



Recidivism Reduction Joint Annual Report

Fiscal Year 2023

July 1, 2022 – June 30, 2023

Prepared by the Alaska Department of Health (DOH) and the Alaska Department of Corrections (DOC)

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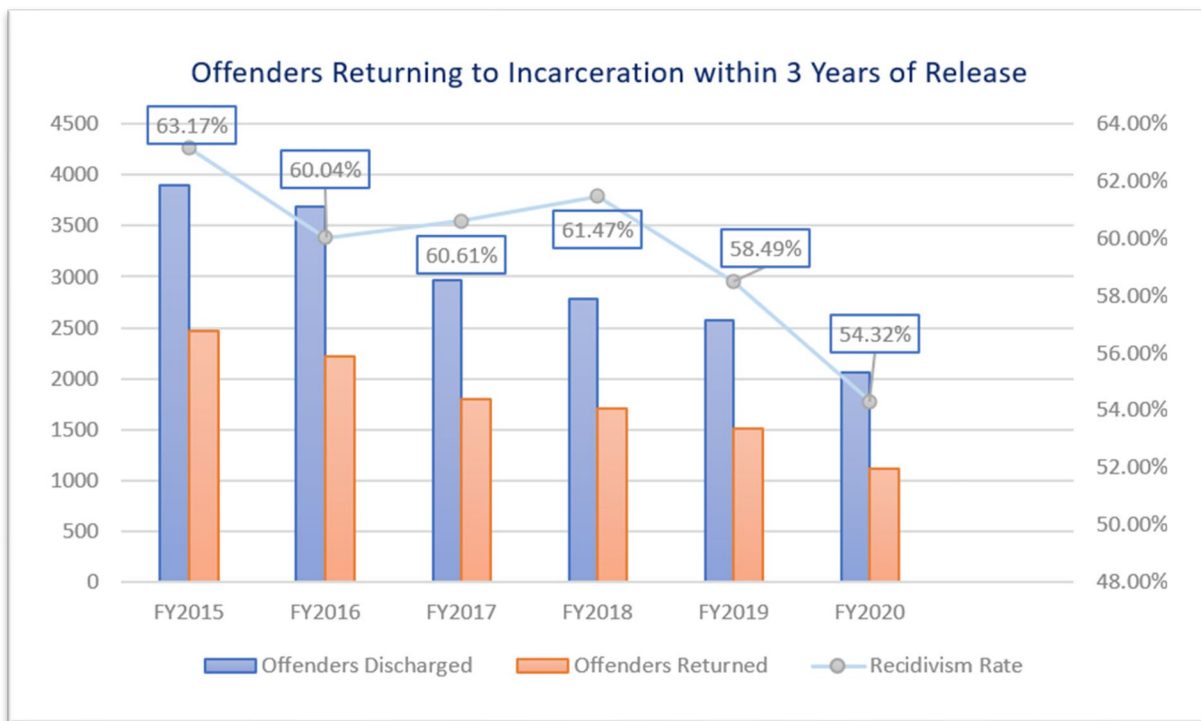
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Background

Alaska Statute 47.38.100 requires the Department of Corrections (DOC) and the Department of Health (DOH) to develop a joint annual report on recidivism reduction services.

Overall recidivism reduction is the goal of DOH and DOC reentry programs. Recidivism rates are calculated based on the definition in AS 44.19. 649(2): the percentage of convicted defendants who are booked into, or who return to, a correctional facility within three years after release or the date of conviction, whichever is later. Unlike many states, Alaska's definition of recidivism includes all offenses, including misdemeanors, as well as probation and parole violations.

The chart below shows an overall decrease in recidivism in the past seven years. Because recidivism numbers are based on three years' post-release, current data is from the cohort released in 2020.



Recidivism Reduction Initiatives and Services

Division of Behavioral Health

The Division of Behavioral Health (DBH), a division of the Department of Health (DOH), is responsible for overseeing grants, contracts, and initiatives aimed at improving health and public safety outcomes. DBH collaborates with various stakeholders, including law enforcement, community providers, reentrants and their families, and other state entities such as the Alaska Court System, Department of Corrections (DOC), Alaska Mental Health Trust Authority (The Trust), and Department of Labor and Workforce Development (DOLWD).

DBH allocates recidivism reduction funding to support evidence-based treatment programs, including psychiatric emergency services, outpatient treatment for individuals with severe mental illness (SMI), and treatment for seriously emotionally disturbed (SED) transitional aged youth (18-22). By providing secure housing, employment opportunities, and treatment options upon release, the recidivism reduction funding

aims to increase the number of community-based support services that reentrants receive. These services greatly increase the likelihood of a successful transition back into the community and reduce the likelihood of reoffending. Based on the FY 2023 authorized budget, DBH received \$5,245,100.00 in recidivism reduction funding.

Department of Corrections

The Department of Corrections has diligently pursued comprehensive strategies aimed at reducing recidivism rates and facilitating the successful reintegration of justice-involved individuals into society. During Fiscal Year 2023, the following key initiatives were undertaken:

1. Federal Grant Acquisitions for Recidivism Reduction and Service Provision:

The Second Chance Act Grant was closed out on September 30th, 2023. This grant assisted the DOC in transitioning 337 offenders with additional resources to aid in reentry. The Bureau of Justice Assistance's (BJA) Correctional Adult Reentry, Education, Employment & Recidivism Reduction Strategies (CAREERRS) grant continued throughout FY23 to support the department's commitment to expanding reentry, educational and employment services within correctional facilities. A portion of Residential Substance Abuse Treatment (RSAT) services at HMCC was supported through funds awarded by the BJA. Funds are used to increase access to evidence-based prevention and treatment, reduce overdose deaths, and support increased access to substance use disorder (SUD) treatment and recovery support services, including medication-assisted treatment (MAT), to treat incarcerated adults.

2. Enhanced Peer-Based Support and Community Engagement:

DOC actively sought to expand its peer support program within DOC institutions as a vital part of its substance use disorder intervention and treatment strategy and was given a mentorship opportunity through the Peer Recovery Support Services Mentoring Initiative (PRSSMI). This collective effort signifies the establishment of an institutional environment conducive to promoting positive behavioral changes and nurturing a community of peers leading the reintegration of justice-involved individuals.

3. Resource Allocation for Reentry Program Personnel:

There are six Reentry Unit positions, including a reentry program manager, program coordinator, protective services specialists, and a criminal justice technician. This diverse range of specialized roles highlights the department's emphasis on providing effective reentry programs that foster a conducive environment for successful reintegration. In addition to DOC staff, the Reentry Services are provided through contract reentry case managers in three different institutions: Anchorage Correctional Complex, Goose Creek Correctional Center, and Palmer Correctional Center.

4. Enhanced Focus on Substance Use Disorder (SUD) Services:

The Department continued to focus on SUD services, triaging individuals identified as at risk for detox, along with expansion of Medication-Assisted Treatment (MAT) Services. By offering comprehensive support, the department seeks to enhance the overall health outcomes of individuals and mitigate the risk of relapse.

By fostering collaborative partnerships, careful allocation of resources, and strategic prioritization of technological advancements, the DOC is actively positioning itself to create a significant and enduring positive influence on the lives of justice-involved individuals and the communities in which they will reintegrate.

COVID-19 and Reentry in FY23

In FY 2020, the State of Alaska declared a public health emergency in response to the COVID-19 pandemic. The COVID-19 pandemic changed the way in which community-based reentry providers worked with inmates releasing from prison or jail. In response to the pandemic, DOC institutions adopted emergency safety measures to mitigate the spread of COVID-19.

In FY23, the Department moved towards re-opening facilities for services to return to pre-pandemic operations. The Department continued to face challenges as many of the contract providers DOC had customarily utilized had permanently exited the market. The contract proposals that the Department has received in response to its needs have often increased substantially in cost.

Continued Impact on Community-based Reentry Programming in FY 2023

The ongoing COVID-19 pandemic has posed challenges to community-based reentry programs in their ability to conduct face-to-face meetings with inmates during the pre-release phase. These meetings are crucial for case managers to assess individual needs and develop effective reentry plans. Evidence-based practices, supported by the Alaska Criminal Justice Commission (ACJC), highlight the importance of pre-release case management for successful outcomes. However, the limited ability for reentry case managers to engage with reentrants prior to release and participate in reentry classes has impacted the effectiveness of case planning. Additionally, the absence of a statewide policy for the Department of Corrections (DOC) has occasionally led to confusion among case managers regarding access and procedures for conducting in-person intakes.

Diversion and Intervention

DOC and DBH work collaboratively to divert individuals from further involvement with the criminal justice system by connecting them to treatment, supervision, or services that address the underlying issues leading to law enforcement encounters.

Alcohol Safety Action Program (ASAP)

The Alaska Alcohol Safety Action Program (ASAP) provides substance abuse screening, case management and accountability for Operating Under the Influence (OUI), Driving Under the Influence (DUI), Refusal to Submit to Chemical Test and other alcohol/drug related misdemeanor cases. This involves screening cases referred from the district court into drinker classification categories, as well as thoroughly monitoring cases throughout education and/or treatment requirements based on individual need.

ASAP operates as a neutral link between the justice and the health care delivery systems. This requires a close working relationship among all involved agencies: enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education.

The Benefits of ASAP Monitoring:

- Increased accountability of offenders,
- Reduced recidivism resulting from successful completion of required education or treatment,
- Significant reductions in resources spent by prosecutors, law enforcement officers, judges, attorneys and Probation Officers enforcing court-ordered conditions, and
- Increased safety for victims and communities because offenders are more likely to be receiving treatment, making court appearances, and complying with other probation conditions.

In FY 2023, there were approximately 4,058 unduplicated ASAP admissions statewide, with 2,164 of those

cases in the Anchorage area.

Throughout FY 2023 there was a continued push to better communicate with the ASAP offices statewide and both ASAP grantees and private providers. This was accomplished by removing some of the partitions within DBH's tracking system (AKAIMS), leading to improved client service, record keeping and communication between offices. It has allowed us to meet clients where they are, both physically and within their point in recovery, to work through court ordered treatment.

Department of Corrections and the Therapeutic Courts

In FY 2023, DOC continued to partner with the Alaska Court System on therapeutic courts statewide. The department has a long-standing partnership with the therapeutic courts to aid in identifying referrals and assisting in coordinating services with community providers. DOC's partnership with the therapeutic courts focuses primarily on individuals struggling with mental illness and/or addiction, in addition to providing referrals and assistance in linkage to treatment. One example of this partnership is the Palmer Wellness Court where many of the substance use disorder services for participants are provided through a vendor contracted through DOC. The Palmer Coordinated Resources Project (PCRP) was able to serve an average of 17 individuals a month. The Palmer Wellness Court (PWC) was able to serve an average of 29 individuals a month.

Individuals accepted into a therapeutic court are required to attend court status hearings weekly, bi-monthly, or monthly depending on their stage in the program. The court team meets weekly to review their progress and to suggest incentives or sanctions that may best encourage the participants' success. Although the details vary within each of the therapeutic courts, the basic structure is the same:

- A team approach to supervise and encourage a participant's progress.
- A system of sanctions and incentives for performance in the program.
- Upon successful completion of the program, participants' sentences are imposed according to the initially negotiated agreements.
- Participants who are unable or unwilling to complete the program are dismissed and the original sentence is immediately imposed.

Department of Corrections and the PACE Program

DOC's Probation Accountability with Certain Enforcement (PACE) program aims to reduce crime and drug use among criminal offenders. PACE identifies probationers who are likely to violate their conditions of probation, notifies them that violations will have consequences, requires frequent randomized drug and/or alcohol tests, and responds to violations with swift, certain, and short terms of incarceration. DOC's PACE is a program made possible through cooperation with the Alaska Court System, the Department of Law, the Public Defender Agency, the Office of Public Advocacy, the Department of Public Safety, and local/municipal law enforcement in participating communities.

Department of Corrections and Integrated Substance Use Disorder Services

DOC continued to offer a program that embeds substance use disorder (SUD) counselors in field probation offices in Palmer. The program utilizes the screening, brief intervention, and referral to treatment (SBIRT) model. The goal is to eliminate any barriers to accessing treatment when the need is identified. This also allows for an option to increase treatment supports in lieu of jail time for offenders who historically might receive technical violations associated with substance misuse. In FY 2023, over one-hundred fifty individuals received services through this program.

Treatment and Recovery Services

Division of Behavioral Health Treatment and Recovery Services

Comprehensive Behavioral Health Treatment and Recovery Programs

Funding Comprehensive Behavioral Health Treatment and Recovery (CBHTR) programs plays a crucial role in supporting reentrants and reducing recidivism rates by fostering a comprehensive approach that extends beyond the individual reentrant. These programs recognize that successful reintegration into society requires addressing the complex needs of not only the reentrant but also their families and the broader community.

CBHTR programs coordinate community-based, person-centered services and supports for abstinence and improved health, wellness, and quality of life for those with, or at risk of behavioral health issues. CBHTR programs include the following categories: Psychiatric Emergency Services; Withdrawal Management (Detoxification) Services; Residential Treatment Services; Outpatient Treatment Services; Housing Services; and Peer & Consumer Supports.

By providing targeted services focusing on the reentrant, their families, and the community, these programs can have a profound impact. For the reentrant, access to behavioral health treatment and recovery services can address underlying mental health needs and substance use disorders, which are often contributing factors to criminal behavior. These services can provide support for achieving and maintaining sobriety, developing healthy coping skills, and addressing other behavioral and emotional challenges.

Furthermore, involving the families of reentrants in these programs recognizes the vital role they play in the reintegration process. By offering counseling, education, and support services for families, these programs encourage healthy communication, strengthen familial bonds, and provide a support system for both the reentrant and their loved ones. This family-focused approach enhances the probability of successful reintegration and reduces the likelihood of recidivism by creating a more stable and supportive environment.

Additionally, community-based services aim to address the broader needs of the community. By offering resources such as employment assistance, housing support, and educational opportunities, these programs promote the reentrant's successful reintegration into society and reduce their likelihood of continued criminal behavior. Moreover, these services contribute to community safety by reducing the risk of reoffending and creating a more inclusive and supportive environment for all community members.

Narcotic Drug Treatment Center, Inc.

\$346,397.18

Narcotic Drug Treatment Center, Inc. (NDTC Inc.) provides outpatient opioid use disorder treatment in Anchorage. The program offers methadone prescriptions, medication administration by qualified nurses, group therapy, and individual substance abuse counseling. Additionally, the program provides referrals for housing assistance, behavioral health needs, primary healthcare, and dental care through community providers.

With CBHTR grant funding, NDTC Inc. offers walk-in services for outpatient treatment. Medical staff, including nurses, an Advanced Practice Nurse, and a Medical Director, assess patients, administer medication, and provide care coordination. The Medical Director prescribes methadone to treat opioid use disorder. Dosage amounts are continually evaluated and adjusted based on need. Random drug screens

are conducted to monitor progress. Individual counseling and various group sessions address relapse prevention, pregnancy care, gender specific needs, harm reduction, and life skills. Collaboration and relationships with community providers are maintained to ensure coordination of services including: The Office of Children's Services, Department of Corrections, and the NEST program for babies born to mothers in the program.

Anchorage Community Mental Health Services (Alaska Behavioral Health)

\$2,221,231.30

DBH's CBHTR grants support the outpatient treatment programs provided by Anchorage Community Mental Health Services (ACMHS) now known as Alaska Behavioral Health. This funding provides outpatient programs for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbances (SED). The funding supports many vital positions including chief medical and nursing officers, clinical team management, clinicians, psychiatric nursing staff, clinical associates, administrative staff, and peer support professionals. Funding enables Alaska Behavioral Health to provide a robust array of outpatient services including but not limited to, individual therapy, group therapy, community recovery support services, psychiatry, partial hospitalization, and peer support services.

Additionally, Alaska Behavioral Health provides a wide variety of wrap around services. Alaska Behavioral Health is one of only two Certified Community Behavioral Health Clinics in Alaska. This model of care ensures access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. To become a CCBHC, Alaska Behavioral Health had to meet stringent standards for access to service, quality of care, and care coordination based on criteria established by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Tanana Chiefs Conference

\$270,450.84

Tanana Chiefs Conference provides Psychiatric Emergency Services (PES) for the Fairbanks (Interior Alaska) region, services included:

- 24/7 Crisis-Line
- Crisis Intervention
- Clinical Screening and Assessment
- Crisis Stabilization

Funding awarded to TCC made available a master's level clinician 24 hours a day, seven days a week to provide PES to persons in crisis. These clinicians coordinated care as needed with local health/behavioral health aides or other reliable persons (e.g., Village Public Safety Officers) to screen, assess and respond to crisis situations.

Services are provided to any person presenting for care, regardless of their ability to pay. Additionally, services are open to any person meeting criteria for PES, regardless of whether they are a tribal beneficiary or a person of unknown status to TCC.

The focus for these grant funded services is to stabilize individuals needing PES care in their residing communities, so that unnecessary placements in higher levels of care (i.e., hospitalization, residential facilities, correction facilities) are prevented whenever possible. In addition, when a higher level of care is needed – the intent is to coordinate care as safely and respectfully as possible according to all applicable

laws and regulations.

Southcentral Foundation (SCF)

\$67,281.320

Southcentral Foundation (SCF) plays a vital role in delivering various behavioral health services across Alaska, with support from Recidivism Reduction funding that fuels their diversion and intervention efforts.

The McGrath Behavioral Health Program, operated by SCF, offers a range of critical services. This includes Psychiatric Emergency Services (PES), Outpatient Services for Youth at high risk of Serious Emotional Disturbance and their families, Outpatient Treatment for adults with Serious Mental Illness, and Adult Outpatient Substance Use Disorder Treatment. To address crises, SCF has established a Behavioral Urgency Response Team (BURT).

The staff at McGrath Health Center receive ongoing training in involuntary commitment procedures, ensuring they are well-versed in patient rights. Local procedures are in place to guide the staff on when and how to involve the Alaska State Troopers and arrange transportation to Anchorage, the nearest location for involuntary evaluation and treatment.

Additionally, SCF provides 1115 waiver services, which encompass Medication-Assisted Treatment and substance use treatments for adults in various levels of care (2.1 and 3.5). Furthermore, SCF's re-entry and residential treatment programs facilitate coordination between the Department of Corrections (DOC) and grantees of the Division of Behavioral Health (DBH). SCF actively participates in the Community Re-entry Coalition and ensures case managers and designated points of contact to promote effective re-entry coordination. SCF is committed to Trauma Informed Care practices and actively promotes Diversity, Equity, and Inclusion across all its services and programs. Their dedication to healthcare access equality and trauma-focused initiatives earned them recognition, as they were recently awarded in the FY 23 4th quarter contest organized by Health Resources and Services Administration (HRSA) Region 10.

Mat-Su Health Services, Inc.

\$500,000.00

Mat Su Health Services (MSHS) is the community behavioral health clinic for the Mat-Su region. The agency provides an array of behavioral health services to serious mentally ill adults, severely emotionally disturbed youth, and crisis services. MSHS works to support individuals in their recovery journey in both mental health (MH) and substance use disorder (SUD) treatment. MSHS receives referrals from local community providers, such as Mat Su Regional Hospital, Department of Corrections, Division of Juvenile Justice, Wasilla Police Department, Alaska State Troopers, and other community providers.

MSHS coordinates with law enforcement and the Department of Corrections. MSHS will access clients who are incarcerated to connect them to services upon release from incarceration or immediately upon discharge. The agency has a quick response with case management and assessments available within 24 hours and in most cases individuals can be seen the same day. MSHS has positioned available crisis clinicians to respond within 24–48-hour to referrals and psychiatric emergencies. The agency provides both face-to-face and telehealth for emergency services. Clients who receive emergency crisis services are then provided follow up care through the outpatient services.

MSHS assists clients in obtaining and maintaining entitlements they may be eligible for; however, a client is seen regardless of their ability to pay.

Alaska Mental Health Consumer Web

\$113,651.89

The Alaska Mental Health Consumer Web, through the Division of Behavioral Health CBHTR-Peer Support grant, provides drop-in services to assist participants with housing and employment assistance; access to mental health, SUD and medical care; and basic needs through peer support. The drop-in center is centrally located in downtown Anchorage for easy access to reentrants. The building has computer labs and provides a safe environment to engage with other peers to work on recovery.

CHOICES, Inc.

\$91,694.59

Through the Division of Behavioral Health's CBHTR-Peer Support grant, CHOICES, Inc. provide peer bridging services. This is an evidence-based model where peer professionals assist reentrants in the transition from an institution, such as jail or a mental health hospital, to community services. The Peer Bridger Program provides transitional services to obtain basic resources such as food, shelter, and medical/mental health care until they can obtain permanent services.

Department of Corrections Treatment Initiatives

In FY 2023, DOC continued to focus on expanding, standardizing, and streamlining treatment and recovery services. The department has an initiative to implement evidence-based services system wide and has been systematically exploring programming and services to ensure the following:

- Programming is evidence-based or evidence-informed.
- There is continuity of care between institutions and community-based programming.
- The interventions being provided between programs address similar core interventions to aid in reducing recidivism rates across the system of services. For example: utilizing cognitive behavioral interventions in all programs so that the core skills learned may be generalized and applied to multiple areas.
- Programming that addresses identified criminogenic needs.
- Programming clearly outlines participant expectations and what is needed to be successful in treatment.
- Programming is being provided at the right time, for the right population.
- Increased access to assessments and community aftercare or programming.
- Standardized criteria for admission, discharge, and completion of programming systemwide.
- Standardized evaluation criteria to ensure programming is being utilized to fidelity.

Access to Treatment

DOC offers a full spectrum of care for individuals struggling with addiction. These services are based on the American Society of Addiction Medicine (ASAM) levels of care. The chart below provides an overview of the number of individuals served within the Department from FY17 to FY23.

Fiscal Year	Assessment / Referrals	IOP	RSAT	YTD Total
FY 2023	1,168	126	37	1,331
FY 2022	1,100	70	37	1,207
FY 2021	1,071	8	32	1,111
FY 2020	1,127	337	88	1,552
FY 2019	1,106	196	76	1,378
FY 2018	913	71	34	1,018
FY 2017	851	283	151	1,285

SUD Screening and Assessment

In FY 2020, DOC began utilizing the ASAM Continuum: Co-Triage screening tool for initial SUD screenings. This screening provides a preliminary level of care and diagnosis for the individuals being screened. This tool has allowed DOC to better allocate services based on identified offender needs.

SUD assessments are the basis for the type of care offered to offenders within DOC. The SUD assessment is used to determine the most appropriate level of care and intensity of needed services. Each assessment includes the nature and extent of an offender’s drug problems; establishes whether problems exist in other areas that may affect recovery; helps form an appropriate treatment plan; and uses the ASAM Continuum assessment tool, considered to be the gold standard for assessing the needs of individuals struggling with addiction. DOC partnered with ASAM to modify and adjust the screening portion of the tool and created a paper version to be given to individuals to fill out at their convenience and return to a counselor.

Intensive Outpatient Substance Abuse Treatment (IOPSAT) Level 2.1

Intensive Outpatient Substance Abuse Treatment (IOPSAT) provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program using evidenced-based interventions. Within DOC, IOPSATs are typically 15 weeks in duration and individuals are provided 15 hours of group per week, plus individual sessions. The female IOPSAT program uses gender specific curriculum, Criminal Conduct, and Substance Abuse Treatment. The male program uses New Directions and Living in Balance.

In FY 2023, IOPSAT services were provided by contract staff. IOPSAT is provided at Goose Creek Correctional (Wasilla), Fairbanks Correctional Center (Fairbanks), Anvil Mountain Correctional Center (Nome), and Hiland Mountain Correctional (Eagle River). In addition to facility-based services, the department also offers community-based IOP services in Anchorage, the Mat-Su Valley, and Fairbanks.

Institutional Residential Substance Abuse Treatment (RSAT) Level 3.5

Residential treatment services use a modified therapeutic community (MTC) model of treatment. MTCs use a combination of counseling, group therapy, and peer activities to promote multi-dimensional change of the whole person including drug abstinence, elimination of antisocial behavior, and the

development of prosocial behavior, attitudes, and values. Studies find that MTC participants show improvements in substance use, criminal behavior, and mental health symptoms. Additionally, MTCs provide a cost-effective way to decrease substance use and improve public safety.

DOC has three RSATs: two male programs and one female program. The treatment programs use “A New Directions and Living in Balance” for their curriculum. The female program adds the Moving On curriculum to assist in addressing gender specific treatment issues. In addition to the core SUD curriculum, the RSAT programs also use Stephanie Covington’s trauma-based curriculum, Helping Men/Women Recover, which explores the impact of trauma with this population. Both male and female RSATs are approximately six months in duration and require 25 hours of group per week plus individual sessions.

In FY 2023, RSAT services were provided at Hiland Mountain Correctional (Eagle River), Palmer Correctional Center, and Wildwood Correctional center (Kenai) by contract providers.

Substance Abuse Re-Entry Coordination

In FY2023, DOC continued to build on its reentry services through the Substance Abuse Re-Entry Coordination (SARC) position focused on aiding those individuals struggling with addiction to connect to community treatment resources and reintegrating successfully into the community.

DOC continues to expand SUD reentry efforts through participation in the OpenBeds online treatment referral platform. OpenBeds is funded through the Alaska Mental Health Trust Authority with a focus on creating trusted coordinated care treatment networks—improving provider support and care delivery to patients in need. With today’s prevalence of behavioral health issues, it has become a necessary tool to track bed availability and ensure quick patient referrals to the right behavioral health facilities.

DOC has also added two additional clinicians in two difficult to serve locations: Lemon Creek Correctional Center in Juneau and Fairbanks Correctional Center in Fairbanks. These clinicians have focused on improving DOC’s co-occurring services including increased screening access, group programming, and connection to community-based programs upon release to help in reducing recidivism.

Sober Living Units

DOC Sober Living Units provide those individuals actively engaged in treatment, or who have completed treatment, the opportunity to reside in an environment focused on maintaining sobriety through the practice of healthy living. These units use a combination of staff and peer mentors to provide a positive, prosocial environment.

DOC Medication-Assisted Treatment

When clients at a community provider are incarcerated, DOC and DBH work together with the Opioid Treatment Providers (OTPs) to provide continuation of the methadone or other medication for opioid use disorder (MOUD). Coordination between OTPs or community providers, DOC, and DBH staff ensures compliance with federal regulations and treatment needs for the individual. DOC, DBH, and OTPs continue to review these processes and internal policies to enhance efficiency of the coordination of care of incarcerated individuals with an opioid use disorder (OUD).

DOC partnered with Health Management Associates (HMA) to create a MAT Prevention Action Plan and Critical Care Guides to identify and improve preventative care services and expand awareness of opioid use disorder through MAT services.

During FY 2023, Medication Assisted Treatment-Reentry (MATR) services continued at all 13 facilities in the State. The department provides open access to this program to both sentenced and un-sentenced offenders.

Medications Assisted Treatment interventions and treatment options the department offers include:

- Screening all offenders entering a DOC facility for an opioid use disorder. Substance Use Disorders (SUD) assessments as needed to further determine seriousness of OUD needs.
- Methadone and buprenorphine bridging for up to 30 days for offenders remanded with a verified community prescription with tapering off medications starting after the initial 30 days.
- Continuation of MATR for pregnant offenders as long as therapeutically necessary to ensure the overall health of the mother and child.
- Providing resources while incarcerated and when returning to the community to include education, counseling, help with housing, connection to benefits, and other associated needs.
- Extended-release naltrexone is available to offenders meeting criteria, prior to releasing back into the community.
- Offering a Narcan Rescue Kit to offenders releasing back into the community to help in the event they or someone they know experiences an overdose due to the use of opiates.

In FY 2023, the program provided services to 442 offenders. This includes services for 18 offenders prescribed naltrexone (Vivitrol), 283 offenders prescribed buprenorphine, and 141 offenders prescribed methadone. In addition to the Vivitrol programs, the Department continued its Methadone bridging services with three Opioid Treatment Programs in the Anchorage bowl, Mat-Su Valley, Fairbanks, and Nome. These services are available at all correctional facilities in the state.

Cognitive Behavioral Interventions

DOC focuses on providing evidence-based programming utilizing cognitive behavioral interventions in order to reduce recidivism and have the most impact on improving overall mental health. Cognitive behavioral therapy programs help offenders improve their social skills, focus on means-ends problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management, and self-efficacy.

Some of the programming DOC offers offenders while in custody includes but is not limited to:

- **Anger Management:** The Substance Abuse and Mental Health Services Administration's (SAMHSA) 12-session, evidence-based anger management program, designed to aid offenders in managing their anger by addressing the following areas: Events and Cues: A Conceptual Framework for Understanding Anger; Anger Control Plans: Helping Group Members Develop a Plan for Controlling Anger; and The Aggression Cycle: How to Change the Cycle.
- **Healthy Living/Coping with Incarceration:** An ongoing open-ended group that utilizes cognitive behavioral interventions designed to assist offenders in adjusting to incarceration and provide basic tools for overall healthy living.
- **Cognitive Change Programs:** Cognitive change programs focus on changing the criminogenic thinking of offenders through cognitive restructuring (identifying, challenging, and altering antisocial thought patterns and beliefs), social skills development, and development of problem-solving skills. These classes help offenders learn to recognize when their thoughts and feelings

are leading them toward criminal behaviors, what impact those behaviors have on others and on their own lives, and how to redirect those thoughts and feelings in a manner that leads to healthier behaviors. These programs help identify and provide alternatives to what are often referred to as “criminal thinking errors.”

- **Rational Emotive Behavioral Therapy for Depression and Anxiety (REBT):** REBT helps clients learn and practice new ways of thinking, feeling, and acting.
- **Seeking Safety:** An evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.
- **Dialectical Behavior Therapy (DBT):** DBT is a cognitive behavioral therapy designed to help people change patterns of behavior that are not helpful, such as self-harm, suicidal thinking, and substance abuse.
- **Hazelden Betty Ford Foundation Curricula:** The DOC utilizes the Depression and Anxiety curricula from the Mental and Emotional Health series by the Hazelden Betty Ford Foundation. These curricula utilize evidence-based approaches and offer targeted exercises to build skills in managing mental health challenges.

DOC Education Initiatives

Each DOC facility employs at least 1 Education Coordinator responsible for delivering core programs, coordinating services from specialized training contractors, and tracking the outcomes of programming. The focus of DOC Education is to provide opportunities for personal and professional growth that will enable students to independently participate in society upon release. The chart below provides an overview of the number of individuals served within the Department in FY23.

FY 2023 DOC Education Services

Program	Total Participation	Total Completions
Core Education	3457	1988
Vocation/WFD	2274	1600
Apprenticeships	26	2

Core Educational Programs

These programs are available in all facilities and are typically delivered by DOC education coordinators:

Adult Education: Adult Basic Education (ABE), General Educational Development testing (GED), English as a Second Language (ESL)

- **Parenting**
- **Reentry**
- **Cognitive Behavior Change**
- **Computer Literacy**

Vocational/Work Force Development (WFD) Programs

These programs are available in select facilities where space, equipment and qualified staff/contractor availability allow:

- National Center for Construction Education & Research (NCCER)
 - CORE, Cabinetry, Carpentry,
- Department of Motor Vehicles driver’s license preparation and testing
- Department of Labor Seafood Processing

Electrical, Plumbing, Welding

- American College Testing (ACT) WorkKeys
- Alaska Marine Safety Education Association (AMSEA) Maritime Safety
- American Traffic Safety Services Association (ASSTA) Flagging
- Barber College
- Bloodborne Pathogens
- Computer Aided Design/Computer Aided Manufacturing/Computer Numerical Control (CAD/CAM/CNC)
- Chainsaw Safety
- Cardiopulmonary resuscitation/1st Aid
- Department of Environmental Conservation (DEC) Food Worker Card

Industry Orientation

- Equipment & Engine Training Council (EETC) Small Engine Repair
- Hazardous Painting
- Hazardous Waste Operations and Emergency Response (HAZWOPER) 40
- Occupational Safety and Health Administration (OSHA) 10
- ServSafe Kitchen Management
- Tractor Safety
- Virtual Heavy Equipment Operations (simulator)
- Virtual Welding (simulator)

Apprenticeships

The following U.S. Department of Labor registered apprenticeships are available at Spring Creek Correctional Center (Seward), Wildwood Correctional Center (Kenai) and Hiland Mountain Correctional Center (Eagle River):

- Baking
- Building Maintenance & Repair
- Culinary Arts
- Warehouse Specialist

Division of Behavioral Health Recovery Initiatives

In addition to the significant funding of \$5,024,331 that DBH received in FY23 from the Recidivism Reduction Fund, DBH funds additional grants and programs to support reentrants. These services include housing assistance to ensure secure and stable living arrangements upon release, supported employment programs that facilitate reentrants' successful reintegration into the workforce, and valuable peer support networks to provide encouragement, understanding, and guidance throughout their journey. By supporting these additional services, DBH aims to create a comprehensive support system that addresses the distinct needs of reentrants and promotes positive outcomes in their transition back into society.

Housing Programs

Anchorage has the highest number of reentrants releasing back into the community. A significant number of these individuals have committed sexual offenses and are supervised by DOC. Due to the nature of the offenses this population presents unique challenges for providers in securing transitional housing and increasing employment opportunities while still protecting the public. Community reentry providers utilize recidivism reduction funding to connect this high-risk population to emergency supports and transitional housing, with the goal of increasing permanent placements within the reentrant's community of residence.

Section 811 Project-based Rental Assistance Program

The Section 811 Project-Based Rental Assistance program is a partnership between the State of Alaska and the Alaska Housing Finance Corporation and is partially funded by the Department of Housing and Urban Development (HUD). This Permanent Supportive Housing program provides participants with safe and affordable housing, and the necessary services and supports to ensure participants maintain independent community living. The program serves individuals between the ages of 18-62 who have a disability and are

considered low income. Since 2018, DBH has expanded the target population to include individuals who are re-entering the community from institutional care, including from an inpatient psychiatric or residential treatment facility, jail, or prison. DBH grantees actively coordinate with DOC to facilitate program access for individuals who are currently being released or who have been in a correctional facility within the past 12 months.

Mainstream Vouchers

Mainstream vouchers provide housing assistance for individuals who have a disability and who are homeless, at risk of homelessness, institutionalized, or at risk of institutionalization. DBH works with the Alaska Housing Finance Corporation to distribute a total of 95 vouchers in the communities of Anchorage, Palmer, Wasilla, Fairbanks, Juneau, Kenai, Soldotna, and Homer.

Moving Home Vouchers

This program began as a response to a need for affordable housing with support services for individuals with disabilities transitioning from homelessness or institutional settings. Permanent Supportive Housing is characterized by availability of support services in integrated community settings coupled with safe and affordable housing. Through this partnership between DBH and Alaska Housing Finance Corporation (AHFC), individuals will be able to access rental subsidies to pair with existing DBH funded community support services. These vouchers are not time limited, but applicants are subject to screening through the AHFC Housing Choice Voucher Program Administrative Plan.

Alaska Community Living

The Alaska Community Living Program provides financial assistance supporting assisted living home care for individuals discharging from the Alaska Psychiatric Institute (API), Adult Mental Health Residential (AMHR), or DOC. Assisted living home care is defined as a range of care, which includes more than room and board, but which does not include continuous nursing or medical care. It encompasses 24-hour supportive and protective services in the activities of normal daily living. It includes assumption of general responsibility for the safety and well-being of the individual resident. Programs comply with Assisted Living Home statutes AS 47.33 and regulations 7 AAC 75, which encourage participation in facility and community activities. This program is for individuals 18 years of age or older with a disability attributable to a severe and persistent mental illness, Alzheimer's or related dementia that significantly impairs functioning and adaptive behavior. In FY23, the ACL program approved funding for four (4) individuals discharging from DOC and one (1) individual from API that had come from DOC and was found incompetent to stand trial. Individuals discharging from API with a significant history of DOC involvement (such as individuals found incompetent to stand trial) are often difficult to place and necessitate a higher payment rate to place in the community. The ACL program has set aside funds specifically for this population.

Discharge Incentive Grant

The Discharge Incentive Grant (DIG) was provided to the Department of Corrections by both DBH and the Alaska Mental Health Trust Authority. This resource primarily funds the housing component of release planning from incarceration for individuals who experience severe and persistent mental illness (SPMI) and other cognitive and co-occurring disorders. DIG provides funding for participants to assist them during their first crucial months in the community while they seek stability via treatment and other supports. To be eligible participants cannot have other financial resources, generally lack a support system, and require housing and clinical oversight from the community. They also need to agree to follow through with treatment recommendations to remain eligible, in addition to adhering to housing rules, and not abusing substances.

In FY23, the DIG provided support to 82 unique individuals; 99.9% of the funds were used directly for housing and rental costs.

Recovery Residences

Recovery residences refer to safe, healthy, and substance-free living environments that support individuals in recovery from addiction. Across the state, there have been a lack of recovery residences (also referred to as sober housing) for people in recovery from substance use disorders, many of whom have DOC involvement. Recovery residences provide a vital service to individuals transitioning from intensive in-patient treatment or incarceration to living independently. Under the federally funded State Opioid Response (SOR) program, DBH has supported the establishment of recovery residences located in Anchorage, Mat-Su, Soldotna, Fairbanks, and Seward.

Peer Support

Peer support programs continue to grow throughout the state. It is an essential part of treatment recovery for reentrants with mental health and substance use disorders. Peer support is defined as people with a “lived or personal experience” who are qualified through training and/or supervised work experience to help others with similar circumstances reach goals and achieve recovery. Reentry case managers refer reentrants to peer support programs in their community. Together reentry case managers and peer support specialist assist reentrants in obtaining support in an array of services, such as housing, sober leisure skills, substance use treatment, mental health treatment, employment, and overall support of transitioning back into the community.

DBH and the Alaska Mental Health Trust Authority remain committed to supporting peer support services throughout Alaska. Through support from the Mental Health Trust, DBH offers scholarships for the 40- hour training program, the certification program, and an annual peer conference. The training scholarships allow individuals who desire to work in the peer support field with core skills at no cost, creating a low barrier to entering the workforce. Over 200 peers have been certified from 2021 to 2023. One of the unique features of the Alaska Peer Certification is a specialized certification for Alaska Native, American Indians and indigenous people to provide peer support with their traditional healings. Each year DBH hosts a peer conference to provide resources and education to peers working in the field. This year at the conference the Homeboys from California were the keynote speakers, addressing how the power of peers can help navigate the obstacles of transitioning from incarceration to the community.

DOC has utilized peer mentors through all levels of care within its SUD and mental health services for several years. In an effort to expand future employment opportunities for individuals acting as peer mentors, DOC developed a 40-hour core competency curriculum for peer support to teach peer support services to inmates. On August 28, 2023, DOC received DBH curriculum approval to teach the core competencies within the facilities. Peers obtain this core foundation which is major part of the certification requirements to become a peer support specialist upon release.

Supported Employment

\$619,272.38

Supported employment is an approach designed to assist individuals with behavioral health disabilities in finding and maintaining competitive employment. It focuses on the belief that people with disabilities can work in integrated, community-based jobs with appropriate support. The Individual Placement and Support (IPS) model can play a crucial role in assisting reentrants to enter the workforce and sustain competitive employment. The IPS model focuses on a person-centered approach that recognizes the unique needs and challenges faced by individuals reentering the workforce. It provides comprehensive

support through a team-based approach, including vocational training, job placement, and ongoing support services. This model emphasizes rapid job search, job integration, and continuous support, which are particularly important for reentrants who often face various barriers such as lack of work experience, stigma, and limited access to resources. By providing tailored support and empowering individuals with the necessary skills and tools to secure and maintain employment, the IPS model gives reentrants the opportunity to regain financial stability, rebuild their lives, and contribute to society.

DBH is actively advocating for evidence-based approaches, such as the Individual Placement and Supports model and the International Center for Clubhouse model. In FY23, DBH grantees enrolled 83 clients in supported employment programs, and 43 of them became employed in competitive, integrated work environments. DBH funded employment programs, designed to support individuals with serious behavioral health conditions, have achieved a 52% employment rate. This contrasts with the national employment rate for this population, which stands at 20%.

Reentry Services

DOC Reentry Services

The DOC Reentry Unit aims to formalize a Coordination of Care model that holistically addresses the individual's needs at each intercept throughout the incarceration process. DOC has developed a coordinated reentry model that focuses on prioritizing individual needs upon release to best address their identified risks. The reentry program is collaborative and includes pre-release programming, peer mentoring, and in-reach and case management prior to release with outside community providers. The goal of the program is to use strategic plans that are informed by a data-driven assessment, drivers of recidivism in the state, and system limitations to focus on system-level reforms related to risk- and need-driven case planning and resource allocation, delivery of quality programming targeting criminogenic needs, and effective supervision processes. Design elements include the establishment of a reentry program that incorporates institutional programming with the risk-needs assessment analysis for each inmate. This analysis culminates in a Offender Management Plan (OMP) that is updated as needed as the offender moves into reentry. At this point the data-sharing element will begin, as needed, to ensure coordination of efforts between DOC and community providers. Other elements include taking steps toward continuous quality improvement and quality assurance.

In FY 2020, the DOC Reentry Unit received a second Bureau of Justice Assistance Grant totaling \$900,000. The objective of the DOC's Correctional Adult Reentry Education, Employment, and Recidivism Reduction Strategies (CAREERS) Rural Reentry Program is to implement new vocational programming and to expand existing educational, vocational, and employment services training for incarcerated adult offenders reintegrating into the rural workforce.

In FY 2023, the program continued its emphasis on providing employment services and fostering community partnerships. Key areas of focus included:

- Collaborating with the Alaska Department of Labor & Workforce Development to facilitate employment services for reentrants both during incarceration and prior to release.
- Meeting with employers to understand their training and education needs and communicating the benefits of hiring reentrants.
- Establishing communication with Alaskan Native Tribal Organizations to link tribal resources to participants before release.

Aligned with reentrant employment opportunities and Alaska's labor market, the program is actively involved in developing institutional vocational programs. One example of this alignment, the program acquired a Commercial Driver's License (CDL) Simulator to effectively prepare reentrants for licensure upon release.

The CAREERS Rural Reentry Program will serve approximately 300 total individuals and will focus on the reentrants returning to rural Alaska. In FY23, over 150 total individuals were accepted into the program and linked to services related to workforce development and employment.

DOC's Assess, Plan, Identify and Coordinate (**APIC**) and Institutional Discharge Project Plus (**IDP+**) programs and funding resource completed its 16th year supporting participants with Severe and Persistent Mental Illness (SMPI) with or without co-occurring disorders placed in DOC custody and released to the community.

DOC's mental health release programs have built and maintained important connections in the community. These connections make it possible to achieve the goal of providing services and resources to our beneficiaries: housing, medication, transportation, treatment, and oversight. The APIC team connects and coordinates with government and private service providers as well as secondary beneficiaries. The current environment is dynamic and everchanging. Therefore, DOC must stay up to date with new and changing programs and professionals throughout the region and the state. DOC mental health release programs (APIC and IDP+) coordinate, communicate and reach out to Mental Health Court (CRP), mental health providers, housing providers, pharmacies, Senior and Disabilities Services, Office of Public Advocacy, Probation, the Public Defender Agency, and others as an essential element in the success of the program.

The APIC and IDP+ Programs are seeing increasing success over time. APIC and IDP+ eligible individuals whose circumstances range from the simple to the complicated accept assistance in the community with housing and treatment long enough to receive benefits and increase their quality of life and reduce their own recidivism. The ones that are most successful are usually those who are dealing primarily with a mental health issue that is not co-occurring with other disorders. Successes come when there are invested family members, or solid collaborative relationships with provider agencies, organizations and state offices that put forth efforts in reaching out to this population through their programs.

472 unduplicated people were referred/served in FY23.
729 referred with duplication.

In FY23, 57.2% of APIC and IDP+ participants were able to remain in the community during the time that they were engaged in the APIC and IDP+ programs.

In addition to specialized behavioral health services, the Department utilizes medical social workers to assist with medically complicated release planning. This specialized unit conducts social casework & provides social supports to inmates with some level of medical need, who are either transitioning into the community or who remain in custody with complex medical needs. This position is the liaison between DOC and other State agencies, inmate family members, and the community with regards to adult and juvenile offenders. They assist pregnant inmates in coordinating care of infants born during incarceration and serve as the coordinator/overseer of Medicaid for hospitalized inmates. The position also serves to assist in the coordination of safe, early release for inmates with a high level of medical need, but who are of low risk to the community.

DOC Reentry Identification

DOC continues to assist offenders in obtaining valid identification documents prior to, or upon release, in accordance with the requirements set forth in AS 33.30.011. Beginning January 1, 2024, all inmates will be released with a hard copy of their identification cards.

DBH Reentry Services

Community Reentry Case Managers

\$794,330.26 Recidivism Reduction Funding

\$325,502.04 Additional funding

Reentry programs that provide intensive case management are vital for successful reentry in Alaska. The unique challenges faced by individuals reentering society after incarceration require comprehensive support and guidance, which intensive case management offers. Alaska's vast size and geographical challenges make it crucial to have a robust support system in place to ensure a smooth transition and sustained success. Intensive case management programs offer a tailored approach to address an individual's specific needs, including housing, employment, healthcare, education, and social services. By providing continuous support and regular contact, case managers can assist reentrants in accessing resources, navigating complex systems, and addressing any barriers hindering their successful reintegration. These programs also offer mentoring, counseling, and skill-building opportunities to enhance personal growth and self-sufficiency. Intensive case management programs recognize that reentry is a multifaceted process requiring dedicated and ongoing support, ultimately increasing the chances of success and reducing recidivism rates in Alaska.

Reentry case managers are located in eight communities across Alaska: Anchorage, the Kenai Peninsula, Juneau, Fairbanks, Ketchikan, Nome, the Mat-Su Borough, and the Bristol Bay region. Reentry case managers provide linkage for individuals releasing from incarceration to transitional and permanent housing, treatment, employment, and transportation assistance. A key element of reentry case management includes pre-release planning within correctional institutions when permitted by the Department of Corrections. The program is intended to last approximately nine months and eligibility is based on the type of offense committed, Level of Services Inventory Revised (LSI-R) score, and a felony conviction.

Reentry Case Managers provide the following services to reentrants:

- Case planning services,
- Referrals for substance use assessments,
- Providing basic hygiene items upon release,
- Rental and utility assistance,
- Referrals for mental health services,
- Connecting reentrants to Medication-Assisted Treatment providers,
- Assistance obtaining identification, birth certificates, and social security cards,
- Bus passes,
- Assistance addressing food insecurity, and
- Financial assistance to obtain Municipality of Anchorage (MOA) food handler cards.

Second only to housing, employment is a primary concern for reentrants upon release. Reentry case managers provide a variety of supports to job seekers including online job searches, obtaining a means of transportation (bus passes and bicycles), purchasing cold-weather gear for work, conducting mock interviews where reentrants can practice addressing their criminal history with potential employers, and

referring reentrants to community-based employment services where available.

Program Improvement Initiatives

Increase Services in Rural Alaska

Community providers continue to request additional reentry services in more rural areas of the state. There is continued opportunity for collaboration between state entities and local providers to reduce implementation hurdles – such as access to identification prerelease – and to assist reentrants with more immediate connections to vital supports that are key for long-term success – such as access to community-based substance use disorder and mental health treatment.

With the CAREERS grant, DOC will place additional focus on expanding education, vocation, and employment services training for incarcerated offenders reentering the rural workforce. In addition, this grant will also support Alaska Native artwork training programs, peer support trainings, and a DOC Career Counselor who will focus on preparing incarcerated individuals to transition into the rural workforce.

Culturally Relevant Programming

In FY 2023, Southcentral Foundation, in coordination with various DOC divisions, established the program Nu'iju Healing Place, the first culturally therapeutic trauma informed rehabilitative program within a specially designated housing unit at Hiland Mountain Correctional Center (HMCC). Southcentral Foundation staff utilize community-oriented activities derived from Alaska Native values to deliver various forms of evidence-based therapies including talking circles, classes, and the teaching of cultural activities by Tribal Elders. Through FY 2023, the Nu'iju Healing Place program served 32 participants successfully completing the intensive program, with 16 additional participants in the program as of this date. Many facilities are actively reinstituting or attempting to reinvigorate less formal, culturally relevant programs that were regularly available prior to the pandemic. Examples include drumming circles held regularly at Anvil Mountain Correctional Center (Nome), subsistence fishing near Yukon-Kuskokwim Correctional Center (Bethel), and inmate accessibility to sweat lodges at several DOC facilities.

Reentry Planning

The Department of Corrections remains committed to complying with the guidelines laid out in AS 33.30.011, which stress the creation of thorough release plans by Institutional Probation Officers (IPOs). As per these regulations, individuals serving sentences of 30 days or more must complete an Offender Management Plan before their release. This plan update, usually conducted by the IPO with support from a community case manager or a member of the DOC Reentry Unit, takes place 90 days before the scheduled release. It includes information about the individual's participation in ongoing or completed institutional programs, certification courses, treatment status, as well as details about their intended housing and employment after release.

The Department of Corrections solicited services from an outside agency to provide Reentry Case Managers to three of our institutions. The objective of these services are to:

- Effectively identify individuals incarcerated in ACC, GCCC, PCC, and HMCC who may need services from community-based agencies upon release.
- Work with individuals and institutional staff to create an effective reentry case plan.
- Make referrals and arrangements according to the reentry case plan for the 'warm hand off' as individuals transition from incarceration to the community.
- Continue to offer case management assistance to individuals up to 6 months after release.

Since the program began in April of 2023, ACC has been able to provide reentry assistance to 297

individuals. PCC has been able to provide assistance to 157 individuals, and GCCC was able to provide reentry assistance to 188 individuals.

Reentry case managers and the dedicated staff of the DOC Reentry Unit use these plans and risk assessment scores to coordinate community services aligned with DOC's evidence-based strategies aimed at reducing repeat offenses and enhancing public safety. Their progress is carefully monitored and documented through follow-up meetings and periodic adjustments to the reentry plans, with comprehensive results reported to the Bureau of Justice Assistance and the Alaska State Legislature for thorough examination and assessment.