

**ALASKA STATE LEGISLATURE**  
**HOUSE STATE AFFAIRS STANDING COMMITTEE**

March 14, 2019

3:03 p.m.

**MEMBERS PRESENT**

Representative Zack Fields, Co-Chair  
Representative Jonathan Kreiss-Tomkins, Co-Chair  
Representative Gabrielle LeDoux  
Representative Andi Story  
Representative Adam Wool  
Representative Sarah Vance  
Representative Laddie Shaw

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

PRESENTATION(S): REENTRY'S ROLE IN REDUCING CRIME

- HEARD

HOUSE BILL NO. 57

"An Act relating to expanding the period in a day during which an employed child under 16 years of age may perform work in the summer; and providing for an effective date."

- MOVED CSHB 57(STA) OUT OF COMMITTEE

HOUSE BILL NO. 83

"An Act relating to voting by electronic transmission in a state election; and providing for an effective date."

- MOVED CSHB 83(STA) OUT OF COMMITTEE

HOUSE BILL NO. 20

"An Act requiring law enforcement agencies to send sexual assault examination kits for testing within six months after collection; and providing for an effective date."

- BILL HEARING CANCELED

**PREVIOUS COMMITTEE ACTION**

BILL: HB 57

SHORT TITLE: CHILD LABOR HOURS

SPONSOR(s): REPRESENTATIVE(s) WILSON

02/20/19	(H)	READ THE FIRST TIME - REFERRALS
02/20/19	(H)	STA, L&C
03/05/19	(H)	STA AT 3:00 PM GRUENBERG 120
03/05/19	(H)	Heard & Held
03/05/19	(H)	MINUTE(STA)
03/12/19	(H)	STA AT 3:00 PM GRUENBERG 120
03/12/19	(H)	Heard & Held
03/12/19	(H)	MINUTE(STA)
03/14/19	(H)	STA AT 3:00 PM GRUENBERG 120

BILL: HB 83

SHORT TITLE: PROHIBIT VOTING BY FACSIMILE

SPONSOR(s): REPRESENTATIVE(s) KREISS-TOMKINS

03/06/19	(H)	READ THE FIRST TIME - REFERRALS
03/06/19	(H)	STA
03/12/19	(H)	STA AT 3:00 PM GRUENBERG 120
03/12/19	(H)	Heard & Held
03/12/19	(H)	MINUTE(STA)
03/14/19	(H)	STA AT 3:00 PM GRUENBERG 120

**WITNESS REGISTER**

STEVE WILLIAMS, Chief Operating Officer (COO)

Alaska Mental Health Trust Authority (AMHTA)

Anchorage, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

LAURA BROOKS, Deputy Director

Division of Health & Rehabilitation Services (DHRS)

Alaska Department of Corrections (DOC)

Anchorage, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

SUSANNE DIPIETRO, Executive Director

Alaska Judicial Council (AJC)

Alaska Court System (ACS)

Anchorage, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

DON HABEGGER, Community Coordinator  
Juneau Reentry Coalition (JREC)  
Juneau, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

ALYSA WOODEN, Program Coordinator  
Division of Behavioral Health (DBH)  
Department of Health and Social Services (DHSS)  
Anchorage, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

JOSHUA SOPKO, Deputy Director  
Partners Reentry Center (PRC)  
Anchorage, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

CHRISTINA SCHADURA, Support Services and Data Analysis  
Coordinator  
Partners Reentry Center (PRC)  
Anchorage, Alaska

**POSITION STATEMENT:** Co-presented a presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities" with the use of a PowerPoint presentation.

REPRESENTATIVE TAMMIE WILSON  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 57, as prime sponsor.

GAIL FENUMIAI, Director  
Division of Elections (DOE)  
Office of the Lieutenant Governor (OLG)  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 83, Version M.

**ACTION NARRATIVE**

3:03:15 PM

**CO-CHAIR ZACK FIELDS** called the House State Affairs Standing Committee meeting to order at 3:03 p.m. Representatives LeDoux, Wool, Vance, Shaw, Kreiss-Tomkins, and Fields were present at the call to order. Representative Story arrived as the meeting was in progress.

CO-CHAIR KREISS-TOMKINS moved to authorize the Co-Chair of the House State Affairs Standing Committee to draft a resolution relating to Committee on Committees as a committee sponsored resolution.

CO-CHAIR FIELDS objected for the purpose of discussion.

CO-CHAIR KREISS-TOMKINS explained that the resolution would be a concurrent resolution relating to the Uniform Rules; if the motion is passed, it would be introduced tomorrow as a House State Affairs Standing Committee concurrent resolution.

The committee took a brief at-ease at 3:04 p.m.

CO-CHAIR FIELDS withdrew his objection. There being no further objection, it was so ordered.

**PRESENTATION(S): Reentry's Role in Reducing Crime**

3:05:00 PM

CO-CHAIR FIELDS announced that the first order of business would be a presentation lead by Steve Williams of the Alaska Mental Health Trust Authority.

3:05:45 PM

STEVE WILLIAMS, Chief Operating Officer (COO), Alaska Mental Health Trust Authority (AMHTA), relayed that the purpose of the presentation, entitled "Reentry Services: Promoting Safer & Healthier Communities," is to inform the committee about the importance of thoughtful and deliberate reentry planning services as a mechanism for ensuring that offenders have the highest opportunity for success when leaving incarceration and returning to their communities, in order to re-integrate in a positive fashion. He stated that his co-presenters represent the continuum of what is needed in terms of partnerships and

services for successful reentry to occur. He mentioned the agencies represented by his co-presenters: the Department of Corrections (DOC), from which the offender is being released; the Alaska Judicial Council (AJC), which assesses policies and their effectiveness; the Department of Health and Social Services (DHSS), responsible for ensuring adequate services and supports; and a non-profit organization that receives released offenders and helps them navigate a complicated system for accessing needed supports.

MR. WILLIAMS explained that the reason AMHTA ("the Trust") is engaged in activities around reentry is because 40 percent of Trust beneficiaries - adults experiencing mental health disorders, substance use disorders, developmental disabilities, Alzheimer's, dementia, other related cognitive impairments, and traumatic brain injuries - make up a high percentage of annual incarcerations under DOC. Trust staff want to ensure that they can help the state devise effective and efficient methods of diverting people away from the criminal justice system when public safety is not at risk and there are opportunities to re-engage them in the community. When people are entering incarceration or are incarcerated, the symptoms of their mental health issues and addictions can be exacerbated by periods of incarceration. He offered another reason the Trust is interested in the issue of reentry: Trust beneficiaries tend to recidivate at a higher rate than non-Trust beneficiaries when returning to the community, largely due to the inability to access appropriate services and supports. They also spend longer periods of time incarcerated than non-Trust beneficiaries: for felony offenders it is double the amount of time; for misdemeanor offenders the time is 150 percent greater.

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REPRESENTATIVE WOOL asked for the definition of [Trust] beneficiary and how a beneficiary is distinguished from a non-beneficiary.

MR. WILLIAMS relayed that a Trust beneficiary is an Alaskan who experiences a mental health disorder, a substance use disorder, Alzheimer's, dementia, related cognitive impairments, developmental disabilities, or traumatic brain injuries. He added that for many individuals, there may be co-occurring disorders, such as a mental health disorder and substance abuse. He stated that as a result of these disorders, they are at high risk for institutionalization - unable to meet their needs and care for themselves in the community. He said that historically

- in the 60s and 70s - they might have been placed in a psychiatric institution or hospital.

REPRESENTATIVE WOOL restated his question: How does someone with those types of conditions become a beneficiary as opposed to someone with those conditions who is arrested and not a beneficiary?

MR. WILLIAMS explained that there is no list of Trust beneficiaries. Community providers and DHSS identify people that experience these conditions and disorders. It is in this way that they come to the attention of the Trust and the Trust then advocates for them.

CO-CHAIR FIELDS stated that the reason for the presentation is as follows: incredible work has been performed in the state to improve reentry; there is evidence that the reentry work has helped significantly to reduce the recidivism rate; and it is his desire to explore what has been done and what could be done. He maintained that there are opportunities for the committee to strengthen language in statutes as it reviews criminal justice proposals. He said that it is under the committee's jurisdiction to look for ways to strengthen reentry and continue to bring down crime rates by reducing recidivism.

[3:12:50 PM](#)

LAURA BROOKS, Deputy Director, Division of Health & Rehabilitation Services (DHRS), Alaska Department of Corrections (DOC), referred to slide 2, entitled "Recidivism," to discuss how Alaska defines recidivism. She stated that it is important to recognize recidivism as it is defined in statute; it does not just include new crimes. She relayed that DOC's recidivism data also includes technical violations - the variety of events that may happen while a person is on probation and parole. She relayed the definition of recidivism from slide 2, which read:

A felony offender who is re-incarcerated within three years of release for any offense conviction:

- Parole or probation violation
- New felony crime
- New misdemeanor crime

MS. BROOKS referred to slide 3, entitled "Alaska Recidivism Rates," and pointed out that the most recent data in the chart is from 2015. She explained that recidivism numbers are based on three years post release; the data was calculated in 2018

based on the 2015 cohort (CY2015). She maintained that the data is not old data, but very current data with a 3-year-old cohort. The conclusion from the chart is that after consistently being in the mid to upper 60th percentile, Alaska has begun to see a steady decline in recidivism. She stated that there are many contributing factors for the decline. The DOC has made an aggressive shift over the past five to six years toward evidence-based practices in programming; it uses assessment tools to identify criminogenic risk factors, which helps DOC focus resources on moderate to high risk offenders. She offered that reentry planning must begin as soon as the offender enters prison; it must be a fluid process throughout his/her incarceration; and it must then help the offender to transition back into the community. She added that community partnerships are a contributing factor, as well. She maintained that all these efforts together, when done right, will affect a decline in recidivism rates.

MS. BROOKS pointed out the 61 percent recidivism rate on the chart [slide 3] for CY2015. She reported that the U.S. Department of Justice (USDOJ) Bureau of Justice Statistics (BJS) did a 30-state study of over 400,000 offenders, and 67.8 percent of them were re-incarcerated within three years of release. She reported that compared to national statistics, Alaska is doing well.

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CO-CHAIR FIELDS referred to testimony that reentry programs must begin as soon as offenders are incarcerated. He expressed his belief that statute specifies a 90-day reentry period after release; he asked what the variation was from institution to institution in terms of the length of reentry programming with offender management plans (OMPs).

MS. BROOKS said that the first part of the OMP is prepared within 30 days of arrival at a sentence facility; it continues with the offender throughout his/her sentence. During the period of incarceration, the plan is reviewed regularly; it is a fluid working document that is updated when the offender makes progress or has setbacks. When the offender completes a treatment program, the plan is updated. Something may be added to the plan due to behavior. For example, an offender's original assessment may not have called for anger management, but as a result of behavior, the plan is changed to include anger management. She stated that the plan follows the offender through incarceration. Ninety days before release, the

institutional probation officers (POs) update the OMP - which is then referred to as the "Phase 2 OMP - with a focus on that individual returning to the community. The Phase 2 OMP summarizes the work that the offenders have completed in the institutions and the programs and services they still need; it has a community release plan that includes their strengths and progress, as well as their risks and the needs yet to be addressed, such as housing, employment, or transportation. Also included is the court-ordered or parole board requirements that must be met when the offender returns to the community. She added that the OMP travels with the offender "out into the field."

MS. BROOKS, in answer to Co-Chair Fields question, explained that there is a great deal of variability between facilities. She said that DOC tries to standardize the OMPs; it has policies about OMPs; there are requirements and standard operating procedures (SOPs) that direct how they are to be managed. She maintained that [the OMP] depends on many factors, and one of the factors is the offender's willingness to participate in development of the plan. The DOC cannot require the offender to participate in an OMP. DOC tries very hard to convince the offender that it is needed and there are benefits, but because it is not required, there is much variability in the OMPs that DOC produces.

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MS. BROOKS moved on to slide 4, entitled "Recidivism - by Offense Type," to discuss the reasons offenders return to incarceration - a new misdemeanor crime, a new felony, or a probation violation. She reported that the majority of those returning to custody return on technical probation or parole violations; fifty-eight percent of them return to custody within six months due to technical violations. She explained that these are individuals who are new to probation and parole and, therefore, may fail to report, which is a technical violation. Some may have not completed substance abuse treatment and, therefore, may get a technical violation for alcohol or drug use. She stated that these constitute some of the confounding factors that may be involved. She said that part of the probation and parole process is trying to intercede early in the criminal cycle - before there is a new crime or a new victim - and the violations reflect that effort.

MS. BROOKS referred to slide 5, entitled "Recidivism - new crimes," and relayed that probation violations are down 15

percent in the past four years [CY2011 to CY2015]; however, even after excluding technical violations, there is still a downward trend in recidivism in Alaska. She said that 32 percent of recidivism is due to new crimes, which includes both felony and misdemeanor charges, and the recidivism rate for new crimes is down 8 percent over the past four years.

MS. BROOKS moved on to slide 6, entitled "Felony Recidivism," which reports on those who served time for a felony and returned to incarceration because of a new felony. She stated that there has been a decline in felony recidivism. Twenty percent of offenders released from DOC facilities returned on new felony charges within three years of release, which is down 5 percent in the past five years.

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REPRESENTATIVE WOOL pointed out that eliminating probation and parole violations from the recidivism rates makes a big difference - 61 percent compared with 20 percent. He asked whether there are ways to reduce the [number of] conditions for violating probation and parole. He mentioned that anecdotally he has heard some unrealistic and ridiculous conditions. He offered his understanding that returning to jail for violating a probation and parole condition works best when it is swift and short, such as three days for the first violation and ten days for the second violation. He asked whether that three days would constitute recidivism for that individual.

MS. BROOKS responded that reducing the number of technical violations has been a focus of DOC for the past couple years; the Division of Probation & Parole (DPP) is actively working to structure such a reduction. She said, "There's a lot of variance with that, depending ... on the offenders, the type of technical violations, the frequency that somebody has had of technical violations, ... and even sometimes it comes down ... to PO preference and style." She offered that DOC is trying to figure out how to reach these individuals without returning them to incarceration. She asserted that the downward trend in probation and parole violations likely reflects that effort.

MS. BROOKS, in response to Representative Wool's question about offenders going back to jail for short periods of time, stated that there are evidence-based programs demonstrating that short returns to incarceration are very effective. Alaska has the Probation Accountability with Certain Enforcement (PACE) program, modeled after Hawaii's Opportunity Probation with

Enforcement (HOPE) program, in which individuals return to jail for a short time as a reminder of where they could be if they continue that path.

CO-CHAIR KREISS-TOMKINS referred to the declining rate of recidivism from CV2011 to CY2015 and mentioned that [the decline] predates the criminal justice reform enacted under House Bill 91 [Thirtieth Alaska State Legislature, 2017-2018]. He stated that decreasing recidivism was a strong focus of criminal justice reform. He suggested that there is a factor independent of substantial changes in law causing the decline in recidivism and asked Ms. Brooks to comment.

MS. BROOKS replied that she can't identify for certain the causal factors; however, DOC changed the way it did business in terms of treatment programs at the time of the decline. She maintained that DOC looked for and implemented evidence-based programs; that is, programs already proven to be successful in reducing recidivism. She added that there is an ongoing effort to only employ programs that show evidence of being beneficial in terms of recidivism as the end goal.

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MS. BROOKS turned to slide 7, entitled "Recidivism by Offense Class," to show a breakdown of recidivism rates by offense class and year [2013, 2014, 2015]. She stated that there is a reduction in recidivism rates over all and in all classes of offense except offense against a person and weapons offense. She added that the category, entitled "public order and administration," consists of offenses that didn't fit into another category, such as refusing a deoxyribonucleic acid (DNA) test, filing a false report, or hindering a prosecution.

MS. BROOKS referred to slide 8, entitled "Recidivism Release Offense Class & New Offense Class," which shows the original offense against the offense causing the return to jail. The chart demonstrates that someone who recidivates tends to do so within the same offense class. For example, someone arrested for driving under the influence (DUI) is far more likely to return to jail for an alcohol offense than another class of offense; it is the same with drug offenses and property offenses. She mentioned that weapons and driving offenses do not trend that same way.

REPRESENTATIVE WOOL referred to her example regarding a DUI and an alcohol offense and asked for clarification of an "alcohol alone" offense.

MS. BROOKS offered to do further research on the question and provide more information.

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REPRESENTATIVE VANCE asked if people on probation are allowed any amount of alcohol.

MS. BROOKS responded that it depends on their conditions of probation and parole. She said that the parole board sets conditions, and the probation and parole officers enforce them.

REPRESENTATIVE WOOL mentioned that he has become aware of several people having the condition of not being allowed alcohol who didn't have an alcohol crime; he suggested that it is a blanket condition. He asked whether the judge gives the conditions of parole or if they come from the parole board.

MS. BROOKS answered that both the court and the parole board can set conditions of parole. She maintained that she is not familiar with the differences in the conditions each set. She agreed that an alcohol restriction is a very common requirement for someone on probations parole. She is also unfamiliar with any possible appeal process for the condition.

REPRESENTATIVE WOOL commented that often a crime is plea bargained, a condition is set as part of the agreement, and the person forgets those conditions and violates a condition some time later.

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MS. BROOKS moved on to slide 9, entitled "Recidivism by Risk Level," and stated that DOC does offender assessments focused on risk levels in order to focus resources. Those found to be at highest risk, tend to recidivate at the highest rates. Recidivism rates include probation and parole violations; tighter controls are placed on those at higher risk; the intent is to catch people earlier with lesser behaviors before a new crime happens or there is a new victim. She said that the recidivism rate for the higher risk offender is higher, not only because tighter controls have been placed on them, but because, by definition, they are at higher risk to recidivate.

MS. BROOKS turned to slide 10, entitled "When are people most likely to return?" and stated that the highest risk for recidivism is within the first six months of release. She said that 25 percent of people who return to their community are reincarcerated within six months; many are new to parole, are unfamiliar with the process, and become involved with a technical violation or minor issue. A person who recidivates is far more likely to do so within twelve months of release, and more than 40 percent of those who recidivate return within the first year. She maintained that the statistics reveal the importance of a comprehensive release plan and strong community supports for reentry.

MS. BROOKS referred to slide 11, entitled "Long-term Results," to point out the recidivism rates for up to 10 years of release. She stated that over time and as expected, the likelihood of returning to jail decreases: people stabilize; they receive treatment; the intensity and frequency of anti-social behavior tends to decrease over time. She said that there is a significant decline in recidivism as the years pass. She reported that less than 6 percent of offenders return to jail between years six and ten.

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SUSANNE DIPIETRO, Executive Director, Alaska Judicial Council (AJC), Alaska Court System (ACS), referred to the statistics on slides 10 and 11 indicating the high risk of released inmates reentering jail within the first six months to one year. She put forth the question asked by DOC and the Alaska Criminal Justice Commission (ACJC): What can we do for the high and medium risk offenders in that critical first six months to a year to break the pattern of rapid return to jail? She referred to slide 12, entitled "Reentry Background," which read:

- 95% of all prisoners will eventually return to 'the streets,' if not their home community, then another Alaskan community
- Reentering persons often have substance abuse and mental health diagnoses which interfere with functionality
- Reentering persons are often without housing and employment
- Family ties may have been diminished by non-contact or by their relocation

- But when support services are frontloaded for medium to high risk individuals they are more likely to stay out rather than return to prison

MS. DIPIETRO added that releasing people with these problems into the community constitutes a very vulnerable time for them; inviting these people into services in the community is the foundation of reentry.

MS. DIPIETRO turned to slide 13, entitled "What do we mean by 'reentry'?" and reviewed the following bullet points:

- Person leaves correctional facility where they have been incarcerated
- After completing a sentence of imprisonment
- He or she may be under supervision (probation, parole) but not always, and especially not if the sentence was for misdemeanor crime(s)
- Their return is to a community, but not necessarily their home community

MS. DIPIETRO added that people who are not in their home communities while working through reentry are especially in need of the support of reentry services.

[3:39:09 PM](#)

MR. WILLIAMS went on to slide 14, entitled "Sequential Intercept Model (SIM)," which demonstrates the criminal justice system by way of a flow chart with five "intercepts." On either end of the chart is noted "community." On the front end - or left side of the chart - is Intercept 0, which consists of prevention and early intervention to intervene early to decrease the likelihood that people will enter the criminal justice system either at the juvenile or adult levels. The chart moves through the criminal justice system to Intercept 4, which is "Reentry," and Intercept 5, which is "Community Corrections." He stated that these two intercepts are the focus of the presentation - answering the question of what is being done to prepare people for release from DOC and reentering the community. He added that the services and supports that people need to remain healthy and positively integrated in the community at the front end are the same ones as needed when released. He emphasized that community supports are important as both preventative measures and as measures helping people reintegrate back into the community. He credited the Policy Research Associates (PRA) for the model; it is used to examine the intersection of criminal justice and

behavioral health and to identify intercept points to employ appropriate diversions for an individual when mental health, not public safety, is the overriding issue.

MR. WILLIAMS referred to the quote on slide 15, which read:

Successful reentry begins on admission and continues through incarceration, release, community supervision and ultimately the unsupervised and successful reintegration [of the individual] into the community.

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MS. BROOKS turned to slide 16, entitled "Reentry & Public Safety," which read:

Recidivism reduction is an important part of the state's public safety mission.

Reentry planning helps offenders successfully resume family and community responsibilities.

The Department of Corrections has programs in place to address the criminogenic risk factors associated with recidivism.

MS. BROOKS added that helping individuals successfully re-integrate into the community means less crime and fewer victims, which defines a successful reentry plan. She stated that there are three guiding principles for effective intervention for the offender population: 1) identifying who is at greatest risk of re-offending and focusing resources on moderate to high risk offenders; 2) targeting the criminogenic needs of those offenders; and 3) tailoring plans to fit the offenders. Tailoring the plan is done through risk assessments, OMPs, and focused evidence-based programming.

MS. BROOKS moved on to slide 17, entitled "A Plan to Address Needs," and stated that the assessment tools used by DOC look at dynamic risk factors that when addressed successfully, change the probability of an offender's recidivism. She reviewed the criminogenic needs listed on slide 17, which read:

Assessing criminogenic needs

- Anti-social values/beliefs/cognition
- Anti-social companions
- Anti-social personality or temperament

- Family and/or marital
- Substance abuse
- Employment
- Education
- Leisure and/or recreation

Offender Management Plan (OMP)

- A roadmap to determine what programs are needed while in custody.
- A means of measuring a prisoner's readiness for reentry.

MS. BROOKS relayed that DOC helps offenders build positive associations, positive pro-social activities and behaviors, support networks, problem-solving skills, and anger management. It helps offenders recognize criminal thinking errors. It helps offenders recognize positive healthy relationships and build positive communications. It helps offenders develop coping skills to reduce and enhance alternatives to substance abuse. It helps offenders to engage with employment and education. She said that once the key issues for an individual are identified through the assessment, the OMP can be developed. The OMP is tailored to the specific needs of the offender. It considers the learning style, abilities, motivation, strengths, and barriers of the offender. The plan starts when the offender arrives at the facility and serves as a roadmap to address the needs of that individual. The OMP is fluid and changes with the offender's progress and with his/her readiness for reentry.

MS. BROOKS referred to slide 18, entitled "Reentry & Rehabilitation Programs," and said that DOC has aligned its programs to follow the basic premise of using evidence-based practices that have been proven to reduce recidivism. She mentioned that the programs listed on the slide are a small sampling of the programs that DOC provides. She highlighted reentry classes, which address matters such as getting an identification (ID), transportation, housing, resume writing, securing benefits and entitlements, and money management. She relayed that reentry classes are offered at all DOC facilities; attendance is optional but quite good.

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CO-CHAIR FIELDS asked whether DOC brings DHSS personnel into the facility to help enroll the returning offenders in Medicaid as they approach the 90-day period.

MS. BROOKS replied that DOC has integrated several options for Medicaid into the system: In some communities there are local Medicaid offices that teach classes for DOC that are open to anyone who thinks they might be eligible for Medicaid. The class explains the application process. The reentry class [teachers] and the institutional POs all have been trained and have the information on how the DOC population can access Medicaid upon release. She said that DOC does what it can to help them fill out the applications while in custody and get them in the mail. She offered that the field POs will also work with the offenders to help them submit Medicaid applications.

CO-CHAIR FIELDS asked whether all the programs listed on the slide are available at all institutions or whether there is significant variation between institutions.

MS. BROOKS responded that the programs offered does vary significantly between facilities. In a facility like Goose Creek Correctional Center [Wasilla], with 1500 inmates, there is much more in-depth programming than in a facility like Ketchikan Correctional Center, with 55 inmates. She maintained that all facilities have some core options, and DOC is constantly trying to expand them.

CO-CHAIR FIELDS asked to see a listing of reentry services by institution.

MS. BROOKS offered to provide that information.

MS. BROOKS stated that DOC's mental health population recidivates at nearly twice the rate of the non-mentally ill population. She said that DOC has a wide variety of mental health treatment programs in the facilities: 24-hour acute care psychiatric hospital level care; sub-acute units; 306 psychiatric beds, which makes DOC the largest provider of direct mental health services in the state; several specialized release programs; the Assess, Plan, Identify, Coordinate (APIC) program funded by the Trust, which assists individuals returning to any community in the state to get connected to resources and even pay for resources until benefits or entitlements begin; and the felony release plan through the therapeutic court. She concluded that DOC has many programs in place to support the very vulnerable mental health population. She added that there are sex offender treatment programs in custody and in the community. The DOC has a medical social work program that serves medically fragile individuals with needs like securing nursing care, wheelchairs, or connecting with a doctor.

MS. BROOKS pointed out the range of services listed on slide 18 for substance abuse treatment, which are: assessment; psychoeducation; intensive outpatient; residential; dual diagnosis programs; and Community Residential Center (CRC) programming. She continued by describing the medication assisted treatment (MAT) programs. The department uses the medication, Vivitrol, which it has been fortunate to receive from the pharmaceutical company at no cost. The department offers it to individuals who are returning to the community, if there are no medical contraindications and if the individual is willing to use it. The treatment consists of an injection prior to release from jail and efforts to connect the released inmate to a provider in the community for the next injection. She stated that the second part of the MAT program involves "Methadone bridging." She explained that when someone addicted to Methadone is incarcerated, instead of taking the person off Methadone - causing withdrawal - DOC works with the community Methadone clinic to continue to administer Methadone to the inmate if he/she is in custody for a short time - 30 days or less. She added that doing so ensures that the inmate is not withdrawing unnecessarily and, when released, can continue with the Methadone program.

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CO-CHAIR FIELDS asked to what extent medication assisted treatment in DOC facilitates mirrors the kind of medication assisted treatment in a non-prison treatment setting that is only focused on addressing addiction.

MS. BROOKS answered that the primary difference between a DOC medication assisted treatment program and a medication assisted treatment program anywhere else is the types of medications that are offered. She said that DOC does not continue Methadone treatment for an inmate who will be incarcerated a long time. She relayed that DOC does not treat inmates with Suboxone or Buprenorphine, because there is an incredibly high potential for abuse and diversion. She stated that even though Alaska DOC does not use those treatment medications, other state departments of correction are looking at those models and some have started some pilot projects. She said that Alaska DOC has not ruled out use of these medications entirely; however, the DOC medical staff would need to have special Drug Enforcement Administration (DEA) designations to prescribe such medications and currently it does not. She offered that DOC is exploring

the use medications that would be safe and reasonable for expansion in the correctional system.

REPRESENTATIVE WOOL asked Ms. Brooks to tell the committee what Vivitrol and Suboxone are, and he asked if one was medication to treat opioid overdoses.

MS. BROOKS answered that naltrexone - another name for Vivitrol - is a medication primarily used to manage opioid dependence. She explained that Narcan, or naloxone, is administered to someone who appears to be overdosing from opioid use. She said that all these medications work to block various receptors; there is a great deal of discussion surrounding which medication is best for an individual. She offered that DOC is expanding the MAT program to have a "buffet" of medications, so that the inmates have more options and can choose the best option. She added that best practice is trending toward more options, and these are safe options.

REPRESENTATIVE STORY mentioned that she has heard that the programs are underutilized, and inmates are not taking advantage of them - particularly the substance abuse treatment programs. She asked whether that information was accurate.

MS. BROOKS responded, "You are correct." She said that DOC provides the programs, but the programs are optional. The department tries to provide incentives, but it finds that some inmates do not want to participate in a substance abuse treatment program even when it is court-ordered. She added that some of these inmates are getting probation violations because of refusing treatment; some would rather spend the time in jail and get out with no probations or parole, than be in treatment. She stated that this is a huge challenge for DOC. The department has heard from inmates that availability is an issue; treatment may be available at one facility but not the facility to which an inmate has been transferred; or the inmate cannot start into a program at the point he/she was in the previous facility. She offered that the facilities are trying to align their treatment programs so that an inmate can transfer from facility to facility as DOC population management demands without interruption to his/her treatment program. She reiterated that Representative Story's assessment was correct; there was a substance abuse program in Lemon Creek Correctional Center that was difficult to staff and then underutilized.

[3:58:17 PM](#)

MR. WILLIAMS referred to slide 19, entitled "History - Statewide Reentry Efforts," to point out that there have been reentry efforts in Alaska for several years. He cited the declining recidivism rates and suggested that the focus on how people are being released and their needs is a contributing factor to that decline.

MR. WILLIAMS moved on to slide 20, entitled "Local Reentry Coalitions," and said that in 2016 communities were discussing how they could help address the issues around recidivism. Coalitions of concerned citizens popped up around the state; the first four [shown on the map on the left side of the slide] were in Anchorage, Matanuska-Susitna (Mat-Su), Fairbanks, and Juneau; they were funded by the Trust. He referred to the map on the right side of the slide to point out the expansion of coalitions to Nome, Dillingham, Ketchikan, and Kenai; these coalitions are funded by DHSS.

MR. WILLIAMS turned to the left side of slide 21, entitled "Roles of a Reentry Coalition," and reviewed the coalition functions, which read:

#### Roles of a Reentry Coalition

Educate the community about the justice system and the reentry program,

Identify local challenges facing reentrants,

Identify local gaps in reentry services and identify collaborative solutions to build capacity in the community, and

Serve as the local point of contact for the DOC and its partners in reducing recidivism.

MR. WILLIAMS directed the committee's attention to the right side of slide 21, entitled "From Incarceration to Communities," which illustrates the pathway after reentry: the people involved; and the services that are needed to be successful - transportation, access to healthcare, education, and employment.

[4:02:04 PM](#)

DON HABEGER, Community Coordinator, Juneau Reentry Coalition (JREC), presented slides 22-25, entitled "Juneau Reentry

Coalition." He stated the coalition's mission shown on slide 22, which read:

The Juneau Reentry Coalition's (JREC) mission is to, 'promote public safety by identifying and implementing strategies that increase a former prisoner's well-being within the community and reduces the likelihood of their return to prison through recidivating.'

MR. HABEGER relayed that this has been their mission statement since inception in 2013. He continued by saying that from 2012 to 2016, an average of 502 individuals were released into the community of Juneau annually. He said that in 2017, Juneau had 335 [high school] graduates; therefore, there are 50 percent more people returning to the community from jail than graduated.

MR. HABEGER stated that JREC serves as the interface between the institution and the community. He goes into the Lemon Creek Correctional Center once a month to meet with the POs and some of the inmates; he meets with released inmates in the community throughout the day.

MR. HABEGER relayed that JREC is a collaboration of individuals, community stakeholders, public and not-for-profit agencies, and faith-based and business partners who are united and committed to the goal of a safer community. He added that anyone who comes to JREC meetings can be considered a member if providing an email address.

CO-CHAIR KREISS-TOMKINS asked Mr. Habeger whether he was a private citizen volunteer or whether he has an official liaison with the State of Alaska or DOC.

MR. HABEGER answered that he has a contract with JREC, which is funded through a Trust grant to Juneau; some coalitions hire staff; for JREC, contracts were a better option.

CO-CHAIR KREISS-TOMKINS asked whether the reentry work of JREC and the interface with DOC has changed with the new [Governor Michael J. Dunleavy] administration in terms of policy, practice, and procedures.

MR. HABEGER responded, "Really, no." He said that from his perspective, JREC's relations with DOC is much the same. He offered that in one respect there has been improvement. He gave an example: There was a staffing shortage in the local probation office. More people were hired, and when Mr. Habeger

asked them what JREC could do as a reentry coalition to improve the process, they specified having incentives to give successful reentry people. He secured meal cards from the local Subway [restaurant] as a special treat to incentivize success. He maintained that it was an example of the community working together.

[4:07:52 PM](#)

MR. HABEGER turned to slide 23 to review the JREC focus areas. The first is quick access to behavioral health treatment and support, especially substance misuse treatment. He reported that progress has been made on that focus area through clinics with "drop-in" time slots for people wanting immediate access. The second focus area involves reentry housing: someone coming out of incarceration has limited resources; finding affordable housing, particularly in Juneau, is a real challenge; however, some progress has been made. He mentioned that Gastineau Human Services (GHS) is the local community resident center (CRC) - or halfway house. He said that GHS will offer housing at times even for people who have been released and out of DOC jurisdiction. He mentioned Haven House in Juneau, which is an 8-bed facility for women, is about three years old. He maintained that one of the challenges in Juneau is the lack of such a place for men. He said that Tlingit and Haida Indian Tribes of Alaska ("Tlingit & Haida") is working on a 16-bed transitional housing program for men, planned to be completed this summer [2019]. He relayed that beginning on January 1 [2019], JREC offered two classes in which those with demonstrated years of successful reentry assisted recently released individuals in achieving reentry success.

MR. HABEGER moved on to slide 24 to discuss JREC's structure. He relayed that community members are "first and foremost" and welcomed to be involved. There is a governance body, which is a 15-member volunteer organization representing all areas of expertise across the community - law enforcement, behavioral health, "family support victims," and the legal profession. He continued by explaining JREC's "co-chair system": DOC has a chair on the coalition leadership; it is currently filled by someone from the DOC facility, but in the past has been filled by someone from DOC's Pretrial Enforcement Division (PED) and by someone from a Division of Probation and Parole (DPP) field office. He offered that on an annual basis a community member is elected to be on the coalition leadership team. He explained that the leadership team uses a workgroup format focused on eight areas to solve problems for the community. He mentioned

that he serves as staff to the work as coordinator. He stated that a fiscal agent is employed to perform fiscal oversight and reporting.

MR. HABEGER referred to slide 25 to summarize: he mentioned JREC's role in the reentry process, its role as the interface between the institution and the community, and functions JREC's performs. He emphasized the importance of case management services: since inception, 63 individuals have volunteered for the JREC program; out of those, 11 were non-compliant with the program, or about 17 percent.

[4:12:53 PM](#)

ALYSA WOODEN, Program Coordinator, Division of Behavioral Health (DBH), Department of Health and Social Services (DHSS), relayed that she manages and implements grants and contracts for DBH to serve individuals involved with the criminal justice system. She stated that her presentation would be a high-level overview of some of the programs that DBH manages in terms of its community reentry support. She referred to slides 26-29, entitled "Division of Behavioral Health & Community Reentry Supports." She described DBH's support services as falling within three groups. The first group is "Direct Service," which consists of reentry case management, reentry centers, Alaska Medicaid Coordinated Care Initiative (AMCCI), and Alaska Housing Finance Corporation (AHFC) Returning Home Program vouchers. She stated that DBH helps to fund, manage, and implement the reentry centers and case managers across the state. It works with coalitions in Anchorage, Mat-Su, Juneau, and Fairbanks, and assists with grants that give those locations a case manager position to coordinate services for individuals coming out of DOC. She said the DBH also provides grant funding for the AHFC Returning Home Program. She offered that this program is intended to provide the individuals coming out of institutions with housing support. The program is not just in Anchorage but serves other locations across the state; it is not just focused on individuals, but also supports families. She said that about 23 percent of the households served have children. She relayed that DBH is trying to ensure it is using its resources statewide in a variety of programs to reduce recidivism.

MS. WOODEN related that DBH also works with AMCCI, which affords the division the opportunity to partner with DOC and community-based providers to connect individuals to healthcare; DBH recognizes that the reentry population may be high-users of the emergency care system, and connecting these individuals with

primary care could reduce emergency department (ED) utilization rates.

CO-CHAIR FIELDS referred to a Legislative Research Services study which showed that the state saved general fund (GF) money through Medicaid expansion and some of those savings were in DOC reentry programs.

MS. WOODEN responded that the reentry population "touches on" many different categories - from housing and homelessness to treatment.

[4:16:40 PM](#)

MS. WOODEN continued by addressing the second group, "Prevention and Early Intervention," and said that prevention can be categorized as primary, secondary, and tertiary. She offered that ensuring that there are community supports in place for individuals at risk for committing crimes and who have committed crimes is a very important piece of reducing recidivism. One of the focus areas consists of building support statewide for people coming out of DOC, and not just in Anchorage; with [USDOJ Justice Reinvestment Initiative] program funds, DBH is working with other communities who have DOC releases - Juneau, Fairbanks, and Mat-Su - to develop the resources locally.

MS. WOODEN moved on to discuss the third group, "Program Infrastructure," which addresses increased collaboration and communication at the state level and between the state and communities. She emphasized that DOC has very thorough information on people released from DOC; the OMPs are very detailed and can provide useful information for community providers; however, community providers are unable to access those plans. She maintained that through the utilization of resources and work with communities, vetted individuals now can access the plans and the referrals and base the community transition plans off the work that DOC has done. She concluded by saying that the programs DBH funds are targeted toward individuals who are medium- to high-risk felony, misdemeanor, and sex offenders; these are the groups that are hard to place in community services.

MS. WOODEN skipped ahead to slide 29 to highlight areas that DBH wishes to pursue; these include addressing systematic barriers, increasing training to providers on evidence-based practices; and partnering with an independent evaluator to assess program outcomes. She stated that DBH has developed a partnership with

the University of Alaska (UA), which will be assessing the programs starting with the fiscal year 2020 (FY 20).

4:20:09 PM

JOSHUA SOPKO, Deputy Director, Partners Reentry Center (PRC), addressed slides 30-31, entitled "Partners Reentry Center," and stated that the PRC is in downtown Anchorage within a 10-minute walk from the Anchorage Correctional Complex. He relayed that PRC accepts applications pre-release to secure housing for people who are releasing homeless, as well as, from walk-ins; it helps people with their immediate needs, such as finding employment; it offers help in behavioral modification and sober support. He stated that most of the people PRC helps are medium- to high-risk people according to their Level of Service Inventory - Revised (LSI-R) results and their criminal history. He added that PRC uses motivational interviewing and goal setting to establish a plan for each person, along with his/her buy-in, since the program is voluntary. He said that PRC encourages its clients to continue to work with PRC and incentivizes them with additional housing support. He added that ideally PRC works with its clients for three months to assist them with transitional housing; if employed and secure, PRC helps them move into their own places. He said that PRC provides the following: frequent visits to PRC; getting them to appointments; ensuring they are following probation conditions; and helping them do what they need to do to stay out of trouble, avoid technical violations, change behavior for the better, and not commit new crimes.

MR. SOPKO turned to slide 31 to review the three main pillars of the work done by PRC. He relayed that PRC sees about 69 people per day; staff prioritize clients as they enter; clients use the computer lab; staff provide case management and follow up on the goals that the clients set. He said that the stable housing that PRC initially provides really helps the released offenders; one of their greatest concerns - having a safe place to sleep for the night - is met; it allows them to focus on the hard work of changing themselves for the better. He imparted that PRC partners with many, many agencies to accomplish what it does; it offers Moral Reconciliation Therapy (MRT) training and sober support groups; it refers people to other agencies for long-term case management and behavioral change; it works with providers for substance abuse and medically assisted treatment; it refers people directly to Alaska Regional Hospital myHealth Clinic for Vivitrol and to other providers offering medically assisted treatment. He offered that most of the people assisted by PRC

are Trust beneficiaries; staff provide them with outreach services to sign up for the Supplemental Nutrition Assistance Program (SNAP), food stamps, and Medicaid; staff help them with budgeting; staff try to help the clients overcome barriers while "doing things right for the first time or overcoming shame at their past decisions."

[4:25:14 PM](#)

CHRISTINA SCHADURA, Support Services and Data Analysis Coordinator, Partners Reentry Center (PRC), referred to slide 32, entitled "Partners Reentry Center," and stated that through her presentation, she would submit a data sample to an internal program study for PRC. She relayed that the purpose behind the study was: an attempt to determine if a community-based program model, like the reentry center, could have any measurable outcomes for reducing recidivism by quantifying whether full engagement versus non-engagement in a reentry program made a difference in an individual's recidivism rate immediately following incarceration. She added that the study tracked new charges within a specific date range for both identified profile groups.

MS. SCHADURA said that for the purpose of the study, recidivism was defined as any combination of one or more new misdemeanor or felony charges resulting in the re-arrest, re-conviction, and remand into custody. For the study, the researchers utilized the in-house client tracking access database, as well as two of the programs available to them, CourtView and VINELink. The time frame for the study was FY 17 to FY 18. The study included two groups: one was the control group - the non-program engagement group - of approximately 150 individuals; the second was the program group of 150 individuals who actively engaged in the services PRC offered. She said that every one of the 300 study subjects were pre-assigned with an LSI-R Risk-Needs-Responsivity (RNR) assessment score, administered and provided to PRC by a DOC probation officer who had referred each of the individuals to PRC through the First Week Out (FWO) program. She explained that FWO refers to a referral designed to act as both a pre-release and discharge plan with a focus on immediate stabilization post incarceration for needs such as coordinating transitional housing, accessing referrals in the community treatment programs, and starting reentry on a path to self-sustainability the first week back into the community.

MS. SCHADURA stated that for the purpose of the data study, "engagement" was defined as follows: attending and utilizing

the reentry center a minimum of seven or more times; being offered case management services; having a change in emergency, transitional, or permanent housing; being offered referrals for mental health and substance abuse treatment options; being offered benefit outreach for enrollment in Medicaid and SNAP; and being offered money management counseling and participation in peer support groups. She emphasized that everyone in the program group met each of the engagement criteria. She added that everyone in the program group began the job laboratory (lab) employment process by attending workshops, creating a resume, and performing mandatory job searches. She reviewed the results of the study from the slide, which read in part as follows [original punctuation provided]:

65%.....Applied for Medicaid/SNAP  
31%.....referred to & utilized Treatment providers  
61%..... Gained Full-Time Employment  
An average of \$597.63 was spent per participant on  
Housing costs for the FY18 Date Range.  
91%..... Assessed as Med-Max Risk/Needs

MS. SCHADURA offered that referrals and collaborations in the communities is critical for PRC as it can assist the reentry population better when able to work in coordination with other social service agencies, state departments, treatment programs, and housing providers; it reduces the chance for duplication of services from individual to individual and allows all organizations involved to better track a community's available resources.

MS. SCHADURA moved on to slide 33 and asked, "Are we making a difference?" She reiterated that for the purpose of the study data, recidivism was defined as any combination of one or more new misdemeanor and/or felony charges resulting in the re-arrest, re-conviction, and remand into custody; it does not capture Petitions to Revoke Probation (PTRPs) or violation of conditions of release or parole. She stated that researchers were able to track each of the 300 study subjects based on a guilty conviction of a new misdemeanor, felony, or felony and misdemeanor charged together occurring after the program entry date at the reentry center. She reported the results: 41 of the 150 people who engaged in the program recidivated, resulting in a re-arrest, re-conviction, and return to custody - a 27 percent recidivism rate; 72 of the 150 people in the control group recidivated, resulting in re-arrest, re-conviction, and return to custody - a 48 percent recidivism rate. She reminded the committee that the sample size of the data is a mere

fraction of the population the center has served since inception; however, it does suggest a positive correlation between meaningful engagement into a community-based program that provides the accountability, the referral, and the (indisc.) services based on need contributing to a decreased likelihood of recidivating. She added that PRC currently is expanding the number of participants tracked in these two groups to cast a wider net on its participant base to reaffirm that these trends are accurate. She expressed the desire to quantify the belief that reentry and transitional services provide necessary assistance in destabilized criminal justice-involved members of the community while promoting public safety for Alaskans.

[4:30:24 PM](#)

MR. WILLIAMS referred to the study results on slide 33 - a comparison of the recidivism percentages of the program group versus those of the control group. He reiterated that there was a 27 percent recidivism rate for those who engaged and participated in the program. He referred to the decline in recidivism rates for Alaska discussed by Ms. Brooks and maintained that engagement with the reentry populations help them and the community be safer. He pointed out that the 48 percent recidivism rate of the control group was still below the 61 percent for CY2015 shown on slide 3. He added, "You may not get someone to fully engage with you, but just the fact that you're helping them access and navigate a complex service system in our communities, in and of itself, will help to reduce the likelihood that they will commit a new crime." He concluded that partnerships, communication, and access to the services in the community is what really will help drive down recidivism rates, increase public safety, and create healthier communities.

[4:32:02 PM](#)

CO-CHAIR FIELDS expressed his interest in following up with several issues brought forward by the presentation that could possibly lead to statutory updates. He mentioned them as follows: moving the 90-day OMP to start right after sentencing; amending statutory language regarding coordination between DOC and non-profit reentry service providers; and identifying key elements of OMPs to ensure they are as robust as possible.

REPRESENTATIVE VANCE mentioned that in the [2/20/19] speech to the Joint Session of the Alaska State Legislature by [Alaska Supreme Court Chief Justice Joel H. Bolger], he highlighted a

project to create easier access to legal services. She asked if that would be implemented for released offenders to assist them with accessing services.

MR. WILLIAMS responded that he would put that initiative on the list of tools to be employed to connect people to the right services in the community.

[4:33:49 PM](#)

The committee took a brief at-ease at 4:34 p.m.

**HB 57-CHILD LABOR HOURS**

[4:34:08 PM](#)

CO-CHAIR FIELDS announced that the next order of business would be HOUSE BILL NO. 57, "An Act relating to expanding the period in a day during which an employed child under 16 years of age may perform work in the summer; and providing for an effective date."

[4:34:26 PM](#)

CO-CHAIR KREISS-TOMKINS moved to adopt Amendment 1, [labeled 31-LS0271\M.3, Wayne, 3/13/19], which read:

Page 2, line 4:

Delete "5:00 a.m."

Insert "4:00 a.m."

CO-CHAIR FIELDS objected for the purpose of discussion.

CO-CHAIR KREISS-TOMKINS explained that Amendment 1 would change the summer working hours by replacing the beginning time, 5 a.m., with 4 a.m. He expressed that in sport fishing and charter lodges in coastal Alaska, youth often bus tables or provide services during a "pre-fishing" shift, which could be as early as 4 a.m.

CO-CHAIR FIELDS removed his objection.

[4:36:02 PM](#)

REPRESENTATIVE WOOL expressed his belief that sleep is very important for youth, thus, objected to the proposed amendment. He asked for confirmation that the proposed legislation cannot

pass into law without Alaska getting a federal waiver [to the Fair Labor Standards Act (FLSA)].

4:37:02 PM

REPRESENTATIVE TAMMIE WILSON, Alaska State Legislature, responded that Alaska does need a waiver. She said that staff in U.S. Senator Dan Sullivan's office are pursuing this matter. She expressed that Alaska would need a waiver whether or not HB 57 passes, because currently Alaska hours, 5 a.m. to 9 p.m., do not correspond with the federally mandated hours of 7 a.m. to 9 p.m. She pointed out that regarding the proposed amendment, parents do not have to let their children work; for alternate lifestyles, sleep hours can be adjusted accordingly.

REPRESENTATIVE WOOL acknowledged that parents would have to consent; however, he offered that if working in a remote area, such as at a lodge, youth may respond to other than parental guidance. He offered that with the proposed legislation, Alaska is already "pushing the envelope," and there has not been public testimony. He maintained his objection to Amendment 1.

REPRESENTATIVE LEDOUX offered that in summer it is light out [at night]; kids don't go to bed anyway; therefore, they might as well be doing something productive. She said that because it is summer, there is plenty of time for sleep.

REPRESENTATIVE VANCE asked whether the federal waiver, if granted, would specify the hours for the extension, or only the hours stated in HB 57.

REPRESENTATIVE WILSON responded that she has no idea. She expressed her understanding that Alaska would insert the hours it desired into the waiver with justification, and the federal government would make its determination. She maintained that Legislative Legal Services informed her office of the waiver application, but she has yet to see one. She confirmed that HB 57 cannot pass without the waiver.

REPRESENTATIVE VANCE expressed that she does not oppose the proposed amendment but would like public input. She relayed that she recalls being a young worker in her coastal community and offered that if 14- and 15-year-olds are willing to get up that early in the morning or stay working that late at night, it should not be discouraged.

REPRESENTATIVE SHAW expressed that if Alaska can extend bar hours in the summer, then it should be able to extend hours for youth wanting to work at 4 a.m. during the summer.

REPRESENTATIVE LEDOUX asked for clarification that whether HB 57 passes or doesn't pass, Alaska is not currently in compliance.

REPRESENTATIVE WILSON replied, "You are correct." She added that many people throughout the state do not realize that there is a federal law that is different from Alaska law [regarding work hours for youth]. She said that HB 57 attempts to put young workers in compliance [with federal and state law] and allow them to work in the job in which they anticipated working.

REPRESENTATIVE LEDOUX asked whether pursuing the proposed legislation puts Alaska in danger of revealing [Alaska's non-compliance] to the federal government and ending up with enforcement activity.

REPRESENTATIVE WILSON responded, "Too late." She relayed that Senator Sullivan put a formal request in today and added that the federal government probably is already aware of the issue. She stated that the [federal] law has been in existence for a very long time; she does not know if other extensions have been granted; every state is different, and situations change.

[4:43:06 PM](#)

REPRESENTATIVE WOOL referred to the difficulty of getting kids up early and maintained that they would not go to bed at 7 p.m. to get eight hours of sleep before having to get up at 3 a.m. He offered the possibility that starting work at 4 a.m. may, in some cases, be coerced by a supervisor and not voluntary. He suggested that extending an hour at each end of the work day may make it more likely that the waiver is not granted.

[4:44:20 PM](#)

The committee took an at-ease from 4:44 p.m. to 4:45 p.m.

[4:45:13 PM](#)

CO-CHAIR KREISS-TOMKINS expressed that the most significant issue regarding the proposed legislation is that the reality of what is happening in Alaska right now is incongruent with federal law.

[4:45:55 PM](#)

CO-CHAIR FIELDS took a brief at-ease at 4:46 p.m.

A roll call vote was taken. Representatives Story, Vance, Shaw, LeDoux, and Kreiss-Tomkins voted in favor of Amendment 1. Representatives Wool and Fields voted against it. Therefore, Amendment 1 passed by a vote of 5-2.

[4:47:15 PM](#)

The committee took a brief at-ease at 4:47 p.m.

[4:47:20 PM](#)

REPRESENTATIVE WOOL reiterated that a U.S. Department of Labor (USDOL) waiver would be needed for HB 57 to pass.

[4:48:12 PM](#)

CO-CHAIR KREISS-TOMKINS moved to report HB 57, as amended, out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, CSHB 57(STA) was reported from the House State Affairs Standing Committee.

[4:48:38 PM](#)

The committee took an at-ease from 4:48 to 4:50 p.m.

**HB 83-PROHIBIT VOTING BY FACSIMILE**

[4:50:19 PM](#)

CO-CHAIR FIELDS announced that the final order of business would be HOUSE BILL NO. 83, "An Act relating to voting by electronic transmission in a state election; and providing for an effective date."

[Before the committee, adopted as a work draft on 3/12/19, was the committee substitute (CS) for HB 83, Version 31-LS0635\M, Bullard, 3/11/19.]

[4:50:53 PM](#)

CO-CHAIR FIELDS opened public testimony on HB 83. After ascertaining that no one wished to testify, he closed public testimony.

[4:51:15 PM](#)

REPRESENTATIVE LEDOUX asked whether the Division of Elections (DOE) supports the proposed legislation.

[4:51:26 PM](#)

GAIL FENUMIAI, Director, Division of Elections (DOE), Office of the Lieutenant Governor (OLG), responded that DOE is always supportive of maintaining high levels of security and instilling public trust in the election process. Its position is that the proposed legislation would support that effort.

[4:53:03 PM](#)

REPRESENTATIVE SHAW moved to report CSHB 83, Version 31-LS0635\M, Bullard, 3/11/19, out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, CSHB 83(STA) was reported from the House State Affairs Standing Committee.

[4:53:35 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House State Affairs Standing Committee meeting was adjourned at 4:53 p.m.