FY
2018

Joint Annual Report on Recidivism Reduction |

Fiscal Year 2018

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Prepared by the Alaska Department of Health and Social Services (DHSS) and the Alaska Department of Corrections (DOC)

STATE OF ALASKA - HEALTH AND SOCIAL SERVICES | 3601 C St., Anchorage, AK 99503 | Submitted January 2019

Foreword

Alaska Statute 47.38.100, created in 2013 through the passage of Senate Bill 64, requires the Alaska Departments of Corrections (DOC) and Health and Social Services (DHSS) to develop a joint annual report on the recidivism reduction program established by this bill. The program's goals are to promote the rehabilitation of persons on probation or parole or incarcerated for offenses and recently released from correctional facilities. Information in this report also can be found as part of the Alaska Criminal Justice Commission's annual report for 2018.

Reinvestment in Reentry Planning and Services

The lack of affordable housing, the need for employment, and timely connections to substance abuse and mental health treatment have been identified as important barriers to successful community reentry.

The Alaska Criminal Justice Commission (AJCJ) found that almost two-thirds of individuals released from prison returned to prison within three years; 62% of those individuals return to jail or prison *within the first three months* of release. A portion of individuals counted in the recidivism rate are in custody due to technical probation or parole violations and are not in on new criminal charges.

Evidence-based research shows that when support services are frontloaded for medium to high-risk individuals reentering the community, they are more likely to stay out in the community rather than return to prison.[1] The immediacy of connecting releasing individuals to transitional supports – with the goal of self-sufficiency – is a key component to increasing public safety.

Through community collaborations and partnerships, released individuals can be connected with critical transitional services and supports – such as healthcare, employment, transportation, education/training, and housing – while on probation and parole. In an effort to supplement existing reentry programs already located within the Department of Corrections, DHSS funded community-based reentry efforts in areas where DOC facilities exist.

In FY17, DHSS targeted resources for individuals who are most likely to recidivate with the goal of maximizing service outcomes. DHSS received $1,000,000 to fund reentry services and allocated 77% of these funds for rural reentry coalitions and direct service supports. DHSS spent about 23% of the above reinvestment funding on referral and data-tracking improvements, as well as a study to evaluate the success of the Department of Corrections' Vivitrol Program (discussed later in this report). In FY18, DHSS received $2,000,000 and continued to leverage reinvestment dollars to expand community-based service opportunities.

Successes

The combined efforts of the two departments, along with the collaboration of the Alaska Mental Health Trust Authority, have resulted in **streamlined reentry services** starting prior to release. The increased

[1] (National Research Council (2007), "Parole, Desistance from Crime, and Community Integration", https://cdpsdocs.state.co.us/ccjj/Resources/Ref/NCR2007.pdf; Grattet, Petersilia, & Lin (2008), "Parole Violations and Revocations in California", https://www.ncjrs.gov/pdffiles1/nij/grants/224521.pdf).

communication between and within departments has facilitated a more fluid transition from DOC custody to community supervision.

The majority of the total amount of recidivism reduction funding for DHSS went to **reentry case management services** in Anchorage, Fairbanks, Mat-Su, Dillingham, and Juneau, and expanded services at the Partners Reentry Center in Anchorage. In addition, rural coalitions on the Kenai Peninsula and in Nome, Dillingham, and Ketchikan were supported with FY18 funds.

Reentry case managers work closely with DOC staff to assist offenders in obtaining essential community-based services. Case managers build upon release plans created by DOC to **better coordinate community services** that are in line with DOC's evidence-based principles for strategies that have been shown to be effective for reducing recidivism and increasing public safety. Reentry case managers also collect and monitor program data.

The target population for reentry case management are DOC offenders who:

- Have served over 30 days in prison
- Are within 90 days of release
- Are medium to high-risk felons or high-risk misdemeanants

An important element of case management is DOC's ability to share information about offenders with approved community providers. In order to improve information sharing, DOC used a portion of its reinvestment funds for technology platform improvements to the Alaska Corrections Offender Management System (ACOMS) and DHSS used reinvestment funds to modify the Alaska Automated Information Management System (AKAIMS). These **improvements allowed secure case management tracking and increased functionality.**

Amendments to **AS 33.30.011 solidified formal release planning** with Institutional Probation Officers (IPOs). All individuals sentenced to 30 days or more are required to have an Offender Management Plan (OMP)/release plan completed. Ninety days prior to release, the OMP is updated by the IPO. This update includes information utilized by reentry case managers, including information about in-progress or completed institutional classes or certificate programs and updates about an offender's housing, work, and treatment. In FY18, DOC initiated 2,220 OMPs and although many are released without prior notice, 829 OMPs were updated within 90 days of release.

Modifications to institutional offender planning prior to release allows DOC, DHSS, and the Alaska Mental Health Trust Authority (AMHTA)[2] to work collaboratively to ensure community-based grantees and contractors have the information they need to:

- Coordinate referrals from DOC institutions to community reentry providers and case managers
- Communicate reentry plans between DOC and reentry case managers (with releases of information in place) starting 90 days pre-release, including each offender's risk assessment / post-release needs (e.g., substance use and / or mental illness history; retraining and employment needs; homelessness prevention through emergency housing supports)
- Increase communication with IPOs at DOC institutions statewide

[2]The Alaska Mental Health Authority funds four Reentry Coalition Coordinator positions through partnership grants.

- Arrange one-on-one meetings within DOC institutions for service coordination 30-days pre-release
- Assist DOC probation and parole officers with connections to community-based resources with the goal of increasing community supervision effectiveness

AS 33.30.011 also requires DOC to provide offenders with valid identification documents (IDs) prior to or upon release. Through June 30, 2018, **DOC expended $23,995 for 1,132 IDs** of which 199 had an alcohol restriction.

The success of these reentry coordination efforts has been tempered somewhat by the challenge of finding behavioral health treatment services. Service providers report it is difficult to enroll offenders in treatment programs immediately after release, and the waiting time for assessments (a prerequisite to enrolling in treatment) is long. DOC reentry efforts have benefited from additional community intensive outpatient slots that were added in FY18; this has improved access to substance abuse treatment upon release and decreased waitlists and wait times for reentrants.

In addition, limited or disrupted access to DOC referral systems – especially in high-utilization areas such as Anchorage and the Mat-Su – have had an impact on the number of pre-release referral connections between community providers and DOC staff. Ensuring community provider access to DOC institutional referrals is important for long-term program outcomes, decreased service duplication, and increased support service efficiency. Improving collaboration and coordination of services will be ongoing throughout FY19.

In FY19, DHSS will continue to work in collaboration with DOC and other stakeholders to monitor program and service outcomes. Reentry direct service supports and rural coalition initiatives will continue to be enhanced, including efforts to improve performance outcomes through procedural changes and coordinated referral systems.

Senate Bill 74- Medicaid Reform

This 2016 multi-dimensional Medicaid reform package included direction to DHSS to apply for a federal waiver to enable the state to more efficiently manage a **comprehensive and integrated behavioral health system**. The system will involve partnerships across a diverse network of providers and clinical disciplines to build a foundation for evidence and data-driven practices.

The bill also directed the state to **reduce operational barriers, minimize administrative burdens, and improve the effectiveness and efficiency of Alaska's behavioral health system**. DHSS is collaborating with DOC to provide supports to the reentry population, including case management. The federal waiver that DHSS applied for and received is a Centers for Medicaid and Medicare Services (CMS) Section 1115 Medicaid Behavioral Health Waiver. Among other goals, the 1115 waiver will allow Alaska – over a five-year period – to demonstrate to the Alaska Legislature and CMS the ability to enhance its recidivism reduction efforts by developing new and expanded local behavioral health programs that provide treatment and medically necessary behavioral health supports to the eligible offender population.

Medicaid and behavioral health reform. In addition to the above activities undertaken with reinvestment allocations, the Division of Behavioral Health (DBH), per SB 74, has undertaken comprehensive reform to the behavioral health system, which will include services to help meet the treatment needs of the offender population. DHSS behavioral health treatment supports are leveraged

with criminal justice specific supports, such as linkages to treatment providers pre-release; transitional, rapid or permanent housing placements; increased enrollment in Medicaid (to facilitate greater access to treatment resources); transportation support for individuals trying to make appointments; and cognitive behavioral supports.

As part of the combined Medicaid and criminal justice reform efforts, DOC provides assistance in completing hardcopy Medicaid applications to individuals who are within 30 days of their release date. DOC field probation officers and halfway house staff also assist offender in applying for Medicaid benefits. DOC is continuing to work toward making electronic submissions of the applications possible within correctional facilities.

In addition, in FY18 $736K was paid in Medicaid claims (total billed charges were $4.6 million) for hospital care for individuals in the custody of DOC (101 inpatient stays).

Reentry Planning and Access to Health Care

In an effort to implement criminal justice and health care reform, DOC and DHSS have been working together to improve treatment, reentry planning, and access to health care for those leaving DOC custody.

Medication Assisted Treatment at DOC. Many individuals released from DOC facilities suffer from serious opioid addiction. These offenders are particularly vulnerable to relapse during the first few days of freedom when they may experience drug cravings and not yet have stable treatment and recovery support services established. Responding to this problem, DOC now offers Medication Assisted Treatment (MAT) for individuals with opioid use disorder who are releasing from DOC custody. MAT is a best practice model that combines cognitive behavioral therapy with prescribed medications. These medications help reduce the cravings and withdrawal symptoms that come from stopping opioid use and cognitive behavioral therapy aids the individual in making long-term lifestyle changes. The challenge has been finding community providers who offer both services.

The idea behind the DOC MAT program is to begin administration of the medication before the individual is released. This enables individuals to transition with a clear head and their best foot forward, in order to better ensure offenders' full engagement in their reentry plan and cooperation with identified local support services.

On release, DOC also refers these individuals to case management and treatment services to help them continue with Vivitrol-based MAT in the community. Vivitrol is just one FDA approved medication used to treat opioid use disorder, and DOC is looking at ways enhance their medication assisted treatment options.

Vivitrol currently is available for individuals releasing from the Anchorage Correctional Complex, Goose Creek Correctional Center, Hiland Mountain Correctional Center, Mat-Su Pretrial Facility, Fairbanks Correctional Center, Anvil Mountain Correctional Center, Lemon Creek Correctional Center and

Vivitrol

- Is the commercial name for Naltrexone, and is administered via monthly injection
- Blocks the body's ability to feel the effects of opioids or alcohol
- Must be used in conjunction with counseling and treatment

Wildwood Correctional Center. In FY18, 144 offenders exiting Alaska correctional facilities received Vivitrol injections.

In an example of inter-departmental coordination, the Department of Health and Social Services and the Department of Corrections partnered to fund a study of the effectiveness of DOC's Vivitrol Program. This is a two-year study being conducted by the University of Alaska's Institute for Circumpolar Health Studies.

In addition, DOC and DBH have been coordinating to ensure access to methadone for individuals with opioid use disorder who receive services from an Opioid Treatment Program (OTP), which are also known as methadone clinics. There are four OTPs in Alaska: Narcotic Drug Treatment Center and Anchorage Treatment Solutions in Anchorage, Community Medical Services in Wasilla, and Interior Aids Association in Fairbanks. These programs have special certification to operate and provide methadone treatment and are required to follow a set of federal regulations to ensure safety and structure for the population of individuals they serve.

When clients at an OTP are incarcerated, DOC and DBH have worked together with the OTPs to ensure continuation of the methadone if the individual is incarcerated for less than 30 days. If incarceration is beyond 30 days, the OTP will provide tapering service to end the medication for the individual. This service requires careful attention and coordination between OTPs, DOC, and DBH staff to ensure the processes are followed in compliance with federal regulations and to ensure safety for the individual with the opioid use disorder. DOC, DBH, and OTPs are continuing to review these processes and internal policies to further streamline and enhance this component of responding to substance use disorder needs of incarcerated individuals.