

10th Annual “Reducing Recidivism through Successful Reentry” Conference



**March 31 & April 1, 2015
Hotel Captain Cook
Anchorage, AK**

Hosted by the UAA-Center for Human Development with funding provided by the Alaska Mental Health Trust Authority grant funds and in partnership with the Disability Law Center of Alaska.

YOUTH TRACK

Tuesday, March 31, 2015

Acknowledgements

Sponsorship

This conference is sponsored by UAA's *Center for Human Development (CHD)* from grant funds provided by the *Alaska Mental Health Trust Authority (AMHTA)* to help increase treatment capacity for community supports serving offenders who are Trust Beneficiaries and to promote safe and healthy Alaskan communities.

Co-sponsorship

To show support for community providers in rural communities outside of the Anchorage/Mat-Su Borough to attend this invaluable training, the *Disability Law Center of Alaska* graciously coordinated the dispersal of training support funding in partnership with *CHD* and *AMHTA*.

UAA Center for Behavioral Health Research & Services (CBHRS) is co-sponsoring this CE and offering CE credits. CBHRS is approved by the American Psychological Association to sponsor continuing education for psychologists. The UAA Center for Human Development maintains responsibility for this program and its content. For more information, including prerequisite knowledge, targeted audiences, and learning objectives for these continuing education credits, please see the CE application form and complete the training evaluation survey.

Additional thanks goes to:

- the *NASW-Alaska Chapter* for continuing to offer CE credits for conference participants attending the event;
- all of the community organizations who volunteered their time to participate in the conference's Exhibit Visit; and
- members of AMHTA's *Disability Justice* who dedicated their time, expertise and leadership support to show their commitment to meet the training needs of community service providers who support Trust Beneficiaries who are at risk of, or who are offenders. They are:
 - Alaska Commission on Aging
 - Alaska Court System
 - Alaska Native Justice Center
 - Center for Psychosocial Development
 - Department of Behavioral Health
 - Department of Corrections
 - Department of Law
 - Division of Juvenile Justice

We would also like to give a big **THANK YOU** to all of our conference participants and their agency leadership for continuing to support this conference by taking the time to fully participate in this event.

2015 Reducing Recidivism through Successful Reentry Conference

Purpose

The purpose is to build more capacity and confidence within the Alaskan community provider system to serve Trust beneficiaries who are reentering the community. This conference is sponsored by UAA's Center for Human Development (CHD) from grant funds provided by the Alaska Mental Health Trust Authority (AMHTA) to help increase treatment capacity for community supports serving offenders who are Trust Beneficiaries and to promote safe and healthy Alaskan communities.

Date

Tuesday, March 31, 2015

Youth Track

7:30am Registration Desk Opens

8:30am Welcome Address

5:00pm End of Day

Wednesday, April 1, 2015

Adult Track

7:30am Registration Desk Opens

8:30am Welcome Address

5:00pm End of Day

A *Certificate of Attendance* will be available for all participants at the end of each day.

Location

Hotel Captain Cook – Discovery Ballrooms (Street Level)

939 W. 5th Avenue

Anchorage, Alaska 99501

1 (800) 843-1950

www.captaincook.com

Garage parking discounts available for each day (\$20/day) Please validate your parking ticket at the Hotel Captain Cook's front desk and let them know you are attending the Reducing Recidivism Through Successful Reentry conference.

Conference Materials

All presentations and handouts contained in this manual will be available online at www.alaskachd.org/justice/offender after the conference.

Accommodation Request

To ensure the best learning environment for all participants, please refrain from wearing scents.

“Reducing Recidivism Through Successful Reentry” Conference	
YOUTH TRACK	
DATE: Tuesday - March 31, 2015	LOCATION: Hotel Captain Cook
7:30-8:30	Open Registration/Coffee Service in the Aft Deck
8:30-9:00	Welcome Address/Housekeeping: Dr. Karen Ward, UAA Center for Human Development
9:00-11:00	Session 1: Practical Strategies/Techniques in Working with Youths with Brain-based Disorders: TBI, FASD, and Complex Trauma Disorders Dr. Mark Sloane and Dr. Jim Henry (Western Michigan University)
11:00-11:15	15 Minute Break
11:15-12:30	Session 2: Adverse Childhood Experiences in Alaska and Trauma Informed Care Pat Sidmore (Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse) and Shirley Pittz (Office of Children Services)
12:30-1:45	Networking Lunch & Exhibit Visit – Ask the Experts Use this relaxing opportunity to break bread with other professionals outside of your agency and/or community! Exchange business cards as well as tricks of the trade you use in your community to support individuals you work with. This is a great time to find out “who’s doing what” and “how they’re doing it!” <i>Exhibit Visit Open from 1:00-1:30 Today!</i> Take some time to visit the various informational booths on what transitional services they provide and how you can access their services for your clients!
1:45-3:00	Session 3: Transitioning from Division of Juvenile Justice (DJJ) to the Community Shannon Cross-Azbill (Division of Juvenile Justice)
3:00-3:30	Exhibit Visit in the Aft Deck – Ask the Experts/BREAK Take some time to visit the various informational booths on what transitional services they provide and how you can access their services for your clients!
3:30-4:45	Session 4: Friendships and Dating Program Dr. Karen Ward and Julie Atkinson (Center for Human Development/University of Alaska-Anchorage)
4:45-5:00	Closing and Evaluations

**Enter the drawing to win a \$25 gift certificate of your choice by visiting all of the informational booths and asking the agency representative a question about their services! To be eligible, get the signature of all of the booth representatives at the conference and turn into the Registration Desk Staff. The winner will be drawn at 5:00pm.*

***Enter the drawing to win a \$50 gift certificate of your choice simply by turning in your Conference Evaluation into the Registration Desk Staff! The winner will be drawn at 5:00pm.*

****Gift certificates will be mailed to the winner after the conference.*

Youth Track Session Abstracts and Learning Objectives

Session One

Practical Strategies/Techniques in Working with Youths with Brain-based Disorders: TBI, FASD, and Complex Trauma Disorders

Drs. Henry and Sloane will provide an overview of the complex interface between complex traumatic stress, prenatal drug/alcohol exposure, and behavioral genetics/epigenetics for youths in the Juvenile Justice system. Using a brain-based, trauma-informed, and resiliency-focused case series approach, the presenters will provide practical strategies for trauma/FASD screening, assessment, case planning, and multi-modal/interdisciplinary management for adolescents in the Juvenile Justice system.

Objective 1: Participants will be able to discuss the intricate complexities of the neurodevelopmental and neurobehavioral impact of complex traumatic stress and prenatal drug/alcohol exposure.

Objective 2: Participants will be able to demonstrate practical personal strategies to enhance resiliency in this complex Juvenile Justice population.

Objective 3: Participants will be able to explain the value of trauma screening and comprehensive trauma-informed assessment for adolescents in the Juvenile Justice system.

Session Two:

Adverse Childhood Experiences in Alaska and Trauma Informed Care

The Adverse Childhood Experiences studies have been around for nearly 20 years. In 2013, Alaska asked adults about their adverse experiences while under age 18 through the Behavioral Risk Factor Surveillance System Survey. These data will be presented along with health and social outcomes by ACE exposure. Comparisons with other states' results will be made and areas of progress and need explored. Additionally, Trauma Informed Care will be presented to inform participants of what is happening with child and youth trauma around the state. Participants will interact in small groups and leave with specific tools to inform their communities about Alaska's Adverse Childhood Experiences Study.

Objective 1: Participant will be able to explain the impact of ACEs on lifetime health outcomes.

Objective 2: Participants will be able to describe the rates and outcomes of Alaskans with and without ACEs.

Objective 3: Participants will be able to explain the key concepts regarding Trauma Informed Care.

Objective 4: Participants will be given a chance to consider how they can bring trauma informed principles to their work.

Session Three:

Transitioning from DJJ to the Community

Successful transition back into the community is critical for the wellbeing of the youth, their families and the safety of the community. Reducing recidivism begins with teaching the youth the necessary skills to successfully transition back into the community. This session will present information on seven key areas of focus for the youth as they transition back into the community. The presentation will discuss the need to look at individual brain differences as well as developmental age verses physical age in order to individualize the services to be offered. Implementation strategies for successful transition back into the community, including safety plans, will be discussed for both rural and suburban areas.

Objective 1: Participants will be able to list at least three of seven key areas focused on for youth transitioning back into the community.

Objective 2: Participants will be able to discuss the importance of looking at developmental age along with physical age when looking at expectations being set of the youth transitioning back into the community.

Objective 3: Participants will be able to identify at least two strategies to implement for youth with brain-based disorders to aid them in a successful transition back into the community.

Session Four:

Friendships and Dating Program

Meaningful relationships are important in the lives of people with intellectual and developmental disabilities. Unfortunately, there are high rates of interpersonal violence in these relationships and persons with disabilities are victims of interpersonal violence at higher rates than peers without disabilities. Further, individuals with intellectual and developmental disabilities do not have many opportunities to learn and acquire the skills to develop healthy relationships or avoid abusive relationships. This session presents information about relationships and interpersonal violence for adults with developmental disabilities. It describes an evidence-based intervention to teach social skills necessary to develop healthy, meaningful relationships and to prevent violence in relationships for teens and adults with intellectual and developmental disabilities.

Objective 1: Participants will be able to explain the need to promote the development of healthy relationships for individuals with intellectual and developmental disabilities.

Objective 2: Participants will be able to describe the components of how to teach socio-sexual skills to individuals with intellectual and developmental disabilities.

Objective 3: Participants will be able to discuss the desired outcomes of interventions to teach socio-sexual skills to individuals with intellectual and developmental disabilities.

Exhibit Visit

Come and ask our invited agencies that support our Alaskan youth questions about their programs. This is a wonderful opportunity to network with other agencies that can help you with your work as well as a time to get the most current information about their services.

Objective 1: Participants will be able to list who in the community serves youths who are Trust beneficiaries.

Objective 2: Participants will be able to describe the services provided to youths who are Trust beneficiaries.

Objective 3: Participants will be able to explain how criminal behavior can affect youths who are Trust beneficiaries' eligibility for other community provider services.

YOUTH TRACK BIOGRAPHIES

Session One

Practical Strategies/Techniques in Working with Youths with Brain-based Disorders: TBI, FASD, and Complex Trauma Disorders

Mark A. Sloane, DO has been a board-certified practicing pediatrician for more than 30 years & has been interested in behavioral/developmental pediatrics for 28 years, and is now considered a local, regional, and statewide expert in the diagnosis/treatment of pediatric disorders of mood, behavior, learning, and attention. He has evaluated/treated >10,000 children with these disorders, and in 2003 (after 20 years in primary care pediatrics) he opened a specialty practice limited to neurobehavioral / neurodevelopmental pediatrics.

Sloane, a 1979 graduate of Michigan State University – College of Osteopathic Medicine (MSU-COM), has completed specialized (fellowship) training in adolescent behavioral medicine at Michigan State University – Kalamazoo Center for Medical Studies (MSU-KCMS). He is a founding member & current medical director of the Children's Trauma Assessment Center (CTAC) (at Western Michigan University in Kalamazoo, MI).

His current research interests include the neurobiology and psychopharmacological treatment of various childhood neurobehavioral disorders, including: the interface of neurodevelopment, mood, attention and behavior in children and adolescents, as well as neurobehavioral problems associated with child maltreatment and prenatal alcohol / drug exposure. He has co-authored numerous publications and has presented widely across Michigan, the US, and Canada on the neurodevelopmental impact of traumatic stress & FASD.

Jim Henry, MSW, PhD is co-founder (1999) and Director of the Southwest Michigan Children's Trauma Assessment Center (CTAC) at Western Michigan University in Kalamazoo, MI, a novel assessment facility that provides comprehensive trans-disciplinary evaluations to maltreated and prenatally drug & alcohol-exposed children in the foster care and adoption system. He also serves as an associate professor in the School of Social Work at Western Michigan University.

Dr. Henry completed his BS & MSW at Western Michigan University and received his PhD from Michigan State University. He has extensive experience serving maltreated children and adolescents for nearly 30 years and has unique expertise regarding the impact of psychological trauma on the neurodevelopment of children and adolescents. Additionally, he is recognized across Michigan as an expert in the interviewing of sexually abused children.

Dr. Henry has published numerous papers that have informed and advanced the field of maltreated children. He is currently the principal investigator for two large federally-funded grants (Dr. Henry has been the PI for 4 federal grants totaling more than 5 million dollars since 2003) that have allowed CTAC staff to continue and expand their excellent efforts working closely with area and state professionals in child welfare, mental health, legal/judicial system, medicine as well as education to change the culture of the child welfare system. These grants have also enabled CTAC to provide trauma-informed training about the neurodevelopmental impact of child maltreatment and prenatal drug and alcohol exposure to more than 10,000 individuals from a wide array of disciplines.

Session Two:

Adverse Childhood Experiences in Alaska and Trauma Informed Care

Patrick Sidmore is a Planner for the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board. He holds degrees in economics and management and social work. He has a wide range of work experience, from teaching "at risk" eighth graders to managing an adult day center for elders. His current focus is on early childhood mental health and was instrumental in the Alaskan Adverse Experiences study.

Shirley Pittz, M.S. is the Early Childhood Comprehensive Systems Program Manager in the Alaska Department of Health and Social Services and facilitates the Strengthening Families Program. She serves on the Board of the Alaska Association for Infant and Early Childhood Mental Health and the

Alaska Mental Health Board. Additionally she is a member of the Complex Trauma Treatment Network's Advisory Board. She practiced as a marriage and family therapist for several years, has worked in child abuse prevention programs, and directed a variety of social service and education programs prior to joining OCS. Shirley is a UCLA Johnson and Johnson Fellow and a University of Massachusetts Boston Napa Parent-Infant Mental Health Postgraduate Fellow.

Session Three:

Transitioning from DJJ into the Community

Shannon Cross-Azbill, LCSW, received her Master in Social Work from Tulane University in New Orleans, Louisiana in 1995, where her emphasis was on mental health. Prior to moving to Alaska, Shannon had over 16 years of experience working in Residential Psychiatric Treatment Centers (RPTCs) where the last 5 years of this experience were spent helping to create and develop RPTC treatment programs specific for individuals who experience FASDs. Shannon's work has focused on being an advocate and as a treatment provider who strives to develop creative treatment plans that focus on the individual's strength and innovative treatment interventions aimed at helping each individual find their own success. Much of her focus in RPTCs also revolved around how to successfully transition youth back into their homes and communities. Shannon worked part-time as an outpatient therapist for 5 years for children, adolescents and young adults and their families at Good Samaritan Counseling. Shannon worked for Department of Behavioral Health on the RPTC/FASD waiver where she collaborated with community mental health agencies to better serve individuals who experience FASDs in the community. Shannon currently works for Division of Juvenile Justice (DJJ) as the Clinical Director, where she supervises the DJJ mental health clinicians across the state. She has played an integral part of training staff and implementing Trauma Informed Care throughout DJJ.

Session Four:

Friendships and Dating

Karen Ward, Ed.D., is the Director of the University of Alaska Anchorage Center for Human Development, a University Center for Excellence in Developmental Disabilities. Dr. Ward has over 35 years of experience as an educator, practitioner, and researcher in the field of disabilities, with training, experience, and published research in disability victimization issues. She has many years of clinical experience working with individuals with intellectual and developmental disabilities who have been victims of abuse and those who engage in high risk sexual behavior.

Julie Atkinson is a Research Professional at the University of Alaska Anchorage Center for Human Development, a University Center for Excellence in Developmental Disabilities. She has over seven years of experience working with community based service providers as well as adults with intellectual disabilities to teach social skills to develop relationships and prevent victimization. She has conducted research on a number of issues related to the quality of life for individuals with disabilities including interpersonal violence, self-determination, and access to health care. Julie holds a Master of Science from Utah State University and has worked as an aide in state government on health and disabilities issues.

Exhibit Visit Agencies

- Alaska Autism Resource Center/
Special Education Services of Alaska
- Alaska Brain Injury Network
- Alaska FASD Partnership
- Alaska Mental Health Trust Authority and
Partners Advisory Boards
- Alaska Native Justice Center
- The Arc of Anchorage
- Covenant House
- Department of Labor-Employment
Security Division
- Disability Law Center
- Division of Juvenile Justice
- North Star Behavioral Health
- Ravens Way - SEARHC
- Stone Soup Group
- TAPESTRY (UAA)
- Volunteers of America Alaska

SESSION 1

Practical Strategies/Techniques in Working with Youths with Brain-based Disorders: TBI, FASD, and Complex Trauma Disorders

Dr. Mark Sloane and Dr. James Henry (Western Michigan University)

Presentation and/or handouts to be provided during session

NOTES

NOTES

SESSION 2

Adverse Childhood Experiences in Alaska and Trauma Informed Care

Patrick Sidmore
(Alaska Mental Health Board/Advisory
Board on Alcoholism and Drug Abuse)

and Shirley Pittz, M.S.
(Office of Children Services)

Adverse Childhood Experiences in Alaska & Trauma Informed Care

Reducing Recidivism Through Successful Reentry

Shirley Pittz
Pat Sidmore

Anchorage, Alaska

Outline

1. Adverse Childhood Experiences Study (ACEs)
2. Alaska's ACEs
 - What do they look like?
 - Costs
3. Trauma Informed Care
4. What You Can Do to Improve Your Practice

The Adverse Childhood Experiences (ACE) Study

Examines the health and social effects of ACEs throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County

What is meant by Adverse Childhood Experiences?

- Physical abuse/neglect
- Emotional abuse/neglect
- Sexual abuse
- An alcohol and/or drug abuser in the household
- Incarcerated household member
- Household Mental Illness
- Mother is treated violently
- Parental Separation/Divorce

Source: Robert F. Anda, MD, MS, Co-Principal Investigator, www.RobertAndaMD.com

Adverse Childhood Experiences Are Common

Household dysfunction:

Substance abuse	27%
Parental separation/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%

Abuse:

Psychological	11%
Physical	28%
Sexual	21%

Neglect:

Emotional	15%
Physical	10%

Source: Robert F. Anda, MD, MS, Co-Principal Investigator, www.RobertAndaMD.com

ACEs tend to come in groups...

Additional ACEs (%)					
1	2	3	4	≥5	

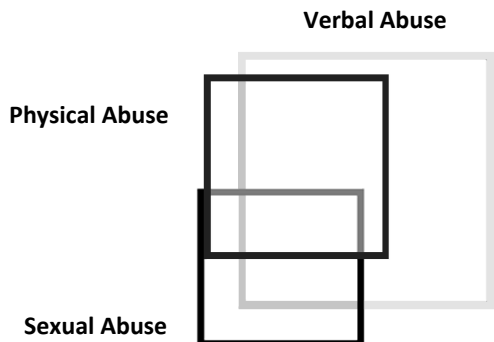
If you had:

A battered mother	95%	82%	64%	48%	52%
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Source: Robert F. Anda, MD, MS, Co-Principal Investigator, www.RobertAndaMD.com

ACEs Overlap – Abuse for Example



Graphic Representation of Washington BRFS – AMHB/ABADA

Adverse Childhood Experiences Score Complex Trauma--Trauma "Dose"

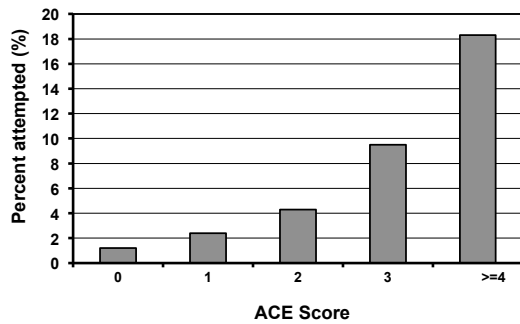
ACE Score (Number of individual types of adverse childhood experiences were summed...)

ACE Score	Prevalence
0	33%
1	26%
2	16%
3	10%
4 or more	16%

Source: Robert F. Anda, MD, MS, Co-Principal Investigator, www.RobertAndaMD.com

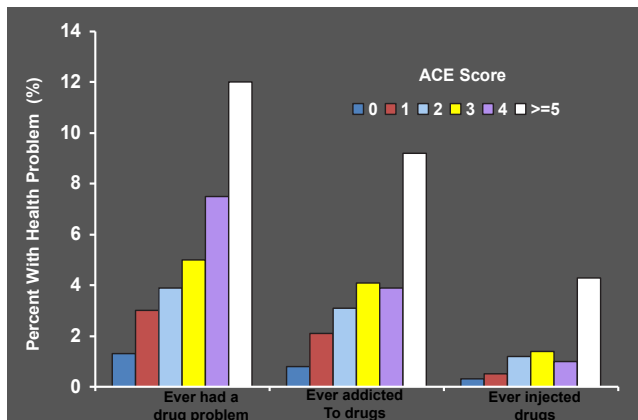


The ACE Score and the Prevalence of Attempted Suicide



Source: Robert F. Anda, MD, MS, Co-Principal Investigator, www.RobertAndaMD.com

ACE Score and Drug Abuse

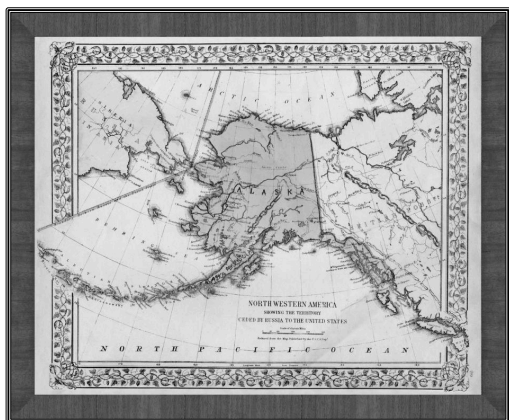


Source: Robert F. Anda, MD, MS, Co-Principal Investigator, www.RobertAndaMD.com

Of the 42 Topic Areas cited in Healthy People 2020.....

- | | | |
|--|--|------------------------------------|
| 1. Access to Health Services | 16. Global Health | 29. Nutrition and Weight Status |
| 2. Adolescent Health | 17. Healthcare-Associated Infections | 30. Occupational Safety and Health |
| 3. Arthritis, Osteoporosis, and Chronic Back Conditions | 18. Health Communication and Health Information Technology | 31. Older Adults |
| 4. Blood Disorders and Blood Safety | 19. Health-Related Quality of Life and Well-Being | 32. Oral Health |
| 5. Cancer | 20. Hearing and Sensory or Communication | 33. Physical Activity |
| 6. Chronic Kidney Disease | 21. Heart Disease and Stroke | 34. Preparedness |
| 7. Dementias, Including Alzheimer's disease | 22. HIV | 35. Public Health Infrastructure |
| 8. Diabetes | 23. Immunization and Infectious Diseases | 36. Respiratory Diseases |
| 9. Disability and Health | 24. Injury and Violence Prevention | 37. Sexually Transmitted Diseases |
| 10. Early and Middle Childhood | 25. Lesbian, Gay, Bisexual, and Transgender Health | 38. Sleep Health |
| 11. Educational and Community Programs | 26. Maternal, Infant, and Child Health | 39. Social Determinants of Health |
| 12. Environmental Health | 27. Medical Product Safety | 40. Substance Abuse |
| 13. Family Planning | 28. Mental Health and Mental Disorders | 41. Tobacco Use |
| 14. Food Safety | | 42. Vision |
| 15. Genomics | | |
- 28 linked to ACES**

What about Alaska?



What is the BRFSS

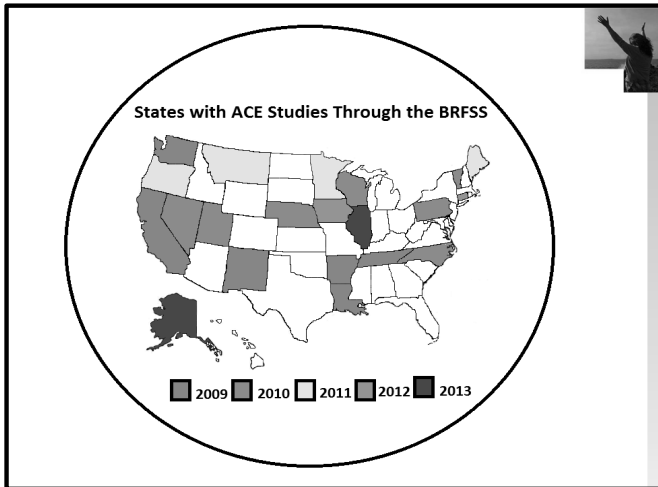
- **The Behavioral Risk Factor Surveillance System** marks its 30th year in 2013 and remains the gold standard of behavioral surveillance. Currently data are collected monthly in all 50 states, the District of Columbia, American Samoa, Palau, Puerto Rico, the U.S. Virgin Islands, and Guam.
- More than 500,000 interviews were conducted in 2011, making the BRFSS the largest telephone survey in the world.

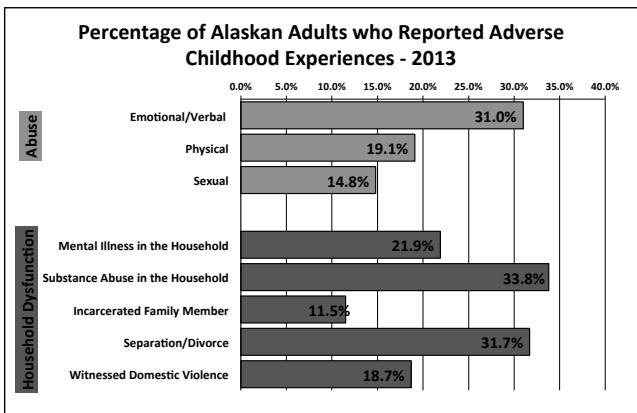


http://www.cdc.gov/brfss/about/about_brfss.htm

Some of the Organizations Supporting the ACE Study in Alaska



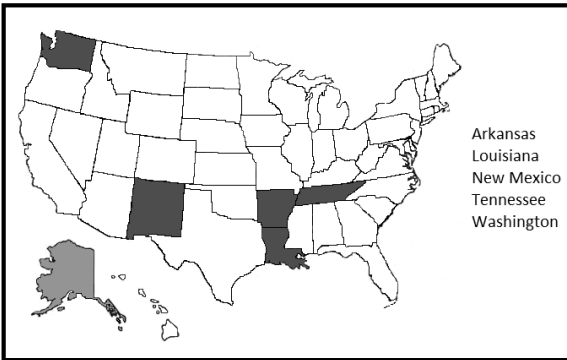




Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion



Alaska and Five States' Combined ACE Data

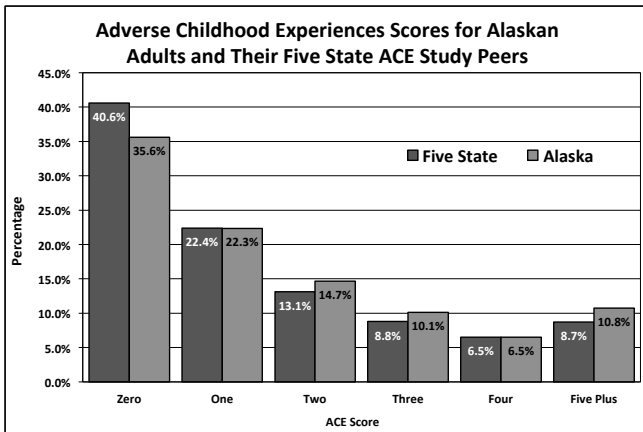


Adverse Childhood Experience*	Alaska	Arkansas	Louisiana	New Mexico	Tennessee	Washington
Abuse Percentages						
Emotional/Verbal	31.0	24.3	21.1	28.1	19.2	34.9
Physical	19.1	14.1	10.5	19.5	12.9	18.1
Sexual	14.8	10.9	9.9	12.9	12.7	13.5
Household Dysfunction Percentages						
Mental Illness in the Home	21.9	17.0	16.6	19.4	17.1	24.3
Incarcerated Family Member	11.5	5.5	7.2	7.1	8.6	6.6
Substance Abuse in Home	33.8	25.5	26.6	29.9	28.3	32.7
Separation or Divorce	31.7	23.3	27.1	24.4	29.1	26.0
Witnessed Domestic Violence	18.7	15.1	14.5	18.9	17.1	16.6

Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults -- Five States, 2009, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

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Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults -- Five States, 2009, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>



Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
 Source: Five States Study data from the Centers for Disease Control and Prevention, *Adverse Childhood Experiences Reported by Adults -- Five States, 2009* <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

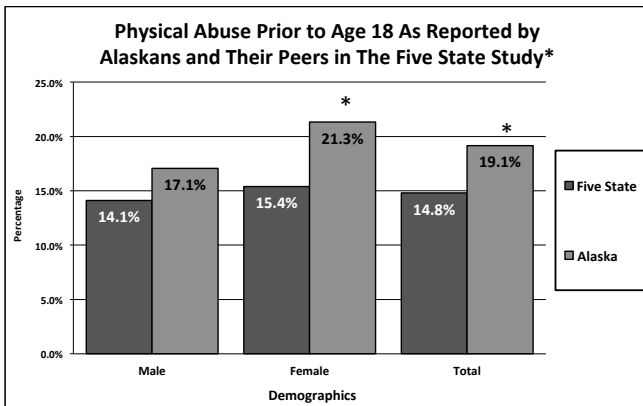
Physical Abuse

The Question

- **BEFORE AGE 18, HOW OFTEN DID A PARENT OR ADULT IN HOME EVER HIT, BEAT, KICK OR PHYSICALLY HURT YOU? {DO NOT INCLUDE SPANKING}**

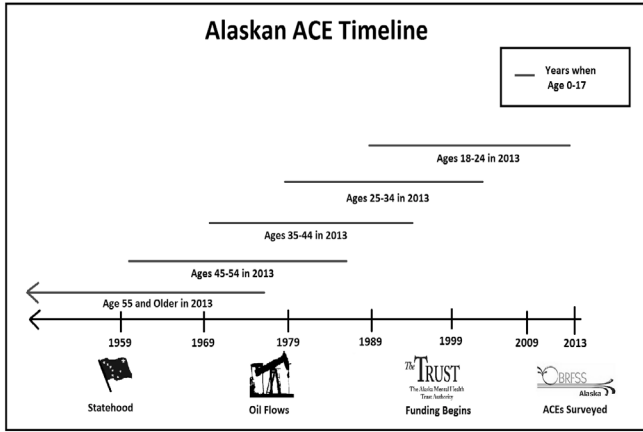
The Answers

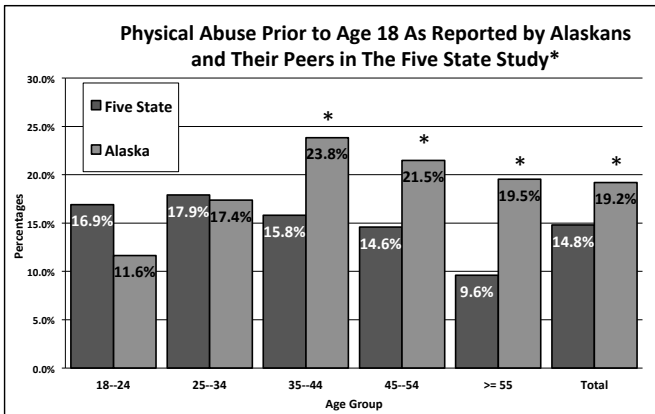
- **ONCE**
- **MORE THAN ONCE**
- **NEVER**
- **If answered "once" or "more than once" then ACE Score = 1**



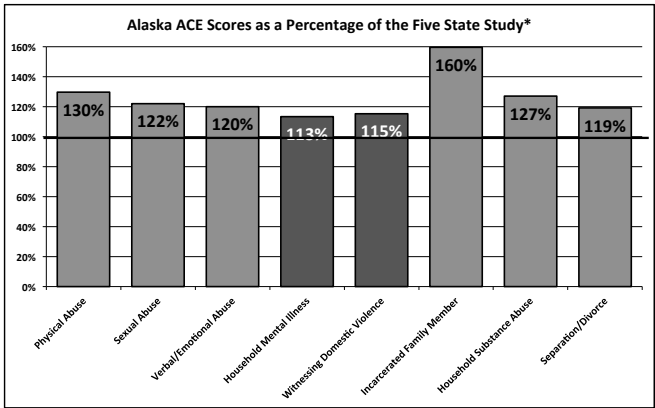
* There is a statistically significant difference between Female and Total categories above.
 Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
 Source: Five States Study data from the Centers for Disease Control and Prevention, *Adverse Childhood Experiences Reported by Adults -- Five States, 2009* <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

A Look into the Past





* The differences between the 35-44, 45-54, 55+ age groups as well as the total are statistically significant.
 Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
 Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults -- Five States, 2009. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>



* Columns in Orange are different in a statistically significant way between the two studies.
 Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
 Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults -- Five States, 2009. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

Household Member in Jail

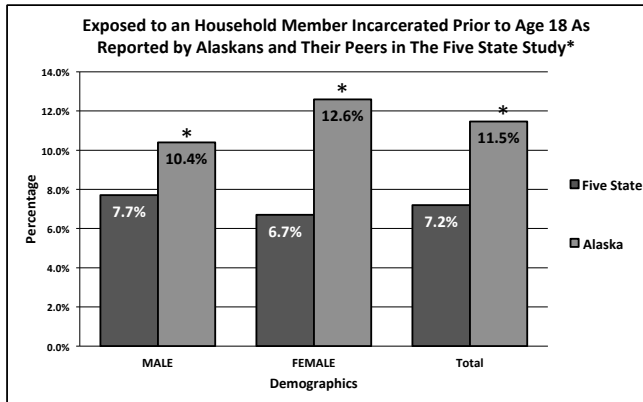
The Question

- **BEFORE AGE 18, DID YOU LIVE WITH ANYONE WHO SERVED TIME OR WAS SENTENCED TO PRISON OR JAIL?**

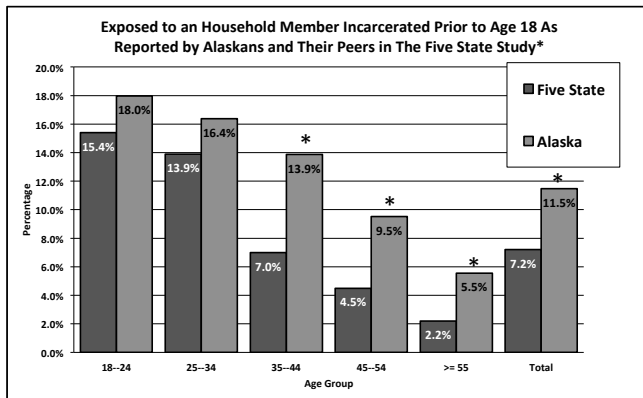
The Answers

- **Yes**
- **No**
- **If answered "yes" than ACE = 1**





* There is a statistically significant difference between all categories above.
Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults --- Five States, 2009. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>



* The difference in age groups 35-44, 45-54, 55+ as well as the total are statistically significant
Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults --- Five States, 2009. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

Witnessing Domestic Violence

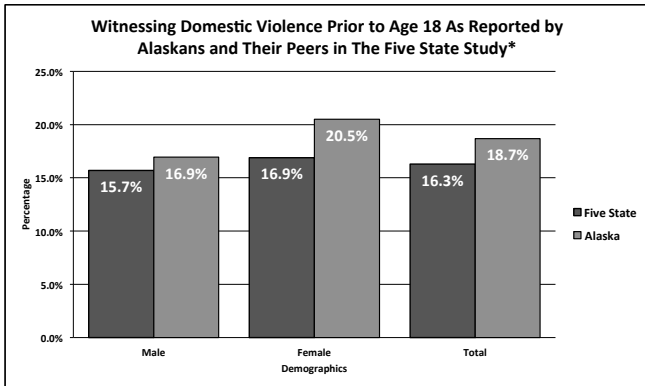
The Question

- BEFORE AGE 18, HOW OFTEN DID YOUR PARENTS OR ADULTS IN HOME EVER SLAP, HIT, KICK, PUNCH OR BEAT EACH OTHER UP?

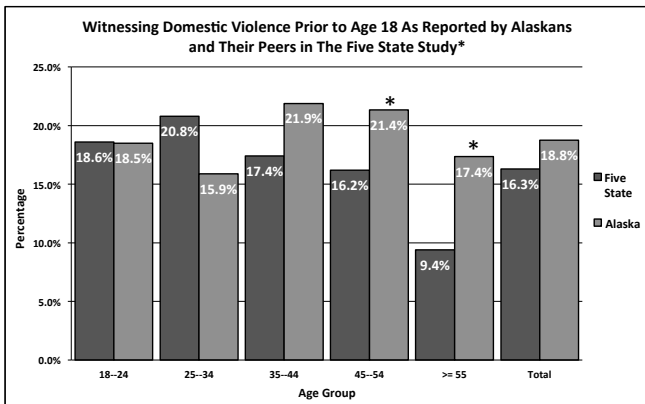
The Answers

- ONCE
- MORE THAN ONCE
- NEVER
- If answered "once" or "more than once" ACE Score = 1

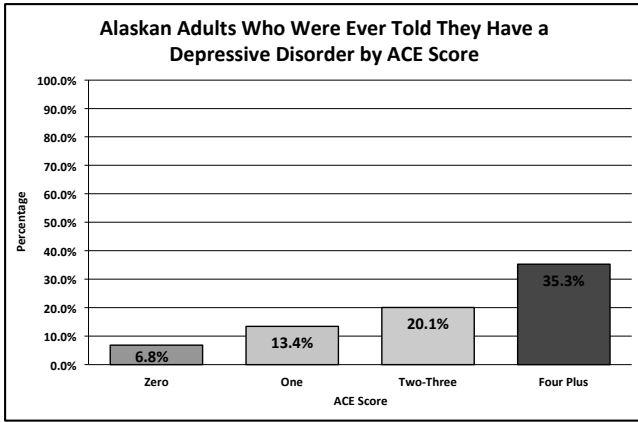




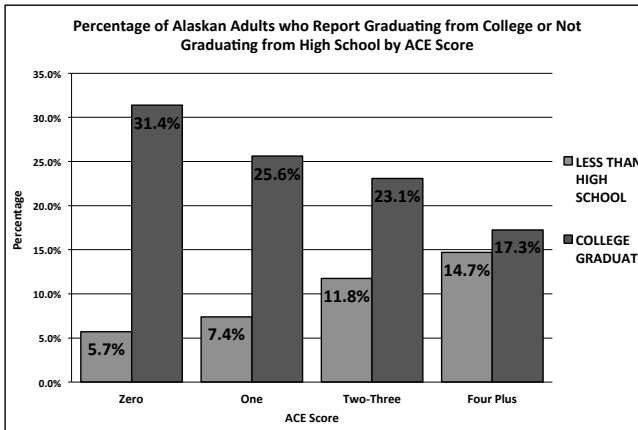
* There is no statistically significant difference between the five state and Alaska data above
 Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
 Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults --- Five States, 2009. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>



* The difference in age groups 45-54, 55+ are statistically significant
 Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
 Source: Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults --- Five States, 2009. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

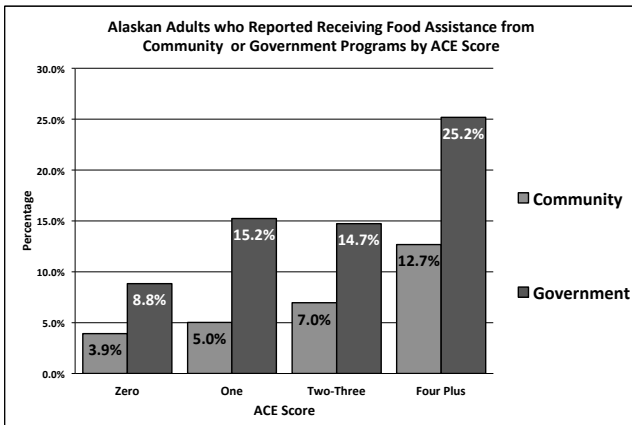


Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion



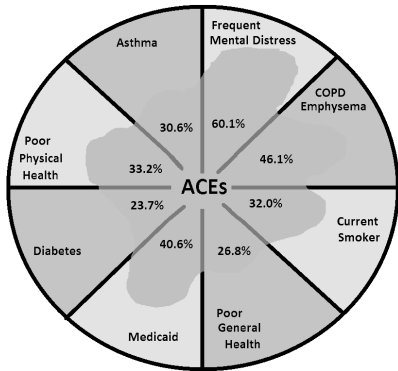
Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion





Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

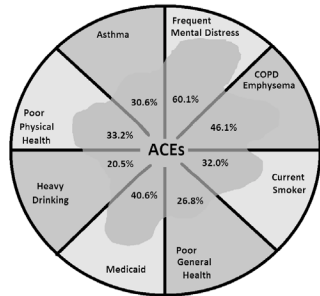
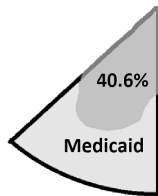
ACEs Impact - Alaska



Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

Population Attributable Risks in Alaska

In 2012 Adults Age 20+
Cost \$860 Million in
Medicaid Funds 40.6%
of that is \$349 Million



Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Graphic: AMHB/ABADA
Source for costs: See DHSS Website http://dhss.alaska.gov/fms/Documents/MESA/MESA_2012-32.pdf

Rows indicate exposure to this form of adverse childhood experience. Columns indicate co-occurrence with other exposures.		Physical Abuse	Sexual Abuse	Verbal/Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation/Divorce	Household Member in Prison
Abuse	Physical Abuse		35.9%	78.4%	42.6%	60.4%	53.6%	47.2%	21.6%
	Sexual Abuse	43.7%		57.2%	44.4%	56.5%	35.9%	43.0%	18.5%
	Verbal/Emotional Abuse	47.5%	28.4%		42.7%	58.0%	40.8%	44.8%	19.1%
Household Dysfunction	Mental Illness	36.7%	31.4%	60.8%		61.3%	36.3%	43.5%	22.6%
	Substance Abuse	33.2%	25.5%	52.7%	39.1%		37.4%	49.1%	25.8%
	Domestic Violence	55.0%	30.2%	69.1%	43.3%	69.7%		56.9%	25.0%
	Separation/Divorce	27.5%	20.6%	43.1%	29.4%	52.0%	32.3%		20.8%
	Household Member in Prison	36.9%	25.9%	53.7%	44.7%	79.9%	41.5%	60.8%	

Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

Males		Physical Abuse	Sexual Abuse	Verbal/Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Females									
Abuse	Physical Abuse	19.5%	76.8%	34.1%	55.6%	53.7%	49.4%	20.9%	
	Sexual Abuse	50.7%	79.8%	50.3%	64.7%	53.5%	45.2%	22.3%	
	Verbal/Emotional Abuse	43.8%	49.5%	37.7%	54.6%	31.1%	37.0%	17.4%	
Household Dysfunction	Sexual Abuse	43.6%	59.8%	46.7%	57.1%	37.5%	45.1%	18.9%	
	Verbal/Emotional Abuse	43.5%	12.4%	33.7%	55.1%	38.3%	47.0%	19.1%	
	Mental Illness	51.6%	44.9%	52.0%	61.0%	43.4	42.5%	19.1%	
	Substance Abuse	34.6%	17.0%	60.4%	59.9%	29.6%	44.3%	22.6%	
	Domestic Violence	38.2%	41.1%	61.0%	62.2%	40.9%	43.0%	22.6%	
	Separation/Divorce	30.7%	13.4%	53.7%	32.6%	34.9%	48.2%	26.3%	
	Household Member in Prison	35.5%	36.4%	51.8%	44.9%	39.6%	49.9%	25.3%	
		54.0%	13.9%	68.0%	29.4%	63.5%	55.4%	23.6%	
		55.9%	45.6%	70.1%	56.3%	75.7%	58.2%	26.3%	
	27.2%	9.0%	45.6%	24.0%	48.0%	30.3%	18.4%		
	27.9%	32.2%	40.5%	34.9%	56.0%	34.3%	23.1%		
	34.2%	12.6%	55.1%	36.4%	77.8%	38.3%	54.8%		
	39.6%	39.0%	52.5%	52.9%	82.0%	44.7%	66.7%		

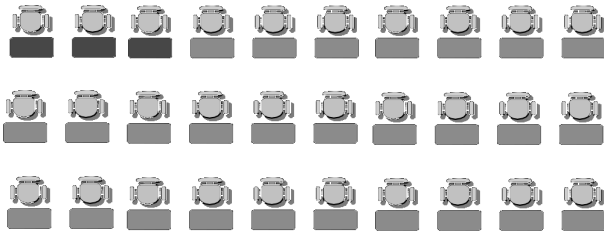
Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

Mental Health

Students Who Considered Suicide in The Previous Year by Whether They Perceive They Matter in Their Community



An Alaskan High School Classroom Filled with Students Who Think They Matter in Their Community

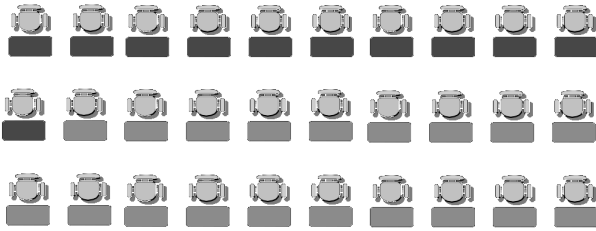


Three Considered Suicide in a Year



Source: State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease & Health Promotion, Youth Risk Behavior Survey (YRBS) 2011 & 2013 data, <http://dhss.alaska.gov/doh/Chronic/Pages/yrbbs/yrbbs.aspx>

An Alaskan High School Classroom Filled with Students Who Don't Think They Matter in Their Community



Eleven Considered Suicide in a Year

Source: State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease & Health Promotion. Youth Risk Behavior Survey (YRBS) 2011 & 2013 data, <http://dhss.alaska.gov/dph/Chronic/Pages/yrbbs.aspx>



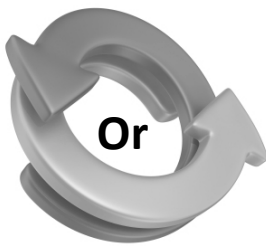
Does it Make a Difference if a Student Thinks He or She Matters in Their Communities?



Source: State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease & Health Promotion. Youth Risk Behavior Survey (YRBS) 2011 & 2013 data, <http://dhss.alaska.gov/dph/Chronic/Pages/yrbbs.aspx>



Is it because students think they matter in their communities that they are less likely to consider suicide?



Is it because students have considered suicide in the past year that they are less likely to think they matter in their communities?



Some Other Hypothetical Classrooms Based on Alaskan Data

In a Physical Fight in the Past Year by Whether or Not The Student Thinks Teachers Care

Past Month Drinking by Perception of Whether Students Think They Matter to Their Communities

Past Month Marijuana Use by Zero or Three or More Days per Week of Supervised After School Activities

Does it Matter if a Student Thinks Their Teachers Care?



Source: State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease & Health Promotion. Youth Risk Behavior Survey (YRBS) 2011 & 2013 data, <http://dhss.alaska.gov/dph/Chronic/Pages/yrebs/yrebs.aspx>.

Does it Make a Difference if a Student Thinks He/She Matters to The Community?

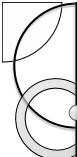


Source: State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease & Health Promotion. Youth Risk Behavior Survey (YRBS) 2011 & 2013 data, <http://dhss.alaska.gov/dph/Chronic/Pages/yrebs/yrebs.aspx>.

Does it Make a Difference if a Student Participates in After School Activities?



Source: State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease & Health Promotion, Youth Risk Behavior Survey (YRBS) 2011 & 2013 data, <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>.



Trauma- Informed Approach

Shirley Pittz, MS
Early Childhood Comprehensive Systems

Trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.

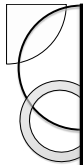
To maximize efforts, they need to be provided in an organizational or community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications.

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

- Event(s)
- Experience
- Effects

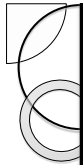
Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.



KEY ASSUMPTIONS in a Trauma-Informed Approach: The 4 R's

- Realization
- Recognize
- Respond
- Resist Re-traumatization

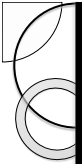
Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.



Principles

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.



Implementation Domains

- Governance & Leadership
- Policy
- Physical Environment
- Engagement and Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training & Workforce Development
- Progress Monitoring and Quality Assurance
- Financing
- Evaluation

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.


Contact Information

Shirley Pittz, Program Officer
shirley.pittz@alaska.gov



Pat Sidmore, Planner
patrick.sidmore@alaska.gov





To learn more about Adverse Childhood Experiences and what Alaska is doing about them, go to the link at the bottom of this slide.

dhss.alaska.gov/abada/ace-ak/Pages/default.aspx

SESSION 3

Transitioning from Division of Juvenile Justice (DJJ) to the Community

Shannon Cross-Azbill, LCSW
(Division of Juvenile Justice)

Presentation and/or handouts to be
provided during session

NOTES

NOTES

SESSION 4

Friendships and Dating Program

Dr. Karen Ward and Julie Atkinson
(Center for Human Development/
University of Alaska-Anchorage)



UAA Center for Human Development
UNIVERSITY of ALASKA ANCHORAGE

Friendships & Dating Program

Reducing Recidivism Through Successful Reentry Conference
March 31, 2015

Karen Ward, & Julie Atkinson

WANTED:

GIRLFRIEND FOR

REQUIREMENTS: SWEET, SMART, PRETTY,
FUNNY, AND IN SHAPE GIRL.

AT LEAST A JUNIOR (SOME EXCEPTIONS).....

LOCATION: COME TO THE LIBRARY DURING A

LUNCH ON MON., TUES., THURS., AND FRI.

ON B LUNCH ON WED COME TO THE LIBRARY.

ASK FOR [REDACTED], I NEED A LOVING

RELATIONSHIP (I AM VERY LONELY, I'VE BEEN
LONELY MY WHOLE LIFE), AND I WOULD LIKE A GIRL

WHO WOULD CARE FOR ME, AND BE CARED FOR

BACK, I WOULD LIKE TO BE LOVED, I AM VERY

SMART, ARTISTIC, FUNNY, LOVES TO HAVE FUN,

ROMANTIC AND I AM SINCERE!!!

Romantic Relationships -Background

- ▶ We conducted a study of romantic relationships among adults with developmental disabilities.
- ▶ 85% were or had been in a romantic relationship after high school.
- ▶ Partnered relationships are important in the lives of adults with developmental disabilities.
- ▶ For many participants, the time spent with their girl/ boyfriends was limited, and they wanted to spend more time together.

(Ward, Bosek & Trimble, 2010)

Interpersonal Violence - Background

- ▶ 60% of those who reported having been in a relationship reported violence
 - ▶ 70% among women
 - ▶ 50% among men
- ▶ Types of abuse reported
 - ▶ Emotional (50%)
 - ▶ Physical (35%)
 - ▶ Sexual (15%)
- ▶ Drug and alcohol use at the time of the incident was reported by 1/3 of the participants
- ▶ Almost 40% did not seek assistance from anyone



Risk Factors for interpersonal violence (victim or perpetrator)

- ▶ witnessing domestic violence,
- ▶ lack of communication skills,
- ▶ poor problem solving strategies,
- ▶ lack of specific socio-sexual knowledge,
- ▶ skills such as seeking consent, good and bad touch, mutuality,
- ▶ social dimensions of gender,
- ▶ low academic achievement,
- ▶ social isolation, and
- ▶ susceptibility to the influence of others.

(Carlson, 1998; Cambridge & Melan, 2000; CDC, 2010; Lindsay, 2002)

Sexuality and People with Developmental Disabilities

- ▶ Societal Prejudice
- ▶ Limited Knowledge
- ▶ Difficulty Projecting Consequences
- ▶ Low Self-Esteem
- ▶ Significant Others Deny Behavior

Friendships & Dating Purpose

- ▶ To teach social skills necessary to develop healthy, meaningful relationships for individuals with intellectual and developmental disabilities
- ▶ To prevent violence in relationships

Delivery

- ▶ Train direct service personnel in local agencies as facilitators to deliver the program to build community capacity
- ▶ 16 hours of training to deliver program
- ▶ Orientation for caregivers
- ▶ Program is delivered in small co-ed groups by 2 facilitators (preferably one female/one male)

Friendships & Dating Format

- ▶ 20 session program – 1.5 hour sessions twice a week over 10 weeks.
- ▶ Odd numbered sessions focus on skill building using a group process.
- ▶ Even numbered sessions focus on learning in place.



Group Process

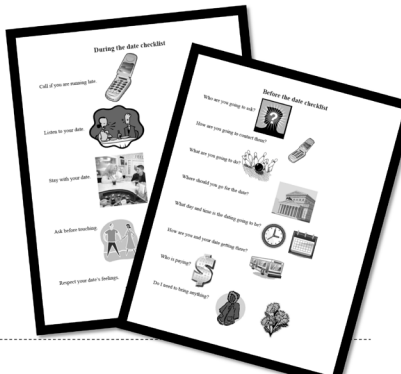
- ▶ Helps people learn in a safe environment
- ▶ Mutual learning & sharing
- ▶ Facilitator provides structure and guidance
 - ▶ Combine new information with previously learned content, skills, and the participants life experience.
 - ▶ Provide a context for training activities.
 - ▶ Design interactive discussions so that participants are engaged and minds do not wander.
 - ▶ Minimize lectures as this puts learners in a passive role.

Learning in Place

- ▶ Engage participants in meaningful and authentic activity (community outings)
- ▶ More likely to be successful if they are learning in places they are familiar with (community)
- ▶ Activities must be experiential
- ▶ Must connect learner to the community

Approach

- ▶ The FDP introduces information using a multi-modal approach including:
 - ▶ discussion,
 - ▶ role rehearsal,
 - ▶ games,
 - ▶ worksheets,
 - ▶ handouts,
 - ▶ DVDs,
 - ▶ slides,
 - ▶ posters,
 - ▶ guest speakers, and
 - ▶ modeling.



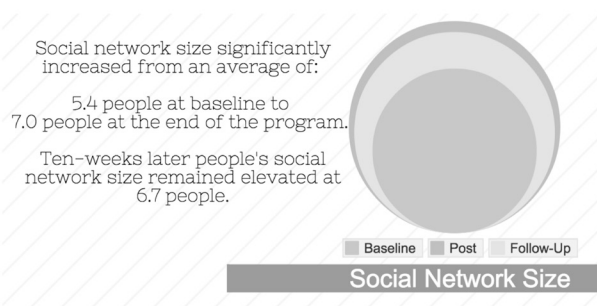
Friendships & Dating Session Topics

- ▶ Introduction
- ▶ Feelings and emotions
- ▶ Types of relationships
- ▶ Potential dates
- ▶ Boyfriend/girlfriend
- ▶ Boundaries
- ▶ Public vs. private displays of affection
- ▶ Assertiveness
- ▶ First impressions
- ▶ Communication
- ▶ Non-verbal social cues
- ▶ Planning an activity or date
- ▶ Dating rights
- ▶ Personal safety
- ▶ Sexual health
- ▶ Gender differences
- ▶ Breaking up
- ▶ Conflict resolution
- ▶ Maintaining relationships

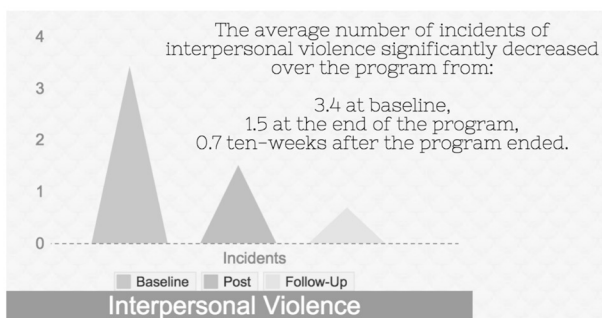
Evaluation and Data Collection

- ▶ Outcome Data
 - ▶ Interpersonal Violence Interview
 - ▶ Social Network Assessment
- ▶ Outcome data collected at baseline, post, and 10-week follow-up
- ▶ Process data collected on a weekly basis to determine if the program is delivered with fidelity

Findings: Social Networks



Findings: Interpersonal Violence



Friendships & Dating Curriculum Examples



Friendships & Dating Introduction

- ▶ Introductions
- ▶ **Candy Name Game**
- ▶ Create Binders
- ▶ Establish Group Rules

- ▶ Community activities:
 - ▶ Introduce rules and expectations in the community
 - ▶ scavenger hunt at the mall, store, botanical garden, park
 - ▶ game night at agency

Candy Name Game

Red	Favorite Hobbies
Green	Favorite Foods
Orange	Favorite Vacation
Blue	Favorite Animal
Brown	Favorite Music
Yellow	Favorite Movie

Feelings and Emotions

- ▶ What are feelings and emotions
 - ▶ **Emotional charades/digital photos**
 - ▶ More than a feeling role play
 - ▶ Expressing feelings/assertiveness
 - ▶ Empathy discussion
-
- ▶ Community activities
 - ▶ observe and discuss emotions at hospital, mall, billiards, coffee shop, bowling







Relationships

- ▶ Relationships
- ▶ Potential friends
- ▶ **Potential dates**
- ▶ Girlfriend/Boyfriend discussion
- ▶ Sexual Orientation

- ▶ Community activities
 - ▶ observe and/or discuss relationships at music in the park, mini-golf, coffee shop, internet café







Personal Boundaries

- ▶ Boundaries discussion
- ▶ **Social Boundaries Scenarios**
- ▶ Consent
- ▶ 'No means No' handout
- ▶ Beyond No Means No: How to Protect Yourself
- ▶ Relationships and Boundaries Role Play

- ▶ Community activities
 - ▶ Use of appropriate social boundaries at movies, swimming, lake, coffee shop, bowling

Social Boundaries Scenarios

- ▶ Are these appropriate for a first meeting? Why or why not?
 - ▶ Hi. Are you married?

 - ▶ Hi. My name is _____, what is your name?

 - ▶ Would you like to dance? At the last dance I broke-up with ex.

 - ▶ This is a good restaurant. Do you ever have sex?

Communication

- ▶ First Impressions role play
- ▶ How do I look?
- ▶ Communication Discussion
- ▶ Yarn ball game
- ▶ Non-verbal social cues
- ▶ Identifying mutual interests 'Go find game'

- ▶ **Community Activities**
 - ▶ Complete an activity where participants use communication skills (rock gym, coffee shop, thrift store). **Conversation starters.**

Conversation Starters

- ▶ If you could go anywhere on vacation, where would you go? What would you do?
- ▶ If you had to live somewhere else in the world, where would you live? Why?
- ▶ If you could choose any job in the world, what job would you choose? Why?
- ▶ What do you like best about your life?
- ▶ Tell me your favorite memory.
- ▶ Tell me one way you want to improve your life.
- ▶ What is the best thing that happened to you this week?

▶

Sexual Health

- ▶ Sexual health introduction
- ▶ Body part identification
- ▶ Sex and reproduction
- ▶ Birth control options
- ▶ Sexually transmitted infections
- ▶ **How to use a condom**

- ▶ Community activities
 - ▶ Go on a date in the community (movie, walk, ice cream, coffee)

▶

How to use a Condom



▶

F&D Application

- ▶ McLaughlin Youth Center (MYC) began delivering F&D in 2013
- ▶ MYC to discuss their experience with F&D



Next Steps

- ▶ Develop SED version of the curriculum
- ▶ Develop teen ID/DD version (15-18 years old)
- ▶ Continue to training facilitators twice a year (minimum)
 - ▶ Distance training available



Contact Information

Karen Ward
karenw@alaskachd.org
Julie Atkinson
juliaa@alaskachd.org

(907) 272-8270
www.alaskachd.org



UAA Center for
Human Development
UNIVERSITY OF ALASKA ANCHORAGE



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ADULT TRACK

Wednesday, April 1, 2015

Acknowledgements

Sponsorship

This conference is sponsored by UAA's *Center for Human Development (CHD)* from grant funds provided by the *Alaska Mental Health Trust Authority (AMHTA)* to help increase treatment capacity for community supports serving offenders who are Trust Beneficiaries and to promote safe and healthy Alaskan communities.

Co-sponsorship

To show support for community providers in rural communities outside of the Anchorage/Mat-Su Borough to attend this invaluable training, the *Disability Law Center of Alaska* graciously coordinated the dispersal of training support funding in partnership with *CHD* and *AMHTA*.

UAA Center for Behavioral Health Research & Services (CBHRS) is co-sponsoring this CE and offering CE credits. CBHRS is approved by the American Psychological Association to sponsor continuing education for psychologists. The UAA Center for Human Development maintains responsibility for this program and its content. For more information, including prerequisite knowledge, targeted audiences, and learning objectives for these continuing education credits, please see the CE application form and complete the training evaluation survey.

Additional thanks goes to:

- the *NASW-Alaska Chapter* for continuing to offer CE credits for conference participants attending the event;
- all of the community organizations who volunteered their time to participate in the conference's Exhibit Visit; and
- members of AMHTA's *Disability Justice* who dedicated their time, expertise and leadership support to show their commitment to meet the training needs of community service providers who support Trust Beneficiaries who are at risk of, or who are offenders. They are:
 - Alaska Commission on Aging
 - Alaska Court System
 - Alaska Native Justice Center
 - Center for Psychosocial Development
 - Department of Behavioral Health
 - Department of Corrections
 - Department of Law
 - Division of Juvenile Justice

We would also like to give a big **THANK YOU** to all of our conference participants and their agency leadership for continuing to support this conference by taking the time to fully participate in this event.

2015 Reducing Recidivism through Successful Reentry Conference

Purpose

The purpose is to build more capacity and confidence within the Alaskan community provider system to serve Trust beneficiaries who are reentering the community. This conference is sponsored by UAA's Center for Human Development (CHD) from grant funds provided by the Alaska Mental Health Trust Authority (AMHTA) to help increase treatment capacity for community supports serving offenders who are Trust Beneficiaries and to promote safe and healthy Alaskan communities.

Date

Tuesday, March 31, 2015

Youth Track

7:30am Registration Desk Opens

8:30am Welcome Address

5:00pm End of Day

Wednesday, April 1, 2015

Adult Track

7:30am Registration Desk Opens

8:30am Welcome Address

5:00pm End of Day

A *Certificate of Attendance* will be available for all participants at the end of each day.

Location

Hotel Captain Cook – Discovery Ballrooms (Street Level)

939 W. 5th Avenue

Anchorage, Alaska 99501

1 (800) 843-1950

www.captaincook.com

Garage parking discounts available for each day (\$20/day) Please validate your parking ticket at the Hotel Captain Cook's front desk and let them know you are attending the Reducing Recidivism Through Successful Reentry conference.

Conference Materials

All presentations and handouts contained in this manual will be available online at www.alaskachd.org/justice/offender after the conference.

Accommodation Request

To ensure the best learning environment for all participants, please refrain from wearing scents.

“Reducing Recidivism Through Successful Reentry” Conference	
ADULT TRACK	
DATE: Wednesday – April 1, 2015	LOCATION: Hotel Captain Cook
7:30-8:15	Open Registration/Coffee Service in the Aft Deck
8:15-8:45	Welcome Address/Housekeeping: Steve Williams, Alaska Mental Health Trust Authority
8:45-10:30	Session 1: Alaska’s Returning Citizen/Reentry Efforts <ul style="list-style-type: none"> • Welcome/Intro of Session and Speakers - Dennis Schrantz (Center for Justice Innovations) • The National Perspective on Reentry Reforms - Dennis Schrantz • Department of Corrections - The Alaska Prisoner Reentry Initiative - Commissioner Ron Taylor • Overview of Current State Coordinated Strategies to Reduce Recidivism <ul style="list-style-type: none"> - Bryan Butcher, Alaska Housing Finance Corporation - Steve Williams, Alaska Mental Health Trust Authority - Commissioner Ron Taylor, Department of Corrections - Commissioner Valerie Davidson, Department Health and Social Services - Heidi Drygas, Department of Labor and Workforce Development - Anthony Piper, Division of Behavioral Health
10:30-10:45	15 Minute Break
10:45-12:00	Session 2: Reentry Partnerships: The Department of Corrections and Reentry Coalitions – Moderated by Dennis Schrantz <ul style="list-style-type: none"> • Anchorage Coalition - Marti Greeson and Morgan Jaco, Department of Corrections • Dillingham Coalition - Kimberly Martus • Juneau Coalition - Katie Chapman and Brent Wilson, Department of Corrections • Fairbanks Coalition - Cassey St. Rose • Mat-Su Coalition - David Rose
12:00-1:30	Networking Lunch & Exhibit Visit – Ask the Experts Use this relaxing opportunity to break bread with other professionals outside of your agency and/or community! Exchange business cards as well as tricks of the trade you use in your community to support individuals you work with. This is a great time to find out “who’s doing what” and “how they’re doing it!” Exhibit Visit Open from 12:30-1:15 Today! Take some time to visit the various informational booths on what transitional services they provide and how you can access their services for your clients!
1:30-3:00	Session 3: Offender Risk Management and Case Planning for Successful Reentry Dr. Alexandra Garcia-Mansilla, Ph.D. (Private Practice Clinical and Forensic Psychologist)
3:00-3:30	Exhibit Visit in the Aft Deck – Ask the Experts/BREAK Take some time to visit the various informational booths on what transitional services they provide and how you can access their services for your clients!
3:30-4:45	Session 4: Complex Behavior Collaborative (CBC) Reta Sullivan (Division of Behavioral Health) and Summer LeFebvre (Center for Human Development/University of Alaska-Anchorage)
4:45-5:00	Closing, Exhibit Visit Drawing and Evaluations

**Enter the drawing to win a \$25 gift certificate of your choice by visiting all of the informational booths and asking the agency representative a question about their services! To be eligible, get the signature of all of the booth representatives at the conference and turn into the Registration Desk Staff. The winner will be drawn at 5:00pm.*

***Enter the drawing to win a \$50 gift certificate of your choice simply by turning in your Conference Evaluation into the Registration Desk Staff! The winner will be drawn at 5:00pm.*

****Gift certificates will be mailed to the winner after the conference.*

Adult Track Session Abstracts and Learning Objectives

Session One

Alaska's Returning Citizen/Reentry Efforts

Like many states in the nation, Alaska has been identifying and implementing collaborative strategies aimed at diverting Alaskans away from the criminal justice system when appropriate and helping Alaskans successfully reenter the community from correctional institutions. Successful outcomes lead to healthier Alaskans and communities as well as reduced costs associated with criminal recidivism. An underpinning for success is partnership amongst state and community agencies. This session will highlight national efforts on reentry initiatives, Alaska efforts, and specific Department of Corrections' initiatives.

Objective 1: Participants will learn about the national evidenced-based efforts and outcomes focused on successful reentry and reducing criminal recidivism.

Objective 2: Participants will learn about the collaborative efforts Alaska has undertaken and is implementing focused on successful reentry and reducing criminal recidivism.

Objective 3: Participants will learn about the Department of Corrections' *Alaska Prisoner Reentry Initiative*.

Session Two:

Reentry Partnerships: The Department of Corrections and Reentry Coalitions

Five Alaskan communities have formed grassroots reentry coalitions to assist Alaskans and the state with reentry efforts. Representatives from each of the communities will share how their coalitions formed, challenges, efforts to assist returning citizens be successful in their respective communities, and next steps moving forward.

Objective 1: Participants will gain an understanding of how specific communities have taken an active role to partner with the state to create opportunities for healthier Alaskans and communities and help reduce the cost of criminal recidivism.

Objective 2: Participants will learn strategies for and challenges to developing a local reentry coalition.

Objective 3: Participants will learn strategies for developing a strong partnership with the Department of Corrections and other criminal justice entities.

Session Three:

Offender Risk Management and Case Planning for Successful Reentry

The aim of this session is to provide a framework for probation officers and community providers to assess individual clients for relevant risk factors for re-offending and to develop appropriate plans to address these individual risk factors. The session will provide an overview of the risk factors most highly associated with recidivism and will guide participants to consider which risk factors are most relevant for individual clients, with an eye towards developing focused interventions. Finally, the session will describe cutting edge interventions (such as interactive journaling) designed to target one of the most often ignored and difficult to manage risk factors, criminogenic thinking.

Objective 1: Participants will be able identify the risk factors most associated with recidivism and ways to assess for the presence of these risk factors in their clients.

Objective 2: Participants will be able to determine the relevance of these risk factors for particular individuals and develop individualized approaches to target these risk factors.

Objective 3: Participants will be exposed to innovative approaches to target criminogenic thinking,

one of the most challenging risk factors to address.

Session Four:

Complex Behavior Collaborative

The Complex Behavioral Collaborative provides consultation and training to agencies that serve clients who experiences serious mental illness, intellectual or developmental disability, traumatic brain injury, Alzheimer's/dementia or substance abuse complicated by cognitive impairments and have complex behavioral management needs. Goals of the program are to build capacity and expertise within the State and to keep participants in the community and out of institutions.

Objective 1: Participants will know what the Complex Behavior Collaborative (CBC) program does and does not do.

Objective 2: Participants will be able to recognize the program goals and criteria of the CBC.

Objective 3: Participants will know how to make a referral to the CBC and what information to provide with the referral.

Objective 4: Participants will know what the Complex Behavior Collaborative (CBC) program does and does not do.

Objective 5: Participants will be able to recognize the program goals and criteria of the CBC.

Objective 6: Participants will know how to make a referral to the CBC and what information to provide with the referral.

Exhibit Visit

Come and ask our invited agencies that support our Alaskan youth questions about their programs. This is a wonderful opportunity to network with other agencies that can help you with your work as well as a time to get the most current information about their services.

Objective 1: Participants will be able to list who in the community serves youths who are Trust beneficiaries.

Objective 2: Participants will be able to describe the services provided to youths who are Trust beneficiaries.

Objective 3: Participants will be able to explain how criminal behavior can affect youths who are Trust beneficiaries' eligibility for other community provider services.

ADULT TRACK BIOGRAPHIES

Session One

Alaska's Returning Citizen/Reentry Efforts

Bryan Butcher was hired as the Chief Executive Officer/Executive Director of the Alaska Housing Finance Corporation (AHFC) on August 7, 2013. Bryan came to the position from the Alaska Department of Revenue, where he served as commissioner from January, 2011 until his hiring at AHFC.

Previously, Bryan was the director of governmental relations and public affairs for the Alaska Housing Finance Corporation for eight years and, in a dual role, was vice president of the Alaska Gasline Development Corporation (AGDC) from 2010 to 2011.

Bryan also served as a member of former Governor Sarah Palin's gasline team through the Alaska Gasline Inducement Act (AGIA) process. Before joining AHFC in 2003, Bryan worked for the Alaska Legislature as a senior aide to the House and Senate Finance Committees for 12 years.

Bryan has served on many boards, including the Alaska Energy Authority, the Alaska Industrial Development and Export Authority (AIDEA) and as a trustee of the Alaska Permanent Fund.

A lifelong Alaskan born and raised in Anchorage, Bryan holds a Bachelor of Science degree from the University of Oregon. He is married with two children.

Commissioner Heidi Drygas was appointed to lead the Alaska Department of Labor and Workforce Development by Governor Bill Walker on December 19, 2014. Prior to being named commissioner, Drygas spent nearly a decade as General Counsel to the Alaska District Council of Laborers. Drygas is a lifelong Alaskan, who was born and raised in Fairbanks. She earned a Bachelor's degree in history from the University of Alaska Fairbanks, and a Juris Doctor from Willamette University in Salem, Oregon.

Steve Williams, Chief Operating Officer at the Alaska Mental Health Trust Authority, has worked on criminal justice policy and program issues for over 10 years. He started with the Alaska Court System in 2001 as a case coordinator for the Anchorage Mental Health Court. During his tenure at the court system he was promoted to Project Coordinator and assisted with the development and implementation of the Palmer Mental Health Court. In 2005, he was hired by the Alaska Mental Health Trust to oversee its Disability Justice focus area and a variety of related projects focused to: 1) define and quantify the issues related to involvement of Trust beneficiaries in the juvenile and adult criminal justice system; 2) inform the public and policy-makers of the problems and effective solutions; and 3) support concentrated multi-disciplinary efforts of government and community leaders to effect needed change at state, regional, and community levels. Currently, Steve is the Trust's Chief Operating Officer, overseeing the strategic planning, budgeting, and grants administration evaluation functions of the Trust and continues to oversee the Disability Justice focus area.

Steve is a member of the State of Alaska's Criminal Justice Working Group and chairs two of the working group's subcommittees – Therapeutic Courts and Title 12 Legal Competency. He also is an active member of the Alaska Prisoner Reentry Task Force.

Steve is actively involved on issues related in homelessness in Anchorage and currently serves as the board chair for Bean's Café, a non-profit organization provides hot meals and social service referrals to the homeless.

A native of Maryland, Steve earned a Bachelor of Arts degree in philosophy from Loyola University Maryland and a Master's of Social Work from the University of Michigan. In 2010, he was recognized as a Top 40 Under 40 recipient by the Alaska Journal of Commerce.

Commissioner Ronald F. Taylor began his career with the State of Alaska in 1990 as an Adult Probation Officer and later was Program Manager for the Alaska Alcohol Safety Action Program (ASAP) in the

Department of Health & Social Services.

In 2008, Commissioner Taylor joined the Department of Corrections as the Executive Director of the Alaska Board of Parole and subsequently became Director of the Division of Probation & Parole. In this role, he focused his attention on implementing evidence based practices designed to improve community supervision outcomes by focusing on probationer/parolee success. As Deputy Commissioner of Reentry and Population Management, Commissioner Taylor expanded these efforts by ensuring a seamless transition from institution to probation/parole supervision and ultimately the community. Commissioner Taylor was also responsible for inmate institutional rehabilitative programs and Chaplaincy Services. Commissioner Taylor continues to serve as liaison to the criminal justice system.

Ron is a graduate of the University of Florida, and a passionate Gator fan!

Dennis Schrantz is the Director of the Michigan Council on Crime Delinquency, Center for Justice Innovation. With more than 30 years of experience in the criminal justice field, Schrantz is a recognized leader in reducing prison and jail populations while improving public safety. As the director of the Center, Mr. Schrantz works with state and local jurisdictions that want to improve their justice policies to improve system and individual performance and reduce corrections costs.

Immediately before founding MCCD's Center, Schrantz served as the Vice President of Business Operations for Northpointe, Inc. Prior to joining Northpointe and since 2010, Schrantz served as the deputy director of planning and community development for the Michigan Department of Corrections under the leadership of Michigan Gov. Jennifer M. Granholm. In his seven years with the agency, Schrantz oversaw the development and implementation of initiatives such as the nationally recognized Michigan Prisoner ReEntry Initiative that resulted in a decline in the prison population by 17 percent, the closing of 20 prisons, and a cost savings to the State of nearly \$1 billion in the course of the decade following the closures.

From 1989 until 1995, Mr. Schrantz was the founding executive director of the Michigan Office of Community Corrections that was responsible for reducing admissions to prison under the state's then-fledgling Community Corrections Act. Under his leadership the state's rate of admission to prison dropped from 32% to 22% where it has been maintained for nearly 15 years due to the structural changes in the front end of the justice system put into place by the Office of Community Corrections. During that time, Mr. Schrantz served under two governors, James Blanchard (D) and John Engler (R).

Between 1995 and 2002 when he took his post in the Granholm Administration, Mr. Schrantz worked in Wayne County (Detroit), Michigan as head of their community corrections division where he tackled the vexing issue of a 24 year old law suit against overcrowded conditions in the jail system. As a result of improved management in the courts and the jail system, the lawsuit was ended and for the first time in decades the jail had ample space to house prisoners.

Session Two:

Reentry Partnerships: The Department of Corrections and Reentry Coalitions – Moderated by Dennis Schrantz

Dennis Schrantz is the Director of the Michigan Council on Crime Delinquency, Center for Justice Innovation. With more than 30 years of experience in the criminal justice field, Schrantz is a recognized leader in reducing prison and jail populations while improving public safety. As the director of the Center, Mr. Schrantz works with state and local jurisdictions that want to improve their justice policies to improve system and individual performance and reduce corrections costs.

Katie Chapman has worked for the National Council on Alcoholism and Drug Dependence, Juneau affiliate since 2012 as Executive Director. She helped develop the Juneau Reentry Coalition in 2012 and serves as one of the chairs of the coalition. She graduated with an MSW from UAA School of Social work in 2011.

Morgen Jaco has worked for the Department of Corrections since 2007; starting out in Seward Alaska at Spring Creek Correctional Center. She was visiting from Virginia for the summer after getting her Master's Degree in Criminal Justice and decided to never leave.

Her passion has always been Prisoner Reentry; focused on ways to reduce recidivism and helping ease the transition from incarceration back out into the community. Currently, as a Furlough Probation Officer; she helps individuals address their needs and identified risks prior to releasing back to their communities and homes.

In conjunction with being a Furlough Probation Officer, Morgen is the Reentry Coordinator for the Department of Corrections. This has enabled her to work with the Anchorage Coalition for Prisoner Reentry and different Reentry and Service Providers throughout the State of Alaska.

Marti Greeson, currently serving as Prisoner Reentry Employment Specialist with the Alaska Department of Labor. Listed below are Marti's past accomplishments:

- Five years' Prisoner Reentry Case Manager, Mentor Coordinator and Program Manager with the Alaska Native Justice Center.
- Nine and a half years Alaska State Executive Director of Mothers Against Drunk Driving.
- Two years' Education Coordinator with Standing Together Against Rape (STAR Alaska)
- Five and a half years Loss Prevention Manager with Southland Corporation (7-Eleven) stores in Colorado, Utah, and New Mexico.
- Twenty plus years' Violent Crime Victim Responder and Victim Response Program Manager.
- Current Moral Reconciliation Therapy MRT(™) Facilitator
- Co-Chair of the Anchorage Reentry Coalition
- Chair of the Glenwood CRC Advisory Board
- Former Co-Chair of Community Based Action for a Safer Society (CBASS)
- Alum of the Anchorage Police Department Citizens' Academy

Cassey St. Rose is currently the operator/owner of Healing House Counseling of Fairbanks. St. Rose worked as the Programs Director at the Fairbanks Rescue Mission and has over 5 years experience working directly with the homeless and out of prison populations. In addition, St. Rose is the Chair Person for the Fairbanks Prison Reentry Coalition.

Dave Rose has spent the last thirty years working and playing in the great State of Alaska. The last three years he has served as Coordinator for the Mat-Su Coalition on Housing and Homelessness (MSCHH). He has also been a board member of the Alaska Coalition on Housing and Homelessness, serving on their Annual Conference committee.

As coordinator, for MSCHH, he has worked at advocating for sustainable solutions to homelessness in the Mat-Su Borough. MSCHH has focused on four areas; Senior Housing, Youth Housing, Affordable Low-Income Housing, and Prisoner Reentry Housing. He has also worked with the City of Wasilla, planning and helping coordinate an Annual Project Homeless Connect. This PHC has been key in providing accurate data for directing homeless support service in our borough. He also serves as a part-time Case Manager for Valley Charities, Inc. helping individuals and families with the support of the Homeless Assistance Program grant.

Dave had been a teacher of natural sciences and the homeless student liaison for the Mat-Su Borough School District prior to working for MSCHH. As the MSBSD homeless student liaison he helped establish the Families In Transition (FIT) support program. This program assisted students under the McKinney-Vento Act to stay in their school of origin and gain success in school. Students were offered tutoring, free lunches, school supplies, and access to community resources.

Dave is married to Julie Rose and has three grown children and three, still growing, beautiful grandchildren.

Brent Wilson has worked for the Department of Corrections since 1997 in various capacities. Mr. Wilson was the program coordinator for the Serious and Violent Offender Reentry Initiative (SVORI) immediately

prior to becoming a probation and parole officer in 2007 and then the Juneau Field Office supervisor in 2009. In 2012 he coordinated with Katie Chapman to organize the Juneau Reentry Coalition and continue to co-chair that group. He has played an active role with the annual Success Inside and Out program at Lemon Creek Correctional Center since 2008.

Session Three:

Offender Risk Management and Case Planning for Successful Reentry

Alexandra Garcia-Mansilla is a licensed Clinical Psychologist with over fifteen years of experience working with people with serious mental disorders involved with the criminal justice system. She received her PhD from Fordham University in Clinical Psychology with a Forensic Specialization. Prior to earning her PhD, she was a licensed Clinical Social Worker, having received her Masters in Social Work from New York University, and she received her BA from Harvard University. She has trained in various forensic psychiatric settings throughout the New York City metropolitan area (including Bellevue Forensic Services and Kirby Forensic Psychiatric Center), multiple civil psychiatric units; has provided treatment in both inpatient and outpatient settings, and was a Research Associate in the Affective Disorders Clinic at Weill Cornell Medical College. For four years, until February 2015, Dr. Garcia-Mansilla was the Clinical Director of the Queens TASC Mental Health Diversion Program, a mental health jail diversion program in Queens, NY. She is now in private practice conducting forensic assessments. Dr. Garcia-Mansilla has specialized training in Dialectical behavior Therapy, Cognitive Behavior Therapy, trauma, as well as neuropsychological, forensic, and personality assessment. She has conducted research in the areas of violence risk assessment and treatment of clients with stalking related offenses.

Session Four:

Complex Behavior Collaborative (CBC)

Reta Sullivan is a LCSW with a Masters in Social Work from the University of Alaska, Anchorage. She spent many years working at the Alaska Psychiatric Institute where she worked with the adult and adolescent population before transferring to the Division of Behavioral Health in 2005 to begin work with the Bring the Kids Home initiative. In 2010, Reta was asked to be the project coordinator for the Complex Behavior Collaborative, a new project for the State focusing on building in-state capacity and expertise for treating individuals experiencing complex behavior management needs.

Summer LeFebvre, LCSW has practiced in Alaska for 10 years. She works for the University of Alaska Center for Human Development as a Behavior Specialist with clients and providers referred through the Complex Behavior Collaborative. Her clinical work focuses on teaching provider team how design and use effective applied behavioral interventions with clients with challenging behaviors and complex co-occurring diagnoses such mental illness, developmental disabilities, substance addictions and brain injuries.

Exhibit Visit Agencies

- Academic Workforce Programs (UAA)
- Alaska Brain Injury Network
- Alaska FASD Partnership
- Alaska Mental Health Trust Authority and Partners Advisory Boards
- Alaska Housing Finance Corporation
- Alaska Native Justice Center
- Anchorage Mental Health Court
- Bridges Navigator Program
- Center for Psychosocial Development
- Chanhanlyuit
- Division of Behavioral Health
- Department of Corrections
- Department of Labor-Employment Security Division
- Disability Law Center
- Division of Vocational Rehabilitation
- Partners For Progress/Partners Reentry Center
- Tribal Vocational Rehabilitation
- Veteran's Administration

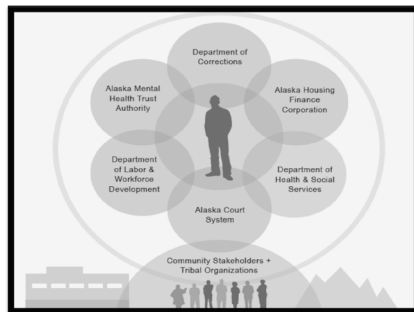
WELCOME ADDRESS/
KEYNOTE SESSION

Steve Williams
(Alaska Mental Health Trust Authority)



“We want to reduce crimes as rapidly and as seriously as possible. But the real cost in doing this wrong is broken families, destroyed neighborhoods and lives that didn’t need to be stunted.” -- **Grover Norquist**, San Diego Pew Public Safety Conference, November 19, 2014

Alaska Efforts: Supporting Returning Citizens and Reducing Criminal Recidivism



Dept. of Corrections (DOC) at a Glance

- ◆ Alaska is one of six states in the nation that operates a unified correctional system
- ◆ Twelve facilities statewide with a total capacity of 5,224 beds
- ◆ Thirteen field probation offices statewide
- ◆ Eight contract community residential centers (CRCs) with a capacity of 839 beds
- ◆ Electronic Monitoring (EM) operates in six communities with a capacity of 475
- ◆ Fifteen regional and community jail contracts with a total capacity of 157 beds
- ◆ In FY2014, DOC booked 37,106 offenders into its facilities, including 3,374 Title 47 bookings

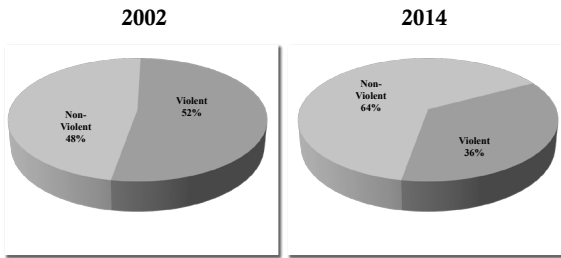
Alaska's Prison Population is the 3rd Fastest Growing in the U.S.

- Even with Goose Creek Correctional Center (GCCC), DOC operates at 101% of general capacity
- GCCC cost \$250,000,000 to build
- GCCC added \$50,000,000/year to Alaska budget
- AK's prison population growing 3% per year
- Prison growth rate exceeds AK population growth rate 4 fold
- Increases while crime rate decreases
- 32 other states facing budget deficits, have cut the rate of prison growth & crime rates



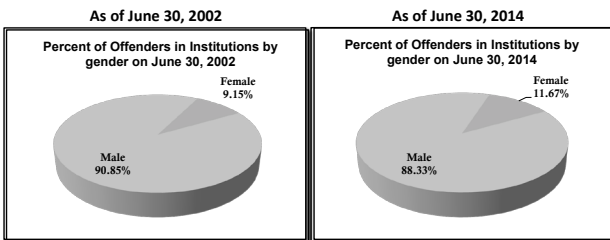
3

Increased Percentage of Non-violent Offenders



4

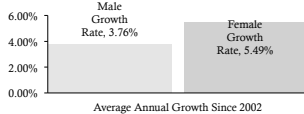
Increasing Female Population



In 2002, females were less than 10% of the total offender population held in institutions. In 2014, the female offenders made up just under 12%.

- Since 2002, female population growth rate is nearly double the male population.
- Females are one of the highest growing populations in Corrections.

Offender Growth Rate Since 2002 by Gender



5

Known Factors Driving Alaska's Prison Growth

1. Increased Number of Pretrial & Unsented Inmates
2. Increased % of Non-violent Offenders
3. Increased Average Length of Stay
4. Increased Probation Violations

6

What We Know About Alaskans Who Recidivate

- ◆ The more serious the underlying offense, the lower the recidivism rate.
 - ◆ Misdemeanants had significantly higher recidivism rates than felons
 - ◆ Class C felons had higher rates than other felons
- ◆ High rates among offenders who are youthful, male, have lengthy or more serious prior criminal histories, and are Native and African American.
- ◆ Offenders convicted of violent & property crimes most likely to be reconvicted of a new offense of the same type.

7

Returning Citizens Are Our Neighbors

- ◆ Today DOC incarcerates > 6300 Alaskans
- ◆ 95% of inmates are released
- ◆ 377 convicted felons released into Alaska's communities every month
- ◆ 63% recidivism rate as of 2011
- ◆ Public safety requires a continued reduction of this rate

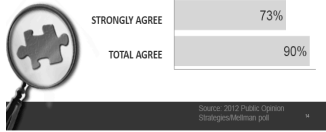


8

Reformation Trumps Incarceration for Non-violent Offenders

Bottom Line... Let's Reduce Crime

"It does not matter whether a nonviolent offender is in prison for 21 or 24 or 27 months. What really matters is the system does a better job of making sure that when an offender does get out, he is less likely to commit another crime."



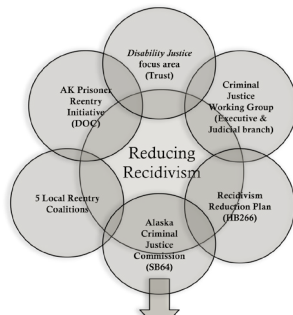
Key Public Opinion Takeaways

A national public opinion survey conducted in January 2012, along with similar surveys in Georgia, Missouri, and Oregon, found those attitudes persist and revealed opinions on specific policy solutions.

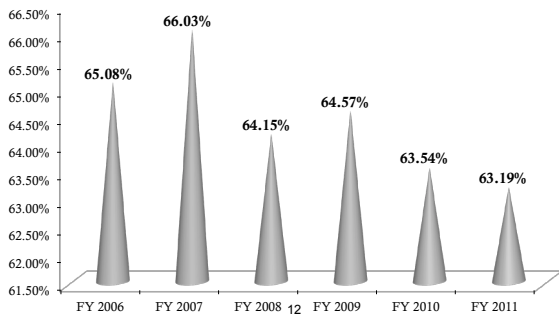
KEY TAKEAWAYS

1. American voters believe too many people are in prison and the nation spends too much on imprisonment.
2. Voters overwhelmingly support a variety of policy changes that shift non-violent offenders from prison to more effective, less expensive alternatives.
3. Support for sentencing and corrections reforms (including reduced prison terms) is strong across political parties, regions, age, gender, and racial/ethnic groups.

Alaska's Current Efforts



Outcome from Investment: Recidivism Reduction



Which Path Will Alaska Take?

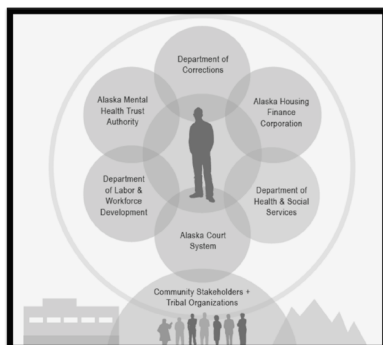


**Build a new prison OR
recommit to sending inmates
out of state.**

13

**Invest in cost-effective strategies
that target factors driving AK's
prison population growth.**

State + Community + Returning Citizen = Success



SESSION 1

Alaska's Returning Citizen/Reentry Efforts

Dennis Schrantz
(Center for Justice Innovations)

Commissioner Ron Taylor
(Department of Corrections)

Bryan Butcher
(Alaska Housing Finance Corporation)

Steve Williams
(Alaska Mental Health Trust Authority)

Commissioner Valerie Davidson
(Department Health and Social Services)

Heidi Drygas
(Department of Labor and Workforce Development)

Anthony Piper
(Division of Behavioral Health)

The Alaska Department of Corrections
Recidivism Reduction Plan

Safer Neighborhoods, Better Citizens

**Providing Tools and Resources to
Alaska's Returning Citizens -
Reducing Crime and Averting the Need
for Additional Prison Construction**

**A Report to Governor William M. Walker
The Alaska Department of Corrections**

March 2015

The Alaska Department of Corrections Recidivism Reduction Plan

March 2015

INTRODUCTION

The Alaska Department of Corrections (DOC) has supported for many years adult criminal justice reform. In 2014, building on the work conducted for the past several years in the DOC, the department entered into a contract with the Michigan-based Center for Justice Innovation (the Center) to conduct an internal review of Alaska's reentry services. This review concluded that, while a good deal of laudable work was underway, increased coordination among the various efforts was needed to overcome the barriers to reducing recidivism. Given that finding, the DOC utilized its contract with the Center to help facilitate development and implementation of a comprehensive reentry improvement. After preliminary data analysis and facilitated meetings with state and local stakeholders, the Alaska Prisoner Reentry Initiative (AK-PRI) has been launched. The AK-PRI represents the foundation for a five-year effort expected to make Alaska a national leader in recidivism reduction of its citizens who are returning to their communities following a prison term.

In the meantime, following the 2014 legislative session, Senate Bill 64 was signed into law by Governor Sean Parnell in July 2014, creating the 13-member Alaska Criminal Justice Commission (ACJC) with a three-year mandate to promote public safety through better oversight and management of the adult correctional systems. Concurrently, the Legislature provided additional guidance to the executive branch through HB 266 that required the Department of Corrections, the Department of Health & Social Services, the Department of Labor & Workforce Development, the Alaska Housing Finance Corporation, the Alaska Court System, and the Alaska Mental Health Trust Authority to:

"...Develop and implement a comprehensive, complementary, non-duplicative institutional community-based plan for providing substance abuse, mental health, housing and employment services to those who are released from correctional institutions... (that will improve) treatment and other outcomes for recently released inmates with the goal of reducing correctional system recidivism rates".

The Alaska Prisoner Reentry Initiative (AK-PRI) is the executive branch's Recidivism Reduction Plan and is intended to reduce the recidivism rate of returning citizens so that system and individual offender performance is improved and the state can avoid the need for additional prison construction.

Subsequently, in March of 2015, under the leadership of Corrections Commissioner Ronald Taylor, the DOC created an Office of Prisoner Reentry (OPR) using existing resources within the agency to implement prisoner reentry reforms as the primary focus of recidivism reduction in the agency. The primary responsibilities of OPR are to ensure successful offender reentry to the State of Alaska, to reduce recidivism, to enhance public safety through collaboration among stakeholders and to assist in ensuring the appropriate and responsible use of cost savings realized by justice reforms through reinvestment in evidence-based, community-centered services.

THE ALASKA PRISONER REENTRY INITIATIVE

The Alaska Department of Corrections launched the Alaska Prisoner Reentry Initiative in November 2014 with the vision that every returning citizen released from prison will have the tools and support needed to succeed in the community. In order to make this vision a reality, the mission of the Alaska Prisoner Reentry Initiative (AK-PRI) is to improve public safety by reducing crime through implementation of a seamless plan of services and supervision developed with each returning citizen—delivered through state and local collaboration—from the time they enter prison through their successful transition, reintegration, and aftercare in the community. The initiative gives Alaska the tools to become a national leader among states in recidivism reduction.

The fundamental goals of the AK-PRI are to:

1. Promote public safety by reducing the threat of harm to persons, families and their property by citizens returning to their communities from prison; and
2. Increase success rates of returning citizens who transition from prison by fostering effective, evidence-based risk and need management and treatment, returning citizen accountability, and safe family, community and victim participation.

Performance measures to determine the degree that these goals are met include measurements of increased public safety through the reduction of recidivism (as measured by re-conviction or conditional release violation and return to prison) and successful completion of community supervision.

At the heart of the initiative is the Alaska Prisoner Reentry Initiative Framework (See Tabs 1 & 2). The AK-PRI Framework (the Framework) was designed for Alaska but builds on approaches for reentry improvement developed by the National Prisoner Reentry Council, as outlined in its Reentry Policy Council Report,¹ and the National Institute of Corrections through its Transition from Prison to Community (TPC) Framework.² These approaches provide guidance for specific justice policies that will be considered in Alaska as the “Targets for Change” to improve prisoner reentry.

These Targets for Change are categorized within the three TPC Framework phases (Getting Ready, the Institutional Phase; Going Home, the Pre-Release Phase; and Staying Home, the Community Supervision and Discharge Phase) and seven primary decision points that comprise the reentry process. For each Target for Change, goals and operational expectations are included, as well as references for further reading to specific pages within the voluminous Reentry Policy Council Report and other publications that pertain specifically to the Target for Change that is being addressed. Thus, the Framework provides a practical guide to help direct Alaska’s plan to meet the policy goals and operational expectations of this Council. The Framework also frees state agencies to begin to focus immediately on implementation.

¹ Reentry Policy Council. *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. New York: Council of State Governments, January 2005.

² Peggy Burke, *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Framework*. Washington D.C.: U.S. Department of Justice. National Institute of Corrections, August 2008.

The Alaska DOC Recidivism Reduction Plan

Importantly, the Framework underscores the three overarching policy and practice considerations that must be in place to truly reform a returning citizen's behavior: Offender Management Planning, Case Management and Evidence-Based Practices.

Alaska benefits from a wealth of technical assistance that was provided for the development and implementation of the AK-PRI Framework. These technical partners include the Council of State Governments-National Reentry Resource Center and the Michigan Council on Crime and Delinquency - Center for Justice Innovation.

The Framework provides state agencies and local partners with the tools to move from planning to implementation and to accurately measure changes in recidivism. By moving reentry planning beyond high-level strategy to a focus on carefully scripted actions, the AK-PRI can quickly make Alaska a leader in recidivism reduction.

PRIORITIES FOR REENTRY REFORM

The priorities for implementation of the AK-PRI Framework include an improved offender management and accountability planning process (OMP) with each returning citizen, from the point of imprisonment through successful discharge from post-release community supervision,³ with an emphasis on safe, affordable housing and employment.

This careful case planning will be driven by a validated, objective assessment of each returning prisoner's risks, needs and strengths.

Offender Management and Planning

Offender Management Plans (OMP) are concise guides, driven by a validated assessment of risks, needs and strengths, that describe goals for each returning citizen's successful transition along

Alaska Prisoner Reentry Initiative Framework

PHASE 1: GETTING READY

1. Assessment And Classification

1.1. Development of Intake Procedures

2. Returning Citizen Behavior And Programming

2.1. Development of Programming Plan (OMP1)

2.2. Physical Health Care

2.3. Mental Health Care

2.4. Substance Abuse Treatment

2.5. Children & Family Support

2.6. Behaviors & Attitudes

2.7. Education

2.8. Technical Training

2.9. Work Experience

PHASE 2: GOING HOME

3. Returning Citizen Release Preparation

3.1. Development of Parole & Reentry Plan (OMP2)

3.2. Housing

3.3. Continuity of Care Planning

3.4. Working with Potential Employers

3.5. Employment Upon Release

3.6. Identification and Benefits

3.7. Release Preparation for Families

3.8. Release Preparation for Victims

4. Release Decision Making

4.1. Advising the Releasing Authority

4.2. Release Decision

PHASE 3: STAYING HOME

5. Supervision And Services

5.1. Design of Supervision & Treatment Strategy (OMP3)

5.2. Implementation of Supervision & Treatment Strategy

5.3. Maintaining Continuity of Care and Housing

5.4. Job Development and Supportive Employment

6. Revocation Decision Making

6.1. Graduated Responses

7. Discharge And Aftercare

7.1. Development of Discharge/Aftercare Plan (OMP4)

2015 PRIORITIES HIGHLIGHTED IN RED

³ In Alaska, post-release community supervision includes probation supervision, parole supervision as well as for some cases, who have concurrent active cases, concurrent probation and parole supervision, and for cases who max-out from prison, no supervision.

The Alaska DOC Recidivism Reduction Plan

with a corresponding schedule of actions for the returning citizen, institutional staff, the parole board, probation/parole staff, and partnering agencies. The OMP spans the phases of the transition process and agency boundaries to ensure continuity of services and supervision between institutions and community. Increased certainty will motivate returning citizens to participate in the OMP process and to become engaged in fulfilling their responsibilities and will ensure that all parties are held accountable for timely performance of their respective responsibilities.

Goal: To establish the comprehensive and standardized use of assessment-driven OMP at four critical points in the returning citizen transition process that succinctly describe for the returning citizen, the staff, and the community exactly what is expected for returning citizen success: (1) At reception as part of the prison intake process, (2) As part of the release decision process when the returning citizen is approaching the end of their confinement, (3) When the returning citizen re-enters the community, and (4) When the returning citizen is to be discharged from probation/parole supervision.

Policy Expectations: Prisoner reentry policies are defined as formal, written rules and agreements that define standard practices for agencies engaged in the transition process. Alaska's policies regarding the OMP process currently include or are expected to include, the following provisions:

- OMPs are driven by a validated risk, needs and strengths assessment instrument that is used at prison intake and at subsequent major decision points in the corrections/parole/post-release supervision process.
- As a result of these assessments, the OMPs consist of the returning citizen's Treatment Plan updated at critical junctures in the transition process and are prepared at prison intake, at the point of the release decision, at the point of return to the community, and at the point of discharge from probation/parole supervision.
- OMPs are a collaborative product involving institutional staff, the returning citizen, the parole board, community supervision officers, human services providers (public and/or private), victims, and neighborhood and other community organizations.
- The OMP policy clearly states that the objective of the OMP is to increase both overall community protection by lowering risk to persons and property and by increasing each returning citizen's prospects for successful return to and self-sufficiency in the community.

Safe, Affordable, and Supportive Housing

Following incarceration, many returning citizens join the growing number of individuals in the general population struggling to obtain safe, affordable, and supportive housing. But former offenders face additional barriers in seeking access to the scarce housing options available.

Court orders, state laws, local ordinances, and conditions of release often restrict the locations in which a returning citizen can seek housing. In the private rental market, many landlords are unwilling to rent to individuals with a criminal record. Due to exclusions in federal housing assistance policy and the broad discretion of local public housing authorities to add exclusions, individuals with a criminal history are not eligible for many forms of public housing assistance.

Finally, although family is a key resource for many returning citizens, staying with relatives is not always an option. Some families are unwilling, perhaps as a result of prior criminal behavior, to welcome an individual back into the home. In other cases, families may not have the resources to support another

The Alaska DOC Recidivism Reduction Plan

unemployed family member or may be putting their own public housing assistance in jeopardy by opening their home to a relative with a criminal record.

Given such barriers, it is not surprising that incarceration puts returning prisoners at greater risk of homelessness. A certain proportion of incoming prisoners were homeless before their incarceration, and at least as many end up homeless for some period of time after leaving prison. For those with histories of mental illness, the likelihood is still greater. Nationally, surveys of homeless assistance providers and individuals who use their services have found that about 54 percent of currently homeless clients had been in jail or prison at some point in their lives.⁴ The consequences of insufficient housing extend beyond the prisoner. Research indicates that parolees without stable housing may face a higher risk of parole failure, whether through re-arrest for a new crime or failure to meet basic parole requirements. Studies indicate that the likelihood of arrest increases 25 percent each time a parolee changes address.⁵

Goal: To facilitate access to safe, affordable and supportive housing upon reentry into the community.⁶

Policy Expectations: Formal written rules and agreements defining the standard practice for agencies engaged in improving access to stable housing should include the following provisions:

- Facility staff, probation/parole staff and community-based transition planners work with returning citizens to assess individual housing needs and identify the appropriate housing option for each incarcerated individual well before release. The housing planning process includes an assessment of the feasibility, safety and appropriateness of an individual living with family members after his or her release from prison.
- A full range of housing options (i.e. supportive housing, transitional housing, affordable private rental housing) will be accessed to accommodate individuals returning to the community.
- In order to make certain that returning citizens are not discharged from prison into homelessness, individuals leaving prison without a documented housing plan and those with histories of homelessness are included among the homeless priority population in order to facilitate their access to supportive housing and other housing services.
- Returning citizens receive information and training on strategies for finding/maintaining housing and their legal rights as tenants.

Job Development and Supportive Employment

Research has consistently shown that offenders who find stable employment soon after release from incarceration are less likely to recidivate.⁷ Employment not only provides the income needed to meet basic needs but also provides the means to become a productive member of the community.

⁴ M.R. Burt, Y.A. Laudan, T. Douglas, J. Valente, E. Lee, and B. Iwen, *Homelessness: Programs and the People They Serve: Findings From the National Survey of Homeless Assistance Providers and Clients* (Washington, DC: U.S. Department of Housing and Urban Development, 1999).

⁵ Tammy Meredith, John Speir, Sharon Johnson, and Heather Hull, *Enhancing Parole Decision-Making Through the Automation of Risk Assessment*, (Atlanta, GA: Applied Research Services, Inc., 2003).

⁶ *Report of the ReEntry Policy Council*, pgs. 256-281

⁷ For example, see: Miles D. Harer, *Recidivism of Federal Prisoners Released in 1987*, (Federal Bureau of Prisons, Office of Research and Evaluation: Washington, D.C, 1994); Mark W. Lipsey, *What Works: Reducing Reoffending*, (West Sussex, U.K.: Wiley, 1995); Robert J. Sampson and John H. Laub, "A Life Course Theory of Cumulative Disadvantage and the Stability of Delinquency," Terence P. Thornberry (ed.) *Developmental Theories of Crime and Delinquency*, *Advances in Criminological Theory, Volume 7*, (New Brunswick, NJ: Transaction, 1997, p 133 – 161); and Christopher Uggen, "Work as a Turning Point in the Life Course of Criminals: A Duration Framework of Age, Employment and Recidivism." *American Sociological Review* 67 (2000) 529-546.

The Alaska DOC Recidivism Reduction Plan

However, among job seekers, individuals with criminal records, particularly those recently released from incarceration, face unique hurdles. Compared to the general population, returning offenders tend to have less work experience, less education, and fewer marketable skills.⁸ They frequently return to communities already hit hard by unemployment, where job prospects and access to employment services are limited and contact with a social network that can provide job leads is rare.⁹ Furthermore, the stigma of a criminal record, spotty work histories, low education and skill levels, and physical and mental health problems take many jobs out of reach for returning offenders.¹⁰

Many returning citizens also lack necessary identification documents, access to transportation, and childcare for dependent children. To a lesser extent, many recently released prisoners have unstable housing situations that may prevent access to employment. Restrictions on the type of employment a former prisoner may obtain, and practices of probation/parole agencies may pose additional obstacles to obtaining and holding a job for those under supervision.

Predetermined reporting requirements and supervision fees may be particularly burdensome. Estimates show that the proportion of prisoners who have a job secured before release ranges from 14 percent to just under 50 percent.¹¹ For those lacking employment upon release, job placement organizations can play a key role. Transitional employment can provide released prisoners with access to income, structure, and additional supervision to assist in the transition from custody to freedom.

Goals: To recognize and address the obstacles that make it difficult for a returning citizen to obtain and retain viable employment while under community supervision; and to connect returning citizens to employment, including supportive employment and employment services, before their release to the community.

Policy Expectations: Formal written rules and agreements that define the standard practice for agencies engaged in improving employment outcomes among returning citizens are expected to include the following provisions:

- Supportive transitional employment programs are supported and promoted across agencies.
- Staff charged with community supervision work towards sustainable employment for returning citizens.
- Work-release programs are available as a transition between work inside a correctional facility and work after release into the community.
- Community members and community-based services act as intermediaries between employers and job-seeking individuals who are incarcerated.

“We are embarking on a new and exciting path to reform the ways we manage and support Alaska’s returning citizens. Supporting the transition and re-entry for those who have been in prison is an undertaking that government alone can’t do and we need the support of every community in the state”

DOC Commissioner Ronald Taylor

⁸ Abigail Coppock, “Transitional jobs: Overcoming barriers to employment” *Advocates Forum* (2007) 34-48.

⁹ Report of the ReEntry Policy Council, pgs. 306-316; 383-389.

¹⁰ Harry J. Holzer, Steven Raphael, and Michael A. Stoll, “Employment Barriers Facing Ex-Offenders” (paper presented at The Urban Institute’s Reentry Roundtable, Washington, DC, May 19–20, 2003).

¹¹ Christy Visser, Nancy G. La Vigne, and Jill Farrell, *Illinois Prisoners’ Reflections on Returning Home* (Washington DC: The Urban Institute, 2003) and Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

The Alaska DOC Recidivism Reduction Plan

- Returning citizens receive written information about prospective employers in their community and/or community employment service providers well in advance of the anticipated release date.
- Prior to discharge, returning citizens receive official documentation of their skills and experience, including widely accepted credentials.

Graduated Sanctions and Incentives for Offender Behavior

It is essential in the application of supervision and responses to violations that corrections and community supervision agencies have a well-developed and documented policy that directs staff to include incentives and sanctions in their arsenal of responses. These “graduated sanctions and incentives” must also be understood and supported by the full range of stakeholders in the justice system (judges, prosecutors, defense attorneys, and parole board members) and with the larger community.

In a risk reduction driven system such as Alaska is pursuing, community supervision staff will obviously take offenders’ risk level into account when determining responses to behavior that may be positive (using incentives) or negative (using sanctions). Research shows that it is important to match responses as not doing so can have negative results and *increase* aberrant behavior.¹²

Corrections and supervision agencies should thoughtfully document into policy and procedures expectations to use sanctions and incentives to improve offenders’ behavior when possible. Research shows that the use of incentives and encouragements, in addition to sanctions, reduces criminal activity when used as part of a transformation from a “tail ‘em, nail ‘em, jail ‘em” philosophy to one that is driven by offender success and assumes more a coaching role for supervising officers.¹³

According to one of the most useful manuscripts on the subject, the Ten Step Guide for Transforming Probation Departments:¹⁴

Incentives and graduated sanctions give probation officers a range of responses to probationers’ behavior that helps build accountability and discourage recidivism. They also help ensure that each officer responds to violations with a level of swiftness and severity that is directly related to the probationer’s risk level and the condition of supervision that has been violated...Standardizing responses provides a measure of fairness while giving officers necessary flexibility.

This Guide includes Travis County’s “Violation Response Table,” which identifies the different levels of graduated sanctions depending on the type of infraction. The Guide recommends a four point process that Alaska should consider as another step in the process of redesigning their system based on the ADOC’s case logic.

¹² Edward Latessa, Lori Brusman Lovins, and Paula Smith, *Follow-up Evaluation of Ohio’s Community Based Correctional Facility and Halfway House Programs—Outcome Study* (Cincinnati: University of Cincinnati Center for Criminal Justice Research, February 2010); Christopher Lowenkamp and Ed Latessa, “Increasing the Effectiveness of Correctional Programming Through the Risk Principle: Identifying Offenders for Residential Placement,” *Criminology and Public Policy* 4(2) (2005): 263–90.

¹³ See for, example, Crime and Justice Institute, *Implementing Evidence-Based Policy and Practice in Community Corrections*, second edition (Washington, DC: National Institute of Corrections, 2009), http://www.cjinsitute.org/files/Community_Corrections_BoxSet_Oct09.pdf.

¹⁴ Ten Step Guide for Transforming Probation Departments to Reduce Recidivism; Fabelo, Nagy, Prins; Council of State Governments Justice Center, New York (2011).

Redesigning Incentive and Sanctioning Strategies Checklist¹⁵

- ✓ Work with judges, prosecutors, parole board members and other stakeholders to develop a range of supported options and new procedures for employing incentives and graduated sanctions that are tailored to probationers'/parolees' level of criminogenic risk and identified need.
- ✓ Issue a comprehensive report that details the transparent procedures to be followed.
- ✓ Train officers to ensure the procedures are carried out fairly and in swift response to a violation. Emphasize the use of incentives rather than relying exclusively on punitive sanctions.

Goal: To ensure that probation officers have a range of options available to them to reinforce positive behavior and to address, swiftly and certainly, failures to comply with release conditions.

Policy Expectations

- An organized structure guides the imposition of sanctions.
- Revocation and re-incarceration are the most serious of many different options available for addressing violations.
- Individuals who violate conditions of release are assessed to gauge the level of response needed.
- Policies governing the sharing of information consider privacy and confidentiality issues.
- Meaningful positive reinforcements exist to encourage compliance with the terms of release.
- Victims are given an opportunity to inform the imposition of graduated responses.

STATE LEVEL ORGANIZATIONAL STRUCTURES TO SUPPORT REFORM EFFORTS

States which have been more successful at implementation of prisoner reentry improvements that result in long term, sustainable reductions in recidivism of former prisoners create organizational structures at the state and local level that are strong enough to support the weight of the reforms. In order to address the legislative directive for statewide collaboration, the OPR is developing a state level organizational structure that will fully engage reentry stakeholders across the state to participate in the on-going development and implementation of the AK-PRI. This state level structure – which will be built gradually over the course of 2015, begins with the statewide *Alaska Prisoner Reentry Council* and the *AK-PRI Implementation Steering Team* (IST) which will guide prisoner reentry reforms at the strategic and tactical (operational) levels through community –based work groups and department-based operational teams. (See page 11 for an illustration of the State Structure).

The Alaska Prisoner Reentry Statewide Council (the Reentry Council)

The Reentry Council is comprised of individuals and organizations from whom the Council has sought – and will continue to seek - advice and counsel on how to improve the success of Alaska's returning citizens. These supporters and stakeholders will assist the reentry reforms by acting as conduits for communication and a mechanism for building community awareness, support, and participation. The Reentry Council will develop work groups and sub-committees, as needed, to address pertinent issues from the varied perspectives of community leaders – many of whom have been engaged in improving prisoner reentry for many years. Committees of the Statewide Council will focus on specific issues around implementation. It is recommended that the first committee focus on Alaska Natives.

¹⁵ Ibid

The Alaska DOC Recidivism Reduction Plan

- *The Alaskan Native Focus Group:* The Alaskan Native Advisory Committee will be comprised of representatives from groups and organizations which are dedicated to addressing the over-representation of Alaskan Natives in the adult prison system to help determine the most effective ways to address this enormous concern.

The AK-PRI Implementation Steering Team

In November of 2014, the initial phase of work on the AK-PRI involved a core team of state agency representatives from the Department of Corrections, the Parole Board, the Alaska Mental Health Trust Authority and community reentry stakeholders. This core team, the *AK-PRI Implementation Steering Team* (IST), is chaired by Ronald Taylor, the Acting Commissioner of the DOC, whose office provides staff support. Once the Statewide Reentry Council convenes in 2015, it will be recommended that the IST become formalized and report to the *Statewide Reentry Council*.

When the Council adopts the Framework as the roadmap for the AK-PRI, the IST will expand to include human services organizations, non-profit institutions and faith-based partners. These additions will enhance the team's perspective and help it expand and become firmly established statewide. Thus, for practical purposes, the Framework should be viewed as a *preliminary* plan that will be strengthened dramatically through full community engagement. The IST will function through three Workgroups, one representing each of the three Phases in the AK-PRI. Each of the workgroups has co-chairs appointed by Acting Commissioner Taylor and will be facilitated and staffed by the OPR. The IST will:

- Identify barriers in each department or agency that may hinder the successful transition of returning citizens and develop policies, procedures, and programs to overcome such barriers.
- Identify methods to improve collaboration and coordination of offender transition services, including cross-training, information-sharing systems, and policies, procedures, and programs that measure offender reentry management with well-defined, performance-based outcomes.
- Consult with state and local agencies, organizations, and community leaders with expertise in the areas of prison facilities, parole decision-making, reentry, and community supervision to collaborate on offender transition issues and ways of improving operations.
- Consult with representatives from professional associations, volunteer and faith-based organizations, and local treatment and rehabilitation agencies to collaborate on offender transition issues and ways of improving operations.
- Provide recommendations as to how the Governor and other state departments and agencies may assist the Council in overcoming the barriers it has identified to the successful transition and reintegration of offenders returning to communities.
- Provide recommendations on how state laws and may be improved in order to contribute to the successful transition and reintegration of offenders into society and reduce recidivism.

In order to meet these responsibilities, the IST will over time implement a committee structure that focuses on policy and practice barriers to the full and robust implementation of the AK-PRI, and specific activities to overcome those barriers. The committee structure will be built as needed throughout 2015.

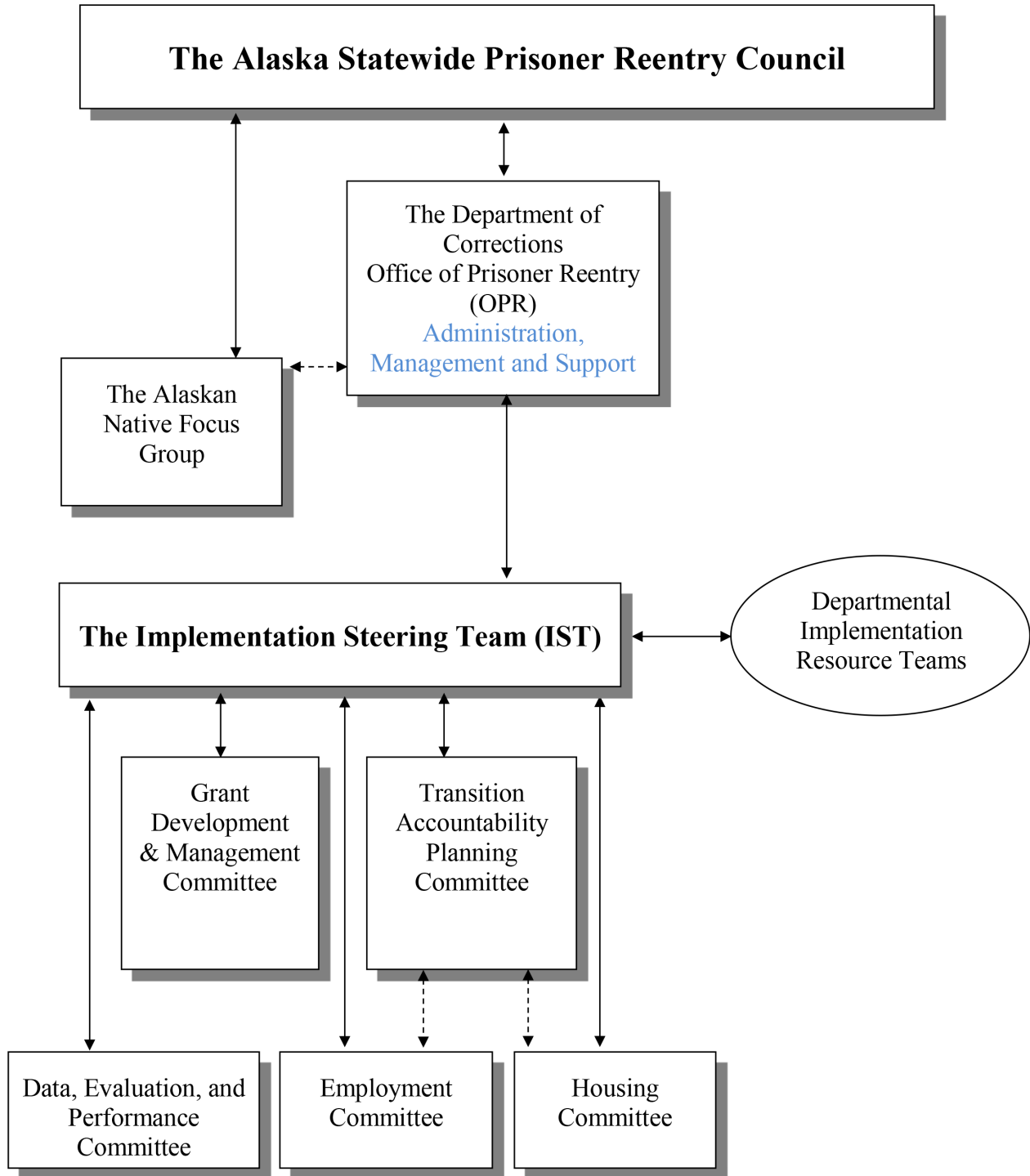
- *Departmental AK-PRI Implementation Resource Teams:* In order to effectively implement the AK-PRI Framework, each department that is responsible for any type of service that affects returning citizens will be represented on the IST and be asked to form in their state agency an

The Alaska DOC Recidivism Reduction Plan

Implementation Resource Team (IRT). This team would be comprised of top level managers who are responsible for moving the AK-PRI Framework into the policies and procedures of their department and assuring that the Framework is fully implemented at both the state and local level. The Implementation Resource Teams will be responsible for interpreting how their departments' functions will need to be adapted to correspond with every aspect of the AK-PRI Framework and assuring efficient implementation. Active participation of the IRT Team Leader on the IST will be critical for their clear understanding of the forces driving the development and implementation of the Framework. AK-PRI Implementation Resource Teams will propose solutions to their department directors on how to respond to the challenges that inevitably will arise as their departments' reform their approaches to addressing the needs of citizens returning to Alaska's communities so that crime in Alaska is reduced. **This process represents the way that the AK-PRI Recidivism Reduction Plan will become, as House Bill 266 requires, "...comprehensive, complementary, and non-duplicative..."**

- *The Transition Accountability Planning Committee:* Given the critical important of transition planning across the spectrum of the reentry process from intake to prison through discharge from correctional authority, the Offender Management Planning (OMP) process requires, a work group that is comprised of prison, community supervision and community justice leaders and service providers is needed to implement the process with fidelity. This committee will work to ensure that all stakeholders' perspectives and inputs are taken into account when developing the new processes and policies around transition planning.
- *The Housing and Employment Committees:* Housing and employment for returning citizens are paramount for improved offender and system outcomes. These two service areas are the top priority of the Reentry Council and as such will benefit from specific forums for agency and community stakeholders to meet and determine the state's and each community's assets, barriers and gaps around housing and employment and work to maximize the assets, overcome the barriers, and eventually reduce the gaps in the service milieus of these two service areas.
- *The Grants Development and Management Committee:* One of the benefits of having explicit expectations for improving prisoner reentry through the AK-PRI and its state and local structures and guidelines is an enhanced ability to be very competitive for local, state, federal and foundation grant dollars. This committee will serve the purpose of determining the availability of funding from all sources, determine those that are important to pursue and provide the structure, discipline and capacity to pursue and achieve enhanced funding. Federal grant making for prisoner reentry under the Second Chance Act, for example, has grown dramatically over the past decade and states with clear designs, strategies and tactics to reduce recidivism have an excellent track record for grant awards.
- *The Data, Evaluation, and Performance Committee:* The ability to track, record, monitor, report and share data between stakeholders that provides needed accountability for improved reentry services is paramount to success. This committee will serve as the forum for policies, processes and protocols for data system development and implementation.

The State Organizational Structure of the AK-PRI



LOCAL LEVEL ORGANIZATIONAL STRUCTURES TO SUPPORT REFORM EFFORTS

The state will implement the Alaska Prisoner Reentry Initiative (AK-PRI) Framework locally beginning with a number of Community Pilot Sites in 2015, and then adding additional sites until the entire state is engaged. Community Pilot Sites will be organized under a structure that parallels the state-level organizational structure. Each Community Pilot Site has three key groups of stakeholders who will be instrumental to the wide range of activities needed for full implementation of the AK-PRI Initiative. The local organizational structure requires clear definition of roles and responsibilities with guidance for development by the Alaska Department of Corrections Office of Prisoner Reentry (OPR).

The Local AK-PRI Implementation Steering Team

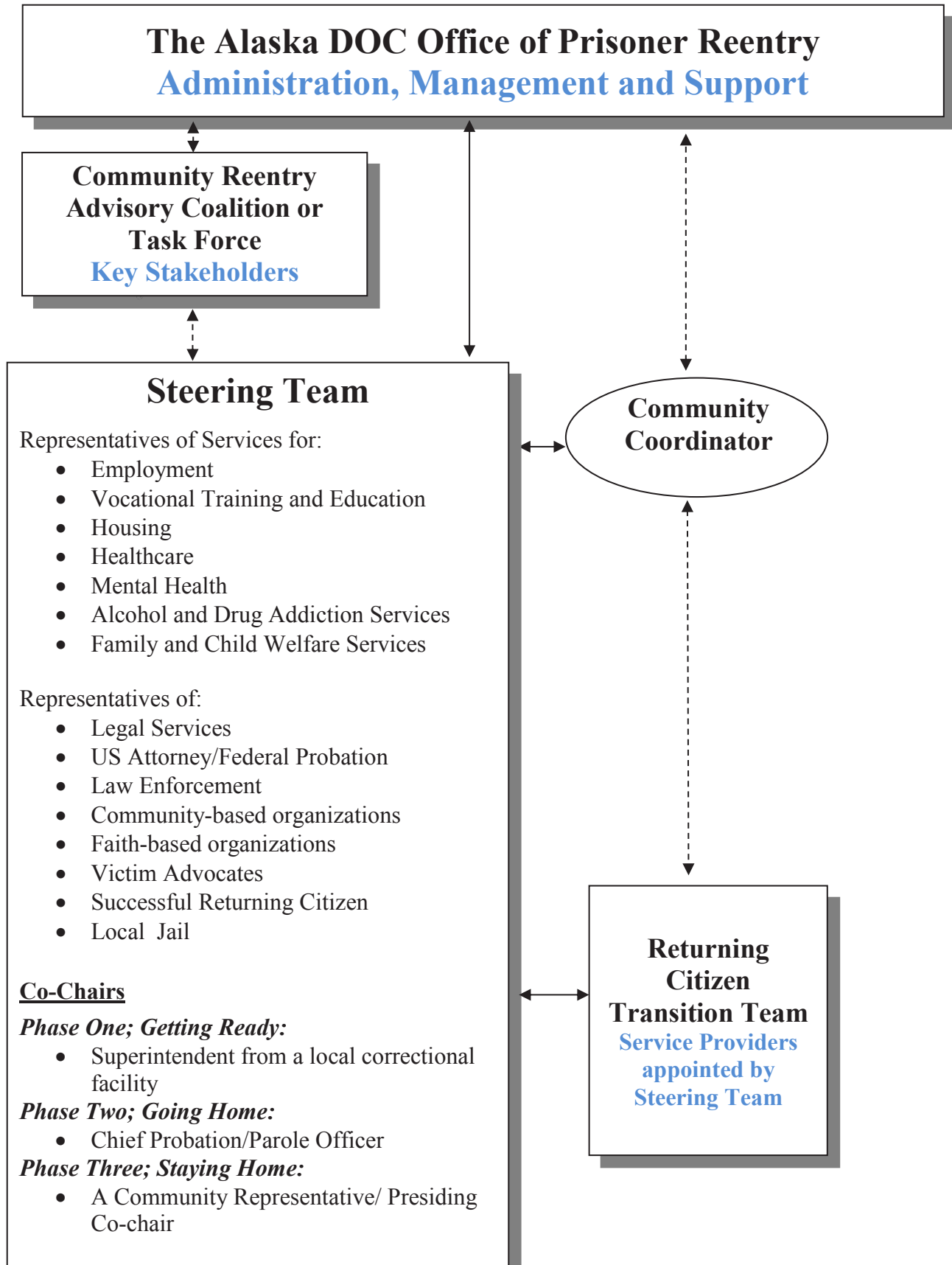
Develops, oversees, and monitors the local implementation process and coordinates local community involvement in the overall statewide AK-PRI development process. The Steering Team is organized under three co-chairs and will be staffed by a Community Coordinator:

1. The *Superintendent* of a local Correctional Facility or designee;
2. The *Chief Probation/Parole Officer* or designee;
3. A *Community Representative* drawn from the large number of local faith, human service, and planning organizations who are critical to the local effort who will act as the “presiding co-chair to lead the meetings and to represent the local face of prisoner reentry.

Each Steering Team includes representatives or service providers associated with the AK-PRI partner government agencies representing the service modalities that must be included in successful reentry planning. These representatives are active on the Steering Team because of the critical need for multi-agency collaboration and the encouragement and support of agency leaders who empower their active participation. The three co-chairs of the Steering Team will work with the local Community Coordinator who will be resourced for each site as the AK-PRI is implemented using a combination of local, state, federal and/or foundation funds. The Community Coordinator will staff the Steering Team under the guidance of the co-chairs. (See next section)

- *The Returning Citizen Transition Team*: Supports returning citizens in the transition planning process and guides the individual from the institution back into the community through a case-management approach. The Transition Teams are comprised of key local service providers, drawn from the membership of the Steering Teams, whose major responsibilities include the local and essential input needed to develop and implement the Offender Management Plan (OMP) for three phases of the AK-PRI, Reentry (OMP2), Community Supervision (OMP3) and Discharge (OMP4) as part of collaborative case management (See Tab 3, *The AK-PRI Collaborative Case Supervision and Management Model* for more detail)
- *Local Reentry Advisory Council*: Advises, informs, and supports the implementation process. The purpose of the councils are help build support for the local implementation of the AK-PRI Model and will work to educate the community on how the initiative will create safer neighborhoods and better citizens. Many jurisdictions already have councils and they will be invited to participate; in other jurisdictions they will be developed by the community with support from the OPR.

Local Organizational Structure of the AK-PRI



COORDINATING COMMUNITY DEVELOPMENT: THE HEART OF THE AK-PRI

Strong and sustained local capacity is the single most critical aspect of the implementation of the Alaska Prisoner Reentry Initiative (AK-PRI). Pilot Site communities will become dedicated champions of improved reentry that will result in less crime through determined and specific preparation for inmates who will transition back to their communities. Local efforts at education, training, planning, and implementation need significant guidance and support in order to build the capacity for system reform. Each Pilot Site will have the benefit of a local Community Coordinator to help the community effectively prepare for reentry while the Alaska Department of Corrections (DOC) is better preparing returning citizens for release. The Community Coordinator will be assisted by local post-release supervision agencies.

Community convening and organizing will serve to elicit community buy-in and investment, plan for sustainability, and ensure quality results throughout the transition process. The Community Coordinators will receive training and technical support from the Alaska DOC Office of Prisoner Reentry (ORP) so that they are clear on how to manage the process based on the AK-PRI Framework. The four key ingredients for successful community organizing that the Community Coordinator will assist with are:

- *Capacity.* Each Community Coordinator must have the capacity to work on reentry. Indicators of adequate capacity include experience, staff capacity, resources to apply to the work, and relationships with key stakeholders.
- *Commitment.* Each Community Coordinator must demonstrate a dedicated commitment to reentry. Additionally, the community must develop a commitment to reentry. The development of community commitment may be fostered by the Community Coordinator. How is this level of interest perceived by other key community stakeholders?
- *Credibility.* The Community Coordinator must demonstrate credibility within the community. What is the demonstrated historic experience and credibility of the Community Coordinator in playing a catalytic role?
- *Knowledge.* What is the Community Coordinator's understanding of reentry and its implications?

The Skills of Community Coordinators: Local community-development efforts to implement the AK-PRI Framework will require a precise and extensive set of skills that will be the hallmarks of the Community Coordinators, who will staff the local development process. (See Tab 4, *Coordinating Community Development- the Heart of the AK-PRI* for more detail).

- *Communication.* The Community Coordinators must have excellent communications (both written and verbal) skills to facilitate connectedness among all implementation stakeholders. Communications must be facilitated both from the local communities to the statewide AK-PRI managers and from AK-PRI to the local communities.
- *Community convening.* The Community Coordinators must possess the skills to bring diverse stakeholders together, build consensus around reentry issues, and catalyze action and leadership within communities toward transition planning.
- *Community organizing.* Organizing within pilot communities involves training Steering Team members and Transition Team members, facilitating Reentry Advisory Council meetings, and building partnerships among key stakeholder groups.
- *Brokering.* When acting as a broker within communities, the Community Coordinator can benefit from maintaining a degree of neutrality to negotiate effectively through community conflict.

The Alaska DOC Recidivism Reduction Plan

Extensive skills in brokering and fostering neutrality will be a central requirement of a Community Coordinator.

- *Coordinating.* The implementation planning associated with AK-PRI is challenging to coordinate. Maintaining connectedness to community activities will require extensive coordinating by the Community Coordinator.
- *Systems building.* Building systems and shepherding cross-systems change requires a complex set of skills. The Community Coordinator must have experience in building and managing system-wide change.

The Responsibilities of Community Coordinators: The involvement of communities in the AK-PRI includes three “focus areas” for Community Coordinators.

Focus Area One: Coordination and communication regarding the evolving design of the AK-PRI Framework so that each of the seven primary decision points is deeply influenced by the community perspective. The iterative process of refining the Framework will require open communication and effective coordination to ensure that community input is captured, the community has an accurate understanding of the Framework, and expectations for implementation are clearly defined. The affected policies and practices provide a rich context for an examination of the community’s role in the AK-PRI and thus a guide to the work.

- **Task 1.** The Community Coordinator will be responsible for facilitating communication with local stakeholders and with ORP to ensure that the evolving design of AK-PRI Framework is informed by the community perspective.

Focus Area Two: Facilitation and coordination regarding the identification of: (1) community assets that can be applied to improve returning citizen success, (2) policy and operational barriers among state and local agencies, and (3) service gaps that must be filled.

- **Task 2.** The community-assessment task of evaluating the assets, barriers, and gaps will be organized by the Community Coordinator. (See Tab 5 for the *AK-PRI Community Assessment Instrument*).
- **Task 3.** Committees will be formed to address these issues. Community representation on the AK-PRI committees will be coordinated by the Community Coordinator.

Focus Area Three: The design and implementation by local Pilot Sites of Comprehensive Reentry Plans that will provide the framework, rationale, and funding – when it is available from local, state, federal and private sources - for improved policies, practices, and programs whose success will be measured by reduced crime and fewer returns to prison. The Community Coordinator will facilitate the local process and provide the staff support needed to write the Comprehensive Plan.

The local Comprehensive Plan is developed from two primary sources of information. First, state DOC “pipeline data” that provides the community with the number and characteristics of citizens expected to return in the planning year. Second, the results of the community assessment process described above.

- **Task 4.** Coordinating the completion of the Comprehensive Community Reentry Plans utilizing DOC “pipeline data” and the result of the local community assessment process. .

The Alaska DOC Recidivism Reduction Plan

Focus Area Four: The Offender Management Plan (OMP) process must be coordinated with prison officials, release authorities, supervising agencies and the local steering team.

- **Task 5.** The Community Coordinator will be responsible for making certain the information from the first Offender Management Plan (OMP1) is in the hands of the local AK-PRI Steering Team.
- **Task 6.** The Community Coordinator will be responsible for making certain that the expected release date and location of the offender is communicated to the local Steering Team.
- **Task 7.** The Community Coordinator will be responsible for ensuring that the local reentry Chief Parole and the Chief Probation Officer coordinates the logistics for the interaction of the Transition Team and the local prison and for the convening and facilitation of local Team meetings to develop the OMPs.
- **Task 8.** Since the Community Coordinators will be acting as staff for the local Steering Teams and their Reentry Councils, one of their many responsibilities will be to coordinate the planning and implementation of the fourth and final OMP (OMP4: The Discharge OMP) that will be the explicit “hand off” of the parolee’s case to responsible parties in the community who will continue providing services and guidance to the returning citizen.

OFFENDER MANAGEMENT PLANS AND THE IMPORTANCE OF PRISON IN-REACH

The lynchpin of the AK-PRI Model is the development and use of Offender Management Plans (OMPs) at four critical points in the transition process. Each of the OMPs succinctly describe for the returning citizen, the corrections and/or field staff and the community exactly what is expected for a successful re-entry process. Under the Alaska Prisoner ReEntry Initiative (AK-PRI) Model, the OMPs, which consist of summaries of the returning citizen’s case management plan at critical junctures in the transition process, are prepared with each returning citizen at reception as part of the prison intake process (Phase I), as part of the release decision process when the returning citizen is approaching the end of their confinement (Phase II), when the returning citizen re-enters the community (Phase III), and when the returning citizen is to be discharged from probation/parole supervision (Phase IV). So, OMPs serve as concise guides for returning citizens, corrections and field staff and community service providers:

- **OMP1:** The expectations while imprisoned that will help returning citizens prepare for release.
- **OMP2:** The terms and conditions of the returning citizen’s release to communities.
- **OMP3:** The supervision and services returning citizens will experience in the community.
- **OMP4:** The Case Management Plan for eventual discharge from parole and/or probation.

The OMP integrates transition from prisons to communities by spanning phases in the transition process and agency boundaries. The OMP is a collaborative product that at any given time may involve institutional staff, the returning citizen, the parole board, parole/probation officers, human services providers (public and/or private), victims, and neighborhood and community organizations. The OMP describes actions that must occur to prepare individual returning citizens for release to the community, defines terms and conditions of their probation/parole supervision, specifies both the type and degree of supervision and the array of services they will experience in the community, and describes their eventual discharge to aftercare upon successful completion of supervision from probation and/or parole.

The objective of the OMP process is to increase both overall community protection by lowering risk to persons and property and by increasing individual returning citizen’s prospects for successful return to

| The Alaska DOC Recidivism Reduction Plan

and self-sufficiency in the community. The OMP process begins soon after returning citizens enter prison and continues during their terms of confinement, through their release from prison, and continues after their discharge from supervision as an evolving framework for aftercare provided by human service agencies or other means of self-help and support. The OMP1 is developed by institutional probation officers and education staff in the prisons that form the OMP1 Transition Team. Beginning with the OMP2, the OMPs are developed by a Transition Team that includes institutional staff, probation/parole supervision staff, and community agencies and service providers.

Thus, the membership of the Transition Team and their respective roles and responsibilities change over time as the returning citizen moves through the reentry process. During the institutional phase (OMP1) institutional probation officers leads the team. During the reentry and community supervision phases (OMP2 and OMP3) Prison In-Reach specialists – if they are available – or probation/parole offices lead the team with both institutional staff and community services providers as partners in the collaborative process. After returning citizens have successfully completed community supervision, their OMP will continue as needed and be managed by staff of human services agencies as the returning citizen continues to receive services and support (OMP4). At each stage in the process Transition Team members will use a collaborative case management model to monitor progress in implementing the OMP.

The OMP reduces uncertainty in terms of release dates and actions (and timing of actions) that need to be taken by returning citizens, prison staff, the parole board, parole and probation agents, and partnering community agencies. Increased certainty will motivate returning citizens to fully participate in the OMP process and to become engaged in fulfilling their responsibilities and will ensure that all parties are held accountable for timely performance of their respective responsibilities. *(See the illustration on page 19)*

The most pivotal activity that distinguishes the old way of doing business from the new way is the Prison In-Reach process that is the centerpiece of AK-PRI Phase II, the Reentry Phase. Prison In-Reach is the process by which community-based human service organizations work with the department on the development of the OMPs. When reviewing the Policy Statements and Recommendations that comprise the AK-PRI Model, the importance of the Prison In-Reach process becomes more focused. There are a series of Policy Statements in the AK-PRI Model that require an aggressive and productive Prison In-Reach process followed by an equally aggressive supervision strategy – especially during the pivotal first month of release.

PRINCIPLES THAT GUIDE THE OMP DEVELOPMENT PROCESS

1. The OMP process starts during returning citizen's classification soon after their admission to prison and continues through their ultimate discharge from community supervision.
2. OMPs define programs or interventions to modify returning citizen's dynamic risk factors that were identified in a systematic assessment process; address the returning citizen's needs and build on the identified strength of each individual. The returning citizen is at the center of the process.
3. OMPs are sensitive to the requirements of public safety, and to the rational timing and availability of services. In an ideal system, every returning citizen would have access to programs and services to modify dynamic risk factors. In a system constrained by finite resources, the rational access to services and resources requires using risk management strategies as the basis for that allocation.

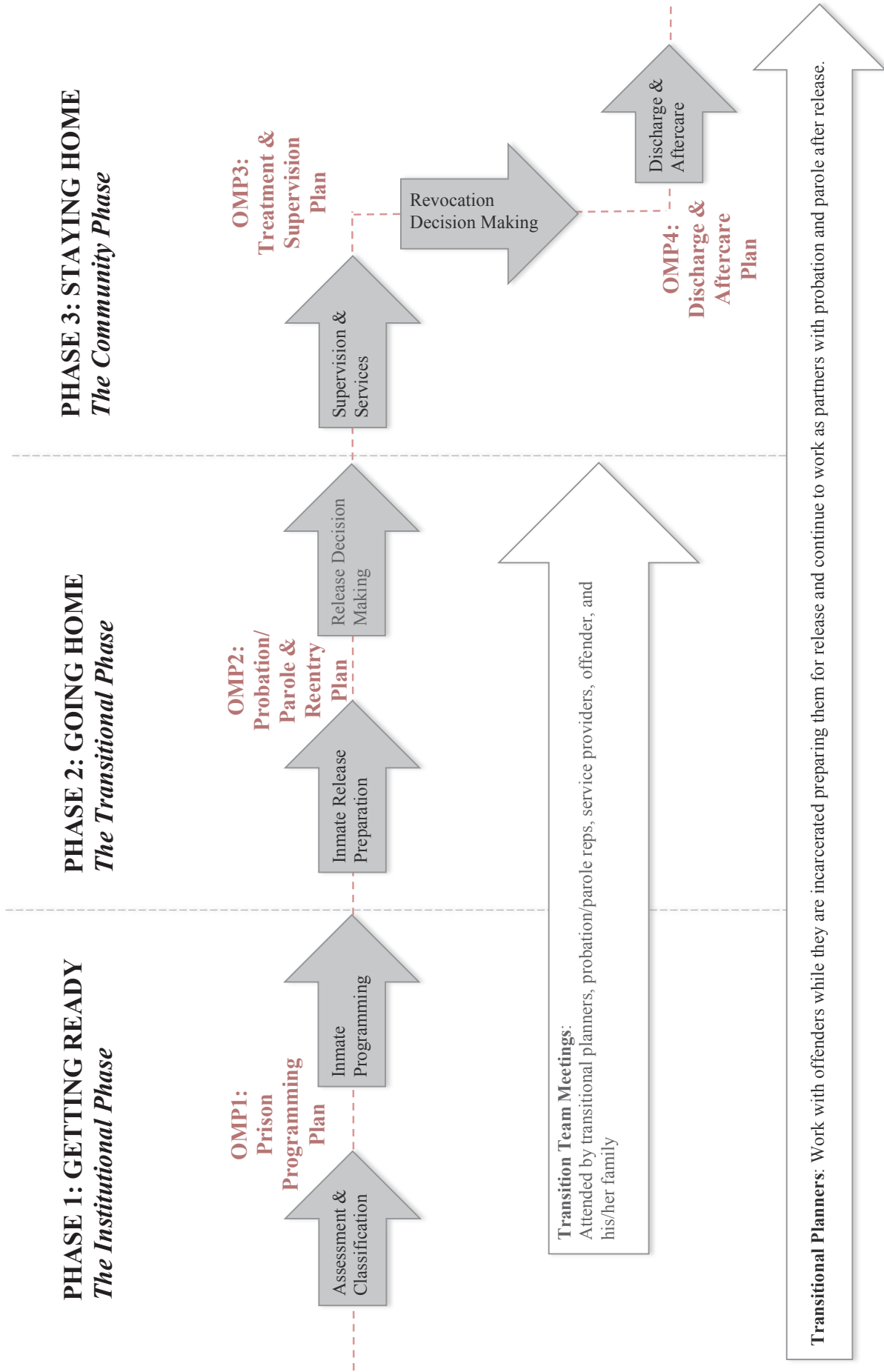
The Alaska DOC Recidivism Reduction Plan

4. Appropriate partners should participate in the planning and implementation of individual returning citizen's OMPs. These include the returning citizen, institutional staff, parole board authorities, supervision authorities, victims, returning citizen's families and significant others, community-based treatment agencies, housing organizations and other human service agencies, and volunteer and faith-based organizations. While corrections staff lead the Transition Team, community representatives are vital partners in the process. The design of the OMP is a collaborative process.
5. Individual OMPs delineate the specific responsibilities of returning citizens, correctional agencies and system partners in the creation, modification, and effective application of the plans. The OMPs hold them accountable for performance of those responsibilities. While all four OMPs should include the types of services that are needed to address identified needs, reduce identified risks and build on identified strengths, beginning with the OMP2, they should encompass the enrollment of the returning citizen in the agencies responsible for the services. The OMP2 is the first OMP that is developed as a "prison in-reach" process that brings community representatives into the prisons to interact with the returning citizens. **Prison In-Reach – the process through which community-based human service agencies work with the DOC to develop the OMP - is a major distinction between the way business has been done in the past and the way it is improved and the single most important innovation of the AK-PRI Initiative.**
6. OMPs provide a long-term road map to achieve continuity in the delivery of treatments and services, and in the sharing of requisite information, both over time and across and between agencies. This is particularly essential during the re-entry phase (Phase II) when the boundaries between agencies are literally fences and brick walls. The OMP2 must serve as more than a plan – it must serve as a highly specific schedule of events beginning with the first hour that a returning citizen is released and has his or her Orientation Session with the probation/parole officer, and must include the expectations of how the returning citizen will spend his or her time during at least the first month of release. Perhaps the most vulnerable time for returning citizens is their first month in the community.
7. The Collaborative Case Management and Supervision (CCMS) process is used to arrange, advocate, coordinate, and monitor the delivery of a package of services needed to meet the specific returning citizen's needs. During the prison portion of the OMP process, institutional probation officers function as case managers. As returning citizens prepare for release and adjust to community supervision, their field probation/parole officer serves as the central and primary case manager. When they are successfully discharged from supervision, a staff member from a human service agency may assume case management responsibilities for returning citizens who continue to need services and support.

(See Tab 6, *Offender Management Plans and the Critical Importance of Prison In-Reach*; and Tab 3, *Collaborative Case Management and Supervision*).

Offender Management Planning (OMP) Flowchart

For more detail, see Tab 7, AK-PRI Case Logic Model



The Alaska DOC Recidivism Reduction Plan

ADDENDA (available upon request)

Tab 1: *AK-PRI Framework, Summary*

Tab 2: *AK-PRI Framework, Targets for Change*

Tab 3: *AK-PRI Collaborative Case Supervision and Management Model*

Tab 4: *Coordinating Community Development- the Heart of the AK-PRI*

Tab 5: *AK-PRI Community Assessment Instrument*

Tab 6: *Offender Management Plans and the Critical Importance of Prison In-Reach*

Tab 7: *AK-PRI Case Logic Model*

About The Center for Justice Innovation

The Michigan Crime and Delinquency's Center for Justice Innovation specializes in adult corrections and justice policy issues and seeks to build capacity within state and local jurisdictions to improve both system and individual offender outcomes through the use of evidence-based practices. These improved outcomes include:

- (1) Fewer crimes committed by formerly incarcerated individuals and individuals who have been or are currently under correctional supervision in the community;
- (2) Community and institution-based programs that demonstrate increased fidelity to the standards of evidence-based practices;
- (3) Prevention of unnecessary confinement of offenders in jail and prisons; and,
- (4) Reduced costs and improved efficiencies.

The Center is led by Dennis Schrantz, who has worked in ten states over the past 10 years to assist state and local jurisdictions in improving their policies and practices for prisoner reentry. One of Mr. Schrantz's major accomplishments in prisoner reentry was his work over seven years in the Michigan Department of Corrections (MDOC) where, as chief deputy director and an appointee of Governor Jennifer M. Granholm, he led efforts to design, implement, monitor, and evaluate the Michigan Prisoner ReEntry Initiative (MPRI).

MPRI contributed to a decline in the prison population of nearly 17% in six years, allowing the closure of 21 prisons and a projected cost savings to the state of \$339 million annually in averted prison costs;¹⁶ all while the reinvesting over \$50 million annually in supervision and reentry services. Based on data from nearly 33,000 former prisoners who participated in MPRI from 2005 through 2011, Michigan has witnessed unparalleled successes: a 38% reduction in parolee revocations to prison; an increase in the parole approval rate from an average of 48% to nearly 75% because of the Parole Board's increase confidence in Michigan's reentry strategy; and, a 42% decrease in technical violations despite a 40% increase in the parolee population.¹⁷

Michigan's ability to integrate research into the policies and practices that reduce recidivism has been highlighted in numerous publications¹⁸ and has established MCCD as a leading national expert on how to reduce the return-to-prison recidivism rate of former prisoners, reduce prison populations, and reinvest prison dollars into communities.

¹⁶ The Sentencing Project, *On the Chopping Block: State Prison Closings*, 2012.

¹⁷ Michigan Department of Corrections, *Trends in Key Indicators*, 2013.

¹⁸ See, for example: *Downscaling Prisons; Lessons from Four States* (The Sentencing Project, 2010), *On the Chopping Block: State Prison Closings* (The Sentencing Project, 2012); *Michigan Breaks the Political Logjam: A New Model for Reducing Prison Populations* (The ACLU, 2009) and, from the *Washington Monthly*, "Prison Break: How Michigan Managed to Empty its Penitentiaries while Lowering its Crime Rate."; The Council of State Governments, *States Report Reductions in Recidivism*.

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SESSION 2

Reentry Partnerships: The Department of Corrections and Reentry Coalitions – Moderated by Dennis Schrantz

Marti Greeson and Morgan Jaco
(Department of Corrections)

Kimberly Martus

Katie Chapman and Brent Wilson
(Department of Corrections)

Cassey St. Rose

David Rose

Anchorage Coalition for Prisoner Reentry

Fact Sheet

Mission Statement:

Provide community resources in support of offenders transitioning back to community; thereby reducing recidivism, increasing public safety and improving overall community health.

Brief History:

The Coalition was formed in the Spring of 2006 when agencies were gathered together to look at joining forces and applying for a Federal Justice grant that would support the work of Prisoner Reentry. Instead, a single agency applied for the grant and the CPR agencies joined forces with the support of the Corporation for National and Community Service for AmeriCorps members who would serve in reentry programs in Anchorage. In 2010, Nine Star Education and Employment, host organization for AmeriCorps received a Department of Labor grant to coordinate the services of the Reentry Coalition.

Collaborators: AKEELA, Inc., Alaska Alcohol Safety Action Program, Alaska Correctional Ministries, Alaska Court System, Alaska Department of Corrections, Alaska Division of Labor and Workforce Development, Alaska Division of Vocational Rehabilitation, Alaska Housing Finance, Alaska Judicial Council, Alaska Native Justice Center, Alaska Peer Support, Alaska Work Source, AmeriCorps Reentry Services, Anchorage Mental Health Trust, Catholic Social Services, Christian Health Organization, Connections Alaska, Cook Inlet Tribal Council, Recovery Services, Cook Inlet Tribal Council Tribal Vocational Rehabilitation, GEO Group Federal Reentry Social Services, GEO Group Halfway Houses, Glennwood Halfway House, Money Management Organization, Municipal Attorney's Office, New Life Development, Nine Star Education and Employment, Partners for Progress, Partners Reentry Center, Southcentral Foundation, University of Alaska Anchorage, U.S. Veteran's Administration, Victims for Justice, and Volunteers of America

Current Coalition focus groups meeting weekly or monthly as needed:

- Behavioral health/Mental health
- Pre-release/outreach/peer support/VA
- Education/employment
- Housing

Future goals:

- Go from planning stages into implementation stage (this will be done in conjunction with AKPRI)
- Sponsorship with Anchorage organizations; need financial support to build foundation, advertise and spread the word
- Build reentry infrastructure that helps transitioning offenders navigate the Anchorage community and effectively utilize and coordinate services
- Contribute strongly to the development and implementation of a comprehensive, complementary, non-duplicative institutional community-based plan for providing substance abuse, mental health, housing and employment services to those who are released from correctional institutions that will improve outcomes for recently released inmates with the goal of reducing correctional system recidivism rates, in conjunction with the Alaska Department of Corrections Recidivism Reduction Plan of 2015.

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PROJECT FACT SHEET

Bristol Bay - Prisoner Reentry Planning Initiative

Project Title: Bristol Bay - Prisoner Reentry Planning Initiative

Duration: 3-years October 1, 2012 – September 30, 2015

Federal Grant: \$ 734,000 Coordinated Tribal Assistance Solicitation FY 2012 awarded by Department of Justice, Bureau of Justice Assistance

Project Goal: The Bristol Bay Native Association will implement the Bristol Bay – Prisoner Reentry Planning Initiative which is designed to reduce recidivism, improve public safety and outcomes for returning citizens following incarceration.

Project Objectives: Reentry Coalition, Strategic Plan, Wellness Team, and Program

1. Reentry Coalition: Form and mobilize a Regional Reentry Coalition comprised of a diverse array of stakeholders including: Tribal and locally elected government leaders, ADOC Field Probation Officer, tribal and state court Judges, service providers, local and tribal law enforcement, victim advocates, successful reentrants, families of incarcerated, and tribal cultural experts and elders (2013 – 2015)
2. Reentry Strategic Plan: Establish a core planning team tasked to devise a data-informed Reentry Strategic Plan which identifies the needs of returning citizens, inventories the available resources and services and gaps, and includes strategies to implement and sustain the reentry program and initiative (2015)
3. Reentry Wellness Team: Form and train a Reentry Wellness Team to increase multi-disciplinary collaboration, perform prison in-reach, participate in reentry planning, and provide case management services to reentry program participants. The Team will incorporate some of the ten key components utilized in the Tribal Therapeutic Courts. (2015)
4. Reentry Program: Design a culturally relevant reentry program that incorporates evidence-based principles and practices and is capable of providing pre-and post- release services to medium-to-high risk reentry program participants (2015)

Collaborators:

UAF, Bristol Bay Campus, Bristol Bay Area Health Corporation, Bristol Bay Housing Authority, Bristol Bay Economic Development Corporation, Bristol Bay Native Corporation, , Alaska Native Justice Center, ADOC Prisoner Reentry Initiative – Implementation Steering Committee, Wisconsin Tribal Community Reintegration Program, American Probation and Parole Association, American Indian Development Associates, Center for Court Innovation, and CSG - National Reentry Resource Center.

**Juneau Re-entry Coalition
Strategic Plan/Goals for 2014-15**

I. Juneau Coalition's mission statement:

We will 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.

We will accomplish this by:

- a. Improved communication and collaboration between the Alaska Department of Corrections, other State agencies and the community.
- b. Building community partnerships to strengthen local services.
- c. Identifying barriers for successful reentry into the community after incarceration and taking an active role in addressing those concerns.
- d. Support transitioning offenders in accessing community support services pre/and post release.
- e. Work in conjunction with the Alaska Reentry Task Force to inform and promote reentry efforts within Alaska.
- f. Promote community awareness about underlying causes and conditions that lead to incarceration.

II. Activities or goals to be accomplished within one year by work group.

Community Education and Public Outreach - Christina Wigg

- Recruit more members for workgroup
- Have a coalition website up and running
- Create a logo
- Make presentations to community groups like Rotary clubs, municipal leaders, etc. and other groups about reentry and our coalition

Behavioral Health – Teri Tibbett/Michelle Federico

- Recruit more members for workgroup
- Gather existing behavioral health resources and consolidate into one resource pamphlet for distribution to re-entering individuals
- Residential substance abuse treatment upon release for qualified and ready un-resourced individuals.
- Work with DOC re: reentry FASD Screening Pilot Project

Pre/Post Release – Brent Wilson (temporarily)

- Recruit more members for workgroup
- Establish ongoing, effective transition teams working with transitioning offenders in LCCC and then out to meet their specific needs
- establish a regular peer support meeting in LCCC to support reentry

Employment – Michael Hutcherson

- Recruit more members for workgroup
- To better coordinate reentry services provided at LCC with those offered at the Juneau Job Center to identify and reduce duplication
- Identify work readiness training offered at LCCC to ensure the trainings are aligned with real employment opportunities
- Educate employers on the benefits/incentives for hiring felons in an effort to get more felons hired!

Peer Support – Kara Nelson

- Recruit more members for workgroup
- Develop peer support curriculum for JREC to endorse with Juneau Probation Field office support

- Establish regular peer meetings weekly at NCADD to grow Recovery Community Organization – from which 3 goals will be accomplished
 1. Peers will connect and do cool and fun sober activities together – hikes, camp outs, whatever the group brings
 2. We become visible in the community to show evidence that people do recover and can be and are contributing members of the community through organizing community work service projects
 3. Advocacy – we will rally and work together to go to legislature to testify and to other public events where we can deliver messaging about addiction as a disease, recovery, and advocate for reentry programs, funding for safe and sober housing, fundraise for Juneau Reentry Coalition to fund the establishment of a safe and sober reentry home and funds to help us grow our Juneau Reentry Coalition and the programs and activities we do such as bringing speakers to town like Shinholser and paying for peer support (recovery coaching) trainings to be available.
- Plan Recovery Fest 2014 - this will be our first large event to raise awareness about the recovery community organization (how cool and fun sober people are) and efforts (advocacy and fundraising) toward reentry and building a safe community

Education – Sol Neely

- Recruit more members for workgroup
- To continue developing the UAS-LCCC "exchange" program, known as "The Flying University," which aims to bridge the gap between two entrenched modern institutions by bringing university students inside the prison for mutual, collaborative study in literature and philosophy;
- To develop an on-campus support group composed of students, faculty, and administration that aims to empower formerly incarcerated students to better transition into the demands of university life;
- To connect these projects with other community dialogues concerned with efforts such as addressing historical violence within Alaska Native communities, deconstructing racism, fostering healthy recovery, and promoting reparative (as opposed to retributive) expressions of justice.

Housing – Tamara Rowcroft and Shari Partin

- Recruit more members for workgroup
- Providing community in-reach at Lemon Creek Correctional Center in collaboration with Brent on the pre/post release work group to assess needs for housing and to begin the process of applying for housing prior to release.
- Organizing an educational opportunity for landlords to learn about the incentives and realities of renting to people with criminal histories.
- Have more coordinated intake for re-entry related services.

Family Support – Lily Schulte and Anne Flaherty

- Recruit more members for workgroup
- Establish a core group of family members
- Hold a public art event in order to educate the community. For example, large portraits of family members with narratives next to them. We're envisioning that the Family Support work group would collaborate with Peer Support (to help identify families) and Community Education for this project, and that we'd move the exhibit around town to reach different audiences. (Note: The photo idea came from these projects: http://in-visible-project.org/?page_id=2 and <http://www.mymodernmet.com/profiles/blogs/trent-bell-the-reflect-project>)

NOTES



**Mat-Su Coalition on Housing and Homelessness
Strategic Plan (2025) and Annual Operating Priorities (2014 - 2015)**

October, 2014

CORE PURPOSE

A Community Voice for Sustainable Housing and Solutions for Homelessness

CORE VALUES

Advocacy | Credibility | Collaborative | Community-Driven | Proactive | Data-Based

LONG-TERM GOAL (2025)

By 2025 the Mat-Su Borough is widely recognized as “Alaska’s most livable community”.

MID-TERM GOAL (2020)

Integrated, community-driven and community-supported rapid re-housing and homelessness prevention is “normal.”

Vivid Description for Mid-Term Goal:

- *One significant aspect of becoming Alaska’s most livable community is accessible, sustainable housing for all, which is in turn a function of active residents and organizations pursuing and supporting sustainable, community-based solutions.*
- *The real impact of the coalition comes from its ability to be a strong “voice” advocating for sustainable solutions, and not specific agencies or organizations. By broadening stakeholder interest and involvement, the coalition will continue to support forums that facilitate productive community conversations about rapid re-housing and homelessness prevention.*

SHORT-TERM GOAL (2015-2016)

The Coalition has solidified its role as a recognized expert and strong community voice for rapid re-housing and homelessness prevention.

Vivid Description for Short-Term Goal:

- *Success in meeting this goal will be a function of specific outcomes in priority areas of senior housing, prisoner re-entry and homeless youth, all of which happens within the larger context of rapid re-housing and homelessness prevention for special needs and low-income populations.*
- *Coordination between housing, homeless and transportation service goals should be integrated, flexible, and responsive to community needs.*



**Mat-Su Coalition on Housing and Homelessness
Strategic Plan (2025) and Annual Operating Priorities (2014 - 2015)**

October, 2014

ANNUAL OPERATING PRIORITIES 2015

General Coalition Priorities

Coalition Priority 1: *Build the Community's Capacity for Rapid Re-Housing and Homelessness Prevention*

Coalition Priority 2: *Develop a comprehensive Community Outreach Plan*

Issue-Specific Priorities

- 1) **Senior Housing:** *Encourage a community dialogue leading to the development of sustainable senior housing options in the Mat-Su Borough*
- 2) **Prisoner Re-Entry:** *Assist in establishing a strong community foundation for Prisoner Re-Entry Housing*
- 3) **Homeless Youth:** *Encourage Start-up Emergency/Transitional Housing for Homeless and Unaccompanied Youth*
- 4) **Affordable Low-Income and Special Needs Housing:** *Actively encourage the growth and development of affordable housing stock in the Valley*

**ANNUAL OPERATING PRIORITIES WITH IMPLEMENTATION DETAILS
2015**

GENERAL COALITION PRIORITIES

Coalition Priority 1: *Build the Community's Capacity for Rapid Re-Housing and Homelessness Prevention*

1. Actively participate as a partner in the borough government's completion of a Housing Needs Assessment for the Mat-Su Borough
2. Actively participate in applicable/relevant community coalitions, such as the Transit Coalition, Senior Services Coalition, the Juvenile Justice Coalition and others, as a means for developing the foundation for effectively addressing rapid re-housing and homelessness prevention
 - o *Coordination between housing, homeless and transportation service goals should be integrated, flexible, and responsive to community needs.*
3. Develop and implement a plan for a Project Homeless Connect 2015
4. Effectively address life saving, appropriate housing options

REPLACE WITH:

4. Effectively address emergency housing options

Coalition Priority 2: *Develop a comprehensive Community Outreach Plan*

1. The three goals of the plan are to 1) educate, 2) enhance awareness and 3) build positive perceptions concerning rapid re-housing and homelessness prevention
2. The Community Outreach Plan will include realistic and achievable metrics to determine the success of the coalition's outreach efforts
3. Working with coalition member organizations, begin collecting positive stories of rapid re-housing and homelessness prevention success from the community
4. With coalition partners, integrate behavioral health/substance abuse services into homeless youth housing options

Coalition Priority 3: Support efforts of organization(s) serving local residents to complete housing projects aligned with community priorities

ISSUE-SPECIFIC PRIORITIES



Mat-Su Coalition on Housing and Homelessness
Strategic Plan (2025) and Annual Operating Priorities (2014 - 2015)

October, 2014

Senior Housing: *Encourage a community dialogue leading to the development of sustainable senior housing options in the Mat-Su Borough*

1. With coalition partners, investigate the long-term sustainability and viability of appropriate housing options.
2. The housing stock must be in keeping with the area's current and changing demographics

Prisoner Re-Entry: *Assist in establishing a strong community foundation for Prisoner Re-Entry Programs*

1. Working with government and nonprofit organizations, foster development of stable, affordable and available housing options for former prisoners and families
2. Collaborate in investigating and demonstrating the effectiveness and feasibility of a Prisoner Re-Entry Center

Homeless Youth: *Encourage Start-up Emergency/Transitional Housing for Homeless and Unaccompanied Youth*

1. Encourage providers to make the most of the Covenant House relationship for youth age 13-20
 - o Encourage access to bed nights at Covenant House Anchorage for appropriate candidates
 - o Aid efforts to provide technical assistance and training to organizations working with homeless youth
2. Solidify a community-driven system to identify, vet, and match homeless youth to Emergency/Transitional beds

Affordable Low-Income and Special Needs Housing: *Actively encourage the growth and development of affordable low-income and special needs housing stock in the Valley*

1. The coalition will actively participate in efforts to help ensure we know what the market for affordable low-income and special needs housing will be
 - o Utilizing data to make sure we know what housing stock is, what the gap is, and what "sufficient housing stock" looks like

SESSION 3

Offender Risk Management and Case Planning for Successful Reentry

Dr. Alexandra Garcia-Mansilla, Ph.D.
(Private Practice Clinical and
Forensic Psychologist)

Reducing Recidivism and Promoting Recovery: Understanding and Addressing the Factors that Contribute to Re-arrest

**Alexandra Garcia-Mansilla, PhD
Clinical and Forensic Psychologist
New York City, NY**

Clinical & social service programs

Goal = Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

<http://www.samhsa.gov/recovery/>

- ◆ Health
- ◆ Quality of life
- ◆ Supportive community
- ◆ Contributing
- ◆ Housing

Goals of Clinical Programs

- **Mental health**
 - psychiatric symptoms ↓
 - functioning ↑
 - hospitalizations ↓
- **Substance use**
 - Abstinence
 - harm reduction

REDUCE RECIDIVISM

Why focus on reducing recidivism?

- outcome for community correction programs
- Prevent disruption & barriers associated with arrest/conviction
- Decrease potential re-traumatization
- Prevent incarceration
- Improve community safety

How do you most effectively prevent re-arrest?

- **GENERAL LEVEL** → risk factors associated with recidivism
- **INDIVIDUAL LEVEL** → presence and relevance of risk factors
- **HOW** → empirically supported approach to address and manage the relevant risk factors

Risk Needs Responsivity (RNR)

- **R**isk
 - Match treatment intensity to level of risk
- **N**eeds
 - Treat the person, not the offense
- **R**esponsivity
 - Modality must be one to which the person is responsive (e.g., CBT) and matches their learning style
 - Andrews and Bonta

Risk Principle

- Level of treatment and monitoring should match level of risk
 - ↑ risk ↑ intensity
 - ↓ risk ↓ intensity
 - If ↓ risk, then ↑ intensity may be counterproductive

NEEDS PRINCIPLE: CENTRAL 8

- Family support
- Leisure Activities
- School/work
- Substance Abuse
- History of antisocial behavior
- Antisocial personality pattern
- Antisocial cognitions
- Antisocial Associates

HOW TO ASSESS FOR RISK & NEEDS

- MEASURES
 - Correctional Offender Management Profiling for Alternative Sanctions (COMPAS, Northpointe)
 - Level of Service Inventory (LSI-R; LS/CMI; LSI-SV)
- IF NO MEASURES AVAILABLE
 - Focus on presence and relevance of each of the risk factors

Criminogenic Need	Interventions
Family & Relationships. The less connected and engaged with family or other important support systems, the greater the risk for criminal behavior.	Reduce conflict, build positive relationships, enhance parenting skills e.g., family therapy, Consumer centered family consultation
School/Work The greater the commitment to academic/vocational pursuits, the lower the risk of criminal behavior.	Enhance performance, rewards and satisfaction derived from school/work e.g., education & vocational programs
Leisure/Recreational Activities The greater the number & satisfaction from prosocial leisure pursuits, less risk of engaging in crime.	Enhance outside involvement in prosocial activities e.g., day programs, PROS programs
Substance Abuse. Alcohol and illicit drug use increases risk for criminal activity.	Reduce use, reduce the personal and interpersonal supports for substance-oriented behavior e.g., modified TC; harm reduction

Criminogenic Need BIG 4	Skill Building/ Interventions
History of Antisocial Behavior. The more extensive one's involvement in crime, the greater the risk for criminal recidivism	Build alternative prosocial behaviors. Build non-criminal alternative behavior in risky situations
Antisocial Personality Pattern. A pattern of restlessness, aggressiveness, poor self control, adventurousness and callousness	Inter-personal problem solving skills, anger management, critical reasoning. Self-management and coping skills
Criminal Thinking & Antisocial Attitudes. Cognitive processes and attitudes supportive of a criminal lifestyle predict criminal behavior	Recognize risky thinking and feelings, acknowledge impact of behavior on others (victims), and consequences to choices.
Antisocial Associates. The more criminal associates (e.g., family members, friends) increases risk	Pursue prosocial associates and weaken ties to antisocial friends and family members

WAIT! Where is mental illness???

- **Decreased re-arrest NOT related to decreased psychiatric symptoms**
 - Jail Diversion (Case, 2009)
 - Specialized Probation (Skeem, 2009)
- **The impact of mental illness on risk for recidivism is indirect**
- **Need respond to non-criminogenic risk factors as part of responsivity**

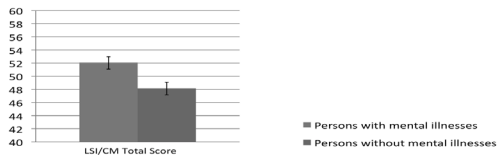
Non-criminogenic needs

Psychosis
Mania
Trauma
Self-esteem
Anxiety
Lack of Parenting Skills

Medical Needs
Primary Language
Literacy Level
Eviction Pending
Learning Disability

Other Stuff

The Central Eight - MI Overrepresentation



- General and specific recidivism risk higher
 - Antisocial Personality Pattern (Skeem, 2008)
- PICTS items higher in state hospital subjects
 - Externalization, rationalization, entitlement (Carr, 2008)

Responsivity Principle

- Select modality based on how person learns best
 - Generally CBT in offender populations
 - Adjust to persons' personality/cognitive style
- Have tools to address engagement challenges
 - Motivational interviewing/DBT
 - CJ culture Adaptation
 - SPECTRM (targeting clinical impact of doing time)
- Be trauma informed

Criminal Thinking

- One of the big 4 risk factors
- Can be perceived as the rate limiting factor in treatment
- Extremely important even in mentally ill offenders

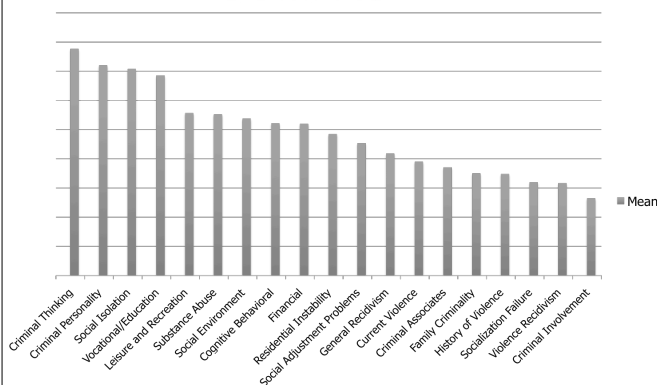
The good news...

- There are many interventions tailored to change the way that people think in order to help decrease recidivism

Criminal thinking in mentally ill offenders

- 85% of males and 72.4% of females with MI elevated scores on CSS-M
 - PICTS and CSS-M scores comparable to published non-MIO scores (Morgan, 2010)
- No significant differences in CSS-M scores between MIOs and non-MIOs (Wolff, 2011)

COMPAS



NYC TASC, 2012

CBT interventions targeting criminal thinking

- Thinking for a Change (T4C)
- Reasoning and Rehabilitation (R&R)
- Moral Reconciliation Therapy (MRT)
- Interactive Journaling (IJ)

Interactive Journaling

- Can do in individual or group format
- Clients can be moving targets
 - Change treatment programs
 - Warrant/Remand
- Engagement issues
- Need specialized attention and adaptations

Evidence based underpinnings

Stages of Change
Motivational Enhancement Strategies
Cognitive-behavioral Approaches

CBT adaptations to criminal-justice
involved people

Introspection skills

- Understanding connections between thoughts/
behaviors/emotions
- Behavior chains

Cognitive Restructuring

- Identification of faulty cognitions or distortions
- Understanding why problematic
- Challenging automatic thoughts with alternative
thoughts

CBT adaptations continued

Problem Solving

- Cost/benefit analysis & generating alternative
solutions

Social Skills

- Conflict Resolution
- Alternative ways to get needs met

**Moral Reasoning/Community
Responsibility**

- Prosocial values
- Identifying what values are important to you


Any questions?

SESSION 4

Complex Behavior Collaborative (CBC)

Reta Sullivan
(Division of Behavioral Health)


Summer LeFebvre
(Center for Human Development/
University of Alaska-Anchorage)



Complex Behavior Collaborative
Division of Behavioral Health

Presenter: Reta J. Sullivan, LCSW


1



Complex Behavior Collaborative

- What it is
- What it is not

2



The Complex Behavior Collaborative was developed in response to requests for help with providing services to individuals who have complex behavior management needs.

3

Population(s) Served:

- Youth & Adult (age 6 and older)
- Complex behavior management issues
- Cognitive impairment
 - With –
 - Serious Mental Illness
 - Intellectual and Developmental Disability
 - Alzheimer's Disease and Related Dementia
 - Traumatic Brain Injury
 - Chronic Alcoholism w/one of the above

4

The Alaska Complex Behavior Collaborative


1. The Hub - Consultation & Training (Funded)
2. Brief Stabilization (Not Currently Funded)
3. Intensive Intermediate Intervention (Not Currently Funded)

5

The Hub (Consultation & Training)

- Conceptualized as a pool of experts
 - Case-specific consultation and training
 - Technical assistance
 - Training for direct care staff/families and agency staff


6



**Hub (Consultation & Training)
Project Goals:**

- Build capacity and expertise within the State to serve individuals with complex behaviors
- Keep participants at the community level, thereby preventing and/or reducing hospitalization and institutional care.


7



Client Eligibility (Meet 3 of 5):

1. Exhibit behaviors that are complex and presents without intervention, a high risk of danger to self or others
2. Demonstrate inability to function independently in the community or current living environment beyond what would be expected with their current disability
3. Exhausted all other avenues of treatment available and is at risk or may become at risk for out-of-State placement, psychiatric hospitalization or moving to a higher level of care or institutional level of care
4. Utilize multiple systems and are high-end users of resources
5. Require interventions outside the skill set of current program staff in order to ensure the safety of those involved

8



Referred Participants Must Have:

- Stable Housing
- An Alaska Service Provider to work w/ them
- Services supported by DHSS and be
- Be Medically Stable

9

Consultant's Responsibilities

- Functional Behavioral Assessment and Behavioral Plan
- Case Specific Consultation
- Training For Direct Care Staff/Family (Modeling and Mentoring)
- Agency Training
- Technical Assistance
- Transition Plan (if client in institution)
- Discharge Document w/Recommendations
- Provide Outcome Data to the State

10

Community Provider's Responsibilities


- Commit to providing services to the client
- Include consultant's recommendation in POC
- Participate in staff and agency training
- Utilize skills when working with other clients w/similar presentations
- Maintain Fidelity of the Plan
- Provide outcome data to the State

11

CBC Referral Process

- Referrals are made through an agency (families cannot refer directly to the CBC)
- Referral form w/instructions can be found on the BH and SDS Websites


12



Referral Process (Cont.)

- Complete the referral form
 - Participant Information
 - Must meet 3 of the 5 criteria
 - AND MUST
 - Have housing
 - Have a community provider
 - Receive services supported through DHSS
 - Be Medically Stable


13



Referral Process (Cont.)

- Send the referral form along with
 - Signed Release of Information
 - Signed Memorandum of Agreement (MOA)
 - Completed Client Status Review Form (CSR)
 - Copy of Waiver Plan of Care (if applicable)
 - Copies of current assessments
 - Relevant clinical
 - Current medications
 - Recent History and Physical
 - Diagnostic History

14



Consultants

- 6 Consulting Agencies Enrolled
 - Center Psychosocial Development –DD/MH/SA
 - Mains'L – DD/MH
 - Lubitsh Counseling – MH/SA
 - Alzheimer's Association, Heart of American Chapter – ADRD
 - Behavior Matters – Autism/DD (Under 18)

15

About the Project

In FY 14:

• 49 – Total Served

◦ 28 Adults (12 DD, 12 DD/MH, 2 MH, 1 DD/MH, 1 TBI)

◦ 21 Youth (11 DD, 6 DD/MH, 4 MH)

16

About the Project (cont.)

Outcomes:

- 78% avoided institutional care
- 92% were able to remain in the community
- Reduction in behaviors that present a danger to self or other
- Reduction in non-threatening behaviors that cause significant problems
- Reduction in behaviors that put participants at risk of moving to higher LOC

17

About the Project (Cont.)


- Outcomes cont.:
- Increase in behaviors that allow normal routines
- Increase in behaviors that help participants be self-directive and manage own schedule
- Increase in behaviors that increase regular participation in daily activities (i.e. school, work)
- Increased access to family, friends and community

18



- **Behavioral Health Website for the CBC**
— <http://www.hss.state.ak.us/dbh/tr/complexbehavior.htm>

19



Referral Process (Cont.)

- **Send to:**
To the Attention of:
Reta Sullivan or Val Kenny
Division of Behavioral Health
3601 C Street, Suite 934
Anchorage, AK 99503
Fax #: 907-269-8166

20



Contact Information

- Reta J. Sullivan – Division of Behavioral Health
reta.sullivan@alaska.gov
- reta.sullivan@direct.dhss.akhie.com (secure)
- 907-269-8869

- Valerie Kenny – Division of Behavioral Health
valerie.kenny@alaska.gov
- 907-269-3797

- Fax #: 907-269-8166

21
