incentives.

2. A summary of community outreach and education activities conducted by the Reentry Coalition Coordinator

- Linda attended the following community and state wide meetings
 - August 5th spoke to the GFCC Education and Workforce Development Committee about hiring individuals who are justice involved with The Bridge Employment Specialist Coordinator Giles Hawthorn
- **Monthly Meetings**
 - CHIP ACES and Trauma work group with Foundation Health Partners
 - Fairbanks Wellness Coalition Steering Committee
 - Reentry and Justice Partnership
 - Fairbanks Crisis Now planning
 - Mat-Su Reentry Conference planning committee



- RRR Conference Planning committee
- Reentry Case Management
- I host the monthly SCAG meeting
- Reentry Portal Work Group (just started)
- **Lunch and Learn started**
 - December 10th the first FRC Coalition 101 ZOOM Lunch and Learn (19 attended)
- I worked with the City of Fairbanks to write the Restore Hope in Linkage to Care Collaboration grant. This would place peers (Recovery Coaches) with first responders in a mobile crisis team approach. If the city gets the grant The Bridge will hire a project coordinator. Christine Alvarez-AK Behavioral Health and Travis Welch have agreed to assist with envisioning this program that would be planned the rest of FY21 for a start date of July 1, 2021.
- Mikayla Riley-FRC VISTA and I wrote an LOI to the Bob Barker Foundation to fund the purchase of smart phones for returning citizens so that they would have access to an app produced by Acivilate called the POKKET app to link participants with services in Fairbanks. This was envisioned by Peer Support Specialist Debbie Bourne after the RRR Conference Reentry Simulation. “What I needed to be successful was a PSS and an app.” We found one that would be perfect!

3. Description of any identified system and/or local community based service/ support challenges for returning citizens.

- I think housing for the mentally ill continues to be a challenge and drives our homeless population. While we did get Housing funds they cannot help someone with open charges and they still require sufficient income to pay the rent after the grant is expended.
- Everything is slower and more complicated by COVID-19, the area where we are facing the greatest barriers are the lack of in person services and in-reach. Coming out of incarceration into this pandemic situation is confusing and anxiety producing and there is no way for staff to do in-reach unless they qualified for the Second Chance Act grant or Reentry Case Management (and even there the people be served are much less than in the past.



4. Coalition accomplishments or highlights

- We have filmed 6 of 8 interviews conducted by the Coordinator of Coalition members, reentrants and staff that tell the story of our coalition. They are in the process of being edited.
- One of the questions on the top of our minds during the strategic planning process was where does The Bridge live? Is it a direct service arm of the coalition or should it be a program under IACNVL our fiscal agent. Is the focus reentry or recovery? The grants that The Bridge operates under are definitely on the recovery side with a stated focus on those that have criminal justice involvement. We have found that a criminal history follows our participants much longer than 6 months. FRC's steering committee determined after much discussion that it would be best to grow The Bridge as a program directly under IACNVL for future Medicaid billing, being able to look at the full sequential intercept model shoring up the community supports pre and post incarceration. Peer Support and Employment Specialist work directly with individuals in Reentry Case Management, Recovery Housing and DVR. The Coalition will continue its good work in bringing agencies and individuals together to look at the needs, gaps and barriers facing those releasing to Fairbanks from incarceration. With help from the Fairbanks Housing and Homeless Coalition, The Bridge added an Encampment Case Manager and Peer Support Specialist. This has really increased our credibility and extended services to misdemeanants. As the Reentry Services Director for IACNVL I continue to supervise the following staff Peer Support Coordinator, Employment Specialist Coordinator, Encampment Case Manager and the FRC AmeriCorps VISTA. This takes about 10% of my time as I conduct a weekly staff meeting and 30 minutes- hour weekly one-one supervision.
- The greatest accomplishment is the connection we have been able to continue via the ZOOM platform. It has opened our meetings to the whole state of Alaska rather than those who can be physically present in City Hall. With over 30 people logging on to our Strategic Planning and our meetings we have continued to advocate for returning citizens and work with agencies, many who continue to work from home.
- The position as Coalition Coordinator, in cooperation with the credible staff of Reentry Case Management and The Bridge and our community partners, has given me a place to really be an advocate and influence the kind of empathetic and caring reentry/recovery center that our region needs. I am reading the proceedings of a



workshop, “The Effects of Incarceration and Reentry on Community Well-Being” by the National Academies and would like to end with a quote. “We need to shift the conversation to what heals people, what restores people, what empowers people to have options, to make other choices, to be positive parts of the community... Ultimately, we need to re-imagine what justice is and what a justice system could be. We need to suspend reality and imagine something different, something healthy, something caring, something –I’ll use an unscientific term: “loving.” We need to imagine what love can look like in policy and how that can translate into practices and policies.”



Fairbanks Reentry Coalition

STRATEGIC PLAN FY2021-FY2023



TABLE OF CONTENTS

Introduction	1
Fairbanks Reentry Coalition History	1
Leadership	1
The strategic planning process	2
Mission, vision & values	2
 FY2021-FY2023 Strategic Plan	
Goal 1: Increase coordination and collaboration among agencies serving returning citizens	3
Goal 2: Expand the resources in the community available for returning citizens	5
Goal 3: Successfully advocate for policy changes important to returning citizens' success	6
Goal 4: Engage the community	7
Goal 5: Strengthen the foundation of the Fairbanks Reentry Coalition	8

Appendices

Appendix A.....	9
Appendix B.....	10



INTRODUCTION

The Fairbanks Reentry Coalition is dedicated to improving housing and supportive services available in the Fairbanks community for returning citizens in order to support their success. This three-year strategic plan for FY2021-FY2023 was created by the members of the Fairbanks Reentry Coalition Steering Committee through a planning process informed by active members of the coalition and other community stakeholders. Indicators included for each of the goals are preliminary, and will be further refined by the Coalition Coordinator and Steering Committee to align with existing indicators tracked by the coalition.

FAIRBANKS REENTRY COALITION HISTORY

In January 2013, the Fairbanks Housing and Homeless Coalition (FHHC) identified a need for addressing the hardships and barriers faced by citizens returning to the community from incarceration and started a sub-group to address these issues. The first meeting of the reentry sub-group was held in March 2013. The sub-group quickly grew with members representing state agencies, community service providers, community members, successful returning citizens, and church leaders. In 2016, the sub-group took on the role/identity of a standalone coalition, The Fairbanks Reentry Coalition. The Interior Alaska Center for Non-Violent Living became the coalition's fiscal agent and the coalition was awarded grant funds from the Alaska Mental Health Trust Authority to support its first full-time Coalition Coordinator in 2016.

Since that time, the Fairbanks Reentry Coalition has developed into a strong collaboration among public agencies, non-profit organizations, citizens, businesses, faith-based partners, and community stakeholders united and committed to reducing recidivism among returning citizens in the City of Fairbanks, the Fairbanks North Star Borough, and surrounding areas. One significant project of the Fairbanks Reentry Coalition was the creation of The Bridge. The Reentry Coalition membership identified a need for peer support specialists to bring their lived experience and knowledge of community resources to individuals who are in recovery following treatment or incarceration. The Bridge opened in May 2019 with funding from the State Opioid Response grants from the Alaska Department of Health and Social Services.

LEADERSHIP

The Fairbanks Reentry Coalition is led by a Steering Committee comprised of 10 members: the three co-chairs are representatives from the Department of Corrections (DOC) Fairbanks Correctional Center, DOC Probation Office, and Community co-chair, and other members are the victim's advocate, Law Enforcement/UAF Justice and the five workgroup chairs. The Coalition Coordinator serves on the Steering Committee but is a non-voting member.

The Fairbanks Reentry Coalition operates under rules and procedures established by its membership, as embodied in the Coalition's Operation Guidelines, and is open to all sectors of the community who are committed to successful reentry for returning citizens and their families. All members of the Fairbanks

Reentry Coalition are encouraged to serve on workgroups. The five workgroups are: Housing Services, Employment Services, Health Services, Transportation, and Community Connections.

The coalition meets 10 times annually, on the first Thursday of each month. The coalition's Steering Committee meets quarterly, and on an as-needed basis. The coalitions workgroups began in May of 2018, and meet monthly or quarterly.

THE STRATEGIC PLANNING PROCESS

In July of 2020, members of the Fairbanks Reentry Coalition came together to develop a three-year strategic plan for the organization for FY2021-FY2023. The strategic planning process was facilitated by external consultants, Stellar Group. The planning sessions took place from July through September 2020 through a series of virtual meetings. Additional meetings were held on August 17th, 20th, and 21st with members of the Steering committee finalize details of the plan, and on September 8th with the workgroup chairs. There were 32 participants in the strategic planning process. The list of participants is included in Appendix A. No changes to the vision, mission or values were made; five goals were developed, with supporting objectives and action steps.

VISION

The Fairbanks Reentry Coalition envisions a community that is safer and stronger by being supportive of returning citizens.

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.

VALUES

Compassion	Respect	Commitment	Inclusive	Nonjudgmental
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FY2021-FY2023 STRATEGIC PLAN GOALS

GOAL 1: *Increase coordination and collaboration among agencies serving returning citizens*

GOAL 2: *Expand the resources in the community available for returning citizens*

GOAL 3: *Successfully advocate for policy changes important to returning citizens' success*

GOAL 4: *Engage the community*

GOAL 5: *Strengthen the foundation of the Fairbanks Reentry Coalition*

GOAL 1: INCREASE COORDINATION AND COLLABORATION AMONG AGENCIES SERVING RETURNING CITIZENS

INDICATORS:

- » Information is available to all agencies about housing, transportation, and health care resources available to returning citizens
- » Housing and transportation vouchers are fully expended
- » Number of trainings, events, and lunch & learns hosted by the coalition
- » Workgroups have full memberships and members are engaged
- » Frequency of workgroup meetings and progress on initiatives
- » Members receive bursts of pertinent information, more action alerts / flyers

OBJECTIVE 1.1: *Improve communication and decrease silos among coalition members*

Action step 1.1.1: Increase communication between agencies, their case managers and returning citizens to share information about housing resources, openings, and housing vouchers.

Responsible: Housing workgroup

Timeline: ongoing

Action step 1.1.2: Member agencies work together on apprenticeship opportunities and peer support projects.

Responsible: Employment workgroup

Timeline: FY 2022

Action step 1.1.3: Recruit a chair for the Transportation workgroup from the transportation community.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 1.1.4: Prepare and send frequent and regular bursts of information to coalition members to inform them of available resources for returning citizens and topics of value to agencies and the reentry community.

Responsible: Americorps VISTA volunteer, Coalition Coordinator

Timeline: FY 2021

OBJECTIVE 1.2: *Housing and transportation vouchers are fully expended*

Action step 1.2.1: Ensure that members of the coalition are aware of the housing and transportation funds available in the community, and provide member agencies with a clear description of the process for returning citizens to obtain Returning Home vouchers.

Responsible: Housing & transportation workgroups

Timeline: ongoing

OBJECTIVE 1.3: *Increase knowledge of what funding streams are available for health services such as Medicaid, free services or have a sliding fee scale*

Action step 1.3.1: Ensure members of the coalition are aware of funds available and free or sliding fee health services.

Responsible: Health workgroup

Timeline: ongoing

OBJECTIVE 1.4: Foster healthy dialogue on issues important to the reentry community

Action step 1.4.1: Host events, lunch & learns, trainings, and community conversations on topics important to the Fairbanks Reentry Coalition members.

Responsible: Coalition Coordinator, Steering committee members

Timeline: ongoing

Action step 1.4.2: Recruit agencies as members for Coalition workgroups.

Responsible: Coalition Coordinator, workgroup chairs

Timeline: ongoing

OBJECTIVE 1.5: Ensure all returning citizens who want support have access to it

Action step 1.5.1: Maintain an up-to-date resource directory with current service availability.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 1.5.2: Collaborate with Fairbanks Correctional Center (FCC) to hold a resource fair at Fairbanks Correctional Center (FCC).

Responsible: Employment workgroup

Timeline: FY 2022

Action step 1.5.3: Develop a list of employment and education opportunities to be given out at release at FCC or Northstar Center.

Responsible: Housing workgroup

Timeline: FY 2021

Action step 1.5.4: Collaborate with community partners to initiate a Good Renter program to increase likelihood that a returning citizen will maintain housing after case management and vouchers end.

Responsible: Housing workgroup

Timeline: FY 2022

Action step 1.5.5: Initiate a Getting Ahead in a Just Gettin' by World (Bridges Out of Poverty) program to increase likelihood that a returning citizen will maintain housing after case management and vouchers end.

Responsible: Americorps VISTA volunteer

Timeline: FY 2023

OBJECTIVE 1.6: First night post-release returning citizens have safe transitional housing

Action step 1.6.1: Develop a list of housing resources for returning citizens to be shared with DOC probation officers during pre-release planning, and with case managers.

Responsible: Housing workgroup

Timeline: FY 2021

GOAL 2: EXPAND THE RESOURCES IN THE COMMUNITY AVAILABLE FOR RETURNING CITIZENS

INDICATORS:

- » A business plan is developed for a new reentry center
- » Needs assessment conducted

OBJECTIVE 2.1: *Expand recovery support activities in the community*

Action Step 2.1.1: Pursue funding for recovery support activities and classes for returning citizens.

Responsible: Community Connections workgroup

Timeline: ongoing

OBJECTIVE 2.2: *The coalition uses data to identify needs and gaps in the community and set priorities*

Action step 2.2.1: Conduct a needs assessment of returning citizen population, identify services gaps and barriers related to the five priority areas of transportation, employment, community connections, housing, and health.

Responsible: Coalition Coordinator / Americorps VISTA volunteer

Timeline: FY 2021

Action step 2.2.2: Review needs assessment findings with the coalition and use to revise and update plan priorities annually.

Responsible: Coalition Coordinator with members

Timeline: FY 2022

GOAL 3: SUCCESSFULLY ADVOCATE FOR POLICY CHANGES IMPORTANT TO RETURNING CITIZENS' SUCCESS

INDICATORS:

- » Number of advocacy trainings offered & number of coalition members attending
- » Advocacy issues materials developed
- » Number of policymaker contacts/advocacy campaigns by coalition members

OBJECTIVE 3.1: *Legislators / city council and other public officials and community leaders understand the benefits of reducing barriers to returning citizens' success*

Action step 3.1.1: Participate in the Alaska Reentry & Justice workgroup.

Responsible: Coalition members: Kerry Phillips, Linda Setterberg, Bobby Dorton

Timeline: Ongoing

Action step 3.1.2: Host advocacy training for coalition members and returning citizens.

Responsible: Coalition Coordinator organizes

Timeline: Annually

Action step 3.1.3: Develop and implement an annual advocacy agenda. (See Appendix C for initial ideas for an advocacy agenda).

Responsible: Steering Committee

Timeline: Annually, prior to legislative session

GOAL 4: ENGAGE THE COMMUNITY

INDICATORS:

- » Employers understand the benefits and supports offered when hiring returning citizens
- » Number of new employment opportunities created / employer partners
- » Number of positive returning citizen stories in the news

OBJECTIVE 4.1: *Fairbanks in a welcoming and accepting community for returning citizens*

Action step 4.1.1: Continue to do the Reentry Simulation (Post-COVID).

Responsible: Coalition Coordinator

Timeline: Two simulations annually

Action step 4.1.2: Design and host a Community Think Tanks & Conversations to create conversation around issues important to the reentry community.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.3: Hire a contractor to create and share positive stories of returning citizens via social media.

Responsible: Coalition Coordinator

Timeline: FY 2023

Action step 4.1.4: Create a community calendar with all sober, free, and prosocial activities listed with contact information, times, and locations.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.5: Develop new sober social activities for the Fairbanks Community that includes returning citizens and their families.

Responsible: Community Connections workgroup

Timeline: FY 2023

OBJECTIVE 4.2: *The voice of people with lived experience is central to the work*

Action step 4.2.1: Create a Returning Citizens workgroup to share their stories increase understanding of the system among agency partners and the broader community (Warriors Project model).

Responsible: Bobby Dorton – lead, with assistance from Kerry Phillips

Timeline: FY 2021

OBJECTIVE 4.3: *Increase employers understanding of the benefits and supports available for hiring returning citizens*

Action step 4.3.1: Identify existing employers in the community who hire returning citizens, including those with barrier crimes. Work to increase employers' awareness of the benefits and supports available for hiring returning citizens. and expand the number of employers who will hire returning citizens.

Responsible: Employment workgroup

Timeline: FY 2021

GOAL 5: STRENGTHEN THE FOUNDATION OF THE FAIRBANKS REENTRY COALITION

INDICATORS:

- » Number of new members who joined the coalition
- » Former members re-engaged in the coalition
- » Member contact lists are up to date
- » All members serve on a workgroup
- » Workgroups have action plans & implement them
- » Workgroups have supports / resources to achieve goals
- » Workgroups are accountable to coalition

OBJECTIVE 5.1: *Members are engaged in the coalition*

Action step 5.1.1: Build coalition participation through an informative onboarding process, increasing internal communication and partner outreach and providing opportunities for members to be actively involved in Reentry activities or projects.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 5.1.2: Develop and offer a Coalition 101 Training annually.

Responsible: Coalition Coordinator

Timeline: FY 2021 - Develop training module; Deliver annually

OBJECTIVE 5.2: *Roles & responsibilities of the members, workgroups, steering committee, staff, and fiscal agent are clear*

Action step 5.2.1: Revise workgroup structure to better align workgroup activities with coalition goals/priorities.

Responsible: Coalition Coordinator, Steering Committee members

Timeline: FY 2022

Action step 5.2.2: Review and revise coalition operating principles including member roles and responsibilities, workgroup structure and expectations, steering committee members expectations, meeting schedules, communications, etc.

Responsible: Coalition Coordinator, Steering Committee members

Timeline: FY 2021

Action step 5.2.3: Create tools to track and monitor progress and improve internal accountability.

Responsible: Coalition Coordinator, Steering Committee members

Timeline: FY 2022

OBJECTIVE 5.3: *Transition oversight of The Bridge under Interior Alaska Center for Non-violent Living*

Action step 5.3.1: IAC will determine The Bridge oversight.

Responsible: Fiscal Agent, Coalition Coordinator

Timeline: FY 2020

APPENDIX A: PLANNING SESSION PARTICIPANTS

In July 2020, Fairbanks Reentry Coalition staff invited coalition members and other stakeholders to participate in series of virtual meetings held the week of July 20th to discuss some of the key issues, and to identify the key strengths, weaknesses, opportunities, and threats to the Coalition.

Planning meetings were attended by 32 people (Steering Committee members are identified with an asterisk):

- » Edward Alexander, Tanana Chiefs Conference
- » Tammy Axelsson, Alaska Department of Corrections, Probation*
- » Til Beetus, Fairbanks Wellness Coalition
- » Karen Blackburn, Northern Hope Center
- » Becca Brado, Interior Alaska Center for Non-Violent Living
- » Debbie Bourne, The Bridge
- » Nathan Brisbois, Chris Kyle Patriots Hospital and Arctic Recovery
- » Roscoe Britton, No Limits, Inc.
- » Aimee Bushnell, Sen. John Coghill's office
- » Brynn Butler, Fairbanks Reentry Coalition Americorps VISTA volunteer
- » Peter Charlie, Graceland Aftercare and Reentry
- » Lacy Church, Alaska Department of Corrections, Probation
- » Christine Cooper-Esmailka, Fairbanks Native Association
- » Libby Croan, Alaska Department of Labor*
- » Susan Desrosiers, Alaska Department of Health and Social Services, Office of Children's Services
- » Bobby Dorton, Fairbanks Native Association*
- » Tundra Greenstreet, The Bridge
- » Giles Hawthorn, The Bridge
- » Cheryl Kilgore, Interior Community Health Center
- » Brenda Krupa, Tanana Chiefs Conference
- » Marsha Oss, Interior Alaska Center for Nonviolent Living, Fairbanks Reentry Case Management
- » Kerry Phillips, Interior Alaska Center for Non-Violent Living*
- » Jonathan Printers, LEAP and Fairbanks Therapy Associates
- » Michael Sanders, City of Fairbanks and Fairbanks Housing & Homeless Coalition*
- » Linda Setterberg, Fairbanks Reentry Coalition*
- » Justine Slater, Interior AIDS Association
- » Anna Sochocki, The Bridge
- » Brenda Stanfill, Interior Alaska Center for Non-Violent Living*
- » Sarah Stanley, University of Alaska Fairbanks
- » Zoe Sutton, Fairbanks Native Association
- » Lorraine Trask, Fairbanks Native Association
- » Travis Welch, Alaska Mental Health Trust

The strategic planning process was facilitated by external consultants, Stellar Group.

APPENDIX B: ADVOCACY IDEAS

A number of advocacy ideas relevant to an annual advocacy agenda as in Goal 3, Action step 3.1.3 were identified during the planning process, and included:

- » Access to FCC and get the process going sooner with returning citizens
- » Technology access at FCC / other agencies
- » Expungement
- » Access to Virtual services
- » Overturn No Frills Bill
- » Mental Health Court
- » Address transportation barriers by advocating for additional hours for the fixed route bus service
- » Advocate for long-term transitional housing in Fairbanks for returning citizens with barriers to housing in partnership with Fairbanks Housing and Homeless Coalition
- » Advocate with the FHHC for Senior and Assisted Living Housing for elderly returning citizens with Dementia and health needs that require assistance
- » Advocate for Public Health Services to be restored for adults 30 years old and over
- » Advocate for Assertive Community Treatment (ACT) or Intensive Case Management (ICM) teams
- » Crisis Now model implementation
- » Forensic peer support model expansion
- » Build community support for a reentry center in the community

ANNUAL REPORT

July 2021

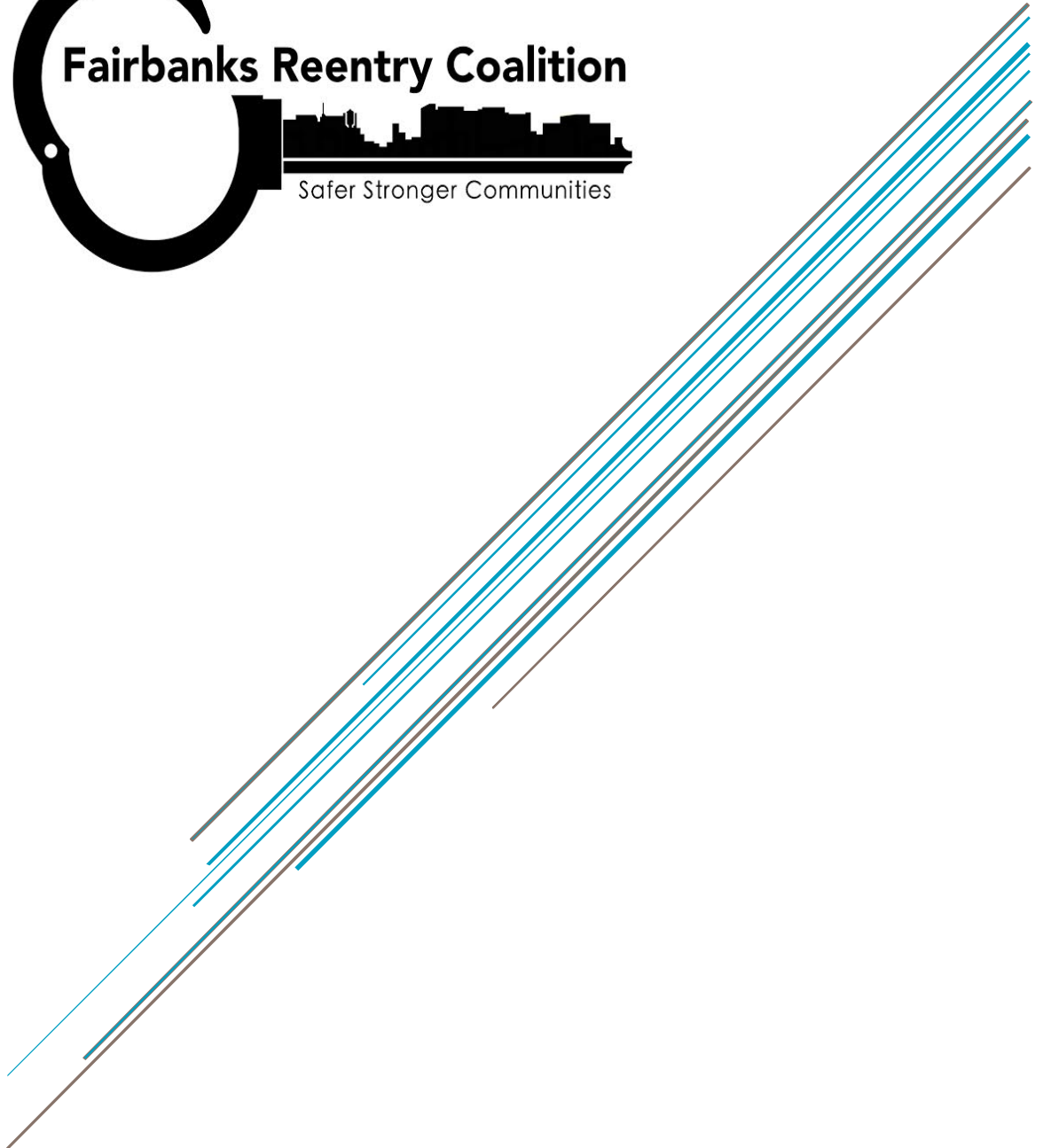


Table of Contents

Part I: Overview of the Fairbanks Reentry Coalition

- Vision, Mission and Values..... 5
- Organizational Structure 5
- Operational Guidelines..... 7
- List of Active Members 8

Part II: Coalition Capacity Needs Assessment

- Survey Results 11
- Survey Narrative 28
- Goals for FY22 28

Part III: Community Readiness Assessment

- Survey Results 29
- Survey Narrative 29
- Goals for FY22 30

Part IV: Community Resource Assessment

- Housing..... 32
- Employment..... 34
- Health 36
- Transportation 40
- Cultural Connections 41

Part V: Comprehensive Community Reentry Plan

- FY21 43
- FY22 45

Part VI: Summary of Meetings in FY21 50

Part VII: Summary List of Coalition Coordinator Activities 70

Addendum 1: FY21 – FY23 Strategic Plan 77

Addendum 2: Fairbanks Resource Guide89

PART I: OVERVIEW OF THE FAIRBANKS REENTRY COALITION

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 has been organizing community partners to engage in collaborative reentry services and relationships since 2013. In their leadership capacity as the Executive Team, the Fairbanks Reentry Coalition Co-Chairs Tammy Axelsson (DOC Probation), Janie Beaudreault (DOC Fairbanks Correctional Center), and Community Co-Chair Bobby Dorton work alongside the Steering Committee to oversee the implementation of coalition objectives. They, together with the Coalition Coordinator, the Coalition's Fiscal Agent, Work Groups, and general membership, work passionately to carry out identified goals and strategies in an attempt to eliminate the barriers that returning citizens 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. 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.

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.

The Fairbanks Reentry Coalition's first physical location was at the Fairbanks Rescue Mission but the group moved around quite a bit in its short history. In April 2019 the Coalition had office space at 400 Cushman (co-located with The Bridge Support Services). In June 2020 the Coalition and The Bridge moved into a larger office space at a building located on 27th Ave. The building also housed the Fairbanks Community Food Bank, the Batterer's Intervention Program, and Encampment Outreach; it is located across the street from the Fairbanks Rescue Mission. Beginning in June 2021, the Fairbanks Reentry Coalition moved once again, this time to City Hall at 800 Cushman St., thanks to the generosity of the city, who gifted a large office space on the second floor to the Coalition. Prior to COVID 19 precautions FRC had actually met at the council chambers at City Hall for regular coalition meetings. During the pandemic, all Coalition Meetings, Steering Committee and Work Group meetings were held on the ZOOM platform. Beginning with the August 2021 general membership meeting, the Coalition will once again have in-person meetings at City Hall. In addition to physical meetings, the Coalition decided to also live stream the meetings on Zoom for a hybrid experience.

Four people have held the Coalition Coordinator position, including most recently Linda Setterberg, who served from April 2018 to April 2021. Beginning in May 2021, Timothy Ledna transitioned into the role.

Timothy Ledna shared this biographical information with the Coalition:

"I am a caring and productive helping professional with a 20-year record of successful service to non-profit organizations and educational institutions. While I am most proud of being the adoptive father of two children, I also feel honored to have been an advocate for struggling communities, at-risk college students, the poor, and other under-served populations.

Previously, as a Case Manager for Homeless Families with the Grand Junction Housing Authority, or as a Child Abuse Prevention Specialist with the Las Vegas Rape Crisis Center, I assisted vulnerable populations during difficult times. Most recently at the Fairbanks Native Association, I supported others as a Mental Health Clinician (therapist); I worked with clients building their self-efficacy, facilitating behavior change, improving ability to establish and maintain relationships, enhancing coping skills, and encouraging personal growth and self-awareness to reach full potential.

I hold an Associates of Arts Degree in Spanish from Otero Junior College, a Bachelor of Arts Degree in the Humanities from Loyola University Chicago, a Master of Arts Degree in Systematic Theology from the University of Notre Dame, and a Master of Science Degree in Clinical Mental Health Counseling from the University of Nevada Las Vegas. I also have a Teaching English as a Foreign Language Certificate (TEFL/ TESOL) from the University of Arizona. I am a Nationally Certified Counselor (NCC) and Qualified Addictions Professional (QAP). I am trained in Trauma-Focused Cognitive Behavioral Therapy from the Medical University of South Carolina and I am a Certified Gatekeeper for suicide prevention from the QPR Institute (Question, Persuade, Refer).

When not at work, I like to volunteer in my community; for example, I served as a tutor for the Children's Literacy Project in La Junta, Colorado a couple years ago and more recently was a volunteer for Fairbanks Youth Advocates as a member of the Board of Directors."

Coalition Vision

"Safer Stronger Communities"

The Fairbanks Reentry Coalition (FRC) 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.

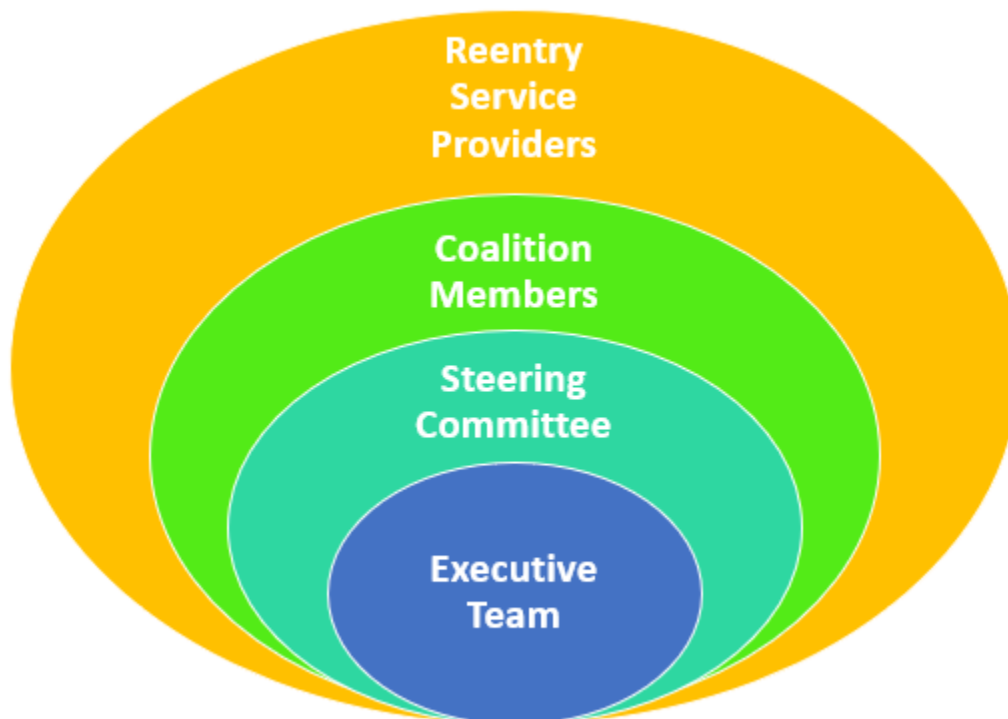
Coalition Mission

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



The Executive Team

Janie Beaudreault, Co-Chair
Department of Corrections, Fairbanks Correctional Center

Tammy Axelsson, Co-Chair
Department of Corrections, Probation

Bobboy Dorton, Co-Chair
Fairbanks Community Member

The Steering Committee

Janie Beaudreault (Coalition Co-Chair)

Tammy Axelsson (Coalition Co-Chair)

Bobby Dorton (Coalition Co-Chair)

Kerry Phillips (Community Connections Work Group Chair)

Dr. Miranda Huepers (Health Services Work Group Chair)

Libby Croan (Employment Services Work Group Chair)

VACANT (Housing Work Group Chair)

VACANT (Transportation Work Group Chair)

Timothy Ledna, Coalition Coordinator (ex-officio)

Brenda Stanfill, Fiscal Agent (ex-officio)

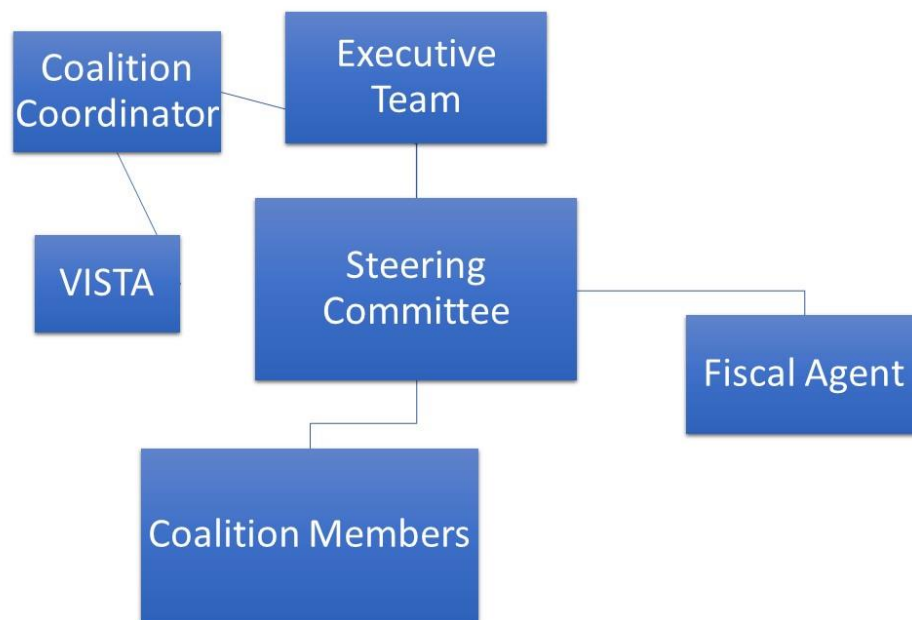
Mikayla Rile, VISTA (ex officio)

Jessica Stossel (Victim's Advocate)

Chief Kathy Katron (UAF Justice)

Coalition Coordinator

Timothy Ledna



Operational Guidelines

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; in addition to the three Co-chairs (who constitute the Executive Team), there are five key stakeholders who chair work groups for each service area, a victim's advocate, and a UAF Justice representative.

In their Executive Team leadership capacity, the Fairbanks Reentry Coalition Co-Chairs Tammy Axelsson (DOC Probation), Janie Beaudreault (DOC Fairbanks Correctional Center), and Community Co-Chair Bobby Dorton oversee the implementation of coalition objectives. They work with the Coalition Coordinator, the Coalition's Fiscal Agent, Steering Committee, Work Groups and general membership in carrying out 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.

With the addition of several grants in FY20, The Fairbanks Reentry Coalition (FRC) added The Bridge Support Services to help the most vulnerable reentrants who were Trust Beneficiaries and who were experiencing Opioid Use Disorder, SUD/SMI and/or homeless. The Bridge, a subsidiary of The Fairbanks Reentry Coalition, provided Supported Employment, Peer Support and Encampment Outreach.

The Coalition, however, went through some transition this past year (FY21) and the most significant change was the separation of the Coalition and The Bridge. The Bridge Support

Services, previously working in tandem with Coalition, had grown significantly in the services it was providing and in the number of staff it employed. It became a question in FY21 as to whether the Coalition should be associated so strongly with direct services. Strategic planning with the Stellar Group helped the Coalition find a way forward.

In the Fall of 2020, The Fairbanks Reentry Coalition decided it would no longer provide direct services to the Fairbanks community but rather concentrate all its energy and efforts on agency collaborations. With this came the decision to move the oversight of The Bridge from FRC to the Interior Alaska Center for Non-Violent Living. FRC Coalition Coordinator, Linda Setterberg, resigned and served her final day as the Coordinator of FRC on April 23, 2021. Linda was instrumental in the startup of The Bridge and so she chose to transition to the new role of Operations Director of The Bridge. The Bridge now will continue to do direct reentry services, with Marsha Oss as the Reentry Case Manager (staying with The Bridge) and Tundra Greenstreet, who is moving into the role of the Program Services Director for The Bridge. Although this entity separation has occurred, The Bridge will remain a partner program / coalition member of FRC.

FRC is very grateful for the support and technical assistance that it gets from both the Alaska Mental Health Trust and Interior Alaska Center for Non-Violent Living, our fiscal agent. Brenda Stanfill, IAC's Executive Director, had been supervising both Linda Setterberg, Reentry Services Director (Coalition Coordinator) and Marsha Oss, Reentry Case Manager most of FY21. With the new separation between The Bridge and the Coalition, Brenda will still supervise Linda in her new role but will not supervise the new Coalition Coordinator, Timothy Ledna. In his new hire letter, it was written to Timothy that "you may access support as needed from the leadership of IAC, however, the work and expectations are set and overseen by the coalition co-chairs".

Our Coalition Co-Chairs continue to build on their transitions from the past year. Co-Chair Tammy Axelsson left Fairbanks Correctional Facility to become the Chief Pre-trial, Probation and Parole Officer for our region in FY20. 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, Co-Chair Janie Beaudrealut, who was hired in July 2020. The Steering Committee elected Bobby Dorton, a successful reentrant, as the Community Co-Chair beginning July 2020 and so Bobby now has one year under his belt.

The Operational Guidelines (see below) were adopted in May 2018 and are anticipated to be updated August 2021.

Fairbanks Reentry Coalition Operational Guidelines

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

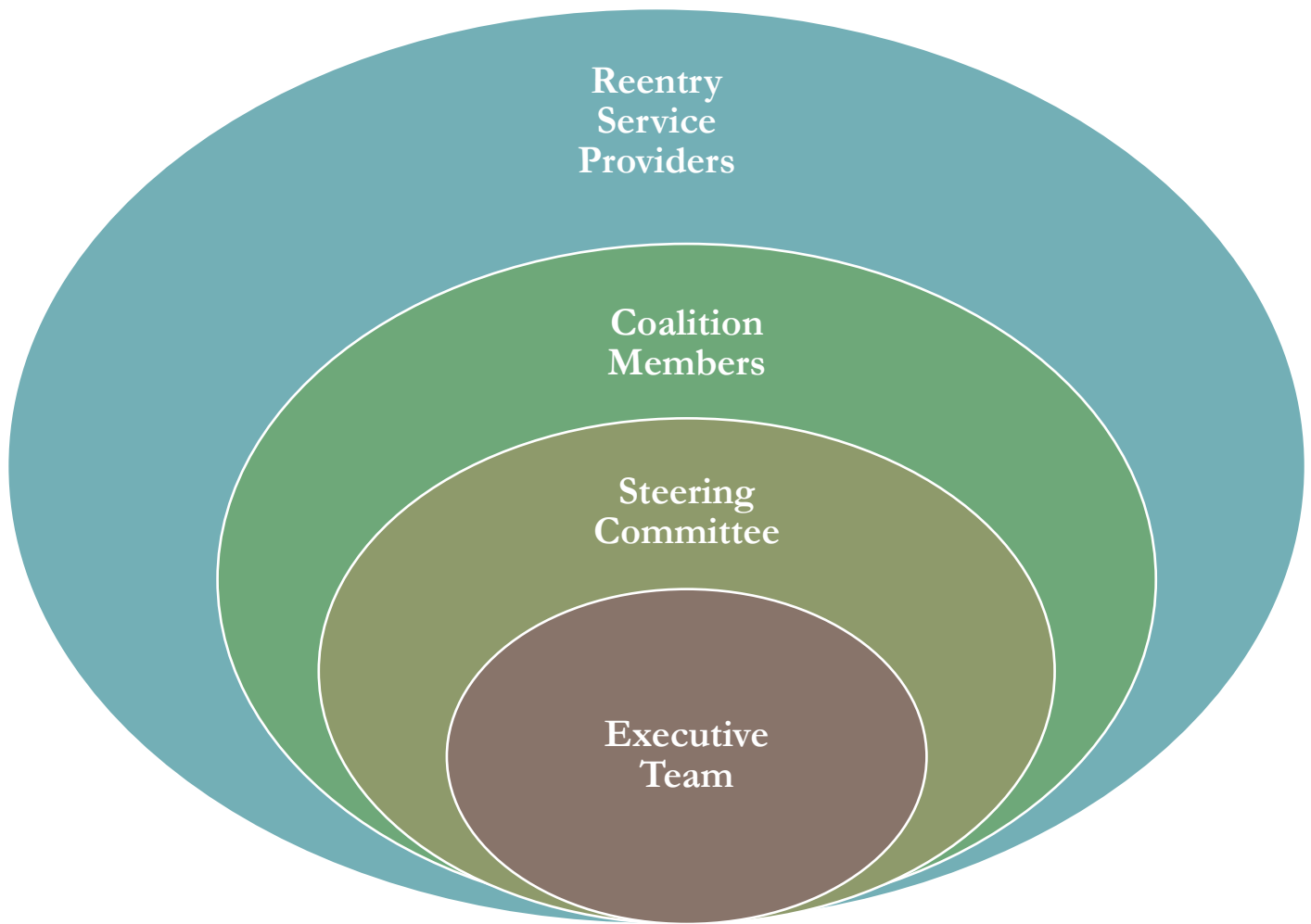
Other activities that further the mission may be pursued upon approval by the Steering Committee and Executive Team.

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





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;
- 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:

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.

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

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

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.
- 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 Corrections should be referred to Megan Edge, DOC Public Information Officer, 907-269-5037, megan.edge@alaska.gov.

SECTION 8: ORGANIZATIONAL GUIDELINES REVIEW

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.

Active Members

The following list represents the current and active members of the Fairbanks Reentry Coalition.



Name	Organization	Steering Committee/ Work Group	Present at June Mtg.
Amanda Hillberry	PDA		
Amy Bollaert	AK Court System (Fairbanks Wellness Court)	Community Connections Work Group	x
Andrea Rasmus	DOC Reentry PO SCAG		
Andrew Hopper	LEAP- MSW		x
Anna Sochocki	The Bridge Employment Specialist	Employment WG	x
Arianna Kopp	Restore, INC		x
Barrie Greenfield	Literacy Council of Alaska (?)		
Bobby Dorton	Reentrant/FNA	Community Co-Chair	x
Brenda Stanfill	IACNVL	Executive Team(Fiscal Agent) Steering Committee	
Brynn Butler	The Bridge: Encampment Case Manager		x
Carol Rose	ABC BIP		
Cindy Wright	Fairbanks Wellness Coalition/ Playwright		x
Cheryl Kilgore	Interior Community Health Center	Health WG	
Christine Cooper-Esmailka	FNA		
Clint Lemen	The Bridge-PSS		x
Dahlia Wilson	PDA VISTA		x
Elizabeth Markle	DVR	Employment WG	x
Ericka Lensegrav	The Bridge Encampment CM		x
Gabrielle Baxter	Interior Community Health Center	Health WG	
Giles Hawthorn	The Bridge Employment Specialist	Employment WG	x
Glenna Baca	Rescue Mission/SSVF		
Hannah Hill	Breadline		
Heather Cripe	Restore, Inc		
Heidi Shepard	IACNVL Housing Director	Housing Work Group	
Isaac Bettis	TCC Education (taking Edward Alexander's place)		
Janie Beaudreault	DOC/ FCC	DOC Co-Chair Executive Team	x
Jessica Stossel	IACNVL	Victim's Advocate	
Jody Hassel	Blossom House		
Jonathan Printers	LEAP/FTA		x
June Rogers	City Council/ Business Owner		x
Justine Slater	IMAT	Health WG	
Karen Blackburn	Northern Hope Center		

Karen Eddy	FNA Community Services								
Kari Burrell	Foundation Health Partners (FMH)								x
Kathy Catron	UAF Police Chief								x
Kelly Andaloro	Fresh Start	Health WG							
Kelvin Lee	No Limits								
Kerry Phillips	The Bridge ES and PSS	Community Connections WG Chair Steering Committee							x
Kevin Underhill	Volunteers in Policing								
Kristina Hoffert	DOC/ FCC								
Lacy Church	DOC/FCC								x
Leah Tupper	Fairbanks Wellness Court PO								
Libby Croan	DOL Fairbanks Job Center	Employment Committee	WG	Chair	Steering				x
Linda Setterberg	The Bridge / Operations Director								x
Lys Dempsey Skelly	The Bridge/ Encampment Peer Support								
Marisa Pena	Stone’s Throw								
Marsha Oss	Reentry Coalition Case Manager								x
Mary Keelean	Alaska Housing Finance Corp	Housing WG							
Maya Bowers	IAA	Community Connections WG							x
Michael Sanders	Crisis Now Coordinator								x
Mikayla Riley	FRC VISTA								x
Miranda Heupers	FNA Behavioral Health	Health WG Chair							x
Nate Brisbois	North Star Behavioral Health/Chris Kyle								
Nathan Smoot	GEO North Star								x
Nick Kraska	Turning Point Counseling	Health WG							
Pamela Kellish	DVR								
Paul Finch	North Country Medical	Health WG							
Robert Austin	FYF- DJJ								
Roscoe Britton	No Limits	Housing WG							
Sarah Koogle	AK Behavioral Health								x

Shelby Kearns	IAC/Prevention		
Shelissa Thomas	Restore Inc.		
Shelly Foint-Anderson	FRPHC		
Tammy Axelsson	DOC/Parole and Probation	Co-Chair, Executive Team	x
Timothy Ledna	Fairbanks Reentry Coalition Coordinator		
Tundra Greenstreet	The Bridge		x
Victoria Craddick	FRPHC	Health WG	

In addition, FRC has two mailing lists one for members and one for guests of the coalition; we send meeting announcements and notes to all 167 people on our lists. We have 568 people that follow our FRC Facebook Page (up from 457 last year). FRC has 123 followers on Instagram (up from 91 last year) and 84 followers on Twitter (up from 74 last year).

PART II: COALITION CAPACITY NEEDS ASSESSMENT

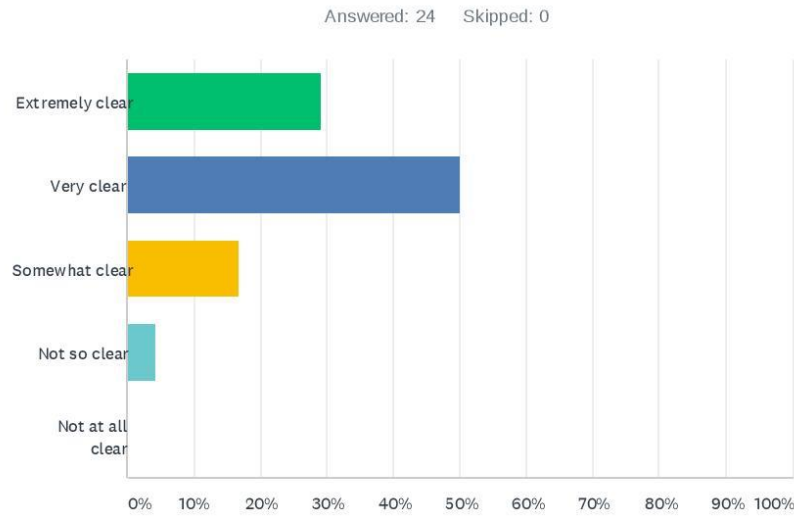
Survey Results

A Survey Monkey (same one used for the past two years) was opened from April 19, 2021 to May 4, 2021 and 24 coalition members responded to the survey. The survey results are provided below.



2021 Coalition Capacity Assessment

Q1 Coalition members have a clear understanding of the mission and vision.

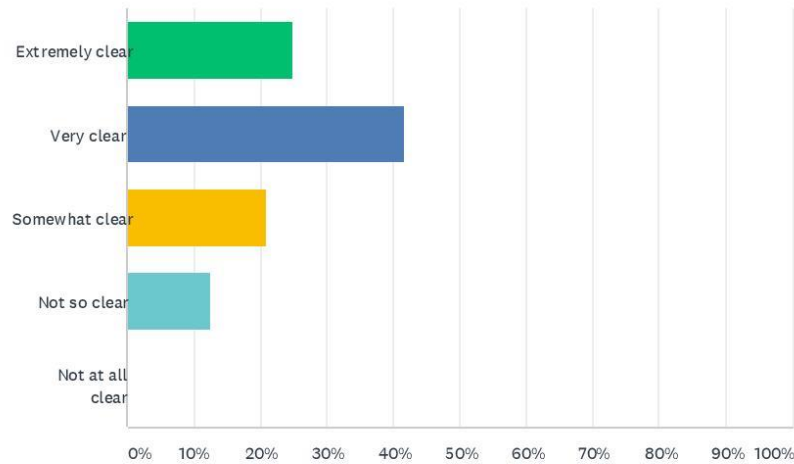


ANSWER CHOICES	RESPONSES	
Extremely clear	29.17%	7
Very clear	50.00%	12
Somewhat clear	16.67%	4
Not so clear	4.17%	1
Not at all clear	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q2 The Coalition bases its actions on a focused mission.

Answered: 24 Skipped: 0

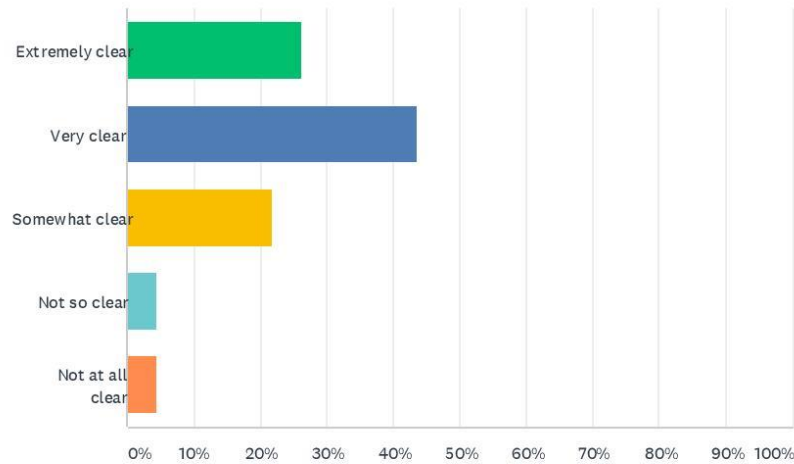


ANSWER CHOICES	RESPONSES	
Extremely clear	25.00%	6
Very clear	41.67%	10
Somewhat clear	20.83%	5
Not so clear	12.50%	3
Not at all clear	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q3 Our mission is comprehensive and looks at the big picture.

Answered: 23 Skipped: 1

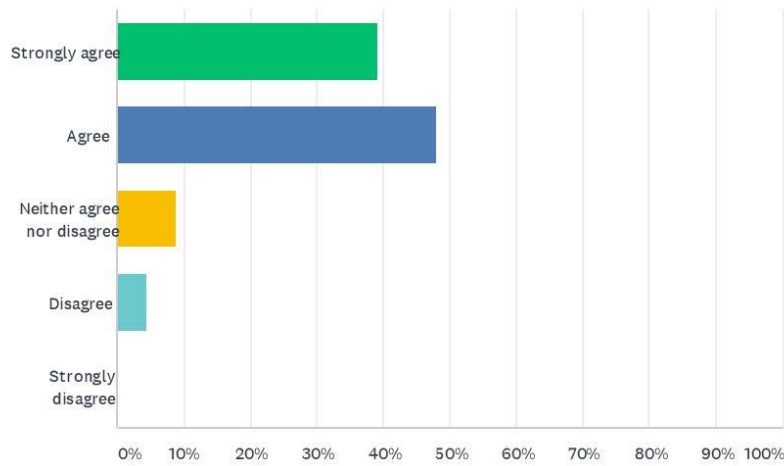


ANSWER CHOICES	RESPONSES	
Extremely clear	26.09%	6
Very clear	43.48%	10
Somewhat clear	21.74%	5
Not so clear	4.35%	1
Not at all clear	4.35%	1
Total Respondents: 23		

2021 Coalition Capacity Assessment

Q4 Our work is integrated with the community, including the constituency we serve.

Answered: 23 Skipped: 1

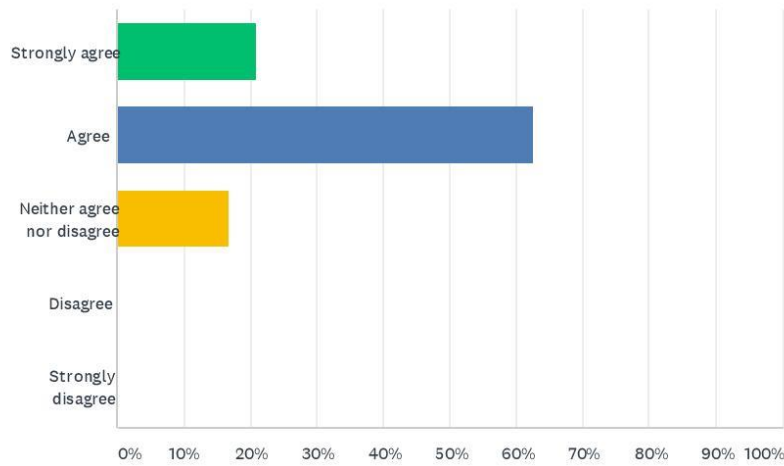


ANSWER CHOICES	RESPONSES	
Strongly agree	39.13%	9
Agree	47.83%	11
Neither agree nor disagree	8.70%	2
Disagree	4.35%	1
Strongly disagree	0.00%	0
Total Respondents: 23		

2021 Coalition Capacity Assessment

Q5 The coalition influences key decision-makers, government agencies, and other organizations.

Answered: 24 Skipped: 0

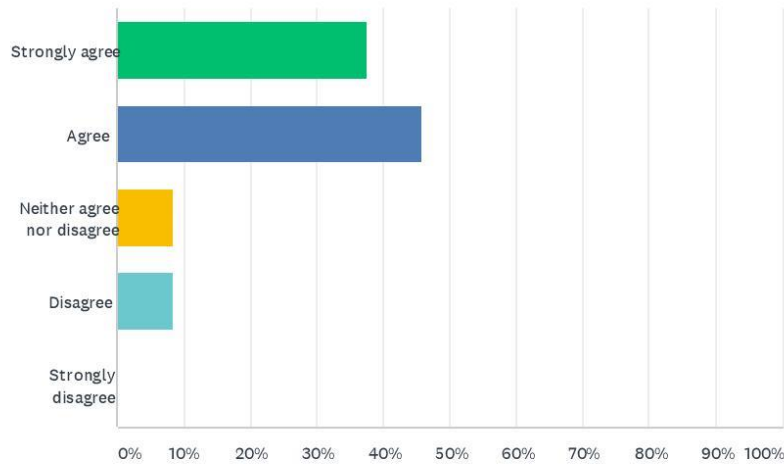


ANSWER CHOICES	RESPONSES	
Strongly agree	20.83%	5
Agree	62.50%	15
Neither agree nor disagree	16.67%	4
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q6 The coalition has successfully maintained or increased its credibility.

Answered: 24 Skipped: 0

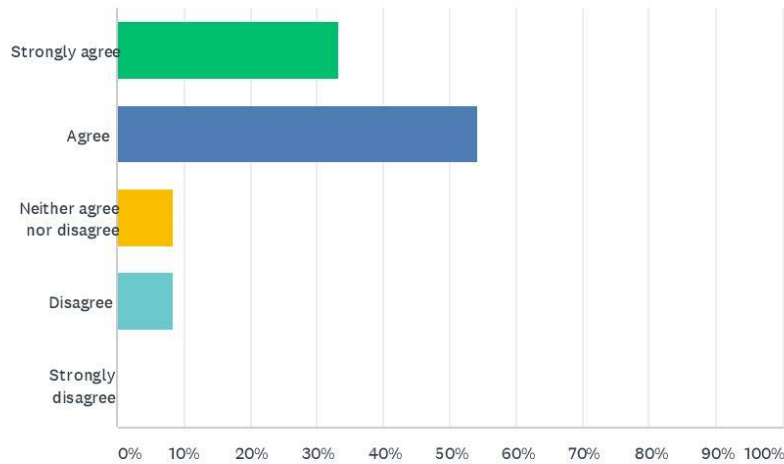


ANSWER CHOICES	RESPONSES	
Strongly agree	37.50%	9
Agree	45.83%	11
Neither agree nor disagree	8.33%	2
Disagree	8.33%	2
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q7 Members of the coalition are motivated and inspired.

Answered: 24 Skipped: 0

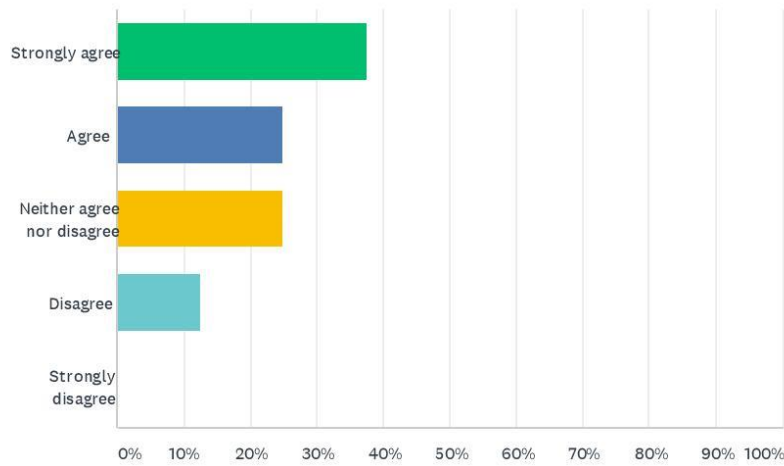


ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	8
Agree	54.17%	13
Neither agree nor disagree	8.33%	2
Disagree	8.33%	2
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q8 The coalition has an honest and open environment, and lines of communication are always open.

Answered: 24 Skipped: 0

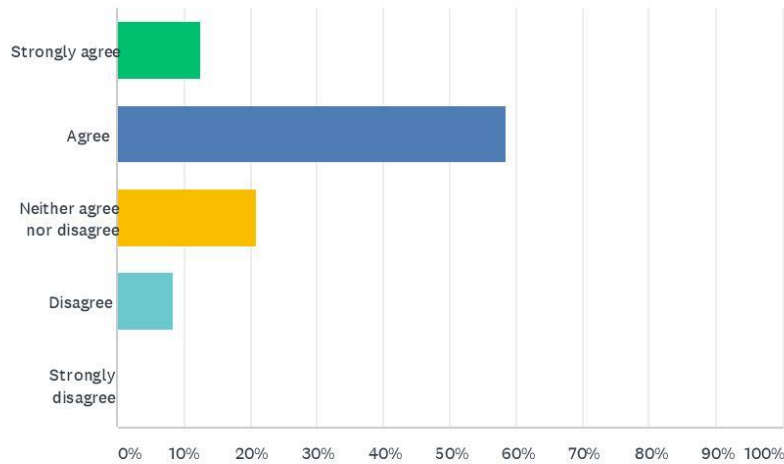


ANSWER CHOICES	RESPONSES	
Strongly agree	37.50%	9
Agree	25.00%	6
Neither agree nor disagree	25.00%	6
Disagree	12.50%	3
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q9 The coalition effectively addresses and resolves issues.

Answered: 24 Skipped: 0

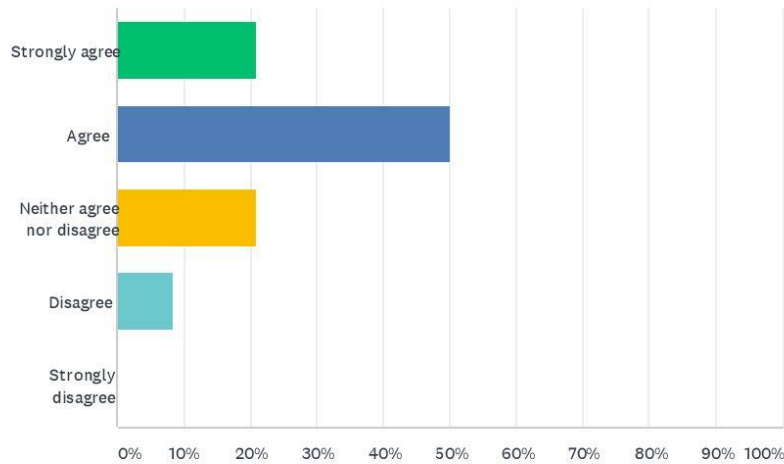


ANSWER CHOICES	RESPONSES	
Strongly agree	12.50%	3
Agree	58.33%	14
Neither agree nor disagree	20.83%	5
Disagree	8.33%	2
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q10 Members are recruited based on the goals of the coalition.

Answered: 24 Skipped: 0

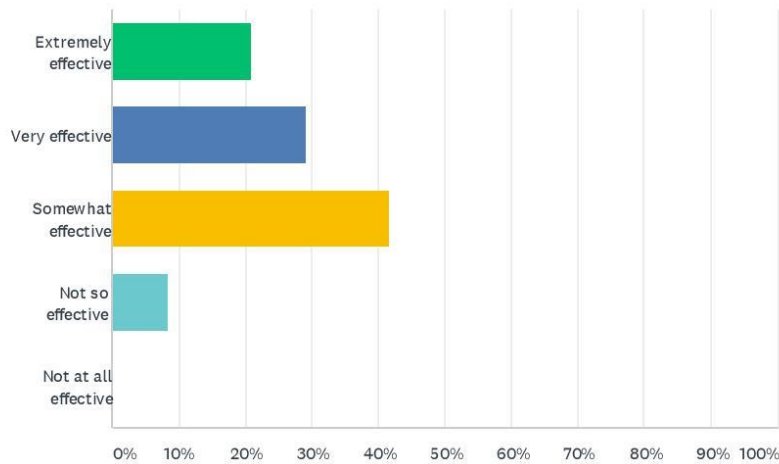


ANSWER CHOICES	RESPONSES	
Strongly agree	20.83%	5
Agree	50.00%	12
Neither agree nor disagree	20.83%	5
Disagree	8.33%	2
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q11 The coalition encourages inclusion and participation by working to empower all members.

Answered: 24 Skipped: 0

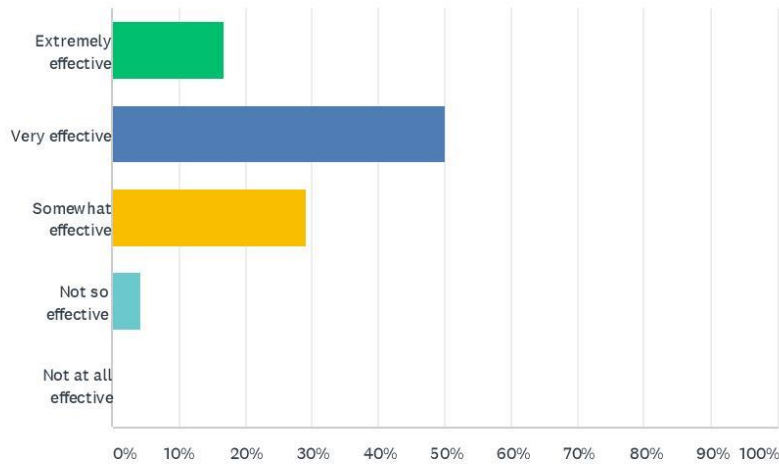


ANSWER CHOICES	RESPONSES	
Extremely effective	20.83%	5
Very effective	29.17%	7
Somewhat effective	41.67%	10
Not so effective	8.33%	2
Not at all effective	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q12 New members are welcomed and effectively oriented to the coalition.

Answered: 24 Skipped: 0

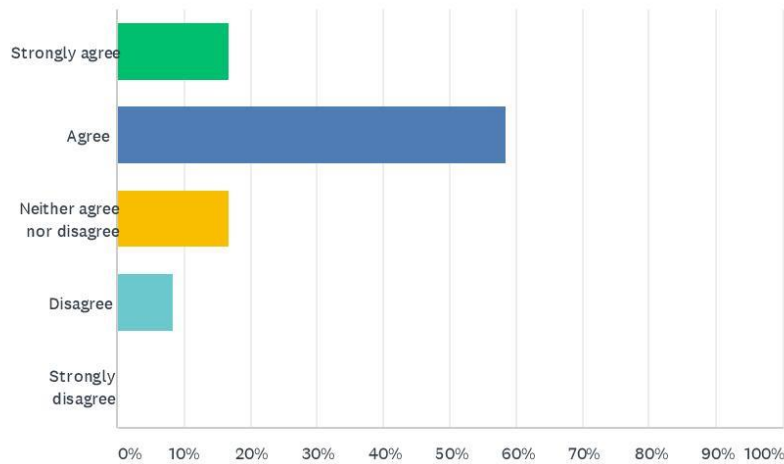


ANSWER CHOICES	RESPONSES	
Extremely effective	16.67%	4
Very effective	50.00%	12
Somewhat effective	29.17%	7
Not so effective	4.17%	1
Not at all effective	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q13 The coalition develops specific roles and responsibilities for members based on their resources and skills.

Answered: 24 Skipped: 0

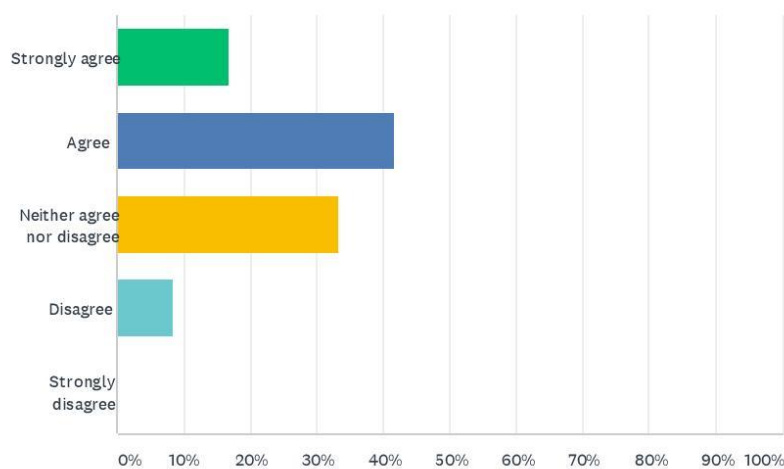


ANSWER CHOICES	RESPONSES	
Strongly agree	16.67%	4
Agree	58.33%	14
Neither agree nor disagree	16.67%	4
Disagree	8.33%	2
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q14 The coalition maintains clear roles, responsibilities and procedures.

Answered: 24 Skipped: 0

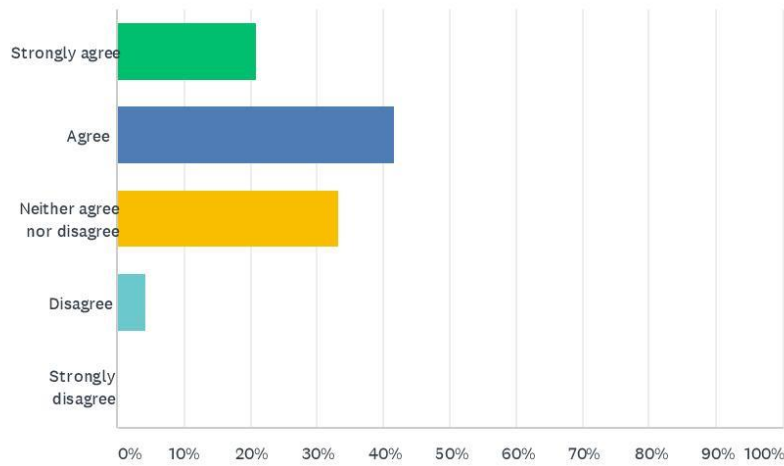


ANSWER CHOICES	RESPONSES	
Strongly agree	16.67%	4
Agree	41.67%	10
Neither agree nor disagree	33.33%	8
Disagree	8.33%	2
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q15 Activities, staffing and deadlines are effectively coordinated to meet goals.

Answered: 24 Skipped: 0

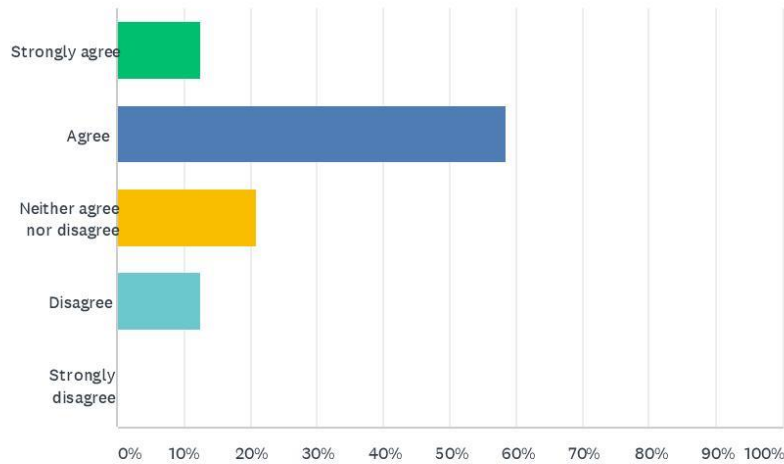


ANSWER CHOICES	RESPONSES	
Strongly agree	20.83%	5
Agree	41.67%	10
Neither agree nor disagree	33.33%	8
Disagree	4.17%	1
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q16 Meetings have clear objectives that meet the group's needs.

Answered: 24 Skipped: 0

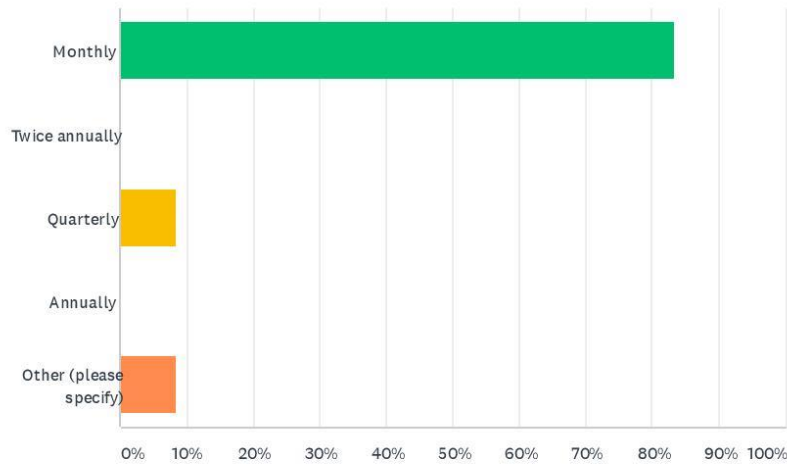


ANSWER CHOICES	RESPONSES	
Strongly agree	12.50%	3
Agree	58.33%	14
Neither agree nor disagree	20.83%	5
Disagree	12.50%	3
Strongly disagree	0.00%	0
Total Respondents: 24		

2021 Coalition Capacity Assessment

Q17 How often do you attend meetings of the coalition?

Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
Monthly	83.33%	20
Twice annually	0.00%	0
Quarterly	8.33%	2
Annually	0.00%	0
Other (please specify)	8.33%	2
TOTAL		24

#	OTHER (PLEASE SPECIFY)	DATE
1	Try for monthly but sometimes there is a conflict	4/19/2021 12:38 PM
2	when available	4/19/2021 11:47 AM

Survey Narrative

The work of the Coalition continues to be well “integrated into the community, including participation by the constituency we serve”. This question, about integration, was one of our highest scores again; this reflects the voices of reentrants at our community meetings as we celebrate graduations, successes and struggles.

Five areas had lower scores than desired and continue to 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 coalition has an honest and open environment, and lines of communication are always open
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

There are relationship issues within the Coalition. Some of the conflict experienced by the coalition pre-dates the current Coordinator and seems to be based on competition for funding. Each agency that has had an interest in focusing on reentry has tried to find their niche, but resources are limited. The Coalition Coordinator will make new attempts to address old conflicts so that everyone can work together for the good of our most vulnerable citizens.

Goals for FY22

A couple FY21 goals were not met and so carry over for FY22, including:

1. Coordinator to meet with coalition members in conflict with the coalition for resolution.
2. AmeriCorps VISTA to assist the Steering Committee in developing a newsletter featuring issues impacting reentry with action items and advocacy opportunities.

Other FY21 goals were met but need to continue, including:

1. Coordinator and Reentry Case Manager will continue 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)

2. 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.

FY22 also brings brand new objectives, which are those determined by the FY21-FY23 Strategic Plan. Broad goals for the Coalition include:

1. Increase coordination and collaboration among agencies serving returning citizens
2. Expand the resources in the community available for returning citizens
3. Successfully advocate for policy changes important to returning citizens' success
4. Engage the community
5. Strengthen the foundation of the Fairbanks Reentry Coalition

See Addendum 1 – Strategic Plan for in depth details about these listed goals.

PART III: COMMUNITY READINESS ASSESSMENT

Survey Narrative

The Fairbanks Reentry Coalition decided to spread out the timeline that the Capacity Needs Assessment survey and the Community Readiness Survey were being conducted. Previously, both surveys were sent out for feedback in Spring of each year. Moving forward with FY22, the Coalition decided it will conduct the annual Community Readiness survey in the Fall. Therefore, there was not a Community Readiness survey sent in Spring FY21.

The Annual 2020 Community Readiness Survey that was conducted in March 2020 (using the same Survey Monkey as used in 2018 and 2019) will continue to be useful since it provides the needed baseline. That 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 in FY20 of 4.1 had moved Fairbanks to the pre-planning stage (up from a score of 3.0 in FY19). The FY20 5.7 score Knowledge of the Efforts reflects the survey respondent's knowledge of the efforts not necessarily the community's knowledge. We had addressed this in FY20 with excellent PSA's aired on our local stations, social media March through June and at a Coalition meeting in December. During FY21, similar strategies were employed.

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

Goals for FY22

The area that we need to continue to focus on in FY22 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 believed that within the last two fiscal years, including FY21, our social media presence, our PSA's that aired on television, and Coordinator outreach have helped to move the needle in this area.

Again, FY22 also brings brand new objectives, which are those determined by the FY21-FY23 Strategic Plan; most notably "Goal 4" and its related objectives as seen here:

Goal 4: Engage the community

Indicators:

- » Employers understand the benefits and supports offered when hiring returning citizens
- » Number of new employment opportunities created / employer partners
- » Number of positive returning citizen stories in the news

Objective 4.1: *Fairbanks in a welcoming and accepting community for returning citizens*

Action step 4.1.1: Continue to do the Reentry Simulation (Post-COVID).

Responsible: Coalition Coordinator

Timeline: Two simulations annually

Action step 4.1.2: Design and host a Community Think Tanks & Conversations to create conversation around issues important to the reentry community.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.3: Hire a contractor to create and share positive stories of returning citizens via social media.

Responsible: Coalition Coordinator

Timeline: FY 2023

Action step 4.1.4: Create a community calendar with all sober, free, and prosocial activities listed with contact information, times, and locations.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.5: Develop new sober social activities for the Fairbanks Community that includes returning citizens and their families.

Responsible: Community Connections workgroup

Timeline: FY 2023

Objective 4.2: ***The voice of people with lived experience is central to the work***

Action step 4.2.1: Create a Returning Citizens workgroup to share their stories increase understanding of the system among agency partners and the broader community (Warriors Project model).

Responsible: Bobby Dorton – lead, with assistance from Kerry Phillips

Timeline: FY 2021

Objective 4.3: ***Increase employers understanding of the benefits and supports available for hiring returning citizens***

Action step 4.3.1: Identify existing employers in the community who hire returning citizens, including those with barrier crimes. Work to increase employers' awareness of the benefits and supports available for hiring returning citizens. and expand the number of employers who will hire returning citizens.

Responsible: Employment workgroup

Timeline: FY 2021

PART IV: 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 there 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.

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; unfortunately, Oxford House will close September 1, 2021.

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. During COVID-19, Love INC used funding to put vulnerable people in hotels for isolation.

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 housing market in the Fairbanks Borough is tough for rental seekers because inventory is low and demand is high. An influx in military personnel at Eielson Air Force Base and a number of dormitories being taken off line at Fort Wainwright have led to a housing shortage, more or less.

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:

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. [Thrive Alaska?](#)

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. ABH also began a walk-in-Wednesday program. They do accept Medicaid and they have a sliding fee scale.

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 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 2). 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.

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
- 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: Previous and / or on-going events have included Laughter Yoga at Raven's Landing weekly, 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 offered 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.

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.

PART V: COMPREHENSIVE COMMUNITY REENTRY PLAN

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 FHHC 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: FHHC, 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

FY22 Comprehensive Plan

(first four goals taken from the FY21-FY23 Strategic Plan)

Goal 1: Increase coordination and collaboration among agencies serving returning citizens

Indicators:

- » Information is available to all agencies about housing, transportation, and health care resources available to returning citizens
- » Housing and transportation vouchers are fully expended
- » Number of trainings, events, and lunch & learns hosted by the coalition
- » Workgroups have full memberships and members are engaged
- » Frequency of workgroup meetings and progress on initiatives
- » Members receive bursts of pertinent information, more action alerts / flyers

Objective 1.1: ***Improve communication and decrease silos among coalition members***

Action step 1.1.1: Increase communication between agencies, their case managers and returning citizens to share information about housing resources, openings, and housing vouchers.

Responsible: Housing workgroup

Timeline: ongoing

Action step 1.1.2: Member agencies work together on apprenticeship opportunities and peer support projects.

Responsible: Employment workgroup

Timeline: FY 2022

Action step 1.1.3: Recruit a chair for the Transportation workgroup from the transportation community.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 1.1.4: Prepare and send frequent and regular bursts of information to coalition members to inform them of available resources for returning citizens and topics of value to agencies and the reentry community.

Responsible: Americorps VISTA volunteer, Coalition Coordinator

Timeline: FY 2021

Objective 1.2: ***Housing and transportation vouchers are fully expended***

Action step 1.2.1: Ensure that members of the coalition are aware of the housing and transportation funds available in the community, and provide member agencies with a clear description of the process for returning citizens to obtain Returning Home vouchers.

Responsible: Housing & transportation workgroups

Timeline: ongoing

Objective 1.3: ***Increase knowledge of what funding streams are available for health services such as Medicaid, free services or have a sliding fee scale***

Action step 1.3.1: Ensure members of the coalition are aware of funds available and free or sliding fee health services.

Responsible: Health workgroup

Timeline: ongoing

Objective 1.4: ***Foster healthy dialogue on issues important to the reentry community***

Action step 1.4.1: Host events, lunch & learns, trainings, and community conversations on topics important to the Fairbanks Reentry Coalition members.

Responsible: Coalition Coordinator, Steering committee members

Timeline: ongoing

Action step 1.4.2: Recruit agencies as members for Coalition workgroups.

Responsible: Coalition Coordinator, workgroup chairs

Timeline: ongoing

Objective 1.5: ***Ensure all returning citizens who want support have access to it***

Action step 1.5.1: Maintain an up-to-date resource directory with current service availability.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 1.5.2: Collaborate with Fairbanks Correctional Center (FCC) to hold a resource fair at Fairbanks Correctional Center (FCC).

Responsible: Employment workgroup

Timeline: FY 2022

Action step 1.5.3: Develop a list of employment and education opportunities to be given out at release at FCC or Northstar Center.

Responsible: Housing workgroup

Timeline: FY 2021

Action step 1.5.4: Collaborate with community partners to initiate a Good Renter program to increase likelihood that a returning citizen will maintain housing after case management and vouchers end.

Responsible: Housing workgroup

Timeline: FY 2022

Action step 1.5.5: Initiate a Getting Ahead in a Just Gettin' by World (Bridges Out of Poverty) program to increase likelihood that a returning citizen will maintain housing after case management and vouchers end.

Responsible: Americorps VISTA volunteer

Timeline: FY 2023

Objective 1.6: ***First night post-release returning citizens have safe transitional housing***

Action step 1.6.1: Develop a list of housing resources for returning citizens to be shared with DOC probation officers during pre-release planning, and with case managers.

Responsible: Housing workgroup

Timeline: FY 2021

Goal 2: Expand the resources in the community available for returning citizens

Indicators:

- » A business plan is developed for a new reentry center
- » Needs assessment conducted

Objective 2.1: ***Expand recovery support activities in the community***

Action Step 2.1.1: Pursue funding for recovery support activities and classes for returning citizens.

Responsible: Community Connections workgroup

Timeline: ongoing

Objective 2.2: ***The coalition uses data to identify needs and gaps in the community and set priorities***

Action step 2.2.1: Conduct a needs assessment of returning citizen population, identify services gaps and barriers related to the five priority areas of transportation, employment, community connections, housing, and health.

Responsible: Coalition Coordinator / Americorps VISTA volunteer

Timeline: FY 2021

Action step 2.2.2: Review needs assessment findings with the coalition and use to revise and update plan priorities annually.

Responsible: Coalition Coordinator with members

Timeline: FY 2022

Goal 3: Successfully advocate for policy changes important to returning citizens' success

Indicators:

- » Number of advocacy trainings offered & number of coalition members attending
- » Advocacy issues materials developed
- » Number of policymaker contacts/advocacy campaigns by coalition members

Objective 3.1: ***Legislators / city council and other public officials and community leaders understand the benefits of reducing barriers to returning citizens' success***

Action step 3.1.1: Participate in the Alaska Reentry & Justice workgroup.

Responsible: Coalition members: Kerry Phillips, Linda Setterberg, Bobby Dorton

Timeline: Ongoing

Action step 3.1.2: Host advocacy training for coalition members and returning citizens.

Responsible: Coalition Coordinator organizes

Timeline: Annually

Action step 3.1.3: Develop and implement an annual advocacy agenda. (See Appendix C for initial ideas for an advocacy agenda).

Responsible: Steering Committee

Timeline: Annually, prior to legislative session

Goal 4: Engage the community

Indicators:

- » Employers understand the benefits and supports offered when hiring returning citizens
- » Number of new employment opportunities created / employer partners
- » Number of positive returning citizen stories in the news

Objective 4.1: ***Fairbanks in a welcoming and accepting community for returning citizens***

Action step 4.1.1: Continue to do the Reentry Simulation (Post-COVID).

Responsible: Coalition Coordinator

Timeline: Two simulations annually

Action step 4.1.2: Design and host a Community Think Tanks & Conversations to create conversation around issues important to the reentry community.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.3: Hire a contractor to create and share positive stories of returning citizens via social media.

Responsible: Coalition Coordinator

Timeline: FY 2023

Action step 4.1.4: Create a community calendar with all sober, free, and prosocial activities listed with contact information, times, and locations.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.5: Develop new sober social activities for the Fairbanks Community that includes returning citizens and their families.

Responsible: Community Connections workgroup

Timeline: FY 2023

Objective 4.2: ***The voice of people with lived experience is central to the work***

Action step 4.2.1: Create a Returning Citizens workgroup to share their stories increase understanding of the system among agency partners and the broader community (Warriors Project model).

Responsible: Bobby Dorton – lead, with assistance from Kerry Phillips

Timeline: FY 2021

Objective 4.3: ***Increase employers understanding of the benefits and supports available for hiring returning citizens***

Action step 4.3.1: Identify existing employers in the community who hire returning citizens, including those with barrier crimes. Work to increase employers’ awareness of the benefits and supports available for hiring returning citizens. and expand the number of employers who will hire returning citizens.

Responsible: Employment workgroup

Timeline: FY 2021

PART VI: SUMMARY OF MEETINGS IN FISCAL YEAR 2021

August 6, 2020

Open Meeting 10:00 am -11:00 am

Meeting Location: ZOOM Meeting

Meeting Notes

- I. Introductions and Announcements, meeting opened by Bobby Dorton, Community Co-Chair. Meeting participant introduced themselves, Amanda Hillberry- PDA AmeriCorps, Andrea Rasmus- DOC Reentry PO, Anna Sochocki-The Bridge ES, Brenda Stanfill-IACNVL /Fiscal Agent-Victim’s Advocate, Brynn Butler- FRC VISTA, Cessnie Souvenir- Restore, Inc, Debbie Bourne- The Bridge PSS, Gary Edwin-The Bridge ES and Encampment PSS, Giles Hawthorn- The Bridge ESC, Halle Mote- PDA AmeriCorps, Jonathan Printers- LEAP, June Rogers- City Council Member, Karen Blackburn- Northern Hope Center, Kari Burrell- FHP, Kelvin Lee- No Limits, Kristina Hoffert- FCC PO, Kerry Phillips- Careline/Community Connections Chair, Lacy Church- FCC PO, Libby Croan- DOL Job Center, Employment Chair, Linda Setterberg-FRC Coordinator, Lorraine Trask- FNA Community Center, Marisa Pena- Stone’s Throw, Maya Bowers-IAA, Michael Sanders-FHHC/City of Fairbanks/Housing Chair, Pamela Kellish- DOL/DVR, Roscoe Britton-No Limits, Sam Bush- IACNVL Recovery House, Shelissa Thomas-Restore, Inc, Tammy Axelsson, DOC Probation/Co-Chair, Tundra Greenstreet, The Bridge PSC.

II. Announcements: Stone's Throw Culinary Institute is accepting applications.

Restore, Inc is starting a 3.1 treatment program and currently has 6 openings in Hope House.

DOL has a new site called Alaska Jobs: <https://jobs.alaska.gov/>

Linda/Brynn will update and post the resource list on the website and send out a pdf. If you are not represented please contact us to correct or make additions, deletions.

III. Strategic Planning Next Steps by Linda Setterberg, Coalition Coordinator: The Steering committee will meet the week of August 17th with Stellar Group for three- two hour meetings. If you would like a copy of the Strategic Plan Progress Report she will email it to you. We will fill openings in the Steering Committee today. Thank you to the 30 people who participated in the meetings with Stellar Group.

IV. Guest Dr. Sarah Stanley: LION program update and advocacy opportunity

LION: Learning Inside and Out Network, for an invitation to their LION's Den meetings on Tuesday and Thursday morning 9-11 please contact Dr. Stanley at ssstanley2@alaska.edu

Book Program <https://lion.open.uaf.edu/reading-stories-inside-and-out-america-reads-as-howards-challenge/> Contact Howard at FCC to donate 10 books for the reading club. carie.howard@alaska.gov

Please see the attached outline and letter for the advocacy for secure internet inside institutions for learning opportunities.

Sarah would like to draft a letter to DMV for a trauma-informed slot for reentrants each day to avoid being turned away. Appointments are currently required at DMV.

V. Program Highlight: SCAG Second Chance Act Grant by Marsha Oss

The Second Chance Act Grant is a federal grant to ADOC and they provided sub-grants to Alaska's Reentry Coalitions through their fiscal agents. The Fairbanks team includes Marsha Oss as Reentry Case Manager, Andrea Rasmus, Reentry Probation Officer, Linda Setterberg, FRC Coalition Coordinator and peer support from The Bridge. IPO's from ADOC may be part of the team as they have participants releasing to Fairbanks. Money follows the reentrant for things such as SUD/ SMI assessment, housing, clothing. Marsha is very helpful with applications for the AMTHA mini-grants (\$2500). She also assists them with Medicaid applications and accessing other programs. Individuals are accepted to the program in an ADOC facility serving more than 30 days. 30 days before release they begin working with PO Rasmus. Currently, Marsha has had 15 participants, 3 who have recidivated. There are 7 more who have been referred to the program and will be out in the next few months. Marsha has a full case load between the two reentry programs of 40 individuals. Both programs require ADOC referrals. FRC is required to have an MOU with anyone providing services. Contact Linda at reentry@iacnvl.org if you

would like to have an MOU to provide services for SCAG participants. Marsha gives options to the SCAG participants to engage in the services and programs available to them.

VI. Work Group Meetings :

Community Connections: August 10 at 2pm contact: Kerry Phillips

Housing: August 17 at 1pm contact: Michael Sanders

Health: August 12 at 3pm contact: Vicki Craddick

Employment: October 28 at 3pm (IPS Steering Committee August 26 at 3pm) Contact: Libby Croan

VII. Next Meeting: September 3, 2020

Steering Committee

11:15-11:45

Attending: Bobby Dorton, Co-Chair, Tammy Axelsson, Co-Chair, Michael Sanders, Housing, Brenda Stanfill, Fiscal Agent, Victim's Advocate, Libby Croan, Employment, Kerry Phillips, Community Connections (on phone), absent Victoria Craddick, Health she voted by email.

Staff present (non-voting): Linda Setterberg, FRC Coordinator, Brynn Butler, VISTA

1. Discussion on Nominations for open positions and then voting

Voted to approve Dr. Sarah Stanley UAF LION

Voted to approve Peter Charlie as Transportation Chair (Roscoe Britton had also applied)

2. Discussion on Strategic Planning Process: Please read the updates and think about the areas where we should focus for the next 3 years. **Stellar Group will send out the links to the meetings starting on August 17.**

3. Victim's Advocate is not an at large position but a standing position on the steering committee. Linda will make sure this is clear in the Operating Principles.

4. We could consider adding people to the steering committee representing missing areas of influence. Currently, UAF is an at large member, we could have another.

September 3, 2020

Open Meeting 10:00 am -11:00 am

ZOOM Meeting ID: 828 2068 7443

Passcode: 795704

Meeting Notes

- I. **Introductions:** meeting opened by Linda Setterberg, FRC Coordinator for Bobby Dorton, Community Co-Chair. Also present: Janie Beaudreault, DOC/FCC Co-Chair, Tammy Axelsson, DOC/ Probation Co-Chair, Kerry Phillips, Community Connections Work Group Chair, Mike Sanders, Housing Work Group Chair, Libby Croan, DOL Employment Work Group Chair. *Absent (both excused) Brenda Stanfill, Victim's Advocate and Victoria Craddick, Health Work Group Chair.* **Members present:** Amy Bollaert-Fairbanks Wellness Court, Andrea Rasmus-Reentry PO and SCAG, Anna Sochocki-The Bridge ES, Brynn Butler- Encampment, Debbie Bourne- The Bridge PSS, Giles Hawthorn-The Bridge ESC, Gary Edwin- The Bridge (now in a dual role as ES and PSS), Halle Mote-PDA AmeriCorps, Jonathan Printers- LEAP/FTA. Karen Blackburn-Northern Hope Center, Kelly Andalaro- Fresh Start, Marsha Oss- Reentry CM, Marisa Pena- Stone's Throw, Nate Brisbois- North Star/Chris Kyle, Roscoe Britton- No Limits, Sam Bush- IACNVL- Recovery Residence, Shelissa Thomas-Restore, Inc, Tundra Greenstreet- The Bridge PSC

New to the Coalition: Cindy Wright- IACNVL/Opioid Project, Corvinna Curtis- FNA Women's and Children's Program, Niki Mercado- The Bridge Housing intern, Timothy Ledna-FNA Pandemic Project, Jessica Varn- FHHC practicum student, Jackson Drew- LION, Ryan Shewfelt- Big Daddy's BBQ, Kathy Catron- UAF Chief of Police, Mikayla Riley, VISTA FRC, Kenzley Defler, VISTA Leader CoF,

Guests: Pastor Sonia Walker- True North Church, Jonathan Pistotnik- Anchorage Reentry Coalition, Don Habeger- Juneau Reentry Coalition, Joanne Wiita –DOC SCAG Program Director.

II. **Announcements:**

Mike Sanders is coordinating a Frontline Workers Case Conferencing. First meeting is September 10 at 1pm, contact him at MSanders@fairbanks.us for an invitation.

AK Behavioral Health is providing free Peer Support Training with State of Alaska approved curriculum. <https://alaskabehavioralhealth.org/trainings/peer-support-training/>

Restore, Inc. is opening a day detox center and a new inpatient treatment center (10 beds) on October 1. They are operating 6 sober houses and have 4 beds open.

National Recovery Month Activities SAMHSA Join the Voices of Recovery/ Celebrating Connections: Kerry Phillips and Community Connections WG are working with Fairbanks Wellness Court and Recover Alaska to plan and execute these events.

- a. September 18 at 6:30 [Paint Night by Heather](#) Young at JP Jones Center for 15 live and many virtual artists. If participating from home will need to purchase your own supplies, RSVP on Facebook.
- b. September 19 at 11 am [Recovery Walk](#) at the track behind the Big Dipper
- c. All Month Decorate a [Recovery Door](#) (use Purple) post on social media #recoverydoor or #soberdoor or #CelebrateConnections, prizes at the end of the month.
- d. Homeless bags will be distributed on the 17th and 18th at Stone's Soup and by Angel's in Motion, Donations are being [gathered by Amy](#). They are planning for 100 bags.
- e. FWC and Recover Alaska will have a flyer soon, Linda will send it out!

- III. Strategic Planning: Stellar Group meets with the Work Group chairs next Tuesday.
- IV. Guest Pastor Sonia Walker: Sonia is the Associate Pastor of True North Church. She spoke on their prison in-reach and TV broadcast. They broadcast to FCC and other DOC institutions through Glorystar, a TBN affiliate cable network. Their church service is now on Sunday afternoons on Channel 13. There are plans underway to add a chapel at FCC that will expand space for chaplaincy services and also increase the space for educational programs. Reach her for more information at sonia@truenorthak.org
- V. Program Highlight: [AmeriCorps VISTA Mikayla Riley](#) will be spending the year working with the Fairbanks Reentry Coalition in anti-poverty and anti-opioid programs. She is starting with Bridges out of Poverty curriculum “Getting Ahead in a Just Getting’ By World” and we hope to start a group this winter at the JP Jones Center.
- VI. Work Group Reporting:
 - Community Connections: September 7 at 2pm contact: [Kerry Phillips](#)
 - Housing: TBA in November at 1pm contact: [Michael Sanders](#)
 - Health: TBA November at 3pm contact: [Vicki Craddick](#)
 - Employment: October 28 at 3pm contact: [Libby Croan](#)

The next meeting will be at the same ZOOM address on October 1 at 10am.

October 1, 2020
Open Meeting 10:00 am -11:00 am
Meeting Location: ZOOM
[Join Zoom Meeting](#)
Meeting ID: 828 2068 7443
Passcode: 795704

FRC Community Meeting Notes

- I. Introductions and Announcements, meeting opened by Linda Setterberg (FRC Coordinator) and introductions and announcements in the Chat Box. Attendance: Three Co-chairs were excused. Steering Committee: Libby Croan (Employment/DOL), Michael Sanders (Housing/ FHHC), Members: Amanda Hillberry (PDA), Brynn Butler (Bridge Encampment), Christine Cooper-Esmailka (FNA), Gary Edwin (The Bridge), Heidi Shepard (IAC Housing),Kenzley Defler (VISTA Leader), Marsha Oss (Reentry Case Manager), Mikayla Riley (Reentry VISTA), Niki Mercado (The Bridge Housing intern), Roscoe Britton (No Limits), Ryan Shewfelt (Big Daddy’s BBQ),Timothy Ledna (FNA Pandemic)Tundra Greenstreet (The Bridge), Guests: Iris Matthews and Jenna Dickinson (Stellar Group), Janice Weiss (DOC Reentry), Matthew Taylor

- a. This month of October we will be recording stories of local reentrants who have successfully utilized reentry services with Playwright Productions. If you have an inspiring story send the name and contact to Linda at reentry@iacnvl.org
 - b. Next FRC Community Meeting: November 5 at 10am on ZOOM (Restore Inc)
 - c. Next FRC Steering Committee Meeting: Nov 5 at 11am setting Annual Advocacy Agenda, approval of Operation Guidelines and Public Affairs Presentation
 - d. First Lunch and Learn: November 11 at noon Coalition 101 with Linda Setterberg for all new coalition members.
- II. Strategic Planning Report by Stellar Group and Linda Setterberg, FRC Coordinator, see attachment with edits.
- III. Reentry Data PP presentation: Mikayla Riley, FRC VISTA See attachment.
- IV. Work Group Meetings:
- Community Connections: October 12 at 2pm contact: Chair Kerry Phillips
 - Housing: TBA in November contact: Chair Michael Sanders
 - Health: TBA in November contact: Vicki Craddick has had to resign her position due to public health's COVID, please contact Linda if you are interested in being the Health WG Chair
 - Employment: October 28 at 3pm contact: Chair Libby Croan

November 5, 2020
Open Meeting 10:00 -11:00 am
Steering Committee 11:00-11:30
Meeting Location: ZOOM

FRC Community Meeting Notes

Attending: Community Co-Chair: Bobby Dorton, FCC Co-Chair: Janie Beaudreault, DOC Probation: Tammy Axelsson (excused she is out of town). Steering Committee: Brenda Stanfill, IAC Victim's Advocate, Michael Sanders: Housing Work Group Chair, (absent Kerry Phillips Community Connections and Libby Croan Employment) Staff Present: Linda Setterberg FRC Coordinator.

Members present: Amanda Hillberry (PDA), Brynn Butler (The Bridge Encampment Outreach), Cindy Wright (FWC), Dahlia Wilson (PDA-VISTA), Edward Alexander (TCC), Elizabeth Markle (DVR), Giles Hawthorn (The Bridge Employment), Halle Motte (PDA-VISTA), Jessica Varn (FHHC student), Joe (PDA-VISTA), Heidi Shepard (IAC Housing), Kari Burrell (FHP), Kelly Andaloro (Fresh Start), Isaac Bettis (TCC Education), Kristina Hoffert (IPO-FCC), Lacy Church (IPO-FCC), Nathan Brisbois (Arctic Recovery/Chris Kyle), Sarah Koogle (AKBH), Sarah Levy (Reentry CM), Shelby Kearns (IAC/Prevention), Shelissa Thomas and two staff (Restore Inc), Timothy Ledna (FNA Pandemic project), Tundra Greenstreet (The Bridge-Peer Support)

Guests: Ted Jones, Jr (TCC), Dr. Mike Hopper, Janice Weiss (DOC Reentry), Leann Anderson (AKBH), Dr. Miranda Heupers (FNA BH), Robin Campbell.

I. Introductions and Announcements, on the chat... see notes attached

- a. Sarah Levy will be working with Marsha Oss with Reentry Case Management specifically with the DBH Reentry Program and Marsha will work with SCAG participants.
- b. Super Advocate Training: Saturday, Nov. 14 - 9:00-3:30pm (via Zoom)
Wednesday, Nov. 18 - 9:00-3:30pm (via Zoom) Contact Advocacy Coordinator, advocacy.coordinator@mhtrust.org or call (907) 465-4765
- c. First Lunch and Learn: November 18 at noon Coalition 101 with Linda Setterberg for all new coalition members.
- d. November 21 at JP Jones FRC Community Connections with Fairbanks Wellness Court will be hosting a Thanks-Giving event with Turkey Sandwiches
- e. Next FRC Community Meeting: December 3 at 10am on ZOOM

II. Program Highlight: Restore, Inc. by Shelissa Thomas

- 10 spaces in their new 3.1 program, this was much needed and is filling quickly
- Outpatient Detox with medical supervision Mon-Friday 9-6pm at 6pm they encourage them to take a transition bed in Sober Housing or find other supports
- 16 new employees
- Housing Director hired and they have 28 sober housing beds with 4 open they do accept women with children. Length of stay up to a year.
- On Call Peer Support line 24/7 907-888-2377
- Website: www.restoreinc.org

III. Agency Update: Alaska Behavioral Health by Sarah Koogle

- Extending hours to 7pm and Saturdays, there is no waiting list appointments are made within 10 days, if needed could be seen same day.
- Expanded staff to 10 clinicians with a Child Psychiatrist and Adult Psychiatrist on staff in Fairbanks. Can ZOOM with staff in Anchorage if needed.
- Adult Services are at the Peger Rd location near the DMV (hard to find as it's not visible from the road.)
- Child Services are on Aspen in the old Hope Counseling building in Aurora.
- Open to all insurances, take referrals from anyone, mainly using a telehealth platform
- Just hired a ½ time Peer Support Specialist and expect this to expand
- PATH Program sends two staff to encampments to meet medical and BH needs.
- 24 hour Crisis line is a new number 888-371-1309
- All new intake forms are located online <https://alaskabehavioralhealth.org/client-resources/client-forms/>

IV. Sneak Peak: Reentry Videos by Playwright Marketing

Linda's interview with Kerry Phillips the Community Connections Chair

<https://youtu.be/uReuLvAqSmM> this will be edited see comments in the chat (this is one of eight interviews.

- V. Work Group Meetings, please contact Linda for a ZOOM link at reentry@iacnvl.org
Community Connections: November 9 at 2pm contact: Chair Kerry Phillips
Health: November 11 at 3pm
Housing: November 20 at 1:30 contact: Chair Michael Sanders
Employment: January TBD contact: Chair Libby Croan

Steering Committee Meeting Notes

Attending: Bobby Dorton, Mike Sanders, Brenda Stanfill, and Janie Beaudreault. Guests: Miranda Heupers, Marsha Oss and Jessica Varn. Staff (non-voting) Linda Setterberg

Approval of Operational Guidelines: Will be sent out for final approval when the changes are approved by the funder Brenda will reach out to Steve Williams at The Trust. Linda is setting up Docusign for signatures.

Nominations for the Steering Committee:

Health-Dr. Miranda Hupers, Deputy Director, FNA Adult Programs (she will attend the Work Group meeting on November 11),

Transportation-Michelle Denton, FNSB Linda will continue to reach out to her.

UAF- Chief Kanton) (she was unable to attend today)

Linda will invite all three nominees to the Coalition 101 Lunch and Learn to introduce the coalition and answer questions.

Comments on the VIDEO: We may want to edit some so that programs are referred to in a generic way... limiting focus on The Bridge. Marsha and Brenda will assist Linda in suggesting edits. We have done 6 of 8 videos and will keep a list for interviewees suggested by other agencies (to be done as funds available). Linda has interviewed Bobby, Tammy, Kerry, Brynn, Marcell (SCAG client) and Marsha plans are to interview Lys (FWC participant) and Brenda (Victims Advocate). They really are coalition focused as all but Lys and Marcell are coalition members. Some of the people we might have interviewed already told their stories for the Opioid series for the Recovery channel.

Janie, says that they are in process hiring an Education Coordinator at FCC. During the lockdown she is happy to post encouragement to let the inmates know that we are thinking of them.

New hire at Northstar Center is Gregory Chaney, Janie has reached out to him to invite him to the coalition.

December 3, 2020
Open Meeting 10:00 -11:00 am
Meeting Location: ZOOM

FRC Community Meeting Notes

- I. Introductions and Announcements, meeting opened by Linda Setterberg, FRC Coordinator
- II. Attending: Tammy Axelsson- DOC Co-Chair, Janie Beaudreault- FCC Co-Chair,(absent- Bobby Dorton- Community Co-chair) Steering Committee: Mike Sanders-Housing, Dr Heupers- Health, Libby Croan- Employment (absent Kerry Phillips- Community Connections and Brenda Stanfill- Victim's Advocate)

Members and Guests: Anna Sochocki-The Bridge Employment Specialist, Arianna Kopp- Restore, INC, Brynn Butler-The Bridge Encampment, Dahlia Wilson and Joe- AmeriCorps PDA, Elizabeth Markle- DVR, Gary Edwin-The Bridge PSS and ES, Heidi Shepard-IAC Housing Director, Jessica Varn-FHHC Intern, Jonathan Printers- LEAP/FTA, Kathy Catron- UAF Police Chief, Kristina Hoffert- FCC IPO, Lacy Church-FCC IPO, Leanna Anderson- AKBH, Lys Dempsey-Skelly- The Bridge Encampment, Marisa Pena- Stone's Throw, Marsha Oss-Reentry Case Manager, Maya Bowers-IAA, Mikayla Riley-FRC VISTA, Nate Brisbois- Chris Kyle and Arctic Recovery, Niki Mercado- FRC Housing Intern, Matthew Taylor- Reentrant, Roscoe Britton- No Limits, Rose Geer-Robbins- Red Cross, Sarah Koogler- AKBH, Sarah Levy- Reentry Case Manager, Ted Jones-TCC, Timothy Ledna- FNA Pandemic Project, Vicki Craddick- RPHC

Out of town guests: Joanne Wiita- DOC Reentry, Marian Petla- Kenai Reentry Case Manager

Announcements:

- a. Next FRC Community Meeting: February 4 at 10am on ZOOM (no meeting in January)
- b. **First Lunch and Learn: Dec. 10 at noon Coalition 101 with Linda Setterberg for all new coalition members at** Meeting ID: 843 1598 5835 Passcode: 998769
[Join Meeting](#)
- c. Operating Guidelines approved by Steering Committee and The Trust.
- d. FRC Steering Committee approved Dr. Heupers as Health WG Chair
- e. Mat-Su Reentry Conference: January 12-13, 9-3pm
- f. Reducing Recidivism and Reentry Conference: February 9-12 two 2 hour sessions/day

Program Updates:

- The Red Cross is a resource for supplies contact Rose at rose.greerrobbs@redcross.org
- Restore Inc has 6 sober housing beds open, their Residential- inpatient program is full.
- No Limits has two beds open
- Fairbanks Recovery Residence for women has one opening.
- FCC is welcoming encouraging notes from Coalition member agencies to post in the institution. They are currently looking at opening a line of communication with case managers and probation like the one used by attorneys. The job for Education Coordinator is still open.

- III. Program Highlight: Second Change Act Grant Program Graduation- Marsha Oss Case Manager and Andrea Rasmus Reentry PO They currently have 15 active participants in the program and 5 that are exiting the program all are working and in permanent housing. One will be on a conference panel. Participants that are motivated on release are successful in the program.
- IV. Agency Update: Stone's Throw/ Stone's Soup –Breadline – Marisa Pena Program Director

Stone's Throw is a 13 week culinary school for individuals overcoming barriers to employment. The next class will start in January or February when they have a minimum of 4 individuals enrolled. It is a program of [Breadline](#) who also runs the Stone Soup program that feeds a hot meal 7-9:30 every morning Monday- Friday. They always need volunteers.

V. 72 hour fund update: Mikayla Riley FRC VISTA

Mikayla set up a Custom Ink page to sell t-shirts and hoodies for FRC to raise funds for the 72 hour fund. We can reopen if enough people would like one. This fund will assist individuals releasing from incarceration with a ride, a meal, important documents, a change of clothing and hygiene items. She has also written LOI to The Trust for funding. We will be working on a volunteer program, policies and procedures for the program.

Mikayla and Debbie Bourne (Peer Support Specialist) are also working on a grant for the Acivilate app used successfully in Georgia with those releasing. It links providers, probation with the app users to facilitate community connections.

<https://hypepotamus.com/companies/acivilate/>

VI. Work Group Meetings:

Community Connections: December 14th at 2pm contact: Chair Kerry Phillips

Health: February 10 at 3pm: Dr. Heupers

Housing: February 19 at 1:30 contact: Chair Michael Sanders

Employment: February 24 at 3pm contact: Chair Libby Croan

February 4, 2021

Open Meeting 10:00 -11:00 am

Steering Committee 11:00-11:30

Meeting Location: ZOOM

FRC Community Meeting Notes

I. Introductions and Announcements on Chat to give time for presentations, meeting opened by Bobby Dorton, Community Co-Chair.

- a. Reducing Recidivism and Reentry Conference: Feb 9-12 must register by tomorrow.

Registration link: <https://www.aktclms.org/Training/Class/104012>

- b. Community Connections Game Night: [Feb 20 from 3-5pm on ZOOM](#)

- c. Intro to IPS Supported Employment with Beth Wilson: February 25 9am-12

- d. Next FRC Community Meeting: March 4 at 10am on ZOOM

- e. Lunch and Learn: March 11 at noon Resume Writing

II. Reentry Advocacy Presentation: Bobby Dorton, Bobby shared the powerpoint that was presented to the Alaska Mental Health Trust Authority as a mission moment highlighting the work of the Reentry Coalition. Congratulations to Bobby on his many successes.

- III. Advocacy Issues for Reentry: Teri Tibbett from AK Reentry and Justice Partnership please contact Teri at teri.tibbett@alaska.gov. If you want to join the Joint Advocacy Action Network, the email to use is advocacy.coordinator@mhtrust.org.

The AK DOC and DOA are working together to see that every returning citizens has a valid ID or Driver's license when they are released. They feel this can be done through state regulations rather than legislation.

DOC in-reach, programming, education and treatment has been hampered by the COVID-19 precautions and by law prohibiting the use of technology in institutions. The Alaska Reentry and Justice Partnerships has been working on recommendations to the legislature. Currently the House of Representatives is at a deadlock in organization the 20-20 split in the state House of Representatives is made up of members from three parties, Republicans, Democrats, and Alaska Independence Party. Once this is resolved a House bill can be introduced.

- IV. Program Highlight: 72 HR Program and Bridges out of Poverty by Mikayla Riley, FRC VISTA

We received grant funding for the 72 hour program to allow staff and volunteers to assist a person releasing with basic needs, a meal and ride home. IACNVL our fiscal agent is working with us to approve policy and procedures to implement this program.

Bridges out of Poverty: Getting Ahead in a Just Gettin'by World is planning to start the first of March. Mikayla is waiting to start until we have 8 "Investigators" who will be exploring their own story and the communities resources for individuals in generational poverty. See the chat for links or email Mikayla at frcvista@iacnvl.org

- V. Work Group Meetings (all meetings are on ZOOM and to be invited contact chair or Linda at reentry@iacnvl.org:

Community Connections: February 8 at 2pm contact: Chair Kerry Phillips

Health: February 26 at 1pm contact: Dr. Miranda Huepers

Housing: February 19 at 1:30 contact: Chair Michael Sanders

Employment: April 28 at 3pm contact: Chair Libby Croan

***Anyone interested in a **Reentry Virtual Job Fair** we will be meeting more often for planning contact Linda or Libby.

Closing Comments: Travis Welch thanked Bobby and the Coalition for doing the mission moment for The Trust.

Mike Sanders announced his job change from Housing and Homeless Coordinator to the Crisis Now Coordinator for Fairbanks. He will continue the VISTA program in his new role.

Steering Committee Agenda

- Review of annual plan, setting priorities: Linda will send out for input.
- Annual Advocacy Plan: Will keep everyone posted when bills are introduced that impact reentry

- Nominations for the Steering Committee: UAF (Chief Catron) was approved to be added to the steering committee. Jessica Stossel is resuming the Victim's Advocate position temporarily filled by Brenda Stanfill.
- Mike will be resigning his position as Housing Work Group chair. He recommended Brenda McFarlane from FRM or possibly John Coghill. He will help us put together a Housing Prevention and Diversion presentation by Jason Love, INC, Major Malone at Salvation Army and Jennifer Simard AHFC –Anchorage for the next coalition meeting March 4th. Bobby and Kerry asked to be invited to the Crisis Now MCT planning meeting.
- Discussion of other at-large members to be invited: AST, FPD, FFD, Public Defender Agency

March 4, 2021

Open Meeting 10:00 -11:00 am

Meeting Location: ZOOM

FRC Community Meeting Notes

- I. Introductions and Announcements meeting opened by Bobby Dorton, Community Co-Chair. We had 34 members present, six local guests and five statewide partners. Here are a few of the highlights from the first 40 minutes of the meeting, thanks for adding your updates to the chat when we ran out of time!! See the chat attached.
 - Kelly Andalaro- Fresh Start continues to do SUD assessments over the phone and individual treatment.
 - Leah Tupper- PO Fairbanks Wellness Court has 22 participants with graduations in the next three weeks; they have room for 8 more currently with felony DUI or drug related charges.
 - Liz Markle –DVR they are still not in the office but referrals are picking up
 - June Rogers-Fairbanks City Council will be voting on the new Police Chief during Mondays City Council meeting, she encouraged public comment on the virtual platform or by email.
 - Tundra Greenstreet- The Bridge Support Services are currently hiring Peer Support Specialists and an Encampment Outreach Case Manager.
 - Cindy Wright- Fairbanks Wellness Coalition and Kathy Foley are developing a Community Postvention Plan and are looking for 30 community members to be trained. The Postvention team will respond after a suicide death to provide support and resources.
 - Dahlia Wilson PDA VISTA reported that she and Joe are looking for a fiscal agent for grant to meet the need for Pretrial Housing.
 - Nathan Smoot- GEO North Star Center Case Manager appreciates being at the meeting to increase resources, treatment opportunities and employment help
 - Jonathan Pistotnik invited us to the Anchorage Reentry Coalition Meeting next week. See the address in the chat.
 - Dr. Miranda Huepers- FNA Deputy Director of Behavioral Health introduced two new programs Bridges to Recovery (Meth and OUD) and Building Bridges- Suicide Prevention.
 - Debbie Bourne- Peer Support for Fairbanks Recovery Residence they have two openings
 - Mike Sanders- transitioning from Fairbanks Housing and Homeless Coordinator to Crisis Now Coordinator, he will remain at City Hall.

II. FRC Announcements

- a. Please be sure to check out the FRC YouTube channel and the Reentry Stories posted.
- b. Lunch and Learn: Postponed: Resume Writing (due to Spring Break)
- c. Next FRC Community Meeting: April 1 at 10am on ZOOM

III. Virtual Job Fair presentation by Paul Meyer, DOL. He will be working with FRC to develop a Informational Reentry Job Fair. He and Linda presented to the Greater Fairbanks Chamber of Commerce last week. This is on the strategic plan for the coalition to bring attention to hiring individuals who are justice involved giving second chances. This is a project of the Employment Work Group and the IPS Steering Committee. If you would like to be involved please contact Paul at alaskavirtualjobfair@alaska.gov.

IV. Advocacy Update by Teri Tibbett: Reps Claman and Tompkins introduced HB 118 to expand technology in institutions. Track this advocacy opportunity at www.akleg.org. There is also a move to make sure every inmate has a valid ID before release.

V. Work Group Reports (not given due to time constraints)

- a. Community Connections by Kerry Phillips
- b. Health by Dr. Huepers
Health Work Group March 2021 Updates:

- We'd love to see more people involved in our Health Work Group discussions! Our next meeting is scheduled for May 21st at 1:30pm, please let us know if you'd like to attend. The more voices we have, the more we're able to help our re-entrants!

- We are compiling a list of local Medicaid providers and providers who utilize a sliding fee scale to enable more individuals to access various types of medical care. Currently, we have a list of General Medical Providers and Behavioral Health/SUD Providers. We have begun to reach out to local Dental Providers and Naturopathic Providers to add them to our list. Please let us know if you have ideas on providers (or types of providers) who should be included on this list. If your organization accepts Medicaid or has a sliding fee scale, let us know so we can make sure to include you on our list!

- What type of care do your re-entrants seek upon returning to the community? What do you feel would be beneficial for them? This could be as simple as a basic physical exam or medication reconciliation, we'd love your thoughts.

- We are monitoring state telehealth regulation plans post-COVID and will provide updates as legislation progresses.

- We're keeping an eye on COVID vaccine availability for re-entrants and will provide updates as we learn more.

- I encourage anyone with ideas about how the FRC Health Work Group can be of service to our re-entrants to reach out to me (Dr. Huepers) at any time via phone (907-452-6251 ext 6445) or email (mhuepers@fairbanksnative.org)!

- c. Housing by Mike Sanders- Accepting nominations for Housing Work Group Chair send to Linda at reentry@iacnvl.org.

VI. Meetings (all meetings are on ZOOM and to be invited contact chair or Linda at reentry@iacnvl.org:

Community Connections: March 8 at 2pm contact: Chair Kerry Phillips

Employment: March 24 at 3pm contact: Chair Libby Croan

Health: May 21 at 1:30pm contact: Dr. Miranda Huepers

Housing: May 14 at 1:30 contact: Chair Michael Sanders (resigning) so contact Linda

April 1, 2021

Open Meeting 10:00 -11:00 am

Steering Committee 11:00

Meeting Location: ZOOM

FRC Community Meeting Notes

- I. Everyone introduced themselves in the chat and posted announcements, please see them meeting saved chat. We had 4 local guests, 2 statewide guests and 31 members attend.
- II. FRC Announcements
- a. Please be sure to check out the FRC YouTube channel and the Reentry Stories posted.
 - b. Reentry Week is April 26-30 email Mikayla Riley VISTA for information
 - c. Next FRC Community Meeting: May 6th at 10am on ZOOM
 - d. Linda Setterberg Resignation and process for hiring new Coalition Coordinator
Plan to move FRC office to City Hall April 14th if the council approves it.
- III. Advocacy Update: Teri Tibbett HB118
- a. HB 118 is the bill to ensure reentrants leave incarceration with ID and the use of technology for education, treatment, visitation and reentry planning. Linda sent a letter of support to Rep. Kreiss-Tompkins and gave public testimony in support of the bill last week.
 - b. Budget highlights that impact us all:
 - i. Therapeutic Court funding increase,
 - ii. Sobering Center funding was removed and then reinstated, we need to keep it in the budget
 - iii. Behavioral Health treatment and recovery 1.25 M added to the budget

- iv. 35M in state Medicaid funding removed from the budget in FY22 to be covered by Federal Cares Act funding. There is a thought that this will not be added to the FY23 state budget when Cares Act funding ends.

Marsha reports that 80% of reentrants qualify for Medicaid and this would directly impact our population.

- IV. Program Update: Savannah Fletcher Native Law Attorney, Alaska Legal Services Corporation and Clay Venetis report that they are able to address housing and employment discrimination, Custody and Child Welfare cases, DV and Tribal Court issues, Medicaid denials. They like to work with clients before the court gets involved. They are not seeing people in person yet. This is a free service and the following contact information for applying: by phone 1-888-478-2572 and by paper <https://www.alsc-law.org/wp-content/uploads/2013/11/2016-app-FBX-updated.pdf>
- V. Work Group Reports:
 - a. Community Connections by Kerry Phillips, Amy Bollaert with Fairbanks Wellness Court is planning for Alcohol Awareness Month and they will be having a Tie Dye T-shirt contest (see The Bridge events on Facebook) and handing out postcards that saying Rethink your Drink and mocktail recipes on the back.
Bobby reports that the first 10 Peer Support Professional certificates were issued by the State this week!! All grandfathering has to be done by July.
 - b. Health by Dr. Huepers, the Health WG is compiling a list of Medicaid and Sliding fee Scale services for consumers for Physical, Behavioral Health and Dental Care.
 - c. Employment by Libby Croan the Virtual Job Fair has been postponed to late May or June as DOL is really busy. For an example check out the BEST Virtual Job Fair being held this week. <https://jobs.alaska.gov/jobfairs/virtual.html>
- VI. Meetings (all meetings are on ZOOM and to be invited contact chair or Linda at reentry@iacnvl.org:
 - Community Connections: April 12 at 2pm contact: Chair Kerry Phillips
 - Employment: April 28 at 3pm contact: Chair Libby Croan
 - Health: May 21 at 1:30pm contact: Dr. Miranda Huepers
 - Housing: May 14 at 1:30 Work Group Chair to be determined

Steering Committee Meeting: Linda Setterberg, Tammy Axelsson, Bobby Dorton, Janie Beaudreault, Kerry Phillips, Kathy Catron, Miranda Huepers

- Hiring Committee for Coalition Coordinator, Linda's last day is April 23. Brenda will post the position on Indeed and then will schedule interviews. Tammy will lead the hiring committee and everyone indicated they are willing to be part of the selection committee if needed.

City Hall office update: the city council will approve this hopefully at the April 12 meeting and we can move in on April 14th.

June 3, 2021

Open Meeting 10:00 -11:00 am
Steering Committee 11:00 am
Zoom Meeting ID: 834 1771 6965 (Passcode: 446548)

FRC Community Meeting Notes

I. Introductions

- a. Returning Coalition members were invited to introduce themselves in the chat and post any announcements (see Relevant Meeting Chat Messages below)
- b. Timothy Ledna, new Fairbanks Reentry Coalition Coordinator introduced himself
 - i. *I am a caring and productive helping professional with a 20-year record of successful service to non-profit organizations and educational institutions. While I am most proud of being the adoptive father of two children, I also feel honored to have been an advocate for struggling communities, at-risk college students, the poor, and other under-served populations. Previously, as a Case Manager for Homeless Families with the Grand Junction Housing Authority, or as a Child Abuse Prevention Specialist with the Las Vegas Rape Crisis Center, I assisted vulnerable populations during difficult times. Most recently at the Fairbanks Native Association, I supported others as a Mental Health Clinician (therapist); I worked with clients building their self-efficacy, facilitating behavior change, improving ability to establish and maintain relationships, enhancing coping skills, and encouraging personal growth and self-awareness to reach full potential.*

I hold an Associates of Arts Degree in Spanish from Otero Junior College, a Bachelors of Arts Degree in the Humanities from Loyola University Chicago, a Master of Arts Degree in Systematic Theology from the University of Notre Dame, and a Master of Science Degree in Clinical Mental Health Counseling from the University of Nevada Las Vegas. I also have a Teaching English as a Foreign Language Certificate (TEFL/ TESOL) from the University of Arizona. I am a Nationally Certified Counselor (NCC) and Qualified Addictions Professional (QAP). I am trained in Trauma-Focused Cognitive Behavioral Therapy from the Medical University of South Carolina and I am a Certified Gatekeeper for suicide prevention from the QPR Institute (Question, Persuade, Refer). When not at work, I like to volunteer in my community; for example, I served as a tutor for the Children's Literacy Project in La Junta, Colorado a couple years ago and more recently was a volunteer for Fairbanks Youth Advocates as a member of the Board of Directors.

Finally, I was born in Denver but raised in Chicago. My favorite residence, however, was in Logan, Utah. So far, my year and half in Alaska has been really good, especially the year I spent living in a cabin in the woods.

- c. Tammy Axelsson and Janie Beaudreault, Community Co-Chairs, were not able to attend the meeting but Bobby Dorton was present and facilitated the meeting
- d. First time attendees were welcomed
 - i. Jolie Murray TCC
 - ii. Troy Jackson Jr (The Bridge: Mobile Crisis Team), Angie Corll Phoenix (The Bridge: Mobile Crisis Team), Michele Laarman (The Bridge: Reentry VISTA)

II. FRC Announcements

- a. Please be sure to check out the FRC YouTube channel and the Reentry Stories posted
 - i. <https://www.youtube.com/channel/UC3lIToaJzp1TUIEKqWN-mOw>
- b. Mikayla Riley VISTA

- i. FRC Office just moved to City Hall
 - ii. A new summer VISTA (direct service) for the coalition began at The Bridge
 - iii. Recruitment for next year-long VISTA has begun – positions starts mid-August
- c. DOC Facilities Reopening
 - i. Lacy Church shared information about DOC facilities reopening to pre-pandemic services but not a lot of details has been confirmed for FCC
- d. Next FRC Community Meeting: August 5th at 10am on ZOOM and at City Hall
 - i. There will not be a July 2021 FRC Community Meeting

III. Advocacy Update: Teri Tibbett (The Alaska Reentry & Justice Partnership)

The Alaska Reentry & Justice Partnership supports funding and policies that promote success after incarceration—including access to behavioral health treatment and recovery, reentry planning, housing and employment assistance, education and training, faith-based and culturally-appropriate supports, therapeutic courts, and more.

The following bills and budget items will have an impact on justice-involved Alaskans, their families, communities, and providers of services:

Behavioral Health Treatment and Recovery (BHTR) Grants (Conference Committee). \$1.25 million to BHTR grants will cover treatment and recovery services that are not Medicaid-reimbursable. Without these grant dollars, treatment providers are at risk for reducing services at a time when more treatment is needed, not less. Recovery from addiction is a key factor contributing to stability and success after incarceration.

Therapeutic Courts. \$488,400 in general funds will expand oversight and operations to improve the court’s ability to provide alternatives to incarceration for Alaskans with mental illness, substance use disorders, and other disabilities. Therapeutic Courts offer case management, housing and employment assistance, access to healthcare, treatment and recovery supports, peer support, and more, promoting stability and reduced criminal behavior.

Holistic Defense Project. \$252,000 Mental Health Trust funds to both the Public Defender Agency and Alaska Legal Services maintains funding for the Holistic Defense project in Bethel, Nome, and Kotzebue, with expansion plans to Anchorage. The Holistic Defense model supports Alaskans with behavioral health disorders by providing a criminal and civil legal aid attorney, and a social worker to best address client needs and obstacles to self-sufficiency.

Peer Certification. \$150,000 Mental Health Trust funds support the state’s multi-year plan to implement a certification body and standardized training for peer support professionals statewide. The effort promotes workforce development for people with lived experience of substance use disorders, mental illness, incarceration, and more.

Sobering Centers (Conference Committee). \$200,000 in general funds maintains ongoing support for sobering centers. An additional \$350,000 for the Fairbanks facility was added in the House. The Senate did not accept those numbers. Sobering centers offer an alternative to emergency room care and protective custody placement in jails. Sobering center administrators report that many of their services are not Medicaid reimbursable and instead depend on state general fund dollars to continue providing services. Without these services, more Alaskans will be at risk of freezing, becoming victimized, or causing harm.

Electronic Monitoring (GPS Tracking) for Community Residential Center (CRC) Placements. \$461,500 in general fund dollars and authority will expand the use of GPS tracking for individuals released to CRCs. GPS technology

allows corrections to safely and securely monitor people returning citizens still under supervision, in real time, promoting a successful transition back into the community.

Discharge Incentive Grants. \$100,000 Mental Health Trust funds support housing and transitional services for Alaskans leaving incarceration with behavioral health disorders (mental illness and addiction) and other disabilities, increasing the likelihood of stability and reduced recidivism.

Homeless Assistance Program (Conference Committee). \$4.55 million general funds and Mental Health Trust funds provides grants to community providers and homeless shelters who offer emergency rental and utility assistance, rapid rehousing, homeless prevention services, and more, to Alaskans who are homeless or at risk of homelessness.

Special Needs Housing (Conference Committee). \$1.7 million Mental Health Trust funds support housing programs that serve short- and long-term housing needs of homeless Alaskans, or Alaskans or at risk of homelessness. The program is administered through the Alaska Housing Finance Corporation (AHFC).

Designation, Evaluation, Stabilization, and Treatment Coordinator (DET/DES) (Conference Committee). \$7 million general and federal funds to expand the state's capacity for hospital-based mental health care.

HB 118 – Access to ID, Driver's License, Digital Technology (Rep. Kreiss-Tomkins). This bill requires the Division of Motor Vehicles to work with the Department of Corrections to provide on request before release, an ID or Driver's License for eligible inmates serving 120 days or more. Additionally, it expands the allowable uses of digital technology in prisons for improved access to education and training, behavioral health treatment and recovery, reentry planning, visitation, faith-based and cultural supports, and more. This bill is still on the table for 2022

HB 105 – Detention of Minors (Governor Dunleavy). This bill will bring state law into compliance with federal requirements related to the detention and placement of juveniles under the age of 18 in adult jails or correctional facilities, runaways and missing children held in secure juvenile facilities without requisite court findings. This bill passed both the House and Senate. Thank you!

HB 172/SB 124 – Crisis Stabilization, Mental Health Facilities (Governor Dunleavy). This bill will improve access to crisis stabilization services for Alaskans experiencing a mental health or substance use emergency. The bill offers law enforcement and first-responders additional tools for addressing behavioral health crises, including the option to drop off at a crisis stabilization center, access to mental health care, triage, referral, and stabilization. The bill also addresses the administration of psychotropic medication and involuntary commitment. These bills are still on the table for 2022.

SB 2 – Peace Officers De-Escalation Training (Sen. Gray-Jackson). This bill relates to de-escalation procedures for peace officers, peace officer training and certificates, reporting acts of misconduct, and activities related to the Alaska Police Standards Council. This bill is still on the table for 2022.

SB 70 - Opioid Overdose Prevention (Sen. Wilson). This bill will support the continuation of a previous standing order to allow paramedics and other first responders to administer Naloxone, an opioid overdose prevention drug, without restriction. It will also allow individuals to purchase Naloxone without prescription. This bill passed both the House and Senate. Thank you!

SB 114 – Juvenile Offenders, Parole Eligibility (Sen. Begich). This bill addresses parole eligibility for juveniles sentenced as adults, including consideration of age, maturity, criminal history, behavior, family circumstances, participation in treatment, plans for reentry, etc., and allows for consideration of discretionary parole after 15 years. This bill is still on the table for 2022

- IV. Open Forum: Members were invited to share what they think the future priorities, goals, and direction of the coalition should be? The FY21-FY23 Strategic Plan outlines five goals:

- a. GOAL 1: Increase coordination and collaboration among agencies serving returning citizens
- b. GOAL 2: Expand the resources in the community available for returning citizens
- c. GOAL 3: Successfully advocate for policy changes important to returning citizens' success
- d. GOAL 4: Engage the community
- e. GOAL 5: Strengthen the foundation of the Fairbanks Reentry Coalition

V. Work Group Reports:

- a. Community Connections by Kerry Phillips (not present, no update)
- b. Health by Dr. Huepers (not present, no update)
- c. Employment by Libby Croan (not present but sent update to Timothy Ledna)
 - i. The employment workgroup created a statewide virtual job fair event that ran from 05/14/2021 -05/31/2021. This event was in partnership with the Alaska Job Center Network, with a focus of providing information such as job leads, resources (ex. Fidelity Bonding) to justice involved job seekers. The event was also used to educate and provide information/resources to employers to reduce stigma/fear surrounding employing returning citizens and with the hopes that more local employers would be interested in becoming second chance employers. (Strategic Plan Goal #4, Objective 7, Employment Workgroup responsibility, FY21)
- d. Timothy Ledna announced that a Housing Work Group Chair was needed
 - i. Roscoe sent a letter of interest
 - ii. Erika Lensengrav was nominated by various members present at the meeting and stated she would consider the opportunity

Steering Committee Meeting:

The Steering Committee was not able to meet at 11am June 3, 2021

Relevant Meeting Chat Messages

- Approval for entry into the jail expires (perhaps annually) and so formerly approved persons will likely need to be vetted and confirmed again.
- The Fairbanks Reentry Coalition will not have a monthly meeting in July
- Please consider writing to Senate.Finance@akleg.gov and House.finance@akleg.gov to show your support for pending funding that support reentry work.
- Write to teri.tibbett@alaska.gov for more information about legislative measures
- Anna Nelson said " I am interested in what services are available in Fairbanks, and what the current concerns are. What is happening and what is the feeling about how things are going in changing the conversation to support returning citizens."
- Mikayla Riley said "If people have feedback that they do not get to share during the meeting or have additional thoughts, please send me an email at frcvista@iacnvl.org and I am excited to discuss those further with you"

- Brynn Butler said “I am here as a active member of the recovery community in Fairbanks, as well as a member that has utilized a lot of the services in Fairbanks, and is now giving back.”
- Amanda Hillberry said “ I'm here to keep myself in the loop as to what's going on in the reentry community. The Public Defender Agency serves folks both pre and post trial and/or sentence. Our AmeriCorps members are tasked with connecting our clients to stabilizing resources in the community with the overarching goals of reducing both recidivism and incarceration rates. We are also always advocating for access to said resources for all of our clients, including those in pretrial status.”
- Andrew V. Hopper said “ I'm a practicum student with Fairbanks Therapy Associates and LEAP. FTA was not included in the recent CDVSA workshop. The agency's invitation was sent to a disused email address. For the most up to date information, we ask people to please visit the agency's website or call. FTA and LEAP has continued to facilitate groups and individual therapy sessions throughout the pandemic. We are seeing clients via telehealth. There is currently no waitlist. We are continuing business as usual.”
- Kelly Andaloro from Fresh Start said “Here to see what is new, what has changed and what is needed in the community.”
- Liz Markle said “Good morning, I just wanted to share that the Division of Vocational Rehabilitation (DVR) is now open to the public again as of June 1st. We will be resuming our in person orientations very soon and will keep all of our partner agencies posted. Our application is still online at our state website, but if you have anyone you'd like to refer directly, you can have them reach out to me at elizabeth.markle@alaska.gov or by phone, (907) 451-3170”
- Ericka Lensegrav said “I am here also as an active member of recovery in the community. I have utilized services in the Fairbanks area after reentering society. I outreach to various members of society through my work at The Bridge as the Encampment Outreach Case Manager. I am one with lived experience and will continue to do so and give back to those in need.”
- Brenda Stanfill asked “Timothy or Bobby could you send out a link to the peer support requirements and how to get the certification.”
- Marsha JT Oss replied <https://akcertification.org/peer-support-professionals/> Go to this site and follow the directions. Very easy process
- Linda Setterberg also replied <https://alaskabehavioralhealth.org/trainings/peer-support-training/>
- Matthew Kristovich said “I am here with Career Support and Training Services, Dept. of Labor. Just wanted to share that Tuesday was our first day seeing clients in person again here at the Fairbanks Job Center, located on 675 7th Ave., Station B (across the street from Sadler's). We have Employment Services Technicians here to assist clients who are seeking all manner of employment services such as job searching, resume assistance, interview preparation, etc., etc. We can be reached at 451-5945 and 451-5901.”
- Ericka Lensegrav said “Reading through the housing choice voucher checklist dry cabins are not approved, ill reach out to AFHC and double check but with Housing vouchers, like returning home, it seems like they would not be approved for them.”

- Mikayla Riley said “I share your concern as well bobby. I have made a note of it [referencing the absence of the Work Group Chairs and no one present in their place]
- Tundra Greenstreet said “Dry Cabins can be approved on a case-by-case basis, Alaska has some waivers in place for some of the federal requirements to accommodate units like this.”

PART VII: SUMMARY LIST OF OUTREACH, EDUCATION, AND OTHER WORK CONDUCTED BY COALITION COORDINATOR

1. Progress toward the Coalition’s goals outlined in the Comprehensive Community Reentry Plan.

We started this year working with Stellar Group in Juneau over the ZOOM platform to take a fresh look at the goals of the coalition. Planning meetings were attended by thirty coalition members and guests. I will attach the report from the Stellar Group. These are the goals for FY21 from our Comprehensive Community Reentry Plan and a little about whether it made it into our new Strategic Plan.

- **Reentrants have access to suitable housing.** These goals were made by our Housing Work Group- Chair Mike Sanders FHHC, active members Roscoe Britton-No Limits, Tundra Greenstreet-The Bridge, Peter Charlie-Graceland Reentry and Aftercare, Dahlia Wilson, Hallie Mott, Joe Pratte-AmeriCorps PDA, Bobby Dorton- Co-Chair, Mikayla Riley-FRC VISTA attended a least one of the two quarterly meetings.
 - First night post-release reentrants have safe transitional housing.
 - This has been addressed in part by the 4th Ave house for men coming out of DOC as part of the Second Chance Act grant. It was started by IACNVL as a recovery residence and will be taken over by a private landlord in January.
 - Advocate with the FHHC for Senior and Assisted Living Housing for elderly reentrants with Dementia and health needs that require assistance.
 - This community issue didn’t make our new strategic plan.
 - Homeless reentrants are able to receive assistance through community partners, peer support and encampment outreach and are always connected with suitable housing resources.
 - The Bridge has 3 staff members who are part of the Coordinated Entry System. This has become a goal of The Bridge Support Services.

- Initiate a Good Renter program to increase likelihood that a reentrant will maintain housing after case management and vouchers end.
 - FRC will work with Love INC and FHHC to develop this program.

At our November meeting the PDA AmeriCorps members requested we address Pre-trial housing. I had a conversation with Travis Welch about using Reentry Housing funds and he said we could request a variance if we had a compelling need. We also discussed a new LOI directed at Pre-trial cases.

- **Increased employment and meaningful engagement opportunities for reentrants.**

This work group meets quarterly and many of them are also members of the IPS Steering committee that meets during the off months supporting The Bridge. The FRC Employment Work Group Chair is Libby Croan- DOL/ Job Center, active members include Liz Markle-DVR, Pam Kellish-DVR, Giles Hawthorn- The Bridge, Anna Sochocki-The Bridge, Maria Pena-Breadline Stone's Throw, Troy Robinson- Literacy Council, and Sarah Koogale, AKBH. The new TCC Employment Director Isaac Bettis has reached out to join this coalition work group in the future.

- Employers understand the benefits and supports offered when hiring reentrants.
 - This is now 4.3 on the strategic plan. The Coordinator and The Bridge Employment Specialists are responsible for this and on August 5th we made a presentation via ZOOM with the Greater Fairbanks Chamber of Commerce Education and Workforce Development Committee.
- Reentrants overcome the barriers to employment with assistance from Reentry Case Management, The Bridge Employment Specialists and DOL/DVR.
 - We are working with the Bridge IPS Steering Committee to develop a continuum of care to overcome barriers to employment.
 - The Bridge Employment Specialists and Reentry Case Managers are assisting reentrants with resumes, cover letters, variance applications and obtaining ID, SS Cards and Birth Certificates.

- **Reentrants have increased access to physical health, mental health and substance**

abuse treatment. The Health WG has been inactive due to COVID-19 as our chair Vicki Craddick Public Health Nurse has had increased job duties, we had one meeting in August attended by Vicki, Cheryl Kilgore- Interior Community Health Center, Justine Slater- IMAT/IAA, Maya Bowers-IAA. In November, the Steering Committee appointed Dr. Miranda Heupers-FNA Behavioral Health to this position and we will be working on restarting this work group in 2021.

- Advocate for Public Health Services to be restored for adults 30 years old and over.
 - This did not make the new plan, I think because of COVID-19 and the overwhelm this caused our Public Health Department.
- Reentrants are referred to community providers and given access at The Bridge to technology for virtual appointments and assessments.

- The Bridge is helping reentrants with technology in several ways with donated computers from Green Star and with a ZOOM room at the office and a computer lab.
 - Currently, we are in an adjoining suite with ABC Batterer's Intervention, Reentry Case Management and The Bridge Support Services. This greatly aids in providing access for program participants.
- Reentrants have increased access to cultural and community services.
 - **The Community Connections Work Group will connect the reentrants with peer support, prosocial activities, new support groups and cultural connections.** This work group has met monthly except in December. The Work group chair is Kerry Phillips- IACNVL/Careline, active members include Bobby Dorton-FNA/RPC, Amy Bollaert-Fairbanks Wellness Court, Zoe Sutton-Recovery is Real/FNA, Brynn Butler-The Bridge Encampment CM, Mikayla Riley-FRC VISTA, Maya Bowers-IAA.
 - Space has been made for the longest running NA group to meet in person at The Bridge. We collaborated with the Fairbanks Wellness Court to hold a weekend of pro-social activities including a full paint night during Recover Month in September.
 - Pursue funding for Recovery Support activities and classes for reentrants.
 - Unfortunately this did not make the new plan. I suppose this will be something that The Bridge will pursue.
- **Reentrants have increased access to transportation.** This is still an open position on the Steering Committee.
 - 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.
 - The Mobility Coalition has not met since COVID and this didn't make the plan.
 - 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,
 - With reentry funding, COVID funding and the Supported Employment Grant we have been able to connect participants with LYFT rides, at times The Bridge staff will also provide rides. The buses are currently free to ride (up to 8 riders).
 - Formalize Project Ride Home for newly released individuals, starting with Second Chance Act grant participants.
 - This has not made it into the new plan. Our new VISTA volunteer is working the Reentry and The Bridge staff to start a program called the 72

hour fund to link staff and volunteers to funding for a meal, clothing, personal hygiene items and a ride to housing and probation immediately on release. This is in the planning stages with funding requested from The Trust, a small fundraiser and with a \$5,000 grant from TOTE for pre-employment incentives.

2. A summary of community outreach and education activities conducted by the Reentry Coalition Coordinator through December 2020

- Linda attended the following community and state wide meetings
 - August 5th spoke to the GFCC Education and Workforce Development Committee about hiring individuals who are justice involved with The Bridge Employment Specialist Coordinator Giles Hawthorn
- **Monthly Meetings**
 - CHIP ACES and Trauma work group with Foundation Health Partners
 - Fairbanks Wellness Coalition Steering Committee
 - Reentry and Justice Partnership
 - Fairbanks Crisis Now planning
 - Mat-Su Reentry Conference planning committee
 - RRR Conference Planning committee
 - Reentry Case Management
 - I host the monthly SCAG meeting
 - Reentry Portal Work Group (just started)
- **Lunch and Learn started**
 - December 10th the first FRC Coalition 101 ZOOM Lunch and Learn (19 attended)
- I worked with the City of Fairbanks to write the Restore Hope in Linkage to Care Collaboration grant. This would place peers (Recovery Coaches) with first responders in a mobile crisis team approach. If the city gets the grant The Bridge will hire a project coordinator. Christine Alvarez-AK Behavioral Health and Travis Welch have agreed to assist with envisioning this program that would be planned the rest of FY21 for a start date of July 1, 2021.
- Mikayla Riley-FRC VISTA and I wrote an LOI to the Bob Barker Foundation to fund the purchase of smart phones for returning citizens so that they would have access to an app produced by Acivilate called the POKKET app to link participants with services in Fairbanks. This was envisioned by Peer Support Specialist Debbie Bourne after the RRR Conference Reentry Simulation. “What I needed to be successful was a PSS and an app.” We found one that would be perfect!

3. Description of any identified system and/or local community based service/ support challenges for returning citizens.

- I think housing for the mentally ill continues to be a challenge and drives our homeless population. While we did get Housing funds they cannot help someone with open charges and they still require sufficient income to pay the rent after the grant is expended.
- Everything is slower and more complicated by COVID-19, the area where we are facing the greatest barriers are the lack of in person services and in-reach. Coming out of incarceration into this pandemic situation is confusing and anxiety producing and there is no way for staff to do in-reach unless they qualified for the Second Chance Act grant or Reentry Case Management (and even there the people be served are much less than in the past.

4. Coalition accomplishments or highlights

- We have filmed 6 of 8 interviews conducted by the Coordinator of Coalition members, reentrants and staff that tell the story of our coalition. They are in the process of being edited.
- One of the questions on the top of our minds during the strategic planning process was where does The Bridge live? Is it a direct service arm of the coalition or should it be a program under IACNVL our fiscal agent. Is the focus reentry or recovery? The grants that The Bridge operates under are definitely on the recovery side with a stated focus on those that have criminal justice involvement. We have found that a criminal history follows our participants much longer than 6 months. FRC's steering committee determined after much discussion that it would be best to grow The Bridge as a program directly under IACNVL for future Medicaid billing, being able to look at the full sequential intercept model shoring up the community supports pre and post incarceration. Peer Support and Employment Specialist work directly with individuals in Reentry Case Management, Recovery Housing and DVR. The Coalition will continue its good work in bringing agencies and individuals together to look at the needs, gaps and barriers facing those releasing to Fairbanks from incarceration. With help from the Fairbanks Housing and Homeless Coalition, The Bridge added an Encampment Case Manager and Peer Support Specialist. This has really increased our credibility and extended services to misdemeanants. As the Reentry Services Director for IACNVL I continue to supervise the following staff Peer Support Coordinator, Employment Specialist Coordinator, Encampment Case Manager and the FRC AmeriCorps VISTA. This takes about 10% of my time as I conduct a weekly staff meeting and 30 minutes- hour weekly one-one supervision.
- The greatest accomplishment is the connection we have been able to continue via the ZOOM platform. It has opened our meetings to the whole state of Alaska rather than those who can be physically present in City Hall. With over 30 people logging on to our Strategic Planning and our meetings we have continued to advocate for returning citizens and work with agencies, many who continue to work from home.
- The position as Coalition Coordinator, in cooperation with the credible staff of Reentry Case Management and The Bridge and our community partners, has given me a place to really be

an advocate and influence the kind of empathetic and caring reentry/recovery center that our region needs. I am reading the proceedings of a workshop, “The Effects of Incarceration and Reentry on Community Well-Being” by the National Academies and would like to end with a quote. “We need to shift the conversation to what heals people, what restores people, what empowers people to have options, to make other choices, to be positive parts of the community... Ultimately, we need to re-imagine what justice is and what a justice system could be. We need to suspend reality and imagine something different, something healthy, something caring, something –I’ll use an unscientific term: “loving.” We need to imagine what love can look like in policy and how that can translate into practices and policies.”

5. A summary of community outreach and education activities conducted by the Reentry Coalition Coordinator through July 2020

In January, Linda Setterberg, the previous Coalition Coordinator (for almost all of FY21), participated in planning three conferences.

1. Reducing Recidivism and Reentry Conference that was held virtually February 9-12
2. MatSu Reentry Summit that was held virtually January 12-13
3. Resilience Conference with the Fairbanks Wellness Coalition (Steering Committee member) held virtually February 17-18

January -May 2021 Linda participated in planning the Statewide Peer Support Conference: Voices Rising held virtually May 5-7

Linda also participated in Legislative call-ins with Teri Tibbett to let legislators know about reentry work and closely followed HB118 in support of technology.

The former Coalition Coordinator continued to host monthly FRC meetings on ZOOM and hosted monthly SCAG meetings for Fairbanks on ZOOM. Monthly Meetings that Linda attended: 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.

The Bridge/FRC was chosen (BJA grant) to be mentored by PRO-ACT in Pennsylvania, a peer run program to learn about Volunteering and their Recovery Center. This culminated in a Virtual Site Visit May 25-26.

FRC was able to get a Summer Associate VISTA May 24-August for 10 weeks to assist with Housing Grant Applications with our partnership at The Bridge.

Linda also reports that “the other activity was separating the FRC Coordinator from my new role as Operations Director for The Bridge. FRC was able to get office space at City Hall in April and move into

a sunny office mid-April. Detangling FRC from the Bridge was the main task this spring. Looking at what was direct service vs. coalition building.” Officially Linda's last day as coalition Coordinator was April 23, Timothy Ledna began in May with his first full-time day June 1, Linda assisted with the transition.

FRC VISTA Mikayla Riley kept up with our social media presence and is looking forward to developing a 72 hour program and reinstituting the Reentry Simulations. She has her office with Timothy Ledna at City Hall.

We completed the final two interviews with reentrant (recent graduate from the Wellness Court) Lys for reentry week April 26-30 and then June 3 Linda passed the baton to Timothy in the eighth and final interview for FY21. These are all or will be available on the YouTube Channel.

Monthly Meetings that Linda attended: 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.

Addendum 1

Fairbanks Reentry Coalition

STRATEGIC PLAN FY2021-FY2023



Presented by Stellar Group
stellargp.com

September 25, 2020

TABLE OF CONTENTS

Introduction	1
Fairbanks Reentry Coalition History	1
Leadership	1
The strategic planning process	2
Mission, vision & values	2

FY2021-FY2023 Strategic Plan

Goal 1: Increase coordination and collaboration among agencies serving returning citizens	3
Goal 2: Expand the resources in the community available for returning citizens	5
Goal 3: Successfully advocate for policy changes important to returning citizens' success	6
Goal 4: Engage the community	7
Goal 5: Strengthen the foundation of the Fairbanks Reentry Coalition	8

Appendices

Appendix A.....	9
Appendix B.....	10

INTRODUCTION

The Fairbanks Reentry Coalition is dedicated to improving housing and supportive services available in the Fairbanks community for returning citizens in order to support their success. This three-year strategic plan for FY2021-FY2023 was created by the members of the Fairbanks Reentry Coalition Steering Committee through a planning process informed by active members of the coalition and other community stakeholders. Indicators included for each of the goals are preliminary, and will be further refined by the Coalition Coordinator and Steering Committee to align with existing indicators tracked by the coalition.

FAIRBANKS REENTRY COALITION HISTORY

In January 2013, the Fairbanks Housing and Homeless Coalition (FHHC) identified a need for addressing the hardships and barriers faced by citizens returning to the community from incarceration and started a sub-group to address these issues. The first meeting of the reentry sub-group was held in March 2013. The sub-group quickly grew with members representing state agencies, community service providers, community members, successful returning citizens, and church leaders. In 2016, the sub-group took on the role/identity of a standalone coalition, The Fairbanks Reentry Coalition. The Interior Alaska Center for Non-Violent Living became the coalition's fiscal agent and the coalition was awarded grant funds from the Alaska Mental Health Trust Authority to support its first full-time Coalition Coordinator in 2016.

Since that time, the Fairbanks Reentry Coalition has developed into a strong collaboration among public agencies, non-profit organizations, citizens, businesses, faith-based partners, and community stakeholders united and committed to reducing recidivism among returning citizens in the City of Fairbanks, the Fairbanks North Star Borough, and surrounding areas. One significant project of the Fairbanks Reentry Coalition was the creation of The Bridge. The Reentry Coalition membership identified a need for peer support specialists to bring their lived experience and knowledge of community resources to individuals who are in recovery following treatment or incarceration. The Bridge opened in May 2019 with funding from the State Opioid Response grants from the Alaska Department of Health and Social Services.

LEADERSHIP

The Fairbanks Reentry Coalition is led by a Steering Committee comprised of 10 members: the three co-chairs are representatives from the Department of Corrections (DOC) Fairbanks Correctional Center, DOC Probation Office, and Community co-chair, and other members are the victim's advocate, Law Enforcement/UAF Justice and the five workgroup chairs. The Coalition Coordinator serves on the Steering Committee but is a non-voting member.

The Fairbanks Reentry Coalition operates under rules and procedures established by its membership, as embodied in the Coalition's Operation Guidelines, and is open to all sectors of the community who are committed to successful reentry for returning citizens and their families. All members of the Fairbanks Reentry Coalition are encouraged to serve on workgroups. The five workgroups are: Housing Services, Employment Services, Health Services, Transportation, and Community Connections.

The coalition meets 10 times annually, on the first Thursday of each month. The coalition's Steering Committee meets quarterly, and on an as-needed basis. The coalitions workgroups began in May of 2018, and meet monthly or quarterly.

THE STRATEGIC PLANNING PROCESS

In July of 2020, members of the Fairbanks Reentry Coalition came together to develop a three-year strategic plan for the organization for FY2021-FY2023. The strategic planning process was facilitated by external consultants, Stellar Group. The planning sessions took place from July through September 2020 through a series of virtual meetings. Additional meetings were held on August 17th, 20th, and 21st with members of the Steering committee finalize details of the plan, and on September 8th with the workgroup chairs. There were 32 participants in the strategic planning process. The list of participants is included in Appendix A. No changes to the vision, mission or values were made; five goals were developed, with supporting objectives and action steps.

VISION

The Fairbanks Reentry Coalition envisions a community that is safer and stronger by being supportive of returning citizens.

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.

VALUES

Compassion Respect Commitment Inclusive Nonjudgmental

FY2021-FY2023 STRATEGIC PLAN GOALS

GOAL 1: *Increase coordination and collaboration among agencies serving returning citizens*

GOAL 2: *Expand the resources in the community available for returning citizens*

GOAL 3: *Successfully advocate for policy changes important to returning citizens' success*

GOAL 4: *Engage the community*

GOAL 5: *Strengthen the foundation of the Fairbanks Reentry Coalition*

GOAL 1: INCREASE COORDINATION AND COLLABORATION AMONG AGENCIES SERVING RETURNING CITIZENS

INDICATORS:

- » Information is available to all agencies about housing, transportation, and health care resources

- available to returning citizens
- » Housing and transportation vouchers are fully expended
- » Number of trainings, events, and lunch & learns hosted by the coalition
- » Workgroups have full memberships and members are engaged
- » Frequency of workgroup meetings and progress on initiatives
- » Members receive bursts of pertinent information, more action alerts / flyers

OBJECTIVE 1.1: *Improve communication and decrease silos among coalition members*

Action step 1.1.1: Increase communication between agencies, their case managers and returning citizens to share information about housing resources, openings, and housing vouchers.

Responsible: Housing workgroup

Timeline: ongoing

Action step 1.1.2: Member agencies work together on apprenticeship opportunities and peer support projects.

Responsible: Employment workgroup

Timeline: FY 2022

Action step 1.1.3: Recruit a chair for the Transportation workgroup from the transportation community.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 1.1.4: Prepare and send frequent and regular bursts of information to coalition members to inform them of available resources for returning citizens and topics of value to agencies and the reentry community.

Responsible: Americorps VISTA volunteer, Coalition Coordinator

Timeline: FY 2021

OBJECTIVE 1.2: *Housing and transportation vouchers are fully expended*

Action step 1.2.1: Ensure that members of the coalition are aware of the housing and transportation funds available in the community, and provide member agencies with a clear description of the process for returning citizens to obtain Returning Home vouchers.

Responsible: Housing & transportation workgroups

Timeline: ongoing

OBJECTIVE 1.3: *Increase knowledge of what funding streams are available for health services such as Medicaid, free services or have a sliding fee scale*

Action step 1.3.1: Ensure members of the coalition are aware of funds available and free or sliding fee health services.

Responsible: Health workgroup

Timeline: ongoing

OBJECTIVE 1.4: *Foster healthy dialogue on issues important to the reentry community*

Action step 1.4.1: Host events, lunch & learns, trainings, and community conversations on topics important to the Fairbanks Reentry Coalition members.

Responsible: Coalition Coordinator, Steering committee members

Timeline: ongoing

Action step 1.4.2: Recruit agencies as members for Coalition workgroups.

Responsible: Coalition Coordinator, workgroup chairs

Timeline: ongoing

OBJECTIVE 1.5: *Ensure all returning citizens who want support have access to it*

Action step 1.5.1: Maintain an up-to-date resource directory with current service availability.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 1.5.2: Collaborate with Fairbanks Correctional Center (FCC) to hold a resource fair at Fairbanks Correctional Center (FCC).

Responsible: Employment workgroup

Timeline: FY 2022

Action step 1.5.3: Develop a list of employment and education opportunities to be given out at release at FCC or Northstar Center.

Responsible: Housing workgroup

Timeline: FY 2021

Action step 1.5.4: Collaborate with community partners to initiate a Good Renter program to increase likelihood that a returning citizen will maintain housing after case management and vouchers end.

Responsible: Housing workgroup

Timeline: FY 2022

Action step 1.5.5: Initiate a Getting Ahead in a Just Gettin' by World (Bridges Out of Poverty) program to increase likelihood that a returning citizen will maintain housing after case management and vouchers end.

Responsible: Americorps VISTA volunteer

Timeline: FY 2023

OBJECTIVE 1.6: *First night post-release returning citizens have safe transitional housing*

Action step 1.6.1: Develop a list of housing resources for returning citizens to be shared with DOC probation officers during pre-release planning, and with case managers.

Responsible: Housing workgroup

Timeline: FY 2021

GOAL 2: EXPAND THE RESOURCES IN THE COMMUNITY AVAILABLE FOR RETURNING CITIZENS

INDICATORS:

- » A business plan is developed for a new reentry center
- » Needs assessment conducted

OBJECTIVE 2.1: *Expand recovery support activities in the community*

Action Step 2.1.1: Pursue funding for recovery support activities and classes for returning citizens.

Responsible: Community Connections workgroup

Timeline: ongoing

OBJECTIVE 2.2: *The coalition uses data to identify needs and gaps in the community and set priorities*

Action step 2.2.1: Conduct a needs assessment of returning citizen population, identify services gaps and barriers related to the five priority areas of transportation, employment, community connections, housing, and health.

Responsible: Coalition Coordinator / Americorps VISTA volunteer

Timeline: FY 2021

Action step 2.2.2: Review needs assessment findings with the coalition and use to revise and update plan priorities annually.

Responsible: Coalition Coordinator with members

Timeline: FY 2022

GOAL 3: SUCCESSFULLY ADVOCATE FOR POLICY CHANGES IMPORTANT TO RETURNING CITIZENS' SUCCESS

INDICATORS:

- » Number of advocacy trainings offered & number of coalition members attending
- » Advocacy issues materials developed
- » Number of policymaker contacts/advocacy campaigns by coalition members

OBJECTIVE 3.1: *Legislators / city council and other public officials and community leaders understand the benefits of reducing barriers to returning citizens' success*

Action step 3.1.1: Participate in the Alaska Reentry & Justice workgroup.

Responsible: Coalition members: Kerry Phillips, Linda Setterberg, Bobby Dorton

Timeline: Ongoing

Action step 3.1.2: Host advocacy training for coalition members and returning citizens.

Responsible: Coalition Coordinator organizes

Timeline: Annually

Action step 3.1.3: Develop and implement an annual advocacy agenda. (See Appendix C for initial ideas for an advocacy agenda).

Responsible: Steering Committee

Timeline: Annually, prior to legislative session

GOAL 4: ENGAGE THE COMMUNITY

INDICATORS:

- » Employers understand the benefits and supports offered when hiring returning citizens
- » Number of new employment opportunities created / employer partners
- » Number of positive returning citizen stories in the news

OBJECTIVE 4.1: *Fairbanks in a welcoming and accepting community for returning citizens*

Action step 4.1.1: Continue to do the Reentry Simulation (Post-COVID).

Responsible: Coalition Coordinator

Timeline: Two simulations annually

Action step 4.1.2: Design and host a Community Think Tanks & Conversations to create conversation around issues important to the reentry community.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.3: Hire a contractor to create and share positive stories of returning citizens via social media.

Responsible: Coalition Coordinator

Timeline: FY 2023

Action step 4.1.4: Create a community calendar with all sober, free, and prosocial activities listed with contact information, times, and locations.

Responsible: Community Connections workgroup

Timeline: FY 2022

Action step 4.1.5: Develop new sober social activities for the Fairbanks Community that includes returning citizens and their families.

Responsible: Community Connections workgroup

Timeline: FY 2023

OBJECTIVE 4.2: *The voice of people with lived experience is central to the work*

Action step 4.2.1: Create a Returning Citizens workgroup to share their stories increase understanding of the system among agency partners and the broader community (Warriors Project model).

Responsible: Bobby Dorton – lead, with assistance from Kerry Phillips

Timeline: FY 2021

OBJECTIVE 4.3: *Increase employers understanding of the benefits and supports available for hiring returning citizens*

Action step 4.3.1: Identify existing employers in the community who hire returning citizens, including those with barrier crimes. Work to increase employers' awareness of the benefits and supports available for hiring returning citizens. and expand the number of employers who will hire returning citizens.

Responsible: Employment workgroup

Timeline: FY 2021

GOAL 5: STRENGTHEN THE FOUNDATION OF THE FAIRBANKS REENTRY COALITION

INDICATORS:

- » Number of new members who joined the coalition
- » Former members re-engaged in the coalition
- » Member contact lists are up to date
- » All members serve on a workgroup
- » Workgroups have action plans & implement them
- » Workgroups have supports / resources to achieve goals
- » Workgroups are accountable to coalition

OBJECTIVE 5.1: *Members are engaged in the coalition*

Action step 5.1.1: Build coalition participation through an informative onboarding process, increasing internal communication and partner outreach and providing opportunities for members to be actively involved in Reentry activities or projects.

Responsible: Coalition Coordinator

Timeline: FY 2021

Action step 5.1.2: Develop and offer a Coalition 101 Training annually.

Responsible: Coalition Coordinator

Timeline: FY 2021 - Develop training module; Deliver annually

OBJECTIVE 5.2: *Roles & responsibilities of the members, workgroups, steering committee, staff, and fiscal agent are clear*

Action step 5.2.1: Revise workgroup structure to better align workgroup activities with coalition goals/priorities.

Responsible: Coalition Coordinator, Steering Committee members

Timeline: FY 2022

Action step 5.2.2: Review and revise coalition operating principles including member roles and responsibilities, workgroup structure and expectations, steering committee members expectations, meeting schedules, communications, etc.

Responsible: Coalition Coordinator, Steering Committee members

Timeline: FY 2021

Action step 5.2.3: Create tools to track and monitor progress and improve internal accountability.

Responsible: Coalition Coordinator, Steering Committee members

Timeline: FY 2022

OBJECTIVE 5.3: *Transition oversight of The Bridge under Interior Alaska Center for Non-violent Living*

Action step 5.3.1: IAC will determine The Bridge oversight.

Responsible: Fiscal Agent, Coalition Coordinator

Timeline: FY 2020

APPENDIX A: PLANNING SESSION PARTICIPANTS

In July 2020, Fairbanks Reentry Coalition staff invited coalition members and other stakeholders to participate in series of virtual meetings held the week of July 20th to discuss some of the key issues, and to identify the key strengths, weaknesses, opportunities, and threats to the Coalition.

Planning meetings were attended by 32 people (Steering Committee members are identified with an asterisk):

- » Edward Alexander, Tanana Chiefs Conference
- » Tammy Axelsson, Alaska Department of Corrections, Probation*
- » Til Beetus, Fairbanks Wellness Coalition
- » Karen Blackburn, Northern Hope Center
- » Becca Brado, Interior Alaska Center for Non-Violent Living
- » Debbie Bourne, The Bridge
- » Nathan Brisbois, Chris Kyle Patriots Hospital and Arctic Recovery
- » Roscoe Britton, No Limits, Inc.
- » Aimee Bushnell, Sen. John Coghill's office
- » Brynn Butler, Fairbanks Reentry Coalition Americorps VISTA volunteer
- » Peter Charlie, Graceland Aftercare and Reentry
- » Lacy Church, Alaska Department of Corrections, Probation
- » Christine Cooper-Esmailka, Fairbanks Native Association
- » Libby Croan, Alaska Department of Labor*
- » Susan Desrosiers, Alaska Department of Health and Social Services, Office of Children's Services
- » Bobby Dorton, Fairbanks Native Association*
- » Tundra Greenstreet, The Bridge
- » Giles Hawthorn, The Bridge
- » Cheryl Kilgore, Interior Community Health Center
- » Brenda Krupa, Tanana Chiefs Conference
- » Marsha Oss, Interior Alaska Center for Nonviolent Living, Fairbanks Reentry Case Management
- » Kerry Phillips, Interior Alaska Center for Non-Violent Living*
- » Jonathan Printers, LEAP and Fairbanks Therapy Associates
- » Michael Sanders, City of Fairbanks and Fairbanks Housing & Homeless Coalition*
- » Linda Setterberg, Fairbanks Reentry Coalition*
- » Justine Slater, Interior AIDS Association
- » Anna Sochocki, The Bridge
- » Brenda Stanfill, Interior Alaska Center for Non-Violent Living*
- » Sarah Stanley, University of Alaska Fairbanks
- » Zoe Sutton, Fairbanks Native Association
- » Lorraine Trask, Fairbanks Native Association
- » Travis Welch, Alaska Mental Health Trust

The strategic planning process was facilitated by external consultants, Stellar Group.

APPENDIX B: ADVOCACY IDEAS

A number of advocacy ideas relevant to an annual advocacy agenda as in Goal 3, Action step 3.1.3 were identified during the planning process, and included:

- » Access to FCC and get the process going sooner with returning citizens
- » Technology access at FCC / other agencies
- » Expungement
- » Access to Virtual services
- » Overturn No Frills Bill
- » Mental Health Court
- » Address transportation barriers by advocating for additional hours for the fixed route bus service
- » Advocate for long-term transitional housing in Fairbanks for returning citizens with barriers to housing in partnership with Fairbanks Housing and Homeless Coalition
- » Advocate with the FHHC for Senior and Assisted Living Housing for elderly returning citizens with Dementia and health needs that require assistance
- » Advocate for Public Health Services to be restored for adults 30 years old and over
- » Advocate for Assertive Community Treatment (ACT) or Intensive Case Management (ICM) teams
- » Crisis Now model implementation
- » Forensic peer support model expansion
- » Build community support for a reentry center in the community

Addendum 2: Fairbanks Resource Directory

Fairbanks Community Resources Guide 2020

Table of Contents

Covid-19 Testing Sights.....	1
Adult Education Services	7
Child Care Assistance	8
Clothing Assistance	9
Counseling and Behavioral Health Services	10
Emergency Assistance	16
Employment Resources	19
Financial Assistance	20
Food Assistance	20
Healthcare and Medical Assistance	21
Housing	24
Legal Resources	26
Military Family Services	27
Special Needs Services	31
Substance Abuse Services	34
Transportation Assistance	37
Youth Programs	37
*Miscellaneous Services	39

Covid-19 Testing Locations Available Around Fairbanks

DRIVE THROUGH TESTING AT FAIRBANKS MEMORIAL HOSPITAL

- **Phone:** 452-8181
- **Address:** 1650 Cowels St.
- **Hours:** Monday – Friday 7:30 am to 5 pm
- **Location:** FMH Main Entrance. Pull into the main entrance, stop and call the drive through number (374-2445) to notify FMH staff of your arrival. They will instruct where you should park. If there is inclement weather occurring, the staff will come to your car and invite you to step into the arctic entry way of the main entrance to the hospital.
- **Medical Referral Needed:** Patients wanting to be seen at FMH need to have their provider send an order to the drive-thru staff before patient can enter FHM.
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are not accepted.
- **Accepts insurance:** Yes
- **Costs:** \$240. Patients are responsible for any balance not covered by insurance (deductibles, co-pays, etc.). For those without insurance, it is recommended to work with the FMH Business Office to apply for an HRSA (government grant). Other testing fees may be incurred depending on what is ordered by the provider.
- **Rapid Testing:** Is available but for only very specific situations.
- **Antibody Testing:** Is not available at this time
- **Additional Notes:** To be seen by a provider, a referral is needed. Once patients see their provider the referral is sent to FMH. FHP staff will then contact the patient to schedule an appointment for testing (typically on the same day except Saturday and Sunday).

FAIRBANKS PUBLIC HEALTH CENTER

- **Phone:** 452-1776
- **Address:** Testing site locations:
 - 2121 Peger Road (look for the City of Fairbanks Public Work Building)
 - Health Center: 1025 West Barnett St.
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are not accepted.
- **Accepts insurance:** No
- **Costs:** Free
- **Rapid Testing:** No
- **Antibody Testing:** No
- **Additional Notes:** Testing is by appointment only for those individuals who are showing symptoms of COVID-19 and who have come into close contact to someone diagnosed with COVID-19.

MEDPHYSICALS PLUS, LLC:

Phone: (855) 561-7587

- **Email:** admin@medphysicalsplus.com (Central Scheduling out of Anchorage)
- **Address:** 600 University Ave. Suite 28 (adjacent to the Oasis Bar)
- **Hours:** Monday- Saturday by appointment only
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are not accepted.
- **Accepts insurance:** No
- **Costs:** Free
- **Rapid Testing:** Fee is \$209.
- **Antibody Testing:** Fee is \$149. NAAT testing \$199 and is required to travel to Hawaii), PCR Saliva testing fee is \$199.
- **Additional Notes:** Testing is by appointment only for those individuals who are showing symptoms of COVID-19 and who have come into close contact to someone diagnosed with COVID-19. If symptomatic, remain in your vehicle and call (855) 561-758. An examiner will come to your vehicle to conduct testing.

TANANA VALLEY CLINIC:

1ST CARE

Phone: 458-2682

Email: TVC1stCareTelemedicinereception@foundationhealth.org

- **Address:** 1101 Noble St. (adjacent to Tanana Valley Clinic)
- **Hours:** Walk-In: Seven days a week, 8:00 am-6:00 pm
 - Telemedicine: Monday – Friday 8:00 am to 5:00 pm
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are not accepted.
- **Accepts insurance:** Yes
- **Costs:** \$220-\$325 + lab fees
- **Rapid Testing:** No
- **Antibody Testing:** Yes
- **Additional Notes:** Office or telemedicine appointments are available.
- **Pediatrics Departments.**
- **Phone:** 459-3520
- **Address:** 1001 Noble St.
- **Hours:** 8:00 am-5:00 pm, Saturday, 9:00 am – 5:00 pm.
- **Medical Referral Needed:** No

INTERIOR COMMUNITY HEALTH CENTER

- **Phone:** 455-4567
- **Address:** 1606 23rd. Ave
- **Hours:** Monday – Friday 8 am to 5 pm
- **Medical Referral Needed:** No

- **Acceptance of State of Alaska Testing Voucher:** No
- **Accepts insurance:** Yes and offers a sliding fee scale.
- **Costs:** Free test. Assessment \$209 for established patients, \$306 for new patients.
- **Rapid Testing:** In Healy: Yes. In Fairbanks: dental patients only.
- **Antibody Testing:** Yes
- **Notes:** Appointments only; call 455-4567 for instructions. Virtual visits and in-person.
-
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are not accepted.
- **Accepts insurance:** Yes
- **Costs:** \$220-\$325 + lab fees
- **Rapid Testing:** No
- **Antibody Testing:** Yes
- **Additional Notes:** Testing is available for those under 18 years of age. Office or telemedicine appointments are available.

FAIRBANKS INTERNATIONAL AIRPORT

Testing Vendor: Beacon

Temporary drive-thru testing for Interior residents Address

Address: 6450 Airport Way

- **Hours:** Seven days a week, 10:00 am-4:00 pm
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are accepted.
- **Accepts insurance:** No
- **Cost:** Free
- **Rapid Testing:** No
- **Antibody Testing:** No
- **Notes:** Free and available to the public. Go to the long-term parking lot at the airport and look for the testing trailer. Take a picture of the QR code on the sign and complete your registration form. Wait in your vehicle for further instructions. This testing may be short term. It is in place through November 2020, however, it could be extended. Please verify whether or not it is still being offered after November on the State of Alaska Department of Health and Social Services' website.
- **For incoming travelers or those with State of Alaska testing vouchers**
Address: 6450 Airport Way
Hours: Seven days a week, 7:00 am-10:00 pm for State of Alaska vouchers and on demand for arriving flights.
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** Vouchers are accepted.
- **Accepts insurance:** No

- **Cost:** Free with State of Alaska voucher or if an Alaskan resident is returning from out of state on an incoming flight.
- **Notes:** Complete the State of Alaska travel declaration form at this alaska.covidsecureapp.com in advance of arrival, if possible. Onsite staff will provide instructions to access initial travel mandate 10 testing and repeat voucher testing.

STEESE IMMEDIATE CARE

- **Phone:** 374-7911
- **Address:** 1275 Sadler Way (Near Home Depot and Banks Ale House)
- **Hours:** Monday – Friday 8:30 am to 5 pm, Saturday 10 am – 5 pm.
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** No
- **Accepts insurance:** No. they will provide you the documentation needed to submit your own insurance reimbursement.
- **Costs:** \$335
- **Rapid Testing:** Yes
- **Antibody Testing:** Yes
- **Notes:** Appointments needed. Call 374-7911

NORTH POLE DRIVE-THRU TESTING

- **Phone:** 375-4381
- **Address:** North Pole Plaza parking lot, adjacent to Hotel North Pole and the Pagoda Restaurant.
- **Hours:** Monday-Wednesday- Saturday, Noon-6 pm.
- **Medical Referral Needed:** No
- **Acceptance of State of Alaska Testing Voucher:** No
- **Accepts insurance:** No.
- **Costs:** Free
- **Rapid Testing:** No
- **Antibody Testing:** No
- **Notes:** No appointments needed.

CHIEF ANDREW ISAAC HEALTH CENTER- TANANA CHIEFS CONFERENCE (TCC)

- **Phone:** 451-6682, ext. 1 for testing
- **Address:** Bertha Moses Patient Hostel, 1408 19th Ave.
- **Hours:** 7 days a week, 8 am -5 pm.
- **Medical Referral Needed:** No

- **Costs:** Free
- **Rapid Testing:** Only in very specific situations.
- **Antibody Testing:** No
- **Notes:** Appointments are required. Indian beneficiaries and VA established w/TCC only.

BASSETT ARMY HOSPITAL

Phone: 361-5172 COVID Line, BACH Public Health 361-3057, COVID Testing Tent 687-4167

- **Address:** 4076 Neely Road, Fort Wainwright, AK 99703
- **Hours:** Daily 8 am -4 pm.
- **Medical Referral Needed:** No
- **Accepts State of Alaska Voucher:** No
- **Accepts Insurance:** Must have Tricare
- **Costs:** Free
- **Rapid Testing:** Yes. Results within 24 hours
- **Antibody Testing:** No
- **Notes:** For military and their dependents only

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

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

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 hotline. Provides emotional support for all ages experiencing life problems.

Phone: (907) 452-4357 or 877-266-4357

Website: www.carelinealaska.com

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 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 Rheeneerhaanjii -**

Provides residential treatment for substance abusing youth ages 12-18. Services include counseling, education, healthy living skills, and cultural and spiritual identity.

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

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:

- 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

Restore Incorporated:

- Restore Incorporated specializes in life skills, coaching, treatment, and training. With 20 years of experience, we are more than capable of giving parents the support they need to identify and overcome certain barriers so they can better maintain an active role in their children's lives. Open M-F. Crisis line open Sat- Sun, 24 hours.

Phone: (907) 374-1097

Location: 542 Fourth Ave. Suite B 101, Fairbanks

Website: www.restoreinc.org

Email: restoringinc@gmail.com

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:**

- 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 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.

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:

- 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: 724 27th Ave. Suite 2, 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.
- 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

Alaska Family Health & Birth Center:

- Maternity care, childbirth education preparation, breastfeeding, 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”)

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)

Planned Parenthood:

- Provides reproductive health care and education, cancer screenings, prenatal care and other types of critical health assistance to families, many of whom are low-income.

Phone: 1-800-769-0045

Location: 1867 Airport Way, Suite 160 B, Fairbanks

Website: <https://www.plannedparenthood.org/>

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.

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
1620 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):

- 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

Restore Incorporated:

- Hope House Restore Incorporated specializes in life skills, coaching, treatment, and training. With 20 years of experience, we are more than capable of giving parents the support they need to identify and overcome certain barriers so they can better maintain an active role in their children's lives.

Phone: (907) 374-1097

Location: 542 Fourth Ave. Suite B 101, Fairbanks

Website: www.restoreinc.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

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

(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.jointservicesupport.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):

- 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.

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 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:

- 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 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

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 for 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:

- 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: 724 27th Ave, Suite 2, 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):

- A supportive group for those recovering from addiction to narcotic drugs Contact phone number to reach answering service with a schedule of NA meetings.

Phone: (866) 258-6329

Restore Incorporated:

- Restore Incorporated Behavioral Health Rehabilitation Facility, provides drug and alcohol outpatient treatment programs for adults and teens suffering from mild mental health and or chemical dependency concerns.

Phone: (907) 374-1097

Location: 542 Fourth Ave. Suite B 101, Fairbanks

Website: www.restoreinc.org

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

Transportation Assistance

Fairbanks North Star Borough Metropolitan Area Commuter System:

- The Metropolitan Area Commuter System (MACS) operates 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

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.dmv.a.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:

- 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:

- 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

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

❖ **Restore Incorporated:**

- Restore Incorporated specializes in life skills, coaching, treatment, and training. With 20 years of experience, we are more than capable of giving parents the support they need to identify and overcome certain barriers so they can better maintain an active role in their children's lives.

Phone: (907) 374-1097

Location: 542 Fourth Ave. Suite B 101, Fairbanks

Website: www.restoreinc.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

This resource guide was compiled by the hard working people at the Fairbanks ReEntry Coalition with additional information supplied by the Greater Fairbanks Community Hospital Foundation and Fairbanks Memorial Hospital.

The Fairbanks Resource Guide was published by the Fairbanks Wellness Coalition thanks to a generous grant supplied by the Federal Grant Cares Act in response to 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	
FY21 Grant Amount: \$100,000	
High Level Project Summary: <p>FY21 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 FY21, 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 around 60%.</p> <p>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 through FY25.</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:

FY21 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, Inc., and the Mat-Su Health Foundation. The Reentry Summit was a 2-day virtual training geared toward professionals who serve reentrants, such as mental health and substance abuse treatment providers, reentry case managers, Probation and Parole Officers, correctional education coordinators, employment technicians, and others. There was both national and state-wide speakers showcasing successful programs in their field of expertise. There were four main subject areas covered at the Summit, to include the following: Employment/Job Training, Housing, Mental Health/Drug Addiction Treatment, and Criminal Justice issues. The emphasis of this year’s Reentry Summit was on building strong community partnerships to enhance the successful reentry of returning citizens and achieve recidivism reduction.

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.

Trust staff will continue to work to identify and develop other funding sources to replace or augment Trust funding for this initiative. Trust staff recommends continued funding through FY25.

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:

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 nonbeneficiaries.

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 - FY21 Grant Report Executive Summary: See attached

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0
Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individual trained as reported for this project in FY21: 0
<p>Performance Measure 1: No later than January 1, 2021, 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"> 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
<p>Performance Measure 2: By June 30, 2021 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY21 grant period. The report shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> a) 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) b) 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 c) 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. d) An updated Community Resource Assessment e) 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. 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).
- g) Any other Coalition highlights, activities, or topics wished to be included.

Grantee Response to Performance Measure 2: See attached



December 30, 2020

STATUS UPDATE

**Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development—
Mat-Su, Fiscal Year: FY21
Disability Justice Grant
GIFTS ID: 6908.05**

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 “advocate for developing more low-income and transitional housing units for reentrants from existing resources, especially non-restrictive transitional housing.” This is still a big concern, especially for reentrants that are sex offenders (SO)s, currently there is only one transitional housing program in the Mat-Su that accepts SO's. The Coordinator of the Mat-Su Coalition on Housing and Homelessness is an active member of the Mat-Su Reentry Coalition Steering Team and keeps us up to date on low cost housing developments that are occurring in the Mat-Su. Also the Mat-Su Reentry Case Manager works closely with the different transitional housing programs and local landlords to try to find suitable housing options for reentrants in need of housing.
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 Manager as an active member of the Mat-Su Reentry Coalition Steering Team and she keeps us up to date the different department of Labor training grants and opportunities as they become available. Our Reentry Case Manager also works closely with the reentry focused employment technician at the Mat-Su Job Center to support reentrants who need job services assistance. Since July 1, 2020 the Mat-Su Reentry Employment Technician has assisted 5 reentrants one on one and has the following success story they would like to share:

A reentrant referred to the Mat-Su Job Center CSTS staff from Set Free Alaska was funded using Workforce Innovation & Opportunity Act (WIOA) Adult grant. The reentrant had significant barriers to employment and was accepted in the carpenter's apprenticeship program. CSTS assisted participant with books for his first year of

training and with tools and gear needed to be dispatched. Participant was dispatched 8/24/2020 as a carpenter's apprentice earning \$23 p/h.

3. Our goal for Physical Health and Mental Health/Substance Abuse services was to encourage consistent in-reach to the area institutions providing information about physical health and behavioral health services available and how to access these services. Due to COVID and not having access to conduct in-reaches into the Correctional Institutions making sure reentrants know what services are available has been more difficult. To do this we have been working closely with Joe Steyers, the Goose Creek Correctional Center Education Coordinator, to make sure they have an updated list of the services available in the Mat-Su. Joe Steyers is currently in the process of putting together a booklet of all the different services that are available in each area throughout Alaska in order to have the information available to give to reentrants releasing to those areas.
4. While transportation is another high focus area for reentrants, our coalition has 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 on-line dispatch model. Our goal in this area is to keep apprised on how the Centralized On-Line Dispatch System is progressing. They had planned to conduct a trial run on a small scale during the Spring of 2020, however due to COVID these plans have been pushed to March 2021.
5. Our goal for Cultural and Community Connection Services is to inform reentrants about cultural and community events, groups, and services. We make sure to post cultural events on the bulletin board located next to the Mat-Su Reentry Case Managers office. We are also in the process of reaching out to the different Alaskan Native and tribal organizations in the Mat-Su to see if they would be interested in attending our reentry Steering Team meetings on at least a quarterly basis in order to update our Steering Team members on the different cultural and community events, groups, and services they might have available so they can pass the information onto their clients.

Part B. A summary of community outreach and education activities conducted by the Reentry Coalition Coordinator:

1. The Mat-Su Reentry Coalition Coordinator conducted four monthly Steering Team Meetings from July 1st to December 30, 2020.
2. The Mat-Su Reentry Coalition Coordinator conducted a Mat-Su Reentry Collation Virtual Community Wide meeting on September 2, 2020 with 7 guest speakers to speak to the

subject: Current State of Reentry in Continuing Pandemic Environment/What will be the New Normal?

- a) The guest speakers included the DOC Reentry Program Manager, a DOC Reentry Education Workgroup member, a DOC Institutional Probation Officer Supervisor, a Palmer Probation Officer, a Mat-Su Transitional Housing Provider (Enthus House), The Mat-Su Job Center Reentry Specific Employment Technician and The Mat-Su Reentry Case Manager.
 - b) 35 people attended. Attendees include Mat-Su Community Members, Reentry Coalition Coordinators and Case Managers from around Alaska, Gerri from the Office of Senator Murkowski, and DOC representatives.
 - c) Discussion around Reentrants obtaining Social Security Cards before they are released, Janice Weiss and Gerri from the Office of Senator Murkowski to discuss possible fixes for this problem
 - d) Received positive about meeting feedback from participants
3. The Mat-Su Reentry Coalition Coordinator conducted a Reentry Panel at the Mat-Su Area Partnership Virtual Meeting on October 8, 2020.
- a) 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), Manager of the Mat-Su Job Center (Amanda Carlson), Director of Valley Transit Executive Director (Jennifer Brusch), Set Free Alaska Peer Support Program Manager, Shannon Harris, and Veterans Justice Outreach Social Worker, Samantha Adams-Lahti.
 - b) Approximately 35 people from the Mat-Su community attended.
4. The Mat-Su Reentry Coalition Coordinator conducted two in-person Mat-Su Reentry Coalition Presentations at the Correctional Academy in Palmer
- a) First one held on August 13th: 26 newly appointed Correctional Officers were in attendance; presentation went well and the CO's asked some good questions and were engaged in the topic
 - b) Second one held on October 8th: 28 newly appointed Correctional Officers and Probation Officers were in attendance; the attendees were attentive and stayed engaged throughout the presentation
5. The Mat-Su Reentry Coalition Coordinator attended the following trainings between July and December 2020:
- a) *Understanding FASD in the Criminal Justice System: A research Update:*
Attended this virtual training on August 7

- In order to implement best practices and improve outcomes for individuals with Fetal Alcohol Spectrum Disorder (FASD) who experience contact with the criminal justice system there is a need to characterize current experiences and needs, practices, and decision-making. Dr. McLachlan's research team presented findings from their research characterizing the FASD knowledge, practice experiences, and training needs among forensic clinicians in Canada and internationally
 - b) *CIT2020 Virtual Conference*: Attended virtual conference from August 24 through the 28th. and 26th in Anchorage
 - This training included a full array of workshops that covered local, state, national and international Crisis Intervention Team (CIT) topics including: starting, implementing and sustaining CIT programs; CIT in urban, rural and frontier communities; innovative community collaborations serving adult, children, and adolescent populations; jail/ prison diversion programs, and mental health specialty courts
 - c) *Goodwill Industries Virtual 2020 Veterans and Military Family Summit*: Attended virtual Summit on Nov 13
 - This session explored promising practices and challenges related to Veterans with disabilities and criminal histories
6. The Mat-Su Reentry Coalition Coordinator attended/participated in multiple Mat-Su Community Meetings; along with statewide meetings each month from July through Dec 2020
7. The Mat-Su Reentry Coalition Coordinator participated in the following large Community Planning Events between July and December 2020:
- a) *Crisis Now Mat-Su Workgroup*: The Alaska Mental Health Trust Authority and Agnew::Beck Consulting held several virtual workgroup meetings from June 2020 through December 2020 on implementing a Behavioral Health Crisis of Care System in the Mat-Su
 - b) *Alaska Criminal Justice Commission (ACJC) Reentry, Rehabilitation and Recidivism Reduction Workgroup*: This meeting via Zoom led by Barbara Dunham, on Thursday, Aug 13th
 - Travis Welch from the Trust gave a Reentry Coalition presentation to the workgroup
 - Workgroup stated that they would be bringing the following recommendations to the legislature:
 - Recommendation Regarding Civil Detention of People with Mental Disorders not being placed in jail or at other correctional

facilities except for protective custody purposes and only while awaiting transportation to a treatment facility

- Recommendation that the legislature enact a statute creating a standardized Release of Information (ROI) form. A single state-sanctioned release form would improve medical and behavioral health information-sharing

- c) *Technology Access Inside Prisons, Impact in the Community, and Lessons Learned:* This discussion was hosted virtually by Jonathan Pistotnik, the Anchorage Reentry Coalition Coordinator on Thursday, August 20th

- Main Speaker was Wanda Bertram from the Prison Policy Initiative in Massachusetts who spoke on the different studies her organization was conducting on the use of internet inside of prisons

Part C. A description of any identified system and/or local community based service/support challenges for returning citizens:

The following are challenges identified for returning citizens in the Mat-Su Valley:

1. Transitional and Affordable Housing:

- a. There are currently only a few places in the Mat-Su that offer transitional housing, they are: Knik House, Euthus House – which is a Christian centered transitional house for men only; and Tue North Recovery – which is only available to individuals in treatment. Currently, the Euthus House is the only transitional housing facility that will take Sex Offenders.
- b. 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.

2. Transportation:

- a. 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 and three service providers have been working on an on-line centralized dispatch model.
- b. They had planned to conduct a trial run on a small scale during the Spring of 2020, however due to COVID this trial run has been pushed back to March 2021.

3. Long Waitlists Mental Health/Substance Abuse Assessments and Treatment:
 - a. The waitlist for mental health and medically assisted substance abuse assessments and treatment have been extended due to COVID
 - b. Also Sex Offender assessment and treatment in the Valley has a very long waitlist due to the fact that there is only one DOC authorized provider

Part D. Other Coalition accomplishments or highlights:

1. The Mat-Su Reentry Coalition Coordinator, several Steering Team members, and the Coordinator and Case Manager the Fairbank Reentry Coalition have been working to organize the 2021 Mat-Su Virtual Reentry Summit on January 12 and 13, 2021. We are utilizing funding received from the Mat-Su Health Foundation Authority and the Alaska Mental Health Trust.

This year's Reentry Summit is a 2-day virtual training geared toward professionals who serve reentrants, such as mental health and substance abuse treatment providers, reentry case managers, probation and Parole Officers, correctional education coordinators, employment technicians, etc. There will be both national and state-wide speakers showcasing successful programs in their field of expertise. There will be four main subject areas covered at the Summit, to include the following: Employment/Job Training – Housing – Mental Health/Drug Addiction Treatment – and Criminal Justice issues. The emphasis of this year's Reentry Summit will be on building strong community partnerships in order to enhance the successful reentry of returning citizens and achieve recidivism reduction.

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 7 hours AMA PRA Category I credit(s).

2. Mat-Su Reentry Housing Project: This project is funded through the Alaska Mental Health Trust:
 - a. This project allows the Mat-Su Reentry Coalition, through its Fiscal Agent, to provide rent for up to three months or on a case by case basis until sustainable, and funds to support utilities to meet same timeline as rent for qualified applicants.

- b. Qualifications for this program are as follows:
 - i. Must be a Trust Beneficiary
 - ii. Have been incarcerated at least once in the preceding 3 years
- c. From July through December 2020 we have assisted 14 reentrants through this project.

Barbara Mongar, Coordinator

Mat-Su Reentry Coalition

barbara.mongar@valleycharities.org

907-414-4077

Mat-Su Reentry Coalition / Trust Project Report 2021

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 (FY21)

GIFTS ID for this Project:

6908.05

Executive Summary for this Reporting Period:

a) Overview of the Coalition including its:

- **Vision:** See Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), page 5
- **Mission:** See Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), page 6
- **Core Values:** See Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), page 6
- **Processes for Conducting its Work:** See Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), pages 6-8
- **Coalition Structure and Membership Roles:** See Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), pages 6 - 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, Independent Living Advocate, Access Alaska.
 - Gary Harris, Reentrant/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
 - Alli Lythgoe, Associate Clinical Director, Set Free Alaska.
- **List of Active Mat-Su Reentry Coalition Members that attend Community Wide Meetings and/or other reentry meetings/events on a regular basis:**
 - Brain Galloway, Mat-Su Reentry Case Manager
 - Cindy Yeagar, Mat-Su Reentry Admin Case Manager

- 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
- Kristin Hull, Program Coordinator, Palmer Therapeutic Courts
- Heather Miller, DVSA Program Manager, Alaska Family Services





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 (Mat-Su Comprehensive Community Reentry Plan 2021), page 19 - 21 under the section titled Coalition Development; Coalition Strengths/Assets.
- An Updated 2021 Coalition Capacity Needs Assessment: See Attachment B (Mat-Su Reentry Coalition Capacity Assessment 2021)
- Goals and Strategies Associated with the 2021 Coalition Capacity Assessment: See Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), page 25- 27 under the section “Goals and Strategies Associated with Coalition Capacity Assessment”.

c. Community Readiness Assessment:

- A narrative of strategies, activities and progress toward increasing the community’s readiness based on the 2020 assessment:

Overall, our Community Readiness score increased slightly (to a **4.8** from a 4.6) over last year’s score. However, we increased significantly under the dimension of Leadership, increasing two levels from the Preplanning Readiness Stage to the Initiation Readiness Stage. We also went up one level under the dimension of Knowledge of Efforts, from the preplanning Readiness Stage to the Preparation Readiness Stage. However, we did go down one level in two dimensions, Community Climate and Knowledge of the Issue, these levels both went from the Preplanning Readiness Stage to the Vague Awareness Readiness Stage. For our goals and strategies toward increasing our community’s readiness score please see Attachment A (Comprehensive Community Reentry Plan), page 24-25 under the section “Goals and Strategies Associated with the Community Readiness Assessment.

Dimension	2020 Readiness Level	2021 Readiness Level	2021 Readiness Stage
Leadership	4.6	6.3 	Initiation
Resources	5.2	5.7 	Preparation
Knowledge of Efforts	4.6	5.2 	Preparation
Community Climate	4.6	3.8 	Vague Awareness
Knowledge of the Issue	4	3.1 	Vague Awareness

- An updated Community Readiness Assessment, with goals for the upcoming year: See Attachment C (Mat- Su Community Readiness Assessment May 2021), the goals are on page 5 under Next Steps.

d. An Updated Community Resource Assessment: See Attachment D (Mat-Su Community Resource Assessment 2021)

e. Coalition’s Comprehensive Community Reentry Plan:

- Narrative of strategies, activities and progress toward the goals outlined in the Coalitions 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 non-restrictive transitional housing.” While a few new transitional housing options have become available in the valley both of these new options are restrictive to individuals that meet specific criteria. The two new housing options are as follows: 1) Set Free now offers a sober living recovery residence housing for individuals that are enrolled in their outpatient substance abuse treatment program. They have a 16-bed facility for both male and female clients. 4 of their beds are allocated to contract with the Palmer Wellness Court. The length of Stay is 6 – 24 months. There is peer support provided on site. 2) There is also a new Valley Residential Services Bridgway Supportive Housing complex that just opened up in May 2021, which is located on Vine road. There are 24 units, one bedroom and efficiencies, and it is open to people with mental health disabilities, including reentrants, that want to live independently. The Mat-Su Valley is still in need of more non-restrictive transitional housing and this is the goal that our coalition will continue to work on for this year.
 - **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.” It has been difficult to move the needle on this goal this last year due to the fact that the Coalition has been unable to conduct any in-reaches inside the Correctional Institutions due to the COVID restrictions that were put in place. In early June 2021 they opened the Correctional Institutions to contractors and visitors, but the procedures of maintaining 6 feet distance and mask requirements are still in place. Due to this the Mat-Su Reentry Coalition has not yet been able to reinstate our group in-reaches, however the Mat-Su Reentry Case Manager is in the process of updating his security clearances so that he will be able to start conducting one-on-one in-reaches inside the different Correctional Institutions. Since we have been unable to conduct the in-reaches to get information to the reentrants directly before they are released, the Mat-Su Reentry Coalition Coordinator regularly communicated with the different Educational Coordinators and the DOC Reentry Unit to make sure that the IPO’s inside the Correctional Institutions maintained an updated list of all the different services that were available to reentrants in the Mat-Su area. We have continued to have a Mat-Su Job Center Manager as an active member of the Mat-Su Reentry Coalition Steering Team and she keeps us up to date the different department of Labor training grants and opportunities as they become available. Our Reentry Case Manager also works closely with the reentry focused employment technician at the Mat-Su Job Center to support reentrants who need job services assistance. Since July 1, 2020 the Mat-Su Reentry Employment Technician has assisted 6 reentrants one on one and 2 of the 6 individuals have entered into their Career Support and Training program; one to further their education and the other is for the Carpentry apprenticeship program. The following is a success story from that program:

- A reentrant referred to the Mat-Su Job Center CSTS staff from Set Free Alaska was funded using the Workforce Innovation & Opportunity Act (WIOA) Adult grant. The reentrant had significant barriers to employment and was accepted in the carpenter's apprenticeship program. CSTS assisted participant with books for his first year of training and with tools and gear needed to be dispatched. Participant was dispatched 8/24/2020 as a carpenter's apprentice earning \$23 p/h.
- **Physical Health and Mental Health/Substance Abuse Services:** Our goal under this area last year was to provide "consistent in-reach to the area institutions and share information about physical health and behavioral health services." Due to the COVID restrictions we were unable to meet the in-reach part of goal this past year, however we still regularly communicated with the different Educational Coordinators and the DOC Reentry Unit to make sure that the IPO's inside the Correctional Institutions maintained an updated list of all the different services that were available to reentrants in the Mat-Su area. For next year we have changed our goal in this area "To inform reentrants who contact the coalition or in the case management program about cultural and community events, groups, and services." In early June 2021 they opened the Correctional Institutions to contractors and visitors, but the procedures of maintaining 6 feet distance and mask requirements are still in place. Due to this the Mat-Su Reentry Coalition has not yet been able to reinstate our group in-reaches, however the Mat-Su Reentry Case Manager is in the process of updating his security clearances so that he will be able to start conducting one-on-one in-reaches inside the different Correctional Institutions. In the meantime, the Coalition Coordinator will continue to regularly communicate with the different Educational Coordinators and the DOC Reentry Unit. Once we are able to our Coalition will resume the in-reaches into the different Correctional Institutions on a regular basis.
- **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 Spring 2021. 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." Due to COVID our Reentry Case Manager worked remotely during a majority of the year so we were unable to post the cultural events on the bulletin board located next to the Mat-Su Reentry Case Managers office. However, the Case Manager did inform the clients he worked with of the different cultural and community services available when he was working with them one-on-one. Our strategies for this year is to update the list of cultural and community events, groups, services and peer support events maintain it as a living document to keep it current. The Coalition Coordinator will also reach out again to local tribal organizations and invite 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. The Coalition Coordinator will also be initiating a monthly Reentry Coalition Newsletter starting in July 2021 and will include any upcoming community events in it each month.
- An updated Coalitions Comprehensive Community Reentry Plan, with coalition goals for the upcoming year: Most of our goals for last year have stayed the same, with a few changes here and there, and some of the strategies to work towards these goals have been modified. Please see Attachment A (Mat-Su Comprehensive Community Reentry Plan 2021), pages 22 and 23.

f. 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 5, 2020; Oct 7, 2020; Nov 4, 2020; Dec 2, 2020; Feb 3, 2021; March 3, 2021; & June 2, 2021. Minutes with the attendees are attached.
 - We also held 2 Mat-Su Reentry Coalition Community Wide Meeting on the following dates: Sept 2, 2020, and April 7, 2021. Flyers and agendas are attached.
- Topics discussed, any action steps identified at the Community-Wide Reentry Meetings:
 - The Coordinator conducted a Mat-Su Reentry Collation Virtual Community Wide meeting on September 2, 2020 with 7 guest speakers to speak to the subject: Current State of Reentry in Continuing Pandemic Environment/What will be the New Normal?
 - a) The guest speakers included the DOC Reentry Program Manager, a DOC Reentry Education Workgroup member, a DOC Institutional Probation Officer Supervisor, a Palmer Probation Officer, a Mat-Su Transitional Housing Provider (Enthus House), The Mat-Su Job Center Reentry Specific Employment Technician and The Mat-Su Reentry Case Manager.
 - b) 35 people attended. Attendees include Mat-Su Community Members, Reentry Coalition Coordinators and Case Managers from around Alaska, Gerri from the Office of Senator Murkowski, and DOC representatives.
 - c) Discussion around Reentrants obtaining Social Security Cards before they are released, Janice Weiss and Gerri from the Office of Senator Murkowski to discuss possible fixes for this problem
 - d) Received positive about meeting feedback from participants
 - The Coordinator conducted a Mat-Su Reentry Collation Virtual Community Wide meeting on April 7, 2021 with 6 guest speakers to speak to the subject: Introducing some New Resources in the Mat-Su and Commemorating Second Chance Month.
 - a) The guest speakers included the Connect Mat-Su Operations Coordinator, the Mat-Su Reentry Case Manager, Set Free Alaska's Associate Clinical Director, Housing and Homelessness Coalition Coordinator, VP Development Project Manager, Knik Tribe Behavioral Health Director.
 - b) 25 people attended. Attendees include Mat-Su Community Members, Reentry Coalition Coordinators and Case Managers from around Alaska, Gerri from the Office of Senator Murkowski, and DOC representatives.
 - c) Demo of the Connect Mat-Su Resource Database and Information on Set-Free's New Recovery Sober Free Residence, the new Bridgeway Supportive Housing Facility, and the new Bentah Native Wellness Center that just opened in Wasilla. The Mat-Su Reentry Case Manager also commemorated the recognition of April as the Second Chance Month by sharing some reentry success stories.
 - d) Received positive about meeting feedback from participants
- Mat-Su Steering Team Meeting Minutes and Community-Wide flyers and agendas are attached.

g. 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)

h. Any other Coalition highlights, activities, or topics wished to be included:

- **Mat-Su Virtual Reentry Summit 2021 (held annually):**
 - The Coalition Coordinator, Reentry Case Manager and several Steering Team members organize the 2021 Mat-Su Coalition Virtual Reentry Summit that was held on January 12 and 13, 2021. We used funding from the Mat-Su Health Foundation Authority and Valley Charities, and we also requested some funding from the Alaska Mental Health Trust.
 - This year's summit featured compelling national and state-wide speakers with informative break-out sessions covering the following topic areas: **Employment/Job Training – Housing – Mental Health/Drug Addiction Treatment – Criminal Justice Issues**
 - Opening Plenary Speaker was Dr. Stephanie Covington; Dr. Covington specializes in the development and implementation of gender-responsive and trauma informed services.
 - We collaborated with North Star Behavioral Health and were able to offer up to a maximum of 7 hours AMA PRA Category I credit(s) to Health Care Providers that attended specific sessions at this event.
 - 107 Attended the event; Attendees were from all around Alaska
 - 94% stated they would likely and/or very likely recommend coming to next year's Reentry Summit
 - See attached Flyer and Agenda for the Summit
 - See attached Survey Results from the Reentry Summit
- **Tribal Intergovernmental Reentry Workshop (TIRW):** Participated virtually from March 16 to 18, 2021
 - Selected as Team Leader for a Mat-Su Reentry team, team members included the following individuals:
 - a) *Community Representative* – Barbara Mongar (Team Lead), Mat-Su Reentry Coalition Coordinator
 - b) *Law Enforcement Representative* – Joe Steyer, the Goose Creek Correctional Institution Educational Coordinator
 - c) *Behavioral Health/Health Services/HIS* - Valerie Brock, Crisis Clinician/Mat-Su Pretrial Clinician, Mat-Su Health Services
 - d) *Native Organization Representative* – Monica Sharp, MSTVS Project Coordinator, Knick Tribe
 - Developed and presented an 8-minute presentation at the workshop on the Reentry work being done in the Mat-Su
 - Information gained include the following:
 - a) Need to encourage more Alaska Native Community involvement in our Reentry Coalition
 - b) Made connection with Knick Tribe Reentrant who conducts Talking Circles– he is interested in learning more about our Reentry Coalition
 - c) Learned more about the Federal Reentry Program in Alaska
 - d) Reinforced the importance of two-way communications between partnership agencies (such as DOC, Reentry, Community Service Providers, Native Organizations)

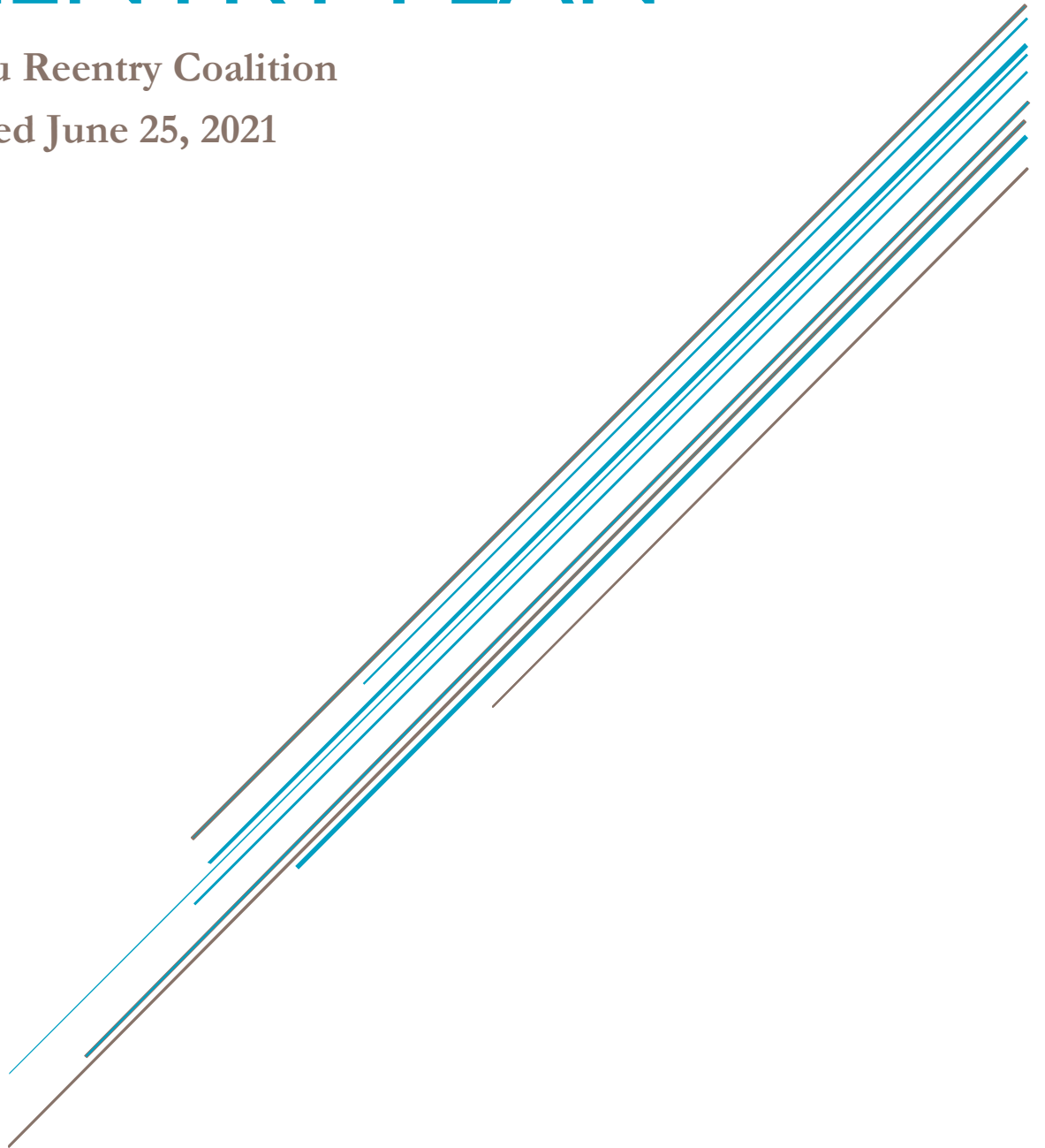
Trainings Mat-Su Reentry Coalition Coordinator Attended to Enhance her Knowledge and Skills:

- **Understanding FASD in the Criminal Justice System: A research Update:** Attended this virtual training on August 7, 2020.
 - In order to implement best practices and improve outcomes for individuals with Fetal Alcohol Spectrum Disorder (FASD) who experience contact with the criminal justice system there is a need to characterize current experiences and needs, practices, and decision-making. Dr. McLachlan's research team presented findings from their research characterizing the FASD knowledge, practice experiences, and training needs among forensic clinicians in Canada and internationally
- **CIT2020 Virtual Conference:** Attended virtual conference from August 24 through the 28th, 2020
 - This training included a full array of workshops that covered local, state, national and international Crisis Intervention Team (CIT) topics including: starting, implementing and sustaining CIT programs; CIT in urban, rural and frontier communities; innovative community collaborations serving adult, children, and adolescent populations; jail/ prison diversion programs, and mental health specialty courts
- **Goodwill Industries Virtual 2020 Veterans and Military Family Summit:** Attended virtual Summit on Nov 13, 2020
 - This session explored promising practices and challenges related to Veterans with disabilities and criminal histories
- **2021 Reducing Recidivism and Reentry Conference:** Attended/Participated in the two-day virtual conference on Feb 9 & 12, 2021.
 - The information at the conference was well presented and I made some good contacts with people in the Criminal Justice Field.
- **AlaskaCAN! Conference:** Attended virtually from Feb 24th through Feb 26th 2021.
 - The information from this conference revolved around postsecondary credentials of value and postsecondary educational pathways. Several barriers to the different educational pathways were discussed, to include those for criminally justice involved individuals.

COMPREHENSIVE COMMUNITY REENTRY PLAN

Mat-Su Reentry Coalition

Updated June 25, 2021



Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

Table of Contents

Executive Summary	2
Program Overview	3
The Alaska Community Reentry Program	3
Mat-Su Reentry Coalition.....	4
Needs Prioritization and Assets	9
Community Assessment of Reentry Resources	9
Community Readiness	19
Readiness Scores and Stages	19
Coalition Development	19
Strategic Goals and Strategies	21
Goals and Strategies Associated with the Community Assessment of Reentry Resources.....	22
Goals and Strategies Associated with the Community Readiness Assessment	24
Goals and Strategies Associated with the Coalition Capacity Assessment.....	25
Goals and Strategies Associated with Statewide Reentry Program.....	26
Evaluation Process	27

Comprehensive Community Reentry Plan

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 and Alaska has the second highest recidivism rate in the United States¹. In Alaska, more than 60% of incarcerated individuals released will re-offend and go back to incarceration within three 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.

¹ [Recidivism-Rates-by-State.jpg \(947×598\) \(prisoninsight.com\)](#)

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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.
- Communicating with the Mat-Su Borough Planning Office in order to be kept aware of 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. Last year, through support from Alaska's Second Chance Act Grant, a part-time Reentry Admin Case Manager position was provided. The Case Manager and Reentry Admin 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 Unit Program Manager, the DHSS Program Manager, the Case Manager, and the Reentry Admin 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

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 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,²
- 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.³
- 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

² Alaska Mental Health Trust Authority; "Alaska Prisoner Reentry Initiative: Prisoner Reentry Coalition Capacity Development", Issued June 17, 2015, Page 5; [STATE OF ALASKA](#)

³ Ibid.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

Audience: to increase the success rate of prisoners re-entering our community. 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.

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 (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.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 Structure and Membership 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:

- 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'

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 (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, Independent Living Advocate, Access Alaska.
- Gary Harris, Reentrant/Peer Mentor, Set Free Alaska.
- Leann Renick, Program Manager, Akeela.
- David Rose, Coordinator, Mat-Su Housing & Homelessness Coalition

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

- Samantha Addams-Lahti, Veterans Justice Outreach (VJO) Social Worker, Veterans Affairs
- Amy Hansen, Investigator III, Office of Public Advocacy
- Alli Lythgoe, Associate Clinical Director, Set Free Alaska

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.

Time Commitments

- ✓ Approximately two to four hours every month.
- ✓ Attend work group/coalition meetings and major events.
- ✓ One-year availability.

Coalition Committees

The Steering Team discussed the creation of work groups to address the focus areas of our action plan. However, due to the large 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 creating 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. Nevertheless, when the need arises, the coalition will form separate committees to work on specific short term projects (such as planning for the annual Mat-Su Reentry Summit, Scoring the Annual Mat-Su Readiness Assessment, planning for Reentry Simulations, etc.)

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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. Blood n Fire Ministry of Alaska (aka 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 to 18 month program or a 1 to 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.

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

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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. Faith Recovery Services (aka Euthus House) Wasilla – This is a faith-based 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 have a 20 bed capacity.
4. Set Free Alaska – Set Free offers new recovery residence housing for individuals that are enrolled in an outpatient substance abuse treatment program through Set Free. They have a 16-bed facility for both male and female clients. 4 of their beds are allocated to contract with the Palmer Wellness Court. The length of Stay is 6 – 24 months. There is peer support provided on site.
5. 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.
6. 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.
7. 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

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 complex that just opened up in May 2021, which is located on Vine road. There are 24 units, one bedroom and efficiencies, and it is 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 provides two behavioral health staff for the program that will be there to help residents with whatever they need. There is a computer room and common area rooms for the residents to use.

8. 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.

9. Reentry Housing Project – The Mat-Su Reentry Coalition received grant funding from the Alaska Mental Health Trust in a total of \$80,000 to be used from July 2020 through Dec 2021. These 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. The reentrants work with the Mat-Su Reentry Case Manager to receive this assistance. Since the start of this project in July 2020 we have assisted 38 reentrants in obtaining/remaining in housing.

10. Mat-Su Warming Center – This year the Mat-Su Coalition on Housing and Homelessness (MSCHH) opened a Mat-Su Warming Center (MSWC). The MSWC ensured that the chronically homeless population, in the Mat-Su Borough, had a place to rest indoors when temperatures dropped to 20 degrees or lower between December 15th and March 31st. The MSWC was administered by the MSCHH, with The Salvation Army Mat-Su as primary host, Valley Charities, Inc. as Fiscal Agent, Mat-Su Health Services as Health Consultant, Red Cross as an emergency consultant, and Set Free Alaska as Covid 19 Isolation Specialists. The MSWC is a low barrier seasonal emergency warming center. Low barrier means that there is no sobriety requirement and even those who are inebriated or

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

high may still enter the center. However, there is zero tolerance for drugs/alcohol on site. Sign-In forms were used to keep track of clients. Twenty-four (24) clients completed forms, providing a rich source of demographic data. Of the 24, 20 were male and 4 were female. These forms will be entered into AKHMIS and used for evaluation of our first season and help guide policy for their second season.

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.

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.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

- 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 AlaskaJobs: <https://alaskajobs.alaska.gov/vosnet/Default.aspx> ; 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 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).

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 were done on a one-to-one basis, the same as any other classes that were provided during that time. In early June 2021 they relaxed the restrictions a bit and they are now able to hold small group classes as long as the inmates and instructor maintain the 6-foot distance and wear masks.

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-reaches 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 were put into place in-reaches inside the Correctional Institutions have been suspended since mid-March 2020. This has made communicating the information about the different services that are available in the Mat-Su to inmates that are about to be released much more difficult. In early June 2021 they opened the Correctional institutions to contractors and visitors, but the procedures of maintaining 6 feet distance and mask requirements are still in place. Due to this the Mat-Su Reentry Coalition has not been able to reinstate their group in-reaches, however the Mat-Su Reentry Case Manager is in the process of updating his security clearances so that he will be able to start conducting one-on-one in-reaches inside the different Correctional Institutions.

Once the in-reaches are allowed back into the Correctional Institutions we will resume using 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, the Mat-Su Reentry Coalition Coordinator will continue to regularly communicate with the different Educational Coordinators and the DOC Reentry Unit to make sure that the IPO's inside the Correctional Institutions have updated 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

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 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

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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. Cook Inlet Tribal Council (CITC) Mat-Su Recovery Services - In partnership with Chickaloon Village Traditional Council and Knik Tribal Council, Mat-Su Recovery Services are available to adult individuals and families in the Matanuska-Susitna Valley. Through a network of partners, they provide a continuum of care for substance abuse with culturally based treatment options. Recovery Services in the Valley include: Substance use assessments, outpatient, intensive out patient, and case management, peer support, Family support groups, Prevention workshops and cultural support groups. All services utilize case management, motivational interviewing, trauma informed approach, and cultural competence to provide the best care possible for participants.
5. 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).
6. 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.
7. 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.
8. 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.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

9. 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.
10. 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.
11. 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.
12. 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.

Due to the COVID situations the trail run was pushed from Spring 2020 to Spring 2021. 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 reentrants that are served. The new centralized dispatch system would be an on-line transportation platform

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 trial run was delayed due to COVID-19, however they are still in the planning phase for a trial 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 trial 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. One strategy to move toward this goal is that the Reentry Coalition Coordinator and Reentry Case Managers will work together to keep an updated list of the different cultural and community, groups, services, and peer support events that are taking place in the Mat-Su to be able to provide this information to reentrants. This information should be available during in-reach events and also posted on the bulletin board located outside the Reentry Case Managers office. Another strategy is for the Coalition Coordinator 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.

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.






Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

Community Readiness

Readiness Scores and Stages

- Overall Community Readiness Score is **4.8**; up from last year's score of 4.6

Dimension	2020 Readiness Level	2021 Readiness Level	2021 Readiness Stage
Leadership	4.6	6.3 	Initiation
Resources	5.2	5.7 	Preparation
Knowledge of Efforts	4.6	5.2 	Preparation
Community Climate	4.6	3.8 	Vague Awareness
Knowledge of the Issue	4	3.1 	Vague Awareness

Coalition Development

Coalition Strengths/Assets

- Compared to last year's (2020) Coalition Capacity Assessment, the scores remained relatively the same in all areas. Our overall Coalition Capacity Assessment score for 2021 is **4.4** out of 5 (2020's overall score was also a 4.4).

The Mat-Su Reentry Coalition participated our third Coalition Capacity Assessment in May 2021. With 14 Mat-Su Reentry Coalition 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: **4.4** (last year's score was 4.3)
 - Basis for Action: **4.7** (last year's score was 4.4)
 - Scope of Mission: **4.6** (last year's score was 4.4)

The above scores indicate our coalition members views these areas as being very 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: **4.4** (last year's score was 4.5)
 - Credibility: **4.4** (last year's score was 4.0)

The above scores indicate that our coalition member agree that our work is effective at integrating with the community and that the coalition has successfully maintained or increased its credibility.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

- The Collaborative Environment
 - Motivation and Inspiration: **4.7** (last year's score was 4.4)
 - Trust and Openness: **4.8** (last year's score was 4.5)
 - Conflict Management: **4.4** (last year's score was 4.3)

The scores above show that our coalition members agree that the coalition is very 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 coalition members agree that the coalition is effectively addressing and resolving conflicts.

- Building Member Capacity
 - Recruitment: **4.2** (last year's score was 4.3)
 - Inclusion and Participation: **4.6** (last year's score was 4.5)
 - New Member Orientation: **4.6** (last year's score was 4.2)

As for Building Member Capacity, the coalition members agree that the coalition is very effective in the areas of welcoming new members of the coalition and effectively oriented to our group, and that the coalition encourages inclusion and participation by working to empower all members of the coalition.

- Management
 - Administrative Structure: **4.1** (last year's score was 4.4)
 - Achieving Goals: **4.3** (last year's score was 4.5)
 - Meetings: **4.4** (last year's score was 4.4)

The scores above show that our coalition members agree that our coalition is effective in the 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 3.9, and 4.0 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: **3.9** (last year's score was 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: **4.0** (last year's score was 4.2)

Again, these numbers are not as close to the "Strongly Agree" end of the effectiveness scoring tool as the coalition members would like them to be. The coalition needs to work on increase our ability to influence key decision-makers, government agencies and other organizations. The coalition also needs to work on improving the development of specific roles and responsibilities for members based on their resources and

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

skills. Clearly, not enough attention has been focused on drawing on the abilities, capacity, and perspectives of the coalition members.

Also, one of the areas that the coalition members felt needed to be considered a high priority to focus on was the element of Building Membership Capacity.

Note: Even though the overall assessment score for the element of Building Membership Capacity was a 4.3 out of 5, we would like to include it as an area to focus on due to the fact that this was the element that was ranked as a high priority by 46% of the members surveyed.

Strategic Goals and Strategies

Goals and Strategies Associated with the Community Assessment of Reentry Resources

See the table on the following pages. Each of the goals have one to three associated strategies. Additional goals or strategies will be added as needed.

2022 Mat-Su Reentry Coalition 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 10%. 	<p>Current measurement completed by June 2022.</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; Trust Reentry Housing Project Grant
		<ul style="list-style-type: none"> Collaborate with current transitional housing providers (Knik House, My House, True North Recovery, Set-Free Sober Living, and Euthus House) to establish beds for reentrants. 	<ul style="list-style-type: none"> Track progress of reentrants utilizing transitional housing. 	<p>Current measurement completed by June 2022.</p>	<ul style="list-style-type: none"> Reentry Coalition Coordinator, Reentry Case Manager, Transitional Housing Providers 	State of Alaska; Trust Reentry Housing Project Grant
		<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"> 75% of reentrants who ask for coalition assistance or who are working with the case manager are employed within 90 days of release 	<p>Review Quarterly, Ongoing</p>	<ul style="list-style-type: none"> Mat-Su DOLWD Employment Specialists; Coalition; 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. 	<ul style="list-style-type: none"> A DOLWD staff member is included on in-reach panels 80% of the time. 	<p>Review Quarterly, Ongoing</p>	<p>Mat-Su DOLWD Employment Specialists; Coalition; Case Manager.</p>	State of Alaska

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

2022 Mat-Su Reentry Coalition 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"> Providing up-to-date information about services available in the community and how to access these services through consistent in-reach to the area institutions and communication with Education Coordinators. 	<ul style="list-style-type: none"> Conduct consistent in-reach to the area institutions. Encourage staff from service providers to be part of the in-reaches to institutions when possible. 	<ul style="list-style-type: none"> A minimum of 3 service providers will take part in monthly and quarterly in-reach events. 	Review Quarterly, 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. 	Review Quarterly, Ongoing	Coalition Coordinator, Coalition Members, Case Manager	
		<ul style="list-style-type: none"> Provide institutional and field staff with up-to-date information about services available. 	<ul style="list-style-type: none"> Send up-to-date information about the services available in the Mat-Su to the Education Coordinators 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 	Review Quarterly. 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 will work with the Case Manager to update the list of cultural and community events, groups, services, and Peer Support events. 	<ul style="list-style-type: none"> The updated list will be completed by the end of October 2021, and then will be a living document to keep up with current events. 	Review Quarterly. Ongoing	Coalition Coordinator and Case Manager	
		<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 Coalition meeting once a quarter. 	Review Quarterly. Ongoing	Coalition Coordinator	

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

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 the Mat-Su Reentry Coalitions sections on the Valley Charities Website updated; Coalition Coordinator with oversight by the Tri-Chairs.
 - Host annual Mat-Su Reentry Summit and Reentry Simulation Events, Coalition Coordinator and volunteers from the Steering Team, oversight by the Tri-Chairs.
 - Encourage newspaper/television coverage of 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.
 - Develop and electronically send out a monthly newsletter to help keep community members apprised on the Mat-Su Reentry Coalitions activities.
- 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 Statewide reentry events in-person or via Zoom to learn what is working and incorporate it into the Mat-Su Reentry Coalition events 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.
 - Continue to tailor Mat-Su Reentry Coalition community-wide meetings and annual Reentry Summit on topics that 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

Mat-Su Reentry Coalition

- Continue to invite service providers from a wide range of services to participate in consistent in-reach resource events at the different Correctional Centers; 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 at the different Correctional Centers; 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 Mat-Su Reentry Summit.
 - Continue to participate in community & Statewide groups by attending meetings and serving as a Board member; monthly attend the Mat-Su Agency Partnerships (MAP) (Coalition Coordinator is currently the MAP President), Alaska Postsecondary Access and Completion Network (Coalition Coordinator is a Board members), Crisis Intervention Team (CIT) Coalition, Alaska Reentry & Justice Partnership, etc.; Coalition Coordinator with oversight by Tri-Chairs.
- Maintain our public “face” through keeping the Mat-Su Reentry Coalition section on the Valley Charities Website up-to-date, hosting public forums, and advocacy work to influence key decision-makers, government agencies, and other organizations; 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.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

Goals and Strategies Associated with Statewide Reentry 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:

- Regularly, case manager will attend Steering Team meetings to update the Steering Team Members on 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.

Comprehensive Community Reentry Plan

Mat-Su Reentry Coalition

- 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.

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	
FY21 Grant Amount: \$100,000	
<p>High Level Project Summary:</p> <p>FY21 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.</p> <p>In FY21, 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 around 60%.</p> <p>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 through FY25.</p> <p>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.</p>	

Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development – Anchorage

Staff Project Analysis:

FY21 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 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 FY21, the coalition and reentry efforts were greatly impacted by the COVID-19 pandemic. The Alaska DOC did not allow coalition members to have access to correctional facilities so coalition members were unable to perform in-reach activities to connect with reentrants prior to release.

During FY21, coalition meetings were held virtually as the coalition and its members continued working on issues such as employment, housing, and transportation. The coalition coordinator and coalition members provided formal presentations on reentry to various groups and attended community meetings throughout the year. These meetings were held virtually due to the ongoing pandemic. These presentations and meeting attendance are vital for reentry partners to provide accurate information on reentry and the services they provide. These opportunities ensure that community stakeholders and members understand the importance of coordinated reentry services to overall public safety and to the lives of Trust beneficiaries.

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 through FY25.

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:

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 nonbeneficiaries.

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 - FY21 Grant Report Executive Summary: See attached
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individuals trained as reported for this project in FY21: 0
<p>Performance Measure 1: No later than January 1, 2021, 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"> 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
<p>Performance Measure 2: By June 30, 2021 a written report will be submitted to the Trust (via email to Carrie Predeger, Grants Accountability Manager at carrie.predeger@alaska.gov) covering the FY21 grant period. The report shall include, but is not limited to the following:</p> <ul style="list-style-type: none"> a) 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) b) 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 c) 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.

- 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).
- g) 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, 2020.

1. Coalition meetings and events, outreach, and educational activities

Meetings and Events

Qtr	Date	Meeting	Location	# Attendees
Q1	7/9/2020	General Coalition Meeting	Zoom	49
	8/6/2020	General Coalition Meeting	Zoom	46
	8/20/2020	Coalition Meeting - Tech Discussion	Zoom	72
	9/8/2020	Steering Team meeting	Zoom	10
	9/10/2020	General Coalition Meeting	Zoom	41
Q2	10/9/2020	Transitional Housing Providers	Zoom	4
	10/13/2020	Steering Team meeting	Zoom	8
	11/24/2020	Steering Team meeting	Zoom	11
	12/3/2020	General Coalition Meeting	Zoom	39

Institutional in-reach activities:

- No Visits – DOC has not allowed outside visitors inside any facility since 3/12/20
- In an attempt to find a work-around solution, the Coalition Coordinator created a video that could be shown inside the institutions that would serve a similar purpose as routine in-person in-reach activities. Video is posted to Vimeo and accessible at the following link:
 - URL: <https://vimeo.com/477819421> PASSWORD: reentry

Formal presentations or remarks the coalition coordinator made in the community:

- AHFC - Jumpstart Team Meeting (8/24/20; 7 people via Zoom)
- Faith Community Nursing and Health Ministers Network (8/24/20; about 13 people via Zoom)
- Anchorage Coalition to End Homelessness - Advisory Council Meeting (10/22/20; 27 people via Zoom)
- Alaska Legal Services Corporation Meeting (10/23/20; 30 people via Hangouts)
- Anchorage Assembly, Committee on Homelessness (11/18/20; +40 people via TEAMS)

Coalition Coordinator Contributions:

- Attendee at planning meetings for the Annual Reducing Recidivism Conference.
- Attendee at the AK Reentry & Justice Partnership.
- Starting September, member of the Anchorage Coalition to End Homelessness Advisory Council meetings.
- Contributing Core Team member to a grant-funded project through CITC to plan an intervention aimed at justice involved mothers and expectant mothers with co-occurring disorders.
- Attendee at planning meetings for the Alaska Tribal Reentry Conference.
- Attendee at NeighborWorks Alaska Community Development Subcommittee Meetings.
- Member of the Alaska Behavioral Health ACT Stakeholders meeting.

2. Other coalition accomplishments and highlights

- Implemented the Coalition Functioning Instrument and distributed results to Steering Team. Despite all the challenges associated with COVID, sentiment was largely positive.
- In the process of completing the Community Readiness Assessment.
- Maintaining an active presence on social media by posting information, events, and relevant links to the Anchorage Reentry Coalition's Facebook page.
- Successfully pivoted to a digital space during the COVID-19 pandemic by holding meetings via Zoom and sending more information out via the coalition email list. Thus far attendance at general coalition meetings has not dropped off from the in-person model.
- Maintaining the coalition email list which remains consistently around 400 email addresses.
- 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.
- Continued to distribute remaining donations out to coalition partners that have clients in need of basic essentials (soap, toothbrush, toothpaste, socks, etc.).
- Submitted the AMHTA COVID-19 Response Grant final report; this project began during the last year of the grant cycle and was completed this year in partnership with the Norris House, Oak House, and NeighborWorks Alaska.
- Participated in the first Cohort of the Adventure At Home in 12/20 activity offered to people in Alaska. This activity was brought locally to Alaska via a collaborative relationship with Recover Alaska; there was an express interest in engaging with reentrants and veterans which is how it became known to the Coalition Coordinator. Assistance was provided to develop a more systematic evaluation to the organizers, with the hope that this activity can be offered in the future to others in the reentry community in Alaska.
- Because of the pivot towards Zoom for hosting meetings, the Coalition Coordinator has been able participate in other meetings and calls based out of other Alaska communities that would have otherwise been challenging/impossible.
- Involved in recent conversations and developments surrounding changing state policy to open up access to modern technology inside prisons.
- Asked to submit several letters of support and recommendations for individuals in the Anchorage community.
- The Coalition Coordinator has become more known in the community and serves as a gatekeeper and resource for parties interested in learning about the landscape for reentry in Anchorage, and about the resources available in the community. The Coordinator fields calls and messages on an on-going basis from a variety of people in the community.
- The Coalition Coordinator has begun the process of collecting success stories from reentrants for the purpose of advocacy and education.

3. Challenges identified for returning citizens

The pandemic has proved difficult for everyone. People returning to the community after incarceration during the pandemic have been faced with all the challenges that existed prior to the pandemic, including housing, food, transportation assistance, employment opportunities, SUD treatment, mental health support and treatment, medical and oral health treatment, and clothing. While pre-release planning has continued, no outside visitors have been allowed inside DOC facilities since March 12, 2020. It is unknown to what degree inmates are receiving appropriate pre-release support, but it is reckoned that the amount of information about resources available in the community post-release have been lessened during the pandemic.

Housing opportunities and employment continue to be front and center as primary challenges facing reentrants. Many reentrants are compelled to obtain low-wage jobs, which can be obtained in Anchorage relatively easy. This will help them meet obligations of their release, and begin to bring in much-needed income. Historically many of these jobs, however, are in service industry jobs such as restaurants. During the pandemic the restaurant industry has been hit hard with closures and the scaling down of business operations, which has resulted in fewer job opportunities. Reportedly, some businesses that may have been reticent to hire someone with a criminal background before the pandemic may be open to hiring a reentrant now. Transitional housing opportunities accessed through Partners Reentry Center still exist, but it is unknown to what degree affordable housing options exist outside of transitional housing opportunities in Anchorage.

Reportedly, obtaining a social security card has proved difficult during the pandemic. Applicants must conduct business virtually and via the postal system (mailing in an ID via the mail to prove one's identity); it is time consuming and forces individuals to be without ID for a time.

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 2020-21. For 2020-21 the Anchorage Reentry Coalition has established a total of 20 objectives across seven distinct areas of focus.

Focus Area: Capacity Building

OBJECTIVE	STATUS	COMMENTS
1. Gather commitments from each member agency represented on the Steering Team by Dec 30, 2020.	Complete	Steering Team has been established; 1 tri-chair vacancy remains.
2. By June 30, 2021 the Coalition Coordinator will have completed/updated the annual Community Readiness Assessment, Coalition Capacity Assessment, Community Resource Assessment, and Strategic Plan.	On-going	SP updated; CCA completed; CRA on-going; CRA update not started.
3. By October 1, 2020 update coalition literature and materials to include new and up to date data.	Not Started	With the ever-evolving situation with COVID-19, the prudent thing is to keep materials as-is and to revisit after community has returned to a state of normalcy.
4. By Dec 31, 2020 the ARC will have developed a process and begun gathering formal support from community organizations/ programs/people for the ARC.	Not Started	
5. Add an average of at least seven new email addresses to the Coalition's email distribution list per quarter, between July 1, 2020 and June 30, 2021.	On-going	Email list continuously being maintained and updated; July - 8; Aug - 5; Sept - 4; Oct - 4; Nov - 3; Dec – 1 (as of 12/18/20).

Focus Area: Community Awareness and Education about Reentry

OBJECTIVE	STATUS	COMMENTS
6. Average five public social media posts to the ARC's Facebook page per month, between July 1, 2020 and June 30, 2021.	On-going	Averaged ~9 posts per month: July - 8; Aug - 10; Sept - 12; Oct - 10; Nov - 9; Dec – 6 (as of 12/18/20)
7. By June 30, 2020 ARC leadership (Coord/Tri-Chairs/Steering Team) will have formally presented at least 10 times about the ARC and the topic of prisoner reentry.	On-going	Presentations given: AHFC Jumpstart Meeting; Faith Community Nursing and Health Ministers Network; Anchorage Coalition to End Homelessness - Advisory Council Meeting; Alaska Legal Services Corporation Meeting; Anchorage Assembly, Committee on Homelessness
8. Between July 1, 2020 and June 30, 2021 host one ARC meeting per quarter.	On-going	General coalition meetings hosted: 7/9/20; 8/6/20; 9/10/20, 12/3/20; next scheduled for 1/7/21.
9. Between July 1, 2020 and June 30, 2021 the ARC website will have been reviewed and updated (as necessary) one time per quarter.	On-going	Website updated with documents and content: updated during Q1.
10. As needed throughout 2020-21, 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 sent: July - 4; Aug - 5; Sept - 5 ; Oct - 2 ; Nov - 3; Dec – 3; (as of 12/18/20)
11. By June 30, 2021, the ARC will have engaged in at least 2 different national recognition events during the year (National Recovery Month in September; National Reentry Month in April).	Not Started	Did not substantially engage in National Recovery Month in Sept.
12. By June 30, 2021, advocate for criminal justice reforms in Alaska through advocacy of at least two legislative bills or policy changes.	On-going	Connected with key stakeholders to advocate for legislative changes to DOC policy regarding access to technology inside DOC institutions.

Focus Area: Housing

OBJECTIVE	STATUS	COMMENTS
13. By Dec.1, 2020, complete administration and reporting requirements associated with AMHTA COVID- 19 Response Grant with coalition partners.	Complete	Completed disbursement of grant funds, completed reporting requirements and submitted necessary documents to AMHTA

Focus Area: Case Management Services

OBJECTIVE	STATUS	COMMENTS
14. By June 30, 2021, 40 individuals will have received case management services from the ARC Case Manager.	On-going	MOA completed (7/27/20); Case manager is actively providing services to clients.
15. By June 30, 2021 distribute the remainder of StarPack backpacks and current supply of donations (cleaning supplies, clothes, hygiene items).	On-going	Donations have been distributed to Norris House, the shelter at Sullivan Arena; backpacks have been given to PRC; a bike was donated to an individual reentrant; backpacks given to NWA.
16. By June 30, 2021 collaborate with Partners For Progress/Partners Reentry Center throughout the year to bring partner agencies to the PRC office to provide complimentary wrap-around services to mutually-served clients. [TENTATIVE]	On-going	PFP has expanded into new space; was briefly part of a discussion in November regarding having NWA staff in new space.

Focus Area: Employment Opportunities and Skill Development

OBJECTIVE	COMMENTS	COMMENTS
17. By June 1, 2021, support at least one job fair specifically aimed at offering reentrants job opportunities.	Not Started	

Focus Area: Access to Healthcare (Primary Care & Behavioral Health)

OBJECTIVE	STATUS	COMMENTS
18. By Dec. 1, 2020 update the SUD Treatment Guide to ensure information is accurate and up to date.	Not Started	With the ever-evolving situation with COVID-19, the prudent thing is to keep materials as-is and to revisit after community has returned to a state of normalcy.
19. By June 30, 2021 pilot test a health literacy curriculum with 25 reentrants.	On-going	Curriculum has been obtained; further actions have yet to be taken.

Focus Area: Culturally Responsive Services

OBJECTIVE	STATUS	COMMENTS
20. By June 30, 2021, implement a tattoo removal program that removes visible and offensive or gang-related tattoos from at least 10 eligible reentrants in the Anchorage community.	On-going	Planning has begun but service delivery has yet to be started. Project is aiming to leverage the Second Chance Grant Act, Partners Reentry Center, and Body Piercing Unlimited. A logic model has been created, evaluation matrix, and evaluation form; latest FU with BPU was that laser was not currently operational. Exploration of making this project operational are on-going.



2020-2021 Summary

Table of Contents

Part A - Overview of the Coalition

Part B - Coalition Capacity Assessment

Part C - Community Readiness Assessment

Part D - Community Needs & Resource Assessment

Part E - Strategic Plans

Part F - Coalition Meetings

Part G - Community Education Outreach, Correctional Facility In-reach, Trainings, Webinars, and Technical Assistance Opportunities

Part H - Other Notable Contributions, Accomplishments, and Highlights

Report Finalized on 6/29/2021

PART A

Overview of the Coalition



BYLAWS OF THE ANCHORAGE REENTRY COALITION

ARTICLE I. Name

Section 1. The name of this coalition shall be the Anchorage Reentry Coalition, formerly known as Anchorage Prisoner Reentry Coalition. Hereafter, this document shall reference the Anchorage Reentry Coalition as “the Coalition”.

ARTICLE II. Vision/Mission/Purpose/Values

Section 1. Vision. The vision of this Coalition is: Each returning citizen has the opportunity to successfully reintegrate into the Anchorage community.

Section 2. Mission. The mission of this Coalition is: To provide transformative, participant centered reentry resources and opportunities beginning the day of incarceration.

Section 3. Purpose. The purpose of this Coalition is to help facilitate the successful reentry of returning citizens into the Anchorage community. To achieve this, the Coalition will develop and/or expand local capacity to perform ongoing assessments, planning, implementation, and evaluation of reentry strategies. Ongoing activities will include the provision of improved and timely participant-centered services, increasing the community’s awareness of reentry opportunities and challenges, and collaborating with all interested parties to advocate for improved systems and services for returning citizens.

Section 4. Values. The values of this Coalition are: Integrity, Inclusiveness, Collaboration & Cooperation, Transparency, and Respect & Equity.

ARTICLE III. Organization

Section 1. The Coalition will consist of a general body of members as well as a Steering Team, Committees and Sub-Committees. The membership of the Coalition and Sub-Committees will reflect balance by sector, experience, and expertise. Various *ad hoc* committees may be appointed from time-to-time to achieve specific and time-limited purposes as defined by the Steering Team.

ARTICLE IV. Membership

Section 1. Eligibility. General membership in the Coalition is open to any person who is a resident of the Municipality of Anchorage, an Anchorage area nonprofit or private sector entity, or governmental agency. Membership is maintained for a year, July 1st through June 30th. All members shall adhere to bylaws and such rules as may be established by the Steering Team. At least once per year, the Coalition will formally solicit new members.

Section 2. Participation. General Coalition membership includes individuals and/or organizations that have an interest in enhancing resources and opportunities at all stages of reentry. Coalition members will actively participate in the Anchorage Reentry Coalition in the following ways:

- Support the Anchorage Reentry Coalition's vision, mission, purpose, and strategies.
- Attend quarterly Coalition meetings.
- Serve on a Coalition Committee.

Section 3. Ex Officio. Ex Officio members are appointed by the Coalition's Steering Team. Existing Ex Officio members include the Department of Corrections' Reentry Program Manager, the Alaska Mental Health Trust, State of Alaska's Division of Behavioral Health's Recidivism Reduction Coordinator and the Department of Labor & Workforce Development's Statewide Reentry Employment Coordinator. Ex Officio members do not have the capacity to vote on coalition matters.

ARTICLE V. Coalition Tri-Chairs

Section 1. Term Limits. Each of the three Chairs will serve a one year term commencing in July and ending the following June. Chairs may serve no more than two consecutive terms with the re-appointment supported by the Steering Team.

Section 2. Designated Seats. The Coalition Chairs will be nominated and elected by the Steering Team and will preside at the Coalition's meetings. There is one Chair seat designated for a representative of the Department of Corrections, one Chair seat for a Community Agency representative, and one Chair seat designated for a Reentrant representative.

Section 3. Qualifications. Chairs must be in a leadership position within their respective role/agency. The Chair must have the capacity and/or support of their agency to make leadership choices and decisions for the Coalition reflective of their sector's role and values; these choices and decisions must align with and benefit the Coalition's Mission and Vision.

Section 4. Governing Structure. The Coalition operates on a Tri-Chair governing structure. The Chairs will be selected and accountable to the Steering Team.

Section 5. Removal of Chairs; Vacancy. A Chair may be removed by an affirmative 2/3 vote of the Steering Team. The Steering Team is required to remove Chairs who do not actively participate in Coalition activities, including attending community or Steering Team meetings. A Chair may resign at any time with written notice or verbal notice to the Coalition Coordinator. A vacancy may be filled by the Steering Team members of the Steering Team nomination, and must be respective of that Chair's sector represented on the coalition (Department of Corrections or community agency). A vacancy may last no longer than four months.

Section 6. Responsibilities of Chair Positions:

- Chair Steering Team meetings on an as-needed basis;
- Assist in developing meeting agenda;
- Make interim decisions on behalf of the Coalition when necessary;
- Act as a spokesperson and advocate for the Coalition;
- Adhere to the standards and values of the Coalition as leaders and spokespeople;
- Coordinate with chairs of Committees to ensure progress and action;
- If there is a vacancy of a Chair, solicit nominations for the chair position and hold a special election in a timely manner; and,
- Meet monthly with Coalition Coordinator to provide oversight and guidance.

ARTICLE VI. Steering Team

Section 1. Purpose. The Steering Team is responsible for overseeing the direction and functioning of the coalition.

Section 2. Membership. The Steering Team will consist of the Coalition Tri-Chairs, at least one Returning Citizen and other members based on their ability to further the mission of the Coalition including, but not limited to, representatives from the following sectors: substance use treatment, mental and behavioral health, primary health care, housing, employment, Department of Corrections, local law enforcement, Alaskan Native services, faith-based services, and the fiscal agent. Selection of agencies to be Steering Team members are recruited by the Coalition Coordinator and Steering Team members, appointed by the existing Steering Team, and enter into a Memorandum of Agreement with the Coalition to fulfill job duties and responsibilities.

Section 3. Meetings. The Steering Team meetings will be facilitated by the Coalition Coordinator. Facilitation includes, but is not be limited to, developing an agenda, communicating with members, coordinating the attendance, designating the location, and providing Meeting Minutes. When the Coalition Coordinator is unavailable, a Coalition Chair will facilitate meetings.

Section 4. Quorum; Voting. A quorum shall be comprised of a simple majority of the current Steering Committee membership. A member may vote by proxy executed via e-mail to the Coalition Coordinator by the member.

Section 5. Responsibilities of the Steering Team. The duration of appointment is one year commencing on the date of appointment. Steering Team members will attend bi-monthly meetings lasting up to 2 hours and quarterly general Coalition meetings. Steering Team members will recruit members for both the Steering Team and general Coalition, report to the Coalition regarding their own organization, share concerns and ideas with the Coalition, serve as a recorder of Meeting Minutes on a rotating basis, assist in carrying out the strategies outlined by Coalition leadership, gather and relay important information to the Coalition as the basis for decision-making.

Section 6. Removal of Steering Team Member; Vacancy. A Steering Team member may be removed by nomination of at least one Chair and an affirmative 2/3 vote of the Steering Team. The Steering Team is required to remove members/agencies who do not actively participate in Coalition activities, including attending general community Coalition meetings or Steering Team meetings. A member may resign at any time with written notice or verbal notice to the Coalition Coordinator or one of the Coalition Tri-Chairs. A vacancy may be filled by the Coalition Coordinator with approval from the Steering Team and must be respective of the vacant sector (such as the faith-based, substance abuse, or victim's advocacy sectors). A vacancy may last no longer than six months.

ARTICLE VII. Committees

Section 1. Appointment & Structure. The Steering Team shall appoint all Committees and *ad hoc* committees. From time-to-time Committees may create Sub-committees to achieve specific and time-limited purposes as defined by the parent Committee. Each Committee shall have a chair who serves as a liaison between the Committee, and any Sub-committees, and the Steering Team. Co-chairs may be appointed for a Committee, as needed. Each Committee will strive to have a returning citizen as a member.

Section 2. Meeting. Meetings will be facilitated by the Committee Chair. Committees and Sub-committees shall meet regularly, per a schedule determined by the Committee Chair. There must be at least three Committee members present for a meeting to take place. Meeting minutes will be recorded and distributed after the meeting to all Committee members.

Section 3. Responsibilities of the Committees. Committee members will participate in meetings that last approximately up to 2 hours. Members will provide a time commitment of 2-5 hours per month. Members will promote the mission and vision of the Coalition in their reentry efforts and adhere to Coalition bylaws. Committee members will actively work on implementing the strategies and meeting goals identified by their respective Committee.

ARTICLE VIII. Meetings

Section 1. Community Meetings. The Coalition's general body will meet quarterly (every three months) for community meetings. Each community meeting requires the attendance of the Steering Team, Committee members, and general coalition members. Meetings last between 1-2 hours. They will be co-facilitated by the Coalition Coordinator and a Steering Team member. Each community meeting will have updates from each Committee Chair, general updates from the Coalition Coordinator and Steering Team member and an educational component aligned with the Coalition's mission, vision and values.

Section 2. Steering Team. The Steering Team will meet every other month for up to 2 hours. A reminder and agenda will be sent to members at least one day prior to meetings. Each meeting requires the member attendance; if the member is unavailable a representative from the member's agency will be sent; representatives may vote in Coalition matters. Meetings will be facilitated by the Coalition Coordinator; if the Coalition Coordinator is unavailable or the position is vacant, a Chair will facilitate the meetings on a rotating basis. Meeting minutes will be documented by the Coalition Coordinator; in situations where the Coalition Coordinator is unavailable or the position is vacant, meeting minutes will be documented and distributed by Steering Team members on a rotating basis.

Section 3. Committee. Each Committee will meet monthly. The Committee Chair will send a reminder at least one day prior to the meeting to each of the members, along with an agenda. Each meeting will be facilitated by the Committee Chair. Meeting minutes will be recorded at each meeting. When the Committee Chair position is vacant, the Coalition Coordinator or a Coalition Tri-Chair will be an interim Chair. The committee meetings will focus on the strategies and activities outlined in the Coalition's Strategic Plan or those advanced by the Steering Team. Meeting times may be used as a platform to expand strategies.

ARTICLE IX. Amendments

Section 1. These bylaws may be amended by the Steering Team. Proposed changes to these bylaws will be presented to the Steering Team members by written or electronic copy at least five days prior to the next scheduled Steering Team meeting. Any one member of the Steering Team may propose amendments to the bylaws; a 2/3 vote for the proposal, revision and adoption of bylaws is required.

ARTICLE X. Fiscal Agent

Section 1. Selection and Approval. Any Steering Team member may nominate an organization for Fiscal Agent. The Fiscal Agent shall be selected by the Steering Team by a 2/3 majority vote and ratified by the Coalition. The Fiscal Agent maintaining their position is discussed annually by the Steering Team, each June.

Section 2. Removal. Should the Fiscal Agent fail to adhere to the above guidelines or fail to comply with IRS regulations, they shall be subject to removal by the Chairs of the Coalition. Prior to any removal proceedings, the member must be provided with a minimum of fourteen (14) days written notice of the revocation process and given an opportunity to provide a written response to the Chairs & Steering Team.

Section 3. Fiscal Agent Responsibilities.

- Abide by the Coalition's bylaws.
- Conduct its coalition activities under the purview of the Steering Team led by the Coalition Coordinator.
- Work closely with the Coalition Coordinator and receive guidance on all fiscal matters pertaining to Coalition operations.
- Provide financial reporting to grant funders in cooperation with the Coalition Coordinator and the Steering Team.
- Hold a position on the Steering Team with voting capacity, without eligibility for a Coalition Chair or Committee Chair position.

Community	Reentry Coalition Coordinators	Reentry Coalition Case Manager	Coalition Website
Anchorage	Jonathan Pistotnik reentry@nwalaska.org (907) 677-8412	Christina Shadura christinashadura@pfpalaska.org (907-258-1192)	anchorageentry.org
Mat-Su Valley	Barbara Mongar barbara.mongar@valleycharities.org (907) 414-4077	Brian Galloway reentry.valleycharities@gmail.com (907) 232-7125	Coming Soon
Fairbanks	VACANT	Marsha Oss reentrycasemanager@iacnvl.org (907) 328-8480	fairbanksreentry.org
Juneau	Don Habberger Juneaureentry@gmail.com (907) 321-4970	Nathan nathan@jami.org	juneaureentry.org
Dillingham	Teresa Capo teresa.capo@bbna.com (907) 842-5257 ext. 423	Karl Clark karl.clark@bbna.com (907) 842-5257 ext. 434	bbna.com/bristol-bay-reentry-program/
Kenai	Katie Cowgill (temporary point of contact) kenpenreentry@gmail.com (907) 953-7833	VACANT	www.kpreentry.org
Ketchikan	Geoff Bullock consult@gci.net (907) 228-6522	Contact Coalition Coordinator	ketchikanreentry.org
Nome	Lance Johnson lejohnson@nshcorp.org (907) 443-3339	Ronda Burnett rburnett@nshcorp.org (907) 443-2241 ; option 7; x230	NA

Last Updated 5/1/21 by Jonathan Pistotnik (Anchorage Reentry Coalition)

ANCHORAGE REENTRY COALITION STEERING TEAM
Last Updated: 7/27/20

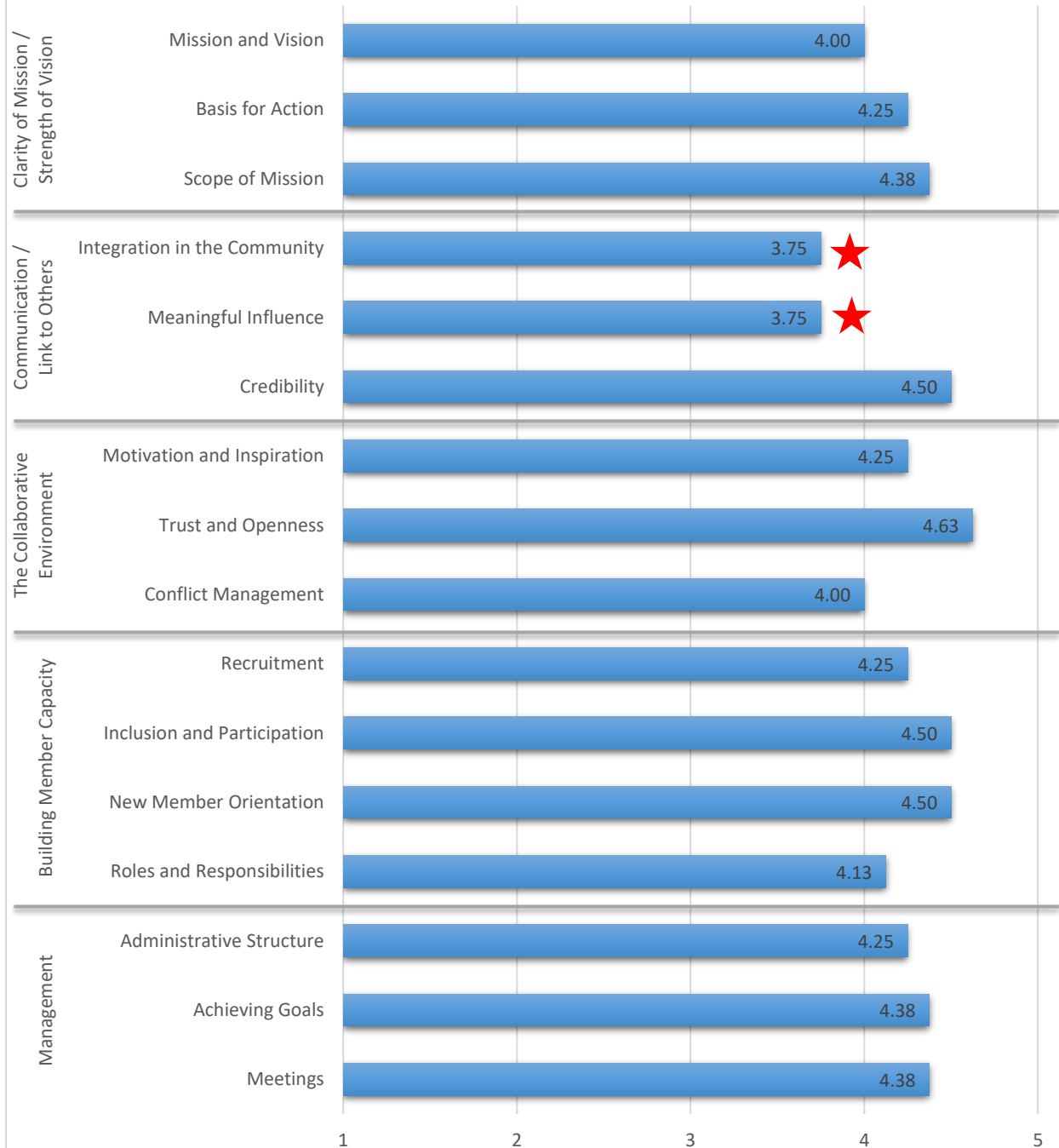
ROLE/AGENCY	AGENCY TYPE	SECTOR	Primary Point of Contact	Secondary Point of Contact	Primary Email
1 Successful Reentrant	Tri-Chair (Reentrant/Community Member)	Successful Reentrant	Chet Adkins		CAdkins@SouthcentralFoundation.com
2 Partner's Reentry Center	Tri-Chair (Community-Based Organization)	Social Services	Joshua Sopko		joshuasopko@pfpalaska.org
3 VACANT	Tri-Chair (Law Enforcement/Corrections)				
4 DOC - Anchorage Probation	State Law Enforcement	Law Enforcement	John Hirst		john.hirst@alaska.gov
5 Anchorage Neighborhood Health Center	Community-Based Organization	Primary Health Care	Samantha Longacre		slongacre@anhc.org
6 Alaska Native Justice Center	Community-Based Organization	Alaskan Native Services	Justin Hatton	Benny Briggs	jmhatton@anjc.net bbriggs@anjc.net
7 State of Alaska, Department of Labor & Workforce Development	State Agency	Employment/Vocational Training	Demetria Veasy	Laurence Gaines	demetria.veasy@alaska.gov laurence.gaines@alaska.gov
8 NeighborWorks Alaska	Community-Based Organization	Fiscal Agent	Lindsey Hajduk		lhajduk@nwalaska.org
9 Veteran's Affairs	Federal Agency	Veterans Support	Sam Adams-Lahti		Samantha.Adams-Lahti@va.gov
10 ONEZONE Mentor Program	Community-Based Organization	Social Services	Judge Stephanie Rhodes		rhodo58@yahoo.com
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PART B

Coalition Capacity Assessment

Anchorage Reentry Coalition Coalition Capacity Assessment

December 2020



*Based on 8 Steering Team Member responses.

Level of Development from Low to High

PART C

Community Readiness Assessment

Introduction

The Community Readiness for Community Change is an assessment developed by the Tri-Ethnic Center for Prevention Research to measure community readiness to act and address on a given issue. The assessment utilizes the Transtheoretical Model of Behavior Change (Prochaska and DiClemente), which posits that individuals can change their behavior in sequential stages based on their readiness and preparedness for change. Similarly, communities have similar stages of readiness to act and respond to issues.

In this instance, implementation of the assessment was completed to gain a better understanding of Anchorage's level of readiness and capacity as a community for addressing and engaging in activities centered on prisoner reentry. Results can be utilized to inform strategies and activities undertaken by the Anchorage Reentry Coalition. Implementing tailored strategies that are responsive to a community's level of readiness are important considerations that, if properly applied, may increase the potential efficacy of activities or programming delivered within the community.

Process

A total of six responses were gathered from members of the Anchorage Reentry Coalition Steering Team between December, 2020 and January, 2021. The assessment was conducted online for a second year and coincided with the COVID-19 pandemic. This year the assessment was completed using an online form, using the same questions and structure used in the prior year. The Steering Team is comprised of knowledgeable, engaged people representing an array of sectors in the Anchorage community.

Interview respondents shared their perceptions of community readiness in five distinct dimensions centered on prisoner reentry efforts in Anchorage: knowledge of efforts, leadership, community climate, knowledge of issues, and resources. Each dimension was scored on a scale from 1 (no awareness) to 9 (community ownership) by each scorer, then averaged to determine a score for each dimension. Finally, scores from all dimensions were averaged to generate an overall community readiness score. Interpretations of the scores are provided by the creators of the assessment tool.



Results

Dimension	Score	Stage of Readiness
Knowledge of Efforts	3.5	Vague Awareness
Leadership	4.0	Preplanning
Community Climate	4.8	Preplanning
Knowledge of Issues	4.0	Preplanning
Resources	3.5	Vague Awareness
OVERALL COMMUNITY READINESS	3.9	Vague Awareness

Knowledge of Efforts

The average score for knowledge of prisoner reentry efforts was 3.5, placing this dimension of community readiness into the vague awareness stage. The score suggests that there is knowledge of current prisoner reentry efforts among some community members in Anchorage, but there is a lack of widespread and detailed knowledge pertaining to existing local reentry efforts.

Leadership

The average score for knowledge of prisoner reentry efforts was 4.0, placing this dimension of community readiness into the preplanning stage. This score indicates that some local leadership in Anchorage believes that prisoner reentry is a topic of concern in the community and acknowledge that some type of effort should be taken to address the issue. The score also indicates that while some leaders may passively support current efforts, there is not yet widespread involvement in development or delivery of prisoner reentry efforts.

Community Climate

The average score for community climate was 4.8, placing this dimension of community readiness into the preplanning stage. This was the highest rated dimension of the five, and the results suggest that some Anchorage community members are concerned with prisoner reentry and feel that some effort is needed to address the issue. The score suggests that there are some that at least passively support addressing the issue, but there is not yet widespread active involvement in developing, improving, or implementing efforts that address prisoner reentry.

Knowledge of Issues

The average score for knowledge of issues was 4.0 placing this dimension of community readiness into the preplanning stage. This score suggests that at least some Anchorage community members have knowledge surrounding prisoner reentry and some of the related matters, and that there is some awareness that the issue exists locally and has some kind of impact on the local community.

Resources

The average score for resources was 3.5, placing this dimension of community readiness into the vague awareness stage. The score indicates there are some resources available to aid and facilitate reentry efforts in Anchorage, such as financial support, staff, and physical space. The score indicates that leaders and the community are not actively engaged in seeking out or mobilizing resources in the at-large community in Anchorage for prisoner reentry efforts.

Overall Community Readiness

Based on the six community readiness interview scores, overall, the community appears to be in the vague awareness stage in regards to prisoner reentry efforts in Anchorage. The results indicate that some community members have heard of the current prisoner reentry efforts underway in Anchorage, but there is a lack of in-depth knowledge about the efforts and the topic of prisoner reentry. Generally, leadership and the community perceive that prisoner reentry may be an issue worth addressing but there is not yet a strong motivation to act on the issue. There are some existing resources available in the community to address or aid prisoner reentry, but access and mobilization of more resources would be beneficial. The score borderlines the next stage in the continuum, preplanning, and may indicate that with continued work that the community may be situated to move into that stage.

Comparison to Previous Year

Caution is warranted before delving into the following results too deeply given the differences in the assessment process year-to-year (different interviewers, differing interview style, small differences in interview questions) as well as the external and environmental factors (disruptions caused by COVID-19, policy changes, political elections, and changing resources and budgets). However, generalized comparisons of scores over time may suggest which way the community is moving on the topic of prisoner reentry.

Broadly, side-by-side comparison of scores suggests that community readiness for addressing prisoner reentry has been somewhat stable over the last four years. Scores have fluctuated somewhat, but overall the stages of readiness have not moved dramatically one way or another and have largely remained in vague awareness and preplanning stages. Similarly, overall community readiness has remained in the vague awareness stage the last four years.

Dimension	2020	2019	2018	2017
Knowledge of Efforts	3.5	3.0	3.3	2.6
Leadership	4.0	3.6	4.1	4.1
Community Climate	4.8	4.2	3.8	2.7
Knowledge of Issues	4.0	2.8	3.2	2.2
Resources	3.5	3.0	4.6	3.6
OVERALL COMMUNITY READINESS	3.9	3.3	3.8	3.1

Potential Strategies & Next Steps

The Anchorage Reentry Coalition can take the preceding information and use it to inform activities and strategies. These strategies remain largely unchanged from the previous year, as the community has remained in the same stage of readiness. It should be noted that the follow strategies do not take into account COVID-19 and the challenges associated with community organizing during this pandemic.

Strategies associated with moving the community past the vague awareness stage on prisoner reentry include:

- Continue to educate and strategically communicate with community leaders and community influencers about prisoner reentry.
- Connect and engage with unrelated small groups and local community events to inform attendees about prisoner reentry and local efforts; utilize visuals and stories.
- Share information regarding prisoner reentry efforts with the community via social media, newsletters, newspapers, and other media outlets; opinion pieces and editorials may be appropriate.
- Engage individuals and programs within the existing prisoner reentry network to solicit their support and encourage promotion of their efforts.
- Conduct or update an environmental scan to identify the community's strengths, weaknesses, opportunities, and threats.
- Host events and use the opportunities to present on prisoner reentry and local efforts; such events should be fun and engaging, and benefit attendees in some form.
- Take extra effort to ensure that corrections staff are aware of resources and efforts in the local community.

PART D

Community Needs & Resource Assessment

Overview

The Needs and Resources Assessment provides a snapshot of key areas relevant to prisoner reentry outcomes. The Assessment examines separate areas, and includes transportation, drug and alcohol treatment resources, housing, employment, and cultural opportunities. The Anchorage Reentry Coalition has built and enhanced understanding of each of these areas over time.

Like everything else, the COVID-19 pandemic has disrupted nearly every aspect of day-to-day living for over a year. In Anchorage some businesses temporarily shuttered their doors, while others closed entirely; social services pivoted to telephonic and digital delivery of services; schools and training programs halted in-person learning. Delivery of programming and treatment services inside Alaska correctional facilities has been halted for over a year, outside visitors have been prohibited, as have legal visits. There has been a seismic shift in how services are accessed and delivered, but the long-term impacts are yet to be understood. The following assessment is surely incomplete given the on-going disruptions caused by COVID-19 and the constant adjustments taking place in the community in response to the on-going pandemic.

Methodology

A variety of methods were used to inform this assessment. Primary data has been collected at various times between 2016 and 2020, primarily from inmates, reentrants, and from service providers. In 2016 the Coalition employed a telephonic survey to gather information from resource providers; resource providers included in the survey were prescribed by the Alaska Mental Health Trust Authority and the Department of Corrections. Information was gathered directly from individuals in the community that were living at Community Residential Centers, and from currently incarcerated individuals at various correctional facilities in 2016, 2018, and 2018-19. Focus group data was gathered from inmates at Hiland Mountain Correctional Center and residents of Cordova Center, Parkview Center and Glenwood Center in 2018.

Secondary data has been provided directly to the Coalition by agencies such as Partners Reentry Center, Department of Labor, and the Department of Corrections. In January, 2018, secondary data was collected from Partners Reentry Center regarding their agency's services, primarily focused on housing. Data was collected from the LEAP Grant operated by the Alaska Department of Labor, which focused on providing tailored pre and post-release employment services to reentrants at Goose Creek and Hiland Mountain Correctional Centers. Local substance use/abuse treatment programs were contacted directly to inform the assessment of the local drug and alcohol treatment programs; information was gleaned from existing directories, email correspondence, and phone conversations to supplement this information.

The Department of Corrections also has made data available to the Coalition regarding Anchorage-specific releases. The Department of Corrections makes data available about their inmate population via the annual Offender Profile report. This data does not supply Anchorage-specific data but does add clarity around demographics of the inmate population.

From 2016-2020 the Anchorage Reentry Coalition Coordinator and other partners gathered information to inform this assessment by attending a variety of meetings and events: weekly case management meetings at Partners Reentry Center, Assembly Meetings, testimonials for SB54 legislation, Community Council meetings, Alaska Criminal Justice Commission meetings, and other relevant meetings hosted throughout the community. Information from these events and meetings also informed the assessment, as the community was expressing their personal reactions and community perceptions of prison reform, criminal justice legislation, and other matters that relate to prisoner reentry.

Housing

Introduction

Shelter is a basic human necessity that can prove difficult to access and maintain for some, whether it be due to financial issues, physical impediments, policy mandates, or any other combination of barriers and stigma. The need to identify, obtain, and maintain stable housing immediately upon release to the community post-incarceration is a common need among reentrants, and is similarly recognized as a common need among service providers that serve and work with this population. Stakeholders engaged in the criminal justice system and prisoner reentry in Alaska have also recognized the importance of housing access post-incarceration and acknowledge that it is a critical component of successful reentry.

In Alaska it is unknown how many individuals release from incarceration into homeless or are marginally housed after releasing, as the Alaska Department of Corrections does not systematically collect such data nor is that information capture by any other programs or data systems. The Inmate Reentry Survey conducted by the Coalition Coordinator in 2018-19 substantiated the need for safe and reliable housing among reentrants, as 73% of respondents stated that they would need or seek out assistance with obtaining housing upon their release from incarceration.¹ Anecdotal evidence and focus group data from inmates and reentrants gathered in 2016 and early 2018 also supported the notion that housing is a priority area of need for both men and women returning to the community in Anchorage. While many individuals are aware that housing support exists in Anchorage, there is an on-going need to provide updated information and educate individuals about new services and housing options. Without a significant paradigm shift, access to, placement in, and on-going support to keep reentrants in stable and safe housing will continue to be a significant area of need among those exiting incarceration in Alaska.

Despite all the challenges and barriers that impede access to housing for reentrants in Anchorage, there are numerous assets supporting reentry housing in Anchorage. These include sustained funding sources to help pay for short-term transitional housing, a network of housing providers that span a range of modalities and approaches, and a network of service providers that facilitate access to housing for eligible clients.

The COVID-19 pandemic has obviously disrupted the transitional housing landscape and how housing providers, reentrants, law enforcement, and social service providers work together. The impacts are still being unwound and will be touched upon throughout this analysis.

Housing Assets/Strengths in Anchorage

Partners Reentry Center

The primary resource hub for facilitating access to short-term, transitional housing for reentrants in Anchorage is Partners Reentry Center (PRC). PRC receives funding through the State of Alaska to facilitate the placement of reentrants into transitional housing. As a result, PRC is a vital resource in that it currently (as of early 2021) maintains a network of 15- 20 independent housing providers and sites that actively provide short and medium term housing for reentrants. This network of providers has changed over time, as new housing providers occasionally emerge while others may halt operations or go in different

directions. Despite this, Anchorage has a modest number of beds for individuals that are released to Anchorage and are willing and able to engage with the PRC program.

Reportedly, PRC has placed more than 3,700 people into temporary or transitional housing since 2013.² PRC has established a process by which individuals may apply for housing through PRC and be placed into transitional housing prior to their release, thus minimizing gaps in the transition between incarceration and release in the community. The application process is aided by DOC staff who oftentimes transmit applications or communicate with PRC about individuals releasing to Anchorage.

For those individuals that successfully remain in the community after their initial release there may be additional support through PRC in transitioning into long-term housing. Support could include referral to potential landlords, assistance with the security deposit, or payment of first month's rent. PRC has established contacts to landlords that are willing to rent to individuals that may have a criminal background. It is not uncommon for landlords to inquire about criminal history on a housing application and deny housing to those that have a prior conviction regardless of their efforts to integrate into the community; PRC's support in obtaining long-term housing may help to mitigate some barriers people may experience as part of their reentry process:

PRC is the primary community-based agency in Anchorage that links reentrants to transitional housing providers immediately upon release. Prior to the COVID-19 pandemic, PRC held a weekly case management meeting that allowed service providers the opportunity to come together to discuss mutual clients being housed and serviced, resolve issues, and share information and network. PRC and some of the housing providers also made visits to correctional institutions to educate and inform inmates about options available in the community prior to release. While the COVID-19 pandemic forced PRC to close their doors to walk-in clients for much of the last year, PRC has continued to serve clients and facilitate access to reentry housing.

Reentry Housing Options

Anchorage is fortunate in that there are housing options for individuals that have been incarcerated. There is a known network of roughly 15-20 locations in Anchorage that house reentrants or are willing to house people with a criminal background immediately upon their release to the community. In Anchorage, there are housing options for people with a mental health diagnosis; those with a sex offense; women/male-only options; sober living homes; and faith-based programs. For those individuals that are willing to abide by program and house rules, there are generally always short-term housing options available for reentrants in Anchorage. There are also a limited number of residential SUD treatment beds in Anchorage, which are a short-term option for some.

Locations vary in terms of the degree of support a program participant, resident or tenant will receive while they are there. Some locations simply offer a simple apartment or bedroom with no additional supportive services, while others strive to build a sense of community and offer on-site programming, medication management, social support, and group activities. The majority of the options compel individuals to share rooms or live in multi-unit complexes, but many are centrally located or easily accessible by public transportation. The majority of these housing options are in the Mountain View, Downtown, Russian Jack, and Fairview neighborhoods

For those that return to the community and are able to afford their own housing, there are long-term rental options through landlords that are willing to rent to those that may have prior justice involvement. It is unknown how many such landlords exist in Anchorage that are “felon friendly” but they do exist. PRC and the transitional housing providers can sometimes assist with making referrals to these private landlords. Success in finding a long-term housing situation, however, may be contingent on right-place, right-time circumstances: if no rental options are available that fit the needs of an individual, they may be pressed to find other options that are less ideal. Despite potential challenges with finding locations live long-term, there are housing opportunities for reentrants in Anchorage that exceed many other communities in Alaska.

Funding Sources for Housing

In Anchorage, PRC is the primary gatekeeper for accessing subsidized transitional housing opportunities immediately after release for reentrants. PRC is able pay for housing costs through grant funding for clients that remain in compliance with their program. There are, however, other programs and funding streams currently operating that are also intended to help cover the cost of housing for reentrants. The DBH Reducing Recidivism Grant (also administered through PRC in collaboration with NeighborWorks Alaska) has a small amount of housing funds for enrolled clients. The Second Chance Grant, administered through DOC, has funding available for housing costs for eligible reentrants as well. The Tenant-Based Rental Assistance program offered through the Alaska Housing Finance Corporation is available for those under DOC supervision and can pay up to 12 months of rental assistance for eligible individuals.³

The APIC Program is a support program administered by Alaska DOC and funded by the Alaska Mental Health Trust. Individuals releasing from Alaska DOC custody that have a diagnosed mental health condition may be eligible for APIC, which is able to pay housing costs in Anchorage for enrolled clients.⁴ The Home For Good supportive housing program is open to those who have a history of incarceration and aims to house 190 people in the first three years of the program.⁵ There are also other social service providers and programs that may be able to assist with housing reentrants in Anchorage, however, eligibility may be narrower in scope and or have very limited capacity. Such resources include the 811 Program, programs available for individuals that fit the definition of homeless or chronically homeless, programs for those with mental health diagnoses and more limited justice involvement, and other supportive programs geared towards low-income individuals.

It is not believed that the pandemic had direct impacts upon funding sources that support housing for reentrants. For some, there may have been enhanced opportunities to receive funding for housing support through rental assistance opportunities that were the result of federal aid spurred by the pandemic.

Other Organizational Supports & Advocacy

Organizations within the Anchorage Reentry Coalition have continued to advocate on behalf of reentrants for access to housing and have continued to work together to bolster resources in this area. In 2017, Code for America, a non-profit agency based in California, partnered with the Municipality of Anchorage, the Anchorage Economic Development Council, and the Anchorage Reentry Coalition for the purposes of strengthening access to information regarding housing and employment opportunities. The result of the partnership was the creation of the Start Here Anchorage website, which has since gone unmaintained.

In 2017 and 2018 the Anchorage Reentry Coalition's Housing Committee (key contributors included NeighborWorks Alaska, Partners Reentry Center, Alaska Housing Finance Corporation, GeoGroup, Front Range Apartments, and Southcentral Foundation) created standards for transitional and supportive housing. These standards were shared with housing providers and coalition agencies to create a standard for health and safety of housing options and provide streamlined pricing for reentrant housing.

Members of the Coalition Steering Team have continued to raise issues regarding access to housing, advocate for individuals in-need of housing, and support the expansion of programs and partnerships. In mid-2020, the Coordinator of the Anchorage Reentry Coalition joined the Advisory Council on the Anchorage Coalition to End Homelessness. The hope is that this engagement between coalitions will help to boost understanding of the relationship between criminal justice system involvement and homelessness, and enhance relationships between organizations that operate within each coalition. While the COVID-19 pandemic has caused major disruption within the community, the Anchorage Reentry Coalition continues to promote access to housing and leverage existing assets that benefit those in need of housing support.

Barriers Impeding Effective Coordination, Access, and Delivery of Housing Services in Anchorage

General Housing Availability

In order to understand challenges reentrants face when accessing and maintaining housing, it is also necessary to examine larger, macro issues regarding housing in Anchorage. Across the state there is a shortage of thousands of units of affordable housing and this impacts the poorest people in Alaska, particularly extremely low-income people and households.⁶ Similarly, there is a lack of affordable and available rental units in Anchorage for low-income renters.⁷

While it is important to examine access to affordable housing options, particularly for low-income individuals and families, it is also important to have an understanding of the overall housing landscape in Anchorage and Alaska. According to an assessment by the Alaska Housing Finance Corporation, the Cook Inlet Region (CIRI, which includes Anchorage) is projected to have a deficit of 4,000 housing units by 2025 across all income levels, suggesting that there will continue to be a lack of general housing availability in the area compared to projected growth.⁶

One way to alleviate growing demand within a housing market is to build and make available more housing units. Based on current estimates, however, new housing construction in Alaska is not projected to meet population growth.⁶ One reason for the lack of new housing units is that construction costs for new housing in Alaska are high, particularly when compared to other states. According to a presentation

prepared by Agnew::Beck, the per square foot cost of new construction in Anchorage is \$240, whereas the cost in the Lower 48 is \$120. For housing developers, creating new housing options is expensive, requires a great deal of start-up capital, and may not yield a large return on investment.⁸

Availability of affordable housing options, overcrowding in existing housing, and a supply of old, inadequate housing stock are some of the challenges that general housing market.⁶ Vacancy rates for rental units in Anchorage are lower than the statewide average according to a 2020 data from the Alaska Department of Labor and Workforce Development.⁹ When housing is available, it can be quite expensive. In order to afford renting a one-bedroom apartment in Anchorage, one must have an hourly income of \$19.90.⁷

Generally speaking, affordable housing options in Anchorage can be more difficult to obtain for low-income individuals and families. And while there are programs and services available for certain qualified individuals to help aid access to, and placement into affordable housing options, the fact remains that housing stock is relatively low compared to the total population. Until there is greater availability of affordable housing options for the general population in Anchorage that match the need (e.g. single occupancy apartments, single-family homes, multi-generational homes, etc.) reentrants will likely continue to also be challenged with finding and maintaining non-subsidized, stable housing upon their release into the community.

Federal Funding Sources & Collateral Consequences

Many local and state housing agencies and programs that offer housing opportunities for low-income individuals receive federal funding from the U.S. Department of Housing and Urban Development (HUD). There are several consequences to reliance on HUD funding. Firstly, there are certain limitations regarding the use of federal dollars for housing individuals with particular criminal offenses such as arson, some sex offenses, and those convicted of manufacturing methamphetamines. HUD also has established definitions that define who is deemed “homeless” and “chronically homeless” that do not always align with the realities of individuals being released from long periods of incarceration.¹⁰ For example, an individual released from incarceration after 10 years in prison would not be defined as homeless, even if that individual has no place to live upon release, and would therefore not be eligible for HUD-funded programs designed to house homeless individuals.

Lastly, HUD imposes certain housing standards (safety, occupancy, etc.) and has reporting requirements for programs and housing providers in order to qualify for funding and reimbursement. Consequently, some housing providers choose not to engage or seek out HUD funding and are therefore not necessarily beholden to the same quality and safety standards. The result is that short-term reentry housing options in Anchorage tend to be double or triple occupancy rooms, and rooms that may be old and unmaintained. Housing providers may also forgo engagements using HUD funding due to onerous reporting requirements; some housing providers in Anchorage have few staff and may be unable to properly meet necessary reporting requirements associated with receiving federal funding.

Transitional Living Facilities

Most transitional and supportive housing providers in Anchorage that house reentrants typically have a “head in the bed” arrangement, meaning they do not request reimbursement based on occupied rooms, but rather by individual occupancy and nights spent at a facility. As a result, many reentrants living in short-term and transitional living facilities have roommates. There are instances when roommates may be incompatible; exposure to drugs, alcohol, other detrimental or illegal behaviors can occur which can further lead to volatile housing situations and instability for some individuals.

All transitional living facilities have program and house rules, and some offer programming and support services that foster a sense of community and further establishes boundaries for residents. While certain facilities are a good fit for some, they may not be a good fit for others depending on the circumstances and needs of the individual. An impediment to successfully abiding by the rules of a facility may sometimes be rooted in the lack of compatibility between the facility and the individual. Matching individuals to the appropriate services is universal, but this is a particularly salient factor when discussing those under correctional supervision; in many instances, reentrants are released under certain stipulations that could include maintaining a stable residence and abiding by programmatic rules so as to stay in compliance with conditions of their release. An inability to abide by house rules could lead to expulsion, which could be a factor that leads to re-incarceration. The need for behavioral health supports is common among this population,¹¹ but it is probable that available in-house behavioral health support does not meet total demand among the reentry population in Anchorage.

Other Barriers & Stigmas

Frequently, financial sustainability is a barrier to maintaining access to housing among reentrants. Many reentrants are eager to enter the workforce immediately upon release and begin earning money; it is typical that they are also compelled to obtain employment as a condition of their release. For the average, able-bodied reentrant, entry-level and marginal employment can be obtained fairly quickly. Even though employment may be available, such jobs may not pay a living wage nor be in proximity to where one lives (or intends to live). Without outside assistance and support, it may be difficult for reentrants to smoothly transition from short-term transitional living to a long-term housing option. This situation may have been further exacerbated by the local hunkerdownt orders during the pandemic and business closures that may have resulted in decreased wages and subsequently less money to be put towards rent.

Stigma relating to incarceration can make obtaining housing difficult. Pushback against the establishment of housing for reentrants in particular neighborhoods is one reason it may be difficult for private landlords to establish more housing options. Supportive housing options for those convicted of a felony can be difficult to obtain compared to other average or low-income individuals, but options for those specifically convicted of arson or sex offenses are very limited in Anchorage. There are places one can live if they have a sex offense charge, but such places can be hard to find and are sometimes word-of-mouth opportunities.

Policy, Network, or Funding Gaps

Screening & Background Checks

The use of screening tools and background checks are common practices among housing providers to screen applicants and prospective tenants. This practice is legal and necessary, as it ensures housing providers are offering safe and stable housing to tenants. As stated previously, federal law bars specific individuals from accessing certain subsidized housing and the use of background checks ensures housing providers are in compliance with all necessary laws. Additionally, prior criminal history can be used as a determining factor in one's housing application and can legitimately be used as rationale for denying housing to an applicant.¹²

The Fair Housing Act established that housing cannot, however, be denied based on race, religion, sex, national origin, familial status, or disability status.¹³ In 2016, then HUD Secretary Julian Castro went a step further to clarify that landlords were also not allowed to summarily discriminate against potential renters that had a prior criminal history or arrest record. In practice, landlords and housing providers can screen and use criminal background checks to inform decisions about applicants, but they may not employ blanket policies that exclude all those with a criminal history.¹⁴ It is possible, however, for supportive housing programs, agencies, and landlords to continue to deny individuals housing based on any criminal history so long as they have not enacted a broad policy to explicitly discriminate against such individuals. These conditions may perpetuate the gap in housing services for reentrants.

Social Networks, Stigma, and Housing Locations

Transitional living facilities, supportive housing, and affordable housing tend to be centrally located in Anchorage. While location and proximity to employment opportunities, public transportation access points, and social service providers is important, central locations may further expose reentrants to individuals and social networks that could increase one's exposure to risks that could put them in jeopardy of returning to incarceration. Further analysis is warranted to examine the location of properties that actively provide housing to reentrants and long-term affordable housing options and compare public safety and quality of life factors in those same neighborhoods. The purpose of such an analysis would be to understand the opportunities (or lack of) that reentrants have for breaking out of the cycle of poverty and accessing housing options in safe and stable neighborhoods.

Sustained access to medium and long-term housing remains a barrier for many reentrants. PRC is able to provide short-term housing but is not designed to support long-term, independent housing. Data collected in previous years by the Anchorage Reentry Coalition suggests that many reentrants are unaware of long-term housing options available to those with felony convictions and would benefit from increased awareness and knowledge of housing options after short-term housing services have been exhausted. Stigma towards landlords that are willing to rent to prospective tenants with a prior criminal history means that obtaining information about potential housing options may prove difficult as such information is kept discrete, and not widely shared.

Case Management Standards

A core component of supportive housing includes case management, however, there is a lack of adherence to case management standards when it comes to providing supportive housing in Anchorage. Some housing providers do not formally train staff serving special client needs that they may be housing. The lack of standardization in this area is a likely policy gap.

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Employment and Meaningful Engagement Services

When asked about what one may need most immediately after releasing back into the community, very often an individual will cite the need to obtain employment. A small survey conducted in 2018 revealed that 78% of respondents reported that employment was one of the primary resources that would help keep them from returning to prison. Additionally, 73% of respondents to the Inmate Reentry Survey from 2018-19 indicated that employment or work training would be an area of need upon release to the community. Additionally, 57% indicated they would seek out job preparation assistance upon their release, which could include resume preparation or job interview training. A portion of reentrants lack substantive work histories when they are released and may have never held steady employment; others have been extensively trained and may have held steady, high paying jobs before they became incarcerated. Despite varying degrees of prior work experience throughout those being released, the need for employment opportunities is high. In Anchorage, there are employers that are willing to hire and retain reentrants that demonstrate they are reliable and can do the job they are asked to do. While it can be challenging to obtain employment after incarceration, there are opportunities for reentrants in Anchorage.

Although the response to COVID-19 forced many businesses to halt their operations and close their doors to customers (temporarily in some instances, permanently in others), the extent and true impact on the job market for new reentrants is still unknown. Anecdotally, disruptions in routine business operations had negative impacts on reentrants. Reports have been that many low-wage, low-skill jobs in the restaurant industry and other service industries were eliminated over the last year, and in some instances existing employees found their hours reduced.

Assets/Strengths Regarding Employment Opportunities in Anchorage

There are numerous partnerships and programs that have existed in Anchorage that have strengthened employment opportunities for reentrants. Some partnerships and collaborative processes include:

- Department of Labor implemented the LEAP (Linking to Employment Activities Pre-release) grant, providing career development services before and after release from incarceration to increase and maintain employment. It was reported that 135 inmates enrolled in job center programming over a 1.5 year period in 2017-18 at Hiland Mountain and Goose Creek prisons; Hiland had 91 enrollees and Goose Creek had 44 enrollees. 81 of the 83 pre-release participants received an employability pre-and post-assessment and demonstrated higher scores after receiving job services. Additionally, 23 post-release re-entering citizens shared that they obtained employment after release. The LEAP Grant has concluded and is no longer serving inmates. The Department of Labor was in the process of planning to re-enter Hiland to engage with the women and do pre-employment activities, but that process was halted in early March, 2020 due to the COVID-19 pandemic and subsequent community lockdown.

- The Alaska Criminal Justice Commission (ACJC) operationalized the Barriers to Reentry Workgroup and meets regularly. The goal is to advise on legislation that will address reentry barriers, some of which are employment related.
- Partners Reentry Center has established relationships with employers inside and out of Anchorage in order to directly refer clients (job seekers) to employers. Even despite the pandemic, PRC reports having job leads available for able-bodied reentrants.
- Feed Me Hope has a culinary arts and baking program that is intensive and tailored to meet the needs of some reentrants; they have developed strong partnerships with community agencies, including Partners Reentry Center, who will pay for reentrant housing while they participate in the program.
- There are several programs and services available that provide job seekers opportunities to find employment, apply for jobs, write/enhance resumes, and gather interviewing tips. Such programs and services can be found at the DOLWD Midtown Job Center, Goodwill Job Connections, Partners Reentry Center, the Loussac Library, and CITC. DVR will work with qualified reentrants that have cognitive deficits. During the pandemic most of these services have been accessible via phone or through a computer; in-person service have largely been halted, but may be opening back up as vaccine rates continue to increase in Alaska.
- Over the past four years it has been observed by the Employment Work Group that reentry providers have successfully recruited Anchorage employers in hiring Returning Citizens; there is a wide network of employers providing employment opportunities.
- The Reentry Coalition has worked with the Midtown Job Center to host a job fair specifically for reentrants. In 2019 there was an estimated +75 job seekers in attendance. Pre-employment preparation activities and services were made available in the lead-up to the job fair. The 2020 job fair was scheduled for April to coincide with National Reentry month; however, it was canceled. There have been online hiring events periodically over the last year, hosted by the DOLWD.
- Pre-pandemic, the Ironworkers Union has been afforded the opportunity to go into several of the correctional institutions to offer training opportunities to the inmates. Although these opportunities are limited inside the institutions, employment in the community in a skilled trade such as welding can lead to living wage and employment opportunities around the state.

Barriers to Accessing Employment Opportunities

Both reentrants and service providers have stated that a barrier to obtaining employment sometimes stems from a lack of access to a personal phone or cell phone, and from a lack of consistent computer access. Residents at secured community residential centers (Cordova Center, Midtown) are restricted in their ability to have cell phones; it has been reported that employers have experienced difficulties reaching applicants at those facilities regarding interviews and potential job opportunities. Some reentrants have rules imposed upon them regarding restricting access to computers and/or smart phones

and may not be able to access online applications, nor monitor emails in a timely manner. The Anchorage Libraries have computers accessible to the public (pre-pandemic), as do some service providers. Computers and communication devices have been distributed to some reentrant housing providers in the midst of the COVID-19 lockdown in Anchorage to aid communication between service providers and residents; in the long-term this could modestly enhance computer access at those facilities.

Reliable transportation is also a barrier to accessing jobs; public transportation options can be limited, with particularly limited service late at night, early in the morning, and on weekends. Public bus services were halted in Anchorage for almost two and half months, severely limiting the ability of some people from moving about the city.

Frequently, employers that are willing to hire those with prior criminal convictions have adopted the perception the community is not supportive of reentrants, and request service providers to not disclose their information to reentrants. This makes freely accessing or seeking potential employment opportunities more difficult for job seekers.

According to the Department of Labor data gathered from LEAP, 91% of pre-release reentrants at Goose Creek and Hiland Mountain reported they were low income prior to incarceration. This indicates socio-economic factors, likely tied to employment, are indicative of continuous barriers they may experience in their reentry process.

Policy, Network or Funding Gaps and Barriers

Despite wide-spread acknowledgement regarding the need for employment and training opportunities policy or funding gaps persist. Policy, funding gaps, and barriers include:

- Criminal background disclosures remain a barrier to employment, as some employers disregard an application based on disclosure of a criminal conviction, despite the reentrant being qualified. In 2017 the Alaska Criminal Justice Commission moved forward in promoting “Ban the Box”, an environmental strategy/policy, to this barrier. Some reentrants have a barrier crime on their record; barrier crimes are listed in the State of Alaska’s barrier crimes matrix and outline time-related bars, primarily focused on healthcare related positions. Some barrier crimes are regulated by the Federal government, with the State of Alaska adding additional conditions and restrictions to barrier crimes. Some employers allow a background variance application process and others do not offer the variance process. It was reported that after studying the effects of “Ban the Box” initiatives elsewhere that passing such a law may have some other unintended negative consequences and was not a strategy being recommended for Alaska.
- The LEAP Grant was a two-year program aimed at improving employment outcomes after incarceration, which ended in October, 2018. There have been no plans to restart that program.
- Community residential center residents have unrelated requirements to job searching; for example, residents must complete an AIDS prevention education class before they are able to access their case manager or go on job searches. Individuals residing at these facilities also face restrictions in terms of the hours they may be away from the facility.

- It is reported by reputable and knowledgeable people working in reentry that the average, able-bodied reentrant can find minimum wage job opportunities soon after their release to the community. However, these opportunities may not provide the reentrant with a living wage, which was \$16 per hour in Anchorage (Department of Labor, 2018).
- Pre-release training opportunities may appear robust, but several training programs, particularly centered around construction trades do not offer the full training needed to obtain employment post-release. For example, a reentrant may need 40 hours of training to get a living wage job in the field they were trained in, but while in the correctional facility they may have earned their certificate through only 10 hours of training. This is a gap in meaningful training and employment opportunities. Over the last year these training opportunities have not been offered inside the facilities due to internal policies to restrict access to the facilities and the inmates.
- In prior years, Anchorage Reentry Coalition stakeholders and reentrants identified the lack of coordination between probation and parole requirements and work schedules as a significant cause of failure, both in maintaining probation requirements and employment. Reentrants have reported that it is a struggle to meet probation requirements while also maintaining employment. Probation requirements, as outlined by the court system, often include submitting to impromptu urine analysis, attending substance use treatment, going to mental health treatment, and/or engaging in OCS-referred services for parents while also being compelled to seek employment that will provide a living wage. Reentrants frequently must rely on public transportation, walk, or use a bicycle to get to all appointments and employment, adding layers of imposed time constraints.
- The Anchorage Probation & Parole Office and community residential center policies restrict who may transport reentrants in private vehicles, which at times restricts transportation options and may have an unintended impact on restricting access to employment opportunities.
- The State of Alaska has a list of jobs and professions that cannot be filled by individuals with particular convictions in their past. While this list is extensive there, barrier crimes can be overcome by seeking variances through DHSS. Variances can be pursued by an employee and employer. While barrier crimes can make employment in some fields difficult, if an individual has the opportunity to gain employment in such a position, it is possible to overcome this situation.
- The Second Chance Act Grant has funding available for post-incarceration employment training opportunities. Accessing training opportunities offered through this program is currently very limited and was impacted, in part, by the COVID-19 community lockdown. While this may emerge as a salient and viable opportunity, it remains to be seen what impact it may have in the Anchorage community.

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Culture and Social Connectedness Services

Culturally-relevant and social support services can be an important factor in one's reentry process. Reentrants in Anchorage have the ability to access and engage in numerous cultural programs, or join supportive social networks. According to the Inmate Reentry Survey Less than 20% of inmates indicated that they would need or seek out cultural or support services upon their release, while about 25% indicated they would seek out religious or faith-based services. These numbers are not large, however, culturally relevant services and support groups can be extremely important for some reentrants

Assets/Strengths

Community-based reentry programs that offer tailored or culturally relevant services, including Alaska Native Justice Center, Partners Reentry Center, the Family Wellness Warriors Initiative and Native Men's Wellness Program at Southcentral Foundation, and Cook Inlet Tribal Council. Programming offered includes support for reentrants that are seeking services as Native Alaskans, men, women, and those who have been incarcerated for long periods of time. The Alaska Nations Reentry Group is an established collective of Native reentrants with a defined mission, vision and goals. They have gained local and statewide support from leadership and the Anchorage Reentry Coalition in their reentry efforts promoting culture and social connectedness. There are also numerous faith-based reentry services available to reentrants pre and post-release in Anchorage, including faith-based supportive housing, faith-based mentors, and chaplaincy programming.

Peer support has been gaining support in Alaska as a viable and effective way of engaging with reentrants. In 2019, the State of Alaska released a proposed certification for peer support that would facilitate the use of peer support staff in State funded programs and progress has been made to establish this certification. Standards for the peer-support certification were informed by input from individuals that have contributed to the Anchorage Reentry Coalition. There are several reentry agencies in Anchorage who already hire individuals with lived experience as professionals, including C.H.O.I.C.E.S., Alaska Native Justice Center, Cook Inlet Tribal Council, and Partners Reentry Center. Progress continues to be made in the area of peer support, but policy barriers to hiring people with prior justice involvement could stymie development of peer support within the reentry community.

Barriers

Social connectedness can be challenging for reentrants connecting with other reentrants, especially if they are currently under supervision. Reentrants that are under supervision are technically restricted from associating with other people that have a criminal background; advance approval from the Department of Corrections is required if they want to be connected to their family member or peers who have a felony conviction or are on community supervision. Anchorage is a very diverse city, however, culturally relevant services for reentrants that also happen to identify with a minority racial/ethnic group other than Alaskan Native may be difficult to access.

Policy, Network or Funding Gaps

Peer-support is often requested and encouraged by community providers; however, there seems to be ongoing staffing gaps and retention concerns. There seem to be adequate numbers of peer-support specialists at Cook Inlet Tribal Council, but one-on-one peer support services are challenging to access, as they serve areas outside of Anchorage and seem to focus on macro-delivery, such as speaking at events and hosting community activities.

Peer support for those that primarily identify as “justice-involved” may encounter greater policy barriers than peer support that is primarily aimed at those with alcohol or substance use disorders, or other mental health issues. Policy barriers are rooted in the fact that people with misdemeanor or felony convictions may be inhibited or prohibited from engaging with people currently under supervision. For example, Alaska Department of Corrections has been known to deny access to the inside of institutions for staff conducting community in-reach due to a prior conviction.

Another gap to consider relates to the lack of gender and sexual minority-sensitive programs and services for women, and those also for individuals from the LGBTQ community who are also involved in the criminal justice system. While there are services sensitive to the needs of both these segments of the community, there are not many organizations operating explicitly within the space of reentry that caters to these two groups. There are some programs and locations that will work with women, that are gender-specific (Akeela, Salvation Army, Clitheroe Center, SCF), and programs and services that work with women (One2One Mentorship, PRC, ANJC, Oak House, New Life Development), but there are a lack of reentry programs explicitly for women. Similarly, there are programs and organizations that do cater to the LGBTQ community (Identity, Choosing Our Roots, Full Spectrum Health), however, there is not a strong presence within the reentry community of LGBTQ-centric providers. Safe and affirming housing options for members of the LGBTQ community are lacking in Anchorage, particularly for trans individuals. While it is possible to place someone temporarily in a single room or apartment, there are not any known housing programs in Anchorage designed for individuals that are a reentrant and also transgender.

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Transportation

Introduction

Transportation is an essential resource for most people in a community. Reliable transportation is necessary to go to and from work, to access food and services, and to stay engaged with social networks. Access to transportation, however, is frequently cited as a barrier and a challenge for reentrants upon release. Even if an individual that has been incarcerated for an extended period of time has access to a personal vehicle, they will not have a driver's license, and may encounter challenges with maintaining auto insurance and affording the costs associated with having a car. Therefore, many individuals find themselves reliant either upon public transportation, family or friends, or they walk or use a bicycle to get around. Using a bicycle or walking are acceptable and low-cost forms transportation, however, that comes with its own challenges when timing and efficiency are of concern.

The following is a brief analysis regarding the need for transportation services and assistance, and a description of the current transportation options available to justice-involved individuals in Anchorage. Much of the following analysis was first collected prior to the COVID-19 pandemic and in the very early days of the pandemic. While the pandemic disrupted public transportation and nearly all systems and processes in Anchorage, it is anticipated that impacts to transportation in the context of reentry were just transitory. This section has been updated during February and March, 2021.

Need for Transportation Support & Assistance Among Reentrants

The Anchorage Reentry Coalition conducted an Inmate Reentry Survey with 79 inmates at four different correctional institutions during 2018-19. Among all the respondents to the survey, 72% (n=57) indicated that when they were released they believed that they would seek out or need assistance with transportation, such as help with obtaining a bus pass or a bicycle. Among other potential areas of need, access to and assistance with transportation was one of the most commonly cited areas of need among the inmates and was frequently mentioned as a key factor for ensuring one successfully remained in the community after their release.¹

The Anchorage Reentry Coalition Case Manager works with high-risk/high-need reentrants releasing to Anchorage. Historically, bus passes have been one of the more frequently accessed resources among that set of clients, in addition to housing assistance. Anecdotally, it is not uncommon to hear current inmates and reentrants that have released to Anchorage speak about the challenges of relying on public transportation, particularly if they are originally from a rural Alaskan village and unfamiliar with Anchorage. Stories include accounts of concern and trepidation, and failures particularly during their first few attempts at taking public transportation.

Previous data collected by the Anchorage Reentry Coalition substantiated that transportation is an area of need for reentrants, and also that access to transportation (public and private) can be difficult in terms of costs and physical proximity. Previously reported data found that some reentrants must additionally seek approval from Probation to share transportation if that means encountering other reentrants. Because of the need for transportation assistance, many programs make bus passes available to their clients.² Another individual who spent two decades incarcerated shared their story with the Coalition Coordinator and described how they were able to obtain a personal vehicle to get to and from work but

only after receiving approval from their probation officer. This individual obtained employment working a late-night shift when the public buses were not in operation, which necessitated having a vehicle. This anecdote illustrates the compounding challenges that may impede one's ability to integrate into the community after incarceration.

While the pandemic disrupted processes in the community, the impacts on the need for transportation and the need for supportive services were likely not impacted in the long-term. During the time periods that Anchorage was under hunker down orders by the Mayor, there may have been temporary relief from needing transportation assistance for some but it may have exacerbated the situation for others that rely exclusively upon public transportation.

Taxi & Ride-Sharing Services

Anchorage is serviced by taxi companies, and Uber and Lyft are available in Anchorage. Some assets and barriers to using or accessing taxis and ride sharing are listed below.

Assets

- Taxi and ride-sharing apps increase transportation options for individuals that lack reliable and/or timely transportation.
- Taxis and ride-sharing apps can pick-up and drop off individuals anywhere in the city.

Barriers

- Taxis and ride-sharing apps may not be long-term transportation solutions.
- Ride-sharing apps require a smartphone, sign-up for the service, and require a credit card.

Public Transportation

The People Mover is the major public bus system servicing Anchorage that is operated by the Municipality of Anchorage. The People Mover bus system has 14 regular routes that operate throughout Anchorage and a limited portion of Eagle River. There are three primary transit hubs: Downtown Anchorage, Dimond Transfer Center, and Muldoon Transfer Center. Fares for adults between 19-59 years old are \$2.00 per ride; \$5.00 for a day pass for unlimited use; \$26 for a weekly pass; \$60 for a 30-day pass; and \$660 for an annual pass. Seniors 60 years and older, veterans, and individuals with qualifying disabilities are eligible for half-priced fares (requires an authorized ID card). Riders can pay for fares by utilizing the People Mover mTicket app on a smartphone, loading a smart card with pre-purchased rides, purchasing passes from one of six locations around Anchorage, or pay for a one-way ride or day pass on the bus.^{3,4}

During the COVID-19 pandemic, the public bus system in Anchorage was essentially shut down from mid-May to June 1.⁵ After the People Mover began operations again in June, 2020 capacity on the busses was limited. The Municipality of Anchorage has put safe guards in place to help ensure the safety of staff and riders so that the bus system can maintain operations during the pandemic. As of this writing, limitations on ridership on People Mover busses have continued and are currently limited to 14 people per 40-foot buss and 6 people per 22-foot bus.⁶ Assets and barriers relating to the public transportation system in Anchorage are listed below.

Assets

- If one lives, works, or seeks services near a bus line, the People Mover can be a relatively easy way to get around Anchorage. The People Mover has stops and routes that increase accessibility to Downtown Anchorage, Midtown, UMed, and Mountain View areas.
- The People Mover bus can be an affordable alternative to owning and operating a personal vehicle for those that can afford the fare.
- The People Mover bus has the ability to transport bicycles for those that rely on mixed modes of transport.
- Numerous service providers and law enforcement agencies are located near bus stops.
- Reentrants that are engaged in programming are often able to receive bus passes from service providers.
- If an individual has access to a cell phone or smartphone, People Mover updates can be received (weather delays, detours, etc.) and fares can be purchased without physically visiting a ticket window or ticket machine.
- Reentrants that may not have a valid photo ID or driver's license can still access the bus system.

Barriers

- Access to the People Mover can be difficult if one lives away from a major thoroughfare; the bus system has limited services south of Tudor Road.
- For reentrants that have extremely limited or no income, affording the bus fare may be problematic.
- The People Mover system does not operate 24 hours a day. Routes vary, but generally start operating at about 6:00 am and run until 10:00pm-midnight during the work week. On weekends buses generally operate between 8:00 am and 7:00-8:00 pm. Reentrants that work late at night or on weekends may find it difficult to utilize the People Mover. Buses routes may be serviced only 1-2 times per hour, making it an inefficient option for some.
- The People Mover is the only public transportation option in Anchorage.
- There are limited locations for purchasing monthly/long-term passes.

Bicycle Paths and Trail System

According to the Anchorage Department of Parks and Recreation, Anchorage has more than 135 miles of paved trails in addition to the sidewalks that line most major streets throughout the city.⁷ Bicycles can be purchased at various retailers around Anchorage, and via second-hand sellers. Anecdotally, during the early days of the pandemic bicycles were harder to obtain from retailers due to supply and demand issues.

The network of paths and sidewalks increase accessibility across Anchorage for both cyclists and for pedestrians. Historically, Partners Reentry Center periodically has obtained bicycles and given them to compliant program participants. It was reported that a number of bicycles were distributed to at least one transitional housing provider, specifically to help residents get to and from work while the public bus service was halted during the pandemic. Some assets and barriers to using or accessing the pathways and trail system are listed below.

Assets

- The Campbell Creek Trail, Chester Creek Trail, and Coastal Trail are paved, multi-use trails, portions of which are lighted. They are interconnected and increase accessibility for pedestrians and those on bicycles.
- Bicycling and walking is a low-cost option for getting around Anchorage.
- Sidewalks are common around Anchorage.

Barriers

- The Campbell Creek Trail, Chester Creek Trail, and Coastal Trail may not be easily accessible or in proximity to one's residence.
- In the winter months, snow and ice can make bike riding and walking difficult whether it be on a paved trail or on sidewalks.
- Bicycles properly equipped to handle snowy and icy conditions can be expensive.

Summary

Access to transportation is a distinct and important area of need for many reentrants. Accessing services, getting to work, or checking in with probation all hinge on one's ability to get there (note: during the height of the pandemic, there were instances in which people on probation were not required to travel to the probation office for check-ins). Anchorage is a moderately sized city that, although is not entirely walkable, can largely be traversed via public transportation, bicycle, personal vehicles, or on foot. The costs associated with owning a personal vehicle or utilizing public transportation is a major barrier for many reentrants, particularly during that period immediately after release. Family and friends can be of assistance, but for many depending on assistance from family and friends is either not an option or only a very short-term solution. Relying on public transportation can be time consuming, but both the bus system and the extensive trail system does enhance accessibility in Anchorage.

Despite the challenges associated with reentry in general, there are numerous transportation options that are available in Anchorage that can facilitate the reentry process and increase the accessibility to services and resources throughout the city. Programs that aid access to transportation are vital to reentrants. Any further disruption caused by COVID-19 on reducing access to public transportation will further exacerbate the difficulties reentrants face while they reintegrate back into the community.

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Substance Use

Introduction

Use and abuse of alcohol and drugs is a common factor among many individuals that become incarcerated, both nationally^{1,2} and in Alaska.³ A U.S. Department of Justice study found that more than half of state prisoners and almost two-thirds of jail inmates met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for drug dependence or abuse.² Addiction and abuse of alcohol and drugs can increase risks for numerous negative impacts including unintentional injuries, violence, and acute and chronic disease.^{4,5}

A 2016 report on the behavioral health system of Alaska estimated that 11.5% of all adults in Alaska were in need of treatment for alcohol or illicit drug use in the past year. Substance use disorder rates were also found to be much higher among men than women, and higher among Alaska Native adults compared to White adults.⁶

It has been estimated that up to 80% of the Alaskan inmate population demonstrates symptoms of a substance abuse disorder. Although exact rates are unknown, some prevalence of substance use disorders has been clearly established among the Alaskan inmate population. Indeed, the most common technical violation for individuals on probation or parole was not for committing a new crime, but for violating rules relating to drug or alcohol use.³

While prevalence and usage rates of abusive alcohol consumption and illicit drug use may be hard to definitively quantify among criminal justice-related populations in Alaska and in Anchorage, triangulating data from various sources may serve to inform both the prevalence and need for treatment and recovery programs. According to ADOC, in 2019 more than 3,200 individuals were released to Anchorage from an Alaska correctional facility (this figure dropped to 2,300 in 2020), suggesting that a relatively high number of justice-involved individuals that may have a substance use disorder are releasing to Anchorage from correctional institutions.⁷ This situation substantiates the need for a robust system of corrections-based and community-based treatment options.

The following analysis is an attempt at describing the need for treatment based on relevant data, and a description of the current treatment options available to justice-involved individuals in Anchorage. The following data was largely collected by the Anchorage Reentry Coalition Coordinator during the first half of 2019. Time and access to updated and local data were limiting factors that impacted the breadth of this analysis, even with the assistance from the Coalition Case Manager in gathering data from local service providers.

The analysis does not yet fully account for the impact of COVID-19 nor the alcohol tax that was passed into law by Anchorage voters in April, 2020. It is known that some treatment providers severely restricted some services during the lockdown period, which others simply made adjustments to their service delivery but continued to offer client services. In-person support group meetings were disrupted; some moved online, while others ceased. Consumption patterns of alcohol and drugs have likely been impacted as well, but it is still unknown to what the effects will be.

Alcohol Consumption Data

Excessive alcohol consumption and alcohol addiction is common throughout Alaska. Exact measures of abusive alcohol consumption and addiction are difficult to quantify among justice-involved individuals so it may be necessary to rely on data from the at-large Alaskan community to better understand the issue.

The Alaska Mental Health Trust provides an array of services centered around advocacy, planning, and support for programs in Alaska that benefit and target individuals with mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementia, and traumatic brain injuries. In the Trust's 2018 Annual Report, it was estimated that there were 41,800 adult beneficiaries 18 years or older that were dependent on or abusing alcohol.⁸

The Behavioral Risk Factor Surveillance System (BRFSS) is the country's principal survey for gathering health-related data in all 50 states.⁹ The Alaska BRFSS questionnaire contains a measure regarding binge drinking, which is "defined as having had 5 or more alcoholic drinks for men or 4 or more alcoholic drinks for women on one or more occasions in the past 30 days." In 2016, 18% of Alaskan adults reported binge drinking. Prevalence of binge drinking among men (22%) was higher than women (15%), and Alaska Native adults had a higher rate (21%) than the average adult.¹⁰ Comparatively, Alaska suffers from higher rates of alcohol-related mortality than national averages.⁴

Healthy Alaskans 2020 (HA2020) is a state-level health improvement plan that presents a comprehensive set of benchmarks and strategies relating to various health indicators.¹¹ HA2020 included a benchmark pertaining to excessive alcohol consumption by adults, which utilizes the BRFSS definition (see above). In 2016, 20.7% of adults 18 years or older in Anchorage reported binge drinking in the last 30 days.¹²

ADOC data available in the annual Offender Profile report suggests several hundred individuals were convicted of a crime directly relating to the consumption of alcohol (driving while intoxicated, felony driving while intoxicated).¹³ The data likely underestimates the prevalence of alcohol addiction among the current inmate population. According to the Inmate Reentry Survey conducted by the Anchorage Reentry Coalition, 15% (n=12) of respondents stated their preferred substance of choice was alcohol.¹⁴

Available data suggest that rates of unhealthy and dangerous alcohol consumption are greater in Alaska than most other states, and at minimum, a segment of adults become incarcerated or involved in the criminal justice system as a result of the consumption of alcohol.

Other Substance-Related Data

According to the Alaska Mental Health Trust the Trust's 2020 Annual Report, it was estimated that there were 20,300 beneficiaries in Alaska 18 years or older that were dependent on or abusing illicit drugs.⁸

Although arrest data cannot necessarily be directly tied to consumption rates, it can serve as a proxy indicator for the prevalence and existence of drugs in Anchorage, and be suggestive of the need for treatment services and resources. According to data reported in the 2019 Uniform Crime Report, Anchorage Police Department reported making 34 arrests for drugs sales, 272 arrests for drug possession, and 1,322 arrests for driving under the influence.¹⁵

Alaska is also enduring the impacts of opioids, as deaths due to opioid use have been increasing on an annual basis. In Alaska there was a 43% increase in opioid-related deaths between 2013 and 2017, and hospitalizations related to heroin use in Alaska also increased between 2016 and 2017 by 52%.³

According to the Inmate Reentry Survey conducted by the Anchorage Reentry Coalition, respondents indicated their preferred drugs of choice included marijuana (15%; n=12), methamphetamines (14%; n=11), opiates (8%; n=6), or more commonly a poly-drug use preference (27%; n=12). Despite the small sample size of the survey, self-reported illicit drug use was common (but not universal).¹⁴

Community-based Treatment Data

According to 2013 data, 11,576 adults in Anchorage were provided medical care with the support of State Medicaid/Behavioral Health Funds. Among those adults, just under half (47%) were reported to have had a substance use disorder. Data presented in the report indicated that state-wide rates of substance use disorder among this population was steadily rising over time. There is also a great disparity between Anchorage and other locales in terms of the number of Medicaid/Behavioral Health Funds patients being serviced that have a substance use disorder.⁶

Rates of opioid abuse rates in Alaska have been rising over the last decade, and include use and abuse of both prescription opioids, heroin, and synthetic opioids. According to a 2018 State of Alaska Epidemiology Bulletin on the Health Impacts of Opioid Misuse in Alaska, between 2013-2016, 46% of all patient admissions to substance use treatment for opioid treatment were reportedly for heroin usage.¹⁶

Comparisons of various data sources indicate a clear need for drug and alcohol treatment in Anchorage for the population-at-large, and are suggestive of a need for treatment options for justice-involved individuals as well.

In-Prison Treatment Options

Usage and prevalence data suggests that there is a potentially high-level of need for drug and alcohol treatment options, both in correctional settings and in the community. Currently, in-prison treatment delivered by qualified professionals is not offered at every correctional institution in the State, meaning that some inmates do not currently have access to structured treatment. Prevalence data of risky alcohol consumption and illicit drug use across the State would suggest that there is currently a shortage of in-prison treatment, compared to the potential need.

Up-to-date, publically available data on in-prison drug treatment in Alaska is also limited. According to a 2013 report, in FY2013 the Department of Corrections reported that 567 individuals were assessed for a drug or alcohol addiction, 482 completed LSSAT (intensive outpatient case management), 119 completed RSAT (intensive residential inpatient treatment), and 133 completed an aftercare component. Another unknown number of inmates participated in 12-Step programming.⁶ Vivitrol injections have been available to inmates, however, it is currently unknown what the availability of this treatment option is.³ There are anecdotal reports from some inmates that report difficulty scheduling and completing a substance use assessment while in-custody.

Further complicating the situation, starting in March, 2020, all formal treatment programs were put on hold due to the pandemic and subsequent restrictions imposed by DOC administration regarding movement inside the facilities and outside visitation. It is believed that for more than a year there has been no formal treatment programs operating inside any DOC facilities in Alaska, as the staff from the agencies that are contracted to deliver these services have been prohibited from entering the facilities. As of this writing, it is believed that these programs have not yet been activated.

Prevalence and usage data suggests that abusive alcohol consumption and illicit drug use is common among justice-involved adults in Alaska, but treatment options inside correctional institutions may not be sufficiently meeting treatment needs.

The 2016 Alaska Behavioral System Assessment identified two important issues that impact the understanding of the need and demand for treatment options. Firstly, although an individual may exhibit symptoms of having a substance use disorder and a clinical need for treatment, the individual may not desire to engage in treatment at that time. Secondly, and specifically for criminal justice-involved individuals, despite receiving in-prison treatment an individual will oftentimes need to continue some form of treatment after being released back to the community.⁶

Although there may be a greater need for treatment options than actual demand, in-custody treatment availability is important to ensure the continuum of care is not broken for those individuals that are truly seeking treatment and sobriety.

Community-based Treatment Options

According to the Inmate Reentry Survey conducted by the Anchorage Reentry Coalition, 37% of respondents indicated that treatment for alcohol or drug use would be a service they would seek out or area of need upon their release to the community.¹⁴ There are numerous treatment and recovery programs available in Anchorage for justice-involved individuals, however, navigating and understanding the scope and appropriateness of these services as a potential client can be very difficult. No two treatment programs are the same and among other factors: eligibility criteria varies; patient capacity and availability is frequently changing; payment options can change; and treatment modality, intensity, and duration varies by program. The Anchorage Reentry Coalition attempted to create a directory of treatment options in Anchorage, both for the purposes of making information available to the community and for the purposes of informing this assessment.¹⁷

The Anchorage Reentry Coalition, through its own research, found at least a total of 20 different distinct substance use treatment options in Anchorage (pre-COVID). This number is inclusive of residential in-patient, out-patient, and medicated-assisted treatment options. Many programs accept individuals with a dual-diagnosis, most all are available to all race/ethnicities, many are centrally located, none require a referral to receive treatment, and most offer a sliding scale fee and accept various forms of payment. Many accept Medicaid, but not all.¹⁷ Anecdotally, there appear to be many more treatment options in Anchorage as compared to other communities and a range of treatment modalities. There are a great number of other service providers and programs that can aid patients with other ancillary services that may serve to support treatment (e.g. other mental health services, support groups, physical health services, public transportation, etc.).

The Alaska Criminal Justice Commission made the determination that the State lacks the overall capacity to fully address the need for substance abuse treatment.³ According to the State of Alaska Bed Count, managed by the Alaska Department of Health and Social Services, Division of Behavioral Health, as of April 14th, 2020 there were a total of 53 residential treatment beds available for adults in Anchorage through ten distinct programs.¹⁸ Through research completed by the Anchorage Reentry Coalition prior to the pandemic, a total of 240 residential treatment beds were identified through ten programs. Regardless of the differences in bed counts, there appears to be a very small number of residential treatment beds compared to a potentially high number of people in need of treatment.¹⁷

Other potential barriers that could impede access to treatment relate to the need for and cost of a pre-treatment assessment, which depending on the assessment and setting can exceed \$100. Some programs do not accept individuals with certain criminal backgrounds (e.g. arson, sex offense, violence) and on-site child care options are not common. There is only one known detoxification option in Anchorage, and residential treatment availability may not be immediately available and require placement on a waitlist.¹⁷

Understanding true capacity and availability of services in Anchorage is also complicated by the fact that the State of Alaska recognizes some treatment programs as “approved” providers, however, this does not necessarily reflect the total amount of true treatment capacity available in Anchorage for those seeking addiction treatment. There are also instances in which state agencies may differ in which providers are approved providers and which are not. For example, DOC may not approve of a particular treatment program for individuals under community-supervision, but that same program may be recognized by the Division of Behavioral Health as an approved SUD treatment provider.

The byzantine layers of community-based programs, various State agencies and offices, and out-of-date information available in various forms make understanding treatment options and availability in Anchorage difficult for non-addiction professionals and for the average community member seeking treatment for themselves or for another person.

Summary

Treatment services for drug and alcohol use is clearly an area of need in Alaska and in Anchorage. What data is available strongly suggests that there is a pronounced need for treatment options for justice-involved and incarcerated individuals. While in-custody treatment options are limited, there are a modest number of treatment options in the Anchorage community. There are not a great number of residential treatment beds available in Anchorage, but there are more actual beds available in Anchorage when compared to any other community in the State. There are also a variety of treatment options in Anchorage, and while there are inherent barriers that reentrants face upon release to the community and potential barriers in accessing treatment programs in a timely manner, motivated individuals that are seeking treatment do have the ability to access treatment in Anchorage. The COVID-19 pandemic is likely to have impacted alcohol and drug use in Alaska and had a negative impact on social supports and treatment providers, but the degree of the impacts are still unknown.

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PART E

Strategic Plans

ANCHORAGE REENTRY COALITION - STRATEGIC PLAN 2020-21

FOCUS AREA	Goals	STRATEGY	OBJECTIVE	TARGET INDICATORS	PARTNERS	RATIONALE	STATUS	LAST UPDATE	COMMENTS
Coalition Capacity Building	Continue to ensure a sustainable coalition	Maintain coalition capacity	1. Gather commitments from each member agency represented on the Steering Team by Dec 30, 2020.	Commitments to serve on Steering Team	Coalition Coordinator; Coalition Steering Team members	Legitimizes Coalition leadership.	Completed	11/19/2020	Steering Team has been established; 1 tri-chair vacancy remains.
			2. By June 30, 2021 the Coalition Coordinator will have completed/updated the annual Community Readiness Assessment, Coalition Capacity Assessment, Community Resource Assessment, and Strategic Plan.	Annual Community Readiness Assessment, Resource Assessment and Strategic Plan Update, 1 Updated ARC Reentry Plan (coalition strategic plan)	Coalition Coordinator	These assessments inform the work of the Coalition and guide strategic planning, and are necessary deliverables for the AMHTA.	Completed	5/20/2021	Annual Community Readiness Assessment, Resource Assessment and Strategic Plan Update, 1 Updated ARC Reentry Plan all updated
			3. By October 1, 2020 update coalition literature and materials to include new and up to date data.	Updated coalition brochure, data sheet, infographic; congruent updates to website.	Coalition Coordinator; DOC; Coalition Case Manager	Materials have been completed but need to be updated to reflect changes in the community and contain updated data provided by DOC to the Coalition Coordinator.	Not Started	6/14/2021	With the ever-evolving situation with COVID-19, it was decided to largely keep materials as-is and to revisit after community has returned to a state of normalcy.
	Continue to build partnerships with community agencies, organizations, and coalitions	Formalize partnerships	4. By Dec 31, 2020 the ARC will have developed a process and begun gathering formal support from community organizations/ programs/people for the ARC.	A list of organizations/ programs/people that formally support the ARC.	Coalition Coordinator; Coalition leadership	The ARC is a loose coalition that lacks a formal list of committed members; creating a formal list of supporters/members will aid in establishing the sustainability, legitimacy, and importance of the coalition.	Completed	5/24/2021	Conducted a high level survey of the community to broadly identify those programs and services engaged in reentry in Anchorage; the intention of the survey was also to gauge the ability to gather formal support for the coalition. As of late May, the survey is still on-going and the data has yet to be acted upon.
			5. Add an average of at least seven new email addresses to the Coalition's email distribution list per quarter, between July 1, 2020 and June 30, 2021.	At least 7 new email addresses per quarter.	Coalition Coordinator; partner organizations.	Coalition growth is important to sustainability; equal and sustained representation from all relevant sectors is important to the sustainability of the Coalition. Email list is maintained on MailChimp.	Completed	6/25/2021	Email list continuously being maintained and updated; averaged 16 email addresses per quarter (July - 8; Aug - 5; Sept - 4; Oct - 4; Nov - 3; Dec - 2; Jan - 12; Feb - 4; Mar - 8; Apr - 6; May - 6; June - 2).
Community Awareness, Education and Advocacy	Support Community Access to Information About Reentry and Related Topics	Create dialogue and awareness of reentry issues via social media.	6. Average five public social media posts to the ARC's Facebook page per month, between July 1, 2020 and June 30, 2021.	Average 5 Facebook posts per month	Coalition Coordinator; Coalition at-large.	Social media is an easy and free way to engage with members of the Coalition, and to share information about reentry. Some community members prefer to engage via social media.	Completed	6/29/2021	107 total posts, averaging between 8-9 per month; (July - 8; Aug - 10; Sept - 12; Oct - 10; Nov - 9; Dec - 9; Jan - 9; Feb - 10; Mar - 6; Apr - 7; May - 10; June - 7).
		Presentations to Community Groups and Leaders	7. By June 30, 2021 ARC leadership (Coord/Tri-Chairs/Steering Team) will have formally presented at least 10 times about the ARC and the topic of prisoner reentry.	10 or more examples of formal presentations utilizing existing PPT	Coalition Coordinator; Coalition Tri-Chairs; Coalition Steering Committee members	Formal PPT presentation was created by Coalition Coordinator; presentation will raise awareness about the Coalition and reentry, create more partnerships, and increase access to resources. Presentation is purposefully adaptable and can be delivered in collaboration with other presenters.	Completed	6/25/2021	10 presentations given: AHFC Jumpstart Meeting; Faith Community Nursing and Health Ministers Network; Anchorage Coalition to End Homelessness - Advisory Council Meeting; Alaska Legal Services Corporation Meeting; Anchorage Assembly, Committee on Homelessness; AK Tribal Intergovernmental Reentry Workshop; DOC Training Academy (2); UAA class: Homelessness and Crime; Anchorage Reads Panel: The Role That Prisons Play
	Support Awareness of the Coalition and Partner Organizations/ Programs	Host quarterly ARC meetings that are open to all coalition members, interested partners, and the public	8. Between July 1, 2020 and June 30, 2021 host at least one ARC meeting per quarter	4 quarterly Coalition meetings.	Coalition Coordinator; Coalition at-large	Quarterly community meetings with an education component to boost awareness and education of reentry efforts; Meetings may be held via Zoom or another online platform.	Completed	6/4/2021	General coalition meetings hosted: 7/9/20; 8/6/20; 9/10/20, 12/3/20; 1/7/21; 3/11/21; 5/27/21; and two focused coalition meetings on housing and on technology inside prisons. (9 in total)
		Maintain the coalition's website	9. Between July 1, 2020 and June 30, 2021 the ARC website will have been reviewed and updated (as necessary) one time per quarter.	Quarterly reviews of the website, with updates/adjustments as appropriate	Coalition Coordinator;	Agencies involved in reentry and interested individuals from the community will have electronic access to coalition documents and up to date reentry information	Completed	6/14/2021	Website updated with documents and content: updated Q1, Q2, Q3, Q4
		Facilitate awareness and information sharing among community partners regarding reentry.	10. As needed throughout 2020-21, 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.	Track number of emails forwarded to Coalition	Coalition Coordinator; Coalition at-large	Coalition Coordinator has established a method for email the Coalition by using Mail Chimp. The community will benefit from information sharing, given the depth and breadth of the reentry community in Anchorage.	Completed	6/25/2021	43 emails containing partner information shared during the year (July - 4; Aug - 5; Sept - 5 ; Oct - 2 ; Nov - 3; Dec - 3 ; Jan - 4; Feb - 3; Mar - 3 ; Apr - 3; May – 6; June - 2).
		Promote Coalition partner events and activities.	11. By June 30, 2021, the ARC will have engaged in at least 2 different national recognition events during the year (National Recovery Month in September; National Reentry Month in April).	Evidence of promoting partner events/activities during national months of recognition (publishing a shared calendar; publishing a flyer with local events).	Coalition Coordinator; Coalition at-large	Sharing events among partners will help build intra-coalition partnerships and increase knowledge about relevant issues that relate to reentry, reentrants, and of local programs/efforts.	Partially completed	5/24/2020	Did not substantially engage in Natioanl Recovery Month in Sept; passively participated in Reentry Month in April by sharing materials and information via the coalition email list; coalition coordinator participated in a Reentry Walk organized by ANJC.

ANCHORAGE REENTRY COALITION - STRATEGIC PLAN 2020-21

FOCUS AREA	Goals	STRATEGY	OBJECTIVE	TARGET INDICATORS	PARTNERS	RATIONALE	STATUS	LAST UPDATE	COMMENTS
	Advocate for reentry services and policy changes	Engage in advocacy activities.	12. By June 30, 2021, advocate for criminal justice reforms in Alaska through advocacy of at least two legislative bills or policy changes.	Evidence of advocacy pertaining to legislative or policy changes.	Coalition Coordinator; Coalition Leadership; Coalition at-large	There are opportunities to advocate directly to the Legislature at the state level, and advocate for local policy changes at the municipal level; the ACJC also makes policy recommendations and is an entity that can be engaged.	On-going	6/14/2021	Connected with key stakeholders to advocate for legislative changes to DOC policy regarding access to technology inside DOC institutions. (HB 118); advocated for the modification of an MOA ordinance aimed at shelter licesnsing that could have negatively impacted transntional housing providers in Anchorage (A.O. No. 2020 - ____; TBD)
Housing	Improve housing sustainability	Facilitate access to grant money	13. By Dec.1, 2020, complete administration and reporting requirements associated with AMHTA COVID- 19 Response Grant with coalition partners.	Completed grant report transmitted to AMHTA	Coalition Coordinator; Oak & Norris House	The Coalition Coordinator was able to secure a AMHTA COVID-19 Response Grant to provide a modest amount of relief for residents and operators of Norris House and Oak House in Anchorage. The Coalition Coordinator will work with these two organizations, along with NeighborWorks Alaska acting as the fiscal agent, to disperse funds and meet all reporting requirements.	Complete	11/6/2020	Completed disbursement of grant funds, completed reporting requirements and submitted necessary documents to AMHTA
Case Management Services	Returning Citizens will receive case management services and support.	Provide case management to Returning Citizens	14. By June 30, 2021, 40 individuals will have received case management services from the ARC Case Manager.	The ARC Case Manager will have documented providing case management services to 40 individuals.	Coalition Case Manager; Coalition Coordinator	Coalition Case Manager will provide case management for up to 40 Returning Citizens per the Recidivism Reduction Grant.	Partially completed	6/29/2021	MOA completed (7/27/20); Case manager is actively providing services to clients in an on-going manner. 38 total clients received services throughout the year.
			15. By June 30, 2021 distribute the remainder of StarPack backpacks and current supply of donations (cleaning supplies, clothes, hygiene items).	Exhausted supply of donations possessed by the Coalition Coordinator	Coalition Case Manager; Coalition Coordinator; coalition partners	Backpacks contain basic supplies: toothbrush, toothpaste, soap, soap dish, deodorant, pen, shampoo, conditioner, etc. Many reentrants come back to the community with almost nothing. Supplies have been gathered into a single place and are ready for distribution. Donations are primarily for individuals engaged with the Reentry Coalition Case Manager; secondary individuals could include reentrants engaged in other programs. Additional hygiene products and supplies were acquired during the height of COVID-19 community lockdown.	Complete	6/25/2021	The entire supply of donations items in possession of the Coalition Case Manager were donated to reentry service providers. Donations of toiletries and essential items were given directly to Norris House and Oak House; clothing donations obtained during the year (men's and women's; formal and work wear; casual clothing; jackets and coats) were given to Norris House, Oak House, New Life Development, ANJC, and the shelter at Sullivan Arena; numerous backpacks filled with essential items were donated to PRC, NeighborWorks Alaska, and Oak House; one bike was donated directly to an individual working with the Reentry Coalition Case Manager.
			16. By June 30, 2021 collaborate with Partners For Progress/Partners Reentry Center throughout the year to bring partner agencies to the PRC office to provide complimentary wrap-around services to mutually-served clients.	Commitment of at least one outside partner to collaborate with PFP/PRC	Coalition Coordinator; PFP/PRC staff	PFP/PRC has previously explored the possibility of inviting more service providers to come to PRC to offer additional services to clients; there may be the opportunity for the Coalition Coordinator to aid in this effort for the benefit of reentrant clients. This objective may be impacted by COVID-19 and the ability to deliver in-person services to clients throughout the upcoming year.	Complete	5/20/2021	PFP has expanded into new space; there were some brief discussions about potential partnerships.
Employment Opportunities and Skill Development	Recognize and address the obstacles to obtaining and retaining viable employment while under community supervision	Increase resources and opportunities for Returning Citizens to earn a living wage	17. By June 1, 2021, support at least one job fair specifically aimed at offering reentrants job opportunities.	1 job fair for National Reentry Month in April.	Employment and Education Work Group; DOLWD; Coalition Coordinator; Coalition at-large	Employment event will give reentrants opportunities for gainful employment and will help employers fill vacancies.	Incomplete	5/24/2020	Did not engage in a specific job fair specifically for reentrants.
Health & Wellness	Resource guide to substance use/abuse treatment services	Update the SUD Treatment guide for Anchorage-based services and programs	18. By Dec. 1, 2020 update the SUD Treatment Guide to ensure information is accurate and up to date.	Updated resource guide.	Coalition Coordinator; DOC Reentry Unit staff; other coalition partners	The Coalition has voiced a need for a centralized resource guide. SUD Tx Inventory for Reentrants v1.1 was distributed to the Coalition and made available via the website on March 27, 2019. The document was created in 2018-19, with a specific focus on gathering information that would prove useful for justice-involved individuals. The guide needs to be updated, particularly in light of the COVID-19 pandemic and community lockdown.	Not Started	5/20/2021	With the ever-evolving situation with COVID-19, the prudent thing is to keep materials as-is and to revisit after community has returned to a state of normalcy. There are other projects that have emerged that could possibly take the place of this SUD Tx Guide (APH Blue Book and an in-development reentry portal).
	Health literacy intervention	Implement a health literacy intervention	19. By June 30, 2021 pilot test a health literacy curriculum with 25 reentrants.	Completed pilot test	Coalition Coordinator; coalition partners; housing providers (possibly)	Health literacy is an important underlying component to taking control and managing one's health. A health literacy curriculum is intended to increase knowledge and empower reentrants to manage their health.	Incomplete	5/20/2021	Curriculum has been obtained from the Alaska Health Literacy Consortium, but further actions have yet to be taken. With continued restrictions stemming from COVID it proved difficult to attempt pilot test the materials.
Culturally Responsive Services	Promote or make available relevant and tailored services to individuals that have been shaped or impacted by incarceration and criminal justice involvement.	Make available tattoo removal for reentrants	20. By June 30, 2021, implement a tattoo removal program that removes visible and offensive or gang-related tattoos from at least 10 eligible reentrants in the Anchorage community.	The service of tattoo removal has been made available to qualifying reentrants in the community and 10 reentrants get a tattoo removed.	Coalition Coord; PRC; Body Piercing Unlimited; DOC	Service would focus on offering tattoo removal for reentrants/justice involved individuals that have visible tattoos that would be deemed offense and would serve as a barrier to reintegration into the community. Tattoos for removal: hands, neck, face, head; gang tattoos, profanity, violent imagery. Service eligibility would be incumbent upon demonstrating a commitment to reintegration back into the community, and buying into the reentry process. Service would be low-cost/no-cost to the reentrant. This service is reportedly available on a limited basis in Eagle River. Efforts have been made to establish a program leveraging Second Chance Grant. Project partners include Partners Reentry Center and Body Piercing Unlimited.	Incomplete	5/20/2021	Planning and discussion took place to try to implement the project. Project aimed to leverage the Second Chance Grant Act, and create a partnership between Partners Reentry Center and Body Piercing Unlimited. A logic model was created, evaluation matrix, and evaluation form; conversations were had with a company that has lasers for sale. Ultimately it was mutually decided to halt pursuit this project.

For 2021-22 the Anchorage Reentry Coalition has established a total of 17 objectives across six distinct areas of focus that included capacity building; community awareness, education, and advocacy; employment opportunities; inmate awareness and education about reentry services; case management services; and housing.

Focus Area: Capacity Building

OBJECTIVE	RATIONALE
Gather commitments from each member agency represented on the Steering Team by October 1, 2021.	Legitimizes Coalition leadership.
By June 30, 2022 the Coalition Coordinator will have completed/updated the annual Community Readiness Assessment, Coalition Capacity Assessment, Community Resource Assessment, and Strategic Plan.	These assessments inform the work of the Coalition and guide strategic planning.
By January 1, 2022 update coalition literature and materials to include new and up to date data.	Materials have been completed but need to be updated to reflect changes in the community and with updated data that is acquired by the Coalition Coordinator.
By January 1, 2022 the ARC will have completed a process that loosely establishes which programs/services comprise the reentry coalition or otherwise engage or support reentry efforts in Anchorage.	The ARC is a loose coalition that lacks a formal list of committed members; creating a semi-formal list of supporters/members will aid in establishing the sustainability, legitimacy, and importance of the ARC.
Add an average of at least 10 new email addresses to the Coalition's email distribution list per quarter, between July 1, 2021 and June 30, 2022.	Coalition growth is important to sustainability; equal and sustained representation from all relevant sectors is important to the sustainability of the Coalition.

Focus Area: Community Awareness, Education, and Advocacy

OBJECTIVE	COMMENTS
Average five public social media posts to the ARC's Facebook page per month, between July 1, 2021 and June 30, 2022.	Social media is an easy and free way to engage with members of the Coalition, and to share information about reentry. Some community members prefer to engage via social media.
By June 30, 2022, the Coalition Coordinator will have presented or engaged publicly to speak about the ARC or on the topic of prisoner reentry at least 10 times.	A formal PPT presentation was created by Coalition Coordinator; presentations will raise awareness about the Coalition and reentry, create more partnerships, and increase access to resources. Presentation is purposefully adaptable and can be delivered in collaboration with other presenters.
Between July 1, 2021 and June 30, 2022 host at least one ARC meeting per quarter.	Meetings will be held online; with the exception of one in-person meeting.
Between July 1, 2021 and June 30, 2022 the ARC website will have been reviewed and updated (as necessary) one time per quarter.	Agencies involved in reentry and interested individuals from the community will have electronic access to coalition documents and up to date reentry information; an active website signals an active coalition.

As needed throughout 2020-21, 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.	Coalition Coordinator has established a method for email the Coalition by using Mail Chimp. The community will benefit from information sharing, given the depth and breadth of the reentry community in Anchorage.
By June 1, 2022, the ARC will have engaged in and promoted National Reentry Month in April.	Reentry Month is an annual event. Sharing events among partners will help build intra-coalition partnerships and increase knowledge about relevant issues that relate to reentry, reentrants, and of local programs/efforts.
By June 30, 2022, advocate for reentry services and criminal justice reforms in Alaska through advocacy relating to at least two legislative bills or policy proposals.	There are opportunities to advocate directly to the Legislature at the state level, and advocate for local policy changes at the Municipal level that can impact reentry and criminal justice matters.
By June 30, 2022, ARC will have contributed to the hosting of at least five reentry simulations in Anchorage.	Reentry simulations are tools for educating and engaging with the community, leaders, and organizations. Reentry simulations have been very well received by those that have participated in the past, both by volunteers and participants.

Focus Area: Employment Opportunities

OBJECTIVE	COMMENTS
By June 1, 2022, support at least one job fair specifically aimed at offering reentrants job opportunities.	Employment events will give reentrants opportunities for gainful employment and will help employers fill vacancies.

Focus Area: Inmate Awareness and Education about Reentry Services

OBJECTIVE	COMMENTS
By June 30, 2022, the Coalition Coordinator will have visited each DOC facility proximal to Anchorage that holds sentences inmates to promote reentry services to inmates and staff.	Prior to COVID in-reach was a regular occurrence. Re-establishing routines and opportunities to engage with individuals pre-release are expected to have positive impacts and increase linkages to community-based services post-release.

Focus Area: Case Management Services

OBJECTIVE	COMMENTS
By June 30, 2022, at least 50 individuals will have received case management services from the ARC Case Manager.	Coalition Case Manager will provide case management for Returning Citizens per the Recidivism Reduction Grant.

Focus Area: Housing

OBJECTIVE	COMMENTS
By June 30, 2022, pursue at least one opportunity to aid housing for reentrants engaged in programming or reentry services.	Access to housing post-release is an on-going challenge for many, particularly housing that is affordable and attainable for those with justice involvement. Successful reentry cannot be achieved without a safe, stable place to live after returning to the community.

PART F

Coalition Meetings

Coalition-Specific Meeting Summary

QTR	DATE	MEETING	LOCATION	# ATTENDEES
Q1	7/9/2020	General Coalition Meeting	Zoom	49
	8/6/2020	General Coalition Meeting	Zoom	46
	8/20/2020	Focused Coalition Meeting - Tech Discussion	Zoom	72
	9/8/2020	Steering Team meeting	Zoom	10
	9/10/2020	General Coalition Meeting	Zoom	41
Q2	10/9/2020	Transitional Housing Providers	Zoom	4
	10/13/2020	Steering Team meeting	Zoom	8
	11/24/2020	Steering Team meeting	Zoom	11
	12/3/2020	General Coalition Meeting	Zoom	39
Q3	1/7/2021	General Coalition Meeting	Zoom	53
	1/26/2021	Steering Team meeting	Zoom	11
	3/11/2021	General Coalition Meeting	Zoom	58
Q4	5/27/2021	General Coalition Meeting	Zoom	56
	6/15/2021	Steering Team meeting	Zoom	9



QUARTERLY COALITION MEETING

JULY 9TH, 2020

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry. Presentations and discussion will include:

- Janice Weiss (Department of Corrections, Reentry Program Manager)
- John Hirst (DOC Probation Officer II, Anchorage Probation Office)
- Benny Briggs (Case Manager, Adult Reentry Program at the Alaska Native Justice Center)
- Christina Shadura (Anchorage Reentry Coalition Case Manager, Partners Reentry Center)
- Oreyal Jacquet (Owner and Operator of the Oak Residential Facility)
- Cathleen McLaughlin (Shelter Operations Director, Bean's Café)
- Angela Hall (Supporting Our Loved Ones Group)
- Megan Edge (Communications Director, ACLU of Alaska)
- Judge Stephanie Rhoades (Founder, ONE2ONE Mentorship Program)

Representatives in attendance included those from the following organizations/groups: ONE2ONE Mentorship Program; Choosing Our Roots; U.S. Probation; Alaska Department of Corrections; Southcentral Foundation; Alaska Housing Finance Corporation; Recover Alaska; Running Free Alaska; Partners Reentry Center; Alaska Native Justice Center; ACLU of Alaska; Alaska Behavioral Health; Cook Inlet Housing Authority; Supporting Our Loved Ones Group; UAA Justice Center; Anchorage Public Library; McLaughlin Youth Center; Juvenile Probation; Department of Labor and Workforce Development; Norris House; North Star Behavioral Health Systems/Chris Kyle Patriots Hospital; Body Piercing Unlimited; Alaska Criminal Justice Commission; Division of Behavioral Health; Veterans Affairs; Alaska Mental Health Board; Off the Chain Bicycle Cooperative; Bean's Café.

Estimated Total Attendees: 49

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

Mr. Pistotnik explained some of the background and format of the meeting, and introduced the speakers. It was explained that the intention of the meeting was to provide a means to share information and updates about programs and services, but also to provide an opportunity to bring the community together that engage in reentry and criminal justice system issues and share insights, challenges and concerns, and potential calls to action. It was highlighted that the work in the realm of criminal justice and reentry is very valuable and needed right now, with over 4,000 people still incarcerated in Alaska, nearly all of whom will eventually be released.

*2. Speaker: Janice Weiss, Reentry Program Manager, Department of Corrections
(janice.weiss@alaska.gov)*

Ms. Weiss stated that institutions are still closed to outside contractors and volunteers, but there is still a limited amount of education and reentry work occurring inside the institutions as Education Coordinators are able to meet one-on-one with inmates. It was stated that there are about 300 people being released to Anchorage on a monthly basis.

Ms. Weiss explained that currently every person that is remanded is being tested for COVID-19, amounting to about 600 people per day across the state. There have been three confirmed cases of COVID-19 thus far, which reflects much lower rates than what is being found in other correctional institutions around the country. Ms. Weiss acknowledged the concern among some service providers that had been attending in-reach events that are no longer allowed to engage in those activities. It was clarified that all group programming and treatment is paused, which would make group in-reach activities conducted via a platform like Zoom not feasible at this time. Service providers that have information they would like to get to the inmates inside the institutions may contact the Education Coordinator(s) at the facility they are trying to get information into, as they are able to pass that along to the inmates.

Ms. Weiss explained that the State of Alaska has made a commitment to reentry, and dedicated funding for the Reentry Unit within the Dept. of Corrections. Four new positions are being added to the unit, including two Program Coordinators, one Protective Services Specialist, and a Criminal Justice Technician. One Program Coordinator position has been filled by Michael Clark, and the other positions are in the process of being defined and posted. The goal of the unit is to be a statewide partner to the other organizations in reentry efforts, and to provide a linkage between in-prison education and treatment and the transition back into the community.

Peer mentorship is an important factor and is something that is being worked into their programming. It is anticipated that once the DHSS statewide peer mentorship certification is rolled out, that is a training and certification that could be offered inside the institutions prior to release.

Ms. Weiss explained that the Legislature must make a change to existing law regarding computer access by inmates before computer access can be expanded; there was a bill intended on changing the law, but COVID-19 happened and delayed voting on the bill. If such a bill was passed it would open up more computer-based options. It was explained that DOC is working on a procedure that would allow service providers to register and schedule a time to speak with a particular inmate, similar to other professions (e.g. attorneys), upon which they would be able to have a one-on-one phone conversation. Such calls would be at no-cost to the inmate. Until the procedure is finalized for service provider calls, Institutional Probation Officers and Education Coordinators may be resources that could arrange for information to be shared with particular inmates.

3. *Speaker: John Hirst, Probation Officer II, Department of Corrections (john.hirst@alaska.gov)*

Mr. Hirst explained that operations have continued and that staffing patterns are generally back to normal; for several months there were staffing modifications that reduced the number of people physically in the office at a time. Home visits have continued, but interactions have been largely telephonic; more face-to-face visits are occurring as time passes. Parole board hearings are continuing and adjudications at the court are beginning again.

Mr. Hirst explained that he is the Anchorage Reentry Probation Officer and is responsible for overseeing probationers that are involved in the Second Chance Grant in Anchorage. He explained that there were challenges early on in the COVID-19 lockdown period with people breaking curfew and not abiding by rules. He is connecting with people over the phone and has increased his check-ins to help maintain connections and overcome physical distancing. There are increasing numbers of people being released and engaged in the Second Chance Grant. Mr. Hirst explained that treatment and support groups (e.g. AA, NA) are starting up again.

Mr. Hirst explained that he thought that people were finding employment difficult to obtain, and that the process for getting hired is slower than normal. But overall, people are adapting to the current situation.

4. *Speaker: Benny Briggs, Case Manager, Alaska Native Justice Center*

Mr. Briggs stated that he has been working from home since mid-March, but he has been given PPE and has been going into the community to assist program participants with meeting some of their needs (e.g. food assistance, obtaining cell phones and tablets, housing assistance).

It was stated that participants had expressed concern with not being able to access certain places that could help with workforce development, like DOLWD and PRC. Mr. Briggs reported that participants seem to really understand how important it is to stay in the community and engage with programming. Mr. Briggs reported that he had been holding meetings with program participants via Zoom since March, and that he estimated that 2 out of about 25 participants had dropped out during that time. Mr. Briggs expressed positive sentiment regarding the coming together of the reentry community during the pandemic, and also felt that the community was supportive of ANJC and their efforts during this time.

Mr. Briggs has been assisting participants with obtaining cell phones and tablets, partly to incentivize and facilitate continued participation in the ANJC Reentry Program. Participants are able to come into the CITC building for one-on-one sessions. Mr. Briggs also reported working closely with PRC and GEO Group for those newly released individuals.

The use of technology has been a barrier; utilizing Zoom, smart phones, and similar modern technologies has proven difficult for some people, particularly those that have been incarcerated for long periods of time. Mr. Briggs explained that this skill set needs to be developed and enhanced, especially in these times when use of technology is necessary to communicate and conduct day-to-day business. Teaching people how to use computers and cell phones is an important area of need right now.

Not only do people being released have to follow up with PO's, and handle potential SUD issues, but they also have to abide by quarantine rules. Mr. Briggs is observing many people doing the necessary work to stay in the community, and not return to prison. Mr. Briggs state that not being able to go into the prisons or halfway houses has been a difficulty, in terms of recruitment.

Mr. Briggs reported that Home Depot is hiring and will consider hiring someone with prior criminal justice involvement, and stated that ANJC may be able to help with housing for those enrolled in ANHC's program.

5. *Speaker: Christina Shadura, Case Manager, Partners Reentry Center*

Ms. Shadura stated that Partners Reentry Center's doors are open on a limited basis and are scheduling 6-7 clients per day, which is down from the 50-60 clients per day that were being seen when unscheduled walk-ins were allowed. Through the COVID-19 lockdown, PRC never stopped providing services, but re-opened the center early June. PRC had established a process to continue to house newly released people during the lockdown period; during this period it was reported that there were many no-shows.

It was stated that PRC received a large donation of masks from the Alaska Coalition of Veteran & Military Families which are being distributed to clients at the center. Currently there are about 145 people housed. Of those, only about 15 are not employed (and of those 5-6 are likely SSDI candidates).

Ms. Shadura stated that obtaining identity documents has been a challenge. DMV appointments have become necessary during COVID-19; it is has been the experience of PRC staff that the DMV is over-booking appointments which means that being serviced at the DMV is not always guaranteed. The Social Security office is closed which has made obtaining a social security hard/impossible. The Department of Public Assistance is reportedly allowing applications to be dropped off, but a phone interview is necessary in order to be approved for food benefits. It was stated that access to a phone can be difficult for some clients. Ms. Shadura asked for advice on potential solutions to these challenges, and also stated that the heavy reliance on technology for communication poses a barrier for access services. Mr. Briggs stated that CITC Recovery Services is currently providing treatments.

Joshua Sopko, Director of PRC, also added that PRC is open, and offering orientations and workshops twice per day. Currently, there are up to seven people per class. If a reentrant wants to get into the computer lab they can schedule a time by calling the center at 258-1192. Former clients are being allowed to visit the center if they may have lost their job since mid-March when COVID-19 impacted the community. Support groups are being offered again, but individuals are asked to sign up ahead of time. Mr. Sopko suggested that it could be possible to hold the Friday Case Management meeting via Zoom if people were interested; that meeting is not currently being held, but if you are interested please reach out to Mr. Sopko or Ms. Shadura.

Demetria Veasy (269-4733; demetria.veasy@alaska.gov) Regional Manager, from the DOLWD mentioned that the sea food industry is hiring; an employment specialist that can speak more about current opportunities in this area can be reached 269-4746. It was also stated that Gov Delivery is a very good way for service providers to stay up to date on job opportunities through DOLWD. Midtown Job Center phone number: 907-269-4759.

6. *Speaker: Cathleen McLaughlin, Shelter Operations Director, Bean's Café (phone: 342-5380)*

Ms. McLaughlin stated that the shelter will tentatively be in place at the Sullivan Arena until September 1. Mass testing and spot testing has been taking place, and as of today there were no positive cases at the facility. The current capacity is 350 cots, and the daily average of occupied beds is 250-290. Bed space is available at this time. People that continue to show up have a small dedicated space and a tote in which they can keep their positions during the day. It was stated that the model at the shelter appears to be working.

It was stated that if someone is looking for another person (e.g. a client) at the shelter, you may send a text to Ms. McLaughlin and she will work with staff to try and locate the person. There has been an

effort to keep the facility safe from weapons and clear of drugs, to minimize the risk of victimization at the shelter. Social service providers have setups at the arena and are providing services on-demand to clients and other homeless individuals. Contact Ms. McLaughlin if you are interested in participating.

Currently, there are job opportunities at the shelter for monitors and/or security positions; reentrants are being sought to fill some of these positions, as a prior criminal background is not a disqualifier. Shifts are 8 hours; pay starts at \$12/hr and can increase over time. Job expectations: positive attitude, be a team player, and be able to put the client first.

Shelter to Success Program is designed to take shelter volunteers that become hired as employees, place them into transitional housing while they find stability and accumulate financial savings, then help place them into an apartment.

Ms. McLaughlin can be reached at 342-5380 (text is the preferred method, if possible).

7. *Speaker: Angela Hall, Supporting Our Loved Ones Group (SOLOG) (sologrouplady@gmail.com)*

Ms. Hall is a founding member of the SOLOG which is a support group for family and friends of Alaska's incarcerated people, and support those who may be formerly incarcerated. Ms. Hall explained that she currently has a loved one that is incarcerated, and that she founded SOLOG based on the discovery that there was a lack of services, support, and information specifically for the family members who have loved ones that are incarcerated. Ms. Hall explained that there is a need for more information and support who were going through this experience; there is stigma for people who may have an incarcerated family member and anonymity is important for some people despite an interest in finding support. Ms. Hall explained that the voices and perspectives of family/friends of those who are incarcerated are also important and need to be heard, as policy decisions regarding justice-involved people can also impact them. There is an interest in removing the "us versus them" sentiment with the Department of Corrections, and increasing dialogue. Ms. Hall stated that weekly Zoom meetings provide a safe space for members to connect. The group is engaged in advocacy work also; they are currently working on "second look" policy changes that would allow for the review and possible modification of sentences for adults that have served at least 15 years of their sentence, but were convicted and sentenced when they were juveniles. SOLOG is also interested in advocacy work and policies stemming to COVID-19. Individuals that may be interested in joining the group or learning more may contact Ms. Hall (<https://www.solog.org/>).

8. *Speaker: Megan Edge, Communications Director, ACLUA of Alaska (medge@acluak.org)*

Prior to working with the ACLU of Alaska Ms. Edge was working with the AK Department of Corrections, which changed her perspective on working with people involved in the correctional system. Ms. Edge explained that the ACLU has taken an interest in working to protect those that are

currently incarcerated from COVID-19, and work to ensure constitutionally guaranteed access to services during the pandemic. The ACLU has attempted to dialogue and work with the Gov. Dunleavy administration on these issues, and has sought transparency and information during the pandemic. The ACLU understands the extraordinary times DOC is operating in and is glad to see the increased COVID-19 testing, but basic access to information is still an area of need.

Ms. Edge explained there is a concern regarding access to programming inside correctional institutions at this current time, and the ACLU is interested in exploring alternatives. There is an interest in utilizing technology to deliver programming and training, particularly with the prohibition on volunteers entering the institutions and the restricted movement of inmates within the facilities. A change to existing law may be necessary, but that matter is being looked into and explored.

The ACLU of Alaska has formed a group of family members and loved ones of those who are currently incarcerated, and have met three times thus far to share information and concerns. It is believed that with time this group could engage in more advocacy work and use the collective voice of the group to make an impact. Contact Ms. Edge if you are interested in joining this group or learning more.

9. *Speaker: Stephanie Rhoades, Founder, ONE2ONE Mentorship Program (one2onementorship@gmail.com)*

Judge Rhoades explained that after retiring from being a Judge she founded ONE2ONE Mentorship for justice-involved women. It is a professional mentorship program that connects women in the community, working in a professional capacity, with criminal justice system involved women with a goal of helping lead women beyond entry-level work after they have returned to the community. Group meetings were being held at New Life Development; since the pandemic began those meetings have taken place via Zoom (Mondays at 6:30PM). There has been attempts to mobilize and engage with women located at other transitional housing providers but nothing has materialized. Zoom does open up some new means for connecting. Any housing providers interested in providing this opportunity to women in their program and joining the group meeting may reach out to Judge Rhoades for more information. Individual mentorship connections are continuing despite COVID-19, but are not taking place in person. Judge Rhoades stated that people in the community are relapsing, that access to timely interventions are lacking, and that UA's conducted by Probation are an accountability mechanism that have not been as routine as during pre-COVID-19.

Judge Rhoades stated that she is also a chair of the Recidivism Reduction, Rehabilitation, and Reentry Committee, a sub-committee of the Alaska Criminal Justice Commission. The next meeting is scheduled for July 23rd, from 1-4PM; the next scheduled meeting after that will be August 13, from 1-4PM. It was stated that presentations and information at the July 23rd meeting will include representatives from the Department of Corrections and will include information on in-prison programming. The intent of the committee is to make recommendations to the Commission, with the ultimate intent of forwarding them on to the Legislature. See the ACJC website for details of the upcoming meetings: <http://www.ajc.state.ak.us/acjc/>

10. Update: Molly Mattingly, Program Coordinator, Recover Alaska (mmattingly@recoveralaska.org)

Ms. Mattingly explained that Recover Alaska is working with partners on the allocation of alcohol tax money that is anticipated to amount to \$11-15 million per year. Ms. Mattingly explained the money has to be dedicated to three different areas: public safety and first responders; domestic violence and sexual assault, and child abuse; and SUD, behavioral health treatment, and homelessness resources. Agnew::Beck has created a logic model and developed a theory of change pertaining to the funding and how it should be spent. If you would like to weigh in and offer suggestions about where funding should be directed to you may join in on the conversations that are taking place. Please contact Ms. Mattingly for more information about upcoming meetings and discussions.

11. Closing Remarks: Jonathan Pistotnik

Mr. Pistotnik explained that there was not enough time to touch on all the pertinent topics relevant to this community, such as treatment, behavioral health, employment, and more. Mr. Pistotnik explained that he was happy to continue to host meetings via Zoom and with greater frequency than each quarter if attendees would like to gather more often. Feedback is welcomed.

NEXT MEETING:

Part 2: Current State of Reentry in Anchorage

TENTATIVELY JULY 30th 9:30-11AM ON ZOOM



QUARTERLY COALITION MEETING

AUGUST 6TH, 2020

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry. Presentations and discussion will include:

- Laura Brooks, Deputy Director, Health & Rehabilitation Services, DOC
- Demetria Veasy, Anchorage/Mat-Su Regional Manager, DOLWD
- Ciesta Williams Employment and Training Manager, Employment and Training Coordinator, Partners Reentry Center
- Richard Irwin, Director of Feed Me Hope Culinary Arts & Bakery Program, Downtown Hope Center
- Cheryl Charic, Director of Intensive Services, and Luke Hobbs, Employment Specialist, Alaska Behavioral Health
- Oreyal Jacquet, Owner and Operator of Oak Residential Facility

Representatives in attendance included those from the following organizations/groups: U.S. Probation; Alaska Department of Corrections; Southcentral Foundation; Partners Reentry Center; Alaska Behavioral Health; Department of Labor and Workforce Development; Norris House; North Star Behavioral Health Systems/Chris Kyle Patriots Hospital; Running Free Alaska; McLaughlin Youth Center; Juvenile Probation; Alaska Housing Finance Corporation; Alaska Native Justice Center; Division of Behavioral Health; Alaska Criminal Justice Commission; Office of Rep. Matt Claman; Oak House Residential; Downtown Hope Center; Alaska Public Defender Office; Christian Health Associates; Aging & Disability Resource Center, Anchorage Health Department; Arc of Anchorage.

Estimated Total Attendees: 38

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

Mr. Pistotnik welcomed everyone to the meeting and explained that the purpose of the meeting was to continue the discussion around the state of reentry in Anchorage and build off of what was discussed in the last meeting. Mr. Pistotnik highlighted some issues and concepts that emerged from the previous meeting, including: currently, there is a heavy reliance on technology to engage in services, and communication is a challenge for some people returning to the community and among service reentry providers; lack of information and accessibility to the institutions is concerning to both service providers, advocates, and family/friends of those who are incarcerated, and very likely those incarcerated; employment opportunities came up as a distinct topic of interest in the last meeting; and it is clear that despite community-wide disruptions, reentry services providers are continuing to engage with reentrants, reentry is continuing despite the pandemic, there is a need for continuing to serve this population and complacency is not an option for those of us engaged in reentry.

*2. Laura Brooks, Deputy Director, Health & Rehabilitation Services, Alaska Department of Corrections
(laura.brooks@alaska.gov)*

Ms. Brooks began by acknowledging that there is a fine line between social distancing and social isolation as it pertains to inmates inside correctional institutions, and that there have been efforts to mitigate the effects of COVID-19 lockdown procedures; however, there are impediments and infrastructure limitations that are barriers that DOC are working to address (e.g. group meetings, technology access). Ms. Brooks is available to discuss this further.

Ms. Brooks proceeded to discuss the topic of COVID-19 testing inside the institutions. Ms. Brooks explained that in the Lower 48, there were many instances of COVID-19 hotspots that emerged early on in the pandemic in congregate settings (jails, nursing homes) and that the biggest risk to individuals living in those settings are people that come in from outside those settings. It was explained that AK DOC was quick to restrict outside access and began screening employees early during the pandemic. On July 1, DOC began testing inmates at booking; this became available once there were adequate testing resources and capacity to conduct universal testing at remand. It was stated that DOC conducts about 33,000 bookings annually. It was also stated that all inmates are screened when they enter the door,

and during the intake process individuals are offered COVID-19 tests before being moved into a quarantine mod for 14 days, and subsequently a general population mod after that. Ms. Brooks reiterated that quarantine is not punitive in nature, and that individuals are still afforded routine privileges.

It was stated that to-date, there have been 1,100 COVID-19 tests at intake, 17 COVID-19 positive cases discovered at intake, and no institutional spread of COVID-19 has been identified. Ms. Brooks explained that individuals exhibiting symptoms are tested; inmates and staff have been educated on COVID-19 symptoms. DOC has been working with the State Office of Epidemiology to conduct contact tracing for any inmates or staff that test positive, which may lead to additional testing inside the institutions as necessary. It was explained that review of video camera footage inside the institutions can help aid in contact tracing efforts, and that there may be instances when mass testing in a mod may be undertaken. Testing also takes place if someone is to leave the facility, such as for a medical procedure, when an individual transfers between correctional facilities, and prior to transfer to a CRC, API, or furloughing to a treatment center. Ms. Brooks said that the safeguards that have been instituted appear to be working, as COVID-19 outbreaks have not occurred inside Alaska correctional facilities, unlike in many other states. Ms. Brooks attributed this success in large part to the staff and inmates buying into the safeguard measures. It was also explained that inmates have the right to opt-out of testing and that it is not mandatory, nor are there any punitive measures if one refuses a COVID-19 test.

Ms. Brooks was asked if there is currently a policy or procedure for testing people prior to release that are going to a transitional living facility post-incarceration and it was explained that universal mass testing of individuals leaving the facilities is not currently taking place. It was explained that although DOC cannot test all individuals leaving a facility, transitional housing providers that are accepting an incoming reentrant can request DOC to test that individual prior to release, and so far DOC has been able to accommodate those requests when given sufficient time. It was stated that test results can take between 2-6 days to be reported so transitional housing providers should request testing in advance of the release date. It was stated that Federal inmates held inside an Alaska facility are also able to be tested by DOC.

Ms. Brooks was asked about what a typical day looks like currently for inmates and she clarified that although inmates are not able to move as freely within the institution and program per normal conditions, inmates located within the same housing units are able to move around the facility as a group to go to meals, engage in recreation time, and that they are able to socialize with those individuals in their housing unit (some variations may exist if housing units contain a large number of individuals). It was explained that it was not accurate to say that all inmates are isolated only to their cells during this time.

Ms. Brooks explained that for those with a positive test even though they would be isolated from general population, individuals are still afforded access to their property, and given attention by medical providers and mental health providers; there are instances when TV/entertainment is available as well. It was reiterated that when someone is moved into isolation it is not meant to be punitive, but is intended to protect the health of the individual and others inside the facilities. It was stated that the phone vendor allows three free phone calls per week for each inmate and it is believed that all inmates are able to utilize phone call opportunities if they wish.

3. *Demetria Veasy, Anchorage/Mat-Su Regional Manager, Alaska Department of Labor & Workforce Development (demetria.veasy@alaska.gov)*

Ms. Veasy began by explaining that the decisions of schools to either open using distance learning or holding in-person classes will have an impact on employers and how they operate, and that it will in turn have an impact on families and upon the larger economy. It was explained that DOLWD is working with employers on ways to approach structuring vacant positions that need to be filled (e.g. full-time vs. part-time). Ms. Veasy stated that there has been a rebound in job openings and that people are going back to work, but there could be another wave of unemployed workers concurrent with school starting again.

Industries and places that are hiring include: seafood industry (Pacific Star, Sitka Sound, North Pacific Seafood, Copper River Seafood, Trident Seafoods); transportation (BAC Transportation, Pegasus Aviation); retails (Lowes, Walgreens, etc.). Ms. Veasy reminded the audience that fidelity bonding is still available through the DOLWD, and it is a very easy program for employers to take part, and can be offered as an incentive for hiring someone with prior justice involvement; call the DOLWD Job Center to speak to a staff person for more information. [<https://www.labor.alaska.gov/bonding/>]

Ms. Veasy stated that AVTEC (the DOLWD vocational training program) is currently only offering online training options. Training opportunities and funding are still available through the DOLWD, and can be accessed by connecting with any of the job centers around the state. Currently the Midtown Job Center has four case managers to assist customers (phone: 269-0088), and one case manager in the Mat-Su Job Center (phone: 352-2500); there are efforts to fill vacant case managers positions. Case managers conduct intakes, assessments, determine eligibility for program, ensure training aligns with employment goals, create an employment plan, provide funding, and offer on-going case management support.

Ms. Veasy stated that UAA, Charter College, Alaska Career College are all doing distance learning, but all programs are still available; NIT and Center for Employment and Education are offering in-person training. It was explained that Alaska Jobs has replaced the ALEXsys system. It was explained that the Midtown Job Center in Anchorage is still closed to the public, but staff are aware that many job center customers lack access to personal computers, printers, and other technology; staff are helping customers to write resumes, create Alaska Jobs accounts, and are providing more technological support than usual. Computers are available at the library on a limited basis. Ms. Veasy stated that it is unknown when the Job Center will open back up, but is unlikely before the end of the year. It was stated that despite the challenges staff are still available to help people find jobs and access training opportunities, and can be reached by phone. The first Virtual Job Fair organized in partnership with DOLWD was held, and there is interest in having more employers engage in this type of recruitment which can be found on the DOLWD website [<http://www.jobs.alaska.gov/jobfairs/>]. When asked, Ms. Veasy confirmed that she had not heard of any employers not taking COVID-19 risks seriously thus putting employees at risk.

4. *Hubert Dinkins, Employment and Training Program Coordinator, Partners Reentry Center (hubertdinkins@pfpalaska.org)*

Mr. Dinkins explained that PRC is meeting the needs of clients by continuing to offer employment services and working with employers to connect clients with employment opportunities. Employers that are continuing to hire and offer employment opportunities include: 49th State Brewery, Red Chair Café, Alaska Laser Wash, Sullivan Arena Monitoring Program, Lucky Wishbone, Kinley's Restaurant, Alaska Seal and Coating, and more. Mr. Dinkins explained that even now while PRC is closed to walk-in clients, clients are able to access housing services (and are afforded longer housing stays), access support groups, and have access to resources such as bus passes and bicycles, clothing vouchers, and phone vouchers. Mr. Dinkins stated that PRC case managers are still offering services to clients, and that one of the issues staff and clients are facing are obtaining identification. It was stated that the Focus Group support group is meeting in-person on Fridays from 9:15-10:30am and AA Support and Council Group are meeting on Mondays from 6:30-7:30pm. It was expressed that clients are expressing an ambivalent attitude during these uncertain times, and that clients are concerned with employment, housing, work credentials, identification, and access to food. Mr. Dinkins offered that next steps and solutions should include a cure for the COVID-19 virus.

5. *Richard Irwin, Director of Feed Me Hope Culinary Arts & Bakery Program, Downtown Hope Center (rirwin@downtownhopecenter.org)*

Mr. Irwin explained that the Culinary Arts & Bakery Program is a 16-week, faith-based program that includes training in kitchen culinary and bakery basics, as well as on-going life skills coaching; job skills training occurs five days a week. The program aims to create genuine transformation, not just behavior modification. The program assists students with obtaining a food handlers card, and aids in employment placement. Most recently a small group of 6-8 students were hired doing kitchen work. Mr. Irwin stated that interviews for the next training cycle begin August 19th and classes begin on August 24th.

Mr. Irwin stated that the Downtown Hope Center shelter is open to women, and that the current capacity is 50 people (normally it is 70). It was noted that only women are allowed to enter into the Bakery Program. It was stated that food is provide to 350-450 people every day at lunch that is currently being served outdoors, and that efforts are being made to open a food truck. Other resources and opportunities include showers, clothing, and a recovery group. Mr. Irwin stated that he is a firm believer of reconciliation and that clients frequently have the need/interest in re-building relationships with others.

6. *Cheryl Charic, Director of Intensive Services, and Luke Hobbs, Employment Specialist, Alaska Behavioral Health (ccharic@akbh.org; lhobbs@akbh.org)*

Mr. Hobbs explained that Alaska Behavioral Health (formerly Anchorage Community Mental Health Services) has a small team of employment specialists, and that clients arrive at AKBH employment support by way of referrals from clinicians or external partners - primarily DVR. It was stated that AKBH has similar employment information to DOLWD, and that AKBH is interested in partnering with more agencies to reduce potentially redundant efforts. Mr. Hobbs stated that AKBH has purchased bicycles for clients in

response to the buses not running during the COVID-19 lockdown, and that bus passes and clothing are also available for clients. Mr. Hobbs explained that within their program there is a focus on skill building, and that case management, clinical services, and group supports are accessible through other AKBH staff. Employment support includes development of an employment plan, preparing individuals to seek employment opportunities (resumes, mock interviews, goal setting), and working with them as they apply for jobs. Mr. Hobbs stated that some clients have been incarcerated for long periods of time (a decade or more, in some instances) and are unfamiliar with the most current ways of applying for and seeking employment. It was stated that even after employment has been obtained, support is still available to clients to help them meet their goals and maintain long-term employment. Mr. Hobbs explained that he and his co-workers get the opportunity to have very candid conversations with clients, which affords them the opportunity to understand who they are working with and how best to serve them.

Ms. Charic proceed to explain that AKBH has remained open during the pandemic which has been challenging in some respects for both staff and clients. It was stated that there are instances of AKBH purchasing technology and internet plans to facilitate client access to psychiatrists and health care providers. Ms. Charic explained that all staff are available via tele-health, and some are available in-person (depending on teams and staff). Rooms have been set up on-site to facilitate tele-health access for clients; there have been some limits on the number of people on-site at any one time to limit the risk of spreading COVID-19. Ms. Charic explained that out-reach services are on-going, and that there are efforts to engage with clients outside of the office and in the community, when possible.

When asked about the staff person that had been going to Anchorage Jail to meet with individuals, Ms. Charic explained the staff person (Judy Sparks) was challenged to perform regular duties because she no longer had access to the institutions to meet with people and had limited database access, thus making information gathering very challenging. It was stated that pre-COVID-19, clinical teams and staff were able to visit with prospective and existing clients inside the institutions. It was explained that Ms. Sparks works with institutional staff to attempt to schedule an intake within 48 hours of release or to re-connect existing clients with the appropriate AKBH support staff in the community.

7. *Oreyal Jacquet, Owner and Operator of Oak Residential Facility (oreyaljacquet7@gmail.com)*

Ms. Jacquet stated that she recently had come into contact with a prospective resident who had tested positive for COVID-19 which led her to ask the question: where should individuals go who are released from a correctional institution who test positive, and in particular those who have a release plan that states they will live in transitional housing? Also, where should individuals be sent that need to quarantine in those instances? Ms. Jacquet stated that she has discussed this with some other transitional housing providers, but there aren't clear housing solutions at this time for reentrants that test positive for COVID-19 that need housing. Ms. Jacquet stated that this is an urgent issue that needs to be addressed. Ms. Jacquet explained that currently there are individuals that need medical care for non-COVID-19 matters that are not seeking out medical care or treatment.

Ms. Jacquet stated that during the pandemic there has been an increasing burden on housing providers to offer case management and other support (e.g. setting up Zoom and technology to access wrap-around services, prepping for employment and job search). Ms. Jacquet explained that she has a resident that

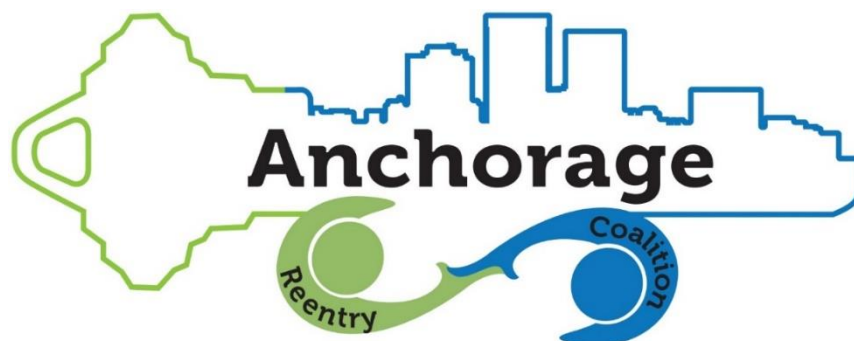
was on-track, had graduated from a culinary arts training program, and was employed, but because the food industry has been negatively impacted due to COVID-19 and work opportunities have become more difficult to obtain, that led to this individual sliding back into old habits. Ms. Jacquet wondered what housing providers can do to help individuals such as this, since it is the housing providers that are around their residents on a daily basis and come to know them very well. She reiterated that housing providers, such as at Oak House, have been put into a position to assist their residents with more tasks compared to pre-pandemic times.

8. *Will Fanning, Alaska Division of Behavioral Health*

Mr. Fanning briefly introduced himself, and stated that he was newly hired at DBH and would be taking on projects relating to reentry and peer support within DBH.

9. *Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition*

Mr. Pistotnik closed by sharing that he had heard similar sentiments shared in the community around the notion that transitional housing providers are doing a lot to assist reentrants during COVID-19. He also alerted attendees of an up-coming meeting on Aug 20th centered around the issue of technology, access to technology inside Alaska correctional institutions, and the need among reentrants to leverage technology to engage with service providers and conduct routine communication; the invite is forthcoming and will be shared with the coalition soon.



QUARTERLY COALITION MEETING

SEPTEMBER 10TH, 2020

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry. Presentations and discussion will include:

- Peer Support Training Opportunity (Jen Galvan, Alaska Behavioral Health)
- Anchorage Public Defender Agency AmeriCorps Program Updates (Jocelyn Ciarlone & Tom Duggan)
- Brief Anchorage Reentry Data Update (Jonathan Pistotnik, Anchorage Reentry Coalition)
- Anchorage Reentry Coalition Case Manager Overview & Insights (Christina Shadura, Partners Reentry Center)
- Perspectives of Family Members Affected by Incarceration (Angela Hall, SOLOG)
- Open Discussion & Other Updates

Representatives in attendance included those from the following organizations/groups: Alaska Department of Corrections; Southcentral Foundation; Partners Reentry Center; Alaska Behavioral Health; Department of Labor and Workforce Development; Alaska Public Defender Agency; Alaska Native Justice Center; Kenai Reentry Coalition; Akeela Development Corporation; Choosing Our Roots; NeighborWorks Alaska; Fairbanks Reentry Coalition; Running Free Alaska; Alaska Housing Finance Corporation; Aging & Disability Resource Center, Anchorage Health Department; Anchorage Neighborhood Health Center; Division of Behavioral Health; Office of Rep. Matt Claman; Bristol Bay Native Association; Christian Health Associates; Supporting Our Loved Ones Group; Anchorage Public Library.

Estimated Total Attendees: 41

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

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

2. *Jen Galvan, Peer Support Program Manager, Alaska Behavioral Health (jgalvan@akbh.org; 907-444-3666)*

Ms. Galvan introduced herself and explained that she has been working with the AKBH residential team to build a peer program and training modules. It was stated that the State of Alaska approved of the training program in July, indicating it will meet the forthcoming state certification criteria regarding peer support training. The training entails completing an online application that pushes applicants to consider the stories that they will be sharing during the training process. Following that there is a lengthy PowerPoint presentation and some training videos (role of peers, origins, history, partnering with agencies, etc.). Then participants select a training, either an in-person class or Zoom, for a total of 35 hours. Ms. Galvan explained that there are a few training offerings available, including in Anchorage and Fairbanks. Current projections are that 200 people will be trained this year. Ms. Galvan explained that the training is a general peer support certification, although she has heard feedback regarding interest in forensic specialists, substance use peer support, family navigators. Ms. Galvan went on to explain that the training she is involved with is a core competency and can inform any specialized peer support track one may choose to pursue. Feedback on the training has been positive so far and information about the trainings can be shared with anyone who may be interested. The current grant will cover trainings up to Nov. 21, 2020, but there is an expectation that more classes will be arranged after that date and that classes will be offered at no-cost to participants. Ms. Galvan explained that this training is a statewide opportunity, that she is engaging with folks from Fairbanks, Juneau, Ketchikan, and that this opportunity is open to all regardless of location.

3. *Jocelyn Ciarlone and Tom Duggan, AmeriCorps Volunteers, Public Defender Agency AmeriCorps Program (jocelyn.ciarlone@alaska.gov ; thomas.duggan@alaska.gov)*

Ms. Ciarlone and Mr. Duggan explained that they are AmeriCorps volunteers based at the Public Defender Agency in Anchorage. Ms. Ciarlone explained that AmeriCorps is a federal program, similar to a domestic version of the PeaceCorps, traditionally tasked with working with underserved communities. Ms. Ciarlone stated that the team they work on is spread across the state (Anchorage, Palmer, Juneau, Fairbanks, Ketchikan, and Kodiak), and that they are dedicated to working with clients of the Public Defender Agency and aim to connect clients with social services. Team members serve for 11 months; Ms. Ciarlone and Mr. Duggan will be ending their terms in September and November respectively, but four new members will be joining the team in October.

Mr. Duggan explained further that they connect clients with an array of services and applications, the main ones being SUD treatment and housing/shelter services, but also have included transportation and bus passes, job resources and training. Mr. Duggan stated that one thing that makes their clientele unique is that majority have open cases, and that lining up treatment services and/or housing can impact how the court handles their case in terms of bail and sentencing. In other instances, a client may be released on bail and in search of housing or other services. It was stated that many clients have few resources and that it can be a struggle to access services. Ms. Ciarlone reiterated that a lot of their work is centered on assistance with applications for various services and resources; in the past, that often entailed going into the jail but with COVID-19 that process has transitioned to phone and mail communication. Ms. Ciarlone explained that they are oftentimes put in positions to advocate for their clients reentering the community to service providers and resources who may be ineligible for certain services because they have an open case.

Mr. Duggan explained that in terms of accessing SUD treatment there are oftentimes delays that impact access to treatment (e.g. communication challenges between parties, lack of awareness), and that the barrier to accessing transitional housing is oftentimes rooted in a lack of access to funding. It was explained that the AmeriCorps team is tasked with locating applicable resources and that opportunities to connect with appropriate services and resources providers is very valuable. Demetria Veasy (Manager, DOLWD Midtown Job Center) offered up the Job Centers as an employment resource. Julia Terry suggested connecting with the Homeless Resource Advisory Council around the Tiny Homes Projects that they have been discussing. Mr. Duggan explained that enrollment in treatment or finding housing can possibly have an impact on sentencing.

4. *Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition*

Mr. Pistotnik explained that on an annual basis the Department of Corrections shares a limited amount of data regarding the reentry population that enters back into the community to the Mental Health Trust-funded reentry coalitions. It was stated that about two months ago, with the help of Janice Weiss at DOC, reentry data was shared with the coalition coordinators for CY2019. Mr. Pistotnik proceeded to present some of the data via a PowerPoint presentation. To begin, it was stated that according to AJiC, the State of Alaska inmate population stood at about 4,300 people as of 7/31/20 and that in comparison the Los Angeles County Sheriff Dept. (responsible for operating the county jail system in Los Angeles County) held

more than 13,000 inmates as of 9/8/20. Mr. Pistotnik suggested that compared to other communities the numbers of people in the criminal justice system in Alaska are smaller and more manageable, and that recidivism could likely be reduced with proper allocation of time and resources.

Mr. Pistotnik explained that the data he received stated that in 2019 more than 3,200 people were released from DOC to Anchorage, representing 46% of all releases that year; to add context, Census data suggests that Anchorage has about 39% of the population, meaning that there is over-representation of reentrants coming to Anchorage compared to other communities. Mr. Pistotnik presented data that showed the percentage of releases to other communities: Fairbanks (10%), Mat-Su (10%), Kenai (6%), Bethel (4%), Nome (3%), and Juneau (3%).

In terms of demographics, Mr. Pistotnik stated that the data indicated 38% of reentrants to Anchorage were identified as White, 35% were Alaskan Native, and 12% were African American; 80% of releases were comprised of individuals between 20-44 years old; and 78% were males and 22% were females. The data indicated that in terms of offense, releases for misdemeanors comprised 57% and those for felonies comprised 43%; according to DOC, 83% of releases to Anchorage reflected non-violent offenses.

Mr. Pistotnik explained briefly that DOC uses the LSI-R tool to help determine needs and risks of those releasing to the community, and that it can be used to guide release planning and help determine eligibility for certain programs. It was stated that the data indicated that of those individuals with an LSI-R score releasing to Anchorage in 2019, over 50% of releases reflected individuals deemed to be low-risk. Alternatively, examination of the data reveals that among all those with the highest LSI-R scores (highest need, highest risk), almost 60% (+600 individuals) were released to Anchorage.

In total, the data reinforces the need for an array of services and support that will aid those with minimal needs and those with high needs. Mr. Pistotnik touched on the fact that there is over representation of Alaskan Natives and African Americans engaged in the Alaska criminal justice system, and that despite the fact that there is a larger discussion around the topic of systemic racism and inequalities across the country, it has been his perspective that these things are not new issues for people that have been directly working in, or impacted by, criminal justice issues.

[A complete summary of this data can be found on the Anchorage Reentry Coalition Website, by following the link to the “Data Sheet” link: <https://www.anchoragereentry.org/resources>]

5. *Christina Shadura, Anchorage Community Coalition Case Manager & PRC Reentry Case Manager (christinashadura@pfpalaska.org; Work Cell: 268-1356; Office Phone: 258-1195)*

Mr. Pistotnik introduced Ms. Shadura by explaining that he sees the Coalition Case Manager (CCM) position as complementing his own in that he works on community organizing, macro-level issues and that Ms. Shadura is able to do the individual case management and one-on-one work. Ms. Shadura explained that Partners Reentry Center (PRC) signed an MOA with NeighborWorks Alaska last November to provide case management services in accordance with this program. Ms. Shadura stated that upon

getting ACOMS access that she became fully functional in her role as CCM (around January, 2020). It was explained the position was designed to work with DOC and can have a caseload of up to 40 individuals at a given time, and entails pre and post-release contacts to coordinate access and delivery of services for those releasing into the Anchorage area; individuals can be released from any correctional institution in the state. Ms. Shadura explained she tracks short and long-term outcomes, and performs data entry into AKAIMS as part of this program. It was also explained that the origins of this project occurred around the time that SB91 was implemented and concurrent to funding recidivism reduction efforts, and that the grant that funds the program is through the Alaska Department of Health of Human Services, Division of Behavioral Health.

Ms. Shadura then discussed program eligibility: both men and women releasing within the next 90 days to Anchorage are eligible for her caseload; individuals must have a felony offense and are medium to high risk (based on LSI-R score), or an individual with a misdemeanor offense that are high risk, or those with a sex offense charge. The program is intended to serve and work with clients for up to six months post-release. Ms. Shadura explained that one way to view the program is in stages: referral, pre-release, and post-release. The referral and pre-release processes, it was explained, take place up to three months prior to releasing to the community; the remainder of the program is the six months in the community. It was stated that most client referrals come to Ms. Shadura via the DOC ACOMS database from Institutional Probation Officers working inside the correctional institutions around the state, and that she is able to see Offender Management Plans that are intended to help the case manager with service planning and post-release service.

Ms. Shadura explained that one of her primary focuses is securing transitional housing pre-release so that individuals do not release to homelessness. As a staff member at PRC, Ms. Shadura has access to transitional housing resources and locations. It was stated that post-release, clients work with the case manager, develop a case plan and establish goals, and utilize the resources offered through PRC, including: a computer lab for job searching, employment workshops, treatment referrals, peer support groups, clothing vouchers, bus passes, public assistance application support. Ms. Shadura stated that she is also tasked with developing transition plans with clients and performing AKAIMS data entry.

Ms. Shadura stated that it can be a balancing act between meeting all the data tracking needs and data input, along with providing the direct services to clients. It was highlighted that this grant provides a small amount of supplemental funding that can be used for a limited type of services for clients which is of great value. Ms. Shadura stated that she currently has 27 active clients, each of whom has spent an average of 12 years incarcerated; the majority of clients are sex offenders; all but one are males; and clients are either very young or older in age. It was pointed out that the Second Chance Grant is a different program; this program is unrelated and there is a need to educate people of that fact (potential clients and staff). Ms. Shadura stated that referrals have continued during COVID-19, but they have slowed some and it is suspected that more clients are signing up for the Second Change Grant rather than going with this program. Ms. Shadura explained that she is developing informational flyers for DOC staff and for potential clients.

Client access to information was identified as a major challenge; with PRC being closed to walk-in clients, Ms. Shadura stated that she feels that she is spending a lot of time providing basic information. Ms. Shadura stated that she has been helping clients with obtaining Social Security cards and identity documents (currently a major barrier), assisting with safety net program applications, and obtaining information regarding service availability (e.g. hours, processes and service availability during COVID-19). Ms. Shadura stated that there is oftentimes employment instability attributable to COVID-19 among clients.

6. *Angela Hall, Supporting Our Loved Ones Group*
(*sologrouplady@gmail.com; 907-315-2573; www.solog.org*)

Ms. Hall introduced herself as a member of the Supporting Our Loved Ones Group (SOLOG), whose husband is serving a virtual life sentence in Alaska. She explained that SOLOG is a support group for the families and friends of incarcerated persons in Alaska.

Ms. Hall shared about the impacts of incarceration on family members, including the stigma associated with having a loved one incarcerated; enduring through trials where they may be vilified for being a family member of the accused; suffering emotional tolls and public condemnation, while also carrying grief and guilt for the negative impacts and harm caused to others. It was stated that the totality of this may lead some to isolation, depression, suicide, and health complications stemming from stress and anxiety.

Ms. Hall stated that additional stress comes from having to navigate the correctional system: understanding policies; learning visitation etiquette and rules; adhering to mail regulations; setting up phone accounts; sending commissary money. Ms. Hall presented an example of arriving for visitation at a prison to visit a loved one, after driving hours to a remote location, just to arrive a few minutes late and be turned away; or being turned away because ones clothes or footwear; or enduring through the whims of the DOC staff who dictate how a visitation may go.

Ms. Hall expressed her frustration that visitations have been suspended for over six months, with an emphasis on why it cannot be allowed rather than on alternatives and solutions. Ms. Hall raised the issue about the resistance to utilizing technology, whether it be because of a state statute or security issues, it hadn't stopped video calls, mini tablets, and email capabilities from being implemented. It was stated that recent discussions surrounding the cost of infrastructure to make internet access possible, leading to more education access, reentry programs, and video calls, has not included discussions around the impact that a lack of visitation and programming has had on the mental health of incarcerated people and family members in the community; nor have discussions acknowledged the negative impacts on children and families. It was stated the threat of sending people out of state to be incarcerated elsewhere is evidence that families are overlooked.

Ms. Hall explained that families bear financial burdens including exorbitant telephone call fees, including long distance fees. One example that was presented: \$3.50 for a phone call through the telephone provider Securus to a prison might otherwise cost about \$1.00 in normal situations or be free altogether. Securus also puts a cap on the amount that someone can load onto an account, which also comes with a \$5 fee each time a \$50 deposit is made. It was stated that the State is responsible for negotiating and contracting with Securus. Ms. Hall stated that the current policy, during COVID-19, is to allow three 15

minute phone calls at no charge to try and maintain family connections, but questioned whether 45 minutes of communication was sufficient for maintaining family connections. It was expressed that there is constant concern about loved one and communication is vital.

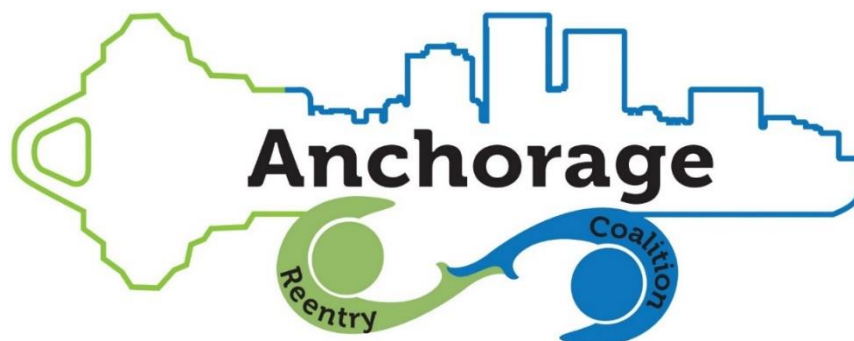
Ms. Hall requested that whatever solutions may be enacted by DOC to aid communication, that they be reasonable. It was shared that court fees, phone calls, commissary costs, in addition to travel costs associated with visitations places a substantial financial burden on those with a loved one who is incarcerated. Ms. Hall posited to meeting attendees: what would you do if you had a loved one who was incarcerated, would you support them or treat them like a disposable commodity? Ms. Hall closed by asking the reentry community and DOC staff to understand the role of families and loved ones in the community, and how they can impact successful rehabilitation and reentry, and serve as an added incentive and motivation to do better. Ms. Hall stated that there is an interest in working together, but families need to be engaged in conversations too, afforded reasonable visitation policies, be asked to pay communication and commissary fees that are affordable, and allow peer support and counseling opportunities.

7. *Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition*

Mr. Pistotnik offered attendees the opportunity to provide updates. Lindsey Hajduk introduced herself as the new Director of Community Development at NeighborWorks Alaska. Michael Farrell introduced himself as the new Jesuit Volunteer/AmeriCorps member based out of Partners Reentry Center.

Mr. Pistotnik mentioned that the next coalition meeting has not yet been scheduled, and that the platform for presenting at a coalition meeting is always open to anyone who is interested; please contact Mr. Pistotnik if interested.

Next Coalition Meeting
TBD



QUARTERLY COALITION MEETING

DECEMBER 3RD, 2020

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry. Presentations and discussion will include:

- Alaska Native Justice Center Youth Reentry Program, Overview & Updates (Michael Farahjood/Justin Hatton)
- Project HOPE Overview & Updates, DHSS, State of Alaska (Paul McBride/Tim Easterly)
- Ladies First Program Updates, DHSS, State of Alaska (Cynthia Ross)
- The Alliance Updates (Jessica Limbird)
- Strength at Home, Alaska VA (Sam Adams-Lahti/Geraldine Rouse)
- Reentry Advocacy (Michael Berger)
- Open Discussion

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

Estimated Total Attendees: 39

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

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

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

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

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

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

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

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

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

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

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

4. *Tim Easterly, Project HOPE (tim.easterly@alaska.gov)*

Alternative Project HOPE email contacts: projecthope@alaska.gov and Paul.mcbride@alaska.gov

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

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

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

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

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

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

Program phone: 1-800-410-6266

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

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

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

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

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

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

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

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

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

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

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

8. Open Discussion

Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition (jpistotnik@nwalaska.org)

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

Janice Weiss, Reentry Unit Supervisor, Alaska DOC (Janice.weiss@alaska.gov)

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

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

John Hirst, Probation/Parole Officer II, Alaska DOC (john.hirst@alaska.gov)

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

Other general information from the Zoom chat box

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

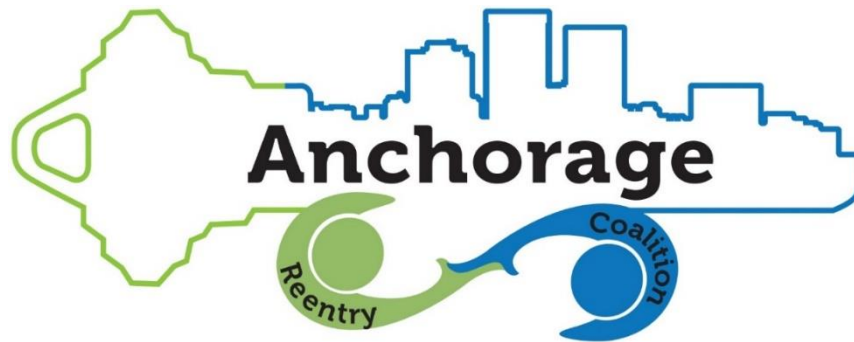
Julia Terry (Choosing Our Roots) - The housing coalition is working on some housing surge resources right now to move people in to some rapid rehousing units and permanent supportive housing. Prioritizing people that are at high risk for covid exposure is part of the rubric for housing. There is also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

Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition

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

Next Coalition Meeting

TBD



QUARTERLY COALITION MEETING

JANUARY 7TH, 2021

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry. Presentations and discussion will include:

- Laura Brooks (DOC) – DOC Updates
- Dr. Mark Simon (DHSS) – COVID-19 Updates
- Teri Tibbett (AMHB/ABADAZ) – Advocacy Updates
- Barbara Mongar (Mat-Su Reentry Coalition) – 3rd Annual Mat-Su Reentry Summit
- Open Discussion

Representatives in attendance included those from the following organizations/groups: Alaska Department of Corrections (HARS and Reentry; institutional staff; medical services; Anchorage Probation; chaplaincy); Southcentral Foundation; Partners Reentry Center; Alaska Department of Labor and Workforce Development; Alaska Native Justice Center; U.S. Probation; Alaska Dept. of Juvenile Justice; Division of Behavioral Health, Alaska Department of Health and Social Services; Alaska Criminal Justice Commission; Public Defender Agency; NeighborWorks Alaska; Running Free Alaska; Anchorage Neighborhood Health Center; Christian Health Associates; Supporting Our Loved Ones Group; Anchorage Public Library; Cook Inlet Tribal Council; Ladies First Program, Dept. of Health and Social Services; OSMAP, Dept. of Health and Social Services; Alaska VA; GEO Group (Parkview); Alaska Air National Guard; Food Bank of Alaska; Kenai Reentry Coalition; The Bridge (Fairbanks); Fairbanks Reentry Coalition; Mat-Su Reentry Coalition; Norris House; Arc of Anchorage; Anchorage Coalition to End Homelessness; Alaska Behavioral Health; Alaska Housing Finance Corporation; Chris Kyle Patriots Hospital; U.S. Attorney's Office, District of Alaska; Alaska Division of Vocational Rehabilitation, Alaska Dept. of Health and Social Services; and AMHB/ABADA.

Estimated Total Attendees: 53

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

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

2. *Laura Brooks, HARS Deputy Director, DOC* (laura.brooks@alaska.gov)

Ms. Brooks acknowledged the events that took place the day prior at the U.S. Capital and expressed gratitude for the good work being done locally despite numerous challenges. Ms. Brooks explained that she oversees the health and rehabilitation division at DOC which includes physical and mental health services, treatment programs (SUD, sex offender), and education and reentry programming. It was stated that the COVID-19 Response Plan has been updated many times over the last year; there have been approximately 18,000 COVID-19 tests completed among those in-custody; and outbreaks have been managed at five DOC facilities and two CRCs.

Ms. Brooks explained that the first major outbreak inside a DOC facility did not occur until November, 2020. It was stated that the outbreak at FCC has been cleared; the outbreak at Goose Creek is winding down; the outbreak was managed and is under control at Mat-Su Pre-Trial; the outbreak at Hiland Mountain is appearing to remain at steady levels; and the numbers of positive cases are reportedly slowing at Anchorage Correctional Complex.

Asymptomatic spread is still of great concern, and testing at in-take has revealed about 160 positive cases which has allowed for quarantining and limiting further spread. It was explained that actions to mitigate COVID-19 spread and exposure include: testing at intake and quarantining as necessary; limiting movement in facilities; limiting transfers in or out; testing people prior to releasing to a CRC; and testing people prior to releasing to transitional housing or other treatment programs in the community. It was

stated that 5 inmates have passed away due to COVID-19 complications. Since mid-December there has been, under an FDA EUA, a monoclonal antibody treatment that has been given to about 40 inmates that meet certain criteria (newly diagnosed with COVID-19, 65 years and older with qualifying underlying medical conditions). The anecdotal evidence is that these treatments have proven successful in reducing hospitalizations.

Ms. Brooks stated that Securus, the DOC phone contractor, agreed to add a 4th free 15 minute phone call for inmates per week. Also, DOC began administering COVID-19 vaccine as part of the Phase 1, Tier 1 which covered staff and patients in DOC infirmaries; most people that were offered the vaccine accepted it. Vaccination of people 65 and older is scheduled to commence starting January 11th, but further vaccination dates are unknown at this time. Ms. Brooks emphasized that vaccines will not be mandatory, although incentives may be used to encourage uptake. Onsite clinics will also be offered for staff to receive the vaccine. DOC visitation is still prohibited.

Ms. Brooks explained that DOC created a release form for individuals that were releasing and trying to return to a community that required some proof that the individual was not COVID positive.

It was explained that there is likely to be a bill coming through the next legislative session regarding the use of technology inside the correctional institutions to aid with habilitation and rehabilitation programming, and that it was likely to have passed last session except for the onset of the pandemic.

Ms. Brooks reiterated that there is limited use video conferencing for attorney visits and that networking capabilities inside the institutions tends to be very limited; there have been efforts to understand what limitations exist and what can be done to build capacity to allow for more technological tools to be used inside the institutions. There are still restrictions on allowing groups of inmates to gather.

3. *Dr. Mark Simon, Alaska Department of Health & Social Services (mark.simon@alaska.gov)*

[NOTE: MUCH OF THE INFORMATION PROVIDED BELOW IS STANDARDIZED AND NOT NECESSARILY TIME SENSITIVE; IF YOU ARE SEEKING THE LATEST INFORMATION ABOUT THE VACCINE SCHEDULE AND DATES PLEASE REFER TO "COVIDVAX.ALASKA.GOV" FOR THE LATEST INFORMATION. THE PPT FILE USED BY DR. SIMON IS AVAILABLE]

Dr. Mark Simon introduced himself as an emergency physician that works with an SUD/OD treatment clinic, and who is also working with DHSS on the COVID-19 response. Dr. Simon acknowledged the events in Washington D.C. and also the good work being done in reentry. Dr. Simon began his presentation by explaining that there are currently two very effective and safe vaccines available for COVID-19; asking questions about the vaccine is good and OK, as is being informed about potential side-effects and benefits. The website "COVIDVAX.ALASKA.GOV" has a wealth of information about the vaccine and upcoming scheduling.

Dr. Simon described the procedures for how vaccines are typically created and authorized, including how the clinical trials operate. It was stated that no steps were skipped during the clinical trial process for a COVID-19 vaccine and that the U.S. Food and Drug Administration (FDA) authorized COVID-19 vaccines

for emergency use (EUA) for both the Pfizer and Moderna vaccines. Dr. Simon emphasized that safety standards for the COVID-19 vaccines were held to the same standards as other vaccines, and that there was a rigorous review of the safety data before authorization was given to distribute the vaccine. Dr. Simon explained that the speed in which the vaccine was created and approved was a result of a successful approach taken by the federal government and the companies involved in making the vaccines, including mitigating risks for companies in some ways and speeding up certain parts of the process.

Dr. Simon explained some of the science regarding how the COVID-19 vaccine works in the human body, and some of summative points regarding the clinical trials that determined efficacy of both the vaccines. Both vaccines currently available are a 2-dose series (Pfizer is 3 weeks apart; Moderna is 4 weeks apart) and both are very effective at preventing COVID-19 and deemed to be very safe with minimal side-effects for most people (some allergic reactions have been identified). Dr. Simon stated that a person that gets the vaccine should expect to get a reaction and that is normal, such as headache, soreness, a fever, muscle aches; these are indicators that the vaccine is doing what it is supposed to do. It was explained that vaccines are a way to acquire long-term immunity from COVID-19 without the risks of being ill from the disease.

It was stated that vaccine safety is monitored by the Vaccine Adverse Event Reporting System; V-SAFE is also a monitoring system intended to monitor for potential adverse reactions, post-vaccination. Dr. Simon explained that it is important for each individual to consider the risks and benefits of receiving a vaccine.

Dr. Simon explained the structure of the Alaska COVID-19 Vaccine Task Force, and stated that as of 1/4/21 there were 114,800 doses of vaccine allocated to AK. Dr. Simon explained about the Vaccine Allocation Advisory Committee and how the Federal and State guidelines for releasing vaccine work, including the Phases and Tiers. As of the meeting Phase 1a is fully open and Phase 1b is set to open 1/11/20; Phase 1B, Phase 1C, and Phases 2-3 dates are still TBD. A public meeting is scheduled for 1/11/21 in which the public may offer comment on distribution of vaccines; see COVIDVAX.ALASKA.GOV for details.

Dr. Simon explained that the vaccine is free and that individuals should not incur any charges, and that there are no plans for a vaccination mandate. Dr. Simon stated that individuals should still continue to wear a mask. He explained that the logistics of getting vaccines to people is very complicated, and that there are still a lot of elements of the vaccination process being developed in real time and that leadership is aware of some of the potential stumbling blocks associated with signing up for an appointment to get vaccinated.

4. *Teri Tibbitt, Advocacy Coordinator, AMHB/ABADA (teri.tibbitt@alaska.gov)*

Teri Tibbitt introduced her roles as the Advocacy Coordinator for the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse which is a citizen's advisory board, the Coordinator for the joint advocacy efforts for the Alaska Mental Health Trust (AMHTA) and partner advisory boards, the Co-Chair of the Juneau Reentry Coalition, and the Coordinator of the AK Justice and Reentry Partnership.

Ms. Tibbitt, in response to Ms. Brooks, added that there is a stakeholder group that is standing by to advocate for and assist DOC with moving their technology needs along, with an interest in enhanced

access to habilitation and rehabilitation services (e.g. education and training; substance use and mental health treatment; visitation; and faith-based services and programming).

Ms. Tibbitt explained that she was attending the meeting under the auspices of the AMHTA, and that starting January 22nd there will be statewide legislative advocacy calls each Friday during the legislative session through May. These calls are intended to provide an opportunity to discuss and review legislation that is being tracked that impacts Trust Beneficiaries, such as budget items, impacts to service providers, families; areas of interest include potential impacts to the criminal justice system. There are also opportunities for joining in on advocacy efforts. The calls this year will be hosted via Zoom and will take place from 12:15-1:15pm; if interested in participating on the Zoom calls, or joining the list to get advocacy alerts feel free to reach out to Ms. Tibbitt via email. Lastly, Ms. Tibbitt stated that it appears that generally the proposed budget released by the Governor is flat-funding budget items that she is tracking, including reentry and DOC; it is anticipated that the Governor will release an amended budget in February.

5. *Barbara Mongar, Coalition Coordinator, Mat-Su Reentry Coalition (barbara.mongar@valleycharities.org)*

Ms. Mongar explained that the Mat-Su Reentry Coalition is hosting the 3rd Annual Mat-Su Reentry Summit is being hosted virtually on January 12 and 13 from 9am-3pm (with plenty of breaks). The theme this year is “Building Effective Partnerships for Successful Reentry” and the conference will include both state and national speakers. The four different areas covered by the conference include employment and job training, housing, mental health and drug treatment, and criminal justice issues. CME credits are available. Speakers include the internationally recognized Dr. Stephanie Covington Stephanie Taylor Silva is a person in long-term recovery that is also a certified in peer support; there will also be a panel of people with lived experience. Registration [as of 1/7/21] was still open. Feel free to contact Ms. Mongar if you encounter problems registering.

6. *Jonathan Pistotnik, Coalition Coordinator, Anchorage Reentry Coalition*

Mr. Pistotnik made two announcements regarding other conferences that were forthcoming. The 16th Annual Reducing Recidivism and Reentry Conference is scheduled for February 9-12. It will be held online, and run from 9am-3pm (with breaks between sessions). The registration link and more details are expected to be available soon. Also, it was announced that there is a Tribal Reentry Conference on March 16-18th; this is still in the planning phasing with more information is forthcoming. All information will be shared with the coalition as it is available.

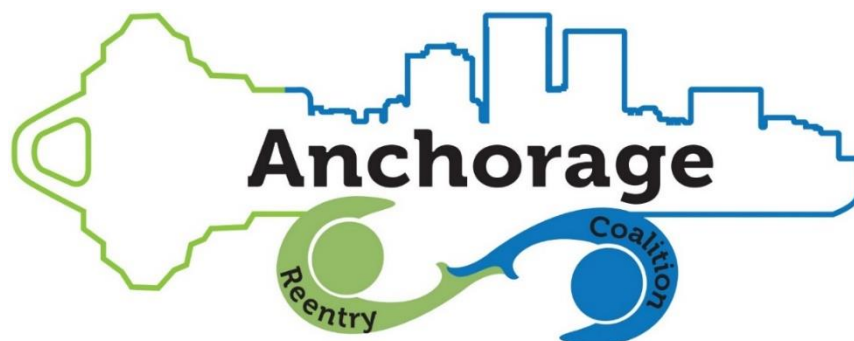
7. *Open Discussion*

Demetria Veasy (Midtown Job Center, DOLWD) – Ms. Veasy alerted meeting attendees that there were some virtual job fairs in the planning stages, including the City-Wide Virtual Job Fair and the Annual Employment First Job Fair. Information will be shared once those details have been finalized; dates are

still TBD but the Employment First Job Fair may occur around March and the City-Wide Job Fair in May. Fliers are shared via GovDelivery and there is information about job fairs on the DOLWD website (jobs.alaska.gov/jobfairs/index.html)

Jonathan Pistotnik (Anchorage Reentry Coalition) – Shared a link to an upcoming webinar/training: GAINS Center Self-Care for Criminal Justice Professionals Across the SIM: Considerations for Intercepts 3-5. The link is [here](#).

Next meeting TBD



QUARTERLY COALITION MEETING

MARCH 11TH, 2021

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry. Presentations and discussion will include:

- Experiences of LGBTQ Community & the Criminal Justice System (Michael Cox, Black and Pink Massachusetts)
- LGBTQ Alaskans, Trauma, & Reentry (Tammie Willis, Queers And Allies AK)
- DOC Reentry Unit Updates (Janice Weiss, Department of Corrections)
- Legislative Updates (Jonathan Pistotnik)
- Other Announcements & Open Discussion

Representatives in attendance included those from the following organizations/groups: Alaska Department of Corrections (Reentry; medical services; Anchorage Probation; institution); Southcentral Foundation; Partners Reentry Center; Alaska Department of Labor and Workforce Development; Alaska Native Justice Center; Supporting Our Loved Ones Group; Anchorage Public Library; NeighborWorks Alaska; Public Defender Agency; Running Free Alaska; Anchorage Neighborhood Health Center; GEO Group (Parkview, Cordova); Anchorage Coalition to End Homelessness; Arc of Anchorage; Catholic Social Services; Alaska Housing Finance Corporation; Alaska Division of Vocational Rehabilitation; U.S. Attorney's Office, District of Alaska; Turyia of Alaska; Henry House; Anchorage FACT; Alaska VA; Staff to Rep. Claman; Akeela Inc.; Choosing Our Roots; Queers and Allies; Black and Pink Massachusetts; Ladies First Program, Dept. of Health and Social Services; OSMAP, Dept. of Health and Social Services; Interior Alaska Center for Non-Violent Living/Fairbanks Reentry Coalition

Estimated Total Attendees: 58

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

Mr. Pistotnik introduced the agenda and the speakers for the coalition meeting. Mr. Pistotnik stated that the Anchorage Reentry Coalition has existed since 2006, and that there has been a great deal of work to enhance and build reentry services in Anchorage over that time. He stated that his work in this community has been limited in comparison, having only engaged in this role for a little over 2.5 years. During that time he stated that he had not been privy to any substantive conversations regarding the criminal justice system, reentry, and the LGBTQ community. Mr. Pistotnik read a statement from the Prison Policy Initiative substantiating overrepresentation of LGBTQ individuals within the justice system. Mr. Pistotnik expressed his thoughts that in order to most effectively reach and engage with justice involved people that sensitivity and responsiveness to gender and sexual identity should also be a part of the work. Mr. Pistotnik proceeded to introduce and read introductory bios for Michael Cox and Tammie Willis.

2. *Presentation: Michael Cox, Executive Director, Black and Pink Massachusetts*
(michael@BlackAndPinkMA.org)

Black and Pink Massachusetts is a prison abolitionist organization that works with the LGBTQ community and folks living with HIV; there is also an effort to engage with trans individuals and people of color. Mr. Cox briefly described his background, growing up in a poor and violent neighborhood; he stated that he understands a great deal of community work must be completed before prisons and jails can be abolished. Black and Pink Massachusetts is staffed with volunteers, with the exception of Mr. Cox. It was stated that Black and Pink has a national office with chapters around the country, and that the hallmark of the organization is the pen pal program which helps to break down some communication barriers and provides a degree of interaction with the outside world; getting mail while incarcerated can be a very positive thing.

Mr. Cox went on to explain why there may be overrepresentation of LGBTQ people in the justice system: family life and dynamics; marginalization within structures (e.g. family, school); homelessness; survival economics (e.g. drug sales, sex work, drug use); arrest and justice system engagement; and compounding identities that do not fit in existing systems. Mr. Cox explained that in 2015 Black & Pink National conducted the Coming Out of the Concrete Closets Survey and found that pre-trial detention was a major issue among members that were surveyed (prosecutors can use this as a tool to seek plea agreements); engagement in survival economies was prevalent; and being subject to solitary confinement was reported by 85% of respondents.

Mr. Cox reported that Black and Pink Massachusetts has a weekly drop-in to engage with the community (currently virtual); court support; bail support; policy work; and low-barrier mutual-aid. Mr. Cox also described his involvement with the Special Commission to Study the Health and Safety of LGBTQIA Prisoners, which includes looking at safer housing, transgender healthcare, and sexual health. Mr. Cox described advocacy efforts that he and his organization engaged in regarding the issue of criminalization of LGBTQ people and efforts to have a trans woman placed in a women's facility.

Mr. Cox discussed making coalition spaces more inviting for the LGBTQ community. This includes the importance of pronouns: people may not use the pronoun you assume they would use, they can also serve as a signal for a safe space or ally in this movement. Mr. Cox also pointed out that advocacy for LGBTQ people can take place even if an LGBTQ person is not present; focusing on inclusivity in this work is vital.

Mr. Cox mentioned that for people that are interested in learning more about sexual violence inside facilities, there are resources online. It was stated that while there is reported data these figures are underreported.

- Website: <https://www.blackandpinkma.org/>
- Twitter: @blackandpinkma
- Facebook: /BlackAndPinkMA
- Webinars we've done with directly impacted members:
<https://www.blackandpinkma.org/resources/webinars-video-resources>
- Personal website with a collection of articles that raise up lived experiences and data about LGBTQ people and the criminal legal system: <https://www.michaelcoxjr.com/new-page-2>

3. *Presentation: Tammie Willis, Queers and Allies (queersandalliesak@gmail.com)*

Ms. Willis explained that there isn't much information and statistics pertaining to the LGBTQ community as it pertains to DOC, such as number of transgender individuals being housed inside a DOC facility.

Ms. Willis explained that when discussing adult reentry it is also important to consider how youth fit into the situation, and went on to explain that while the LGBTQ community is estimated to make up 3%-7% of the entire population, about 30% of the homeless youth population identify as part of the LGBTQ

community. It was stated that youth that are homeless are at further risk for exploitation and sex trafficking, at-risk for drug use and drug dealing, and other situations that may introduce them to the criminal justice system; once they are engaged in the criminal justice system it can be difficult to extricate oneself from that cyclical process.

Ms. Willis explained further that when these individual engage with services and service providers in the reentry community after being incarcerated they are likely to have experienced trauma and that in many instances crimes they have committed may be rooted in survival. Ms. Willis explained that the incarceration experience can lead to experiencing further traumas and violence, and the sum of which cannot be ignored.

Ms. Willis explained that service providers and people that desire to help those in the LGBTQ community have some things they can do to be impactful in this work. It was explained that one should not make assumptions about who is in the LGBTQ community and who is not (it may be that someone has not come out publically yet). Also, using pronouns and asking about what pronouns others feel comfortable with is good practice; while being respectful of others, this can serve as a signal that you have an openness towards learning about and engaging with people from the LGBTQ community. Displaying certain symbols (e.g. pride flag) may serve to identify safe spaces for LGBTQ people which can be very important for people that may have experienced some severe trauma. Ms. Willis explained that it only takes one person to save someone's life and possibly prevent suicide, and that creating a safe environment can be impactful.

Ms. Willis spoke about an experience relayed from someone who had engaged with Choosing Our Roots, a local organization that strives to pair up LGBTQ homeless youth with safe places to live; that individual explained that Alaska is a physically cold place, so there is an added danger and some added hopelessness to that experience. Ms. Willis explained that while there are some supportive programs for youth that may be houseless/homeless (Choosing Our Roots, Covenant House) there is a lack of supportive programming in this space for adults who may be reentering the community. Ms. Willis explained that there are resources for adults, but for people that identify as part of the LGBTQ community there are barriers for maintaining access, especially for those that identify as transgender.

Ms. Willis stated that when working with folks from the LGBTQ community that are also reentering from incarceration, it is important to keep in mind previous traumas and also be aware of the concurrent barriers that may inhibit people from engaging with services. Ending cycles of trauma is key to this work. Ms. Willis explained it is important that as reentry service providers that you are informed of the resources so that appropriate referrals can be made for clients or individuals seeking assistance. Some LGBTQ-specific resources that were mentioned in Anchorage include: Choosing Our Roots, Covenant House, AWAIC, Identity Inc. & Spectrum, and Planned Parenthood.

Ms. Willis explained that when engaging with the LGBTQ community one is likely to make some mistakes but that you should afford yourself some grace; one should not be afraid to make these mistakes, one should continue to engage with people from the LGBTQ community, and use your experiences to learn and improve. Ms. Willis invited the meeting attendees to continue these conversations and to expand upon this work surrounding LGBTQ issues and reentry in Alaska, of which there is virtually none.

During the discussion after the presentation, there was some further discussion regarding the historical criminalization of LGBTQ people.

4. *Updates: Janice Weiss, Reentry Program Manager DOC Reentry Unit (janice.weiss@alaska.gov)*

Ms. Weiss introduced herself, explaining that this is her third year in this position and that prior to this position she was the Coordinator for the Mat-Su Reentry Coalition. Ms. Weiss proceeded to introduce the reentry unit and the staff that are on-board in the Reentry Unit, including Joanna Wiita (Grant Manager), Michael Clark (Criminal Justice Planner for Education & Vocational Training), Billy Blixt (Education Specialist), Stacie Williamson (Program Coordinator), Ina Lewis (Criminal Justice Technician II), There is currently an open position for a Protective Services Specialist (social worker); there will be openings in the future for another Program Coordinator and a career counselor position

Ms. Weiss explained that reentry coalition meetings and others like it are really important for helping to inform the work of DOC and the Reentry Unit; understanding where the needs and opportunities from the perspective of the community are important vital. Ms. Weiss explained that a diversity of programs are critical for meeting the needs of people inside DOC and that the community is important for helping to shape the response. It was stated that it is important to remember that people return to communities around the state, not just Anchorage, Mat-Su, Fairbanks and the larger communities, and so the Reentry Unit will be working to work with communities statewide. Ms. Weiss explained that existing reentry stakeholders and resources will be engaged as more things develop.

Ms. Weiss stated that staff based out of the institutions are able to enter the facilities, however, staff that are not based in an institution are still unable to enter those facilities at this time. Those staff that do work in the institutions, such as Education Coordinators, have been able to acquire some resources and bring them to the inmates and engage with inmates on a one-on-one basis. It was stated that there were efforts to ensure each institution had a dedicated closed circuit TV channel that was able to air educational content, and it was suggested by a meeting participant that this could be an opportunity for showing some faith-based programming as well. It was also suggested that the Reentry Unit could serve as an advocate and liaison between community-based reentry stakeholders and the DOC institutional staff that sometimes are a degree removed from the day-to-day reentry work taking place in the community.

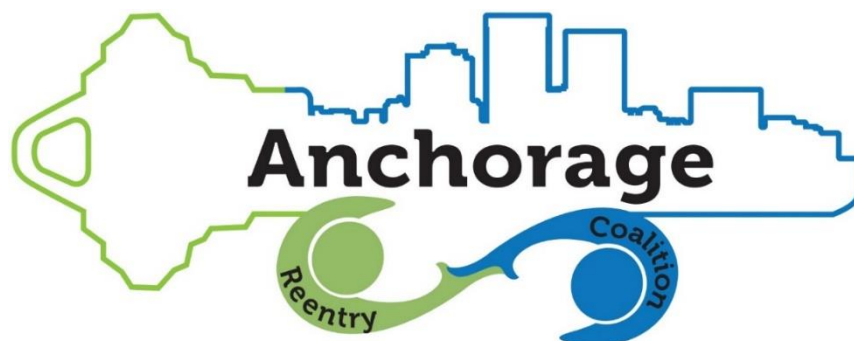
5. *Updates: Jonathan Pistotnik, Coalition Coordinator*

Mr. Pistotnik explained that HB 118 is a two-part bill that may be of particular interest in that it intends to have individuals that have been incarcerated for a certain amount of time leave a DOC facilities with an ID or driver's license in hand, and it aims to enhance access to computers and technology for people that are incarcerated. Visit the AK State Legislature website for more details about the bill: <http://www.akleg.gov/basis/Bill/Detail/32?Root=HB%20118>

Next meeting TBD

Other Online Resources Shared During the Meeting

- Annual PREA Reports - <http://dhss.alaska.gov/djj/Pages/GeneralInfo/PREAAAnnualReports.aspx>
- Alaska DOC PREA Page - <https://doc.alaska.gov/prison-rape-elimination-act>
- Stephanie Covington Book - <https://www.stephaniecovington.com/books/bookstore/becoming-trauma-informed/>
- “Court Says Idaho Must Provide Gender Confirmation Surgery To Transgender Inmate” NPR Article: <https://www.npr.org/2019/08/23/753788697/court-says-idaho-must-provide-gender-confirmation-surgery-to-transgender-inmate>
- Trauma Training for Criminal Justice Professionals, SAMHSA - <https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>
- Just Detention International Website - <https://justdetention.org/>



QUARTERLY COALITION MEETING

MAY 27TH, 2021

9:30-11 AM

ZOOM

The Anchorage Reentry Coalition Quarterly Meeting is open to all to attend, and is an opportunity to share information and network with those that are involved or interested in reentry.

The Presentations and discussion will include brief updates from various programs and services operating in the community and engaged in reentry. Representatives and staff will include those from the Mental Health Trust, DOC, CITC, Geo, Turyia of Alaska, Running Free, Partners Reentry Center, One2One Mentorship Program, AK Reentry Partnership, and more.

Representatives in attendance included those from the following organizations/groups: Alaska Mental Health Trust Authority; Alaska Department of Corrections (Reentry Unit; HARS; Anchorage Probation; ACC); GEO Group (Parkview; Midtown; Cordova); Partners Reentry Center; Alaska Department of Labor and Workforce Development; Southcentral Foundation, Family Wellness Warriors; Alaska Native Justice Center; Anchorage Neighborhood Health Center; Alaska VA; Alaska Housing Finance Corporation; U.S. Attorney's Office, District of Alaska; Turyia of Alaska; Running Free Alaska; Anchorage FACT; Anchorage Coalition to End Homelessness; Arc of Anchorage; NeighborWorks Alaska; Alaska Public Defender Agency; Dept. of Health and Social Services (OSMAP; Ladies First); New Life Development; Alaska Correctional Ministries; U.S. Probation; Alaska Legal Services Corporation; Alaska Criminal Justice Commission; Cook Inlet Tribal Corporation, Chanlyut; One2One Mentorship Program; Division of Juvenile Justice; AK Reentry Partnership; Akeela Inc.; Fairbanks Reentry Coalition; Juneau Reentry Coalition; Bristol Bay Native Association; Municipality of Anchorage, Anchorage Aging & Disability Resource Center; AK National Guard, Counterdrug Support Program.

Estimated Total Attendees: 56

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

Mr. Pistotnik stated that he will be wrapping up three years in his position as the Coalition Coordinator in July when the current grant comes to a completion, and that he intends to stay on. Mr. Pistotnik stated that the future of how he will operate is still a bit of an unknown. Despite some of the unknown he will continue to maintain his email contact list and is interested in adding email addresses to that list; continuing to expand contacts and connections to programs engaged or supportive of reentry; hosting coalition meetings and serving as a convener; and engaging in educational activities and advocacy for reentry and reentry services. Mr. Pistotnik stated that he is starting to think about reentry simulations again, and is looking forward towards hosting them again. Mr. Pistotnik encouraged coalition partners to utilize his email list or reach out if you may be seeking connections or information, or have information that you would like to share. Mr. Pistotnik said that he regularly receives phone calls and emails from people in the community asking about reentry services and referrals to key stakeholders, and that there is an interest within the community regarding reentry and regarding those coalition partners that are engaged in this work.

2. *Travis Welch, Alaska Mental Health Trust Authority* (travis.welch@alaska.gov)

Mr. Welch is a Program Officer with the Alaska Mental Health Trust Authority (Trust) and oversees projects relating to Disability Justice. Mr. Welch explained that the Trust is a state corporation that has a Board of 7 Trustees, and that the Trust serves people (beneficiaries) living with mental illness, behavioral health issues, those living with Alzheimer's, traumatic brain injury, and other cognitive impairments. It was stated that three aspects to the Trust's work is to serve as a convener and to bring different organizations together to address issues that impact beneficiaries; to serve as a funder for programs benefiting beneficiaries (~\$30 million annually); and to provide advocacy on behalf of beneficiaries. Mr. Welch

explained that the Trust has an interest in trying to prevent beneficiaries from becoming involved with the criminal justice system, and that there is an interest in ensuring appropriate services are available during various stages of the criminal justice process (e.g. therapeutic courts, in-prison program reentry services) to help reduce potential trauma to that beneficiary. More specifically to reentry, the Trust provides funding for community reentry coalitions in the Mat-Su, Fairbanks, Juneau, and Anchorage. Mr. Welch explained that the Trust provides funding for housing through AHFC, and provides funding for the APIC program. Mr. Welch expressed his gratitude towards those engaged in reentry and the positive efforts directed towards beneficiaries. Mr. Welch also stated that the Trust is able to provide technical assistance to organizations that provide services to Trust beneficiaries, including grant writing, strategic planning, and more. The Trust also provides mini-grants that can go towards an individual beneficiary. More information about services available through the Trust and their work can be found on their website; contact information can also be found on the website. [<https://alaskamentalthtrust.org/>]

3. *Laura Brooks, Health and Rehabilitative Services, AK Department of Corrections*
(laura.brooks@alaska.gov)

Ms. Brooks is the Operations Manager of Health & Rehabilitation Services within the Department of Corrections. Ms. Brooks stated by clarifying that the general recidivism rate in Alaska (~60%) is inclusive of felony return to custody, misdemeanor and probation violations, and stated that figure has dropped about 9% over the last decade. Ms. Brooks stated that while probation violations and technical violations are important, new crime recidivism in Alaska is 29% which represents a 11% decrease over the last five years. Ms. Brooks stated that these figures indicate that the efforts of those engaged in promoting reentry and related efforts, they are working and expressed appreciation for the contributions of those engaged in these efforts.

Ms. Brooks proceeded to provide updates pertaining to COVID-19, stating that 35,000 COVID tests inside DOC facilities have been completed, just under 6,000 vaccinations have occurred, resulting in nearly 3,000 fully-vaccinated individuals. It was stated that DOC is seeing people coming into their facilities that are already vaccinated as well, and that individuals are continuing to be offered vaccinations while in-custody including those coming into the facilities from the community. Clinics are continuing for inmates and staff, incentives are being offered, videos are being used to try to inform and reach those that may have yet to be vaccinated, and assistance is being provided to DJJ facilities throughout the state.

Ms. Brooks stated that staff and inmates are still wearing masks inside the facilities, screening is taking place for those entering the facilities, and DOC is opening the facilities to pre-COVID levels effective as of 5/27/21. Ms. Brooks stated that this normal movement within the facility is being allowed, and that access to all classes, group activities, recreation, religious services, etc., are not going to be limited except in those instances where the physical space and distancing among individuals may be a factor. It was stated that public access is returning to normal, meaning all volunteers, case managers, professional visits, outside contractors will be allowed in so long as they wear a mask and pass the basic COVID-screening procedures; one exception is that there is no contact visitation yet for those interested in visiting with

individuals at DOC facilities. Ms. Brooks clarified that there are no restrictions or limitations on the basis of vaccination status for inmates or outside visitors.

4. *Joanne Wiita, Reentry Unit, AK Department of Corrections* (joanne.wiita@alaska.gov)

Joanne Wiita is the Grants Administration Manager for the Alaska DOC Reentry Unit. Ms. Wiita provided a brief overview of the Second Chance Act Grant (SCAG) and the Correctional Adult Reentry Education, Employment. Ms. Wiita explained that there continues to be federal Second Chance dollars available to various entities, and encouraged others to look into those opportunities. It was explained that Alaska was awarded a SCAG in 2018 and it entails: establishing a reentry program (currently operational in Anchorage, Mat-Su, and Fairbanks); establishing a reentry unit; improving risk and needs assessment (LSI-R); promoting quality programming (e.g. offering evidenced-based programs); conducting quality improvement with the assistance of UAA; developing a peer mentor network, which will include an opportunity to obtain a certificate as a Peer Support Professional II; and strengthening relationships with AK Native people and rural communities. Ms. Wiita expressed interest in engaging with community-based organizations that are interested in offering culturally-relevant programming. Ms. Wiita detailed that currently among SCAG participants 31 are active in the program, 62 have successfully completed, and 70 have not completed/failed/no-shown. Ms. Wiita proceeded to display an organizational chart of the staff people working within the Reentry Unit. Ms. Wiita explained the different ways that DOC is staying engaged and communicating with the community including various work groups, reentry coalitions, AK Reentry Partnership, and other local engagement. It was stated that DOC has another grant, the Recidivism Reduction Strategies Program (CAREERRS) which will be explained at a future time.

5. *Janice Weiss, Reentry Unit, AK Department of Corrections* (janice.weiss@alaska.gov)

Janice Weiss is the Reentry Program Manager of the Reentry Unit. Ms. Weiss explained the purpose of the reentry unit, and stated that they are close to being fully staffed (9 people). Ms. Weiss stated that due to the fact that Alaska is unified system and that there are a variety of people in each institution (sentenced and unsentenced; short-term and long-term) it can prove difficult to delivery programming and meet the needs of all individuals; programming offered through the reentry unit is intended to help overcome some of those barriers and will be available across all institutions for those that would like to partake. It was stated that a series of modules will be available (cognitive self-change; victim impact; treatment and recovery; employment/housing; setting goals; writing a case plan; surviving probation & parole), based off of a framework from *The Ex-Offender's Reentry Success Guide: Smart Choices for Making It on the Outside* (2020). Ms. Weiss proceeded to provide more details about each of the modules, and stated that efforts are being made to finish development of the modules with the intent that it will be available in the next fiscal year.

6. *Daniel Perkins, Chanlyut Program, Cook Inlet Tribal Council (DGPerkins@citci.org; Office: 907.793.3640)*

Mr. Perkins introduced himself as the new Program Manager at the Chanlyut Program at Cook Inlet Tribal Council (CITC). Mr. Perkins explained that the Chanlyut Program was first created back in 2006 by Bill Turnos, and that it was initially an 18-month program modeled off of the Delancy Street Model, and that micro-enterprises were utilized to help fund the program. It was stated that as of February, 2021 the program became a 3.1 ASAM level of care (low-intensity residential program) and is now a 4 to 6-week program. Mr. Perkins explained that the program is still for men, is located in the same location in Mountain View, and has 18 beds (max 24 beds). Mr. Perkins explained that there are staff on-site to assist residents with personal needs to facilitate their success, and that residents have the ability to access employment and job preparation resources through CITC (interview preparation, resumes, job seeking, skill training and job development, etc.). Mr. Perkins explained that at Chanlyut there is an in-house village council model, and that each individual takes on and practices having certain responsibilities in the home over time. Mr. Perkins stated that residents will have access to peer support and sober support during the program and after completion, and that out-patient clinical care is available after graduation as well. Mr. Perkins stated that graduates have been experiencing a great deal of success since the change to the shorter program.

Other information from the chat box: Chanlyut is not CURRENTLY full. We do serve Men only, ages 18+, BOTH native and non-native. We are a 6-week Low-Intensity Residential Program (ASAM 3.1). We typically exclude the SO population, but are willing to consider marginal cases. For application to Chanlyut, please call 793-3600 and we can get an appointment for assessment or addendum (as-needed). Online other articles:

- <https://citci.org/2020/12/a-lot-to-offer/>
- <https://citci.org/2021/02/reimagining-chanlyut/>

7. *Stephanie Rhoades, One2One Mentorship Program (one2onementorship@gmail.com; 907-229-3016)*

Ms. Rhoades introduced herself as a retired District Court judge that created the first Mental Health Court in Alaska, and upon retiring started the One2One Mentorship Program which services justice-involved women. Ms. Rhoades explained that the program started out of an interest among women that she was working with to have access to mentors to aid professional development. Ms. Rhoades explained that she is continuing to hold in-person group meetings again at New Life Development. Ms. Rhoades stated that there are currently six mentees in the program, and that while there are interests and efforts being made to assist with employment, there are a host of other matters that are being attended to. Ms. Rhoades stated that matching mentees and mentors was largely put on pause during the pandemic, but now that things are opening up again that could lead to more normal programming. Ms. Rhoades is seeking referrals into the program for those women that are open to engaging and interested in the support the program has to offer.

8. *David Westlake, Turiya of Alaska* (turiyaalaska@gmail.com)

Mr. Westlake explained that Turiya of Alaska brings yoga, mindfulness meditation, and trauma-informed practices into correctional facilities and other organizations around the community. It was explained that prior to COVID Turiya of Alaska was engaged in yoga teacher training inside Spring Creek CC, and was engaging with people and visiting facilities and programs such as the Lima Unit inside ACC, McLaughlin Youth Center, Northstar Hospital, JBER, and other places. Mr. Westlake proceeded to explain some of the philosophy and approach that Turiya of Alaska takes to engage with people through yoga and mindfulness activities, and engaged in a short breathing exercise with the attendees. Mr. Westlake encouraged those in attendance to reach out if there is any interest in partnering. Mr. Westlake has a radio program on 106.1 (KONR) called Breathing Stillness that can be heard on Friday afternoons or streamed online.

9. *Lisa Keller, Running Free Alaska* (lisa@qci.net; info@runningfreealaska.com; 907-242-9361)

Ms. Keller is the General Manager of Running Free Alaska. Ms. Keller explained that traditionally Running Free has been operated out of Hiland Mountain, and that while the in-prison component has been largely put on hold during the pandemic that has allowed for more energy to be spent on the reentry component of the program called “Released Runners.” Ms. Keller stated that in the past Running Free has helped women get connected with people in the running community, covered entry fee costs, and provided running gear. Ms. Keller explained that last summer the “Peek A Week” program was started, which entailed hiking a new peak or trail each week; last summer there was one woman that partook and reported that she really benefited from the activity. Ms. Keller stated that there are currently 8 women who have committed to the activity for the upcoming summer. Ms. Keller explained that a long-term goal of Peak A Week is to try and get women out of state to engage in trail races in places such as Zion, Bryce Canyon, and Grand Canyon National Parks. Ms. Keller explained that The Running Free 4 Miler race will be held virtually this year, from June 24-July 4. Ms. Keller explained that Running Free has made the decision to help cover the cost of child care for women that are participating in programming, as that was cited as an area of need among participants.

Sign up for Running Free 4 Miler through our website: www.runningfreealaska.com.

10. *Teri Tibbett, Alaska Reentry Partnership* (teri.tibbett@alaska.gov; akreentrypartnership@gmail.com)

Ms. Tibbett stated that the Legislature is still in-session, and that there are still some items worth tracking; a recent budget alert went out that has information about items of interest relating to mental health and other issues (reach out for more information if interested). Ms. Tibbett proceeded to describe the Alaska Reentry Partnership, which is a statewide grassroots collaboration of various stakeholders engaged in reentry. It was stated that meetings happen once a month and serve as an opportunity to share information and connect with stakeholders around the state. To date, there has been some advocacy efforts surrounding legislative matters including access to and use of technology inside DOC facilities. Ms. Tibbett stated that there is a continued interest in engaging with other organizations and partners doing this work, and also connecting with people that have lived experience who can share their story. Ms.

Tibbett encouraged attendees to reach out if interested in learning more, sharing one's story, or getting engaged. [Website: www.akreentry.org]

11. *Trey Watson, Cordova Center, GEO Group (twatson@geogroup.com)*

Mr. Watson, introduced himself as the Facility Director at Cordova Center. Mr. Watson stated that the Cordova Center is a Community Residential Center located in the Ship Creek area of downtown Anchorage that primarily houses males, and that they currently have contracts with the Federal Bureau of Prisons (BOP) and the Alaska Department of Corrections (DOC) to house individuals from their respective corrections systems. Mr. Watson explained that they do cooking on-site and catering for the other two local facilities. Mr. Watson explained that individuals typically housed through the BOP contract have longer sentences and that they receive support in finding employment and treatment services in the community while at Cordova. Mr. Watson stated that individuals coming to Cordova through DOC are either confined or furloughed; confined residents engage in activities on-site or via community work services, while furloughed residents are able to access treatment services in the community and engage in employment. Mr. Watson stated that COVID-19 protections has limited some of what they can typically do in-house, but increased vaccine availability has allowed the facility to begin to open up again. It was stated that at Cordova evidenced-based cognitive programs are offered, including MRT and Living In Balance. Mr. Watson explained that a new culinary training program has started up for residents, and that there is a basic 15-hour training course option and an advanced 25-hour course, and that there are efforts to aid individuals in gaining employment in the culinary field.

12. *Silifu Tito, Midtown Center, GEO Group (stito@geogroup.com)*

Ms. Tito, Facility Director at the Midtown Center, explained that Midtown Center is an all-female facility that has many residents coming over from Hiland Mountain with a current contractual capacity of 24 residents. It was stated that Midtown is contracted with DOC, and that it mirrors much of what happens at Cordova Center. Ms. Tito stated that there has been efforts to utilize video technology to connect residents with family members, which has had a positive impact. Ms. Tito expressed an interest in continuing to network with people and programs engaged in reentry work in the community.

13. *Michael Collier, Parkview, GEO Group (mcollier@geogroup.com)*

Mike Collier, Facility Director, Parkview Center stated that June 22nd, 2021 will mark the one-year anniversary of the re-opening of Parkview which had been closed since 2016. Mr. Collier stated that during the height of the COVID pandemic that Parkview became a quarantine facility, in collaboration with DOC and public health; residents receive regular testing, monitoring, and on-site vaccinations have been offered. Mr. Collier stated that once approval is given through DOC, they are eager to operate in a normal fashion and offer routine programming.

14. *Christina Shadura, Partners Reentry Center (christinashadura@pfpalaska.org)*

Christina Shadura stated that Partners Reentry Center has re-opened for clients without an appointment, and that the job lab is open again, and that case management meetings and support groups are set to start again at PRC. Ms. Shadura shared that John Boullion is the new Center Director and Josh Adams is the new Deputy Director.

15. *Jonathan Pistotnik, Anchorage Reentry Coalition*

Mr. Pistotnik stated that since pivoting to Zoom, Anchorage Reentry Coalition meetings have averaged more than 50 people per meeting and that continuing to use Zoom to host these meetings may be the long-term approach. He encouraged people to reach out if they are interested in sharing information at a future meeting, or if they would like to give a presentation.

Other Information Provided In the Chat Box Separate from Speakers:

- Trish Main, Anchorage Aging & Disability Resource Center - We are an information & referral center and we have programs that help pay rent deposits or arrears and electric bills. www.muni.org/ADRC.
- Timothy Ledna introduced himself as the new Reentry Coalition Coordinator for Fairbanks.
- Demetria Veasy, Alaska Job Center Network, Anchorage/MatSu Regional Manager, AK Department of Labor and Workforce Development (Demetria.veasy@alaska.gov; 907-269-4733) - ALL Job Centers statewide will be re-opening to the public effective JUNE 1st. Due to social distancing requirements, there will be limited capacity; however, we will be returning to full service delivery. Starting 06/14, we are hosting a Virtual Statewide Job Fair (<https://jobs.alaska.gov/jobfairs/virtual.html>). We have several employers with very high employment needs, especially in the tourism and hospitality industry. Please don't hesitate to contact me for questions or concerns.

**Next Meeting
TBD**

Jonathan Pistotnik

From: Jonathan Pistotnik <jpistotnik@nwalaska.org>
Sent: Wednesday, August 19, 2020 10:36 AM
To: Jonathan Pistotnik
Subject: Meeting Reminder: Technology Access Inside Prisons, Community Impact, and Lessons Learned

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

[View this email in your browser](#)



Hello Anchorage Reentry Coalition,

This is a reminder that the Anchorage Reentry Coalition is hosting a meeting **tomorrow Thursday, August 20th from 9:30-10:30AM on Zoom for a discussion around Technology Access Inside Prisons, Impact in the Community, and Lessons Learned.**

Currently, access to computers and modern technology is severely restricted inside Alaska correctional institutions. Although computer access may be allowed in certain circumstances for educational and vocational purposes, access to computers is restricted and the prohibition on all forms of internet access by inmates further limits many practical usages of computers and modern technology.

Presently, there is existing state statute that limits access to computers and the lifting of these restrictions must first start with the Legislature. In the last legislative session, HB 307 was introduced which aimed to expand computer access. Due to the emergence of COVID-19 this bill did not pass out of committee, yet interest in this topic remains.

The topic of technology access and utilization inside institutions is a topic that has subsequently gained increasingly more interest in the reentry community with the suspension of in-person prison visits and

institutional programming effectively being put on pause during the COVID-19 pandemic that is shows no signs of abating. Simultaneously, there has been an increased reliance on technology to conduct routine day-to-day business during the pandemic that has made programming and communication challenging for reentrants that are unfamiliar with modern technologies, and for staff that have a need to continue to conduct out-reach that previously involved visiting correctional institutions.

There are potential solutions to mitigate the lack of in-person interactions inside the institutions that leverage technology, but in order to do so state law must be updated to reflect the realities of 2020 and beyond. Fortunately, other states and jurisdictions have allowed broader access to computers and internet that Alaska can learn from.

- But what happened in other correctional systems when access to computers and web-based services were allowed?
- What are the means for making technology available to correctional institutional populations in other states?
- Can lifting restrictions lead to unintended consequences or additional burdens placed on inmates and their families in order to access and utilize technology?
- What policy or procedural changes can we advocate for in Alaska that strikes a balance between equitable and fair accesses to technology inside correctional institutions, while ensuring safety is maintained inside the institutions and the broader community?

Please join us as we hear from representatives from Alaska Native Justice Center and the Alaska Department of Corrections as to the realities facing people and their need and ability to utilize technology in the midst of the COVID-19 pandemic. We will also hear from Wanda Bertram, Communication Strategist with the Prison Policy Initiative to learn more about the issues surrounding the use of technology inside correctional institutions around the country, and hear about lessons learned elsewhere that we can use to inform our own advocacy efforts here in Alaska centered on expanding access to technology inside correctional institutions.

Please register in advance for this meeting: <https://zoom.us/meeting/register/tJckdOqsgT4oEtAHO-w6u5OVBJ1a6L7vWop2>

Hope to see you there!

-Jonathan

Jonathan Pistotnik, MPH
Coalition Coordinator
Anchorage Reentry Coalition

907-677-8412

reentry@nwalaska.org

If not us, then who?

If not now, then when?



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You are receiving this email because you are currently on the Anchorage Reentry Coalition's email distribution list (managed by Jonathan Pistotnik, Coalition Coordinator).

Our mailing address is:

Anchorage Reentry Coalition

2515 A St.

Anchorage, AK 99503

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This email was sent to jpistotnik@nwalaska.org

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Anchorage Reentry Coalition · 2515 A St. · Anchorage, AK 99503 · USA



Jonathan Pistotnik

From: Jonathan Pistotnik
Sent: Friday, September 25, 2020 11:12 AM
Subject: Anchorage Reentry Housing Discussion

Good Afternoon,

For those of you that haven't met me (or for others for whom it has been a while), my name is Jonathan Pistotnik and I am the Coordinator for the Anchorage Reentry Coalition. My work is focused on prisoner reentry, and engaging in advocacy and community-organizing work around this topic in Anchorage.

As you already know, housing and access to housing after releasing from incarceration is an important issue. In Anchorage we are fortunate to have both people and organizations that are willing and open to housing the reentry population, and a fiscal agent and funding sources (PRC; the State, other grants) to help coordinate and cover the costs of short-term beds immediately after incarceration.

You, as housing providers play an integral role in the reentry process for so many people coming to Anchorage and are a direct contributor to maintaining public safety in Anchorage. I also want to recognize the extra burdens that you, as housing providers, are likely enduring during the COVID-19 pandemic. While many service providers and organizations have been able to institute work from home or teleworking options, you have continued to be on the front lines during the course of this pandemic. For that, I am grateful.

Recently, I became a member of the Advisory Council for the Anchorage Coalition to End Homelessness (while maintaining my current role with the reentry coalition). By participating with the Homeless Coalition I hope to bridge gaps and advocate for greater awareness around the oftentimes overlapping nature and issues of criminal justice involvement, reentry, homelessness, and a seeming lack of access to safe and affordable housing options.

In order to be a better advocate for housing providers and reentrants; to be better able to articulate the experiences of you, as housing providers; and to be able to convey the need for system improvements and additional resources, I would like to connect with the reentry housing providers in Anchorage for a listening session. I want to hear your feedback as reentry housing providers as it pertains to operating during COVID-19, and want to hear more about your experiences as members of the housing safety net in Anchorage.

Please join us on Friday, October 9th from 12:30-1:45 on Zoom for this discussion.

Since this will be hosted on Zoom and is intended to be a semi-private discussion I ask that you please register in advance. This meeting is not intended for the community at-large, but if you know of another housing provider (for-profit; non-profit; faith-based) located in Anchorage that specializes in housing people returning to the community from incarceration, feel free to pass this invitation to them. If you are unable to join us but would like to provide some feedback to me, I would gladly accept written correspondence or would be willing to connect over the phone. Feel free to send questions my way should you have any.

Thank you and I look forward to our conversation on the 9th!

REGISTRATION LINK: https://zoom.us/meeting/register/tJEvde2srT8pGtw_cxRdAvpnA7sfen8mw858

-Jonathan

Jonathan Pistotnik, MPH
Coalition Coordinator

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jpistotnik@nwalaska.org
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<https://www.anchoragereentry.org/>
[Facebook Page](#)



Invited about ~15 housing programs/locations.

Attendees were from New Life, Oak House, and Norris House.

4 attendees total.

PART G

**Community Education Outreach,
Correctional Facility In-reach,
Trainings, Webinars, and Technical Assistance
Opportunities**

**Educational Presentations and Engagements Speaking About Prisoner
Reentry & the Reentry Coalition**

DATE	AUDIENCE/SETTING	TOPIC	# ATTENDEES
8/24/2020	AHFC - Jumpstart Team Meeting (Zoom)	Anchorage Reentry Coalition and Reentry in Anchorage	7
8/24/2020	Faith Community Nursing and Health Ministers Network (Zoom)	Anchorage Reentry Coalition and Reentry in Anchorage	~13
10/22/2020	Anchorage Coalition to End Homelessness - Advisory Council Meeting (Zoom)	Incarceration, Reentry, and Homelessness	27
10/23/2020	Alaska Legal Services Corporation Meeting (Hangouts)	Anchorage Reentry Coalition and Reentry in Anchorage	30
11/18/2020	Anchorage Assembly, Committee on Homelessness (Microsoft Teams)	Incarceration, Reentry, and Homelessness	+40
3/18/2021	Tribal Intergovernmental Reentry Workshop (Zoom)	Reentry Simulations (co-presentation with Yulonda Candelario)	+40
4/2/2021	DOC Training Academy (Palmer)	Anchorage Reentry Coalition and Reentry in AK	+30
4/5/2021	UAA class: Homelessness and Crime (Zoom)	Incarceration, Reentry, and Homelessness ("Homelessness Among Reentrants.")	5
6/24/2021	DOC Training Academy (Palmer)	Anchorage Reentry Coalition and Reentry in AK	~45
6/24/2021	Anchorage Reads Panel Discussion (Zoom)	Anchorage Reads: The Role Prisons Play	40

Correctional Visits & In-Reach Summary

Until May, 2021, all in-person visits to correctional institutions were prohibited. No in-person visits took place during the year.

A video was created by the Coalition Coordinator in an attempt to circumvent this policy and to find a creative way to bring messaging from the community to inmates. The video is online and can be accessed via this link:

Reentry Coalition video link: <https://vimeo.com/475635754>

Password: reentry

Trainings, Webinars, and Technical Assistance Trainings Attended

DATE	DESCRIPTION
7/24/2020	Into Freedom: Coming Home Starts With A Ride (Anti-Recidivism Coalition)
7/29/2020	Webinar: Justice Reinvestment and 'Defund the Police' (Sentencing Project)
8/10/2020 to 8/11/2020	Homeboy Industries virtual conference
August, 2020	Alaska Peer Support Webinar Series - Webinar 1 -3 (AK DHSS)
8/18/2020	AK - Tech Summit Webinar
10/26/2020 to 10/28/2020	APHA 2020 (American Public Health Association)
10/28/2020 to 10/29/2020	AK Statewide Opioid Summit
11/17/2020	Youth Justice in the COVID-19 Era Webinar (Sentencing Project)
12/9/2021	LGBTQ+ Competency (The Alliance)
1/5/2021	Restorative Justice 101 Training
1/12/2021 to 1/13/2021	Mat-Su Reentry Coalition Conference
1/20/2021	Harm Reduction Training Series: HIV 101 (ANTHC)
1/21/2021	Non-profit creation workshop (Foraker Group)
1/29/2021	MMIWG2S Lunch and Learn
2/9/21 to 2/12/2021	Annual AK Reentry & Recidivism Conference
2/24/2021	AHNTC Harm Reduction Training (ANTHC)
3/24/2021	Harm Reduction Training Series: Stigma, Empathy & Trauma Informed Care (ANTHC)
4/27/2021	Web seminar: The Role of Housing Supports in Reentry (BJA NRRC)
5/20/21	An Update on the American Rescue Plan Act (Foraker Group)

PART H

Other Notable Contributions, Accomplishments, and Highlights

Membership, On-going Meetings and Committees, and Regular Meeting Participation

- Anchorage Coalition to End Homelessness Advisory Council member and contributor to the Community Priorities Subcommittee.
- Alaska Behavioral Health ACT Stakeholder Committee member.
- Core group member for the CITC planning grant project for justice-involved pregnant women and mothers of young women.
- Contributor to the AK Justice & Reentry Partnership.
- Alaska Tribal-Inter Governmental Reentry Workshop planning committee participant.
- 16th Annual Reducing Recidivism and Reentry Conference planning committee member.
- Rehabilitation, Reentry, and Recidivism Reduction Workgroup attendee.
- NeighborWorks Alaska Community Development meeting attendee.
- DOC Post-Release Services Work Group attendee.
- DBH Reentry Case Manager Bi-weekly meeting participant.
- Participated in an ad-hoc workgroup to create a design for an online reentry portal/hub.

Other Contributions

- Closed out COVID-19 Relief Grant from the Mental Health Trust, in collaboration with Oak House and Norris House. This grant provided a total of \$25,000 (split between the programs) that was used to contribute to operations costs and to support residents at each housing program.
- Provided on-going support and assistance for the Coalition Case Manager grant currently managed by NeighborWorks Alaska and implemented by Partners Reentry Center.
- Participated in conversations with eight members of the Alaska Legislature to inform them about the reentry coalition and the importance and impact of reentry in Anchorage.
- Gave out donations of personal hygiene items to reentry housing providers throughout the year; acquired numerous articles of clothing (men's suits, sports coats, slacks; men's and women's casual clothing, coats, and jackets; socks and underwear and disbursed them to service providers and housing providers that work directly with reentrants.
- During the Fall, 2020, created an "In-reach video" and posted it online. At the time, no one from the community was allowed inside the institutions, and so this video served as a method for service providers to share their out-reach messages to the inmates inside the facilities. Participants included representatives from PRC, ANJC, VA, Oak House, New Life Development, Norris House, and Aurora House. Video link was shared with DOC staff and posted to Vimeo, from where the video could be viewed and downloaded on to local computers. The total reach of the video is unknown, but there have been some anecdotal reports that the video was seen by some.
- Provided input on an application for an AmeriCorps VISTA volunteer to be hosted by NWAK, to support safety initiative and community engagement activities (including supporting the Coalition Coordinator).
- Requested to provide letters of support for two individuals requesting early release from parole.
- Provided a small amount of support for a coalition partner as a subject matter expert and community partner in their efforts to obtain their MPH from UAA.

INTRODUCTION

Jonathan Pistotnik, Coalition Coordinator
Anchorage Reentry Coalition

A portion of those released from incarceration release to homelessness, and effectively release into a state of poverty. Many of these same individuals also have histories of drug and alcohol use, traumatic brain injuries, depression, and other mental health conditions; some have been convicted of sex offenses that lead to further ostracism and isolation. Fortunately, there are transitional housing providers in Anchorage that provide housing to this population so that they do not release from incarceration directly into homelessness. Besides offering shelter as part of the housing safety net in Anchorage, these transitional housing programs provide access to food and social support, offers a sense of local community and belonging, and presents individuals opportunities for reintegrating back into the larger Anchorage community.

Many reentrants exist at the margins of society, but the COVID-19 pandemic added further complications and barriers to many people's ability to integrate into the community post-incarceration with shifting employment opportunities, reduction of treatment options, public transportation stoppages, and limited service provider interactions and support. This situation has led to additional strain on housing providers as they seek to keep their residents healthy and housed safely, while continuing to keep their doors open. The COVID-19 pandemic and subsequent hunker down orders have put additional burdens on housing providers to ensure facilities are clean, personal protection equipment is available for residents, that residents have enough to eat, and has increased the need to provide enhanced wrap-around service in-house.

While there are programs that help cover the cost of rent for reentrants, transitional housing providers also have self-pay residents that are at-risk for not being able to cover the cost of rent. There is a risk that if transitional housing providers cannot adequately meet the needs of their residents and have to scale back services or close their doors, this could result in a decreased number of available beds in Anchorage for Trust beneficiaries with criminal-justice system involvement and increased housing instability among this population.

To lessen the impacts of COVID-19, the Anchorage Reentry Coalition sought and was awarded an AMHTA COVID-19 Response Grant on behalf of two coalition partner organizations that offer transitional housing and other wrap-around services for reentrants in Anchorage. Funding was sought to help these housing providers continue to operate and provide a very important and needed service in Anchorage. The Coalition Coordinator worked collaboratively with Carey Brown (Owner, The Brown Group/Norris House) and Oreyal Jacquet (Owner, Oak House) to seek out and administer the grant. Additional support was provided by NeighborWorks Alaska in the disbursement of the awarded funds. The following report explains in more detail as to how the grant funds were used at each organization and the impacts the grant had on the organizations and their residents. The accompanying spreadsheet details how grant funds were spent.

NORRIS HOUSE

Carey D. Brown, Owner
The Brown Group/Norris House

In partnership with the Alaska Mental Health Trust Authority, Anchorage Reentry Coalition, and NeighborWorks Alaska, the Norris House Transitional Program was fortunate to receive grant funding to assist its participants through COVID-19 hardships, by providing the following:

- PPE: Personal Protection Equipment to keep participants safe inside of the facility and within the community;
- Cleaning Supplies: Soap, hand sanitizers, hand wipes, and other disinfectants to keep germ transference to a minimum; and
- Rent: Subsidy payments for those participants who were laid off from work or suffered a loss of work hours due to COVID-19 restrictions within the municipality.

One of the goals of the Norris House is to provide a safe, sober living environment for those individuals recently released from incarceration, ultimately reducing recidivism rates in our state. This program assists its participants with securing employment, applying for services, adjusting to the community, acclimating to the digital requirements of today's world, all while promoting gradual community inclusion and awareness. In addition, the Norris House is one of the only programs to provide a safe space for some of our special populations of reentrants, including those with sexual offenses, and those suffering from mental health conditions, depression, suicidal thoughts, and polysubstance dependence. The structure of our programming provides the support needed for our participants to ease into self-sufficiency and a productive routine.

Given many of the uncertainties facing reentrants as they seek to adjust and integrate into the community after releasing from incarceration, the Norris House places priority on structure and consistency. One primary focus of this structure for our participants is to secure and maintain gainful employment. Many Norris House residents work within the entry-level customer service and trade positions within the Municipality of Anchorage, and as of mid-March 2020, the COVID-19 pandemic began to manifest in job stoppages and unemployment for our program participants. Norris House participants face many obstacles every day which tests their will and desire to live a productive life free of crime, and job loss is one of the events that can be enough to spell defeat for our reentrants.

The COVID-19 Relief Grant from the Alaska Mental Health Trust Authority was a timely opportunity to keep the participants feeling positive, and a bit less anxious during these tough times. With additional limitations on being able to visit family and friends due to the pandemic, any provision of assistance is enough to help them to make it through each day. When we were able to tell our participants that some of their rent had been covered by an unexpected grant, the collective sighs of relief and the sudden mood shift from hopelessness to renewed hope was enough to make any social service provider appreciative of the work that we do. It is through partnerships like this one

that great work can be done in our community. Below are quotes from Norris House residents that benefited from this grant opportunity:

"I was hopeful that I would not get laid off, because my job just reduced my hours at first. Then they told me that I was going to be laid off until they opened back up, and that they did not know when that would happen. I was scared that I was going to lose my housing, even though Mr. Brown said that he would do everything he could to keep me here. This is a nice place to live until I can go back home. I have seen some of the other programs, and I would not want to leave Norris House. When Mr. Brown said that my fees was going to be covered by a grant, I was wondering why I was picked, and just so happy that I was. I get let down a lot, by friends and family, but this made me feel good. I don't feel good about myself all of the time. I was able to find a new job and earn some paychecks before having to pay the Norris House again. I have some money saved, and I got to keep my house. I want to say thank you to everyone who helped me. I feel good." –D.B.

"I lost some hours at work, but I was able to keep my job. I have a lot of fees and bills to pay, and the new job said that I had to have masks and sanitizer with me at work every day. They said that I had to buy it out of my pocket. I did not have a lot of extra money for this, but Norris House told us at a meeting that they had masks and hand sanitizer and gloves for everybody in the house to use. That made me feel easy because I did not want to lose my job. If I do, I could go back to prison. I work hard and I don't get into any trouble. The Norris House helps me a lot. Some of these things can get expensive, and I get worried that I can't help myself and then maybe give up. They let me be late on my house fees a few times so that I can get some money saved." –J.G.

The Norris House would like to thank the Alaska Mental Health Trust Authority and the Anchorage Reentry Coalition for considering us for this grant opportunity. We were able to stave off a budget crisis when more than half of our participants lost employment or suffered a drastic reduction in work hours. We will continue to serve common beneficiaries and special populations, and financial support this grant offered makes it that much easier for us. We would certainly welcome any information for future funding opportunities as they arise. Everyone at the Norris House is very appreciative of your kindness!

OAK HOUSE

Oreyal Jacquet, Owner
Oak House

We are incredibly grateful to Alaska Mental Health Trust for the grant. We believe that shelter is a human right, and we are committed to providing critical and essential housing and supportive services to those reentering the community living in poverty and experiencing homelessness in our community. This includes individuals that have released from a correctional facility.

The Oak House took advantage of this generous opportunity to purchase personal supplies and cleaning supplies that helped to ensure our facilities are clean and sanitary, and that residents are protected from COVID-19 while at Oak. Grant funds were also used to purchase food for clients, many of whom became unemployed during the early days of the pandemic and concurrent to the hunker down orders issued through the Municipality of Anchorage. Similarly, Oak used the bulk of the grant money to cover monthly program fees for residents (rent) that became unemployed or were unable to find and maintain steady employment during the pandemic. Fifteen unique clients at Oak were able to have a month of program fees covered through this grant opportunity.

Below are two testimonials provided by clients who have benefited from the grant funding awarded to Oak House.

"Dear Sirs/Madams,

I love the Oak House. I've been here a year and I'm safe, supported, I have great friends and I really like the owners who always help me. We are comfortable, we feel safe from COVID, and the units are cleaned and inspected often. Sterilizations are daily here. The managers care about us as people and will do most anything to help us. People are much better off here than on the street and can encourage each other to make good choices. The financial assistance or guidance helped me manage my money and save more than I've had before. Even though I could leave to Colorado I've chosen to stay here until January, 2023, that's how good a place, and how safe a place this."

- Mark Talbert

“To Whom it may concern,

My name is Chris Carmichael and have resided at the Oak Residential Housing Facility since early January of 2020. During my stay at the Oak, I have been very impressed by the staff and its mission orientation due to the following points:

- 1) The vision of the Oak embeds spiritual health, physical safety, and teamwork as working tenets of the daily experience of the residents.*
- 2) Reasoned judgements and fairness are demonstrated in any disciplinary actions, where reclamation and growth in residents is the driving force of action.*
- 3) COVID protections, security, sterilization protocols, and daily wipe downs of all common areas ensure the most healthful environment that a communal living environment can possibly offer.*
- 4) Without the Oak Residential and its management, many occupants would be much more likely to tend towards recidivism and fall back into undesirable behaviors.*

My own situation has been very positively affected by this establishment and I offer my unreserved support of the Oak Residential Housing Facility. It is literally preserving lives.

In Service, Chris Carmichael”

Again, we would like to thank the Alaska Mental Health Trust! These funds will help the Oak House continue to meet the needs of people who have been deeply affected by COVID-19 and who might otherwise have gone without housing and supplies during these unsure times.

Anchorage Reentry Coalition



Presentation Objectives

1. Inform you about the Anchorage Reentry Coalition.
2. Stimulate your thinking about what "reentry" entails.
3. Better understanding of why this is important to Anchorage.



**What do you think of
when you hear the word
"reentry"?**



- Reentry into the community is oftentimes a complex issue.
- There are common themes, but every situation is unique.

- Generally, the majority of people that become incarcerated are of lower socioeconomic status (e.g. lower levels of educational attainment, low income, low skill).¹
- Those with lower SES are more at-risk for living in poverty, experiencing violence and trauma, living in poor neighborhoods, and experiencing environmental hazards.²

1. Prison Policy Initiative - <https://www.prisonpolicy.org/reports/income.html>

2. American Public Health Assoc. - https://www.apha.org/-/media/files/pdf/factsheets/advancing_health_equity.ashx?la=en&hash=9144021FDA33B4E7E02447CB28CA3F9D4BE5EF18

REENTRY-RELATED SECTORS



Anchorage Reentry Coalition

Vision - Each returning citizen has the opportunity to successfully integrate into the Anchorage community.

Mission - To provide transformative, participant centered reentry resources and opportunities beginning the day of incarceration.

Values - Integrity, Inclusiveness, Collaboration & Cooperation, Transparency, and Respect & Equity.



Anchorage Reentry Coalition

Internal

- Coalition Meetings (Steering Team)
- Partner Outreach
- Information Sharing
- Development & Sustainability (Surveys/Assessments)
- Communication with funder and other partner coalitions.



Anchorage Reentry Coalition

External

- Coalition Meetings (In-person/Zoom)
- DOC Institutional In-reach
- Collaboration & Oversight of Coalition Case Manager
- Collaborative Partner Events
- Website & Facebook Page
- Community Education & Awareness
- Reentry Simulations
- Donation Distribution
- Referrals to Services
- Other Opportunities



Inmate Reentry Survey

- 55% are a parent.
- 34% reported having a safe, stable place to live upon release.
- Preferred substances of choice: alcohol, marijuana, methamphetamines; poly-drug preference was common, but so to was no drug preference.

Inmate Reentry Survey

76% - Clothing	37% - Tx for Alcohol/Drugs
73% - Employment/Work Training	37% - Financial/\$ Management
73% - Housing/Safe Place to Live	35% - Mental Health Services
72% - Transportation	30% - Computer Classes
72% - Food	29% - Education
63% - Identification	28% - Phys. Health/Primary Care
57% - Job Preparation	24% - Religious Faith-Based Serv.
43% - Dental Services	20% - Legal Services

Why should this matter to me?

- In CY20, 44% (n=2,351) of all Alaska DOC inmates were released to Anchorage, many of whom were high need/high risk.¹
- The average cost for one prison inmate in Alaska: \$61,590 per year.²
- There is over representation of Alaskan Natives and African Americans in the Alaska correctional system.

1. DOC Data provided to the Coalition.
2. Alaska DOC, 2019.

Why should this matter to me?

Facilitating successful reentry and reducing recidivism risks are forms of public safety.

The Cycle Can Be Broken

Reducing Recidivism: States Deliver Results

November 2018

State and local leaders have made recidivism reduction a public safety priority in recent years, pursuing a variety of strategies that are starting to see real results. A broad cross-section of states, 11 of which are profiled here, have experienced impressive declines in their return-to-prison rates since recidivism was at its most recent peak in each state. States measure recidivism in different ways, so the data presented here highlight individual examples of state success and are not for the sake of comparison.* To sustain and expand the results that states are seeing, they must use recidivism-reduction methods that work, take them to scale statewide, and rigorously track outcomes.

Percentage Change in Three-Year Recarceration Rate
Since Most Recent Peak, by Prison Release Year



1. National Reentry Resource Center - <https://csgjusticecenter.org/nrrc/publications/reducing-recidivism-states-deliver-results-2018/>

The Cycle Can Be Broken

Recidivism Rate in
Alaska Appears to Be
Decreasing:
67% → 60%

The Cycle Can Be Broken

“After spending 17 years in prison on the installment plan, I had an epiphany about what needed to be done to better myself...10 years ago, self-awareness gave me a new life and a clear path to the present with the ability to cope with any challenges. This has allowed me to grow and help the community that I used to poison with drugs and violence. This was my turning point.”

Thank You!

Jonathan Pistotnik
Coalition Coordinator
jpistotnik@nwalaska.org
Office: 677-8412

Who constitutes the Anchorage Reentry Coalition?

Survey implemented in Q4, 2021; results are still being gathered. Next steps for sorting results and follow up is still TBD.

QUESTIONS

1. [REQUIRED] Organization/Program/Group Name?
 - OPEN ENDED; TEXT BOX

2. [REQUIRED] Does your organization/program/group provide any direct services to individuals that have been incarcerated or engaged in the criminal justice system (e.g. reentrants, returning citizens)?
 - Yes
 - Yes – but on a limited basis or under certain circumstances
 - No

3. [REQUIRED] Does your organization/program/group provide direct services to individuals or families that may be directly or in-directly impacted by the incarceration or justice-involvement of a family member or loved-one?

For example, providing services to a child who may have an incarcerated parent; or providing housing or food assistance to a family or household that may have a currently or formerly incarcerated family member.

- Yes
 - No
4. [REQUIRED] Does your organization/program/group engage in prisoner reentry efforts in Anchorage in an in-direct manner?

For example, serving as a funding agency or grantor; engaging in advocacy or policy making activities; through academia; through community organizing focused on related issues; providing professional development and training; or other in-direct services that could be of benefit to justice-involved individuals or their families.

- Yes
 - No
5. [REQUIRED] Can your organization/program/group be publicly included as a partner of the Anchorage Reentry Coalition? (Confirmation will occur before this happens)
- Yes
 - No
 - Maybe, but let's talk about it.

6. [REQUIRED] If an average person or potential client from the community wanted to learn more about your engagement in prisoner reentry efforts in Anchorage, what would be the best method for getting more information? (e.g. website, phone number, contact person, email address)?
- OPEN ENDED; TEXT BOX
7. [OPTIONAL] Specific follow-up contact Info (name, email, phone)
- OPEN ENDED; TEXT BOX

CLOSING

Thank you for taking the time to complete this brief questionnaire. If you have any questions or would like to follow-up, please feel free to reach out. Depending on your responses you may be contacted by the Coalition Coordinator.

Jonathan Pistotnik
Coalition Coordinator
Anchorage Reentry Coalition
jpistotnik@nwalaska.org
677-8412

Re: Support for Funding for Services for Survivors of Domestic Violence and Sexual Assault
April 13, 2021

Dear Co-Chairs Foster and Merrick and all members of the House Finance Committee,

I am writing to you in regards to cuts to a federal funding stream that has a dire consequence for victims of domestic violence and sexual assault in Alaska. The Council on Domestic Violence and Sexual Assault (CDVSA) receives federal funding from the Victims of Crime Act (VOCA). Victim service agencies were just informed that they would be facing 30% cuts because of cuts to VOCA which will slash funding for core services for victims of domestic violence and sexual assault.

I support Abused Women's Aid In Crisis (AWAIC) in Anchorage. AWAIC is the only emergency shelter for victims of domestic violence in our community. Due to COVID they have already had to reduce services to victims in the community. This cut will drastically reduce the funding they receive to maintain basic services for those they serve who are among the most vulnerable in our community.

I engage in community organizing around prisoner reentry in Anchorage. The majority of people that release from incarceration in Alaska are men, but at times it can be overlooked that 10% of Alaska's incarcerated population are women. Over 1,000 women released from Alaska DOC custody in 2020 alone. Stories of trauma are pervasive among all those who are incarcerated in Alaska, but the accounts of verbal and physical abuse, trafficking, violence, and familial turmoil from women involved in the justice system can be truly heartbreaking. Unfortunately, many women that release from incarceration return to situations and circumstances that may continue to put them at-risk. It is imperative that programs like AWAIC and others like it around the State of Alaska continue to operate at full capacity to aid those in need and to help prevent further victimization.

I am asking that the legislature use general funds to make up for the loss of this federal funding. It is critical that we maintain our services for the safety of victims of domestic violence and sexual assault.

Sincerely,

A handwritten signature in black ink, appearing to read 'JP Pistotnik', with a stylized, cursive script.

Jonathan Pistotnik
Coalition Coordinator
Anchorage Reentry Coalition
907-677-8412
jpistotnik@nwlaska.org

RE: Support for House Bill 118

March 17, 2021

Chair Rep. Kreiss-Tomkins and Members of the House State Affairs Committee,

My name is Jonathan Pistotnik and I am the Coordinator for the Anchorage Reentry Coalition. I engage in community organizing centered around prisoner reentry with a primary focus on Anchorage.

The first piece of HB 118, providing identification to certain people concurrent with their release, addresses a very important issue and is likely to mitigate some of the hardship obtaining identification that many face immediately after being released from incarceration. I am strongly in support of those amendments.

HB 118 also proposes to make changes to Alaska statute known as the “No Frills” bill, which severely limits what a computer can lawfully be used for by incarcerated people in Alaska. If it was not already apparent before the COVID-19 pandemic it surely must be now: computers are no longer a frill, a contrivance of the fanciful elite. Rather they are an essential tool for navigating and engaging with the world. We use them to communicate, to access information, and to participate and engage in our communities. They are ubiquitous in today’s world, yet inside Alaska’s correctional facilities access and use is much more limited.

Advocating for change on this subject is difficult. Stories and anecdotes vary between staff spread out across the state in various offices and staff positions throughout the chain of command as to what is available inside the correctional institutions and what the policies are. Personal stories from individuals released from incarceration regarding access to programs and rehabilitative services, and pre-release reentry support can be highly variable. Even stakeholders engaged and supportive of reentry services continually debate what the heart of the matter issues are surrounding access to computers, tablets, the internet, and even conceptually about what actually constitutes “use of a computer.” We do know that the inability to pivot to digital service delivery and community engagement during the pandemic has left people isolated and without structured programming for a full year.

The bottom line is there are people releasing from incarceration in Alaska who are unprepared to use computers and modern technology, and to utilize these everyday tools to integrate into the community. Without changes within our systems to make technology more readily available to both inmates and staff, and with a forecast in the number of incarcerated people in Alaska set to increase, the digital divide will continue to widen, opportunities will be missed, and successful reentry will be even more difficult to achieve.

As an advocate for those that are and have been incarcerated, and for programs and services directed towards reentrants, I support HB 118 to the extent that it attempts to remove some of the constraints put into law that restrict the Department of Corrections from seeking out and implementing new and creative ways for delivering habilitative, rehabilitative, educational, and pro-social opportunities to those who are incarcerated in Alaska correctional facilities through the use of computers and digital technologies.

I believe that the Legislature could go further than what is proposed in HB 118 by removing from state statute all definitions as to what is an approved use of a computer. I strongly advocate that our leaders refine the law so that computers and digital technology will no longer be viewed as a frill in our state, but rather as tools that when used and managed properly can supplement existing efforts to deliver education and job skills training inside our correctional institutions, support sobriety and recovery, deliver faith-based services, connect loved ones, and ultimately contribute to safer correctional institutions and a safer Alaska.

Respectfully submitted,



Jonathan Pistotnik
Coalition Coordinator
Anchorage Reentry Coalition
jpistotnik@nwalaska.org

Re: Public Comment on the Municipality of Anchorage, Draft 2021 Annual Housing and Community Development Action Plan

June 10, 2021

To Whom It May Concern,

Thank you for the opportunity to provide comment on the Municipality of Anchorage, Draft 2021 Annual Housing and Community Development Action Plan (Action Plan). I am the Coordinator for the Anchorage Reentry Coalition, and I engage in community organizing around the issue of prisoner reentry in Anchorage.

The Action Plan is a long and comprehensive document that appears to be well-informed and takes into consideration the perspectives of many stakeholders from Anchorage that have expressed interest in promoting housing that is accessible, affordable, and sustainable. There is a notable gap, however, in that the Action Plan does not appear to clearly acknowledge the negative impacts and disruptive nature that incarceration has upon access to safe, stable, and affordable housing in Anchorage.

The Action Plan and accompanying documents found on the AHD Community Safety and Development website contains references to concepts, conditions, and risk-factors that are salient matters when discussing homelessness: problematic drug and alcohol use, physical and mental health conditions, violence victims, poverty and financial limitations, low-SES status, and more. While the Action Plan has taken into consideration some prominent issues that may serve as risk factors to the matter of homelessness or housing insecurity, it does not explicitly take into account the role that a criminal conviction and justice system involvement has on access to housing, nor does it acknowledge the difficulties that many individuals face in obtaining housing after releasing from incarceration in Anchorage.

According to the Alaska Department of Corrections (DOC), in both CY18 and CY19 almost 3,200 unique individuals were released from DOC custody to Anchorage; during CY20 and the COVID-19 pandemic that figure dropped to 2,350. Despite the drop in total individuals released during the pandemic, Anchorage has consistently received about 45% of all releases from DOC custody.

The impact of homelessness in Anchorage has been well-documented, but the impacts and contribution of incarceration on homelessness has been less well-established in Anchorage. The Prison Policy Initiative estimates that “formerly incarcerated people are almost 10 times more likely to be homeless than the general public.” (<https://www.prisonpolicy.org/reports/housing.html>) Anecdotal, conversations with currently incarcerated and formerly incarcerated people in Alaska, DOC staff, and local service providers and advocates reveal that access to housing is a priority issue.

Like the matter of homelessness, reentry can be a complex issue. From a systems-level perspective there are no easy fixes, no single policy changes, nor any special programs that will immediately remedy the situation. But promoting and supporting successful reentry into the community, including the matter of obtaining stable and affordable housing, will contribute to overall public safety in Anchorage.

Being mindful of the role that equity plays in driving public health services, I would strongly advocate the following:

- Acknowledgement of the role that incarceration has on impacting or contributing to the risks of obtaining or having access to stable, affordable housing or shelter using explicit and direct language in the Action Plan; connect the dots between incarceration and reentry to low-income families and individuals, people with special needs, and homelessness and housing insecurity in Anchorage.
- Acknowledge how current definitions of what constitutes “homeless” can exclude people that have been incarcerated in correctional facilities.
- The Municipality of Anchorage make a concerted effort to engage with those entities, programs, and stakeholders operating in Anchorage that are intimately and actively involved in the criminal justice and corrections systems in future iterations of this plan.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'JP Pistotnik', written in a cursive, fluid style.

Jonathan Pistotnik
Coalition Coordinator
Anchorage Reentry Coalition
907-677-8412
jpistotnik@nwalaska.org

Jonathan Pistotnik

From: JotForm <noreply@jotform.com>
Sent: Thursday, December 17, 2020 3:41 PM
To: Jonathan Pistotnik
Subject: We have received your response for Public Comment Form

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Public Comment Form

Name	Jonathan Pistotnik
Email	jpistotnik@nwalaska.org
City	Anchorage
Comment:	<p>Respectfully, I would advocate that this Task Force and Committee consider the impacts that providing immunizations to currently incarcerated people in Alaska would have. Many of those who are incarcerated live at the margins of society and do not have histories of routinely engaging with primary care services. Many people that are incarcerated have underlying physical health issues which reportedly can increase risks of serious complications due to COVID-19 infection. Providing access to COVID-19 immunizations before they release to the community will improve coverage rates in Alaska among an oftentimes hard-to-reach population. Consider also that many people releasing to the community from incarceration have numerous competing priorities that they must weigh that may get in the way of seeking out an immunization when it is widely available - employment, shelter, food, obtaining ID, etc. Many inmates across the state seek out assistance with housing upon their release; immunizing people before they enter congregate living in transitional living facilities and emergency shelters will help minimize community spread as well and protect against further spread within these living facilities. Our AK correctional facilities will continue to serve as reservoirs until action is taken to systematically vaccinate the inmates and staff. Supplies and resources are limited in this vaccine response, but in your discussions I would</p>

urge you to consider the potential downstream public safety impacts that a vaccine response could have among people that are employed by DOC and those in DOC custody. Thank you for your consideration.

Now create your own JotForm - It's free!

[Create a JotForm](#)

Incarceration, Reentry, and Homelessness

The risk of experiencing homelessness is increased for those that have been incarcerated. A report by the Prison Policy Initiative stated that a previously incarcerated person has 10 times the risk of becoming homeless compared to someone from the general population, and that having been incarcerated heightens risks for experiencing unsheltered homelessness, sheltered homelessness, and being marginally housed in non-permanent settings such as transitional housing and motels.¹

Certain homeless services and housing opportunities may be out of reach or difficult to obtain for many people that have been incarcerated due to various factors, including: potentially incongruent definitions of homelessness used by U.S. Department of Housing and Urban Development and other programs in the context of prisoner reentry; financial constraints; use of credit checks, background checks, and referrals during the application process; having an open criminal case; social stigma; or challenges associated with meeting program eligibility criteria for existing support services.^{2,3}

During CY 2020, the Alaska Department of Corrections (DOC) reported that 2,351 individuals were released from incarceration to Anchorage, representing about 45% of all those individuals released from DOC with a conviction. While the total number of individuals released from DOC to the community decreased during CY 2020 compared to previous years, the proportion of releases to Anchorage compared to the rest of the state remained steady. Despite the relationship between incarceration and homelessness, there is no known data systematically captured by DOC that is able to provide an estimate as to the number of people releasing from incarceration into homelessness or into housing instability.⁴

There are service providers in Anchorage that work with returning citizens, including Partners Reentry Center (PRC) which helps to house people after they have been released to the community. PRC reported providing housing assistance to 184 individuals in January, 2019, and despite the disruptions caused by the pandemic PRC assisted 112 individuals with housing in January, 2021.⁵

PRC and other service providers in Anchorage can facilitate access to housing after incarceration, but navigating pathways to find and obtain stable housing upon reentering the community can be very challenging. Without more data and more cross-sector collaboration, the linkages between incarceration, reentry, and homelessness in Anchorage will remain blurred.

1. "Nowhere to Go: Homeless among formerly incarcerated people." Lucius Couloute, Prison Policy Initiative. August, 2018. Accessed: <https://www.prisonpolicy.org/reports/housing.html>

2. " Homelessness and Prisoner Re-Entry: Examining Barriers to Housing: Volunteers of America." Patricia McKernan, Volunteers of America. Last accessed March, 2021 at <https://www.voa.org/homelessness-and-prisoner-reentry>

3. "Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails." The Council of State Governments Justice Center. February, 2021. Last accessed March 31, 2021: https://csgjusticecenter.org/wp-content/uploads/2021/02/Reducing-Homelessness-CA_Final.pdf

4. Email correspondence between Reentry Unit Manager, DOC and the Coordinator of the Anchorage Reentry Coalition. March, 2021.

5. Personal correspondence between the Director of Partners Reentry Center and the Coordinator of the Anchorage Reentry Coalition. March and April, 2021.

Jonathan Pistotnik

From: Jonathan Pistotnik
Sent: Tuesday, April 27, 2021 11:48 AM
To: 'Meg.Zaletel@AnchorageAK.Gov'; 'Christopher.Constant@AnchorageAK.Gov'; 'john.weddleton@anchorageak.gov'
Subject: Comments re: Proposed MOA Shelter Licensing

Good Afternoon Assembly Members Ms. Zaletel, Mr. Constant, and Mr. Weddleton,

In reviewing the proposed shelter licensing ordinance my initial concern is that the license requirements will place additional burdens upon programs and owner/operators that have a focus upon providing transitional housing to individuals that have released from incarceration. Such locations house individuals that have been charged with a misdemeanor or felony (and in some instances may have an open case), that are returning to the community after being released from incarceration, and opt to live at a transitional housing program while they reintegrate back into the community. Inherently, such transitional housing programs house individuals with acute mental health needs, histories of drug and alcohol use, complicated medical histories, complex traumas, and residents that typically are low socio-economic status. It appears as if the transitional housing programs primarily aimed at providing housing for people returning to the community from incarceration would be subject to the proposed ordinance.

There are a lack of housing options for people that are returning to the community from incarceration, and numerous barriers as to why housing can be difficult to obtain for this segment of the community. It is my concern that if transitional reentry housing programs are unable to meet the proposed regulations, there will be a lack of structured alternatives for those with justice involvement if these reentry-specific housing providers go away or otherwise cannot meet the standards set forth in this ordinance. Furthermore, it is my concern that existing programming that forms the housing safety net in Anchorage will be reticent or unable to fill these gaps should they become larger and more exacerbated for this specific segment of our community.

Reentry housing providers are part of the housing safety net in Anchorage, yet they largely operate separately from ACEH, the local CoC, HUD-funded projects, and the network of traditional housing and homeless service providers. Reentry housing programs in Anchorage tend to be small operations with few staff; additional regulatory burdens, data entry, and added financial burdens could be unmanageable. Background checks have their place, but stringent and subjective requirements proposed in this ordinance could inhibit the hiring of people to fill certain roles (e.g. live-in house monitor). It is unclear if such background checks would align with current efforts to establish more peer support programming in Alaska.

I also have concerns that this ordinance change could impact how Partners Reentry Center operates, in collaboration with the housing providers that they work with. Inadvertently, this proposed policy would make it harder for a transitional housing provider to operate a structured transitional housing program with wrap-around support for residents while leaving un-checked alternative reentry housing options like hotels, motels, hostels, boarding houses which also serve to house individuals in a temporary manner. In other words, it would be harder to operate a transitional housing program (16.125.025) geared towards sobriety and rehabilitation as compared to just renting out a room at a motel on a monthly basis.

Generally, I am supportive of regulations that ensure the physical safety and well-being of individuals and our community. But I am concerned that this particular policy change could have some unintended consequences within the realm of reentry housing. I am on record, that in my view, reentry housing providers are largely siloed from the larger community of homeless services in Anchorage, and while there is merit to maintaining housing and shelter standards this policy could shrink the pool of available transitional housing programs for people involved in the justice system. I would caution that without a robust network of housing providers and support services that actively seek out

and house people returning to the community from incarceration, there will be risks to overall public safety in Anchorage. Per the Department of Corrections, roughly 45% of all individuals releasing from their custody are released to Anchorage on an annual basis.

I am hopeful that this committee and the Anchorage Assembly will consider the concerns of those engaged in prisoner reentry in Anchorage and work towards solutions that are inclusive of their efforts to keep people housed and the Anchorage community safe.

Respectfully submitted,

Jonathan Pistotnik

Jonathan Pistotnik (he/him), MPH

Coalition Coordinator

Anchorage Reentry Coalition

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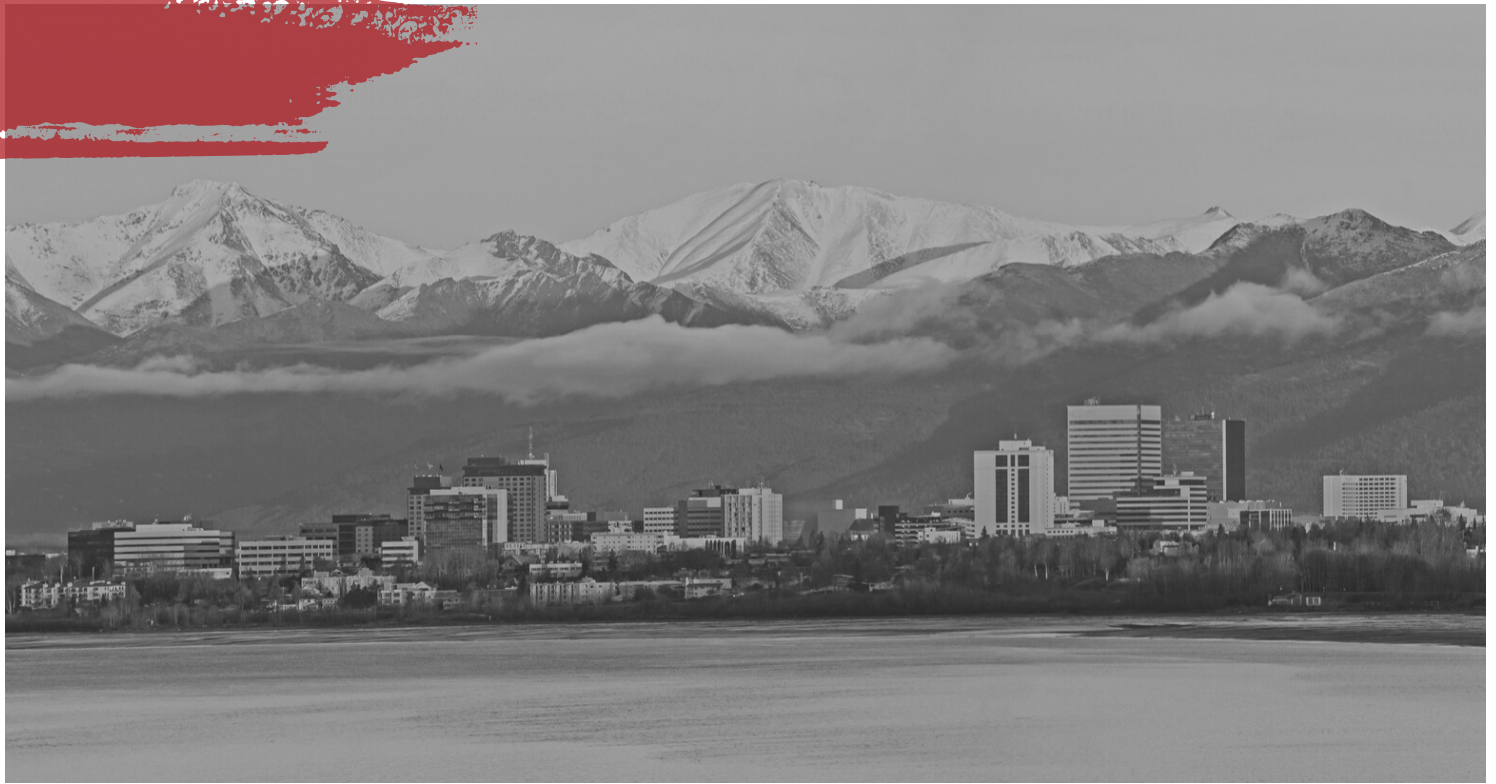
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[Facebook Page](#)





The Role Prisons Play

Anchorage Reads Panel Discussion

In this panel discussion co-hosted by the ACLU of Alaska and Anchorage Reads, we will hear from community members on the impacts of mass incarceration on our communities.

Featuring Chet Adkins, Jonathan Pistonik, and Rex Butler
Facilitated by Megan Edge

Thursday, June 24

7 - 8:30 PM

Virtual on Zoom

Register here: <https://bit.ly/3gizzTx>

More information at bit.ly/AnchorageReads2021



STORY WORKS ALASKA



June 23, 2021

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance
810 Seventh Street NW
Washington, D.C. 20531

Re: Letter of Support for Municipality of Anchorage's Application to the Second Chance Act Pay for Success Initiative (ID: O-BJA-2021-93001)

To U.S. Department of Justice, Bureau of Justice Assistance representative,

The Anchorage Reentry Coalition is pleased to submit this letter of support for the Municipality of Anchorage's proposal to enhance the existing outcomes-based contract for high-quality Permanent Supporting Housing services, *Home for Good Anchorage*. The project is currently administered by the United Way of Anchorage in partnership with Social Finance, Inc. In October 2020, the project completed its pilot phase and entered into the first full year of its three-year intervention.

The Anchorage Reentry Coalition is a diverse group of more than 45 programs, agencies, and individuals that are engaged in prisoner reentry and recidivism reduction efforts in Anchorage and Alaska. The Anchorage Reentry Coalition recognizes the need for more permanent supportive housing in Anchorage and supports the Municipality of Anchorage and United Way of Anchorage's HUD/DOJ Pay for Success permanent supportive housing program, *Home for Good Anchorage*. This program is in year one of a three-year program with targeted wrap around *Housing First* services to 150 individuals who have historical patterns of cycling through Police, Fire and Anchorage Safety Patrol & Anchorage Safety Center services.

The Second Chance Act Pay for Success funding will enhance this already established performance-based and outcomes-based contract to provide individualized reentry services and Permanent Supportive Housing (PSH) for people leaving incarceration who are identified through a validated risk tool as being at moderate to high risk to reoffend in the community.

The Anchorage Reentry Coalition organizes community reentry simulations to raise awareness about the barriers and challenges of reentering the community from a correctional institution. Participants at these events have included State legislators, Municipal representatives, law enforcement officials, attorneys, university students, and staff from a variety of community-based and professional organizations. Whether as part of the reentry simulation or in real life situations, the Anchorage Reentry Coalition recognizes that permanent supportive housing is crucial for

lowering recidivism risks among individuals released from incarceration that, along with an array of other potential challenges, may also have substance use and/or mental health issues that could serve to hinder successful reentry into the community.

Anchorage has a population of homeless and clinically unstable persons who cycle in and out of jail, hospital, and homeless systems. A needs assessment conducted prior to the launch of the *Home for Good Anchorage* program found nearly 400 individuals in our community who have patterns of cycling through emergency police, fire, and the Anchorage Safety Patrol & and Safety Center (city safe sleeping center) systems. High quality, evidence-based PSH is critically important to increasing housing stability among this population and contributing to lower rates of recidivism for those individuals that have been incarcerated. By enhancing an existing outcomes-based contracting mechanism, Anchorage will strengthen local capacity and expand high-quality PSH, and improve the outcomes of persons exiting incarceration.

The Anchorage Reentry Coalition is in support of this project and the concept that paying for outcomes can be a powerful mechanism to hold Anchorage accountable for meeting residents' needs while achieving desired outcomes. The Second Chance Act funding support will allow us to continue to address important policy priorities on behalf of our most vulnerable community members.

Sincerely,

A handwritten signature in black ink, appearing to read 'JP Pistotnik', with a stylized, cursive script.

Jonathan Pistotnik
Coalition Coordinator
Anchorage Reentry Coalition
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jpistotnik@nwalaska.org