



PERFORMANCE REVIEW OF THE ALASKA DEPARTMENT OF CORRECTIONS

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Performance Review of the Alaska Department of Corrections

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SUMMARY OF FINDINGS AND RECOMMENDATIONS

Review Objective 1: Evaluate the success of the agency in achieving its mission through the effective and efficient delivery of its core services, goals, programs, and objectives.

FINDING: A number of key secure confinement policies are outdated and do not reflect current operational practices.

RECOMMENDATION: Conduct a comprehensive review of security policies and procedures and update as needed to reflect current operational objectives. Establish a process for annual review and update of policies.

FINDING: Staffing is at functional, but minimal, levels in most Alaska Department of Corrections (DOC) correctional facilities. Goose Creek Correctional Center (Goose Creek) has an appropriate, well-deployed staffing complement.

FINDING: Use of blended staffing shifts is an efficient means to deploy staff resources.

FINDING: Facility inmate count systems meet or exceed the requirements of policy and are consistent with nationally accepted best practices.

RECOMMENDATION: Enforce consistent policy on supervision of inmate movement, consistent with classification level, at all facilities.

FINDING: Systems for control and management of keys are outstanding.

FINDING: DOC systems for tool control are ineffective.

RECOMMENDATION: Require each institution to implement effective standard operating procedures for tool control at their facilities consistent with department policy, and further prohibit utilization of inmates in the tool control program.

FINDING: DOC facilities do not consistently conduct institutional searches in compliance with updated, comprehensive departmental policies and plans.

RECOMMENDATION: Require that each facility implement a comprehensive program of institutional searches consistent with updated DOC policy.

FINDING: Security over inmates transported outside DOC facilities is effective and consistent with nationally recognized best practices.

FINDING: The number and type of incidents reported in DOC facilities appears normal and does not suggest the presence of serious security issues in the state correctional system.



FINDING: Physical plants show substantial stress and will require substantial renovation and maintenance to safely continue long-term operation.

FINDING: From a system-wide standpoint, the DOC is moderately effective in meeting its objective of providing effective secure confinement.

FINDING: The DOC has successfully shifted the orientation of supervised release from enforcement to reentry management.

RECOMMENDATION: Continue to develop guidelines for a system of graduated sanctions and incentives that will streamline the process for minor modifications of the terms of supervision.

FINDING: Contact with and supervision of releasees outside the office is minimal.

FINDING: The DOC's policy to concentrate staff resources on higher-risk and specialized supervision caseloads while placing low-risk offenders in an administrative caseload is an effective strategy and consistent with recognized best practices in community supervision.

FINDING: Approaches to supervision are highly inconsistent across different DOC Division of Probation and Parole (DPP) field offices.

RECOMMENDATION: Establish a violation matrix that would standardize and bring consistency to sanctions for violations of conditions of supervision.

RECOMMENDATION: Develop and implement a set of supervision guidelines for specific types of caseloads to guide staff resource deployment and supervision practices.

FINDING: Lack of an internal capacity to evaluate and understand the impact of its programs and operating practices severely handicaps the DOC in developing informed, effective plans for the future.

FINDING: The Community Residential Center (CRC) program is an effective component of the DOC's approach to reentry services.

FINDING: The DOC makes aggressive and effective use of the electronic monitoring program.

RECOMMENDATION: Develop a training program specific to the job requirements of a probation officer.

FINDING: From a system-wide standpoint, the DOC is moderately effective in providing supervised release.

FINDING: The DOC is notable for the robust, comprehensive set of reformatory programs that it has developed to aid offenders in addressing the issues that may have contributed to their incarceration.



The array of programs available to offenders, relative to the size of the correctional system, is one of the most extensive set of correctional system programs in the United States.

RECOMMENDATION: Develop a research plan to evaluate the relative impact of different rehabilitative programs.

FINDING: The DOC's approach to developing reformatory programming is aggressive, its scope is comprehensive, and its delivery is effective.

FINDING: The total cost of secure confinement operations based on fiscal year (FY) 2013 data was \$228.5 million, or \$154 per inmate per day.

RECOMMENDATION: Consolidate the multiple kitchen facilities at the Anchorage Correctional Complex and Palmer Correctional Center into one kitchen at each facility.

RECOMMENDATION: Pursue a new energy performance contract to achieve efficiencies in utility use.

RECOMMENDATION: Develop protocols for qualifying inmates for Medicaid, and negotiate an agreement with the Alaska Department of Health and Social Services (DHSS) to facilitate the reimbursement process for in-patient hospitalizations in the community.

FINDING: The DOC's secure confinement operations are efficient.

RECOMMENDATION: Study the feasibility and impact on program effectiveness of imposing a fee for probation and parole supervision.

FINDING: The supervised release program operates with a high level of efficiency for the services provided.

FINDING: The DOC's delivery of reformatory programs is efficient.

Review Objective 2.0: Determine whether the agency's results-based measures demonstrate effectiveness and efficiency of the agency's core services, goals, programs, and objectives.

RECOMMENDATION: Report escape data based on incident and date of incident. Also distinguish between escapes from inside an institution and escapes from outside the secure perimeter of facility.

RECOMMENDATION: Add the following additional secure confinement performance measures:

- ***Homicides***
- ***Suicides***



- *Drug tests administered and positive results*
- *Incidents involving five or more inmates that result in serious injury or damage to property, that result in loss of control of the facility or part of the facility, and that require extraordinary measures to regain control*
- *Secure confinement spending per day, per inmate*
- *Correctional facility staff-to-inmate ratios*

RECOMMENDATION: *Add the following supervised release performance measures:*

- *Technical violation rate*
- *Cost of supervision per day per probationer/parolee*
- *Average caseload per probation officer*
- *Cost of electronic monitoring per day, per inmate*
- *CRC cost per day, per inmate*

RECOMMENDATION: *Include the following metrics as measures of the efficiency of reformatory programs:*

- *Substance abuse program cost per participant*
- *Program completion rate for inmates enrolled in substance abuse treatment programs*
- *Education program cost per participant*
- *Success rate of inmates taking the GED test*
- *Cost of sex offender treatment per program participant*
- *Program completion rate for offenders enrolled in sex offender treatment*

FINDING: The DOC's performance measures provide an adequate indicator of performance in each of the department's three program areas. However, the recommended enhancements to the measures would improve their utility.

Review Objective 3: Evaluate the appropriateness of the budget reductions proposed by the agency in response to AS 44.66.020(c)(2).

FINDING: The DOC did not submit a specific set of recommendations to achieve a 10% reduction in its budget. The most feasible alternative to achieve the \$31.2 million in budget reductions called for under AS 44.66.020(c)(2) would be to close Goose Creek. The closure of Goose Creek would terminate the operations of the correctional facility with the highest level of performance in the DOC.

Review Objective 4: List agency programs or activities (actions) not authorized by statute and identify other authority for those actions.



FINDING: The programs provided by the DOC are covered by the agency's general authority outlined in Article I, Section 12 of the Constitution of the State of Alaska and more explicitly authorized under *Alaska Statutes (AS) 33.30.11* and *44.28.020*. Therefore, there are no programs provided by the DOC that are not generally or specifically authorized by law.

Review Objective 5: Identify agency authority to collect fees, conduct inspections, enforce state law, or impose penalties.

FINDING: The relatively modest fees imposed on offenders in correctional centers and community centers offer a good balance of holding inmates responsible for certain services they may use, thus acting as a deterrent for overuse and abuse while not overburdening them with charges and debt that they may never be able to settle, which can create hardships during reentry.

RECOMMENDATION: The DOC, with assistance from the State of Alaska Office of Management and Budget (OMB), should conduct cost/benefit analyses regarding any changes to existing fees that are not actively collected and/or any and all new fees that may be contemplated. The analysis should specifically examine the potential revenues and operational impacts of booking fees and probation supervision fees.

Review Objective 6: Recommend improvements to agency practices and procedures, including means to decrease regulatory burdens or restrictions without decreasing public service and safety.

FINDING: Life Success Substance Abuse Treatment (LSSAT) is the lowest-cost substance treatment program on a per-capita basis, offered by the DOC at \$3.34 per day.

FINDING: Offenders completing the LSSAT program had a 14.7% recidivism rate after one year. A control group of comparable inmates had a recidivism rate of 43% for the same time period.

FINDING: LSSAT is an effective program. There are no regulatory restrictions or internal policies that impede the department's ability to efficiently deliver this program.

Review Objective 7: Identify areas in which programs and jurisdiction of agencies overlap, and assess the quality of interagency cooperation in those areas.

FINDING: The DOC's working relationship with its partner agencies is good.

FINDING: Interagency agreements helped the DOC and partner agencies make the most efficient use of state staff, equipment, and facilities.

RECOMMENDATION: Standardize the format of the memorandums of agreement (MOAs) and memorandums of understanding (MOUs) used by the DOC to formalize agreements with other state agencies and publicly funded entities.



RECOMMENDATION: Require that each interagency agreement have an assigned program manager or compliance monitor that submits, at a minimum, annual documentation that the department has met its oversight, monitoring, and reporting responsibilities with regard to the interagency agreement.

Review Objective 8: Evaluate whether agency promptly and effectively addresses complaints.

FINDING: The DOC inmate management system (ACOMS) does not currently retain and compute basic grievance tracking data.

RECOMMENDATION: Modify ACOMS relative to grievance tracking to extract the basic data needed to develop standard and ad hoc reports on inmate grievances sufficient for analytical purposes.

FINDING: The DOC does not maintain a database that documents complaints from members of the public or the department's complaint resolution process.

RECOMMENDATION: Reinstate a centralized database/tracking system to ensure accurate tracking and timely response to inquiries and complaints from the general public.

RECOMMENDATION: Revise and update DOC Policy #108.06 to establish a functional citizen complaint/response system with appropriate designation of staff management and line duties.

Review Objective 9: Evaluate to what extent the agency encourages and uses public participation in rulemaking and other decision making.

FINDING: The DOC followed statutory requirements, regulations/rules, and State of Alaska Department of Law guidelines for notification of the public when proposing administrative regulatory actions. All required notifications were made for two changes to the Alaska Administrative Code made in recent years.

FINDING: The DOC was not required to comply with the laws and regulations for notification to the local council of the siting of Goose Creek, because the facility was planned and financed by the local community.

Review Objective 10: Evaluate agency's process for implementing technology, and recommend new types of uses of technology to improve agency efficiency and effectiveness.

FINDING: The state's allocation of operational spending for information technology (IT) at DOC is low relative to other major Alaska state government agencies.



FINDING: The DOC has made some progress in basic updates to its IT systems, maintaining them at a functional level despite a very low level of resource investment.

FINDING: The DOC's failure to develop effective, strategic IT plans has impaired the DOC's potential to use technology to address system issues and improve performance.

RECOMMENDATION: Contract for the development of a professional needs assessment and a strategic IT development plan.

Review Objective 11: Identify services provided by programs and functions duplicated by another agency or private entity, and recommend the most effective and efficient way to perform those services.

FINDING: The DOC makes effective use of outside service providers as needed to reduce costs/potentially improve service delivery when and where it can.

Review Objective 12: Evaluate whether the agency priorities reported to the legislature under AS 37.07.050(a)(13) and the list of programs or elements of programs provided under AS 44.66.020(c)(2) are consistent with the results of the review.

FINDING: The DOC's reported priorities are consistent with the department's mission. The DOC did not submit specific budget reductions to the Alaska Division of Legislative Audit (DLA) pursuant to AS 44.66.020(c)(2).

Review Objective 13: Identify agencies that could be terminated or consolidated, reductions in costs, and potential program or cost reductions based on policy changes.

FINDING: The DOC should not be terminated or consolidated into another agency. The mission of the DOC addresses key statutory authorizations and requirements for the delivery of correctional services as established in state statute. No other state agency is authorized or equipped to perform this mission. Absent a change in statute that reduces or significantly alters the responsibilities and duties of the DOC and its mission, there is no policy basis for termination or consolidation of the DOC.

FINDING: The DOC's core programs (secure confinement, supervised release, and reformative programs) and each of the component elements of these programs are consistent with the DOC's mission and are necessary for the performance of that mission. Accordingly, there is no policy basis for the termination or consolidation of these programs or associated program elements.

FINDING: While they are ancillary benefits of providing reformative programs, such as improved inmate management, the core justification for these programs is to reduce recidivism. The impact of the specific reformative programs provided by the DOC requires ongoing evaluation to determine their relative effectiveness.

RECOMMENDATION: The DOC and its component programs should not be terminated or consolidated. However, if evaluations do not



document the effectiveness of specific reformative programs, these programs could be terminated, modified, or replaced by other programs.

Review Objective 14: Identify the extent to which statutory, regulatory, budgetary, or other changes are necessary to enable the agency to better serve the interests of public and to correct problems identified during review.

FINDING: Interviews with key department staff and testimony from public hearings identified no specific statutes, regulations, or budget rules that must be eliminated or changed to improve DOC effectiveness.

FINDING: Significant increases in efficiency and associated reductions in system cost require revisiting state policy on housing inmates out-of-state.

Review Objective 15: Evaluate the agency process for development of capital projects.

FINDING: The DOC does not have a process or system to adequately evaluate or plan for long-term capital needs.

FINDING: The DOC does not have a well-developed process for identifying its near- and long-term capital needs. The department also lacks a long-term facilities master plan that assesses and prioritizes current facility conditions and needs, projects and explains future changes in the size and composition of the inmate population that will drive long-term correctional system capacity requirements, and establishes a multi-year program of projects that aligns capital development initiatives with population management strategy to address the needs of a changing correctional system.

RECOMMENDATION: Initiate a capital planning process based on a comprehensive assessment of facility needs, research on inmate population trends and characteristics that meets professional standards, and a detailed analysis of strategies to manage future system conditions. Consistent with best practices in correctional system management, this process should culminate in the development of a long-range facilities master plan.

Review Objective 16: Identify any other elements appropriate to a performance management review.

FINDING: The DOC's plans are not informed by analysis or understanding of the long-term dynamics of a changing correctional system population.

RECOMMENDATION: The DOC should contract for the development of a professional inmate population forecast and analysis.

Review Objective 17: Assess DOC's health care policies, procedures, operational practices, and compliance systems. Analyze data and statistics on inmate health care needs, indicators of delivery levels, general health acuity of inmate population, and health care outcomes.



FINDING: Health care policies and practices have significant omissions that could affect the quality of services provided.

RECOMMENDATION: Policies should be revised and enhanced in the following areas: policy organization, medical intake, sick call, chronic disease program, scheduled off-site services, unscheduled on-site and off-site services, infirmary care, quality improvement, and mortality reviews.

FINDING: Overall, the delivery of health care appears to be adequately and efficiently managed, given available resources and the scope of the challenges to providing these services in the Alaska correctional system.



BACKGROUND

Enacted by the legislature in 2013, *Alaska Statute (AS) 44.66.040(d)* requires performance reviews of all Alaska state departments at least once every 10 years. The statute further establishes specific criteria to be addressed by each performance review and designates the DOC as the first agency for review. This report represents the first performance review to be completed pursuant to this statute.

The DLA defines a “performance review,” for the purposes of this project as follows:

A performance review is a systematic assessment of the appropriateness, effectiveness, and efficiency of a department, agency, or program and is meant to provide information that can improve the entity’s performance. Performance reviews are also used to assist governments in the decision-making process as they evaluate the programs and corresponding budgets the entity administers.¹

The DLA issued a request for proposal to perform this review on November 4, 2013. Following a competitive evaluation process, DLA selected CGL to conduct the review. A contract for services was finalized in January 2014, with project work commencing in February. In order to facilitate the contractor’s work, DLA submitted a comprehensive data request, which addressed each of the criteria established in the statute, to the DOC.

To perform this work, CGL assembled a review team that included nationally recognized experts on correctional system management and government agency performance reviews. The team conducted an initial series of interviews with DOC executive staff and then conducted site visits of each DOC correctional center, parole and probation offices, and five Community Resource Centers (CRCs). In order to obtain community input, public hearings on the DOC’s performance were held in Juneau, Anchorage, Bethel, and Fairbanks. A crosswalk of issues identified during these hearings to areas in the report that either address or note these issues is included in **Appendix A**.

The following report is organized by 17 distinct review objectives. Each review objective addresses an element of the evaluation criteria established in *AS 44.66.040(d)* and includes an analysis of the issue, as well as findings and recommendations.

The observations, findings, and recommendations contained in this report are the professional judgments of review team members based on our backgrounds in correctional system management and knowledge of industry standards and best practices. The following report is a “performance review” and not an audit and, as such, was not designed to meet professional audit standards for documentation and methodology. The report reflects the opinion of the review team and not that of the DLA.

¹ Alaska Division of Legislative Audit, “RFP 599 Exhibit B[1].”



Review Objective 1: Evaluate the success of the agency in achieving its mission through the effective and efficient delivery of its core services, goals, programs and objectives.

In Review Objective 1, we reviewed the DOC's strategy for achieving its mission. We then assessed DOC operations in support of the delivery of core services to determine the degree to which the DOC achieves its mission in an effective and efficient manner.

METHODOLOGY

Evaluating Effectiveness: This review uses a "logic model" approach to evaluate DOC effectiveness. This approach analyzes the cause-effect relationships that result in desired program and operational outcomes. Logic models measure effectiveness by analyzing agency inputs, activities, outputs, and their collective effects on short-term, intermediate, and long-term outcomes.²

One of the key strengths of the logic model is the focus on measuring program outcomes in the context of the processes or strategies used by the agency to achieve its goals. A logic model approach to assessing effectiveness will evaluate how an agency plans to achieve desired outcomes, its implementation of these plans, and their ultimate impact³. "Effectiveness" in this approach is a function of the degree to which the agency has an operational and program strategy that is evidence-based and that will logically produce desired outcomes.

Applying this model to an evaluation of DOC effectiveness, we used the following approach:

- 1. Document the core services, goals, programs, and objectives of the DOC as established in statute and in the DOC's mission statement.** These documents constitute the State of Alaska's official designation of authority and purpose for the DOC and, as such, serve as the foundation for determining agency effectiveness.
- 2. Document the plans or strategies that have been established to achieve these outcomes.** Each core DOC goal should be supported by an operational plan that provides a path to how that goal will be attained and with appropriate designation of responsibilities and resources. The focus here is to identify how the DOC's management systems, resource allocations, and program designs relate to achieving agency goals.
- 3. Benchmark operational practices and plans relative to professional standards and best practices in other state correctional systems.** To provide context for this analysis, where appropriate we compared DOC operations and program delivery with standards for operational performance found in correctional systems throughout the United States. Our use of any benchmarking data, however, was subject to qualification due to the unique context and challenges that face the DOC.

² Martin, Mark D. and Richard J. Kaledas. June 2010. *Programs and Activities: Tools for Managing Inmate Behavior*. Washington, DC: National Institute of Corrections.

³ Rossi, P., Lipsey, M.W., and Freeman, H.E. (2004). *Evaluation. A systematic approach* (7th ed.) Thousand Oaks, CA: Sage.



4. Review performance relative to DOC priority outcomes and goals. Using these primary sources, we analyzed all of the data available on agency progress toward the core goals:

- DOC-defined performance measures
- Quantitative data collected by the DOC but not formally tracked as a performance measure
- Narrative reports and descriptions of DOC operations and programs
- Department policies, procedures, and program statements
- Observation and review of actual operational practices and program delivery
- Interviews with DOC executive staff and program management
- Public hearings

Using this combination of quantitative and qualitative data, we assessed DOC performance across the entire spectrum of agency activities related to providing core services. In order to facilitate consistent review of DOC operational units, programs, and facilities, we developed standardized protocols to guide assessment activities by our field review teams. These protocols are attached in **Appendix B**.

5. Assess the effectiveness of DOC plans, operations, programs, and services in achieving target outcomes. The assessment summarizes key system goals, related target outcomes, and available evidence of current performance in each area into the following scale of effectiveness:

- a. *Effective:* Target outcomes are demonstrably being achieved based upon the data collected.
- b. *Moderately Effective:* Performance data indicates largely positive experience relative to target outcomes with exceptions.
- c. *Mixed Results:* Performance across the different dimensions of plans to achieve target outcomes is inconsistent.
- d. *Not Effective:* Evidence shows agency activities have little or no impact on target outcomes.
- e. *Inconclusive:* There is an absence of sufficient data to determine agency performance.

For each core service area reviewed, we present an analysis of the factors that either facilitate or impair the effectiveness of the DOC in achieving target outcomes and system goals.

Assessing Efficiency: “Efficiency” is generally defined as a measure of how inputs or resources transform into outputs or outcomes⁴. The fewer the resources used to generate desired outcomes, the greater the level of efficiency attained. The relationship to outcomes is critical. Simply reducing the level of

⁴ Low J., The value creation index// Journal of Intellectual Capital, 2000; vol. 1, Issue: 3, p. 252 – 262,



resources dedicated to a program or operational unit does not necessarily result in greater efficiency if the reduction impairs the organization's ability to achieve desired outcomes. An analysis of efficiency looks instead at achieving the optimal allocation of resources across alternative means to achieve organizational objectives⁵. Specific measurements of efficiency compare inputs or resources invested relative to outcomes produced.

Building on the data and analysis developed in our review of effectiveness, we used the following approach to assess the efficiency of the DOC:

1. **Examine system resource use and cost drivers.** We assessed the DOC's use and management of key system resources that drive spending using the following key areas for examination:
 - *Staffing:* We conducted a high-level review of staffing patterns for all administrative, security, and program personnel, as well as the systems for managing their deployment. The review examined roster management practices, security post requirements, relief factor calculations, overtime management, and supervision standards.
 - *Contracted Services:* We reviewed major service contracts to determine the rationale for contracting, bidding process used, documentation of services provided, and contract monitoring practices. Key areas for review were contracts for medical services, electronic detention, and program services.
 - *Physical Plant:* Prison facility design and physical plant condition have a major impact on system resource requirements. We conducted a high-level review of the layout and condition of DOC facilities and the impact of these factors on overall system efficiency.
2. **Assess the resources used to support these operational processes and systems and the level of program activity in each area.** The analysis documented expenditures in support of operational processes and programs. Where possible, we used program output data to develop cost profiles for the programs and processes under review. We also assessed the use of other resources in producing system outcomes. Indicators such as staff-inmate ratios, program enrollment, and caseload levels provided quantitative measures of the non-monetary resources invested in achieving program outcomes.

In performing this analysis, we used the following data sources:

- OMB and DOC budget data
- DOC performance data and activity measures
- Staffing data, including master rosters, table of organization, overtime reports, and other documentation of staff utilization

⁵ Kumar S., Gulati R., (2010). Measuring efficiency, effectiveness and performance of Indian public sector banks. International Journal of Productivity and Performance Management. Vol. 59 Issue: 1 pp. 51 – 74



- DOC contracts and supporting materials
 - Department policies, procedures, and program statements
 - Observation and review of actual operational practices and program delivery
 - Interviews with DOC executive staff and program management
- 3. Document system constraints on efficiency.** Correctional systems do not operate in a vacuum, but instead typically operate under significant constraints that can have a major impact upon system efficiency. A fair assessment of DOC efficiency requires identifying, and if possible, establishing the impact of those factors that limit how the DOC may manage its resources to achieve system objectives.
- 4. Evaluate resources invested relative to program and service objectives achieved.** The review evaluates the efficiency of the DOC's approach to achieving specific program outcomes and system goals in terms of three criteria:
- a. Are there other available alternative means to achieve the same objectives with the use of fewer resources?
 - b. If not, do current services, programs, and operational systems achieve objectives with the fewest resources possible?
 - c. Is the level or organization of agency resources an issue where DOC program objectives are only partially met or not met at all?

EVALUATION OF EFFECTIVENESS

Mission - The DOC defines its mission and vision as follows:

*The Alaska Department of Corrections provides secure confinement, reformative programs, and a process of supervised community reintegration to enhance the safety of our communities.*⁶

This mission is consistent with state legislation defining the duties of the DOC, AS 44.28.020, and the statutory duties assigned to the commissioner of corrections, AS 33.30.011 (see **Appendix C**).

This analysis examined the effectiveness of the performance of the DOC in delivering these core services and the efficiency with which these services are provided.

Table 1-1 summarizes the goals established for each of these key services, assigned resources, and the programs responsible for achieving each of the goals in the core program areas.

⁶ Alaska Office of Management & Budget, *Key Performance Indicators: Department of Corrections*.



Table 1-1: DOC Core Service Goals, Programs, and Resources

	Secure Confinement	Supervised Release	Reformative Programs
Goals	<ul style="list-style-type: none"> • Maintain zero prison escapes. • Decrease the number of special incident reports. 	<ul style="list-style-type: none"> • Increase percent of probationer & parolees who satisfy court ordered conditions of release. • Reduce criminal recidivism. 	<ul style="list-style-type: none"> • Increase the number of individuals who complete an institutional or community-based substance abuse program. • Increase the number of offender who receive a GED while incarcerated. • Increase the number of sex offender probationers who complete both a sex offender management program and who receive polygraph testing while on probation.
FY 2014 Funding (\$000)	\$265,133.5	\$49,126.3	\$19,807.0
Staffing	1,590	190	80
Programs	<ul style="list-style-type: none"> • Correctional Centers • Capital improvement Unit • Classification & Furlough • Institution Director’s Office • Inmate Transportation • Community Jails • Physical Health Care • Correctional Academy 	<ul style="list-style-type: none"> • Probation & Parole • Electronic Monitoring • Community Residential Centers • Parole Board • Probation & Parole Director’s Office • Correctional Academy 	<ul style="list-style-type: none"> • Education/Vocational Education • Domestic Violence • Substance Abuse Treatment • Sex Offender Management • Faith-Based Services • Behavioral Health Care

Source: Alaska Office of Management & Budget

Secure Confinement: The incarceration of inmates in facilities that provide safe, secure environments for un-sentenced inmates pending adjudication of their cases and for sentenced inmates for terms as directed by the courts are fundamental to the mission of the DOC. To provide secure confinement services, the DOC manages 13 adult correctional facilities with a capacity of 5,352 beds. The DOC also contracts with 15 regional and community jails to provide secure confinement for local pretrial offenders and inmates in need of short-term detention. The capacity available at these facilities is 157 beds.

The goal of providing secure confinement in a correctional facility can be broken down into the following primary dimensions:⁷

⁷ Logan, Charles, “Criminal Justice Performance Measures for Prisons,” Performance Measures for the Criminal Justice system, Bureau of Justice Statistics – Princeton University, pp.27-31.



- *Security*: Preventing escapes and assuring prevention of the introduction or internal manufacture of weapons or other contraband
- *Safety*: Preventing assaults and mitigating potential sources of environmental hazards or injuries
- *Order*: Preventing disturbances and minimizing inmate misconduct
- *Care*: Providing basic levels of medical care, nutrition, and mental health treatment
- *Activity*: Keeping inmates productively occupied so as to discourage idleness
- *Justice*: Establishing disciplinary and grievance processes that adhere to basic elements of due process
- *Conditions*: Assuring adequate living space, lighting, air quality, sanitation, temperature, access to recreation, and visitation consistent with case law on “conditions of confinement” that meet constitutional requirements

These dimensions cover all of the basic aspects of managing confinement in contemporary correctional facilities.

The operational strategy used by the DOC to provide services in all of these areas closely follows the standard model for correctional facility management used in state correctional systems throughout the United States. The model relies upon a comprehensive system of policies that establish operational objectives in each key functional area of correctional facility operations and procedures that provide specific direction on how the policy is to be implemented. Post orders provide more detailed direction on the duties and responsibilities associated with each officer assignment.

The following summary assessment draws from a detailed review of DOC policies and operational practices observed at each of the 13 correctional facilities managed by the department. For the purposes of simplifying the analysis, we have organized the review by key operational activities or systems designed to support the goal of providing secure confinement.

Given the significant differences among facilities, we developed a matrix which summarizes field observations by facility and provides some basis for comparison and identification of local issues on each of the key dimensions of operational performance. In instances where the level of performance is consistent across all facilities, we simply note general observations that apply to all facilities reviewed.

In evaluating the effectiveness of DOC administration of secure confinement, we first examined the department’s system of policies, and then assessed how these policies guide operational activities in department facilities.

Security Policy Development and Administration: Although the DOC does not currently pursue accreditation of its facilities by the American Correctional Association (ACA), its system of policies and facility management closely follows the standards established by the ACA. The department formerly maintained ACA, accreditation and many of its policies reference specific ACA standards.

Table 1-2 presents a summary of key DOC policies related to the core goal of assuring effective secure confinement.



Table 1-2: DOC Policies Relating to Secure Confinement

Chapter	Policy
<i>Institutions Security</i>	Post Orders
	Perimeter Security
	Key Control
	Institutional Inspections
	Control of Tools & Equipment
	Control of Firearms & Other Equipment
	Searches of Prisoners & Other Institutional Areas
	Use of Force
	Management of Hostage Situations
	Prisoner Movement
	Master Control Unit
	Count Principles & Procedures
	Transportation of Prisoners
	Institutional Emergency Plan
	Maximum & Emergency Capacity of Facilities
<i>Safety & Emergency Procedures</i>	Institution Security Classification
	Security for Hospitalized Prisoners
<i>Safety & Emergency Procedures</i>	Fire & Emergency Procedures
<i>Special Management Prisoners</i>	Administrative Segregation
	Punitive Segregation
<i>Food Service</i>	
	Food Service Standards
	Safety & Sanitation
<i>Sanitation & Hygiene</i>	Special/Religious Diets
	Institutional Sanitation
<i>Sanitation & Hygiene</i>	Prisoner Hygiene, Grooming, and Sanitation
	Prisoner Uniforms
<i>Prisoner Rules, Discipline, & Appeals</i>	Prisoner Handbook
	Prohibited Conduct & Penalties
	Procedures for Rules Violations
	Disciplinary Hearings
	Disciplinary Appeal
<i>Prisoner Rights, Privileges, & Activities</i>	
	Legal Rights of Prisoners
	Prisoner Grievances
	Removal from Rehabilitation Programs
	Requirements Relating to Female Prisoners
	Prisoner Housing
	Commissary
ADA	
	Sexual Abuse/Assault Reporting

Source: Department of Corrections



Other related policy chapters include “Medical and Health Care Services,” “Reception and Orientation,” “Prisoner Work Programs,” and “Release, Preparation, and Temporary Release.” These policies and procedures provide a detailed framework for achieving the goal of providing secure confinement.

While DOC policies appear to address all major facets of operational performance, the majority of policies and procedures related to the management of secure confinement are dated. As a result, a number of the practices and requirements established in policy are either not in use, inconsistent with actual facility operations, or both. For example, Policy 1208.05, Tool Control, dated 1998, calls for the assignment of a tool control officer at each institution and outlines specific procedures for the management of tools in an institution. We found that facilities do not comply with this requirement. Conducting an annual review of policies and procedures is consistent with best practice standards. Examples of key security policies that have not received a recent annual review include the following:

- 1208.01, Post Orders, dated 2002
- 1208.02, Perimeter Security, dated 1997
- 1208.03, Key Control, dated 1997
- 1208.04, Institutional Inspections, dated 1998
- 1208.05, Control of Tools and Equipment, dated 1998
- 1208.07, Control of Firearms and Other Security Equipment, dated 1987. This policy does not address procedures that provide guidance for the use of oleoresin capsicum chemical agent or tasers, both of which are in use at the facilities at this time
- 1208.08, Searches of Prisoners and Institutional Areas, dated 1987
- 1208.10, Management of Hostage Situations, dated 1985

Two use-of-force policies are referenced in various documents. 1208.09, Use of Force, dated 2008, is referenced in active post orders, but apparently has been superseded by 1207.01, Use of Force, dated November 2013. Numerous post orders reviewed have not been updated to be consistent with the current use-of-force policy. An additional concern regarding 1207.01, Use of Force, is that it does not address reporting procedures following use of force, nor does it discuss requirements for an after-action review following a use of force. Reporting procedures and after-action review are a standard practice for correctional agencies and are consistent with nationally accepted standards for performance.

Out-of-date policies and procedures result in inconsistent compliance with the requirements and mandates of the policies because they likely include out-of-date practices, or fail to include new practices and procedures that have been implemented since the policies were first promulgated. This inconsistency confuses staff, and as a result, partial compliance with policy/procedure is likely to occur.

FINDING: A number of key secure confinement policies are outdated and do not reflect current operational practices.

Correctional systems with well-developed policy systems conduct annual reviews of policies to ensure relevance and utility, incorporate policies into specific institutional operating procedures and post orders, ensure staff familiarity with policy through training, and enforce compliance with a detailed



system of compliance reviews or internal audits. Many systems use the ACA standards and accreditation process as a model for development of such a system. The DOC's current policies and system for management of policy development do not meet this standard and are not effective.

Recommendation: Conduct a comprehensive review of security policies and procedures and update, as needed, to reflect current operational objectives. Establish a process for annual review and update of policies.

Staffing – Performance and Deployment: Effective correctional facility operations require an adequate number of staff with appropriate skills and qualifications in conjunction with a deployment plan that meets security and service delivery needs. Our review of staffing used the following criteria, which are mandatory for effective correctional facility staff management:

- Post assignments should be established in accordance with the goals of maintaining staff efficiency.
- Post responsibilities are completed by personnel in the appropriate position classification.
- Officer assignment practices are flexible enough to deploy staff as needed to respond to changing needs through the activity and work schedule while maintaining post assignment security.
- Overtime use is held to the minimal level required to perform critical operational functions.
- Division and jail command structures provide appropriate supervisory coverage.
- Staff deployment is consistent with detainee classification and housing practices.

We also used the following additional criteria, which represent best practices in correctional system management:

- Staff turnover rates of 5% or less to assure stability and continuity in the workforce.
- Staff vacancies filled within three months.
- Correctional officers receive a minimum 40 hours of annual in-service staff training to maintain appropriate skills and work knowledge. In addition, we examined the efficiency of roster management practices, turnover rates, vacancy levels, and staff training.

We found the staff rosters at all facilities addressed basic security and operational needs with minimal, although acceptable, correctional officer staffing levels. The notable exception to this pattern was Goose Creek, which has an exceptionally well-crafted staffing plan that provides excellent staff coverage of all facility functions, consistent with best practices found in large correctional facilities throughout the United States. The more common practice at DOC facilities is to stretch post duties and responsibilities in order to minimize staffing requirements while maintaining acceptable security and operational practices.

DOC's standard approach to roster management works provided staff turnover is low, and vacancies are quickly filled. Otherwise, the lack of flexibility in the roster will automatically dictate use of overtime to maintain operations. This appeared to be an issue at a number of facilities, including the Anchorage Correctional Complex, Lemon Creek Correctional Center (Lemon Creek), and Palmer Correctional Center



(Palmer). All of these facilities experience high overtime use which appears to be driven by staff turnover and inability to quickly fill vacancies. The Spring Creek Correctional Center (Spring Creek) faces a particularly difficult challenge in that it lost 34 officers who transferred to Goose Creek, creating a huge challenge in hiring and training new staff.

The most remote facilities, Anvil Mountain Correctional Center (Anvil Mountain) and Yukon-Kuskokwim Correctional Center (Yukon-Kuskokwim), face special challenges created by their locations. These facilities rely upon a substantial number of staff that commute long distances, working one week and off the next week. Because commuting staff generally return home on their off-week, they are not readily available to use on an overtime basis in the event of staff absences or shortfalls. As a result, staff absences hit these facilities particularly hard. At the time of our review of Yukon-Kuskokwim, on-duty officers did not take breaks due to lack of staff. When the number of available staff is insufficient to operate required posts, the facility goes on lockdown until such time as the minimum required complement of officers is available. Another issue for these two facilities is the lack of female officers, who are required for management of the small female inmate population at each facility. The limited number of officers and the distance of these facilities from the DOC headquarters in Anchorage make training for staff generally unavailable.

FINDING: Staffing is at functional, but minimal, levels in most DOC correctional facilities. Goose Creek has an appropriate, well-deployed staffing complement.

In interviews with both staff and administrators at facilities, the most significant staffing issue mentioned consistently was the recent introduction of a “blended” staffing model for shift scheduling. Formerly, all staff on non-administrative assignments worked 12-hour shifts. Under blended staffing, those posts with more variable levels of work may be reduced to an 8-hour post, while the rest of the facility staff continue to work 12-hour shifts. This generally allows for the concentration of staffing between the hours of 6 a.m. and 10 p.m., with significant reductions (up to 50%) in staffing levels during the evening hours. The objective of this change is to make more efficient use of available staff resources by reducing hours on select posts as supported by the level of operational activity.

Blended staffing has not been received well by correctional staff and some administrators, who complained that staffing reductions in the evening hours have gone too far and that inmate supervision is difficult to maintain under these conditions. The 12-hour shifts are more attractive to staff, because they are able to have more days off in a row than the eight-hour employees. As a result, senior officers tend to work the 12-hour shifts, and less experienced staff become concentrated on the eight-hour posts. Staff complains that this process adversely impacts shift camaraderie and creates two classes of correctional staff.

The April 29 public hearing of the Legislative Budget and Audit Committee at Anchorage saw testimony on this issue. A former correctional officer testified that the use of blended shifts had lowered staff morale, claiming on an anecdotal basis that the change in shift structure had resulted in reduced staffing levels and an increase in assaults, producing unsafe working conditions for correctional officers.



The use of variable shift schedules to efficiently align staff resources with facility operational requirements is a recognized best practice in the corrections industry. Most state correctional systems use a variety of 12-hour, 10-hour, and 8-hour shifts to focus staff activity on those periods of the day where work duties are the most demanding. Reducing staffing at night, when inmates are locked in their cells and there is little facility activity, is difficult to accomplish with 12-hour shifts because the length of the night shift overlaps with high activity periods in the morning and evening. Use of 8-hour shifts is a responsible approach to reducing staffing requirements without impairing security. Despite its negative impact upon staff morale, we found the DOC’s use of blended staffing to be an effective approach to managing staff resources.

FINDING: Use of blended staffing shifts is an efficient means to deploy staff resources.

The overall effectiveness of DOC facility staffing practices is mixed. For example, Goose Creek staff, many of whom transferred in from other facilities, work at a new, state-of-the-art facility. This facility also has few vacancies, and staffing levels are maintained at a high level based upon a well-thought-out staffing plan. At facilities such as Hiland Mountain Correctional Center (Hiland), where inmate programming is intensive and leadership is viewed positively, staff performance and morale are good. The staffing complement at Mat-Su Pretrial is stable, experienced, and appears to maintain a high level of performance. The Mat-Su facility has little turnover, and staff vacancies are not an issue. By contrast, Anchorage, Lemon Creek, and Palmer all experience high turnover and overtime levels. Blended staffing, while increasing the efficiency of staff deployment, is a significant morale issue at these facilities. Finally, the more remote facilities (Spring Creek, Anvil Mountain, and Yukon-Kuskokwim) face substantial challenges in maintaining adequate staffing levels and providing needed training for correctional officers.

Table 1-3 summarizes the review team’s evaluations of DOC facility staffing.

Table 1-3: Correctional Facility Staffing Evaluation

Facility	Strengths	Weaknesses
Anchorage	<ul style="list-style-type: none"> Staffing plan addresses security requirements 	<ul style="list-style-type: none"> High number of vacancies High use of sick time High overtime Negative reaction to blended staffing
Anvil Mountain	<ul style="list-style-type: none"> Low vacancy and turnover rate Ability to recruit experienced staff due to pay differential 	<ul style="list-style-type: none"> Overtime due to lack of female officers Little training occurs
Fairbanks	<ul style="list-style-type: none"> Low vacancy and turnover rate 	<ul style="list-style-type: none"> Negative reaction to blended staffing
Goose Creek	<ul style="list-style-type: none"> Well-thought-out staffing plan that provides proper coverage of housing units and support areas Few vacancies Experienced staff Use of overtime is limited and correctional officer positions are filled 	
Hiland Mountain	<ul style="list-style-type: none"> Low vacancy and turnover rate 	



Facility	Strengths	Weaknesses
	<ul style="list-style-type: none"> • 3 months to hire replacements • Positive staff morale 	
Ketchikan	<ul style="list-style-type: none"> • Low vacancy and turnover rate 	
Lemon Creek		<ul style="list-style-type: none"> • Negative reaction to blended staffing • High turnover
Mat-Su Pretrial	<ul style="list-style-type: none"> • Stable, experienced staff 	
Palmer		<ul style="list-style-type: none"> • Minimal staffing to cover multiple buildings • High overtime
Point McKenzie		
Spring Creek	<ul style="list-style-type: none"> • All mandatory posts filled 	<ul style="list-style-type: none"> • High number of vacancies • Recent change in mission challenging for long-term staff • High turnover—facility lost 34 staff to Goose Creek • High number of new officers • Reliance on commuting staff makes management of overtime difficult • High local housing costs • Blended shift structure did present challenges for training new staff
Wildwood	<ul style="list-style-type: none"> • Low vacancy rate • Low overtime 	<ul style="list-style-type: none"> • Negative reaction to blended staffing
Yukon-Kuskokwim		<ul style="list-style-type: none"> • Reliance on commuting staff makes management of overtime difficult • Insufficient female officers • Difficult to fill vacancies • Staff not allowed breaks due to lack of relief • Little training occurs

Source: CGL

Inmate Accountability: Inmate accountability is defined as staff’s ability to locate and identify inmates at any point in time.⁸ In correctional facilities, maintaining inmate accountability is accomplished through count systems. Policy 1208.14, Count Principles and Procedures, dated April 9, 2002 establishes procedures for conducting counts. Counts systems assessed at Anchorage, Hiland Mountain, Goose Creek, and Palmer revealed that a minimum of eight counts are conducted at these facilities on a daily basis to account for inmates’ whereabouts. Smaller facilities generally conducted at least five counts per day.

FINDING: Facility inmate count systems met or exceeded the requirements of policy and are consistent with nationally accepted best practices.

⁸ Guidelines for the Development of a Security Program, Second Edition, 1997 by the American Correctional Association, page 65.



Internal Movement: Department Policy 1208.12, Prisoner Movement, establishes procedures for staff control and supervision of individual and group movement to and from authorized locations within an institution. This policy was effective October 1, 1990. This policy requires superintendents to establish a regular schedule and a system for regulating inmate movement through the use of clothing (colors), passes, master lists, and identification cards. Goose Creek has taken this policy a step further and developed a model system for monitoring and controlling inmate movement. Movement control at this facility is consistent with nationally accepted best practices.

The policy and facility practices observed at other DOC facilities generally conform to professional standards. However, general population inmates in medium- and minimum-security status were sometimes observed moving about facilities unescorted and often unobserved. [REDACTED]

[REDACTED]

Open-style housing unit construction also makes effective control of inmate movement difficult. [REDACTED]

[REDACTED]

In summary, inmate accountability systems in the DOC appear to be very effective for managing the inmate count process. However, management of inmate movement varied among facilities, ranging from tight control of movement to minimal levels of supervision. While some of this variation is normal and consistent with the different missions of the facilities, we noted potential issues with management of inmate movement at Anchorage Correctional Complex and Palmer.

RECOMMENDATION: Enforce consistent policy on supervision of inmate movement, consistent with classification level, at all facilities.

Key Control: Key management and control is directed by Policy 1208.03, Key Control, effective February 2, 1997. The policy requires superintendents to maintain an accurate and up-to-date inventory of keys and an accountability system for the recording and issuance of keys within the institutions. Inventorying of keys and securing keys in a locked cabinet is required per policy. All keys and key sets are to be inventoried, indicating the number of keys and composition of each set. An operational keyboard is required per policy, and keys are to be labeled and placed on key hooks on the keyboard. When issuing keys, the authorized officer, typically assigned to the control room, is to exchange the keys for an identifying chit that identifies the officer/staff member that received the keys. Accountability for keys is required each shift, and the officer relieving the key control post must ensure that the keys are accounted for before assuming the post. Procedures also must be in place for the handling of keys, lost or misplaced keys, broken keys, and the availability of emergency keys and restricted keys. There must also be procedures in place for keys that are considered take-home keys for certain administrators.



We found meticulous compliance with the key control policy at each DOC facility. Typically, control room officers are responsible for key issuance and control during the course of their shift. Inventories viewed were up to date; keys that had been issued had a corresponding chit on the key ring; emergency keys were available for issuance in an emergency; and restricted keys were controlled and secured as required. The key distribution system at Goose Creek, an electronic key watch system, is state-of-the-art and highly secure. Distribution is through a process where officers enter an authorization code and biometrics confirms their identity in order to receive their assigned key set. DOC performance in this area is very effective.

FINDING: Systems for control and management of keys are outstanding.

Tool Control: DOC tool control Policy 1208.05, Control of Tools and Equipment, effective October 3, 1998, requires superintendents to develop standard operating procedures for securing tools and equipment in their institutions. A designated employee shall be responsible for auditing, inventorying, marking coding, checking out/in, storing, and securing of tools and equipment. The policy also requires that superintendents designate a tool control officer. The procedures further require tools to be displayed on a shadow board or stored in locked drawers, cabinets, or chests. Class A tools are to be secured in a locked area. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] The policy is clear and consistent with professional standards.

Our review of facility operations showed widespread non-compliance with DOC policy and numerous instances where lack of effective tool control could constitute a risk to facility security.

FINDING: DOC systems for tool control are ineffective.

Typical findings included the following:

- [REDACTED]



RECOMMENDATION: Require each institution to implement effective standard operating procedures for tool control at their facilities consistent with department policy, and further prohibit utilization of inmates in the tool control program.

Searches and Control of Contraband: Searches in correctional facilities are authorized by Policy 1208.08, Searches of Prisoners and Institutional Areas, effective January 16, 1987. The policy covers inmate searches, area searches, housing unit searches, inmate pat searches, strip searches, and intrusive body searches. [REDACTED]

This policy has been in effect for 27 years as of this writing. Although the existing policy has merit, a more comprehensive, updated approach to the search program would enhance overall security. [REDACTED]

An institutional search plan should outline policies for the following:

- Detecting and preventing the manufacture of weapons, escape paraphernalia, etc.
- Detecting and controlling contraband trafficking

A search plan and program should also outline schedules for searches and tactics and techniques to be used in the search process. In addition, provisions for the disposition of contraband and procedures for preserving evidence and chain-of-custody should be included in the policy. Finally, the policy also should define and direct the conduct of different types of searches and have specific, well-thought-out procedures for intrusive body searches, as well as visitor and staff searches.

FINDING: DOC facilities do not consistently conduct institutional searches in compliance with updated, comprehensive departmental policies and plans. Our review indicated that current procedures are followed in the institutions. Additionally, other practices not included in policy are also in place to detect and control contraband. [REDACTED]

The department's recent procurement of body scanning equipment is evidence of a commitment to improving contraband control. This modern technology provides detection of illicit contraband hidden on inmates and within body cavities.



RECOMMENDATION: Require that each facility implement a comprehensive program of institutional searches consistent with updated DOC policy.

Security Inspections: Regular inspections of significant risk areas in a correctional facility are a significant element of effective security systems. Department Policy 1208.04, Institutional Inspections, effective June 8, 1998, requires a weekly security inspection conducted by a designated correctional officer III. The inspection is to be documented on a form approved by the director and includes all security elements pertinent to the facility, to include “bars, gates, doors, locking mechanisms, perimeter integrity and equipment, logs, key control, communication equipment, lighting, hazardous materials, weapons, etc.” The weekly inspection is to be submitted weekly to the superintendent with recommendations to correct deficiencies. Each facility evaluated by the review team had a system for conducting these inspections; however, the comprehensiveness and documentation of these inspections varied. While we find that the DOC has an effective approach to conducting these inspections, we recommend updating the policy to require a more specifically detailed review of systems and performance that ties findings to policy/procedure compliance, as well as noting physical plant/physical security deficiencies.

Perimeter Security: Effective control of the perimeter of a correctional facility preventing inmates from escaping and preventing the introduction of contraband from the outside is fundamental, effective security. The level of security should be consistent with the security level and mission of the institution. Correctional officer patrols and video surveillance should be used to supplement fence technology as needed.

The level and quality of perimeter security varied dramatically among the facilities we reviewed, with some very effective and others in need of enhancement or repair. [REDACTED]

[REDACTED]

[REDACTED] **Table 1-4** summarizes our review of perimeter security systems throughout DOC facilities.



Table 1-4: Facility Perimeter Security Evaluation

Facility	Strengths	Weaknesses
Anchorage		<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] █ [REDACTED]
Anvil Mountain		<ul style="list-style-type: none"> █ [REDACTED]
Fairbanks	<ul style="list-style-type: none"> █ [REDACTED] 	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED]
Goose Creek	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] █ [REDACTED] 	<ul style="list-style-type: none"> █ [REDACTED]
Hiland Mountain	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] 	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED]
Ketchikan		<ul style="list-style-type: none"> █ [REDACTED]
Lemon Creek	<ul style="list-style-type: none"> █ [REDACTED] 	
Mat-Su Pretrial		<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED]
Palmer	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] 	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED]
Point McKenzie		
Spring Creek	<ul style="list-style-type: none"> █ [REDACTED] █ [REDACTED] 	<ul style="list-style-type: none"> █ [REDACTED]
Wildwood		<ul style="list-style-type: none"> █ [REDACTED]
Yukon-Kuskokwim		<ul style="list-style-type: none"> █ [REDACTED]

Source: CGL



Emergency Response: Assuring security during an emergency, such as a natural disaster, riot, hostage situation, or other disruptive event, requires a thorough plan for operational response and an effective program of training for staff to implement the response plan. Department Policy 1208.16, Institutional Emergency Plan, effective July 16, 2007, provides guidelines for the developing and updating of emergency plans and procedures. The policy is well-written and provides guidance to superintendents with respect to managing emergencies in their institution and what preparations should be made to address those emergencies. All of the facilities assessed have emergency plans in place consistent with this policy; however, in many instances the plans have not been reviewed or updated in some time. [REDACTED]

[REDACTED] Updating of the policy is essential, and ongoing training should be provided and required at each facility.

Use of Force: Use-of-force policy establishes procedures and sets forth conditions governing the use of force by correctional staff assigned to an institution, as well as uniform procedures for the therapeutic use of restraints. The policy defines levels of force and equipment/techniques that can be utilized in certain force situations. Procedures outline the use of active force, intermediate force, and deadly force, and under what conditions these levels of force are to be used.

From our review, correctional officers have a good understanding of the use-of-force policy and procedures to be followed during and after a use-of-force incident. Personnel at each institution described the process that is followed, which appears to be consistent with official DOC policy. Staff appeared to understand the use-of-force policy, reporting requirements, and the after-action review process when questioned. A review of incident reports showed a level of use-of-force incidents consistent with what would be expected in medium- and maximum-security facilities.

Use-of-force procedures involving the use of chemical agents and restraints, however, are not adequately defined in policy. Security Policy 1208.07, Control of Firearms and Other Security Equipment, effective January 9, 1987, establishes procedures for the control, issuance, and maintenance of certain security equipment that includes chemical agents. The policy places the superintendent in the position of authorizing security equipment for the facility based on an analysis of that facility's needs. Although the policy states it establishes procedures for the control, issuance, and maintenance of chemical agents, those procedures are not included in the policy. The policy also defines chemical agents as CN gas, CS gas, and Mace. There is no reference to oleoresin capsicum (OC), which is the chemical irritant primarily used in DOC facilities. The policy needs to be updated to include procedures for the use and storage of OC, as well as procedures for the use of all chemical agents.

The use of restraints for therapeutic purposes is further outlined in Policy 1207.01, Use of Force, effective November 27, 2013. Restraints are described as devices designed to control the bodily movement and activity of offenders for the purpose of protecting the offender and/or others. Therapeutic restraints are defined as a mechanical limitation of a person's freedom, or movement as part of a treatment regimen. The policy on use of force and use of therapeutic restraints should include specific guidance and procedures for the use of the restraint chair when required to gain control of an unruly or violent inmate. [REDACTED]



[REDACTED]
[REDACTED]
[REDACTED] These procedures appear to be missing from the current use-of-force policy.

Pending the update and revision of policies to more fully address the use of chemical agents and restraints, the performance of the DOC in this area is mixed.

External Movement: External transportation of inmates is guided by Policy 1208.15, Transportation of Prisoners, effective July 8, 2002. This policy provides uniform procedures for the escort or transport of inmates outside the secure perimeter of the institutions. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

FINDING: Security over inmates transported outside DOC facilities is effective and consistent with nationally recognized best practices.

Inmate Disciplinary System: The department’s inmate disciplinary process follows Policy 809, Prisoner Rules, Discipline and Appeals. The disciplinary process is written in accordance with procedural due process requirements and ACA standards as described in the *ACA Standards Manual*, Section C: “Rules and Discipline.” The ACA principle regarding inmate discipline reads, “The institution’s rules of conduct and sanctions and procedures for violations are defined in writing and communicated to all inmates and staff. Disciplinary procedures are carried out properly and with respect for due process.” Alaska Department of Corrections Policy 809 appears to adhere to this principle; due process requirements are also complied with through the disciplinary process outlined in Policy 809.

Generally, the disciplinary process is managed by a correctional officer assigned by the superintendent. When an incident occurs, it is reviewed by the appropriate administrator, and a “staff advisor” is assigned to assist the inmate through the process. A hearing is conducted by either a disciplinary officer or a disciplinary panel of three staff members, depending on the severity of the incident. Due process requirements are adhered to relating to written notice of the charges, opportunity to present evidence, an impartial hearing, and right to appeal. The system appears effective and consistent with contemporary professional standards.

Incident Reporting: Department Policy 104.01, Special Incident Reporting, requires accurate and timely reporting of non-routine events in the institutions. The policy classifies events or incidents by level of



seriousness and outlines timeframes for submitting and routing of reports. Staff at all facilities were knowledgeable about reporting requirements, and we saw no evidence of issues with timeliness of reporting.

We reviewed a summary of incident reports submitted over the last four months and found levels of reported activity consistent with normal levels of incidents found in comparable facilities in other state correctional systems. We noted no patterns or trends of concern.

FINDING: The number and type of incidents reported in DOC facilities appears normal and does not suggest the presence of serious security issues in the state correctional system.

Operation of Segregation Units: Segregation units provide high security supervision for inmates whose behavior or status makes them difficult to safely manage in a general population setting. Categories of inmates found in these units include disciplinary cases who are being sanctioned for a serious violation of institutional rules, administrative cases who are under investigation, protective custody inmates who refuse general population housing, and violently mentally ill or suicidal inmates that may require very close observation and separation from other inmates.

DOC policy and operational standards provide guidance for the assignment of staff to these units, as well as conditions of confinement, wellness checks, privileges, and programming for inmates held in close management. Management of these units appeared effective in every institution reviewed.

[REDACTED]

The primary issue we noted in our review of segregation housing was the lack of sufficient capacity at a number of facilities. Fairbanks, Lemon Creek, Hiland Mountain, and Yukon-Kuskokwin all reported shortfalls in needed segregation capacity.

Facility Conditions: The condition of the physical plant of a facility can play a major role in how the facility operates, how it may be effectively used, and the level of security provided. Here again, there is substantial variation in the physical plant quality of DOC institutions.

Goose Creek is a new, state-of-the-art correctional facility design that houses a variety of inmate classifications, but is primarily a medium-security facility that offers intensive inmate programming, recreation, and work assignments to occupy inmates and aid in their rehabilitation. The facility design and program is sufficient for the purposes of managing a medium-security population with one exception: the fact that the inmate cells were designed without running water and toilet facilities means



inmates have to egress their cells to go to the bathroom. This requires staff to be vigilant 24 hours per day to ensure that safety and security are maintained. A facility with water and toilet facilities within the cell allows for a safer environment during traditional lockup times and a reduction in staffing during those shifts. The design of Goose Creek necessitates active out-of-cell movement at all hours. Corresponding high staffing levels have to be maintained at all times of the day.

A number of the facilities assessed were constructed in the 1970s and 1980s and have been in operation for some time. Some of these facilities have experienced mission change, and physical plants have been challenged by operating above design capacity, which adds additional wear and tear on building systems and the physical plant. We found that a number of these facilities are in need of renovations and upgrades for them to meet their missions in the years to come. These facilities often have very limited space and receive very heavy use with high population densities. This places significant stress on building structures and systems.

FINDING: Facility physical plants show substantial stress and will require substantial renovation and maintenance to safely continue long-term operation.

While we noted some sanitation issues, staff and inmates do a reasonably good job of cleaning facilities and maintaining the grounds. **Table 1-5** summarizes our assessment of physical plant conditions at DOC facilities.

Table 1-5: Facility Physical Plant Evaluation

Facility	Strengths	Weaknesses
Anchorage	<ul style="list-style-type: none"> Overall sanitation was acceptable 	<ul style="list-style-type: none"> Maintenance and upkeep issues
Anvil Mountain	<ul style="list-style-type: none"> Waste water system, being upgraded Facility sanitation and cleanliness exceptional 	<ul style="list-style-type: none"> Limited storage space requires consumables to be flown in during the year Very high utility costs Data network quality poor
Fairbanks		<ul style="list-style-type: none"> Aging facility Gym converted to sex offender housing Intake/booking area insufficient Lack of program and storage space
Goose Creek	<ul style="list-style-type: none"> New facilities in excellent condition Maintenance and sanitation outstanding 	<ul style="list-style-type: none"> None
Hiland Mountain	<ul style="list-style-type: none"> Overall sanitation is very good 	<ul style="list-style-type: none"> Facility is dated and requires ongoing maintenance Not designed for the number or different classifications of inmates it currently houses
Ketchikan	<ul style="list-style-type: none"> Well maintained 	<ul style="list-style-type: none"> Lack of program space
Lemon Creek		<ul style="list-style-type: none"> Female housing provided in a Sprung tent facility
Mat-Su Pretrial	<ul style="list-style-type: none"> Considering its age and usage, in relatively good condition 	<ul style="list-style-type: none"> Intake unit distance from main facility Inadequate intake/booking area



Facility	Strengths	Weaknesses
	<ul style="list-style-type: none"> Overall sanitation was excellent 	
Palmer	<ul style="list-style-type: none"> Condition of the Minimum facility is good; Medium is fair Overall sanitation within the facility is acceptable 	<ul style="list-style-type: none"> Maintenance and upkeep issues
Spring Creek		<ul style="list-style-type: none"> Data and phone line quality is poor
Wildwood	<ul style="list-style-type: none"> Booking/intake area is extremely small Little space in the holding cells 	
Yukon-Kuskokwim	<ul style="list-style-type: none"> Interior building space well maintained 	<ul style="list-style-type: none"> Gym converted into a dorm for 60 inmates High-maintenance water system Inadequate intake/booking area Inadequate storage space

Source: CGL

Performance Evaluation: The DOC has established two objectives to measure their performance in achieving a goal of providing secure confinement, pursuant to their departmental mission: (1) maintain zero prison escapes and (2) decrease the number of special incident reports.

These objectives have an obvious and direct relationship to providing secure confinement and have the virtue of being readily quantifiable. **Table 1-6** shows the trend data on these two measures.

Table 1-6: Secure Confinement Performance Measure Trends

	2009	2010	2011	2012	2013
Escapes	0	0	0	1	0
Special Incident Reports	70	68	106	129	223

Source: DOC

The data on escapes show the rarity of these events within the DOC, with only one escape in the last five years. The reported increase in special incident reports (SIRs) is somewhat misleading, in that DOC reports that the significant increase occurring after 2010 was in response to a change in the definition of an assault for reporting purposes. The significant increase in SIRs in 2013 occurred in two categories: low-level inmate-on-inmate assaults and assaults by inmates on staff. The DOC reports that this increase in assaults by inmates on staff is primarily due to a delay in the reporting of these incidents between the two fiscal years.

An assessment of the success of the DOC in achieving its objectives solely based on these data is difficult. The incidence of escapes is consistent with the DOC's objectives, with the exception of the one event in 2012. The interpretation of the data on SIRs is more problematic, given issues in changing definitions and reporting issues.

Using the more detailed evaluation criteria and qualitative assessment data from our review provides a somewhat mixed assessment of DOC performance in the area of secure confinement. **Table 1-7**



summarizes our assessment of overall DOC performance in each of the dimensions of secure confinement that guided our review.

Table 1-7: Secure Confinement Performance Evaluation

	Highly Effective	Moderately Effective	Mixed Results	Ineffective	Inconclusive
Policy Development			X		
Security Staffing			X		
Counts	X				
Internal Movement		X			
Key Control	X				
Tool Control				X	
Contraband Control		X			
Security Inspections		X			
Perimeter Control			X		
Emergency Response		X			
Use of Force			X		
External Movement	X				
Inmate Discipline	X				
Incident Reporting	X				
Segregation	X				
Facility Conditions			X		

Source: CGL

FINDING: From a system-wide standpoint, the DOC is moderately effective in meeting its objective providing effective secure confinement.

Basic security practices, with the exception of tool control, are sound. In terms of systemic issues, policy development is an area of mixed performance with a need to establish a process for regular update and review of important policies. Critical areas of mixed performance, such as staffing, facility conditions, and perimeter control, relate to specific differences in conditions and resources among facilities. Goose Creek, for example, by all measures is a highly effective, well-managed correctional facility that meets or exceeds professional standards for providing secure confinement. The facility has the advantages of a state-of-the-art physical plant, modern security technology, and a well-developed and funded staffing plan. By contrast, facilities such as Anvil Mountain and Yukon-Kuskokwim face significant challenges in providing effective secure confinement due to physical plant problems, challenges related to staffing, and their relative isolation from the rest of the DOC. Other facilities like Palmer, Lemon Creek, the Anchorage Correctional Complex, and Hiland Mountain have varying levels of issues with physical plants and staffing. In all cases however, despite the specific challenges faced, all facilities reviewed are providing basic secure confinement of the inmates committed to the custody of the DOC.

Supervised Release: The mission of the DOC’s Division of Probation and Parole (DPP) is to enhance community safety by using proven practices and effective supervision to improve the successful community reintegration of probationers and parolees.



The DPP is organized into three regions of the state. Region 1 and region 2 have urban and rural supervision, with several offices in each region. Region 3 supervises urban cases and is contained in one office in Anchorage. Offenders on rural caseloads reside more than 50 miles from a DPP office and receive one direct home contact annually, supplemented as needed by visits from village public safety officers under contract with the DOC. Although there is only one office in region 3, it is the largest by far with nearly 60 staff and between 2,900 and 3,000 cases. Each region is directed by a chief probation officer.

Region 1 covers the south-central area outside of the Anchorage area, the northwestern region, and the Aleutian Chain. There are five parole and probation offices in the region, including offices in Bethel, Dillingham, Kenai, Kodiak, and Palmer, with a total staff complement of 31 parole officers (POs), 8 criminal justice technicians (CJTs), and 3 administrative staff. The region encompasses portions of the third and fourth judicial districts. Region 2 covers the northern and southeastern parts of the state with eight parole and probation offices in Barrow, Fairbanks, Juneau, Ketchikan, Kotzebue, Nome, and Sitka, with a total staff complement of 33 POs, 9 CJTs, and 4 administrative staff. Region 3 covers the Anchorage area and is comprised of one parole and probation office in Anchorage, where there is a staff of 58, including 45 POs, 9 CJTs, and 4 administrative staff.

In addition to the district offices, there is an Interstate Compact for Adult Offender Supervision (Interstate Compact) office, which processes applications and reviews eligibility for offenders from other states wishing to serve their community time in Alaska or Alaskan offenders who wish to serve their supervised community time in other states.

In general, offender supervision is based on the following three-tier system:

- *Maximum*: Report to PO every two weeks
- *Medium*: Report to PO once per month
- *Minimum*: Report to PO as needed

Parole and probation offices are also required to conduct pre-sentence investigations and reports. In FY 2013 there were 329 full and updated pre-sentence reports, and in FY 2014 to date there have been 327 reports ordered. Most reports come out of the statewide pre-sentence unit in Anchorage, but other offices prepared approximately 45% of reports, with 18% prepared or updated in the Bethel office and 24% in the Ketchikan office.

Review teams assessed the effectiveness of current supervision strategies, utilization of staff resources, and overall organizational performance of the DPP. In order to ensure consistency in the reviews, the review teams looked at the following key activities in each of the offices reviewed:

- Case management
- Enforcement
- Programs
- Staffing
- Electronic monitoring



Review teams made site visits to offices in Bethel, Palmer, and Kenai in region 1, Juneau and Ketchikan in region 2, and Anchorage in region 3.

Data cited here was submitted by DOC, as well as directly reported by the field offices. The DOC indicated that in some cases data collection methods and the type of data collected varied from office to office and region to region. As a result, while this is the best data available, there are some inconsistencies and omissions that limit the overall utility of the information.

Case Management: Team members looked at the effectiveness and appropriateness of the current case management systems and supervision workload, including size of staff caseloads, contact requirements, and conditions of supervision in each region. Supervision categories used by the DPP consist of the following:

- *Generic:* A default supervision category that includes anyone placed on probation or parole, excluding sex offenders. Offenders are categorized by risk and supervised consistent with policy guidelines.
- *Interstate:* Parole and probation supervision cases that have been referred for supervision to the State of Alaska through the Interstate Compact.
- *Mental Health:* Offenders that have been diagnosed with an Axis I diagnosis, have an active mental health condition, or who have been identified as a mental health offender.
- *Domestic Violence:* Offenders whose present offense is of a domestic violence nature.
- *PACE:* Offenders who have an identified substance abuse issue or whose crime of conviction may have centered on substance abuse issues. Offenders must have conditions that include prohibiting the possession or use of alcohol and drugs, testing for alcohol and drugs, and substance abuse treatment.
- *Pre-sentence:* Caseload consists of all new pre-sentence report orders generated by the superior court.
- *Sex Offender:* Offenders placed on probation or parole supervision for a sexual offense or those that have sex offender treatment conditions.
- *Administrative Bank:* Low-risk offenders who do not have a reporting requirement and are managed by CJTs.

Statewide, most offices had targets of 75 to 80 cases per PO on a generic caseload and less on specialized caseloads. Offices with larger and more rural territory to cover had an average caseload of 60. Offenders can remain on administrative or banked caseload as long as they meet the conditions of probation, have no violations, and restitution payments are made. As shown in **Table 1-8**, about half of the supervision population is in the region 3 (Anchorage) area, with nearly 70% on generic caseloads.



Table 1-8: Supervised Release Caseload

	Region 1	Region 2	Region 3	Total	%
Generic	1,217	880	2,083	4,180	70.5%
Sex Offenders	163	128	357	648	10.9%
Mental Health/Other	82	138	138	358	6.0%
Administrative	118	266	360	744	12.5%
Total Caseload	1,580	1,412	2,938	5,930	
%	26.6%	23.8%	49.5%		

Source: DOC

Actual caseloads per agent differ depending upon the specific assignments and experience of the PO. Officers with more high-risk or specialized cases typically have somewhat smaller caseloads, as do new POs and POs responsible for covering a large territory.

In the past, supervision strategy has had a law enforcement orientation with an emphasis on returning offenders to prison based on their conduct in the community. In recent years, the supervision approach has become more balanced between enforcement and programs, with the focus on positive outcomes resulting in successful discharges from supervision and lowered recidivism rates. This is a substantial and often difficult change in orientation and work culture for a parole and probation agency. Our review indicates that DOC has effectively managed this transition.

FINDING: DOC has successfully shifted the orientation of supervised release from enforcement to reentry management.

To facilitate this change, the DOC attempts to base supervision strategy and program placement on an assessment of each offender’s needs and risk. The DOC uses the *Level of Service Inventory – Revised* (LSI-R) as the primary assessment tool to determine the overall risk of the offender and to identify the offender’s program needs. The LSI-R assesses each offender as high-, medium-, or low-risk in terms of likelihood to engage in further criminal behavior. Consistent with national practices, the DOC utilizes the results of this assessment for the purpose of planning the level of required supervision.

The DOC’s ability to modify the terms of supervision to incentivize releases is very limited; the PO must go through the court for all changes to originally imposed conditions. This eliminates the flexibility of the PO to respond to offenders’ failure to comply with conditions or offenders who no longer need the full range of conditions. Any request for change of supervision conditions must be submitted to the court, and then the PO has to attend and present the rationale—even for minor adjustments to the conditions. This discourages POs from requesting modifications to the terms of supervision.

RECOMMENDATION: Continue to develop guidelines for a system of graduated sanctions and incentives that will streamline the process for minor modifications of the terms of supervision.

Office policy and operational practices differ substantially depending on whether the office is located in a rural or urban environment. In the rural offices, probation supervisors must carry caseloads due to



limited staff resources, while in urban offices supervisors train new staff, manage the POs, review/audit cases, and help to ensure offenders are released from supervision in a timely manner.

Most field visits are conducted with two POs, who may be armed and equipped with body armor. Relative to other systems, home, work, and school visits are seldom utilized. This is true of both urban and rural caseloads and is a function both of the geography and distance of the caseload in many areas, as well as limited staffing resources. One PO interviewed indicated that four days per month in the field for home visits is typical. The inability to meet and observe releasees in the community impairs program effectiveness, but is a function of staff resources and caseload levels.

FINDING: Contact with and supervision of releasees outside the office is minimal.

Offices manage specialized caseloads in different ways, but typically assign specialized cases to an experienced PO II. One (or more in a larger office) PO II would normally supervise all or most sex offender cases, and another would handle all offenders on a mental health caseload. These POs would have a smaller caseload, but may have generic cases depending upon the overall level of workload in the office. Likewise, in more remote areas, one PO may handle all cases including sex offenders and those with mental health issues. Domestic violence cases may also be handled by one PO.

In order to assure PO accountability, the DOC requires monthly completion of a self-audit by each PO, as well as quarterly random file audits by supervisors.

Our review found the DOC's approach to offender caseload management effective and consistent with professional best practices, taking into account the challenges faced in supervising nearly 6,000 offenders spread across the entire state of Alaska.

FINDING: DOC's policy to concentrate staff resources on higher-risk and specialized supervision caseloads while placing low-risk offenders in an administrative caseload is an effective strategy and consistent with recognized best practices in community supervision.

However, the sometimes-significant differences among field office practices and approaches to offender supervision are unusual for a state probation/parole system and should be addressed. Presently, there is a substantial lack of consistency between districts on the sanctions to be utilized for similar violations. Similarly, there are no fixed standards for when a violation report is to be filed with the court or the parole board.

FINDING: Approaches to supervision are highly inconsistent across different field offices.

The result is a wide disparity in revocation rates and reinstatement rates from district to district.

RECOMMENDATION: Establish a violation matrix that would standardize and bring consistency to sanctions for violations of conditions of supervision.

Similarly, the system lacks objective guidelines for the establishment of PO caseload size. Each office establishes internal caseload targets based on workload and available staff. The system lacks caseload guidelines that establish target caseload sizes to allow for effective offender supervision. There are many examples of such guidelines. **Table 1-9** shows sample guidelines for a generic caseload developed



by the National Institute of Corrections. Nationally, specialized caseloads tend to be in the 1:25-35 range.

Table 1-9: Parole Supervision Guidelines⁹

Case Type	Cases-to-Staff Ratio
Intensive	20:1
Moderate to High	50:1
Low Risk	200:1
Administrative	No Limit

Source: American Probation & Parole Association

Such guidelines would need to be customized to reflect the unique characteristics of community supervision in Alaska, but would provide standards to guide requests for, and allocation of, staffing resources.

RECOMMENDATION: Develop and implement a set of supervision guidelines for specific types of caseloads to guide staff resource deployment and supervision practices.

Finally, the DOC lacks research capability to evaluate the effectiveness of approach, supervision activities, and program offerings on offender behavior. For example, the LSI-R assessment tool, while valuable, needs to be validated for the Alaskan community supervision population to ensure that it is accurately assessing risk and program needs. Similarly, the DOC has experienced a decrease in the supervision population, but due to lack of research staff, there is no means to determine why this has occurred and if it will continue in the future. Data collection and evaluation capabilities are rudimentary.

FINDING: Lack of an internal capacity to evaluate and understand the impact of its programs and operating practices severely handicaps the DOC in developing informed, effective plans for the future.

This issue goes beyond the supervised release program and is addressed later in this report.

Enforcement: When an offender subject to supervision does not report within five days of release or does not report for two consecutive reporting periods, the offender is identified to be an absconder. POs are responsible for locating absconders and, if unsuccessful, filing a petition to revoke probation. DPP staff indicated that lack of staff resources makes follow-up on absconders very difficult. Staff prioritizes their duties, and working with existing caseloads takes precedence over the often difficult task of locating absconders.

The current overall rate of supervision violations is summarized in **Table 1-10**.

⁹ American Probation and Parole Association, *Perspectives: Issue Paper on Caseload Standards for Probation and Parole*, William D. Burrell, Spring 2007.



Table 1-10: Supervised Release Violation Rates

	Region 1	Region 2	Region 3	Total
Absconded	58	78	264	400
Absconder Rate	3.7%	5.5%	9.0%	6.7%
Incarcerated/Violation	400	239	945	1,584
Violation Rate	25.3%	16.9%	32.2%	26.7%

Source: DOC

These rates are consistent with national trends. The Bureau of Justice Statistics (BJS) reports that for 2012, the national incarceration rate for offenders on community supervision was 25%, and the absconder rate was 11%¹⁰. Despite issues with follow-up on absconders, the level of absconders in Alaska appears to be 40% below the national average.

One factor that elevates the violation rate is the limited availability of community treatment options. When a PO discovers a violation of an offender’s terms of release, they typically discuss the violation with the office supervisor and together decide on how to address the offender’s violation. Most offices have working relationships with area judges, who are often open to a variety of options for dealing with technical violations. However, because there is a lack of treatment options in some areas of the state, POs are somewhat limited in how to deal with technical violations. As a result, new criminal offenses that could be managed in the community can result in incarceration.

A number of states have developed programs to minimize the return of technical violators to prison. Vermont prohibits the courts from ordering reincarceration of a technical violator absent a finding that community safety is in jeopardy or the offender needs treatment that can only be provided in prison. Oregon sets a cap of six months of incarceration as part of the intermediate sanctions program. Maine and Montana both provide POs with authority to implement specific intermediate sanctions in lieu of a formal violation process. Delaware similarly provides its probation agency authority to implement intermediate sanctions, including short-term incarceration, instead of revocation.¹¹ A common element of such programs is increased discretion for POs to respond to technical violations with a continuum of administrative, disciplinary, and program alternatives to reincarceration. As recommended earlier in this report, the DOC should enter into discussions with the courts to formalize a policy that incorporates these elements into a strategy to minimize the return of technical violators to prison.

Offender Programs: The DOC maintains relationships with a number of agencies to facilitate community program opportunities for offenders. This includes collaboration with the Alaska Housing Finance Corporation and the Alaska Board of Parole to provide housing assistance for eligible probationers/parolees to enhance their successful reentry into the following communities: Fairbanks, Kenai, Homer, Juneau, Ketchikan, Kodiak, Petersburg, Sitka, Soldotna, Valdez, Wasilla, Palmer, and Wrangell. Access to transitional housing, however, remains a significant issue for the supervision

¹⁰ Bureau of Justice Statistics, “Probation and Parole in the United States, 2012”, December, 2013.

¹¹ Lawrence, Alison, *Probation and Parole Violators: State Responses, National Conference of State Legislatures*, November, 2008.,



population, particularly in rural areas. The Anchorage office coordinates with the Alaska Department of Labor and Workforce Development to ensure that POs are knowledgeable about the state's employment services and can therefore make referrals to employment and educational services consistent with the offender populations' needs.

There are a very limited number of programs and other treatment options available for offenders in some offices outside of urban areas, which makes the successful reentry of offenders back into the community much more difficult to accomplish. Those that are available often have lengthy waiting lists. In Bethel, for example, there is no domestic violence program and very limited substance abuse treatment options. As a result, there are many supervision violations for abuse of alcohol, resulting in a return to jail.

Table 1-11 shows the number of dedicated treatment slots by program and region.

Table 1-11: Community Treatment Capacity by Region

	Region 1	Region 2	Region 3	Total
Sex Offender Treatment	59	20	165	244
Life Success Substance Abuse Treatment (LSSAT)	35	20	30	85
Continuing Care			60	60
Total	94	40	255	389

Source: DOC

The lack of a program infrastructure in many parts of the state can make program planning and placement difficult. While program opportunities appear adequate in the Anchorage, Mat-Su, and Juneau areas, other offices experience difficulty placing offenders in needed services. This issue, however, is beyond the scope of the DOC's control. Our review indicates that while more community program opportunities are needed, the DOC makes effective use of the available resources.

The DOC contracts for 839 beds in community residential centers (CRCs) around the state. These are privately operated facilities, typically located in residential or business-zoned areas, that provide reintegration services for offenders. Offenders are furloughed to a CRC based on their institutional program progress and time left to serve. After placement in a CRC, offenders are restricted to the center except for specifically approved passes from the facility for the purpose of work, education, treatment, or counseling activities. Residents must be employed or engaged in education or community service work that totals at least 40 hours per week. Programming is flexible, depending upon the needs of the offender, but typically includes employment assistance, identification of transitional housing, life skills, education, and substance abuse counseling.

The February 26 public hearing of the Legislative Budget and Audit Committee heard testimony regarding the need and benefit of community-based substance abuse treatment services. Two ex-offenders testified to the impact of such programming they received both in prison and in the community, which was vital to their successful reentry back into society.



Relative to the size of the correctional system, the CRC program in Alaska is quite large and represents a significant component of reentry programming. Our review teams assessed operations and programs at the Glacier Manor CRC in Juneau, Glenwood Center in Anchorage, Northstar Center in Fairbanks, and Tundra Center in Bethel. We found the programs available in each CRC to be well designed and targeted to offender needs. Employment levels were high relative to most work-release programs found in other state correctional systems. Disciplinary policies were appropriate and enforced as needed.

FINDING: The CRC program is an effective component of the DOC’s approach to reentry services.

The remaining major community program managed by DOC is electronic monitoring. This program allows offenders who meet certain eligibility requirements to serve time at home rather than in a facility. These requirements include a projected release date of less than three years, no current or prior sex offense-related convictions, and no current domestic violence-related convictions. In addition, the offender must reside and work in the Anchorage, Fairbanks, Girdwood, Kenai, Ketchikan, Mat-Su, or Sitka area. The offender must have a residence equipped with a land-line phone with basic service and long distance carrier.

By living at home, offenders can more easily secure and maintain employment, access community-based treatment programs, perform community service work, address medical issues without the state covering costs, and attend religious functions. There is a cost associated with the electronic monitoring program, to be paid weekly. A fee of either \$12.00 or \$14.00 (if alcohol testing equipment is required) a day is required, plus a \$10.00 urinalysis fee.

The program has an average population of 375 offenders. The average length-of-stay on the program is currently 90 days.

FINDING: DOC makes aggressive and effective use of the electronic monitoring program.

The overall size of the program is significant given the size of the state’s offender population. Selection criteria and supervision activities appear appropriate and consistent with national standards.

Staffing: In looking at staffing, review teams assessed the number of staff engaged in active caseload management. In rural offices, the supervisors carry caseload in addition to managing staff. **Table 1-12** summarizes the staffing and average caseloads levels by region.

Table 1-12: Supervision Staffing and Caseload by Region

	Region 1	Region 2	Region 3
PO Staffing	23	14	31
Average Caseload	60-80	55-85	100-120

Source: DOC

As discussed earlier, the average caseload numbers are deceptive because the DOC establishes specialized caseloads for high-risk offenders, which have much lower staffing ratios. These specialized caseloads are often blended with generic cases depending upon a PO’s available time. The rural offices



also have lower caseloads attributable to the issues in supervising offenders over large geographic areas. In summary, it is difficult to assess the adequacy of staffing by looking at overall average caseloads. As stated earlier, the DOC needs to develop caseload standards that reflect available research on best practices in supervision and are customized for the specific challenges associated with community supervision in Alaska. National standards suggest that current caseloads are too high.

Supervisor-to-staff ratios were reported to range from 1:6 in the smaller offices to as high as 1:9. National best practices call for parole/probation supervisor staff ratios of 1:6-1:7.

Training is a major issue for DPP staff. There is no formalized field training officer program; training is held at each office, but is informally structured with no standardization. Initial training for POs is two months at the DOC academy with annual updates, but is basically the same training that correctional officers receive.

RECOMMENDATION: Develop a training program specific to the job requirements of a probation officer.

Job-specific training for POs should be blended into the curriculum. Offices reported difficulty in identifying and scheduling the required 40 hours of annual training for POs. Firearms training was noted as particularly difficult to obtain because of the lack of ammunition. In addition, there is often difficulty certifying new recruits for firearms use if they failed to pass the test while at the academy. This is partially due to the requirement that the first-time firearms certification must be done at the academy, which is difficult to schedule and often very costly once a recruit leaves the academy. Even if a PO's office has a firearms instructor on staff, he or she is not allowed to certify new recruits.

In summary, the review teams were generally impressed with the quality and dedication of the probation and parole field staff; however, caseload issues and training are noted as significant issues that impair program effectiveness.

Performance Evaluation: The DOC has established two objectives to measure their performance toward achieving a goal of providing effective supervised release, pursuant to their departmental mission:

- Increase the percentage of probationers and parolees who satisfy court-ordered conditions of release.
- Reduce criminal recidivism.

These objectives have an obvious and direct relationship to providing effective supervised release. **Table 1-13** shows the data on successful release from supervision, and **Table 1-14** shows the most recent available data on recidivism.



Table 1-13: Supervision Discharge Rates

	2010	2011	2012	2013
Offenders Discharged	2,525	1,820	2,007	1,658
Successful Discharges	1,142	884	1,052	1,078
Successful Discharge Rate	45.2%	48.6%	52.4%	65.0%

Source: DOC

The data shows significant improvement in the number of successful discharges from supervision, meaning the offender has completed their court- or parole-ordered conditions and was released from supervision, an increase of 20% over the four-year period. The improvement in the rate is attributable to a large decline in the number of offenders discharged from supervision, a reduction of nearly 33% over the time period. In fact, the number of successful discharges has remained virtually the same over the time period. While the DOC deserves credit for increasing the success rate, reasons for the large drop in the number of discharges remain unclear and require further research.

Table 1-14: Recidivism Rate

	2006	2007	2008	2009	2010
Offenders Released	3,519	3,741	3,964	3,944	3,700
Offenders Reincarcerated	2,290	2,470	2,543	2,485	2,351
Recidivism Rate	65.1%	66.0%	64.2%	64.6%	63.5%

Source: DOC

The data shows a small 2% decline in the recidivism rate from the cohort of offenders released in 2006 to the cohort of offenders released in 2010. The 63.5% recidivism rate most recently reported compares to a nationally reported three-year recidivism rate of 67.8% in recent research published by the BJS.¹² However, it is important to note that the definition of recidivism used by the DOC makes comparisons with national and other state data difficult. The DOC defines recidivism as a reincarceration of an offender. Many jurisdictions define recidivism as a re-arrest. Recidivism data that relies on re-arrests will generally show a higher rate than a measure which uses reincarceration as the metric. Accordingly, it is not possible to describe the DOC's recidivism rate as lower than the national average as reported by the BJS. This is not to say that reincarceration is an inappropriate metric for recidivism. For example, if one is measuring impact to the correctional system, reincarceration is preferable to re-arrest. If the primary interest is offender behavior, re-arrest may provide a more meaningful measure. The key issue here is to be aware of differences in definition when comparing recidivism rates.

Based on this data, the DOC appears to be achieving its objectives for supervised release. Using the more detailed evaluation criteria and qualitative assessment data from our review provides a more mixed assessment of the DOC performance. **Table 1-15** summarizes our assessment of overall DOC performance in each of the dimensions of supervised release that guided our review.

¹² Bureau of Justice Statistics, "Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010," April, 2014.



Table 1-15: Supervised Release Performance Evaluation

	Highly Effective	Moderately Effective	Mixed Results	Ineffective	Inconclusive
Case Management			X		
Enforcement		X			
Programs		X			
Staffing		X			

Source: CGL

FINDING: From a system-wide standpoint, the DOC is moderately effective in providing supervised release.

The DOC has a well-designed program for supervision that is consistent with best practices. Staff are productive and well-motivated. However, the system lacks consistent criteria to standardize staff supervision practices and needs caseload standards to better guide resource deployment decisions. Lack of specific staff training for POs is a significant shortcoming. This is particularly critical for POs with specialized, high-risk caseloads. Finally, the difference in available program resources and supervision practices between the urban and rural DPP offices is substantial. While some differences are inevitable given the different environments in which they operate, the DOC needs to develop a more uniform system of service delivery across its DPP offices.

Reformative Programs: A summary inventory of the reformative programs offered by the DOC includes the following:

Substance Abuse Treatment

- *12-Step Programs:* Alcoholics Anonymous/Narcotics Anonymous meetings led by community volunteers
- *Alaska Native-Based Substance Abuse Treatment (ANSAT):* Substance abuse treatment services from an Alaska Native cultural perspective
- *Life Success Substance Abuse Treatment (LSSAT):* Intensive outpatient treatment services that use a cognitive behavioral approach
- *Residential Substance Abuse Treatment (RSAT):* Intensive residential inpatient treatment services that use a therapeutic community model

Education

- *Adult Basic Education (ABE):* Basic education instruction in reading, writing, and computational skills below the ninth-grade level
- *English as a Second Language (ESL):* Instruction on improving basic English speaking, reading, and writing skills
- *General Education Diploma (GED):* Secondary education and testing opportunities leading to a GED



- *Vocational Services*: Job training, skills development, and apprenticeships in more than 35 specific programs

Other Programs

- *Alaska Reentry*: Prepares inmates for reintegration and transition back into the community
- *Anger Management*: Provides intervention strategies that have proven effective in the management of anger
- *Criminal Attitudes Program (CAP)*: Assists offenders in altering their criminal attitudes and behaviors
- *Parenting*: Provides techniques to help overcome the physical and psychological challenges that incarcerated parents face both inside and outside of prison
- *Religious Services/Programs*
- *Sex Offender Treatment*: Polygraph testing, assessments, and residential treatment for convicted sex offenders
- *Domestic Violence*: Education for men serving time for a domestic violence conviction; family violence intervention

In order to match offenders with programs that meet their specific needs, the DOC uses the LSI-R assessment instrument. The instrument evaluates the offender's history of criminal behavior, level of socialization, substance abuse history, family support systems, education, and work record. The assessment identifies an inmate's risk level, program needs, and potential strengths. The DOC staff uses the results of the LSI-R to supplement information available from the other offender records to develop an individualized case management plan for each inmate. The case management plan establishes an outline for preparing the inmate for successful reentry back into society. The issues and needs specific to each inmate (e.g., substance abuse, education, sex offender treatment) are identified in the plan, which provides a basis for decisions on inmate institutional and program placement.

Table 1-16 shows the number of inmates served by each of the major programs offered by the DOC and the number of successful completions in FY 2013. The data reported here is by program enrollment and so includes duplicate counts of inmates that may be enrolled in multiple programs and also accounts for individual inmates as they pass through the system. This accounts for the number of inmates served by programs greatly exceeding the average daily institutional population of 4,065 for FY 2013.

Table 1-17 summarizes the distribution of programs by facility and, where available, provides a snapshot of the enrollment in these programs at the time of our review. Institutions reported more than 1,700 inmates actively involved in programming.

Given the significant number of inmates in pretrial status (37%) that may have very short stays in the DOC, this level of institutional program involvement is notable. Many jail systems do not provide significant levels of program for pretrial offenders because their typical length-of-stay does not allow them to complete programming. Similarly, many state correctional systems have significantly reduced inmate programming as a component of budget reductions or have concentrated program resources in



designated facilities. Alaska has a much broader array of programs in all of its facilities than all but a few state correctional systems.

FINDING: The DOC is notable for the robust, comprehensive set of reformative programs that it has developed to aid offenders in addressing the issues that may have contributed to their incarceration. The array of programs available to offenders relative to the size of the correctional system is one of the most extensive in the United States.

Table 1-16: Program Enrollment and Completion Rates

	Served	Completed	Completion Rate
ABE	1,309	NA	
GED	216	216	100.0%
CAP	931	596	64.0%
Parenting	470	298	63.4%
Reentry	596	386	64.8%
Vocational	3,332	2,750	82.5%
ANSAT	136	82	60.3%
LSSAT	921	482	52.3%
RSAT	231	119	51.5%
Total	8,142	4,929	

Source: DOC



Table 1-17: Programs and Enrollment by Facility

	# in Programs	Substance Abuse 12- Step	LSSAT	RSAT	ANSAT	ABE	ESL	GED	Voc. Ed	Parenting	Religious Services	Sex Off.	Reentry	CAP	Dom. Vio.	Anger Mgt.
Anchorage	38	X				X	X	X			X					
Anvil Mountain	60				X	X		X	X	X	X		X	X		
Fairbanks	150	X	X					X	X	X	X		X	X		
Goose Creek	386	X	X			X		X	X	X	X		X	X	X	X
Hiland Mountain	290	X	X	X		X	X	X	X	X	X		X	X		X
Ketchikan	40	X				X		X	X	X	X		X	X		
Lemon Creek	160	X	X			X		X	X	X	X	X	X	X	X	X
Mat-Su Pretrial	67					X		X	X	X	X			X		X
Palmer	250			X		X		X	X	X	X	X	X	X	X	X
Spring Creek	165	X		X		X		X	X	X	X	X	X	X		X
Wildwood	118	X	X				X	X		X	X	X	X	X		X
Yukon-Kuskokwim	NA	X			X	X		X	X	X	X		X	X		
Total	1,722															

Source: CGL



One potential issue with the DOC’s institutional programs is the need to evaluate the impact of individual programs on offender behavior. We are aware that the DOC is sponsoring research on the overall effectiveness of substance abuse treatment programming; however, a number of states, such as Colorado and Louisiana, have begun to study the impact of individual programs upon recidivism, with a goal to identify those programs that are most effective. With this knowledge, a system can eliminate programs that are marginal in impact and, instead, invest its resources in programs with proven results. This is a complicated type of evaluation. The movement of inmates between facilities and participation in multiple programs makes it difficult to validly identify the impacts of specific programs in isolation of other factors that may affect recidivism. Research approaches to these issues are being developed, however, and the DOC would benefit from a critical assessment of which programs provide the most benefit.

RECOMMENDATION: Develop a research plan to evaluate the relative impact of different rehabilitative programs.

Performance Evaluation: The DOC has established three objectives to measure their performance in achieving a goal of providing reformative programs, pursuant to their departmental mission:

- Increase the number of individuals who complete an institutional or community-based substance abuse treatment program.
- Increase the number of offenders who receive a GED while incarcerated.
- Increase the number of sex offender probationers who complete both a sex offender management program and receive polygraph testing while on probation.

These objectives address performance in three critical programs: education, substance abuse treatment, and sex offender treatment. For the purposes of measuring performance, the DOC uses program completion as its primary metric for substance abuse treatment programs, attainment of GED certification for education, and program participation and compliance with polygraph examination requirements for sex offender treatment. **Table 1-18** shows the data over the last four years on each of these metrics.

Table 1-18: Program Performance Metrics

	FY 2010	FY 2011	FY 2012	FY 2103
Assessments	81	180	501	567
LSSAT	238	386	420	482
RSAT	105	111	110	119
Aftercare	-	42	106	133
Total Substance Abuse Program Completions	424	719	1,137	1,301
GEDs Received	247	254	251	216
Polygraphed Sex Offenders	383	454	421	442

Source: DOC



The data shows significant growth in the number of offenders completing substance abuse programming. The slower rate of growth in 2013 appears to be primarily attributable to limited DOC program capacity, which in turn is a function of the limited number of qualified substance abuse treatment providers in the state. The number of GED certificates had been steady from 2010 - 2012, before dropping by 14% in FY 2013. This reduction is due to preparation for federally mandated changes in the GED test and its administration. The backlog of offenders waiting to take the test should result in a commensurate increase in FY 2014. The number of sex offender probationers taking polygraph tests increased in FY 2013, but still represents a decline from the program’s peak of 454 in FY 2011. Activity in this program is largely driven by the number of sex offenders released on probation.

Based on this data, the DOC appears to be achieving its objectives for reformative programming. Using the more detailed evaluation criteria and qualitative assessment data from our review provides a more mixed assessment of DOC performance. **Table 1-19** summarizes our assessment of overall DOC performance in each of the dimensions that guided our review.

Table 1-19: Reformative Programs Evaluation

	Highly Effective	Moderately Effective	Mixed Results	Ineffective	Inconclusive
Program Capacity	X				
Range of Programs	X				
Offender Enrollment	X				
Program Completion	X				
Program Evaluations			X		

Source: CGL

Our assessment of DOC reformative programming focuses more on the magnitude of the DOC’s commitment to programming as evidenced by the range and quality of the programs offered in its institutions. The DOC’s comprehensive array of programs serves a larger proportion of its population than all but a few state correctional systems. With the exception of the most remote institutions, all facilities reviewed had an impressive set of programs that addressed basic criminogenic issues. We were also impressed with the quality of program delivery. Virtually of the institutions have waiting lists for their programs, indicating that the offender population recognizes their value and potential benefit.

FINDING: DOC’s approach to developing reformative programming is aggressive, its scope is comprehensive, and its delivery is effective.



EVALUATION OF EFFICIENCY

Secure Confinement: In order to evaluate the efficiency of the DOC’s secure confinement operations, it is necessary first to identify the cost associated with providing this service. Data for this analysis comes from the DOC’s “FY 2014 Cost of Care” agreement with the US Department of Justice, which provides the best available detailed breakdown and allocation of the components of DOC secure confinement spending. It is important to note that the actual cost data contained in the agreement is from FY 2013. The agreement provides an allocation of administrative costs to institutional operations, depreciation for buildings and equipment, and offsetting revenues, in addition to detailing facility and support unit operating costs. This level of detail provides a complete picture of the factors driving secure confinement costs.

Cost Profile: For the purposes of identifying secure confinement costs, we include institution costs, inmate health care, an allocation of administration and support costs, and statewide direct costs that are attributable to secure confinement. **Table 1-20** summarizes these costs.

Table 1-20: DOC Secure Confinement Spending by Cost Center

	FY 2104 Cost of Care	% of Total Spending
Institutions	\$ 166,603.7	72.9%
Inmate Health Care	\$ 39,085.0	17.1%
Administration Allocation	\$ 8,017.7	3.5%
Statewide Direct Costs	\$ 14,785.1	6.5%
Total	\$ 228,491.6	

Source: DOC

For the period covered by these expenditures, the DOC managed 1,483,798 inmate days in state facilities. This equates to a system-wide inmate per diem cost of \$154 for secure confinement services.

FINDING: The total cost of secure confinement operations based on FY 2013 data was \$228.5 million, or \$154 per inmate per day.

Direct institutional operations and the health care provided to inmates comprise 90% of the cost of secure confinement.



Table 1-21 breaks down these cost centers into their component parts.

Table 1-21: Secure Confinement Spending by Cost Center and Line Item

	Institutions	Inmate Health Care	Admin. Allocation	Statewide Direct Costs	Total	% of Total Spending
Wages/Benefits	123,448.6	18,359.5		3,762.7	145,570.8	63.7%
Contracts	-	17,095.7		-	17,095.7	7.5%
Utilities	12,022.1			(745.9)	11,276.2	4.9%
Commodities /Supplies	20,983.4	2,543.5		55.8	23,582.7	10.3%
Capital	1,192.7			-	1,192.7	0.5%
Interagency Services	3,746.9	873.4		810.3	5,430.6	2.4%
Other	5,210.0	212.9	8,017.7	10,902.3	24,342.9	10.7%
Total	166,603.7	39,085.0	8,017.7	14,785.1	228,491.6	

Source: DOC

Institution spending predominantly goes to staff wages and benefits, which make up 74% of institutional operating costs. Commodities and supply spending for food, clothing, and household items make up the next largest category of expenditures, at nearly 13% of total spending.

Inmate health care spending is largely split between staff wages, which make up 47% of spending and contracts for services, which make up 44% of spending. Contracted services for health care include physicians, nurses, dentists, and off-site medical services.

The \$8 million in administration allocation costs in total represents 3.5% of total secure confinement spending. The amount of the allocation represents 76.04% of the \$10.5 million identified by the DOC as administration and support costs. These costs include expenses associated with the DOC Office of the Commissioner, DOC Division of Administrative Services, facility rent, and the DOC Training Academy. This allocation of administrative costs has been certified as consistent with federal guidelines.

Statewide direct costs for secure confinement represent expenditures for services or functions external to the institutions that directly support all facilities. These cost centers include the DOC Statewide Director of Institutions Office, Facility and Capital Planning Office, Classification and Furlough Office, expenditures for transportation of inmates, return of inmates to their point of arrest, and depreciation for facilities and equipment. **Table 1-22** summarizes the component expenditures of these cost centers.

Table 1-22: Breakdown of Statewide Direct Costs for Secure Confinement (\$000)

Statewide Director's Office	Facility Planning	Depreciation	Classification & Furlough	Transportation	Point of Arrest	Total
1,105.2	603.7	8,241.9	810.4	3,173.1	850.9	14,785.1

Source: DOC



With the exception of depreciation, which is a calculated cost, and point of arrest, which is almost entirely travel costs, these expenditures largely go to staff wages and benefits.

In assessing the efficiency of the DOC's secure confinement program, we examine spending in each cost center to determine if current levels of resource use are appropriate or whether alternative means are available to achieve the same objectives at less cost.

Institutions: As noted above, the primary source of cost in institutions is staff wages and benefits. The cost is a function of two factors, the level of salary and benefits and the number of staff employed. The cost of care plan shows total wages and benefits for 1,274 employees of correctional facilities of \$123.4 million, or an average level of wages/benefits of \$96,898 per employee. This is high relative to most other state correctional systems, but is reflective of the cost of living in Alaska. The wage and benefit levels are established through collective bargaining agreements and the state's pay plan and are, accordingly, not subject to alteration by the DOC.

Our assessment teams conducted a high-level review of staffing levels and roster management in each DOC facility. We found generally adequate-to-low staffing levels in virtually all facilities. Our review of post assignments indicated that DOC administrators have been diligent in reviewing post duties to maximize the efficient use of staff. A good example of this is the use of blended 12- and 8-hour staffing shifts. This practice is highly efficient and has reduced staff coverage of designated security posts to minimal levels on night shifts in many facilities. Facility staffing patterns, however, are sufficiently lean that managers have little flexibility in responding to staff absences or vacancies, which in turn can be difficult to fill. In many institutions, absences or vacancies result in either automatic overtime or closure of mandatory posts. The exception to this finding was the Goose Creek facility, which has an optimal staffing plan that allows administrators needed flexibility in responding to operational needs. All facilities reviewed made highly efficient use of assigned staff resources. Reductions in assigned staffing would have a serious negative impact upon the ability of facilities to operate in an effective manner.

Correctional facility spending on food in the period under review totaled over \$13.5 million. The DOC calculated its corresponding average cost per meal to be \$3.04. This is the highest cost per meal that we encountered in any state correctional system. Available data on correctional system meal costs shows Connecticut with a cost of \$2.37 per meal, North Dakota at \$1.97 per meal, and Washington with \$2.14 per meal as the systems with the next highest costs. The generally small size of the Alaska DOC facilities, their remote location, and the high cost of living in the state all contribute to this level of spending. Our observation and review of food service operations did not reveal any significant inefficiency, with the exception of two independent kitchens operating at both Palmer and the Anchorage Correctional Complex. Consolidation to one kitchen at both sites would somewhat improve efficiency and lower costs; however, in general, the high cost of meals for the correctional system appears unavoidable.

RECOMMENDATION: Consolidate the multiple kitchen facilities at the Anchorage Correctional Complex and Palmer Correctional Center into one kitchen at each facility.



The final significant area of institutional spending is for utilities, which totaled over \$12 million for the correctional system in this time period. Institutional utility costs are primarily a function of aging physical plants (with the exception of Goose Creek) that lack modern, energy-efficient building systems. Accordingly, one effective way to reduce these costs is to better manage overall energy consumption through facility improvements.

The Alaska Department of Transportation & Public Facilities Energy Office has developed a program to encourage the use of energy performance contracting to develop and construct energy-saving improvements within an existing budget by financing the improvements with money saved through reduced energy expenditures. The state program has pre-qualified several energy service companies (ESCOs) to assist in project development, and they work directly with the individual agencies. Following a detailed energy analysis, the ESCO designs and installs the needed improvements. Typically, the ESCO guarantees both the maximum project cost and the projected energy savings.

This program is a cost-effective means for completing building energy upgrades and addressing deferred maintenance with the advantage of no up-front financing requirements. Facility owners instead fund projects through guaranteed annual energy savings over time. The Alaska Housing Finance Corporation has a supporting program, the Alaska Energy Efficiency Revolving Loan Program), that can be used to finance energy performance contracting for public entities.

The DOC has experience with this approach. In 2009, DOC completed a \$9 million energy performance contract that implemented energy improvements in eight prisons throughout Alaska. This included upgrades to the following building systems: lighting and controls, building automation, mechanical (heating and ventilation), motors and drives, laundry process, and domestic water. As a result of this work, energy consumption levels dropped. While actual spending on utilities increased somewhat due to increasing prices, the efficiencies in utilization that were achieved did produce savings for the DOC.

RECOMMENDATION: Pursue a new energy performance contract to achieve efficiencies in utility use.

Other primary institution expenditures were for capital equipment and improvements and for interagency services. The \$1.1 million for capital is a minimal level of investment given current facility conditions. Spending for interagency services goes to other state agencies for centrally managed services such as risk management, personnel, and IT that are not under the control of the DOC.

Inmate Health Care: Health care spending on a per-capita basis was \$26.34 per inmate per day. A Pew Foundation review of health care spending by state correctional systems found that Alaska ranked fourth highest in the nation, following California, Vermont, Wyoming, and New Hampshire.¹³

The DOC's management of a unified correctional system that combines both prisons and jails is a primary factor driving the overall level of health care cost. Most state correctional systems only receive inmates that have been detoxed and medically stabilized during their time in jail. The DOC, by contrast, receives newly arrested inmates that are often intoxicated on multiple drugs, injured, or who have

¹³ Pew Charitable Trusts and Catherine T. MacArthur Foundation, "State Prison Health Care Spending," July, 2014.



significant, untreated medical conditions. Moreover, the volume of intake into a jail requires a much more substantial health care screening process than would be required in a correctional system. Alaska is the only state correctional system that specifically is required to admit offenders to sober up. These Title 47 holds are often high-risk in terms of physical health and must be medically monitored, adding to the workload of the health care staff. In short, the volume of work and the treatment challenges presented by the inmate population are much greater in Alaska relative to most other state correctional systems.

The other unique factor driving DOC health care costs is the difficulty in recruiting and retaining health care staff outside the urban areas. The lack of health care professionals in rural Alaska forces the DOC to pay very high contract rates for doctors, nurses, and other health care staff needed to provide services in remote institutions.

Our review of health care staffing at institutions indicated adequate-to-minimal nursing coverage at most facilities. The lack of available nurses on weekends and night shifts at smaller, more remote facilities in some cases results in correctional officers conducting health care intake assessments at those facilities. While these officers have received training and follow a protocol to conduct the assessment, this is not a recommended practice. We saw no facilities with optimal health care staffing levels.

One area for achievement of some potential spending reductions is the expansion of Medicaid funding to cover 100% of in-patient hospitalization. Hospitalization spending for this time period exceeded \$7.7 million. To the extent that the DOC can qualify offenders for Medicaid and arrange a reimbursement process with the DHSS, this level of state spending on inmate hospitalizations can be substantially reduced.

RECOMMENDATION: Develop protocols for qualifying inmates for Medicaid, and negotiate an agreement with DHSS to facilitate the reimbursement process for in-patient hospitalizations in the community.

Video Conferencing: Operational and fiscal benefits from the use of video conferencing (VC) technology have been understood by the corrections community for more than two decades. Jails and correctional systems have used the technology in multiple operational areas, including mental and medical health care interviews and diagnostics, court appearances, attorney visits, and family visitations. Although not fully utilized, the DOC has been implementing VC technology for the past several years in all of these applications.

The usage for family visits, medical appointments, court appearances, and attorney visits are areas that offer significant cost savings as a result of reduced transportation costs and less staff escort time. A 2010 survey of correctional systems' use of VC for courts highlighted and quantified several benefits. Some of the benefits cited in a survey conducted by the National Center for State Courts included the following:

- Time, staff, and fuel savings
- VC helps to administer justice, reported by 80%



- Most have not quantified savings, but those who have report savings of:
 - \$31 million since inception (PA)
 - 30% of travel expenses (UT)
 - \$600,000 per year
 - \$50,000 per year
 - \$500 to \$7,500 per hearing were noted by different courts
- 24/7 magistrate coverage (VA)
- Easier to get meeting quorums¹⁴

DOC and other state agency deployment of VC technology in Alaska have saved the state money previously spent on transportation of offenders and/or state officials. VC technology is currently being used at several DOC facilities for court appearances and public attorney visits and at almost all facilities for medical health evaluative purposes. With a few exceptions at smaller facilities, DOC correctional facilities used to house pretrial offenders have video links to courts and the necessary video and audio equipment for arraignments and other legal proceedings. DOC's IT manager works closely with the IT manager from the state's court system to help ensure conference technology is deployed in a manner acceptable to judges and other members of the state's legal process (prosecutors and public defenders).

Although available at almost all facilities (currently being installed at facilities in the western part of the state because of recent improvements to telecommunications systems), video court proceedings are not as widespread as they could be. One of the limiting factors is due to some judges who prefer to see offenders and accused offenders in person. Although many jurists insist on using the technology, some are just not comfortable with it. This is not unusual, as the review team has encountered similar resistance in many jurisdictions that use VC technology for courtroom proceedings.

Benefits of VC for visitation in correctional facilities include the following:

- Reduces the number of correctional officers required for the visitation process, leaving more time for traditional security duties
- Eliminates infrastructure dedicated to the traditional visitation process
- Reduces contraband infiltration
- Reduces the possibility of inmate confrontation
- Increases visitation hours, which will reduce stress on visitors, corrections officers, and inmates alike
- Guarantees visitation, because reservations are made a day in advance
- Is accessible through any computer with high-speed Internet, video, and audio capabilities
- Allows law enforcement to trace IP addresses if during the visitation they suspect anything illegal

¹⁴ Videoconferencing Survey 2010 Results, Jim McMillan, National Center for State Courts September, 2010, <http://www.ncsc.org/>



DOC's deployment of VC for video visitation is quite limited. Visitors must still go in person to a correctional facility (not all which have the video technology is installed). VC equipment is located in housing areas, so offenders do not have to be escorted to a central visitation area, which reduces escort time and staff time used to monitor visitation rooms. According to DOC IT officials, VC deployment is more advanced for medical services, as all facilities have links that are used for mental health and other interviews. California reported that medically related guarding and transportation costs for one inmate can exceed \$2,000 per day.¹⁵

The DOC is making progress with the implementation of VC technology as funds become available, but they still have a ways to go before they are taking full advantage of what the technology has to offer. Once fully implemented in all facilities located in remote areas and once fully accepted by the courts, there should not only be additional cost savings, but increased public safety because there would be fewer offender movements to and from court.

Administration Allocation: As noted above, this cost represents 76.04% of the \$10.5 million identified by the DOC as administration and support costs. This level of spending for correctional system administration is low by comparison with other state systems. DOC administration represents approximately 3.7% of total department spending during the time period. Data from the ACA shows on average, state correctional systems spend approximately 6.7% of their total resources on administration, nearly twice the level of Alaska.

Statewide Direct Costs: Nearly 64% of the \$14.8 million in spending in this cost center is outside the control of the DOC (depreciation costs, transportation of inmates upon release to their original point of arrest, interagency services). Most of the remaining spending is for wages and benefits. Staffing levels in all of these functional areas appear efficient.

Efficiency Assessment: The DOC provides secure confinement services in a generally efficient manner. The relatively high costs incurred in providing this service are largely a function of the unique characteristics of the correctional system and the cost of providing services in Alaska. In the most significant area of DOC spending, institutional staffing, efficiencies have been maximized to the point that additional reductions in staffing could jeopardize achievement of the program's mission.

FINDING: DOC'S secure confinement operations are efficient.

While the current system appears to be operating in an efficient manner, there is an alternative approach to providing secure confinement that could substantially reduce costs. Contracting outside the state for the incarceration of inmates could reduce overall spending for secure confinement if conducted on a scale that would allow for the closure of one or more facilities. As noted earlier, the per diem cost for incarcerating an inmate in a DOC facility is \$154. The DOC's most recent out-of-state contract for housing inmates in Colorado had a rate of approximately \$65 per day.

¹⁵ Aaron Edwards and Brian Brown, "Providing Constitutional and Cost-effective Inmate Medical Care," California Legislative Analyst's Office (April 2012), <http://www.lao.ca.gov/reports/2012/crim/inmate-medical-care/inmate-medical-care-041912.pdf>



The cost-effectiveness of private correctional service providers is primarily tied to the use of new, efficient facility designs and low compensation and benefit rates for staff. These two factors reduce overall staffing needs and costs for private providers in other states to a level far below what the DOC could ever achieve in Alaska. For the same reason, privatization of current DOC facilities would not likely be feasible or achieve substantial savings. Working with the current DOC facilities would limit the efficiency of any private correctional management company, and the labor market in Alaska would make it impossible to staff facilities at the salary and benefit levels typically utilized by private prison companies.

The DOC is now using approximately 95% of the available capacity in its facilities. In the future, if the state’s correctional population continues to grow, policymakers will face a choice between incurring the substantial costs of new facility construction in Alaska and long-term increased operating costs versus contracting for far cheaper beds out-of-state. There is little doubt that from an efficiency standpoint it will generally be much cheaper to rely on contracting as a strategy for future population management. However, this does not take into account the other aspects of this policy question, which include job creation, access of inmates to families, and the impact of out-of-state incarceration on recidivism.

In the short-term, savings from the current budget can be achieved by shipping enough inmates out of state to allow for closure of DOC facilities. Maximum savings can be achieved by closing the DOC’s largest correctional facility, Goose Creek, which also has one of the highest per-capita costs in the correctional system. The paradox here is that Goose Creek is by far the most effective facility operated by the DOC, and the only one that meets or exceeds all major professional standards for operational performance. Given that the state has only recently opened this facility, and in the process ended its practice of contracting for private prison beds outside of Alaska, this policy question has been reviewed by the governor’s office and the legislature.

Supervised Release: The DOC’s cost of care agreement with the United States Department of Justice, as described earlier, provides a full accounting of the operational, administrative, and program costs of delivering supervised release services. The agreement provides the assumptions underlying the federal reimbursement rate for prison housing and other services that the state may provide the federal government. The agreement provides a calculation of per diem costs for each of the components of the supervised release program. **Table 1-23** presents a summary of these costs.

Table 1-23: Supervised Release Cost Centers

	Probation & Parole	CRCs	Electronic Monitoring
Cost	\$ 16,662.0	\$23,949.0	\$ 2,657.2
Average Daily Population (ADP)	6,222	765	345
Per Diem Cost	\$ 7.32	\$ 85.18	\$ 21.02

Source: DOC



Probation and parole costs are almost entirely a function of staffing levels. Current generic caseload levels are sufficiently high that POs have very little time for home visits and follow-up field work. Appropriately staffing specialized caseloads represents an even bigger challenge for the DOC. Costs can only be significantly lowered and the program made more efficient by lowering staffing levels; however, this would render the program ineffective. The probation and parole system is operating as efficiently as possible while meeting program requirements.

There is an alternative available to offset some of the costs of parole supervision: imposing a monthly fee on probationers and parolees. Currently, 28 states collect probation fees. Fees generally range from \$20 to \$45 per month, and all systems have provisions for fee waivers in special circumstances. One argument against fees is that it forces probation agents to become fee collectors, which impairs their ability to develop an effective working relationship with their clients. To address this issue, states such as Louisiana have contracted for fee collection services, keeping their professional staff removed from the process.

With the ADP of 6,222 reported for this period, a monthly fee of \$25 with a 75% collection rate and 25% commission for the fee collection service would generate \$933 thousand in revenues for the DOC.

RECOMMENDATION: Study the feasibility and impact on program effectiveness of imposing a fee for probation and parole supervision.

The CRCs reviewed all provided the full range of required services under their contracts. Staffing and operating procedures appeared appropriate. Their cost, at \$85.18 per day, is far below the average cost of the DOC secure confinement cost of \$154 per day. The program appears to provide efficient service.

The cost of the electronic monitoring program is largely a function of staffing costs and the contract for the equipment and monitoring service, which is competitively bid. The program has 18 staff responsible for managing offenders on the program, who pay a weekly fee to partially offset the cost. The program operates in an efficient manner with an appropriate staffing level.

FINDING: The supervised release program operates with a high level of efficiency for the services provided.

Reformative Programs: The cost of care agreement identifies \$6,936.7 thousand in spending for reformative programs for the time period. This equates to a per diem cost of \$4.67 per inmate per day. Most of these programs are provided by contractors. Wages and benefits make up \$1,171.4 thousand of spending, or 16.9% of program costs. The primary issue in the efficiency of the delivery of these programs is in the division of responsibility between DOC and contract staff.

Most models for delivery of rehabilitative programs utilize contractors for actual service delivery under the guidance and supervision of state employees who monitor the quality of services provided in compliance with the contract. The DOC's education and substance abuse treatment programs follow this model. The sex offender treatment program follows a different model, with DOC staff providing services in facilities. Given the unique nature of this program and the cost of such services in the community, this



approach is efficient. The services are provided in an efficient manner, with an appropriate balance between state and contractual staff.

Comparisons of spending for treatment programs between correctional systems are difficult given the differences in approach to programming. Data from the ACA shows that state correctional systems on average allocated 4.4% of their budgets to habilitative programs. The cost of care data shows that the DOC allocates 2.9% of its budget to such programs. This lower spending level is particularly notable given the high quality and quantity of available programming as described earlier.

Finding: The DOC's delivery of reformatory program is highly efficient.



Review Objective 2: Determine whether the agency’s results-based measures demonstrate effectiveness and efficiency of the agency’s core services, goals, programs, and objectives.

As described earlier, the DOC’s mission has three primary components:

- Provide secure confinement of inmates.
- Provide supervised release of probationers and parolees.
- Provide reformatory programs to inmates.

Table 2-1 summarizes the results-based measures used by the department to indicate its performance relative to agency goals and objectives.

Table 2-1: DOC Program Performance Measures

Program	Performance Objectives	Metrics
Secure Confinement	<ul style="list-style-type: none"> • Maintain zero escapes. 	<ul style="list-style-type: none"> • Escape 1 & 2 convictions
	<ul style="list-style-type: none"> • Decrease the number of special incident reports. 	<ul style="list-style-type: none"> • Inmate on Inmate-High Level Assaults • Inmate on Inmate-Lower Level Assaults • Inmate on Inmate-Sexual Assaults • Inmate on Staff-Assaults
Supervised Release	<ul style="list-style-type: none"> • Increase the percent of probationers who satisfy their court-ordered conditions of release. 	<ul style="list-style-type: none"> • Number of Offenders Discharges from Supervision • Number of Offenders Successfully Discharged from Supervision
	<ul style="list-style-type: none"> • Reduce criminal recidivism. 	<ul style="list-style-type: none"> • Offenders Released from Incarceration • Offenders Returned to Incarceration
Reformatory Programs	<ul style="list-style-type: none"> • Increase the number of individuals who complete an institutional or community-based substance abuse treatment program. 	<ul style="list-style-type: none"> • Substance Abuse Assessment/Referrals • LSSAT Completions • RSAT Completions • Aftercare Participants
	<ul style="list-style-type: none"> • Increase the number of offenders who receive a GED diploma while incarcerated. 	<ul style="list-style-type: none"> • GED Certificates Issued
	<ul style="list-style-type: none"> • Increase the number of sex offender probationers who complete both a sex offender management program and who receive polygraph testing while on probation. 	<ul style="list-style-type: none"> • Polygraphed Sex Offender Probationers

Source: DOC



DOC performance in support of these programs, as documented by these metrics, has been reviewed in Review Objective 1. The analysis here examines the degree to which the current system of indicators provides a meaningful understanding of DOC performance, both in terms of effectiveness and efficiency.

Secure Confinement: The DOC measures its delivery of secure confinement in terms of preventing escapes from secure correctional facilities and reducing the number of incidents in facilities. The data collected to support these objectives, as described above, includes escape convictions and four types of incident data: low-level inmate on inmate assaults, high-level inmate on inmate assaults, inmate on inmate sexual assaults, and inmate on staff assaults.

The escape metric is somewhat problematic in that it only tracks convictions for an escape offense. If the offender is not apprehended and convicted, the metric does not report the escape. The metric also tracks the escape event by year of conviction. Given the delays in potential apprehension and prosecution of an escapee, the data will probably not reflect the year when the actual escape event occurred. To the extent that the metric is intended to document incidents as they occur, escapes should be reported as they occur.

RECOMMENDATION: Report escape data based on incident and date of incident. Also distinguish between escapes from inside an institution and escapes from outside the secure perimeter of a DOC facility.

Refining these metrics to provide more information on the incidents in question can also improve their utility. The Association of State Correctional Administrators has conducted research on the issue of performance indicators for state correctional systems and has piloted a common system of performance measurement for state correctional systems that expands upon the basic metrics used by the DOC to identify additional basic indicators of secure confinement performance.

With regard to efficiency, the DOC's current performance indicators for secure confinement do not in any way provide an indication of the efficiency of the service provided. The two key indicators of efficiency in correctional facility operations are the amount of the number of staff used to manage these facilities and the spending required for support of their operations. These metric should be incorporated into DOC reporting.

RECOMMENDATION: Add the following additional secure confinement performance measures:

- ***Homicides***
- ***Suicides***
- ***Drug tests administered and positive results***
- ***Incidents involving five or more inmates that result in serious injury or damage to property, that result in loss of control of the facility or part of the facility, and that require extraordinary measures to regain control***
- ***Secure confinement spending per inmate per day***
- ***Correctional facility staff-to-inmate ratios***



Supervised Release: Performance goals for supervised release relate to the two basic elements of supervision: the successful discharge of probationers or parolees from supervision and the failure of probationers or parolees to successfully reenter society, as evidenced in the recidivism rate. These metrics document performance on fundamental objectives of supervised release and are generally consistent with performance indicators for community supervision used in other state correctional systems.

However, the recidivism performance indicator can be expanded to provide more comprehensive understanding of the impact of the different programs and activities of the DOC. Most systems make a distinction between reporting returns to prison for technical violations of the terms of probation or parole and returns to prison for new offenses. The distinction is important. Most systems discourage returns to prison for technical violations. A significant number of technical violation returns can be an indication of supervision not working effectively with offenders on reentry issues. Accordingly, distinguishing between these two types of returns to prison is important for understanding the performance of community supervision staff. Another important enhancement would be to report violation rate data for offenders while in CRCs and on electronic monitoring.

Neither of these indicators addresses the efficiency of the delivery of supervised release services. In order to provide some measure of efficiency in the delivery of services in the different programs managed under supervised release, indicators of workload and unit cost are required.

RECOMMENDATION: Add the following supervised release performance measures:

- ***Technical violation rate***
- ***Cost of supervision per day per probationer/parolee***
- ***Average caseload per probation officer***
- ***Cost of electronic monitoring per day per inmate***
- ***CRC cost per day per inmate***

Reformative Programs: Performance goals for reformative programs focus on levels of activity in each of three key programs: substance abuse treatment, education, and sex offender treatment. The metrics identify the number of inmates assigned to these programs and who successfully advance through the programs. In the case of education, the metrics provide the number of GED certificates awarded to program participants who successfully pass the GED test. These measures all provide valid indicators of the volume of offenders progressing through these programs and are consistent with the approach most other state correctional systems have taken in reporting program performance. Reporting recidivism data for each program would provide additional information on the ultimate impact of each program in contributing to the successful reentry of inmates back into society.

None of these indicators address the efficiency of the delivery of reformative programs. In order to provide some measure of efficiency in the delivery of services in the different programs managed under supervised release, it is necessary to determine the unit cost of the delivery of services and the success rate of the program.



RECOMMENDATION: Include the following metrics as measures of the effectiveness and efficiency of reformative programs:

- ***Recidivism rates for inmates who complete substance abuse treatment, receive a GED, and complete sex offender treatment***
- ***Substance abuse program cost per participant***
- ***Program completion rate for inmates enrolled in substance abuse treatment programs***
- ***Education program cost per participant***
- ***Passing rate of inmates taking the GED test***
- ***Cost of sex offender treatment per program participant***
- ***Program completion rate for offenders enrolled in sex offender treatment***

FINDING: DOC's performance measures provide an adequate indicator of performance in each of the department's three program areas. However, the recommended enhancements to the measures would improve their utility.



Review Objective 3: Evaluate the appropriateness of the budget reductions proposed by the agency in response to AS 44.66.020(c)(2).

Review Objective 3 requires an assessment of whether programs proposed for reduced funding or elimination by the DOC response to AS 44.66.020(c)(2) are essential to the agency’s mission or represent core services. The legislation requires agencies to recommend 10% reductions to their budgets.

The DOC, in correspondence to the DLA, identified the following core services in the FY 2015 budget:

Core Services (in priority order)	UGF	DGF	Other	Fed	Total	% GF
1 Secure Confinement	\$231,038.6	\$11,158.7	\$13,428.9	\$5,318.8	\$260,945.0	78.4%
2 Supervised Release	\$47,091.3	\$4,068.1	\$201.4	\$50.0	\$51,410.8	15.4%
3 Reformative Programs	\$19,524.5	\$0.0	\$1,095.2	\$65.0	\$20,684.7	6.2%
FY 2015 Operating Budget	\$297,654.4	\$15,226.8	\$14,725.5	\$5,433.8	\$333,040.5	

The letter indicated that the department could not recommend a 10% reduction in DOC programs or program elements:

We contend that all department programs (A) serve a current need; (B) are authorized by the Constitution of the State of Alaska or the Alaska Statutes; and (C) are essential to the agency mission or delivery of the agency’s core services.

We do not recommend a 10 percent reduction in the Department of Correction programs or program elements. The Legislature also set clear policy direction during the 2014 legislative session by passing SB64 - the Omnibus Crime/Corrections Bill -that reinforced both Reformative Programs and Supervised Release in an effort to reduce recidivism and prison populations. The Legislature set clear policy direction in authorizing construction of the Goose Creek Correctional Center that Alaska’s prison population would be housed in Alaska and facilities would be staffed by Alaskans. These significant policy initiatives also increase the annual operating costs for the Department....

Closing one or more correctional facilities appears to be the only way to achieve a 10 percent reduction of the department’s general fund. The Department believes that closing one or more facilities is untenable, would reverse the policy direction set by the Legislature, and would require a return to contracting to house prisoners in out-of-state facilities. However, in order to comply with AS 44.60.020(c)(2), following is a list of the state’s correctional facilities from which at least 10 percent of the agency’s budgeted general funds could be reduced or eliminated, should the legislature choose to do so.¹⁶

¹⁶ Joseph Schmidt, “Letter to Kris Curtis, Legislative Auditor,” May 27, 2014.



	FY 2015 Funding	Staffing	Maximum Capacity	Projected Population
Goose Creek Correctional Center	\$ 49,989.0	334	1,472	1,314
Spring Creek Correctional Center	\$ 22,679.8	175	551	499
Anchorage Correctional Complex	\$ 22,534.5	238	863	886
Wildwood Correctional Center	\$ 14,772.4	118	441	423
Palmer Correctional Center	\$ 13,173.3	106	514	501
Hiland Mt. Correctional Center	\$ 11,573.7	95	404	425
Fairbanks Correctional Center	\$ 10,827.5	88	259	266
Lemon Creek Correctional Center	\$ 9,228.2	74	232	240
Yukon-Kuskokwim Correctional Center	\$ 7,159.6	40	200	189
Anvil Mountain Correctional Center	\$ 5,872.3	39	128	120
Ketchikan Correctional Center	\$ 4,513.2	35	58	66
Mat-Su Correctional Center	\$ 4,467.0	36	102	103
Pt. MacKenzie Correctional Farm	\$ -		128	94
Totals	\$ 176,790.5	1,378	5,352	5,126

In short, the DOC offered potential concepts for 10% budgetary reductions, but did not submit an actual plan for reduced spending, arguing that reductions of this magnitude would make it impossible for the department to perform its mission.

In follow-up to this response, the DLA requested that the review team develop a potential 10% reduction scenario that would meet the requirements of AS 44.66.020(c)(2) and evaluate the feasibility of this reduction.



The FY 2015 enacted general funds budget for the DOC is \$312,881.2 thousand. **Table 3-1** shows the allocation of funding in this budget among the DOC’s core programs as follows:

**Table 3-1: FY 2015 General Funds Budget by Core Program
(\$000)**

Secure Confinement	\$ 242,197.3
Supervised Release	\$ 51,159.4
Reformative Programs	\$ 19,524.5
Total	\$ 312,881.2

Source: DOC

A 10% cut in funding for this budget cycle would require reduced spending in the amount of \$31,288.1 thousand.

If the premise of the budget reduction is to achieve this level of savings while preserving, to the extent possible, performance of the DOC’s three core programs, then the bulk of the reduction must be incurred by the secure confinement program. The required level of reduction far exceeds, in total, the amount of resources allocated toward reformative programs. If targeted toward supervised release, the level of reductions would require a radical restructuring of the program to the extent that meaningful supervision of offenders in the community would not be possible. Accordingly, the majority of such a reduction must necessarily be borne by the secure confinement program. Imposing a spending reduction of \$31.2 million on state correctional facilities would necessitate require facility closures.

This raises two primary issues. First, closure of facilities reduces system capacity. The current capacity of DOC correctional facilities is 5,352 beds. The FY 2014 ADP of the correctional system was 5,126 inmates, or 95.7% of capacity. Correctional systems generally require an available margin of 5-10% of total capacity to manage fluctuations in the population, maintain appropriate capacity for classification levels and special population housing, and to accommodate beds that are unavailable due to the need for physical plant repairs. In practical terms, this means that the DOC is operating at virtually full capacity, and that any loss of capacity through facility closures would result in the system having insufficient capacity to house the expected inmate population. Consequently, any facility closures would put the DOC in a position where it would be required to contract for beds outside of Alaska. The cost of contracting for these beds would reduce the savings achieved through facility closures and, accordingly, require additional closures to achieve the requisite level of savings.

The second issue is the fact that because DOC facilities function as jails for newly arrested individuals, communities rely upon these facilities as a primary justice system resource. Closure of a DOC facility in many areas of the state would remove the only primary facility available to house newly arrested offenders.

Given these considerations, the most feasible approach to achieving the level of spending reduction required under AS 44.66.020(c)(2) would be to close Goose Creek. As the largest and most expensive



facility in the correctional system, this action would limit the required closures to one facility. If the state could replace Goose Creek’s capacity by contracting outside the state for the 1,314 inmates that the facility housed on average in FY 2014, this action could result in net savings of \$31.4 million. This calculation of net savings is based on eliminating all FY 2015 operations funding for Goose Creek, eliminating associated health care, program, and utility costs for Goose Creek (included in different funding allocations), and then adding back in the assumed contract, transportation, and required ongoing utility costs for housing the Goose Creek population in a private facility out of state. The calculation uses the following assumptions:

Table 3-2: Net Savings Calculation for Closing Goose Creek

Eliminate FY 2015 Goose Creek funding	\$ (49,989.0)
Health care savings @ \$22.96 per inmate per day	\$ (11,013.6)
Program savings @ \$4.51 per inmate per day	\$ (2,163.2)
Facility utility savings	\$ (2,500.0)
Valley Utility agreement cost	\$ 1,763.0
Projected ongoing facility utilities/security	\$ 1,305.0
Out-of-state inmate contract costs @ \$65 per inmate per day	\$ 31,174.7
DOC out-of-state transportation/admin costs	\$ 30.0
Net Savings	\$ (31,393.1)

Source: CGL

This calculation does not address the ongoing lease costs for the Goose Creek facility, which require annual payments of \$17.8 million. The Department of Administration’s budget includes funding for this lease.

This reduction plan allows the DOC to continue to perform its three core missions in secure confinement, supervised release, and reformative programs. However, it reverses a major policy commitment made by the state in opening the Goose Creek facility to house all Alaska inmates within the state. Moreover, Goose Creek is a highly effective, state-of-the-art correctional facility with the best level of performance of any correctional institution in the state.

FINDING: The DOC did not submit a specific set of recommendations to achieve a 10% reduction in its budget. The most feasible alternative to achieve the \$31.2 million in budget reductions called for under AS 44.66.020(c)(2) would be to close Goose Creek. The closure of Goose Creek would terminate the operations of the correctional facility with the highest level of performance in the DOC.



Review Objective 4: List agency programs or activities (actions) not authorized by statute and identify other authority for those actions.

The focus of this review objective is to link the DOC's programs and activities to authorizing laws to help ensure what the DOC does is legally allowed, and to determine if there are any programs or activities currently conducted by the DOC that are not authorized by law. The review used the following approach:

- 1. Document all statutorily authorized DOC programs and activities.** The review team conducted a search of all enabling statutes pertaining to the DOC and identified specifically enumerated powers, authority, and responsibilities, as well as mandated programs and activities. The review team developed a database of programs and specific statutory authorizations that can be organized by statutory reference or by agency function (**Appendix D**).
- 2. Catalog all current DOC programs and activities.** We developed a comprehensive list of current DOC programs and activities. The list was derived from DOC documentation of programs and activities, as well as our review of agency operations and programs.
- 3. Cross-reference current DOC programs and activities against statutory authorizations.** The review team cross-referenced these two databases, establishing the specific statutory authorization, or lack thereof, for every documented DOC program or activity.
- 4. Where no statutory authorization exists, identify relevant enabling authority for program or activity.** It was anticipated that in some instances, authority for agency programs might be derived from executive order, federal regulation, or court order. If no apparent statutory authorization for a program or activity existed, the review team sought to document the enabling authority.
- 5. Document agency mission and related core services.** Using the DOC's mission statements, the review team identified core mission elements of the agency, and from these elements derived operational and program components that are critical to agency mission achievement.
- 6. Evaluate whether identified non-statutory programs and activities are essential to DOC mission or core services.** The key criterion for this assessment was whether a program or activity in question was "essential." For the purposes of this analysis, "essential" meant that achievement or continued progress toward achievement of the agency mission or delivery of the core services are not possible with the elimination of this program or activity.

Legal Basis for DOC Programs and Activities: In fulfillment of its mission, the basis of the DOC's operating authority rests primarily in one constitutional and two statutory provisions:

- Constitution of the State of Alaska, Article I, Section 12, Criminal Administration
- Alaska Statute (AS) 33.30.011, Duties of the DOC Commissioner



- AS 44.28.020, Duties of the Department of Corrections¹⁷

Under these laws, the DOC is granted the power and authority to perform a wide range of functions and services. For example, Article I, Section 12 of the Constitution of the State of Alaska states, in part:

Criminal administration shall be based upon the following: the need for protecting the public, community condemnation of the offender, the rights of victims of crime, restitution from the offender, and the principle of reformation.

It is important to point out that the Alaska Supreme Court has interpreted this section of the constitution to mean, in part, that state inmates in Alaska have a constitutional right to rehabilitative services.¹⁸

Consequently, this section of the state constitution and the statutes noted above provide the DOC with the general authority to perform a wide range of detention functions and services in accordance with its mission.

AS 33.30.11, Duties of the Commissioner, specifically requires the commissioner to build and operate correctional facilities; establish programs for those in custody, such as programs to rehabilitate and reform prisoners, improve prisoner occupational skills, enhance their education qualifications, and provide restitution to crime victims; and establish the infrastructure and systems needed to support the overall health and welfare of inmates.

AS 44.28.020, Duties of the Department, also provides the DOC with authority to run penal institutions, administer corrections programs, and establish and manage probation and parole systems, as well as establish and run rehabilitation programs for perpetrators of domestic violence and sexual assault, among other things.

With the authority granted by these laws, the DOC has established many programs designed to help the agency manage its inmate population, rehabilitate offenders, and help inmates lead productive lives once they are released from confinement.

DOC Programs: Based on a list of programs provided by the DOC, the agency is currently offering 173 programs to inmates. Of the 173 programs offered, approximately 3.5% could be considered rehabilitative or reformatory in nature, 8.7% educational, and 87.9% occupational. That is, the vast majority of programs provided to inmates while in prison are primarily designed to help them improve their social and occupational skills, which should help them get and keep jobs upon release from prison. Such programs are specifically authorized under AS 33.30.11.

Educational programs, which represent 8.7% of the programs offered to inmates, tend to focus on providing inmates with the equivalent of a high school diploma (GED) and basic computer skills designed

¹⁷ Letter from April Wilkerson, Director of Administration, Department of Corrections, to Greg Cashen, Project Director, Division of Legislative Audit, July 9, 2014.

¹⁸ *Rust v. State*, 584 P.2d 38, 1978.



to enhance their education qualifications. These types of programs also are specifically authorized by AS 33.30.11.

The rehabilitative and reformatory programs, which represent 3.5% of the programs offered, are directed at inmates sentenced for crimes stemming from substance and alcohol abuse and domestic violence and sexual assault-related crimes. These types of programs are specifically authorized by AS 33.30.11 and 44.28.020.

FINDING: The programs provided by the DOC are covered by the agency's general authority outlined in Article I, Section 12 of the Alaska Constitution, and more explicitly authorized under AS 33.30.11 and 44.28.020. Therefore, there are no programs provided by the DOC that are not generally or specifically authorized by law.

No one program is essential to the agency achieving its mission. However, the multitude of programs does enhance the agency's ability to successfully manage the state's inmate population, help rehabilitate offenders, and increase the inmates' capacity to lead successful and productive lives when released from prison.



Review Objective 5: Identify agency authority to collect fees, conduct inspections, enforce state law, or impose penalties.

The DOC is authorized to collect fees for certain services and programs provided to offenders, inmates, residents, or others in its custody. Review Objective 5 is intended to list the universe of fees the DOC is authorized to collect and to document the legal authority to impose such fees. The list is to show not only the fee, but the amount of annual collections and the use of the funds collected, including the legal/regulatory authority for the authorization, implementation, and use and distribution of money collected.

The review team requested a list of all fees imposed by the DOC. In addition to the list, each fee's legal authority was documented. During on-site visits to correctional centers, CRCs, and probation and parole district and regional offices, interviewed personnel were questioned about fees, collection and handling of fees, or the lack of fees imposed for services provided.

Upon receipt of the list of fees imposed, we conducted a review of the legal authority for each of the fees as identified by the DOC. This included a review of constitutional or statutory authority, as well as administrative authority as described in the Alaska Administrative Code (AAC) and agency policies and procedures. In addition, the team reviewed recent legislation to see if there will be changes forthcoming. Also included in this research was a search on statutes and administrative code to help ensure what was provided by the DOC was, in fact, the universe of fees it is authorized to impose. In addition to the authority to collect fees, research included a review of uses of funds collected to determine if there are any statutory or administrative dedicated uses of funds and to what account/fund deposits are to be made.

The final step was a review of industry best practices regarding the imposition of fees, collection processes, intent and impact of fees, uses of fees and, recent trends. Sources used for research included the American Correctional Association (ACA), American Probation and Parole Association, National Institute of Corrections, The Council of State Governments, the Federal Probation Journal, Brennan Center for Justice, Massachusetts Executive Office of Public Safety and Security, and other sources.

The DOC is authorized to collect fees from inmates of corrections centers, residents of CRCs, participants in the Offender Supervision Program (OSP) and parolees and probationers supervised in the community for seven types of fees established in Alaskan state statutes. **Table 5-1** summarizes information on each fee.



Table 5-1: Fees Collected by DOC

Fee	Amount Collected in FY 2013	Disposition of Funds Collected (Revenue Description)
Medical fees	\$120,167	General Fund Program Receipts
Interstate Compact Application fee	\$15,700	Unrestricted Revenue
Breath Alcohol Ignition Interlock Device Program certification fee	\$4,500	
Offender Utility fee	\$12,424	To offset cost expended by DOC
Offender Supervision Program (OSP) restitution fee	-0-	General Fund Program Receipts
Community Residential Centers (CRC) restitution fee	\$2,273,200	General Fund Program Receipts
Electronic Monitoring fee	\$1,170,400	General Fund Program Receipts

Source: DOC

Table 5-2 lists all statutes and regulations providing the department with authority to establish a fee or allocate revenue generated by a fee, as well as the amount of each fee.

Table 5-2: DOC Fee Authority and Rate

Fee	Authorizing Statute (AS) and/or Regulation (ACC)	Fee Amount
Medical fees	<u>AS 33.30.028 (b)</u> <u>22 AAC 05.121(f)</u>	Co-Payment: \$5 Medical Equip: \$25
Interstate Compact Application fee	<u>AS 33.36.145</u>	Application Fee: \$100
Breath Alcohol Ignition Interlock Device Program certification fee	<u>AS 33.05.020 (2) (e)</u> <u>22 AAC 15.015 (a)</u>	Initial Certification, 1 yr: \$1,000 Certification Renewal, 1 yr: \$500
Offender Utility fee	<u>AS 33.30.017</u>	Monthly fee: \$3
Offender Supervision Program (OSP) restitution fee	<u>AS 33.30.131</u>	12.5% Gross Wages
Community Residential Centers (CRC) restitution fee	<u>AS 33.30.131</u>	25% Gross Wages
Electronic Monitoring fee	<u>AS 33.30.065 (d)</u> <u>22 AAC 05620 (a)</u>	Daily Fee: \$12 or \$14 plus \$10 per week for urinalysis

Source: DOC



Medical Payments: AS 33.30.028 states that subject to certain exceptions, liability for payment of the costs of medical, psychological, and psychiatric care provided or made available to a prisoner committed to the custody of the DOC is the responsibility of the prisoner, the prisoner's insurer if the prisoner is insured under an existing individual or group insurance policy or prepaid medical coverage, the Alaska Department of Health and Social Services (DHSS) if the prisoner is eligible for assistance, the U.S. Veterans Administration (VA) if the prisoner is eligible for veterans benefits that entitle the prisoner to reimbursement for medical care/services, the U.S. Public Health Services (PHS) or Indian Health Services if the prisoner is entitled to medical care from those agencies, or a parent or guardian of a prisoner under the age of 18.

The statute requires the DOC commissioner to collect from the prisoner; a responsible third party as mentioned in preceding paragraph; or if the prisoner is without financial resources, to collect "a portion of the costs based upon the prisoner's ability to pay."

Most insurers of private health insurance and governmental agencies otherwise providing or paying for medical care for citizens under health care programs such as Medicaid, Medicare, VA, and PHS suspend such care or payment of care when an individual is in jail or prison. Most inmates fall under the category of being "without resources" and are then assessed only a portion of the cost of care in the form of a fee or co-payment.

The Alaskan Administrative Code is where the details for implementing the provisions of the authorizing statute are laid out. Title 22 AAC 05.121 describes a prisoner's and the DOC's responsibility for health care services. Basically, the agency may seek reimbursement from certain third party providers if they are obligated to pay and from inmates, including those in corrections facilities and those in CRCs. Generally, the obligation for payment from an inmate is satisfied with a co-payment as established in the code. Funds collected are treated as general fund program receipts. A portion of 22 AAC 05.121 dealing with medical costs and fees is provided as follows:

22 AAC 05.121, Prisoner Responsibility for Health Care Services:

(a) A prisoner will be provided medically necessary health care services regardless of the prisoner's ability to pay or arrange for payment or coverage for the services. Medically necessary health care services include medical, psychological, and psychiatric care that is necessary to enable a prisoner to participate in or benefit from rehabilitative services made available by the department.

(b) Except as provided in (c) and (d) of this section, a prisoner (1) is financially responsible for a co-payment for health care services provided to the prisoner by the department through department employees or designated contractors; and (2) shall arrange for the department to obtain payment or coverage from one or more of the responsible parties set out in AS 33.30.028(a), if the prisoner receives health care services not provided through department employees or designated contractors.



(c) The department will not pursue payment by a prisoner for the following inspections, examinations, or testing required by state regulation or necessary to protect the health or safety of the general prisoner population or others: (1) inspection upon initial admission provided under 22 AAC 05.005; (2) a physical examination under 22 AAC 05.120(b); (3) testing for pregnancy, HIV, AIDS, tuberculosis, sexually transmitted diseases, or other communicable diseases.

(d) The department will not pursue the co-payment from a prisoner for the following health care services provided under circumstances listed, so long as the prisoner arranges for the department to obtain payment or coverage from one or more of the responsible parties set out in AS 33.30.028(a) to the extent that such payment or coverage is available: (1) services for injuries or repair or replacement of medical equipment if the services resulted from work performed for the department or an assault or violation of facility rules or state law by another prisoner, but only if the services were not due to the prisoner's failure to follow medical instructions or to protect the equipment against loss or damage; (2) services initiated by health care providers who are department employees or designated contractors; (3) services for communicable diseases or pregnancy; (4) treatment for a chronic disease or medical or mental condition, if after consulting with appropriate health care providers, the department determines that the potential for harm to the prisoner is substantial if treatment is delayed.

(e) Notwithstanding (a) - (d) and (g) of this section, a prisoner may be charged for the full cost of health care services provided by health care providers other than department employees or designated contractors, resulting from a self-inflicted injury, or an injury to the prisoner or to another prisoner resulting from an assault or other violation of facility rules or state law by the prisoner.

(f) A prisoner who is provided health care services by a department employee or designated contractor is financially responsible for the following co-payments: SERVICE CO-PAYMENT Health care services by a health care provider \$5 for each visit or service Health care services provided under (d)(2) of this section for injuries incurred in sports activities, if the activity was recommended against by a health care provider \$5 for each visit or service Initial prescriptions or changes or renewals in prescriptions ordered at the same time \$5 Use of medical equipment available in the facility, such as crutches or Neoprene braces \$5 per use.

(g) Notwithstanding (b) of this section, the department will not pursue payment by the prisoner for the cost of the use of medical equipment not available in the correctional facility above the first \$25 charged for each use by the prisoner.



(h) The department will deduct the co-payments and cost of health care services as provided in this section for which a prisoner is responsible directly from the prisoner's prison fund account. However, such deductions are subject to outstanding obligations of the prisoner to pay that are given a higher priority under the law, such as child support orders, court-ordered restitution, civil judgments or administrative orders resulting from the prisoner's criminal conduct, court-ordered fines, and restitution ordered by the department. A prisoner residing in a community residential center has an additional priority deduction of payment for room and board as determined by the department. The prisoner must be notified in writing of the deduction made under this subsection.

(i) A prisoner may challenge the amount deducted under (h) of this section by submitting a written appeal to the health care officer in the facility within three working days of receiving notice of the deduction.

The DOC does not have the resources to pursue collections for payment or co-payment of medical services by third parties provided for those in its care and custody. Given the socio-economic profile of much of the offender population, states have generally found the costs of establishing compensation/insurance re-capture programs to exceed any realistic estimate of likely revenues. According to department officials, DOC only collects co-pays. The collections are recorded by each local facility.

Interstate Compact Application Fee: This fee is an application processing fee to help offset to cost of getting a person under DOC probation or parole supervision, who wishes to be supervised in another state under the provisos of the Interstate Compact, enrolled. The fee is established in statute (AS 33.36.145) at \$100.00 per application. The statute is silent regarding disposition of the funds collected. According to the DOC, it has no authority to record and spend these fees, which are deposited directly into the general fund.

According to interviews with officials, with the DOC there are between 130 and 160 applications per year. **Table 5-3** shows number of requests, number of requests accepted, and fees waived for FY 2011-2013 and partial data for FY 2014.

Table 5-3: Interstate Compact Transfer Requests

Fiscal Year	Transfer Requests	Requests Accepted	Fees Waived
2011	166	126	6
2012	174	140	10
2013	204	148	11
2014 thru 3/20/14	103	70	5

Source: Letter to the Division of Legislative Audit from the Department of Corrections, Division of Administrative Services, 7/16/2014.



The DOC FY 2013 Annual Fee Report indicated the following total fees collected:

Table 5-4: Alaska Department of Corrections Annual Fee Report

	2011	2012	2013
Interstate Compact Application Fee	\$13,400	\$15,300	\$15,700

Source: DOC

Breath Alcohol Ignition Interlock Device Program: Breath alcohol ignition interlock devices serve to prevent a motor vehicle from starting until the operator of the vehicle proves he or she has not consumed an alcoholic beverage by blowing into a device linked to a vehicle’s ignition system. These are generally used as a condition of probation or part of a sentence that a defendant convicted of an offense involving the use, consumption, or possession of an alcoholic beverage may not operate a motor vehicle during the period of probation unless it is equipped with an ignition interlock device. *Alaska Statute (AS) Sec. 33.05.020* and *AS 12.55.102* are the laws authorizing the use of such devices, while Administrative Code (AAC) Chapter 15 establishes rules and sets standards and other language to implement the statute. *AAC 15.015* establishes fees to help administer the program. It establishes a non-refundable initial certification application fee of \$1,000.00 and annual certification renewal application fee of \$500.00. These fees are imposed on the manufacturers of devices that desire to have their device certified for use in Alaska. Costs of installation, repair, and monitoring of an interlock device are borne by the probationers and may be paid as part of court fines.

Table 5-5: Alaska Department of Corrections Annual Fee Report

	2011	2012	2013
Breath Alcohol Ignition Interlock Device Program	\$3,500	\$5,000	\$4,500

Source: DOC

Offender Utility Fees: The DOC is authorized and required to collect fees from inmates who are allowed to possess a television in their cell. The possession of a television is subject to certain conditions, such having achieved a high school diploma or GED and/or being engaged in educational, vocational training, or employment programs and current with any court-ordered restitution payments and mandated treatment programs. Inmates must pay the expense of providing any cable services and a utility fee for electrical utilities that are used by inmates when they have a “major electrical appliance.” *AS 33.30.011* provides the authorization for prisoners to possess a television subject to certain conditions, and *AS 33.30.017* requires the DOC to establish a reasonable utility fee for electrical utilities (associated with additional electric appliances in a cell) that are used by prisoners confined in a state correctional facility.

Money collected under this statute is to be used to offset the department’s utility expense. The amount of the fees are established by the commissioner of the DOC and laid out in department Policy and Procedure 304.01. The fee is disbursed out of inmate wages and is currently set at a monthly rate of no more than \$3.00.



Table 5-6: Alaska Department of Corrections Annual Fee Report

	2011	2012	2013
Offender Utility Fees	N/A	\$8,213	\$12,424

Source: DOC

Offender Supervision Program: AS 33.30.131 establishes a “home supervision” program for certain probationers. No money was collected in 2013, so it appears that this program is no longer active; however, contracts with providers of CRCs contain language setting daily rates and limit of residents that are paid for by DOC for services provided.

A supplemental data request submitted to the DOC in July 2014 provided additional information on this fee. According to the DOC Division of Administration, this program is no longer in effect, and no fees are collected. “The CRC contracts maintain the language as an option available as needed or if offenders are identified by the agency.”¹⁹

Table 5-7: Alaska Department of Corrections Annual Fee Report

	2011	2012	2013
Offender Supervision Program	\$30,700	\$8,900	0

Community Residential Centers: AS 33.30.131 authorizes the DOC to establish program(s) of pre-release, short duration furlough, or restitution center placement involving employment. Under such programs, employers or inmates deliver earnings to the DOC. The DOC disburses inmate earnings in accordance with procedures, including payment for room and board and other expenses to the state. An inmate on furlough is required to pay the state 25% of gross earnings for the cost of care (up to the actual cost of care).

This is, by far, the biggest fee-producing program in the department. Requiring offenders who have the opportunity to work in the community to pay a portion of their earnings to offset the costs incurred by the state to house, feed, and care for them is policy deployed across the country that provides mutual benefits for governments as well as offenders.

Table 5-8: Alaska Department of Corrections Annual Fee Report

	2011	2012	2013
CRCs	\$2,182,300	\$2,322,200	\$2,2743,200

Source: DOC

¹⁹ Letter from Division of Administrative Services to Division of Legislative Audit, July 16, 2014.



Electronic Monitoring: AS 33.30.065 authorizes the DOC to establish an electronic monitoring program in order to allow certain prisoners to serve all or part of a term of imprisonment or period of temporary commitment by electronic monitoring at a prisoner’s residence or other place selected by the DOC. The DOC may require a prisoner to pay all or a portion (if the prisoner hasn’t the financial resources) of the costs of electronic monitoring. AAC Chapter 22, AAC 05.620, establishes a prisoner’s responsibility for electronic monitoring services. The DOC, with certain exceptions, is required to assess a daily fee of \$12 to pay the cost of monitoring. The fee is \$14 per day if a breath alcohol monitor is required as a component of the electronic monitoring. The fees are collected weekly at rates of \$84 or \$98 plus a weekly urinalysis fee of \$10. Prisoners may request a waiver or partial waiver of the daily fee because of undue financial hardship. A prisoner’s PO makes the determination regarding undue financial hardship and the amount the prisoner must pay instead of full payment. According to DOC Policy and Procedure 818.15, Section VII C (7d), “Indigent status reduces the weekly cost to the prisoner to \$5.”

Table 5-9: Alaska Department of Corrections Annual Fee Report

	2011	2012	2013
Electronic Monitoring	\$1,146,400	\$1,281,500	\$1,170,400

Source: DOC

Other Fees: As shown in the following excerpt from Title 22 of the AAC, the DOC is required to collect a \$45 per-month fee from persons on probation that, as a condition of probation, are required by the court to pay such a fee. Interviews with probation office staff indicated no such fees are collected, at least in the district offices visited.

22 AAC 10.050, Probation Fee

(a) Except as provided in (d) and (e) of this section, a person placed on probation by a court who has, as a condition of probation, the payment of a periodic probation fee, shall pay to the department a monthly fee as directed by the probation officer.

(b) The probation fee amount is \$45 a month for each calendar month that the person is under probation supervision. The commissioner will establish the payment form and collection procedures to be used by community corrections for the collection and disbursement of the fee required under this section.

(c) A probationer may make the probation fee payment, or a portion of the payment, by assignment of his or her permanent fund dividend received under AS 43.23.005. A probationer selecting this form of payment must be provided a form and assisted in the procedure to accomplish the action through the Department of Revenue. The regional administrator of probation may attach the permanent fund dividend of a prisoner who is in arrears on the probation fee.



(d) The regional administrator of probation may temporarily defer, excuse, or authorize an alternate form of probation fee payment in a form and by procedures established by the commissioner if justified by a probationer's verified inability to pay.

(e) Only supervised probation requires the payment of a probation fee. A person granted probation by a court which is not supervised by the department is not required to make probation fee payments.

According to DOC officials, the practice of collecting probation fees has been eliminated. At one time, probation fees were collected by the supervising PO within each district probation office. Probation officers were responsible for collecting, tracking, monitoring, and reconciling all collections and delinquencies from offenders as part of supervision oversight. This included various types of payment methods, including money orders, checks, and cash, and dealing with depositing funds collected and following up on bounced checks.

The elimination of collections of probation fees occurred approximately 10 years ago. This policy change was due to inconsistency in waivers, inability to collect fees, and the additional administrative burden of collecting and depositing funds (including cash). For payment failure, POs would have to seek court orders demanding payment. The problems were even more exacerbated in rural areas where visits are less frequent, and many offenders live a subsistence lifestyle with no source of income. This resulted in an imbalance in collections, as some offenders had employment and courts could do more to enforce payment, while others did not and courts had little choice but to waive fees or take no action.

As complaints to the department, the state's ombudsman, and legislators—especially those from rural areas—mounted, the collection of probation fees was discontinued. This change in policy allowed POs to refocus their time on supervision efforts and helping offenders with their needs and provided offenders more funds to help meet other financial demands, such as child support, victim restitution, family support, and treatment services.

While the reasons provided for no longer collecting probation fees make sense from a work process standpoint and from a one-less barrier to reentry standpoint, they do have a negative impact on the financial resources of the state. In jurisdictions where collections are enforced, they may account for a substantial portion of a probation office's budget. For example, in Travis County, Texas, 46% of the probation department's budget comes from probation fees.²⁰ One means to address the issues associated with these types of fees is to contract out for their collection, removing the PO entirely from that role. The State of Louisiana has experienced great success with this approach.

Best Practices: The use of fees to completely or partially offset costs associated with certain services or programs provided to inmates and others in the custody of correctional administrations is found in

²⁰ A Framework to Improve How Fines, Fees, Restitution, and Child Support are Assessed and Collected from People Convicted of Crimes-Interim Report, Council of State Governments Justice Center and the Texas Office of Court Administration, March 2, 2009, p.1.



jurisdictions across the country. A 2005 survey by the National Institute of Corrections indicated that 90% of jails collect inmate fees. A 2010 report by the Brennan Center for Justice found similarly that all of the 15 largest state prison systems charge a “board array of fees, which are imposed without taking into account ability to pay.”²¹

Two areas where most jurisdictions indicated that fees were charged, medical care, including prescriptions (59% of those jails charging fees), and work release programs (58% of those charging fees)—have been implemented by the Alaska DOC. In addition, the largest amount of revenue reported was from offenders participating in work release programs.²² These results indicate that the DOC is tracking with the majority of systems across the country. Fees charged in states across the country include, among others, work release, substance use testing, electronic monitoring, and medical services (all of which are used in Alaska), and others not used in Alaska, including per diem fees, probation/parole fees, booking fees, release escort fees and barber/hair care fees.

In addition, two fees that have numerous problems associated with collections, fairness, lower cost/benefit, and that may lead to long-term indebtedness—per diem charges and probation fees—are not collected by the Alaska DOC.

Based on a review of this survey’s results and other more recent publications, such as *A Barrier to Reentry* from the Brennan Center for Justice and *Collateral Costs: Incarceration’s Effect on Economic Mobility* from the Pew Charitable Trusts, the current fee structure deployed by the DOC indicates good practices that balance department and offender resources with the limited ability to pay, while providing certain modest levels of accountability and inmate responsibility.

Best practices also include offering community work service as an alternative to the payment of fees. This can help reduce debt or offset costs by giving eligible offenders an opportunity to provide community service rather than paying for fees imposed. For example, in the case of offenders in CRCs who are required to provide 25% of their earnings to help offset the cost of the program, that figure could be reduced based on hours of community work.

One fee not deployed in Alaska is a booking fee. Booking fees are easily implemented. Fees are assessed upon offenders being booked into the system, so they can be either collected at that time or debited to an inmate’s personal account. Fees should be relatively small to not create onerous debt and should be subject to waiver for the indigent. If they lead to behavior changes for the “frequent flyers,” there could be a societal benefit as well. The most common fee, according to the National Institute for Corrections survey, was \$10 with slightly higher fees for sentenced inmates.

²¹ Criminal Justice Debt: A Barrier to Reentry from the Brennan Center for Justice, 2010, p.1.

²² Fees Paid by Jail Inmates: Fee Categories, Revenues, and Management Perspectives in a Sample of U.S. Jails, U.S. Department of Justice, National Institute of Corrections, December 18, 2005, p.2.



While most fees seem reasonable to the review team, the urinalysis fee of \$10 is higher than levels generally imposed in other states. Colorado charges \$3 for on-site testing. Reasonable, affordable fees that can be easily deducted from inmate commissary accounts or deducted from earnings will result in a higher collection rate and greater revenues.

FINDING: The relatively modest fees imposed on offenders in correctional centers and CRCs offer a good balance of holding inmates responsible for certain services they may use, thus acting as a deterrent for overuse and abuse while not overburdening them with charges and debt that they may never be able to settle, which can create hardships during reentry.

This level of deployment and enforcement of fee collections is consistent with the DOC Division of Probation and Parole's mission of improving the successful community reintegration of offenders and with one of the DOC Division of Institution's missions of offender management planning that promotes successful community reentry.

Despite the negative implications of excessive fees on creating significant financial challenges for offenders during reentry, only recently have jurisdictions eased back on fees. In a 2010 study, the Brennan Center for Justice noted, "Across the board, we found that states are introducing new user fees, raising the dollar amounts of existing fees, and intensifying the collection of fees and other forms of criminal justice debt such as fines and restitution. But in the rush to collect, made all the more intense by the fiscal crises in many states, no one is considering the ways in which the resulting debt can undermine reentry prospects, pave the way back to prison or jail, and result in yet more costs to the public. In the 2005 study by the National Institute for Corrections, it reported only 7.5% of the surveyed responders conducted a cost/benefit analysis of fee assessment and collection. Five (29%) of the jurisdictions found no financial benefit of collecting fees, while 12 (71%) found either a net financial benefit from inmate fees or a benefit in other forms such as reduction in sick calls."²³

RECOMMENDATION: The DOC, with assistance from the OMB, should conduct cost/benefit analyses regarding any changes to existing fees that are not actively collected and/or any new fees that may be contemplated. The analysis should specifically examine the potential revenues and operational impacts of booking fees and probation supervision fees.

²³ Fees Paid by Jail Inmates: Fee Categories, Revenues, and Management Perspectives in a Sample of U.S. Jails, U.S. Department of Justice, National Institute of Corrections, December 18, 2005, p.38.



Review Objective 6: Recommend improvements to agency practices and procedures, including means to decrease regulatory burdens or restrictions without decreasing public service and safety.

Review Objective 6 examines the performance of the Life Success Substance Abuse Treatment (LSSAT) program and compares it to national best practices. The review of health care services is found in Review Objective 17.

The LSSAT program is an intensive outpatient substance abuse treatment program based on the cognitive behavioral treatment model. Offenders are screened for the program as part of the initial classification process. Offenders who meet the criteria are referred for a more comprehensive review by a substance abuse treatment counselor. If approved, they go on the waiting list for admission into the program. The program has a duration of 3-4 months. While in the program, offenders participate in other classes and work assignments within the institution. They have access to necessary support services, such as education and vocation courses, medical services, mental health services, support groups (sponsored by the community), and religious services. Each program site has capacity for 25 participants.

By way of comparison, the Residential Substance Abuse Treatment (RSAT) program is an inpatient treatment program, based on a therapeutic community model. The RSAT program lasts six months and has a capacity per site of 45-60. Because it is residential, it is necessary for the program to occupy an entire housing unit or pod, separate from general population inmates.

LSSAT is the largest of the DOC’s three primary substance abuse programs, LSSAT, RSAT, and Alaska Native-Based Substance Abuse Treatment (ANSAT), and is in place at 8 of the DOC’s 12 facilities as shown in **Table 6-1**.

Table 6-1: DOC Substance Treatment Program Locations

	LSSAT	RSAT	ANSAT
Anchorage	X		X
Anvil Mountain			X
Fairbanks	X		
Goose Creek	X		
Hiland Mountain	X	X	
Ketchikan			
Lemon Creek	X		
Mat-Su Pretrial			
Palmer	X	X	
Spring Creek	X		
Wildwood	X	X	
Yukon-Kuskokwim			X

Source: DOC



The number of participants in each of the programs and their respective completion rates for FY 2013 is shown in **Table 6-2**.

Table 6-2: Program Enrollment and Completion Rate

	Served	Completed	Completion Rate
ANSAT	136	82	60.3%
LSSAT	921	482	52.3%
RSAT	231	119	51.5%

Source: DOC

Table 6-3 shows the per capita cost for treatment for inmates served in these programs in FY 2103.

FINDING: LSSAT is the lowest cost substance treatment program on a per capita basis offered by the DOC at \$3.34 per day.

Table 6-3: Program Cost per Participant

	Spending	Served	Per Diem Cost per Participant
LSSAT	\$1,123,282	921	\$3.34
RSAT	\$493,745	231	\$5.85
ANSAT	\$228,380	136	\$4.60

Source: DOC

In terms of effectiveness, LSSAT has demonstrated an outstanding record. **Table 6-4** shows the one-year recidivism rate of 14.7% for offenders completing the program in FY 2103. The DOC is conducting a recidivism study of its substance abuse treatment programs and tracks a control group of inmates comparable to the profile of the offenders who receive substance abuse treatment. For FY 2013, the one-year recidivism rate for the control group was 43%, nearly 28% higher than the results achieved by the LSSAT program.

FINDING: Offenders completing the LSSAT program had a 14.7% recidivism rate after one year. A control group of comparable inmates had a recidivism rate of 43% for the same time period.

While the RSAT program has achieved even more favorable results, it is important to keep in mind that RSAT is a more intensive program, longer, substantially more expensive, and serves fewer inmates.

Table 6-4: Program Recidivism Rates

	FY 2010		FY 2011		FY 2012		FY 2013	
	Program Completions	Recidivism Rate						
LSSAT	220	66.4%	315	44.1%	374	29.7%	443	14.7%
RSAT	114	42.1%	89	29.2%	102	14.7%	69	4.3%
ANSAT	0	0	0	0	0	0	81	21.0%

Source: DOC



Interviews with facility staff indicated that LSSAT program participants are generally easier to manage and less likely to violate institutional rules. This adds to the argument that programs are useful inmate management tools, thus contributing to their effectiveness.

A review of the research literature on prison outpatient cognitive/behavioral substance abuse treatment showed generally positive assessments of the program. Burden, et al. found that inmates and parolees benefitted equally from outpatient and residential treatment, regardless of the severity of their drug/alcohol problem.²⁴ McLellan, et al. found that clients who attended intensive and traditional outpatient treatment programs showed significant improvements of approximately the same magnitude at six-month follow-up.²⁵ The National Institute of Drug Abuse advises that outpatient substance abuse treatment can be comparable to residential programs in services and effectiveness, depending on the individual patient's characteristics and needs.²⁶ McLellan et al. found that clients who attended intensive and traditional outpatient treatment programs showed significant improvements of approximately the same magnitude at six-month follow-up.²⁷ Hser, et al. found that for both residential and outpatient treatment, greater treatment service intensity and client satisfaction with treatment services were significantly associated with treatment retention and completion, which in turn was significantly related to treatment success. However, while clients in residential treatment had significantly greater service intensity, treatment retention, and treatment completion, a significantly smaller percentage of them experienced favorable outcomes compared to clients in the outpatient programs (60% vs. 73%, respectively).²⁸ Burdon et al. found that among parolees from prison-based therapeutic community programs who participated in community-based treatment following release from prison (i.e., aftercare), the length of time spent in aftercare predicted 12-month return-to-prison, whereas the type of aftercare that subjects participated in (outpatient vs. residential) did not predict 12-month return-to-prison.²⁹ Mitchel et al. found that outpatient group counseling programs exhibited

²⁴ Burden, W., Messina, N., Prendergast, M., "The California Treatment Expansion Initiative: Aftercare Participation, Recidivism, and Predictors of Outcomes," Prison Journal 2004, 84 (1).

²⁵ McLellan, A., Hagan, T., Meyers, K., Randall, M., Durell, J., "Intensive outpatient substance abuse treatment" Comparisons with traditional outpatient treatment," Journal of Addictive Diseases 1997, 16 (2).

²⁶ National Institute on Drug Abuse, *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition) National Institute on Drug Abuse (2012).

²⁷ McLellan, A., Hagan, T., Meyers, K., Randall, M., Durell, J., "Intensive outpatient substance abuse treatment" Comparisons with traditional outpatient treatment," Journal of Addictive Diseases 1997, 16 (2).

²⁸ Hser, Y., Evans, E., Huang, D., Anglin, M., "Relationship between drug treatment services, retention, and outcomes," Psychiatric Services, 2004, 55 (7).

²⁹ Burden, W., Messina, N., Prendergast, M., "The California Treatment Expansion Initiative: Aftercare Participation, Recidivism, and Predictors of Outcomes," Prison Journal 2004, 84 (1).



reductions in re-offending but not drug use.³⁰ The literature supports the LSSAT program model as an effective tool in treating inmate substance abuse.

The LSSAT program, in short, appears to be a successful program for the DOC. The only significant external factor identified during the review that might inhibit the success of the program is the difficulty some facilities experience in retaining qualified substance abuse counselors. This appears to be a result of a general lack of treatment professionals in many prison communities.

FINDING: LSSAT is an effective program. There are no regulatory restrictions or internal policies that impede the department's ability to efficiently deliver this program.

³⁰ Mitchel, O., Wilson, D., MaKenzie, D., "Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research," Journal of Experimental Criminology. December 2007, Volume 3, Issue 4.



Review Objective 7: Identify areas in which programs and jurisdiction of agencies overlap and assess the quality of interagency cooperation in those areas.

This review objective's focus was to examine areas where the DOC has an established interagency relationship that is formalized through an interagency agreement, and determine the level of cooperation between the agencies involved.

In accordance with project requirements, the review team looked closely at three interagency agreements between the DOC and other publicly funded entities and identified those agreements in which programs and jurisdictions of agencies overlapped, were tied to the DOC's mission, and represented a meaningful investment of state resources.

The analysis focused, in part, on the following:

- Interactions dealing with services to inmates that are finalized or continued at another state or local publicly funded facility
- Interactions where the DOC receives or transfers inmates or staff members from or to another publicly funded facility
- Interactions where the DOC has chosen to contract with another state or local publicly funded entity to deliver an identified service within the correctional system

The review team looked closely at those interactions central to standing interagency agreements between the DOC and other public entities in support of the DOC's mission and core services. This was accomplished through the following:

- 1. Document interagency agreements that partner the DOC with another state agency or other public entity in fulfillment of its mission or to advance the efficient and effective use of state resources.** The review team looked at all interagency agreements between the DOC and other public entities and identified those agreements in which programs and jurisdictions of agencies overlap, with a particular focus on those activities key to the DOC's mission and those that represented a meaningful investment of state resources.
- 2. Catalog all interagency agreements the DOC has that represent an overlap of programs and jurisdictions with other state agencies and public entities.** The review team developed a list of current DOC interagency agreements that represented an overlap of programs and jurisdictions. The list was derived from DOC documentation of agreements, programs, and activities, as well as the team's own review of agency operations and programs (see **Appendix E**).
- 3. Focus on three agreements that are closely tied to DOC's core mission and represent a significant investment of state resources, including time, money, and other state assets.** The review team concentrated on those agreements that covered activities central to DOC's mission and represented significant interaction between the DOC and its partner agency. The team also considered agreements that reflected the agencies' efforts to make the most efficient use of state resources. We interviewed staff who are DOC's contacts for the agreements, contacts



with the partnering agencies, as well as staff with some day-to-day responsibility for agreement implementation.

Criteria for Assessing Level of Cooperation Between Parties: In order to determine the level of cooperation between the parties to an interagency agreement, the review focused on those interactions that are central to selected interagency agreements between the DOC and other public entities in support of the DOC's mission and core services. Those interactions were assessed in the following manner to determine the quality of interagency cooperation.

- 1. Identify the interagency agreements that were the focus of the assessment.** The review team looked closely at three interagency agreements between the DOC and other public entities and identified those agreements in which programs and jurisdictions of agencies overlapped, paying particular attention to those activities key to the DOC's mission and that represented a meaningful investment of state resources.
- 2. Provide a list of individuals interviewed, including title, department, and level of interaction the individuals have with the partnering agency to the agreement.** The review team prepared a list of individuals who were interviewed as part of the review process to determine the level of cooperation between the partnering agencies. The list includes a description of the individuals' job functions relative to the interagency agreements, the departments where they work, and the level of interaction they have with the partnering agencies.
- 3. Conduct interviews of interagency agreement contacts as well as staff that have day-to-day responsibility for the implementation of interagency agreements under review.** The review team spoke with individuals that have significant involvement in carrying out the selected interagency agreements. The interviews sought to gather practical information to determine the level of cooperation and seek answers to questions such as the following:
 - Are the goals of the interagency agreements clear?
 - Are the roles and responsibilities of the partnering agencies clear?
 - Are timetables or other time-sensitive requirements reasonable?
 - Are agreement requirements being met?
 - Are there commitments to the successful fulfillment of the interagency agreements at all levels of the partnering agencies?
 - Are barriers and problems addressed in a timely and effective manner?
 - Is there a good system of communication and information sharing?
 - Are there opportunities to improve the overall cooperation of the partnering agencies relative to interagency agreements?
- 4. Determine the level of cooperation among the partnering agencies.** Based on staff interviews, the review of interagency agreements, as well as our knowledge of DOC operations, we determined the effectiveness of interagency cooperation in the fulfillment of the agreements and DOC's overall mission.



- 5. Develop recommendations to enhance interagency cooperation.** As needed, the team suggested steps that could be taken to improve interagency cooperation and promote the effective implementation of interagency agreements.

For FY 2014, the DOC reported 40 reimbursable services agreements, or RSAs, totaling \$7.3 million (see **Appendix D**). DOC's agreements with the State of Alaska Department of Administration (DOA) were the largest group of RSAs in terms of dollar amount, which represented approximately 75% of all RSA costs, or \$5.43 million. Most, if not all, of the RSAs between the DOC and DOA covered DOA's handling of several of DOC's basic administrative and support functions, such as computer and telecommunications services, mail, payroll and leasing.

However, since this review objective's focus was on those agreements that are key to DOC's mission, represented significant interaction between the DOC and its partner agency, and advanced the efficient and effective use of state resources as noted earlier, the review team concentrated on agreements important to public safety and inmate rehabilitation.

Therefore, we examined three agreements dealing with inmate transportation (Alaska Department of Public Safety [DPS]), mental health treatment (Alaska court system), and meal preparation for juvenile justice detention centers (DHSS).

The RSA between the DOC and DPS was important, because it allowed the DPS to delegate some of its responsibility for inmate transportation to the DOC. Through this agreement, the DOC can more efficiently manage its inmate population, in part, by moving inmates around the state as needed to maximize inmate housing space, which in turn makes for the most efficient use of state resources. The RSA between the DOC and DPS for inmate transportation included a provision for DPS to transfer \$140,000 from its budget to the DOC's budget.

The RSA between the DOC and the Alaska court system allowed the agencies to more effectively use state resources to deal with inmates who need mental health treatment as a condition of their release from prison. This RSA allows the Alaska court system's therapeutic courts to pay for mental health treatment services in Anchorage through the DOC at a cost of approximately \$200,000 per year. (The DOC and the Alaska court system collaborate in the provision of therapeutic court services in other areas of the state as well.)

The RSA between the DOC and DHSS's Division of Juvenile Justice allowed the two agencies to make the most efficient use of state resources by allowing the DOC to provide meals for some of the state's youth detention centers, which helped minimize the need for the Division of Juvenile Justice to staff and maintain full-service kitchens at some of its facilities. The RSA allows DHSS to pay the DOC approximately \$100,000 per year for the meals it provides.

In addition to these RSAs, the review team looked at agreements between the DOC and local governments with community jails.



Key findings from this review include the following:

- **Some interagency agreements were meant to help the partnering agencies make the most efficient use of state resources.** The interagency agreements with the DOA and DHSS, for example, actually helped the partner agency make the most efficient use of state resources. That is, the agreement between the DOC and DHSS for meal preparation by the DOC for some juvenile detention centers helped reduce the Division of Juvenile Justice's need to have large kitchen facilities and a large number of kitchen staff at those youth detention centers. Similarly, the agreement between the DOC and DPS helped reduce the total number of staff and equipment needed to move inmates around the state.
- **The structure of the written agreements (memorandums of agreement [MOAs] or memorandums of understanding [MOUs] do not follow a standard format.** In addition to the RSA form (02-098 OMB Rev. August 2009), the DOC uses MOAs and MOUs to formalize agreements between it and other state agencies. According to the DOC, some agreements with other agencies are formalized with the RSA form alone, while other agreements are formalized through MOAs or MOUs and RSAs.

Many of the written agreements (not the actual RSA form 02-098 OMB Rev. August 2009) the DOC has with other publicly funded entities do not follow a consistent or standard format. Such a format should outline, for example, the purpose of the agreement, explain the agencies' roles and responsibilities under the agreement, specify the compensation for the services provided, state the period of time covered by the agreement, and identify who the agencies' contacts are for the agreement. Although some of that information is captured on the RSA form, it does not all typically appear in one document.

- **No area or position in the DOC is specifically tasked with making sure the terms of the agreements are met.** There is no area or position(s) in the DOC with responsibility for monitoring agreements to help ensure the DOC is fulfilling its obligations under the agreements. For example, one agreement required the DOC to prepare annual statistical summaries on inmate transports. No one at the DOC has specific responsibility for ensuring the report was prepared. Similarly, another agreement required the DOC to annually submit a cost per meal report to the Division of Juvenile Justice. No one at the DOC has specific responsibility for ensuring that report was submitted as required by the agreement.
- **Interviews with staff from some partnering agencies indicate the DOC is generally easy to work with and very cooperative.** As required by this review objective, the review team spoke with 20 officials at partnering agencies and local governments that have agreements with the DOC. The interviews revealed that the partnering agencies had few, if any, complaints about working with the DOC. In fact, most individuals interviewed stated that the DOC was very cooperative and easy to work with, if any problems or concerns arose the DOC was quick to seek



solutions, they had good lines of communication with the DOC, and were treated with respect by staff of the DOC.

- **Some interagency agreements helped the DOC fill needs for services in areas it could not meet on its own.** The rehabilitation of inmates is a critical component of the DOC's mission. The rehabilitation of inmates has many dimensions, as the DOC seeks to address inmates' criminal behavior, enhance their educational levels, and provide them with the skills needed to hold jobs once released from confinement. Consequently, the DOC's need for therapists, counselors, educators, and craftsmen is great, and the DOC cannot meet this need by employing those individuals directly. Therefore, the DOC must look to other agencies (and private sector vendors) to help address this need, and it does so through interagency agreements with other state agencies and institutions of higher education.

FINDING: DOC's working relationship with its partner agencies is good.

There were very few complaints or concerns raised by officials of the partnering agencies who were interviewed by the review team.

Although the MOUs and MOAs are not prepared using a standard format and therefore lack some of the standard language outlining the agencies' roles and responsibilities, the agreements seem to work well and do not cause any significant problems for the DOC or its partnering agencies. However, the DOC is not preparing and/or providing some of the deliverables required under the agreements.

Some of the agreements helped the partnering agencies make the most efficient use of state staff, equipment, and facilities, for example, by reducing the need to duplicate certain operations at some of the state's juvenile detention centers, as well as reducing the need to duplicate support functions within the DOC, since some of the support functions are provided by the DOA.

FINDING: Interagency agreements helped DOC and partner agencies make the most efficient use of state staff, equipment, and facilities.

Although the interviews and research conducted by the review team found a relatively high level of cooperation between the DOC and the partner agencies, cooperation between the parties of the interagency agreements could be improved by strengthening the language of the agreements and helping ensure that all requirements of the agreements are met.

RECOMMENDATION: Standardize the format of the MOUs and MOAs used by the DOC to formalize agreements with other state agencies and publicly funded entities.

The MOA the DOC has with DPS for the transportation of inmates could serve as a model for agreements with other agencies. The MOU or MOA should include:

- Purpose: A section stating the purpose for the agreement



- Responsibilities: A section outlining what each agency is responsible for under the agreement
- Cost: A section noting the cost for the services provided
- Coordinators: A section specifying that each agency will name a coordinator who will maintain regular communication with the other agency's coordinator
- Reporting: A section stating that an agency will provide relevant information to the partnering agency
- Effective dates: A section stating the period of time the agreement will be in effect

RECOMMENDATION:

Require that each interagency agreement have an assigned program manager or compliance monitor that submits, at a minimum, annual documentation that the department has met its oversight, monitoring, and reporting responsibilities with regard to the interagency agreement.

The assigned program manager or compliance monitor should take reasonable steps to help ensure that the DOC is complying with each RSA, MOU, and MOA in effect. Monitoring, as opposed to auditing, should take place at the operational level and should help management take quick action if areas of non-compliance are identified. Monitoring should become an important part of management oversight and provide a reasonable assurance that the DOC is living up to its part of any interagency agreement. In addition, the person responsible for monitoring should annually evaluate agreements and determine if any modifications could further enhance cooperation between partnering agencies.



Review Objective 8: Evaluate whether agency promptly and effectively addresses complaints.

Correctional agencies receive complaints from many sources, both internal and external. Complaints may come from inmates of correctional centers; residents of CRCs; offenders on probation, parole, or other community programs; families of those in the DOC's custody or supervision; its staff; courts; and the general public, including communities where inmates are held or are being supervised. In addition, the State of Alaska has an ombudsman office that may receive complaints from DOC inmates and inmates' families, staff, and the general public, to whom the DOC has to provide data and other information to help enable the ombudsman to complete its investigation.

Review Objective 8 is intended to determine whether the department's complaint resolution process is timely (prompt) and whether it is effective. In the corrections industry, complaints from inmates and staff are called grievances. Inmates and others under the custody of a corrections department and department staff have legal rights to file grievances with the department. Because staff grievance processes are dealt with through employee bargaining units, they will not be covered in this report. This review object will focus on inmate and citizen complaints.

This analysis includes a review of state and department regulations, policies, and procedures; a review and analysis of complaint data provide by the department; on-site visits, including questions to DOC officials regarding the complaint process; an interview with the state's ombudsman; and other steps as deemed warranted during the review to help ensure the main two review objectives of determining promptness and effectiveness of the complaint process are achieved. Interviews with DOC staff included a cross-section of staff during on-site field visits, facility standards officers (FSO) or facility standards sergeants (FSS) from several facilities, and senior staff with responsibility in the resolution and reporting process.

An initial data request was submitted to the DOC to provide information on the complaint resolution process for complaints from staff and inmates, both of which are called grievances, and from the general public. In addition, the initial data request included a request to provide an annual log or listing of complaints for the preceding three calendar years and a list and description of complaints that were not resolved during the same period. We also requested a list of performance measures and internal controls used to measure and guide tracking and monitoring of the complaint process and complaint resolution timeliness for both inmate and staff complaints.

The team's review of state statutes indicated no specific mention of complaints or grievances. An examination of the AAC for any regulations or rules regarding grievances produced 22 AAC 05.185, Prisoner Grievance Procedure. We also reviewed internal DOC Policies #108.06, Citizen Complaints and #808.03, Prisoner Grievances.

Inmate Grievances: DOC inmates have the right to file a grievance for any alleged action that violates state statutes or department regulations, policies, or procedures (as stated in inmate handbooks) that does not already have a separate appeal process, such as a classifications appeal. The inmate grievance process is a multi-step process that begins with attempts to resolve the complaint informally. The



informal resolution process begins with face-to-face verbal communications. If that step proves unsuccessful or is not employed, the next step is for an inmate to seek informal written resolution by submitting Form 808.11A, "Request for Interview Form." This form is used to initiate an informal resolution to a grievance or to appeal a screened grievance. Grievances are screened to ensure there are no content or completion deficiencies. A "screened grievance" is one that is rejected or returned to an inmate to fix deficiencies before it can be considered on its merit.

If the response to the request for interview does not resolve the issue, the inmate may then choose to submit a formal grievance. Form 808.03C must be filled out, signed, and submitted by the inmate by putting it in an appropriate lock box. Lock boxes are located throughout facilities.

An FSO, as designated by the facility manager (superintendent), handles grievances for a facility. We interviewed FSSs who have the same responsibilities. The FSO or FSS records grievances received in the department's inmate management system (ACOMS) and in some cases a separate paper grievance log.

The FSO remove forms from the lock boxes daily on business days. When they are off for extended periods, that function is filled by a security sergeant, who removes forms from the boxes and places them in the FSO office. That is the only action a security sergeant will take regarding grievances.

The FSO's next step is to open a record of the grievance in the inmate management system (ACOMS).

If a grievance can be easily resolved by the FSO (or FSS) prior to an investigation and decision, he or she fills out the Resolved Grievance Resolution Form (Form 808.03B), which is signed by the grieving inmate and the FSO. If not easily resolved, the facility manager must ensure an investigation into the matter is conducted. The FSO may investigate the issue or assign it for an investigation to another independent staff member to investigate. We noted that at some facilities FSOs do not investigate complaints, while at others they do many of their own investigations, while assigning some depending on the subject of the complaint. An investigator will interview appropriate staff/inmates in order to fully and equitably examine an issue. Within 10 working days after receiving the assignment, the investigator (or FSO if he or she conducted the investigation) must send a written statement of findings and recommendations to the facility manager. Within five working days, a facility manager will provide the inmate with a grievance decision (a determination), which may be appealed by the inmate within two working days.

According to department policies and procedures, appeals are handled by the department's standards administrator. The standards administrator has 20 working days to respond to an inmate's appeal. Appeals serve as the final administrative action of the DOC on a grievance.³¹ At this time, the position of standards administrator is not filled and appeals are sent to the institutions division director. According to facility staff, appeals are sent to the director's office, handled by a staff member of that office, approved or denied by the director, and sent back to the facility and the inmate.

³¹ State of Alaska, Department of Corrections, Policies and Procedures, Index #:808.03, p5.



Special case grievances, such as health care, classifications, grievances against staff, emergency grievances, and other grievances, have similar processes, but each has some unique steps that vary from a general grievance. Those steps are detailed in DOC Policy and Procedure #808.03.

The DOC provided a *Grievance Report* for each of its correctional facilities for the period January 1, 2011 through December 31, 2013. The report shows the date a grievance was received, subject of the grievance, and status. It does not show the date the grievance was resolved or if it was resolved at all. Grievance resolution time was formerly tracked through 2009, prior to the migration to the current inmate management system (ACOMS). ACOMS does not track the number of days a grievance is opened or the number of complaints that had no resolution.³² It did show, however, the date a grievance was screened.

FINDING: The DOC inmate management system (ACOMS) does not currently retain and compute basic grievance tracking data.

Given this lack of information, we are unable to assess the timeliness of the grievance process, although we saw no evidence that indicated the process is not timely. Agency policy does establish timelines for an investigation to be completed or appeal processed.

A summary of DOC grievance data is presented in **Table 8-1**.

Table 8-1: Inmate Grievances by Facility

Facility	2011	2012	2013	Total	ADP	Grievance per 100 ADP	Staff	Inmate-to-Staff Ratio
Yukon-Kuskokwim	6	27	14	47	189	7.4	40	4.7
Wildwood Transition	3	26	14	43				
Wildwood Pretrial	47	51	103	90				
Wildwood Corrections	128	53	100	281	423	51.3	118	3.6
Spring Creek	827	751	805	2383	499	161.3	175	2.9
MacKenzie Farms	17	24	2	43	94	2.1	0	
Palmer Minimum	44	33	88	165				
Palmer Medium	142	105	248	495	501	67.1	106	4.7
Mat-Su Pretrial	89	50	51	190	103	49.5	36	2.9
Lemon Creek	92	50	38	180	240	15.8	74	3.2

³² DOC Response to Data Request, 6B-Inmates, Division of Administrative Services, June 24, 2014. P1.



Facility	2011	2012	2013	Total	ADP	Grievance per 100 ADP	Staff	Inmate-to-Staff Ratio
Ketchikan	26	24	24	74	66	36.4	35	1.9
Hiland Mountain	179	260	242	681	425	56.9	95	4.5
Goose Creek		192	1,191	1,383	1,314	90.6	334	3.9
Fairbanks	53	83	30	166	266	11.3	88	3
Anvil Mountain	6	7		13	120	0	39	3.1
Cook Inlet Pretrial	244	240	392	876				
Anchorage	393	399	492	1284	886	99.8	238	3.7
Total/Average	2,296	2,375	3,834	8,394	5,126	74.8	1378	3.7
Each year as percent of Total	27%	28%	46%					
Each year % of Total w/o Goose Creek	33%	31%	38%					

Source: DOC

The disparity in the number of grievances per ADP at Spring Creek, Fairbanks, and Anchorage may be attributable to differences in the inmate population, the average length-of-stay, age, experience of staff, or any number of other variables that could be analyzed if the data was readily available. Another interesting data point is the 61% increase in the total number of grievances in 2013 compared to 2012. Changes in the number, type, and subject of grievances may be indicators of negative or positive events or behaviors within and throughout the system.

Interviews and observations indicated that training for FSOs on the grievance and investigation process is lacking. We noted no documented training materials, and staff indicated they were either given an on-the-job briefing by the prior position holder, guidance by an FSS (if there is one), or they may call an experienced DOC employee who works at another facility.

The DOC also provided a summary report that showed the subject of grievances by facility for 2011 through 2013 and total filed in each facility by year, summarized in **Table 8-2**.



Table 8-2: Inmates Grievances by Subject

Grievance Subject	2011	2012	2013	3-Year Total
Access to Courts	6	2	1	9
ADA	3	6	4	13
Bedding	3	5	3	11
Classification	64	74	102	240
Clothing	19	19	28	66
Commissary	65	56	79	200
Craft and Club Sales	5	4	3	12
Dental	56	58	47	161
Disciplinary	75	59	86	220
Education	9	11	19	39
Food Service	103	125	81	309
Gate Money	1	2	1	4
Grievance Process	18	24	7	49
Housing	135	90	129	354
Hygiene	24	17	26	67
Individual Determination Restriction	20	13	14	47
Law Library	47	72	68	187
Legal Service	24	26	45	95
Mail	125	217	322	664
Medical Specialist	35	42	55	132
Medical General	530	440	612	1582
Mental Health	40	42	37	119
Miscellaneous	247	220	276	743
Optical	8	8	9	25
Offender Trust Account	46	74	71	191
Overcrowding	5	1	7	13
Pharmacy	1	0	0	1
Physical Plant	14	27	24	65
Pre-release/Probation/Parole Program	26	56	44	126
Property	20	13	26	59
Property	404	403	488	1295
Recreation	12	31	28	71
Religion	89	39	48	176
Safety	10	11	13	34
Segregation	50	43	27	120
Staff	470	432	431	1333
Superintendent	20	13	8	31
Telephone	44	38	8	90
Temperature	6	19	6	41
Time Accounting	37	73	116	226
Visitation	14	31	29	74
Work Opportunity/Training	63	59	52	174
Totals:	2,993	2,995	3,480	9,468

Source: DOC



Interviews with staff that deal with grievances at several facilities indicated knowledge of the timelines, methods to track progress, and a genuine concern with meeting deadlines to help ensure responses are within guidelines established in agency policy and procedures. FSOs do have tools to limit the number of grievances inmates may file in a given period and an ability to place inmates on “grievance restriction” when a pattern of abuse exists. This reduces waste, which is an indicator of an efficient process.

Based on data available in the facilities’ grievance reports that showed grievance resolutions, interviews with staff familiar with how the process works, the level of detail on the process in DOC policies, and the inmate handbook, it is reasonable to assume the process is reasonably effective. However, without data in a form that can be analyzed and additional information on the appeal process, this remains an inference and not a conclusion.

RECOMMENDATION: Modify ACOMS relative to grievance tracking to extract the basic data needed to develop standard and ad hoc reports on inmate grievances sufficient for analytical purposes.

Citizen Complaints: According to the DOC, prior to 2010, records dealing with inquires and complaints received from the public were logged into a “correspondence database.” The purpose of the database was to collect complaints and help harmonize agency responses. Since that time, there has been a loss of staff in its Juneau office that has inhibited the maintenance and use of this database. Written complaints from the public are “referred to the appropriate division, supervisor or employee for follow-up.” Information is no longer logged or tracked that would show how, if, when, or where a response to a complaint was made or if it was made at all. Further, there is no staff-assigned responsibility for addressing citizen complaints and no manager responsible for providing direction and oversight to complaint resolution.

The evidence indicates that the citizens’ complaint process is not functioning as well as in prior years.

FINDING: The DOC does not maintain a database that documents complaints from members of the public or the department’s complaint resolution process.

As a result, citizen complaints are managed in a reactive, ad hoc manner.

RECOMMENDATION: Reinstate a centralized database/tracking system to ensure accurate tracking and timely response to inquiries and complaints from the general public.

RECOMMENDATION: Revise and update DOC Policy #108.06 to establish a functional citizen complaint/response system with appropriate designation of staff management and line duties.



Review Objective 9: Evaluate to what extent the agency encourages and uses public participation in rulemaking and other decision making.

Review Objective 9 assesses the extent the department encourages and uses public input for rulemaking and other decisions, including capital projects.

Public participation and other forms of public input are an essential part of democracy. Public input to rule setting in the form of public hearings and testimony or via written comments is a standard feature of state government. Consideration for the siting of public works projects and other government building projects can attract intense public interest and a corresponding desire to offer opinions and input into the process. This is particularly true for state correctional systems involved in site selection for new correctional facilities or substantial changes to the mission of existing institutions. Public interest may range from the extremes of “not in my backyard” for locales that want no part of corrections or corrections-related facilities, to communities that welcome the jobs and economic development that can accompany a major correctional facility. In either scenario, the public wants and is entitled to an opportunity to express opinions to decision makers.

The State of Alaska, in AS 44.62.190, establishes a requirement for state agencies to provide public notice of proposed adoption of regulations. A stated goal of the requirement for public notice is to inform the public of an agency’s proposal and provide an opportunity for the public to comment on a proposal before an agency takes action to adopt a proposal as a regulation. The State of Alaska has a robust system to encourage public input and guide agencies through the process. The lieutenant governor’s office supports a website to allow for the placement of public notices regarding proposed regulation changes. The State of Alaska Department of Law (Department of Law) has developed a *Drafting Manual for Administrative Regulations* to aid agencies with their rulemaking. The manual includes details on every step of the process and a checklist of steps that may be required. Several steps identified in the manual and included on the checklist deal with public notifications.

The review team’s approach to this analysis began with a review of all statutes, regulations pertaining to public involvement in rulemaking as codified in the AAC, and relevant DOC policies. Other sources of information included the State of Alaska’s online public notices system and Department of Law’s website for resources, including *its Drafting Manual of Administrative Regulations*. We also interviewed Department of Law staff who deal with administrative regulation adoption processes for Alaska’s state agencies and reviewed the development process for DOC capital projects over the past three years.

State Statutes: Requirements for public involvement in rulemaking are found in AS 44.62, the Administrative Procedures Act (APA). Section AS 44.62.190 of the act requires that at least 30 days before adoption of a regulation; the adopting agency must give notice to the public of a proposed action. According to DOC officials, there are no requirements within state statute, DOC-related regulations as denoted in the AAC, or department policies that require similar notice regarding adoption or changes to department policies and procedures.



In addition to the APA, other relevant state statutes applicable to public involvement with rulemaking include:

- [AS 44.62.060](#)
- [AS 44.62.175](#)
- [AS 44.62.190](#)
- [As 44.62.195](#)
- [AS 44.62.200](#)
- [AS 44.62.640](#)

The relevant state statute applicable to public involvement with capital projects includes a provision that relates directly to the DOC. [AS 33.30.025](#), Siting of Prison Facilities, provides a statutory requirement for the DOC to notify community councils if a correctional facility or a contract for the operations of prison facility, community residential center, or other rehabilitation program is planned to be entered into if the facility or proposed facility will be within one-half mile of the boundary of the area represented by a community council.

Rulemaking: According to a DOC official, the DOC “has no process within its regulations that incorporates public participation” or the encouragement of public participation in its rulemaking or in changes, additions, or deletions to departmental policy. A review of the AAC and department policy confirmed this position. As stated in the Department of Law’s *Drafting Manual of Administrative Regulations*, “In the APA’s definition of ‘regulation,’ an exception is provided for a provision that ‘relates only to the internal management of a state agency.’” ([AS 44.62.640\(a\)\(3\)](#)). Accordingly, we focused our analysis on regulations under Title 22 AAC, rather than DOC policy.

The DOC indicated it has changed only one regulation/rule in the past three years; that [22 AAC 05.121](#) was changed effective 7/1/2011 (changing medical co-pay amounts). However, further review of AAC sections applicable to the DOC (Title 22) showed three changes to the inmate classification rules codified under Title 22. Changes with an effective date of 1/13/2012 were noted in [22 AAC.05.200-280](#), [05.485](#), and [05.495](#) (dealing with classification procedures and standards). These were the only rules that were noted in Title 22 where changes had been made in the past three years. Accordingly, we selected [22 AAC 05.121](#) and [22 AAC 05.200-280](#), [485](#), and [495](#) for review to determine whether the appropriate level of public input was included in the rulemaking process during these recent changes to DOC’s administrative regulations.

A review of Alaska online public notices and of Title 22 of the AAC, which deals with corrections, indicated there have been two recent DOC regulation changes. Interviews conducted with two officials of the Alaska Department of Law confirmed that there were two regulations adopted in the past three years for changes to Title 22 of the AAC.

The APA requires public notices of regulatory action proposals be distributed in specific ways. Notices must be published in “the newspaper of general circulation” or trade or industry publication that the state agency prescribes. Also, the APA recommends that local newspapers, radio and television be



considered for press releases to help inform the public in rural parts of the state. Additionally, an agency is required to obtain a proof-of-publication affidavit from the newspaper or the trade publication.

AS 44.62.190(a)(1) requires proposed agency regulatory action be posted on the State of Alaska Online Public Notice System (OPN). Also, persons who have filed a request for notice of proposed action with the agency are required to be notified. Notifications are also required to be sent to legislators.

Officials with the Alaska Department of Law confirmed that the requisite public notification processes for proposed changes in DOC regulations were followed, including newspaper notification of proposed changes, notifications to legislators, an invitation to comment of proposed changes, and receipt of comments, if any. Documents provided to the Department of Law by the DOC indicated no comments were received for either of the two proposals included in this review.

FINDING: The DOC followed statutory requirements, regulations/rules, and Department of Law guidelines for notification of the public when proposing administrative regulatory actions. All required notifications were made for two changes made to the AAC in recent years.

Capital Development: For its review of public input for capital projects, CGL selected the most recently constructed corrections facility, Goose Creek, even though construction began more than five years ago (2009). CGL reviewed the OPN website to identify any public notifications of the intent to build this correctional center.

According to DOC officials, capital projects in excess of \$200,000 are the responsibility of the Alaska Department of Transportation and Public Facilities (DOT). Therefore, DOT notifications were included in the search of the OPN. A search of archives beginning January 1, 2000 on the OPN showed no information on public notifications of plans to build Goose Creek. Search parameters included both agencies, DOT and DOC, with words such as corrections, DOC, facility, prison, site, complex, and siting. No notices were found. Construction of Goose Creek was financed with money from bonds that were issued by the local community (Matanuska-Susitna Borough) under a provision of legislation passed in 2004 (Senate Bill 65). The DOC is leasing the facility from the borough and operating it under a 25-year lease. When the bonds are repaid, DOC will own the facility.

The project team found no DOC notices regarding the building of Goose Creek in the OPN. According to a DOC official, "Public participation is not used when identifying capital projects but is used through the legislative process when seeking funding." We found a press release dated September 28, 2006 notifying the public of a "public meeting on the Valley Prison Project."³³ The meeting was on site selection for the new (Goose Creek) prison to be built in Matanuska-Susitna Borough. Because the facility was financed and owned by the local community, Mat-Su Borough, and leased back to the DOC, the requirement for the DOC to notify local community councils of the planned locating of a correctional center (AS 33.30.025) is either met or not needed in this case. A public meeting was scheduled for October 12, 2006 to receive comments from the public on proposed sites for the facility. According to

³³ Press Release 06-049, Alaska Department of Corrections, September 28, 2006.



the DOC, the site selection process was “thoroughly vetted by the public with meetings in Palmer and Wasilla, which included multiple public meetings held prior to site selection.” These meetings were attended by DOC staff. In addition, the borough maintained a website, which kept the public informed throughout the planning and building phases of the project. Also there were periodic articles in the *Anchorage Daily News* on the project.³⁴

FINDING: The DOC was not required to comply with the laws and regulations for notification to the local council of the siting of Goose Creek, because the facility was planned and financed by the local community.

The notice of a public meeting set for October 12, 2006 for the purpose of receiving comments from the public on proposed locations for the new prison indicates that the department, while not required to accept public comment, nonetheless, closely involved the community with site selection and effectively facilitated communication to the public of the different aspects of the project. Public notifications to the extent required were achieved by Mat-Su Borough with the involvement of the DOC.

³⁴ Email from April Wilkerson, Director Division of Administrative Services, Alaska Department of Corrections, August 4, 2014



Review Objective 10: Evaluate agency's process for implementing technology, and recommend new types of uses of technology to improve agency efficiency and effectiveness.

There are two distinct goals of this review objective. The first is to evaluate the process the DOC uses to implement its technology initiatives. The second is to recommend new technology that may offer opportunities for improvements in the effectiveness and efficiency of the DOC as it accomplishes its missions. Technology improvements and ongoing maintenance of technological systems are enormous challenges for correctional systems throughout the country. Challenges include limited resources for technology investments due to general budgetary constraints throughout state governments, high staffing turnover leading to knowledge gaps and delays with project implementation, aging technology infrastructure that is inefficient, worn out/reached end of life, or no longer supported, and remote site locations that make support of advanced technology difficult.

Technology is a broad subject in reference to corrections and community corrections systems. It includes information technology such as inmate management systems, which are typically multi-functional databases of inmate information such as offender profiles, criminal and institutional history, classifications, time accounting, educational and other program participation records, housing assignments, grievances, and disciplinary events and sanctions. Depending on the sophistication (generally described as the number of modules and if the system is linked to systems in other agencies) of the system it can include medical records, inmate trust accounts, commissary purchases, inmate telephone tracking and billing, case management records, visitation records and numerous other information that is collected and maintained by correctional systems.

In addition to information technology hardware and integrated or standalone software systems, corrections and community corrections departments typically rely on dozens of other security-oriented technology systems. Examples of such technology deployed in correctional departments include devices to detect certain contraband, such as handheld or walk-through body screening devices, belt scanners for property scanning, substance use detection, radios, perimeter detection equipment, permanent and mobile cameras and video recording equipment, automated fingerprinting systems, body armor, offender and staffing tracking systems, and electronic monitoring systems, to note just a few examples.

The DOC's IT section is located within the Division of Administrative Services. The section works closely with the Alaska Department of Administration's Division of Enterprise Technology Services (ETS), from which it receives core information technology and telecommunications services. The services state agencies receive from ETS minimize development of redundant systems and duplicative processes and personnel. Its mission is to provide the state government, as a whole, with more efficient and effective business processes to develop, maintain, and support information technology, which can be quite varied based on each agency's mission, business needs, customers, and financial and other resources.

The DOC relies extensively on ETS for help with information system integrity to help minimize security risks. This is extremely important in an environment where offenders inside and outside of the system



and others want to communicate with offenders inside the system or tap into official records for criminal purposes, and offenders inside want similar access to the free world.

The review team's analysis began with research to gain a better understanding of the context for DOC's specific technological needs, challenges, and planning process. That was mainly achieved by discussions with department leadership, observations and interviews conducted at institutions and at offices and facilities located in communities, an interview with IT section leadership, and by reviewing the DOC *Annual Information Technology Plans* for the current and previous four years.

Our review of industry best practices was based on searches of federal, state, and local corrections-related websites, reviews of industry publications, and evaluations of needs assessments made available (online or at professional association exhibitions) by providers of technology solutions for institutional and community corrections departments. Best (sometimes referred to as better) practices in the technology field come from many sources and need to be evaluated carefully, as what works for one department may not work for another.

Resources: The DOC's IT section operates, supports, and develops a wide array of technology systems for the department and does so with an extremely small staff. Including its manager, it has 17 full-time equivalencies (FTEs) with two positions vacant at this time. The State of Alaska's Department of Administration annually produces a Consolidated IT Report that shows and compares capital and operational spending and staffing for each state agency. That report indicates that the DOC's share of statewide operational spending on IT was only 1.2% of the state government's total IT operations spending. This is despite the fact that the DOC has more than 1,200 CPUs (laptops, desktops, servers, etc.) that have to be maintained, networked, updated, and repaired and more than 1,700 staff that need help with computer networking and hardware and software problems, all in an environment that operates 24 hours per day, 7 days per week (24/7) in a high security-risk environment.

Finding: *The state's allocation of operational spending for IT at DOC is low relative to other major Alaska state government agencies.*

Table 10-1 compares operational funding for IT by state agency in FY 2012 as a percent of what was spent in FY 2008. Overall spending in FY 2012 by state agencies was \$172,878,600, a reduction of 12.6% from 2008. Nevertheless, within that same time period, nine agencies saw spending increases, and four had relatively minor decreases of between 3 and 15%. Three agencies incurred reductions of between one and two-thirds of 2008 funding levels. DOC received one of the largest decreases in funding, a reduction of 48% from 2008 to 2012.



Table 10-3: State of Alaska IT Operations Funding, FY 2008 and FY 2012
(\$000)

Agency	FY08 Actual	FY12 Actual	Percent Change
ETS	40,938.7	35,368.2	-14%
DOR	15,862.1	23,419.1	48%
DOT	16,920.6	18,471.5	9%
DHSS	48,784.3	17,121.4	-65%
DOA	13,148.5	15,670.4	19%
DFG	9,991.3	10,804.0	8%
DOL	12,293.0	11,786.3	-4%
DNR	9,206.0	8,922.9	-3%
DEC	6,021.0	7,617.6	27%
DPS	2,959.8	3,834.3	30%
DCCED	3,570.6	4,612.0	29%
DEED	5,566.7	6,915.7	24%
DMVA	2,963.8	2,694.5	-9%
LAW	3,596.7	1,424.0	-60%
DOC	4,197.6	2,174.8	-48%
GOV	1,799.0	2,041.9	14%
TOTALS:	\$197,819.7	\$172,878.6	-13%

Source: State of Alaska, Department of Administration, *FY 2014 Consolidated IT Report*

During our facility and program reviews, the review team encountered many examples of limited or no-longer-supported technology. During our review of responses to and tracking of citizen complaints, it was noted that there is no system available to log and track responses to complaints. Technology conditions prevent the department from complying with its own policies and procedures and generally accepted best practices for government agencies, which require a timely response.

Despite the austere spending pattern of recent years, DOC IT management has made progress due to the infusion of funds for some major capital improvements to their system in the two most recent years.



Once vacant IT positions are filled, the department will be able to better maintain the systems they have, although completing key system improvements with the staff resources allocated is problematic. As a result, planned improvements will take longer to complete or have been deferred.

FINDING: The DOC has made some progress in basic updates to its IT systems, maintaining them at a functional level despite a very low level of resource investment.

IT Planning: While lack of funding for IT is a challenge for the DOC, the larger problem with the department’s IT services is the lack of a meaningful vision or plan for the development and use of technology to improve DOC performance. The DOC’s annual IT plans do not articulate a compelling vision for the use of technology in the department and provide no rationale for how the investment of technology resources will leverage improved department performance. The IT plans should provide a thorough assessment of department operational, program, and information needs, coupled with a strategy for the development of key technology initiatives and investments that will enable cost-effective, rapid improvements in performance and efficiency. If the plan does not serve as a roadmap for improvement, as a document to show how significant technology investments can improve department effectiveness, it will have little utility for DOC.

A review of recent annual IT plans indicated a lack of vision, over-reliance on copying prior years’ plans, no explanation of items that appeared in one year but not mentioned in subsequent years, and a lack of clear rationale for proposed or planned projects. Performance measures are not included in the planning documents. The plan should document the condition of current systems, and explain the benefit of systems or solutions deployed elsewhere or new and emerging technologies. Instead, the DOC’s IT plans emphasize relatively small technical support work. A comparison of strategic IT plan priorities from the Virginia Department of Corrections with those contained in the DOC’s IT plan, as summarized in Table 10-4, is illustrative.

Table 10-4: Comparison of Alaska and Virginia IT Mission Statements

VA DOC IT Strategic Plan Priorities	AK DOC IT Top 5 Strategy Statement
<ul style="list-style-type: none"> • Prepare for and implement enterprise-wide solutions. • Implement offender health medical records module and integrate it with Virginia CORIS. • Strengthen business decisions through the use of intelligence reporting (data mart, prototype data warehouse). • Enhance identification and information sharing initiatives through technological advances in automated biometrics system: <ul style="list-style-type: none"> • Palm prints 	<ul style="list-style-type: none"> • The overall strategy of DOC's IT unit is to provide reliable tools and technologies to department staff and customers in order to meet the statutory mandates, departmental mission and directives as set by the department's command team. • Provide the high availability of deployed systems and operate in a secure manner. • Provide modern, cost effective systems that allow quick deployment of applications that meet the department's business needs in an



VA DOC IT Strategic Plan Priorities	AK DOC IT Top 5 Strategy Statement
<ul style="list-style-type: none"> • Mug shots-facial recognition • LiveScan • Improve operational efficiencies through the use of kiosks. • Improve effectiveness and performance through records management and document storage platforms offered by Enterprise Content Management solutions. • Implement efficiencies in testing through automated testing tools and processes. 	<p>environment meeting enterprise standards</p> <ul style="list-style-type: none"> • Provide consistent and exceptional customer service to department staff and other agencies.

Source: CGL

The Virginia plan points the way to value-added solutions with a direct payoff in operational performance. Virginia is also notable as an example of technology enabling very high levels of productivity. The VA DOC’s IT unit has a total of 29 staff and 2 contractors to develop and manage technology solutions for a correctional system with 42 facilities, more than 30,000 inmates, a supervised release population of more than 58,000, and is recognized as one of the most technologically sophisticated correctional systems in the nation.

FINDING: The DOC’s failure to develop effective strategic IT plans has impaired the DOC’s potential to use technology to address system issues and improve performance.

By failing to clearly plan and communicate how technology can provide effective solutions to key operational, planning, and program issues, the DOC bears some responsibility for the relatively low level of investment the state has made in technology for the correctional system.

Over the course of our review of the DOC, project review teams have observed numerous instances where well-designed information systems and technology could improve department performance. Examples include basic databases and analytics to provide managers with better understanding of the inmate and supervision population dynamics, electronic medical records, improved communication, improved ACOMS functionality, energy system management, internet-based video visiting systems that reduce staffing requirements and improve family access to offenders, distance learning, and telemedicine. There is clearly a great need and demand in the department for information system solutions. However, in the absence of an effective planning process that can prioritize initiatives in the context of a long-term plan designed to specifically address key department needs, recommending individual solutions will result in ad hoc, reactive investments.

Instead, the department’s strategic plan needs to set the overall vision for how technology can support improved agency performance, and then define the framework and strategic path for its implementation. Accordingly, the review team concludes that recommendations on specific best practices and technologies that have worked for other systems, outside the context of a strategic plan



informed by the DOC's specific issues, requirements, and challenges, would not serve the best interests of the department. Instead, the DOC should first make a serious commitment and investment of time and resources to put together a high-quality IT development plan. This may require contracting with an IT development firm that specializes in needs assessment and planning. This is a necessary first step toward development of a program of technology initiatives that will rationally address system needs and opportunities for improvement.

RECOMMENDATION: Contract for the development of a professional needs assessment and a strategic IT development plan.

An effective strategic plan, developed through department-wide input on needs and priorities, can give staff more direction, measurable performance objectives, milestones, and perhaps an even greater sense of achievement and purpose. Components of a strategic plan include a vision, goals, measurable objectives, multi-year initiatives, critical success factors, performance measures, key milestones, estimated costs, cost optimization strategies, financing options (such as will a project be a capital project or purchased with operating budget), and priorities. Once a strategic direction is established, the annual IT plan then becomes an operational plan, which is based on available resources for overall operations and for each identified project.



Review Objective 11: Identify services provided by programs and functions duplicated by another agency or private entity, and recommend the most effective and efficient way to perform those services.

This review objective's focus was to examine areas of possible inefficiency or duplication by looking at what the DOC does and determining if there are any other state agencies or private entities performing the same function or offering the same service. In addition, this review objective examines if those services are being performed in the most efficient manner.

The review team looked closely at the core services to inmates that the DOC currently provides, examined similar services provided by other state agencies and private entities, and assessed if those services are being performed in the most efficient manner.

Our approach to the analysis first documented the type of services provided by the DOC to inmates, then quantified the cost of those services based on agency information. The project team then established whether the identified services were also provided by another state agency, publicly funded entity, or private entity. Determining the significance of a service was based on the following:

- *Resource Usage:* The use of agency resources to provide the service including cost and personnel
- *Area of Influence:* The number of inmates impacted by the service or the size of the inmate population directly influenced or affected by the service
- *Mission Value:* Equate the service in terms of the stated mission of the agency and the role the service plays in helping the agency fulfill its mission

In addition to determining the significance a particular service has on the agency's ability to fulfill its mission, the review team attempted to quantify the material impact a service has on the agency's budget. That is, whether the service in question represents a significant investment of agency resources.

According to DOC documents, the agency spent approximately \$5.9 million on education and rehabilitative services for inmates in FY 2013. Of that amount, about 63%, or \$3.7 million was spent on substance abuse treatment services, 33% (\$1.9 million) on sex offender management programs, and approximately 5% (\$278,000) on education services (see **Appendix F**). Additionally, the DOC spent approximately \$31.6 million on transitional housing at community residential centers and community jail services.

Our analysis documented that the DOC does, in fact, provides some of the same or similar services as those provided by other entities. Although the DOC responded to the DLA in a letter dated July 9, 2014, that "There are no services provided by the DOC that are duplicated by any other entities," there are, in fact, several services provided by the DOC that are the same or similar to services provided by other entities. For example, the DOC provides detention services for inmates, while community jails also provide detention services for inmates. The community jails lack the space to hold large numbers of



inmates and their associated per diem costs are quite high. In FY 13, the average per diem cost to house an inmate at a state facility was \$158.67, while the average daily cost at a community jail was \$331.31.³⁵

Similarly, the DOC houses offenders and provides rehabilitative services just as Community Residential Centers (CRCs) also house offenders and provide some services. However, the DOC focuses on those offenders still incarcerated, while the CRCs focus on offenders who are ready to transition back to the community and often need different levels or types of services.

The DOC's duplication of services provided by other entities does not mean the DOC services are not needed. Because of the needs of the population housed in DOC facilities, the large scale of the DOC's operations, and the difficulty the DOC has in procuring some services in rural parts of the state, it makes sense for the DOC to provide some services that may also be provided by other entities.

DOC also augments its cadre of staff and services on a selective basis by contracting with other state agencies, institutions of higher education, and private sector vendors to reduce its need for in-house service providers. By contracting with outside service providers, the DOC minimizes the number of employees it needs, while broadening the types of services it makes available to inmates.

By contracting with outside entities for the provision of inmate services, the DOC can more easily control costs, as well as maintain flexibility in adjusting education and vocational service offerings to meet changing job market demands, which improves inmates' chances of getting jobs once released from prison. Contracting can also provide the department with choices and discretion in decision making to ensure it gets the best providers in a given service area or profession.

The DOC invested approximately \$37.5 million in procuring services for the inmate population (see **Appendix G**). Of that amount about \$5.9 million, or 15.7%, was spent on substance abuse treatment, sex offender management, and education services. In addition, the agency spent \$31.5 million on contracts with community jails and community residential treatment centers. The delivery of these services to the inmate population is critical to the DOC's mission to hold offenders accountable for their actions and to rehabilitate them to be productive members of society once released from confinement.

The DOC makes a significant investment in services to the inmate/offender population and uses a variety of methods to provide core services to inmates and offenders. In cases where the DOC can provide a service more cost effectively or has difficulty finding certain service providers, such as in the more rural areas of the state, the DOC provides the service itself. However, if the DOC has access to private sector or other public sector providers that can provide the same services with reduced cost or improved service delivery, in many cases the department will contract for the provision of services.

FINDING: The DOC makes effective use of outside service providers as needed to reduce costs and/or potentially improve service delivery when and where it can.

³⁵ *Cost of Care Agreement*, Agreement Number 06-04-0013, Agreement between the U.S. Marshals Service and the AK Department of Corrections, dated October 3, 2013, page 47.



Review Objective 12: Evaluate whether the agency priorities reported to the Legislature under AS 37.07.050(a)(13) and the list of programs or elements of programs provided under AS 44.66.020(c)(2) are consistent with the results of the review.

The DOC reported its top three priorities in order to be: (1) secure confinement, (2) supervised release, and (3) reformative programs. These priorities support the department's mission and are consistent with the results of this review.

As indicated in Review Objective 3, the DOC did not recommend a specific set of budget reductions pursuant to AS 44.66.020(c)(2). The DOC did indicate that closing a facility would be the most feasible alternative available to achieve the \$31.3 million in spending reductions required under statute: "Closing one or more correctional facilities appears to be the only way to achieve a 10% reduction of the department's general fund. The department believes that closing one or more facilities is untenable, would reverse the policy direction set by the legislature, and would require a return to contracting to house inmates in out-of-state facilities."³⁶

FINDING: The DOC's reported priorities are consistent with the department's mission. The DOC did not submit specific budget reductions to the DLA pursuant to AS 44.66.020(c)(2).

³⁶ Joseph Schmidt, "Letter to Kris Curtis, Legislative Auditor," May 27, 2014.



Review Objective 13: Identify agencies that could be terminated or consolidated, reductions in costs, and potential program or cost reductions based on policy changes.

In order to identify potential agencies that could be terminated or consolidated, reduced costs, or possible program/cost reductions caused by policy changes, the project team established basic evaluation criteria to apply at each of the three different levels of analysis: agency, program, and program element. The evaluation criteria are as follows:

- Is a vital and necessary public service provided to the State of Alaska?
- If yes, is it duplicative or similar to that provided by another state entity?

We then apply these criteria to the DOC, each of its programs, and then to each of the corresponding key elements of each program, as follows in **Table 13-1**:

Table 13-1: DOC Programs and Program Elements

Agency	Alaska Department of Corrections		
Programs	Secure Confinement	Supervised Release	Reformative Programs
Program Elements	Correctional Centers	Statewide Probation & Parole	Education
	Physical Health Care	Community Residential Centers	Vocational Education
	Community Jails	Electronic Monitoring	Substance Treatment
	Point of Arrest	Parole Board	Domestic Violence
	Inmate Transportation	Probation & Parole Director's Office	Sex Offender Management
	Institution Director's Office		Behavioral Health Care
	Classification & Furlough		Faith-Based Services
	Capital Improvement		
	Correctional Academy		

Source: DOC

The defined program elements for the purpose of this analysis are consistent with the internal organization and allocation of funding by program, as established by the DOC.³⁷ As documented earlier in this report in Review Objective 1, the programs and program elements defined by the DOC are consistent with its mission and, in fact, play critical roles in the performance of this mission. As a result there is no basis to advocate a policy change that would require their elimination.

FINDING: The DOC should not be terminated or consolidated into another agency. The mission of the DOC addresses key statutory authorizations and requirements for the delivery of correctional services as established in state statute. No other state agency is authorized or equipped to perform this mission. Absent a change in statute that reduces or significantly alters the responsibilities and duties of the DOC and its mission, there is no policy basis for termination or consolidation of the DOC.

³⁷ Alaska Office of Management and Budget, "Department of Corrections: Key Performance Indicators," December 2013.



Evaluating individual programs for potential elimination or consolidation implicitly assumes that each of the programs and program elements under review stand alone and can be evaluated on its own terms. This approach does not necessarily take into account the role each program may play in context with the overall mission of the agency. For example, the CRC program element cannot be evaluated in isolation of the DOC's larger program mission and strategy for reintegrating offenders into society. It is not possible to make a policy case for reducing or eliminating the CRC program element without addressing the program's role in DOC's overall plan to provide effective supervised release, which results in lower recidivism. Assessing the potential for CRC elimination on the basis of changing policy then requires an analysis of the arguments for and against the need for offender reentry programs.

Eliminating or reducing a program on the assumption of changing the public policy basis for its existence is beyond the scope of a performance review and is more properly the responsibility of the state legislative and executive branches of government. Our approach to evaluating the potential for eliminating, reducing, or consolidating a program, instead, examines the managing agency's statutory authorization and mission and then proceeds to assess whether the agency, programs, and program elements are consistent with this mission. This approach does not address the larger public policy issues that may surround an agency's mission, but instead seeks to determine whether the specific agency, program, or program element under review provides a vital public service as defined in the agency mission. If not it can be eliminated. If it does provide a vital service, the next question is whether this service, consistent with the overall public policy mission, can be consolidated into another program element or agency. If it technically can be consolidated, we then assess whether there is an actual service or efficiency benefit that may be realized.

The consistent conclusion of our analysis throughout this report is that the DOC's programs are consistent with the department's mission, are well-designed, provide at least moderately effective service, and are efficient given the constraints under which the department must operate. We see no justification for elimination or consolidation of programs on the basis that they are either not in the public interest, duplicative of services another agency provides, or could be consolidated into another agency.

FINDING: The DOC's core programs (secure confinement, supervised release, and reformative programs) and each of the component elements of these programs are consistent with the DOC's mission and are necessary for the performance of that mission. Accordingly, there is no policy basis for the termination or consolidation of these programs or associated program elements.

However, evidence of effectiveness in meeting objectives is also necessary to justify a program's existence. The program may have a sound policy basis and objective, but if it is ineffective, it should be eliminated, reduced, or modified to become effective. We found the DOC's secure confinement and supervised release programs both to be moderately effective and efficient in addressing their objectives. The DOC's reformative programs are highly effective at providing offenders meaningful access to rehabilitative programs. However, as noted earlier, evaluation of the actual long-term impact of these programs on offender behavior and, ultimately, public safety is still under development.



The DOC's program delivery model is largely "evidence-based," meaning that these types of programs have been shown to produce positive results in other systems. The DOC is conducting a long-term evaluation of the impact of its substance abuse treatment programs, which is showing very positive initial results. However, similar evaluations of the impact of other programs such as education, vocational training, anger management, and sex offender treatment are also required. These programs all provide some benefit in terms of inmates productively using their time while incarcerated, which in turn makes a prison safer and more secure. However, the ultimate metric by which they should be judged is evidence of their positive impact on offender behavior when released from prison. To the extent possible, the DOC should conduct rigorous evaluations of the impact of their reformative programs and assess the evidence for their success.

FINDING: While they are ancillary benefits of providing reformative programs, such as improved inmate management, the core justification for these programs is to reduce recidivism. The impact of the specific reformative programs provided by the DOC requires ongoing evaluation to determine their relative effectiveness.

RECOMMENDATION: The DOC and its component programs should not be terminated or consolidated. However, if evaluations do not document the effectiveness of specific reformative programs, these programs could be terminated, modified, or replaced by other programs.



Review Objective 14: Identify the extent to which statutory, regulatory, budgetary, or other changes are necessary to enable the agency to better serve the interests of the public and to correct problems identified during review.

Review Objective 14 seeks to identify formal structural barriers that impede effective agency performance, along with corresponding action required to eliminate or mitigate their impact on DOC performance. These barriers could be imposed by statute, administrative regulation, or budget rule. Implicit in this review objective is the assumption that the rules that direct agency programs and operations restrict departments from operating with efficiency and effectiveness. Accordingly, eliminating, or at least changing, these formal rules should result in better performance.

Over the course of the many interviews conducted by the project team, when asked, no DOC executive or senior manager ever identified a statute, bureaucratic regulation, or budget rule they would propose to eliminate or change in order to improve department performance. Similarly, the issue of eliminating or changing formal rules and laws that lower agency efficiency never came up at any of the four public hearings on the department's performance that were conducted around the state.

FINDING: Interviews with key department staff and testimony from public hearings identified no specific statutes, regulations, or budget rules that must be eliminated or changed to improve DOC effectiveness.

However, our review of the performance of the DOC did identify a number of areas where department performance could be improved. The issues holding back performance in these areas fell into three general areas: (1) policy issues, (2) management issues, and (3) resource issues.

Policy issues ranged from the need to address several key policy omissions in the health care program to a widespread need to update security policies that had not been reviewed and that were not consistent with department practices or objectives. Several policies in the supervised release program require varying degrees of modification to better fit the needs of current supervision operational practices.

The review teams noted a variety of issues attributable to management neglect or lack of sufficient attention to potentially significant problems, such as the lack of training for probation officers responsible for managing specialized caseloads of high-risk offenders and the lack of consistency in certain operational practices across the department's correctional facilities.

Data and analysis issues arose in a number of areas, including the inadequacy of the department's capital and IT planning processes. The lack of good data and analysis on the various dimensions of program design and the need for evaluation were mentioned by a number of managers as critical needs.

Finally, resource issues were a problem in some areas. For example, lack of staff resources and correspondingly high caseloads force most POs to work almost entirely out of their offices, as opposed to spending time in the community checking on offenders and working proactively on their concerns. The condition of facility physical plants was a notable concern in nearly all department facilities.



As described above, many, if not most, of the performance-related issues documented in our review stem not from formal rules impeding efficiency, but are instead caused by the absence of something needed by the department: the health care program requires more policies, facility security needs better policies, managers need better data, POs need more appropriate training, correctional facilities need a capital planning process, etc. Many of the specific recommendations listed in Review Objective 1 direct the DOC to address these deficiencies as the primary means to address agency performance issues.

FINDING: Our review identified no statute, regulation, or budget rule that needs to be eliminated or changed to improve DOC efficiency or effectiveness.

The primary policy change that could be made to lower the cost of correctional services to the State of Alaska is to revisit the issue of contracting for prison beds out of state. Provided contracting is done on a scale that allows the closure of at least one facility, contracting out for beds is a proven method to assure lower correctional system costs. However, as noted earlier, a change in this policy also has implications for local economies, long-term rehabilitation, and access of families to offenders. All of these issues need to be considered in evaluating a potential policy change in this area.



Review Objective 15: Evaluate the agency process for development of capital projects.

This review objective evaluates the DOC's process for the development of capital projects. The review team looked closely at all the facility maintenance and repair requests from FY 2012, which was the most recent year made available to the project team. In addition, the team looked at the DOC's FY 2014 10-year expenditure projections to get a better sense of the agency's longer-term capital needs.

We did not select specific capital projects for review but instead looked at all 39 projects on the agency's annual facilities maintenance, renovations, and repairs list for FY 2012, which was presented as the agency's capital project plan. The review team looked at several documents from the DOC related to deferred maintenance, capital planning, and budgeting (see **Appendix H**). The assessment focused on the planning and budget documents provided by the DOC, as well as capital planning documents from other states' departments of corrections and jail systems. The review team interviewed the agency's facilities manager and director of administration as part of its on-site work and reviewed with them the DOC's process for capital planning.

The capital project planning process, as described by the DOC, follows:

The Department of Corrections is responsible for maintaining 117 state-owned buildings which represent over 1.7 million square feet of space, and have a 529.1 million dollar replacement value. The majority of the buildings are over 18 years old, with 20% exceeding 30 years and 17% exceeding 43 years of age. Funded appropriations meet the most urgent fire and life safety, environmental, utility infrastructure, security and operational requirements in the department.

A list of known requirements at all institutions is formulated in late October or early November each year creating a "snapshot" listing of the various needs at the time. These projects are a statewide compilation of essential capital requirements at all institutions, primarily deferred maintenance requirements.

During this time period, other critical requirements are identified and several of the identified projects are completed due to emergency or higher priority needs. Funds are allocated to the most urgent of the remaining project requirements. The projects that are not funded become the basis for the next fiscal year capital appropriation request. Past experience shows that the vast majority of available funding will be allocated to deferred maintenance projects that were identified in prior capital requests.

As repair projects are identified, they are initially identified in priority order under the Corrections Annual Facilities Maintenance, Renovations and Repairs project list. If a situation at a facility continues to deteriorate to the point of becoming a threat to health, safety or security, yet remains unfunded, the project is transferred to the Deferred



*Maintenance list where all projects are of a higher department priority for funding than the Annual Facilities Maintenance, Renovations and Repairs list.*³⁸

The review team found that most other state correctional system capital plans and their associated planning processes typically follow a different approach. This capital planning and budget development approach includes the following basic elements:

- Inmate population trend analysis and forecast
- Formal assessment of current physical plant conditions
- Analysis of inmate custody needs (inmate population by classification level)
- Analysis of inmate health care and rehabilitation needs
- Prioritization of projects in terms of maintaining current facilities, development of additional capacity, and where appropriate, cost-benefit analysis of the renovation of obsolete facilities versus the development of replacement facilities

The information generated from these activities is then incorporated into a master plan that explains the basis for the agency's capital funding requests so decision-makers can fully understand the assumptions and analysis driving the agency's need for funds and how that fits into the overall mission and goals of the agency.

Many correctional systems' capital development plans include information on measures that may be implemented to reduce or limit the need to invest in capital projects. For example, taking steps to divert certain offenders from prison or reducing the time offenders stay in prison are policy alternatives to lower the prison population, and thereby avoid the need to build additional prison capacity.

FINDING: The DOC does not have a process or system to adequately evaluate or plan for long-term capital needs.

The DOC's "plan" is almost exclusively focused on dealing with deferred maintenance of one type or another and does not adequately evaluate the system's longer-term needs as determined by the state's overall population growth, demographic changes, and crime rates.

A review of various DOC documents indicated that the agency uses a very rudimentary inmate population forecast that is essentially a straight line projection of past trends. For example, the DOC took the actual growth of the inmate population from 2004 to 2013 (2.67%) and simply carried forward the assumption that the inmate population would grow at the same rate (2.7%) from 2013 to 2021. By comparison, the total Alaska state population grew by 1.35% annually from 2004 to 2013 but is

³⁸ Department of Corrections' response to Legislative Auditor's request on Development of Capital Projects (11) to "Provide the processes and procedures for developing a capital project exclusive of routine maintenance but inclusive of replacement of major systems such as heating, roofing, etc." (Response 11A)



projected to grow by 1.15% annually from 2013 to 2021, according to the state's latest population forecast.³⁹ In addition, the DOC makes no attempt to differentiate between growth in the male inmate population and the female inmate population, despite the obvious implications for capacity planning.

The DOC does not produce a report or an analysis that documents the agency's facility needs in the near or long-term given the current inmate population and projected changes in inmate classification or custody levels. The department apparently does not produce any type of formal analysis that addresses bed space needs given the current breakdown of inmates by classification or custody level or how changes in the inmate population by classification or custody level might change inmate housing needs over time. For instance, as the state's overall population is expected to age over the next several years, along with a significant increase in the number of people aged 18 to 24, the type of inmate, custody level, and length-of-stay will likely change as well. This could change the types of housing the system will require to accommodate changes in the inmate population, as well as the space needs for support services.⁴⁰

Key planning information is not summarized in a single document to help explain long-term funding and capital needs to decision-makers. The DOC's FY 2014 10-Year Expenditure Plan contains valuable information on funding needed for renovations, repairs, and equipment for regional and community jails, but fails to describe the specific factors driving the need for this funding. Similarly, the plan proposes funding to increase the number of CRC beds in Fairbanks, but fails to explain why an expansion in Fairbanks is required versus other potential locations in the state. Finally, the plan requests funds to replace the Fairbanks Correctional Center and expand Yukon-Kuskokwim, but again provides no analysis of the rationale for these initiatives.

Similarly, a January 2014 presentation to the house finance sub-committee contains valuable information on the changing composition of the inmate population (larger percentage of female inmates), changes in inmates' length-of-stay over the past 11 years (larger percentage of inmates serving sentences of 37 months or more), and changes in offense profile (more violent crimes being committed), but it fails to explain how those changes might impact the agency's capital needs.

FINDING: The DOC does not have a well-developed process for identifying its near and long-term capital needs. The department also lacks a long-term facilities master plan that assesses and prioritizes current facility conditions and needs, projects and explains future changes in the size and composition of the prison population that will drive long-term prison capacity requirements, and establishes a multi-year program of projects that aligns capital development initiatives with population management strategy to address the needs of a changing correctional system.

³⁹ Alaska Population Projections 2012 to 2042, Alaska Department of Labor and Workforce Development, April 2014.

⁴⁰ Ibid, page 12.



Although the DOC collects a good deal of relevant capital project and facility condition data, that information is not integrated into a single planning document that effectively communicates the department's capital and funding needs to decision-makers. Best practices in managing capital projects and costs derive annual budget requests from comprehensive, long-term capital development plans based on long-term forecasting, informed analysis of changing needs, and a schedule of planned initiatives that addresses ongoing system requirements in a sustainable financial framework.

To this end, there are several steps the DOC should take to improve its capital planning process to better support effective performance of its mission.

RECOMMENDATION: Initiate a capital planning process based on a comprehensive assessment of facility needs, research on inmate population trends and characteristics that meets professional standards, and a detailed analysis of strategies to manage future system conditions. Consistent with best practices in correctional system management, this process should culminate in the development of a long-range facilities master plan.

The capital planning process should include the following elements:

Phase 1 – Vision and Framework: Key stakeholders come together and establish a shared vision for the system and its future development.

Phase 2 – Assessment and Utilization: The state should then undertake a facilities condition assessment and utilization review to establish a common understanding of the system's resources and how they are used. A forecast of the inmate population is necessary to understand how future changes in the inmate population will impact long-term facility needs. This information provides the foundation for development of a facilities master plan.

Phase 3 – Strategic Options and Capital Plan: Using the data and analysis developed through the process, the state can begin to articulate strategies and alternatives for realizing its vision, aligning resources with need, and developing a plan to achieve its goals in the most cost effective way possible.



Review Objective 16: Identify any other elements appropriate to a performance management review.

Review Objective 16 requires an evaluation of whether the DOC has developed long-range plans that address future strategic direction, operations, capital development, capital improvement, and financial management; whether it follows those plans; and if the plans' objectives are being met.

The DOC annually submits a 10-year capital and operating budget projection to the OMB. This projection comprises the DOC's long-range plan to perform its mission. The plan establishes the following strategic direction:

*The DOC's long-range plan is to reduce criminal recidivism by continuing sound population management practices, expanded re-entry programs and services.*⁴¹

Pursuant to this strategic direction, the DOC identifies four areas for planning:

- *Institutional bed capacity and community-based services:* The plan indicates that the DOC is conducting a long-range analysis of its future population management needs. This effort examines the current use of all facilities and will result in an assessment of alternatives available at each institution for potential expansion of capacity, associated rehabilitation needs, and an assessment of the remaining useful life of the facility and corresponding replacement needs.
- *State-owned facility maintenance and repairs:* The department has a six-year plan to address deferred maintenance needs. This plan identifies critical deferred maintenance, renewal, and repair and equipment needs at all institutions. The plan prioritizes projects consistent with their impact upon continuing facility operations.
- *Institutional-based offender habilitation programs:* The plan includes an initiative to expand sex offender treatment, substance abuse treatment, education, and vocational education programs.
- *Mental health services to meet the offender population diagnosed with mental health issues:* The plan notes anticipated increases in the population of offenders requiring mental health treatment and indicates a commitment to developing cost effective service for this population.

The plan includes a financial projection of the long-term fiscal impact on the DOC's resources requirements for addressing these priorities. The projection identifies baseline funding requirements to maintain current levels of service and separately forecasts the multi-year funding requirements for each new initiative identified in the plan. Capital budget requirements are likewise detailed separately by initiative.

A review of the past three years of annual plan submissions shows a consistent pattern of identifying initiatives for upcoming years and deferring them to future years in subsequent plans. The DOC makes the point that the annual 10-year plan is a projection and a planning tool. It does not represent a commitment by the administration to propose spending, nor bring in revenue, at particular levels in

⁴¹ Office of Management and Budget, "Department of Corrections FY 2015 10-Year Plan," December 12, 2013.



future years. Deviations from the submitted plan relative to the upcoming budget request is generally associated with the department's changing priorities, needs, and/or available funding from state revenues. The scheduling of specific capital projects is determined on an ongoing basis as dictated by the urgency of the maintenance and operational needs. Unfunded projects are regularly then re-scheduled for future years.

The department's long-range plans meet the requirements of AS 37.07.020. The annual plans provide a road map and funding plan to address the long-term policy and operational priorities of the DOC. The capacity of the department to implement these plans and attain their objectives is largely a function of the resources available in the state budget to fund these initiatives.

The one significant deficiency in the DOC's planning process is the lack of a professionally developed, sophisticated projection of the size and composition of the DOC's future inmate population. The department's current projection is essentially a straight-line trend projection of recent growth levels into future years. This methodology is crude and does not provide a sound foundation for system planning. A well-developed inmate population forecast is absolutely critical to assessing future needs and plans to address these needs. Decision-makers need sound research, comprehensive analysis, and reliable forecasting techniques to make educated policy decisions. The question is not simply, "What will the future inmate population be?" Decision-makers need to also answer the questions of "What are the reasons behind prison population growth?", "How will future changes affect the system?", and "How can different policies influence the forecasted population?"

FINDING: DOC plans are not informed by analysis or understanding of the long-term dynamics of a changing correctional system population.

There are a number of different methodologies in use by state correctional systems to develop prison population forecast, including stochastic entity simulation models, regression modeling, and autoregressive integrated moving average (ARIMA) models. States that do not have in-house professional criminal justice research staff typically contract for projections with professional criminal justice research firms or universities with requisite research units.

RECOMMENDATION: The DOC should contract for the development of a professional inmate population forecast and analysis.

In summary, the DOC has developed long-range plans that attempt to address strategic direction, capital development, operations, and program needs. The plan is presented in the context of a financial plan that outlines resources requirements associated with the plan. The DOC's planning efforts would be substantially enhanced, however, with the development of a professional forecast of the future inmate population.



Review Objective 17: Assess DOC’s health care policies, procedures, operational practices, and compliance systems. Analyze data and statistics on inmate health care needs, indicators of delivery levels, general health acuity of inmate population, and health care outcomes.

Review Objective 17 requires a high-level program review of the management and delivery of health care services within the DOC. The methodology for the review consisted of: (1) assessment of DOC health care policies, procedures, and compliance systems; (2) interviews with program leadership staff; (3) on-site review of service delivery at the Anchorage Correctional Complex; and (4) analysis of data and statistics on inmate health care needs, indicators of service delivery levels, and health care outcomes. Documents reviewed included all of DOC health care policies, DOC internal reviews of health service delivery, and the 2010 report by the American Civil Liberties Union, “Rethinking Alaska’s Corrections Policy,” which addressed health care issues in the Alaska correctional system.

Policies: We initiated our review with a thorough assessment of DOC policies. We found that much of the content of these policies is both appropriate and consistent with best practices, as defined by the National Commission on Correctional Health Care (NCCHC). However, we did note several significant issues/omissions in current DOC policies. Addressing the following issues would result in improvements in the department’s health care program.

FINDING: Health care policies and practices have significant omissions that could affect the quality of services provided.

RECOMMENDATION: Policies should be revised and enhanced in the following areas: policy organization, medical intake, sick call, chronic disease program, scheduled off-site services, unscheduled on-site and off-site services, infirmary care, quality improvement, and mortality reviews.

Policy Organization: While current policies address most of the key issues in managing health care delivery, the configuration and organization of the policies could be improved to provide better accessibility for staff. We recommend establishing a section of policies titled “Inmate Health Services.” This would contain the relevant policy on every major medical service provided. These policies would start with medical intake, transfer screening, sick call, chronic care services, scheduled off-site services (consultations and procedures), unscheduled services (urgent/emergent services), medication management, dental services, mental health services, dietary services, ancillary services (lab and x-ray), and on-site in-patient services (infirmary services). The advantage of reorganizing the policies in this manner is that when a staff member, either clinician or nurse, needs information on how a given service is provided, they can just look under the section “Inmate Health Services,” and go to the particular policy, such as medical intake. Under the current set of policies, one would find the standalone medical examination policy, and then attempt to find the relevant sections on the medical intake process.

- ***Medical Intake:*** The purpose of medical intake is analogous to custody intake in that the facility and the system must become aware of not only who the inmate is, but what specific needs the inmate has. With regard to health care, these needs include acute and chronic medical



problems, acute and chronic mental health problems, dental problems, and the necessary response to these problems. In addition, awareness of potential communicable diseases is an important component of the medical intake process. The policy and procedure should identify the specific sequence of steps performed in the medical intake process, including the pre-book screen, nursing screen, mental health screen, etc. The policy should establish an expected timeframe for accomplishing these screening elements to which staff can be held accountable. When the nurse screen is completed, the nurse is responsible for identifying which inmates require an urgent assessment by a clinician based on the acuity of problems. The last part of the medical intake for those who remain in the facility includes the medical history and physical examination, which should address relevant positives from the nurse screen and any relevant positive findings with regard to vital signs or physical examination. At the end of the physical assessment by the clinician, the clinician responsibility should include developing an initial problem list and plans for each problem. Responsibility for monitoring the completeness and appropriateness of the medical intake process should be a key aspect of a quality improvement program. Currently, the policy on health examinations lacks clarity on intake process requirements and does not require the development of a problem list or plan.

- *Sick Call:* A sick call process should be defined under a policy that focuses on ensuring timely access to sick call request forms, which are accessed by health care staff without violating confidentiality. Both the timeliness of access to a nurse or clinician as well as the appropriateness of the clinical responses should be monitored by the quality improvement program. Lockdown unit nursing assessments must be performed in a professionally appropriate setting. The quality improvement program should monitor this service for timeliness and clinical appropriateness for both nurses and clinicians.
- *Chronic Disease Program:* The chronic disease policy should include the mechanics of disease identification, the mechanics of enrollment in the chronic disease program, and the credential needed to place the disease on the problem list. The policy should link frequency of follow-up to disease control. The policy should also provide a timeframe after initial identification during which the initial comprehensive chronic disease visit occurs. Appended to the policy should be disease-specific guidelines for the most common diseases, such as hypertension, diabetes types 1 and 2, seizure disorder, asthma, and HIV. Many systems use a general medicine clinic for less common diseases such as hyperthyroidism, rheumatoid arthritis, etc. For the common diseases in the appendix to the chronic disease policy, there should be disease-specific guidelines that contain definitions of disease control (good, fair, or poor). The guidelines should also include the minimal baseline monitoring requirements in terms of tests and also the frequency of any ongoing/annual monitoring. These clinical requirements are spelled out within available national guidelines. The chronic disease policy should also address patient refusal to participate, and this element should require documented clinician counseling. This program should also be monitored by the quality improvement program for timeliness and consistency with published guidelines such as published by the NCCHC.



- *Scheduled Off-Site Services:* This policy should address access to both consultations and procedures. The policy should begin with the requirements for a request for off-site services to be submitted; the utilization management review process; the process by which an approved service is scheduled; timeframes within which routine, as well as more urgent services, are obtained; a procedure by which, after the services are provided, patients are returned to the facility through nursing; nursing responsibilities at that point; the responsibility to retrieve the off-site service document; scheduling of a follow-up visit with the patient and the primary care clinician; and the requirements of the clinician to document a discussion of findings and plan. In addition, the policy should address the requirements of the review body to identify an alternative plan of care when the review process does not support the initial request. Finally, the policy should address consultation between the primary care clinician and the patient when an alternative plan of care is recommended. The quality improvement program should monitor this service for timeliness, appropriateness, and continuity.
- *Unscheduled On-Site and Off-Site Services:* The policy should address both urgent complaints, generally verbally addressed to an officer, e.g., “I have an excruciating abdominal pain,” and emergent complaints, such as man down, e.g., seizure, severe shortness of breath. The urgent/emergent responses should be monitored by the quality improvement program for both timeliness and appropriateness. When the determination is made to send patients off-site by ambulance, the policy should address monitoring timeliness of the local emergency service’s response, as well as a follow-up visit with the primary care clinician after the patient has returned to the facility. The policy must also address the need to obtain emergency room reports as opposed to preprinted patient instructions. This policy should also include medical emergency drills, usually once per quarter, as well as an annual disaster drill. This program should also be monitored by the quality improvement program for timeliness, appropriateness, and professional performance.
- *Infirmary Care:* The infirmary policy should provide broad guidance as to what type of required service would obligate sending the patient off-site. When we visited the infirmary, there was one room for alcohol detox and one room for chronic or skilled nursing patients. All other rooms housed acutely ill patients, although there was a mental patient in one room. Examples of required services might include cardiac monitoring, ketoacidosis, etc. The infirmary policy should, at a lower level, reflect some of the procedures used in hospitals, such as the requirement of an admission note by clinician and nurse, regular requirements of progress notes both by clinicians and nurses, and the assignment of an acuity scale, since in a correctional setting some patients are housed chronically because of their unique problems and do not require as intense nursing or clinician monitoring as the acute patients. It is useful to have a standard set of admission orders that can be preprinted and used by the clinicians in a “fill-in-the-blanks” way. Discharge notes should be required; however, either the clinician or a nurse can be responsible once they have discussed what the discharge plan is. The quality



improvement program, probably utilizing an infirmary log, should monitor compliance with policies, as well as nursing and clinician professional performance.

- *Quality Improvement:* The DOC health care program currently lacks a quality improvement policy. Such a program, which is standard feature in most correctional health care systems, can be initially developed by utilizing the medical advisory committee as the quality improvement committee. Staff on the committee should be provided quality improvement training so that they understand the methodology, as well as the philosophy. The committee must be multidisciplinary and should include custody staff. By policy, its responsibilities are comprehensive; that is, every major service is under their review at least annually. The committee is responsible for identifying problems and performing studies to determine the nature of the problem and the significance. Where performance is substandard as set by the committee, they are responsible for analyzing what may be the causes for the substandard performance and then designing and implementing improvement strategies targeted to correct or mitigate those causes. In order to facilitate review of many of these services with regard to timeliness and completeness, it may be necessary to develop tracking logs for specific services, such as a sick call log, scheduled off-site services log, unscheduled on-site and off-site services log, and infirmary log. In drafting the quality improvement policy, we recommend referring to NCHC guidelines and standards.
- *Health Care Mortality Review:* The Death of a Prisoner policy addresses custody and legal issues in a comprehensive manner. However, it is not a medical policy, nor does it provide the mechanics of how the medical death review should be performed. In terms of medical review, the policy is limited to the following:

“The chief medical officer shall prepare a report regarding the manner and cause of death which shall include an explanation of the deceased prisoner’s medical conditions which may have contributed to the death and any other significant medical conditions or circumstances.”

“Medical and mental health observations and recommendations. This section shall include an analysis of the sufficiency of medical staff actions and response related to the death, whether policies, procedures and protocols were followed, whether policies, procedures and protocols were sufficient to address the medical issues which existed and recommendations regarding changes to policies, procedures and protocols and recommendations regarding personnel action.”

The policy should be amended to include the following:

1. Timeframe to complete health care mortality review



2. Assigned responsibility for final product rests with the state medical director, who may assign individuals as needed
3. The review should be assessed at the quality improvement committee meeting
4. The medical death review should include the following elements:
 - a. The development of a timeline that describes all of the interactions of the patient with the health care program over time. The specific interactions, or for that matter the absence of interactions, with the health care program may be particularly relevant.
 - b. An answer to the question, “At some point earlier in the patient’s course, well before the terminal event, was an opportunity to intervene overlooked?”
 - c. Were there any opportunities to improve the handling of the terminal events by medical staff?
 - d. Independent of the cause of death, does the review identify any opportunities for improving professional performance or policies and procedures? It is important that a health care death review be conducted in the context of opportunities to learn and improve.
 - e. Recommendations regarding policy, training, staffing, and equipment issues.
 - f. Direction to the quality improvement committee for tracking recommended follow-up items or recommendations.

Operational Assessment: The challenges faced by the DOC health care team are unique. Most correctional systems do not have such small facilities so remotely located. This, of course, creates enormous challenges in providing health care professionals, and these facilities require 24-hour access to services. Additionally, this is one of the few systems in the country that is also responsible for responses to public drunkenness for people not charged with an offense. This also takes health care oversight, because this population tends to be very high risk.

The most challenging issue facing the department with respect to inmate health care management is the administration of the receiving facilities, such as the Anchorage Correctional Complex, where a large volume of admissions and releases occur. At these facilities, detainees have to be screened and assessed for drug detoxification, mental health issues, gang affiliation, suicide threat, and medical problems, as well as general adjustment issues. Admission to jail/prison is often the most vulnerable time for inmates as they arrive in the correctional system. At Anchorage, there are also a large number of mentally ill inmates, as well as inmates requiring drug detoxification. Female inmates are also admitted to Anchorage and, after arraignment, are transferred to the female facility at Hiland Mountain. The intake assessment duties associated with providing jail services tremendously increases the complexity and volume of work for health care staff.

The department has established special units for the management of mentally ill inmates at a number of facilities. These units are staffed with medical and mental health professionals that operate a treatment program to address the adjustment of the mentally ill offender. This includes counseling therapy, as well



as medication management. The units viewed as part of this assessment are well-designed, progressive programs. The level of effort to provide inmate rehabilitation and reentry services designed to reduce criminality was impressive. As with most correctional systems, health care management is complicated by the presence of gangs and noncompliant inmates who are disruptive to facility operations.

The limited availability of health care staff in the more remote areas dictates that 24/7 nursing coverage is often not possible. As a result, on night shifts and weekends in some facilities, officers are responsible for initial response to medical issues. When there is a medical concern, the officer reports the inmate's complaint, provides information about his or her own independent observations, and the provider then makes recommendations. As it is difficult to conduct a detailed health assessment based on reports from non-medical personnel, these consults often result in the provider recommending the offender be transported to the local emergency room or clinic for further evaluation/treatment.

System operating efficiency will be greatly improved with the implementation of an electronic medical records system, which is in the planning stages.

The annual director's review of health services appears to be an effective mechanism for monitoring health care delivery practices, especially nursing service. The review identifies completeness of documentation, as well as compliance with policies and procedures. These reviews can be integrated into the quality improvement program.

Overall, we were impressed with the professionalism and flexibility of the leadership team and staff. They are providing an extraordinary range of services, despite having minimal staffing resources.

Data Assessment: The department lacks good data on the incidence of health care conditions in the population and treatment provided. As a result, it is not possible to objectively document and quantify the health care characteristics and needs of the offender population. The planned electronic medical record system should address this deficiency.

In summary, the DOC could improve the delivery of health care services by revising several key policies as described above. The system also needs to implement an electronic medical records system, and improve its data collection.

FINDING: Overall, the delivery of health care appears to be adequately and efficiently managed, given available resources and the scope of the challenges to providing these services in the Alaska correctional system.



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

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November 25, 2014

Ms. Kris Curtis, CPA
Legislative Auditor
Division of Legislative Audit
PO Box 113300
Juneau, AK 99811-3300

Dear Ms. Curtis,

The purpose of this letter is to provide comments on the findings and recommendations from the preliminary performance review report dated October 17, 2014

The Department of Corrections (DOC) responses are as follows:

Review Objective 1: Evaluate the success of the agency in achieving its mission through the effective and efficient delivery of its core services, goals, programs and objectives.

FINDING: A number of key secure confinement policies are outdated and do not reflect current operational practices.

RECOMMENDATION: Conduct a comprehensive review of security policies and procedures, and update as needed to reflect current operational objectives. Establish a process for an annual review and update of policies.

DEPARTMENT RESPONSE

Agree: Updates are needed with respect to secure confinement policies and current policies should reflect current operational practices. However, the Department does perform an annual review of policies through the Director's audit. As a result of these audits, the department continues to review, update, and evaluate all policies to ensure their relevance and application to current standards and practice on an annual basis. The Department has placed a high importance on the review and update of operational policies and procedures and has made significant progress in this area, however, there are still several that need to be reviewed and updated.

FINDING: Staffing is at functional but minimal levels in most DOC correctional facilities. Goose Creek has an appropriate, well-deployed staffing complement.

DEPARTMENT RESPONSE

Agree: The Department continues to evaluate existing resources to meet facility needs and maintain secure confinement and public safety.

FINDING: Use of blended staffing shifts is an efficient means to deploy staff resources.

DEPARTMENT RESPONSE

Agree: The blended staffing, which utilized existing resources, was both an efficient and effective means to meet the 5.0 shift relief factor that was recommended in 2010 through a Legislative Audit review.

FINDING: Facility inmate count systems meet or exceed the requirements of policy and are consistent with nationally accepted best practices.

RECOMMENDATION: Enforce consistent policy on supervision of inmate movement, consistent with classification level, at all facilities.

DEPARTMENT RESPONSE

Agree: The inmate count system is effective and efficient. The movement of inmates is consistent at all facilities, however, it is based on custody level. It is possible to have minimum and medium custody level offenders at the same institution which would result in movement procedures that are entirely different for each group. All offenders are classified at remand and movement is consistent with each offender's custody level.

FINDING: Systems for control and management of keys are outstanding.

DEPARTMENT RESPONSE

Agree: The current system in place for key management and control is effective and efficient.

FINDING: DOC systems for tool control are ineffective.

RECOMMENDATION: Require each institution to develop standard operating procedures for tool control at their facilities consistent with department policy and further prohibit utilization of inmates in the tool control program.

DEPARTMENT RESPONSE

Partially Agree: The performance review report states that the current Department policy on tool control is clear and consistent with professional standards, however, not consistently enforced. Although not noted in the performance review report, each institution currently has a standard operating procedure (SOP) manual that includes an SOP for each facility's tool control which is consistent with Departmental policy. Therefore, there is no need to develop these SOPs. Additionally, the Director's audit has identified that not all institutions have enforced existing policy and are not in compliance with existing SOPs. The Department is in the process of ensuring that SOPs for tool control are enforced at all facilities.

FINDING: DOC facilities do not consistently conduct institutional searches in compliance with updated, comprehensive departmental policies and plans.

RECOMMENDATION: Require that each facility implement a comprehensive program of institutional searches consistent with updated DOC policy.

DEPARTMENT RESPONSE

Agree: The department will require each facility to implement a comprehensive program based on an updated policy and procedure that is currently under legal review.

FINDING: Security over inmates transported outside DOC facilities is effective and consistent with nationally recognized best practices.

DEPARTMENT RESPONSE

Agree: The current system in place for inmate transports is effective and efficient.

FINDING: The number and type of incidents reported in DOC facilities appears normal and does not suggest the presence of serious security issues in the state prison system.

DEPARTMENT RESPONSE

Agree: The incidents within the facilities are within normal parameters of a state prison system. This information is tracked and monitored by the Director's Office to identify trends and patterns that may need to be addressed.

FINDING: Physical plants show substantial stress and will require substantial renovation and maintenance to safely continue long-term operation.

DEPARTMENT RESPONSE

Agree: The majority of the facilities are more than 28 years old with 10% more than 43 years old. The Department identifies annual maintenance projects as well as deferred maintenance projects to ensure fire, life, and safety needs are met. However, most resources are applied to deferred maintenance projects that become emergent.

FINDING: From a system-wide standpoint, the DOC is moderately effective in meeting its objective of providing effective secure confinement.

DEPARTMENT RESPONSE

Partially Agree: The Department feels that it is effective in meeting the objective of secure confinement. This is based on the fact that in the last seven years there has been only one escape from a secure facility. The performance review report indicates that despite the specific challenges faced, all facilities reviewed are providing basic secure confinement of inmates committed to the custody of the Department.

FINDING: DOC has successfully shifted the orientation of supervised release from enforcement to reentry management.

RECOMMENDATION: Continue to develop guidelines for a system of graduated sanctions and incentives that will streamline the process for minor modifications of the terms of supervision.

DEPARTMENT RESPONSE

Agree: The shift from enforcement to supervised release has been successful. The Department recognizes that graduated sanctions and incentives are a part of evidence based practices that should be adopted. The Department will continue to work with the Court System and the Parole Board to identify changes needed to allow officers the ability to make minor modifications.

FINDING: Contact with and supervision of releases outside the office is minimal.

DEPARTMENT RESPONSE

Agree: The Department has policies in place which determine the supervision contacts for individuals on probation and parole. These policies specify the required contacts in the office and in the field and are monitored through quarterly checks to ensure that the required contacts are occurring. Some offices have demonstrated difficulties in meeting the minimum contact requirements where other offices have excelled in meeting those requirements, and at times exceeded them. The Department continues to actively monitor the offender contact with probationers and parolees to ensure that there is consistent contact in the field.

FINDING: DOC's policy to concentrate staff resources on higher risk and specialized supervision caseloads while placing low-risk offenders in an administrative caseload is an effective strategy and consistent with recognized best practices in community supervision.

DEPARTMENT RESPONSE

Agree: The Department continually reviews its supervision practices and has actively worked to ensure that best practices are followed and resources are used effectively and efficiently. Through the review and norming of our probation and parole population within the last year, the Department began to concentrate more staff resources on the moderate- to high-risk offenders while developing a plan to move the lower-risk offenders to administrative caseloads.

FINDING: Approaches to supervision are highly inconsistent across different DOC Division of Probation and Parole (DPP) field offices.

DEPARTMENT RESPONSE

Agree: The Department has specific policies and procedures that guide the field officers in their day-to-day functions. Periodic review of those practices through quarterly audits and annual office audits ensures that basic supervision guidelines are followed. However, due to the vast difference in the areas of the state, urban and rural populations and accessibility to services, supervision practices are adjusted to meet the specific needs of the population in each field office.

RECOMMENDATION: Establish a violation matrix that would standardize and bring consistency to sanctions for violation of conditions of supervision.

DEPARTMENT RESPONSE

Agree: The Department recognizes that graduated sanctions and incentives are a part of evidence based practices and should be adopted. DPP is in the initial stages of establishing a violation matrix to standardize the response to violations of conditions of supervision. A current review is underway of all violations filed in each office to determine the types of violations that are filed, the response to those violations by the officers and the sanctions imposed by the Court and/or Parole Board. Once the review is complete, the Department will work to develop a violation matrix that will provide a consistent response throughout the state.

RECOMMENDATION: Develop and implement a set of supervision guidelines for specific types of caseloads to guide staff resource deployment and supervision practices.

DEPARTMENT RESPONSE

Agree: The Department recognizes the need to continually monitor and track supervision practices of the DPP to ensure that we are engaging in best practices. In doing so, within the last 12 months the Department completed a norming of the LSI-R to the supervised population. That allowed us to complete a thorough review of the supervision guidelines currently in practice. Based upon the review, a new set of supervision guidelines has been developed that shifts the Department from a three-level supervision system to a five-level supervision system to more effectively target resources.

FINDING: Lack of an internal capacity to evaluate and understand the impact of its programs and operating practices severely handicaps the DOC in developing informed, effective plans for the future.

DEPARTMENT RESPONSE

Agree: As the internal capacity of the existing research staff is limited, the Department has executed contracts to assist in determining the outcomes of our programs on the offender population. The Department has the ability to retrieve statistical data from the LSI-R assessment tool in ACOMS which determines an offenders program needs both in the field and institutional settings. Through this review and with the results from the contract analysis, the Department will be able to look toward long-range planning to meet those needs as well as work with local reentry groups to assist with targeting those needs as offenders release to the community.

FINDING: The Community Residential Center (CRC) program is an effective component of the DOC's approach to reentry services.

DEPARTMENT RESPONSE

Agree: Using the CRC program is an effective approach to offender reentry.

FINDING: DOC makes aggressive and effective use of the electronic monitoring program.

DEPARTMENT RESPONSE

Agree: The Department continues to review and utilize this program. It has proven to be successful by enabling offenders to more easily secure and maintain employment, access community-based treatment programs and perform community work.

RECOMMENDATION: Develop a training program specific to the job requirements of a probation officer.

DEPARTMENT RESPONSE

Agree: The Department recognizes the importance of having a solid training program in place for probation officers and has developed an updated field training curriculum that is being deployed.

FINDING: From a system-wide standpoint, the DOC is moderately effective in providing supervised release.

DEPARTMENT RESPONSE

Agree: The Department feels that it is effective in meeting the objective of supervised release. This is based on the fact that there has been an increase in the number of probation/parolees who are successfully completing their conditions of release. There has been a slight reduction in released offenders returning to custody.

FINDING: The DOC is notable for the robust, comprehensive set of reformatory programs that it has developed to aid offenders in addressing the issues that may have contributed to their incarceration. The array of programs available to offenders, relative to the size of the correctional system, is one of the most extensive set of correctional system programs in the United States.

DEPARTMENT RESPONSE

Agree: The Department has implemented evidence-based programs across institutions to accommodate the offender population movements while addressing successful reentry.

RECOMMENDATION: Develop a research plan to evaluate the relative impact of different rehabilitative programs.

DEPARTMENT RESPONSE

Agree: The Department is in the process of issuing a contract for services to evaluate all programs and to ensure appropriate programs are being provided that support successful reentry and address recidivism.

FINDING: The DOC's approach to developing reformatory programming is aggressive, its scope is comprehensive, and its delivery is effective.

DEPARTMENT RESPONSE

Agree: The Department has implemented evidence-based programs across institutions to accommodate the offender population movements while addressing successful reentry and recidivism reduction.

FINDING: The total cost of secure confinement operations based on FY 2013 data was \$228.5 million, or \$154 per inmate per day.

DEPARTMENT RESPONSE

Agree

RECOMMENDATION: *Consolidate the multiple kitchen facilities at the Anchorage Complex and Palmer Correctional Center into one kitchen at each facility.*

DEPARTMENT RESPONSE

Agree: The Department will consider a performance review contract to identify efficiency with combining the kitchens.

RECOMMENDATION: *Pursue a new energy performance contract to achieve efficiencies in utility use.*

DEPARTMENT RESPONSE

Agree: The Department will consider a performance review contract to identify energy efficiency.

RECOMMENDATION: *Develop protocols for qualifying inmates for Medicaid, and negotiate an agreement with the Alaska Department of Health and Social Services (DHSS) to facilitate the reimbursement process for in-patient hospitalizations in the community.*

DEPARTMENT RESPONSE

Agree: The Department is currently coordinating with DHSS/Public Assistance to address offender eligibility. However, the goal is to qualify an offender and ensure the medical provider will bill Medicaid directly, eliminating the need for reimbursement.

FINDING: DOC's secure confinement operations are efficient.

DEPARTMENT RESPONSE

Agree: The performance review report assessment of the administrative allocation costs, statewide direct costs and the overall efficiency assessment indicate that efficiencies have been maximized. The report states that efficiencies have been maximized to the point that additional reductions to institutional staffing could jeopardize the program's mission.

RECOMMENDATION: Study the feasibility and impact on program effectiveness of imposing a fee for probation and parole supervision.

DEPARTMENT RESPONSE

Agree: The Department is not opposed to fees for Probation/Parole supervision if they were to be collected in the same fashion as the Facility Surcharge (booking fees) and DUI/DWI fees that are collected (through the Court System or Department of Law) and if they are not a condition of probation.

FINDING: The supervised release program operates with a high level of efficiency for the services provided.

DEPARTMENT RESPONSE

Agree: The performance report indicates the CRCs reviewed by the project team all provided the full range of required services under their contracts at a cost of \$85.18 per day, versus a secure confinement cost of \$154 per day. Additionally, the performance review report indicates the electronic monitoring program operates in an efficient manner with an appropriate staffing level and competitive bidding process for service contracts.

FINDING: The DOC's delivery of reformatory program is efficient.

DEPARTMENT RESPONSE

Agree: The performance review report indicates that based on the quantity and quality of available programs, services are provided in an efficient manner with an appropriate balance between state employees and contractual staff.

Review Objective 2.0: Determine whether the agency's results-based measures demonstrate effectiveness and efficiency of the agency's core services, goals, programs and objectives.

RECOMMENDATION: Report escape data based on incident and date of incident. Also distinguish between escapes from inside an institution and escapes from outside the secure perimeter of facility.

DEPARTMENT RESPONSE

Agree: The Department is reviewing the current performance measures for revisions, updates, and expanded reporting and will consider this recommendation.

RECOMMENDATION: Add the following additional secure confinement performance measures:

- **Homicides**
- **Suicides**
- **Drug tests administered and positive results**
- **Incidents involving 5 or more inmates that result in serious injury or damage to property, that result in loss of control of the facility or part of the facility, and that require extraordinary measures to regain control**

- *Secure confinement spending per inmate per day*
- *Correctional facility staff to inmate ratios*

DEPARTMENT RESPONSE

Agree: The Department is reviewing the current performance measures for revisions, updates, and expanded reporting and will consider this recommendation.

RECOMMENDATION: *Add the following supervised release performance measures:*

- *Technical violation rate*
- *Cost of supervision per day per probationer/parolee*
- *Average caseload per Probation Officer*
- *Cost of electronic monitoring per day per inmate*
- *CRC cost per day per inmate*

DEPARTMENT RESPONSE

Agree: The Department is reviewing the current performance measures for revisions, updates, and expanded reporting and will consider this recommendation.

RECOMMENDATION: *include the following metrics as measures of the efficiency of reformative programs:*

- *Substance abuse program cost per participant*
- *Program completion rate for inmates enrolled in substance abuse treatment programs*
- *Education program cost per participant*
- *Success rate of inmates taking the GED test*
- *Cost of sex offender treatment per program participant*
- *Program completion rate for offenders enrolled in sex offender treatment*

DEPARTMENT RESPONSE

Agree: The Department is reviewing the current performance measures for revisions, updates, and expanded reporting and will consider this recommendation.

FINDING: *DOC's performance measures provide an adequate indicator of performance in each of the department's three program areas. However, the recommended enhancements to the measures would improve their utility.*

DEPARTMENT RESPONSE

Agree: The Department is reviewing the current performance measures for revisions, updates, and expanded reporting and will consider the recommendations.

Review Objective 3: Evaluate the appropriateness of the budget reductions proposed by the agency in response to AS 44.66.020(c)(2).

FINDING: The DOC did not submit a specific set of recommendations to achieve a 10% reduction in its budget. The most feasible alternative to achieve the \$31.2 million in budget reductions called for under AS 44.66.020(c)(2) would be to close Goose Creek. The closure of Goose Creek would terminate the operations of the correctional facility with the highest level of performance in the DOC.

DEPARTMENT RESPONSE

Partially Agree: While the Department did not provide a specific area to reduce by 10%, a list of current facilities was provided that composed at least 10% of the general funds that could be reduced or eliminated should the Legislature choose to do so. The Department also agrees that the closure of Goose Creek Correctional Center (GCCC) would substantially diminish the performance of the DOC.

Review Objective 4: List agency programs or activities (actions) not authorized by statute and identify other authority for those actions.

FINDING: The programs provided by the DOC are covered by the agency's general authority outlined in Article I, Section 12 of the Alaska Constitution, and more explicitly authorized under Alaska Statutes 33.30.11 and 44.28.020. Therefore, there are no programs provided by the DOC that are not generally or specifically authorized by law.

DEPARTMENT RESPONSE

Agree: The Department does not provide programs outside of the authority assigned.

Review Objective 5: Identify agency authority to collect fees, conduct inspections, enforce state law, or impose penalties.

FINDING: The relatively modest fees imposed on offenders in correctional centers and community centers offer a good balance of holding inmates responsible for certain services they may use, thus acting as a deterrent for overuse and abuse, while not overburdening them with charges and debt that they may never be able to settle, which can create hardships during reentry.

DEPARTMENT RESPONSE

Agree: The Department applies fees on offenders to hold them accountable while not overburdening them with charges and debt that may never be settled.

RECOMMENDATION: *The DOC with assistance from the Office of Management and Budget should conduct cost/benefit analyses regarding any changes to existing fees that are not actively collected and/or any and all new fees that may be contemplated. The analysis should specifically examine the potential revenues and operational impacts of booking fees and probation supervision fees.*

DEPARTMENT RESPONSE

Agree: Facility Surcharge Fees (booking fees) are currently collected under AS 12.55.041 by the Court system. The Department is not opposed to fees for Probation/Parole supervision if they were to be collected in the same fashion as the Facility Surcharge fees and DUI/DWI fees (through the Courts or Department of Law).

Review Objective 6: Recommend improvements to agency practices and procedures, including means to decrease regulatory burdens or restrictions without decreasing public service and safety.

FINDING: Life Success Substance Abuse Treatment (LSSAT) is the lowest cost substance treatment program on a per capita basis offered by the DOC at \$3.34 per day.

DEPARTMENT RESPONSE

Agree: The Department agrees this is a very efficient program.

FINDING: Offenders completing the LSSAT program had a 14.7% recidivism rate after one year. A control group of comparable inmates had a recidivism rate of 43% for the same time period.

DEPARTMENT RESPONSE

Agree: The Department continues to monitor all programs to ensure an effective outcome and support of the Reentry Plan.

FINDING: LSSAT is an effective program. There are no regulatory restrictions or internal policies that impede the department's ability to efficiently deliver this program.

DEPARTMENT RESPONSE

Agree: The Department continues to monitor all programs to ensure an effective outcome and support of the Reentry Plan.

Review Objective 7: Identify areas in which programs and jurisdiction of agencies overlap and assess the quality of interagency cooperation in those areas.

FINDING: The DOC's working relationship with its partner agencies is good.

DEPARTMENT RESPONSE

Agree: The Department continues to coordinate with outside agencies at the state, local, and federal levels to maintain effective communication and support in the oversight and custody of the offender population.

FINDING: Interagency agreements helped DOC and partner agencies make the most efficient use of state staff, equipment, and facilities.

DEPARTMENT RESPONSE

Agree: The Department continues to coordinate with other agencies to utilize shared resources as much as possible and to assist in meeting each agency's mission.

RECOMMENDATION: *Standardize the format of the memorandums of agreement (MOAs) and memorandums of understanding (MOUs) used by the DOC to formalize agreements with other state agencies and publicly funded entities.*

DEPARTMENT RESPONSE

Agree: The Department agrees with this statement that a standardized format is needed to formalize agreements.

RECOMMENDATION: *Require that each interagency agreement have an assigned program manager or compliance monitor that submits, at a minimum, annual documentation that the department has met its oversight, monitoring, and reporting responsibilities with regard to the interagency agreement.*

DEPARTMENT RESPONSE

Agree: The Department agrees with this recommendation, however, each interagency currently has an assigned program manager in place that is responsible for the oversight, monitoring, and reporting of each interagency agreement and, through the annual close-out process, ensuring that the department has met its obligations.

Review Objective 8: Evaluate whether agency promptly and effectively addresses complaints.

FINDING: The DOC inmate management system (ACOMS) does not currently retain and compute basic grievance tracking data.

RECOMMENDATION: *Modify ACOMS relative to grievance tracking to extract the basic data needed to develop standard and ad hoc reports on prisoner grievances sufficient for analytical purposes.*

DEPARTMENT RESPONSE

Agree: This modification is under review and consideration.

FINDING: The DOC does not maintain a database that documents complaints from members of the public or the department's complaint resolution process.

DEPARTMENT RESPONSE

Partially agree: The Department maintains a formal process under Policy & Procedure 108.06 (Citizen Complaints) which was updated and signed in July, 2013. In addition, the Commissioner's Office maintains a tracking log for any formal complaints received. However, The Department will perform a review to determine if it feasible to maintain a formal database that documents such complaints.

RECOMMENDATION: *Reinstate a centralized database/tracking system to ensure accurate tracking and timely response to inquiries and complaints from the general public.*

DEPARTMENT RESPONSE

Agree: The Department will reevaluate the reinstatement of a central database tracking system.

RECOMMENDATION: Revise and update DOC policy #108.06 to establish a functional citizen complaint/response system with appropriate designation of staff management and line duties.

DEPARTMENT RESPONSE

Partially Agree: Formal complaints are received, tracked, and monitored by the Office of the Commissioner. The Department will reevaluate the reinstatement of a central database tracking system.

Review Objective 9: Evaluate to what extent the agency encourages and uses public participation in rulemaking and other decision making.

FINDING: The DOC followed statutory requirements, regulations/rules, and State of Alaska Department of Law guidelines for notification of the public when proposing administrative regulatory actions. All required notifications were made for two changes to the AAC made in recent years.

DEPARTMENT RESPONSE

Agree: The Department ensures every effort is made for public notifications.

FINDING: The DOC was not required to comply with the laws and regulations for notification to the local council of the siting of Goose Creek Correctional Center because the facility was planned and financed by the local community.

DEPARTMENT RESPONSE

Agree: The construction of the Goose Creek Correctional Center was a Matanuska-Susitna Borough project and not a State project. Public notification was completed by the Mat-Su Borough.

Review Objective 10: Evaluate agency's process for implementing technology and recommend new types of uses of technology to improve agency efficiency and effectiveness.

FINDING: The state's allocation of operational spending for information technology (IT) at DOC is low relative to other major Alaska state government agencies.

DEPARTMENT RESPONSE

Agree: The Department's total budget allocated to the Information Technology MIS component is 8% of the Department's total budget. This is low relative to other Alaska state government agencies as identified in the Statewide IT Plan.

FINDING: The DOC has made some progress in basic updates to its IT systems, maintaining them at a functional level despite a very low level of resource investment.

DEPARTMENT RESPONSE

Agree: The most recent increase to the IT's operating budget and a one-time Capital PJ has allowed major updates creating better system functionality and implementation of disaster recovery equipment statewide.

FINDING: The DOC's failure to develop effective strategic IT plans has impaired the DOC's potential to use technology to address system issues and improve performance.

DEPARTMENT RESPONSE

Partially Agree: The Department maintains an annual IT plan that is part of the statewide submission. However, resources are dedicated to daily operations and maintaining existing systems which limit opportunities for a full statewide in-depth development of an effective strategic plan.

RECOMMENDATION: Contract for the development of a professional needs assessment and a strategic IT development plan.

DEPARTMENT RESPONSE

Agree: The Department's resources are dedicated to daily operations and maintaining existing systems which limit opportunities for a full statewide in-depth needs assessment. The Department will review available options and resources for potential contract development of an information technology plan.

Review Objective 11: Identify services provided by programs and functions duplicated by another agency or private entity and recommend the most effective and efficient way to perform those services.

FINDING: The DOC makes effective use of outside service providers as needed to reduce costs and/or potentially improve service delivery when and where it can.

DEPARTMENT RESPONSE

Agree: The Department continues to coordinate with other agencies and providers to utilize shared resources as much as possible to assist in meeting each agency's mission.

FINDING: The DOC makes effective use of outside service providers as needed to reduce costs and/or potentially improve service delivery when and where it can.

DEPARTMENT RESPONSE

Agree: The Department continues to coordinate with other agencies and providers to utilize shared resources as much as possible to assist in meeting each agency's mission.

Review Objective 12: Evaluate whether the agency priorities reported to the Legislature under AS 37.07.050(a)(13) and the list of programs or elements of programs provided under AS 44.66.020(c)(2) are consistent with the results of the review

FINDING: The DOC's reported priorities are consistent with the department's mission. DOC did not submit specific budget reductions to DLA pursuant to AS 44.66.020(c)(2).

DEPARTMENT RESPONSE

Agree: While the Department did not provide a specific area to reduce by 10%, a list of current facilities was provided that composed at least 10% of the general funds that could be reduced or eliminated should the Legislature choose to do so.

Review Objective 13: Identify agencies that could be terminated or consolidated, reductions in costs, and potential program or cost reductions based on policy changes.

FINDING: The DOC should not be terminated or consolidated into another agency. The mission of the DOC addresses key statutory authorizations and requirements for the delivery of correctional services as established in state statute. No other state agency is authorized or equipped to perform this mission. Absent a change in statute that reduces or significantly alters the responsibilities and duties of the DOC and its mission, of the there is no policy basis for termination or consolidation of the DOC.

DEPARTMENT RESPONSE

Agree: The Department provides secure confinement, supervised release, and reformative programming in an effort to meet public safety.

FINDING: The DOC's core programs (secure confinement, supervised release, and reformative programs) and each of the component elements of these programs are consistent with the DOC's mission and are necessary for the performance of that mission. Accordingly there is no policy basis for the termination or consolidation of these programs or associated program elements.

DEPARTMENT RESPONSE

Agree: The Department provides secure confinement, supervised release, and reformative programming in an effort to meet public safety.

FINDING: While they are ancillary benefits of providing reformative programs, such as improved inmate management, the core justification for these programs is to reduce recidivism. The impact of the specific reformative programs provided by the DOC requires ongoing evaluation to determine their relative effectiveness.

DEPARTMENT RESPONSE

Agree: The Department provides evidenced-based reformative programs in an effort to meet public safety by reducing recidivism.

RECOMMENDATION: The DOC and its component programs should not be terminated or consolidated. However, if evaluations do not document the effectiveness of specific reformative programs, these programs could be terminated, modified, or replaced by other programs.

DEPARTMENT RESPONSE

Agree: The Department provides evidenced-based reformative programs in an effort to meet public safety by reducing recidivism. Part of the reentry programming is reviewing current efforts to ensure effectiveness and to identify inefficiencies that require alternate planning or programs.

Review Objective 14: Identify the extent to which statutory, regulatory, budgetary or other changes are necessary to enable the agency to better serve the interests of public and to correct problems identified during review.

FINDING: Interviews with key department staff and testimony from public hearings identified no specific statutes, regulations, or budget rules that must be eliminated or changed to improve DOC effectiveness.

DEPARTMENT RESPONSE

Agree: The Department provides secure confinement, supervised release, and reformative programming in an effective manner.

Review Objective 15: Evaluate the agency process for development of capital projects.

FINDING: The DOC does not have a process or system to adequately evaluate or plan for long-term capital needs.

DEPARTMENT RESPONSE

Disagree: The Department's Facilities Capital Improvement Unit works diligently with each institution and the Director's Office to identify all capital needs to develop and maintain a six-year Capital Improvement Plan for annual maintenance, deferred maintenance, equipment replacement and renovations. When developing renovation/remodeling projects the following items are utilized:

- *Inmate population trend analysis and forecasts;*
- *Formal assessment of physical plant and environmental conditions;*
- *Analysis of inmate health care and rehabilitation needs.*

All projects are prioritized based on current facility needs, development of additional bed capacity, deferred maintenance, and facility replacements.

FINDING: The DOC does not have a well-developed process for identifying its near- and long-term capital needs. The department also lacks a long-term facilities master plan that assesses and prioritizes current facility conditions and needs, projects and explains future changes in the size and composition of the prison population that will drive long-term prison capacity requirements, and establishes a multi-year program of projects that aligns capital development initiatives with population management strategy to address the needs of a changing correctional system.

DEPARTMENT RESPONSE

Partially Agree: With the completion of the Goose Creek Correctional Center, other expansion projects, the reentry initiative and new legislation (Chapter 160 SLA 04 HCS CSSB 65(FIN)) focusing on offender community supervision, the Department is currently reevaluating and updating the long-term bed

capacity needs. The Department does agree that the current long-range plan lacks the detail aspects to meet the future population.

RECOMMENDATION: Initiate a capital planning process based on a comprehensive assessment of facility needs, research on inmate population trends and characteristics that meets professional standards, and a detailed analysis of strategies to manage future system conditions. Consistent with best practices in correctional system management, this process should culminate in the development of a long-range facilities master plan.

DEPARTMENT RESPONSE

Partially Agree: With the completion of the Goose Creek Correctional Center, other expansion projects, the reentry initiative and new legislation (Chapter 160 SLA 04 HCS CSSB 65(FIN)) focusing on offender community supervision, the Department is currently reevaluating and updating the long-term bed capacity needs. The Department does agree that the current long-range plan lacks the detail aspects to meet the future population.

Review Objective 16: Identify any other elements appropriate to a performance management review.
FINDING: The DOC plans are not informed by analysis or understanding of the long-terms dynamics of a changing prison system population.

DEPARTMENT RESPONSE

Partially Agree: With the completion of the Goose Creek Correctional Center, other expansion projects, the reentry initiative and new legislation (Chapter 160 SLA 04 HCS CSSB 65(FIN)) focusing on offender community supervision, the Department is currently reevaluating and updating the long term bed capacity needs. The Department does agree that the current long-range plan lacks the detail aspects to meet the future population. The long-range plan is a planning tool and not a commitment to request or receive funding on the listed projects in a particular year.

RECOMMENDATION: The DOC should contract for the development of a professional inmate population forecast and analysis.

DEPARTMENT RESPONSE

Agree: The Department's existing Research Unit provides quality statistical data that is reflective of past and current offender population trends and is able to project the offender trends in an appropriate fashion. However, the Department will review available options and resources for potential contract development of population forecasts and analyses.

Review Objective 17: Assess Department of Correction's health care policies, procedures, operational practices, and compliance systems. Analyze data and statistics on inmate health care needs, indicators of delivery levels, general health acuity of inmate population, and health care outcomes.

FINDING: Health care policies and practices have significant omissions that could affect the quality of services provided.

DEPARTMENT RESPONSE

Partially Agree: The Department's policies & procedures are consistent and appropriate with best practices as defined by the National Commission on Correctional Health Care as noted in the performance review report. However, the Department recognizes some areas are outdated and is reviewing and evaluating all policies & procedures for updates which may result in improvements in health care services.

RECOMMENDATION: Policies should be revised and enhanced in the following areas: policy organization, medical intake, sick call, chronic disease program, scheduled off-site services, unscheduled on-site and off-site services, infirmary care, quality improvement, and mortality reviews.

DEPARTMENT RESPONSE

Agree: The Department is in the process of reviewing and evaluating all policies & procedures for update.

FINDING: Overall, the delivery of health care appears to be adequately and efficiently managed, given available resources and the scope of the challenges to providing these services in the Alaska correctional system.

DEPARTMENT RESPONSE

Agree: The Department agrees that the delivery of health care is adequately and efficiently managed.

The performance review process has been informative and has provided external evaluation of the Department's efforts. We appreciate your audit teams' work and have provided responses to the identified findings and recommendations as presented in this document.

Sincerely,



Joseph D. Schmidt
Commissioner

cc: Ross Alexander, Project Director
Remond Henderson, Deputy Commissioner
April Wilkerson, Director of Administrative Services
Karen J. Rehfeld, Executive Director of the Office of Management and Budget



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December 2, 2014

Kris Curtis
Legislative Auditor
State of Alaska
Division of Legislative Audit

Dear Ms. Curtis:

The Department of Corrections' (DOC) responses to performance review recommendations have been incorporated into this report. Department responses are paired with the performance review findings and recommendations in the Department Response section of the report.

We have reviewed the department's responses to the findings and recommendations in this report. Generally, the DOC concurs with the findings and recommendations. There are, however, responses to several of these findings and recommendations which we believe warrant further comments. These comments follow.

Review Objective 1: Evaluate the success of the agency in achieving its mission through the effective and efficient delivery of its core services, goals, programs, and objectives.

RECOMMENDATION: Require each institution to implement effective standard operating procedures for tool control at their facilities consistent with department policy, and further prohibit utilization of inmates in the tool control program.

We have reviewed the DOC response to this recommendation, and nothing contained in the response provided sufficient information to persuade us to revise or remove the recommendation.

The DOC response notes the agency is in partial agreement with this recommendation, stating that each facility already has standard operating procedures for tool control, and that therefore there is no need to develop new procedures. This response misses the point of the recommendation, which is that facilities should **"implement effective standard operating procedures."** The performance review identified lack of tool control as a serious and systemic security deficiency in DOC facilities. The performance review recommends that DOC address this deficiency through implementing more effective facility operating procedures. DOC should review current facility operating procedures to ensure that they provide adequate direction to staff on developing and maintaining tool control systems, and then work aggressively with facilities to ensure effective implementation of these procedures.

FINDING: From a system-wide standpoint, the DOC is moderately effective in meeting its objective providing effective secure confinement.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC response indicates partial agreement with this finding and notes that the agency has experienced only one escape from a secure facility in the last seven years. The performance review does in fact acknowledge that DOC facilities face a number of challenges but do manage to provide basic secure confinement of inmates. However, the absence of escapes is not the only measure of the effectiveness of a prison system. The report also points out that the adequacy of staffing, facility physical plant conditions, and perimeter control vary substantially among individual facilities in ways that directly impact security. Tool control is a systemic security issue. Policy development and enforcement showed mixed performance. While some facilities, such as Goose Creek, are effective in providing secure confinement, a number of other facilities must address serious security issues and accordingly have varying levels of performance. Given these issues, the performance review's assessment that the DOC is "moderately effective" in providing secure confinement is appropriate.

Review Objective 3: Evaluate the appropriateness of the budget reductions proposed by the agency in response to AS 44.66.020(c) (2).

FINDING: The DOC did not submit a specific set of recommendations to achieve a 10% reduction in its budget. The most feasible alternative to achieve the \$31.2 million in budget reductions called for under AS 44.66.020(c)(2) would be to close Goose Creek. The closure of Goose Creek would terminate the operations of the correctional facility with the highest level of performance in the DOC.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC indicates partial agreement with the finding and notes that while the department did not submit a specific list of spending reductions, it did list facilities from which a 10% reduction in funding could be achieved. However, by not identifying specific actions or plans to meet the 10% spending reduction goal, DOC's submission did not meet the requirements of AS 44.66.020(c)(2). The performance review finding is accurate.

Review Objective 8: Evaluate whether agency promptly and effectively addresses complaints.

FINDING: The DOC does not maintain a database that documents complaints from members of the public or the department's complaint resolution process.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC response indicates partial agreement with the finding, noting that the department has a policy on responding to citizen complaints and that the Commissioner's Office maintains a tracking log for complaints received. However, as indicated in the finding, the department does not maintain a comprehensive data base that documents all citizen complaints and the resolution or response to these complaints. The finding is accurate.

RECOMMENDATION: Revise and update DOC Policy #108.06 to establish a functional citizen complaint/response system with appropriate designation of staff management and line duties.

We have reviewed the DOC response to this recommendation, and nothing contained in the response provided sufficient information to persuade us to revise or remove the recommendation.

The DOC response partially agrees with the finding, noting that the department has a policy on responding to citizen complaints and that the Commissioner's Office maintains a tracking log for complaints received. The report notes this policy and indicates that DOC in the past had an effective, coordinated system for documenting and responding to citizen complaints. However, the current system is not effective in identifying all complaints received by the department and does not adequately document its response. A formal database, managed consistent with an updated DOC policy will improve performance in this area.

Review Objective 10: Evaluate agency's process for implementing technology, and recommend new types of uses of technology to improve agency efficiency and effectiveness.

FINDING: The DOC's failure to develop effective strategic IT plans has impaired the DOC's potential to use technology to address system issues and improve performance.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC response indicates partial agreement with the finding, and notes that the department does develop an annual IT plan, but that its resources are primarily dedicated to maintaining existing systems and IT operations. The issue identified in the report however, is that the DOC's IT plans do not provide meaningful roadmaps for the development and use of technology to improve DOC performance. IT plans should provide a thorough assessment of department operational, program, and information needs, coupled with a strategy for the development of key technology initiatives and investments that will enable cost-effective, rapid improvements in performance and efficiency. If the plan does not serve as a roadmap for improvement, or as a document to show how significant technology investments can improve department effectiveness, it will have little utility. DOC's IT plans do not meet industry standards and as such provide little assistance to the department in its use of technology to increase efficiency and effectiveness. The finding is accurate.

Review Objective 15: Evaluate the agency process for development of capital projects.

FINDING: The DOC does not have a process or system to adequately evaluate or plan for long-term capital needs.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC disagreed with this finding, noting that the department's capital improvement unit maintains a six-year capital plan for maintenance, facility renovation, and equipment replacement. They point out that the plan takes into account inmate population trends, facility conditions, and inmate healthcare and rehabilitation needs. Our review indicated that while DOC does develop a capital plan, the quality of the information and analysis that informs the development of the plan does not meet industry standards. As such, current practices do not provide an adequate basis for development of an informed capital plan that addresses long-term inmate management needs, while outlining an investment strategy for maintaining system facilities and infrastructure. The issue is not whether DOC has an approach to capital planning, but is instead the adequacy of the current process for providing meaningful analysis and planning for future capital needs. The finding is accurate.

FINDING: The DOC does not have a well-developed process for identifying its near and long-term capital needs. The department also lacks a long-term facilities master plan that assesses and prioritizes current facility conditions and needs, projects and explains future changes in the size and composition of the prison population that will drive long-

term prison capacity requirements, and establishes a multi-year program of projects that aligns capital development initiatives with population management strategy to address the needs of a changing correctional system.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC response indicates partial agreement with the finding, and notes that the department is currently evaluating and updating its long-term bed capacity needs. However, we saw no evidence of a structured, documented review process that explicitly incorporates an understanding of changing population dynamics, policy choices, program trade-offs, and cost analysis into a well-documented long-range capacity development/population management plan. The finding is accurate.

RECOMMENDATION: Initiate a capital planning process based on a comprehensive assessment of facility needs, research on inmate population trends and characteristics that meets professional standards, and a detailed analysis of strategies to manage future system conditions. Consistent with best practices in correctional system management, this process should culminate in the development of a long-range facilities master plan.

We have reviewed the DOC response to this recommendation, and nothing contained in the response provided sufficient information to persuade us to revise or remove the recommendation.

The DOC response indicates partial agreement with the finding, and notes that the department is currently evaluating and updating its long-term bed capacity needs. However, as noted in the previous finding, the department's current planning process does not meet industry standards for documenting system needs, assessing population trends, and evaluating alternative strategies for addressing capacity requirements and population management strategies.

Review Objective 16: Identify any other elements appropriate to a performance management review.

FINDING: DOC plans are not informed by analysis or understanding of the long-term dynamics of a changing correctional system population.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the finding.

The DOC response indicates partial agreement with the finding, and notes that the department is currently evaluating and updating its long-term bed capacity needs. Our review indicated that the department's planning and analytical resources are extremely limited and do not presently support a level of analysis of inmate population trends required for an effective system planning process. The finding is accurate.

Review Objective 17: Assess DOC's health care policies, procedures, operational practices, and compliance systems. Analyze data and statistics on inmate health care needs, indicators of delivery levels, general health acuity of inmate population, and health care outcomes.

FINDING: Health care policies and practices have significant omissions that could affect the quality of services provided.

We have reviewed the DOC response to this finding, and nothing contained in the response provided sufficient information to persuade us to revise or remove the recommendation.

The DOC response indicates partial agreement with the finding, and notes that the department's policies are consistent with best practices as defined by the National Commission on Correctional Health Care. Our review did in fact document that much of the DOC's policies comply with national standards. However, we also noted significant issues and omissions in these policies that do have an impact on the quality of health care provided. These issues included policy organization, medical intake, sick call, chronic disease program, scheduled off-site services, unscheduled on-site and off-site services, infirmary care, quality improvement, and mortality reviews. The finding is accurate.

Finally, the DOC also notes in their response to the review that they are in partial agreement with the following finding under Review Objective 14:

FINDING: Significant increases in efficiency and associated reductions in system cost require revisiting state policy on housing inmates out-of-state.

This finding was removed from an earlier version of the draft report and accordingly is not included in the final report. However, due to an oversight in the editing process the finding remained in the summary of findings contained in the Executive Summary. We apologize for the error.

In summary, we reaffirm the findings and recommendations presented in this report.



Karl Becker
Senior Vice President, CGL



APPENDIX A

PUBLIC HEARING ISSUE CROSSWALK

Public Hearing	Issues	Report Reference
Juneau – Feb. 26, 2014	Substance abuse treatment	RO 1: pp. 41-46 RO 6: pp. 75-78
	Reentry programming	RO 1: pp. 41-46
Anchorage – April 29, 2014	Staffing levels	RO 1: pp. 17-21
Bethel – May 8, 2014	None	NA
Fairbanks – May 14, 2014	Alternatives to incarceration	RO 1: pp. 36- 39
	Video visitation	RO 10: pp. 100-102
	CRCs	RO 1: pp.36-38



APPENDIX B

PROTOCOL FOR ALASKA CORRECTIONAL FACILITY PERFORMANCE REVIEW

CGL has been retained to conduct a performance review of the Alaska Department of Corrections correctional institutions.

The CGL review team will examine all aspects of institutional operations, including facility maintenance, vehicles, dietary operations, general security procedures and practices, health care, program service delivery, perimeter systems, capital needs, etc. This evaluation will assess the effectiveness of management systems and overall facility performance. Our goal is to provide an objective assessment of facility performance issues.

In order to ensure consistency in the reviews, we will conduct the following assessments at each of the facilities reviewed:

Institutional Description

Identify and confirm the mission and function of the institution, including type of facility, security level, population demographic, staff complement, etc. Document the existence of any special populations, i.e., mental health, medical, protection, security threat group housing, condemned units, administrative segregation, treatment unit housing, etc.

Interview Warden and Executive Staff

Complete an initial interview with the warden and the institutional executive staff, either individually or as a group, in order to learn about the present status of the facility and their issues, concerns, problems, and assets.

Complete interviews with department heads and critical functional heads including the following:

- Warden
- Chief of security
- Clinical staff / casework manager
- Chief engineer
- Dietary manager
- Medical director
- Institutional investigator
- Selected shift commanders



Conduct Tour of the Facility

Complete a tour of all areas of the institution with specific attention on security systems, program offerings, institutional sanitation and maintenance conditions, and inmate management and accountability.

Assess Facility Performance

Conduct general assessment of staff complement, performance, and deployment.

Review the roster management systems in terms of effectiveness to properly deploy available staff and minimize overtime while maintaining the security of the institution. Review roster to determine if deployment is consistent with the actual roster.

Assess staff communication, morale, staff turnover, vacancy rates, etc. If possible, interview line staff either through random selection or conduct a focus group interview.

Conduct an Assessment of the Following Security Systems and Procedures

- General inmate accountability
- Appropriateness of the facility to manage the existing population and fulfill its present mission
- Inmate management, including any special needs populations
- Inmate movement
- Count procedures
- Search and control of contraband
- Security inspections by correctional staff
- Institutional housing and assignment processes
- Operation of “segregation units”
- Overall condition of the facility – institutional sanitation, maintenance, and structures
- Transportation processes and external escort procedures
- Perimeter security systems and structures
- Key and tool control procedures
- Property control
- Work assignments and idleness issues
- Emergency response procedures
- Review of the effectiveness of video and electronic detection systems
- Use-of-force procedures and implementation
- Use of chemical agents /restraints
- Utilization of the internal technology systems and technological communication network
- Effectiveness of the inmate disciplinary system
- Level of violence within the institution



- Drug testing protocols
- Reporting, documentation, and investigation of critical incidents, staff misconducts, etc.
- Quality of inspector reports at the institutional level and the independence and objectivity of these reports

Conduct General Review of Programs

- Classification procedures
- Staff training
- Intake and admission programs, if applicable
- Chaplaincy services
- Visiting procedures and supervision
- Education
- Substance abuse treatment programs, if offered
- Operation of inmate and staff commissary
- Access to health care and mental health services

Other Related Issues

- Use of overtime – is it excessive, and if so, are there ways to reduce its use
- Issues pertaining to staff assault, escapes, unusual critical incidents, etc.
- Approach toward compliance with the Prison Rape Elimination Act (PREA)
- Labor management issues – interview local union (PBA) officials and review labor management meeting minutes for the last year
- Other issues as determined by the review team

Debriefing

A formal debriefing should be conducted with the warden or his/her designee.



PROTOCOL FOR PAROLE AND PROBATION OFFICE PERFORMANCE REVIEW

CGL has been retained to conduct a performance review of the Alaska Department of Corrections community supervision programs. The review team will review all aspects of programs, operations, and service delivery in the department's parole and probation offices. The review will focus on the strengths and weaknesses of current supervision strategies, utilization of staff resources, and assessment of overall organizational performance. In order to ensure consistency in the reviews, we will conduct the following key activities in each of the offices reviewed.

Office Description

- Identify and confirm the mission and function of the office including population served, types of supervision caseloads, demographics of the population, staff complement, overall caseload size, etc.
- Identify issues, concerns, problems, and strengths.

Case Management

- Assess the effectiveness and appropriateness of the current case management systems and supervision standards, including size of staff caseloads, contact requirements, conditions of supervision, etc.
- Review caseload management strategies and standards in terms of their effectiveness in deploying available staff.

Specialized Caseloads

- Conduct a review of the specialized caseloads and specialized supervision strategies (e.g., electronic monitoring, GPS, technical violation practices, etc.).

Caseload Auditing

- Assess the effectiveness of the caseload auditing process, including strengths, weaknesses, and effectiveness, in documenting the performance of community services and collecting any associated fees.
- Examine the protocols and methods currently used to audit caseload, followed by a critical review of audit findings and reports.
- Determine whether current audit processes conform to generally accepted professional standards.
- Document system performance and appropriately highlight critical issues for management attention.



Technology

- Review the use of information systems and if they are effective and accurate in terms of data collection and retrieval.
- Identify any use of automation or data analysis used to enhance the effectiveness of supervision.

Program Inventory

- Identify capacity, program participation level, and completion rates for treatment programs and services offered by community programs. The inventory process will identify, at a minimum:
 - Locations that each program is offered
 - Capacity of the program in terms of annual number of participants
 - Percent of capacity which the program has operated during the evaluation period
 - Completion rate of participants
 - Failure rate for participants, including the reason for the failure to complete the program

Program Entry

- Review the program entry process and the eligibility criteria.
- Complete an assessment of the program entry process and eligibility criteria to determine if there are factors that are facilitating or impeding entry into community corrections programs.

Staffing

- Assess staff communication, morale, staff turnover, vacancy rates, etc.
- If possible, interview line staff.

Violation Policies

- Review offender absconder rates and department policies/practices relating to the absconders.

Electronic Monitoring

- Assess use and management of electronic monitoring.
- Selection criteria, type of equipment used, length of time on monitoring, violation policies, and potential for expansion.

Other Issues

- Describe other issues as determined by the review team.



Protocol for Alaska Community Resource Center Performance Review

CGL has been retained to conduct a performance review of the DOC Community Resource Centers (CRCs). The review team will focus on the management, programs, and overall performance of these facilities. Our goal is to provide an objective assessment of program performance issues and to understand the services these facilities provide to the DOC. In order to ensure consistency in the reviews, we will conduct the following assessments at each of the facilities reviewed:

Institutional Description

- Identify and confirm the mission and function of the facility, including the population demographics, staff complement, programs, etc.
- Document the existence of any special populations or programs at the facility, i.e., mental health, substance abuse treatment, sex offender treatment, etc.

Contract Issues

- Identify the per-diem rate paid by DOC for services at the facility and any other terms for compensation to the CRC.
- Describe the term of the contract and the most recent adjustment of rates.

Population

- Describe the population served by the facility.
- What institutions feed the CRC?
- How are inmates selected for the CRC?
- What are their offense profiles?
- How long do they stay at the CRC?
- Break down the population by the following categories:
 - Furloughs
 - Court-ordered probation/parolees
 - Voluntary probation/parolees
 - Confined misdemeanants
 - Restitution
 - Un-sentenced misdemeanants
 - Other
 - Total



Facility Review

- Complete a tour of all areas of the institution with specific attention on living space, program offerings, institutional sanitation, and maintenance conditions.
- Document the total capacity of the facility. Identify allocations of capacity for other clients.

Programs

- Document each program offered; its capacity, duration, and the number of successful graduates in the past 12 months.

Placement

- Identify the number of residents with jobs, full-time programming, training, or educational assignments.
- Identify the percent of inmates that have no job or assignment.

Drug Testing

- Describe the facility's drug testing policy, frequency of testing, and consequences for violations.

Walkaways

- Describe the procedures for identifying and responding to walkaways.
- Document the number of walkaways over the last 12 months.
- Describe the program response for walkaway violations.

Critical Incidents

- Describe any critical incidents or significant crimes involving CRC residents over the last 12 months.

Staffing

- Describe the professional qualifications of the facility's staff and the level of training they receive.

Fee Collection

- Identify the amount of offender income collected over the last year and what percent of overall fees owed this represents.

Other Related Issues



APPENDIX C

STATUTORY RESPONSIBILITIES OF THE DEPARTMENT OF CORRECTIONS

Chapter 44.28 Department of Corrections

Sec. 44.28.020. Duties of department

(a) The Department of Corrections shall administer the state programs of corrections, including

- (1) state adult penal institutions;
- (2) probation and parole supervision; and
- (3) extraditions and detainers.

Chapter 33.30 Prison Facilities and Prisoners

Sec. 33.30.011. Duties of commissioner

The commissioner shall

(1) establish, maintain, operate, and control correctional facilities suitable for the custody, care, and discipline of persons charged or convicted of offenses against the state or held under authority of state law; each correctional facility operated by the state shall be established, maintained, operated, and controlled in a manner that is consistent with AS 33.30.015;

(2) classify prisoners;

(3) for persons committed to the custody of the commissioner, establish programs, including furlough programs that are reasonably calculated to

- (A) protect the public and the victims of crimes committed by prisoners;
- (B) maintain health;
- (C) create or improve occupational skills;
- (D) enhance educational qualifications;
- (E) support court-ordered restitution; and
- (F) otherwise provide for the rehabilitation and reformation of prisoners, facilitating their reintegration into society;

(4) provide necessary



(A) medical services for prisoners in correctional facilities or who are committed by a court to the custody of the commissioner, including examinations for communicable and infectious diseases;

(B) psychological or psychiatric treatment if a physician or other health care provider, exercising ordinary skill and care at the time of observation, concludes that

(i) a prisoner exhibits symptoms of a serious disease or injury that is curable or may be substantially alleviated; and

(ii) the potential for harm to the prisoner by reason of delay or denial of care is substantial;

(5) establish minimum standards for sex offender treatment programs offered to persons who are committed to the custody of the commissioner; and

(6) provide for fingerprinting in correctional facilities in accordance with AS 12.80.060.

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(F) otherwise provide for the rehabilitation and reformation of prisoners, facilitating their reintegration into society;



- (4) provide necessary
 - (A) medical services for prisoners in correctional facilities or who are committed by a court to the custody of the commissioner, including examinations for communicable and infectious diseases;
 - (B) psychological or psychiatric treatment if a physician or other health care provider, exercising ordinary skill and care at the time of observation, concludes that
 - (i) a prisoner exhibits symptoms of a serious disease or injury that is curable or may be substantially alleviated; and
 - (ii) the potential for harm to the prisoner by reason of delay or denial of care is substantial;
- (5) establish minimum standards for sex offender treatment programs offered to persons who are committed to the custody of the commissioner; and
- (6) provide for fingerprinting in correctional facilities in accordance with AS 12.80.060.



APPENDIX D

DOC PROGRAMS AND ASSOCIATED STATUTORY AUTHORITY

Program Area	Course/Activity Name	Function	Authorizing Law
Education	<i>Adult Basic Education</i>	Education	<u>AS 33.30.011</u>
	<i>General Education Development (GED) test</i>	Education	<u>AS 33.30.011</u>
	<i>Criminal Attitude Program</i>	Education	<u>AS 33.30.011</u>
	<i>Parenting</i>	Education	<u>AS 33.30.011</u>
	<i>Reentry Program</i>	Education	<u>AS 33.30.011</u>
Apprenticeship	<i>Baker Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Tech Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Cook Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Apprenticeship (DOL)</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Building Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Apprenticeship (DOL)</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Apprenticeship (DOL)</i>	Occupational Skills	<u>AS 33.30.011</u>
Computer Instruction	<i>Access 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Core Fundamentals</i>	Education	<u>AS 33.30.011</u>
	<i>Excel 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Excel Expert</i>	Education	<u>AS 33.30.011</u>
	<i>Key Applications</i>	Education	<u>AS 33.30.011</u>
	<i>Living Online</i>	Education	<u>AS 33.30.011</u>
	<i>Outlook 2007</i>	Education	<u>AS 33.30.011</u>
	<i>PowerPoint 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Word 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Word Expert</i>	Education	<u>AS 33.30.011</u>
Power Sport Motor Repair	<i>Power Sport Motor Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
Alternative Energy	<i>Alternative Energy</i>	Occupational Skills	<u>AS 33.30.011</u>
Asbestos Abatement	<i>Asbestos Abatement</i>	Occupational Skills	<u>AS 33.30.011</u>
Skin Sewing Instruction	<i>Skin Sewing Instruction</i>	Occupational Skills	<u>AS 33.30.011</u>
Building Trades	<i>Advance Roof Framing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Basic Roof Framing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Basic Stair Building</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Building Trades</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Level 1</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Math Mod A</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Math Mod B</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>Carpentry Skills Lab</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Ceilings</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Construction Basics</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Contracting a Home</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Drywall Installation and Finish</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Modern Foundations 1</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>NCCER Carpentry Level 1</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>NCCER Core Curriculum</i>	Occupational Skills	<u>AS 33.30.011</u>
HAZWOPER	<i>HAZWOPER Awareness</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>HAZWOPER/Confined Space Entry</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Industrial Health and Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Plumbing	<i>NCCER Plumbing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Level 1</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Level 1 Lab</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Level 2</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Level 2 Lab</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Math A</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Math B</i>	Occupational Skills	<u>AS 33.30.011</u>
Weatherization	<i>Weatherization</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Residential Electrical</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Residential Framing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Residential Plumbing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Residential Roofing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Residential Siding</i>	Occupational Skills	<u>AS 33.30.011</u>
Special Pet Obedience	<i>Special Pet Obedience</i>	Occupational Skills	<u>AS 33.30.011</u>
Traffic Control Technician	<i>Traffic Control Technician</i>	Occupational Skills	<u>AS 33.30.011</u>
OSHA and Field Safety	<i>Field Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
OSHA 10/Part 48 Mining	<i>OSHA 10/Part 48 Mining</i>	Occupational Skills	<u>AS 33.30.011</u>
Building Maintenance Repair	<i>BMR Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Building Maintenance Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
NSTC	<i>NSTC</i>	Occupational Skills	<u>AS 33.30.011</u>
Forklift Operator	<i>Forklift Operator</i>	Occupational Skills	<u>AS 33.30.011</u>
Carpentry Plumbing Math	<i>Carpentry Plumbing Math</i>	Occupational Skills	<u>AS 33.30.011</u>
Basic Rigging and Scaffolding	<i>Fall Protection</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Rigging</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Scaffolding Level 1</i>	Occupational Skills	<u>AS 33.30.011</u>
Tools for Success	<i>Trades 'R' Us</i>	Occupational Skills	<u>AS 33.30.011</u>
Electrical	<i>Commercial Wiring A</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical 1 Skill Lab</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Blueprint and</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>Design</i>		
	<i>Electrical NEC Introduction</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Core</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Level 1</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Math A</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Math B</i>	Occupational Skills	<u>AS 33.30.011</u>
First Aid and CPR	<i>CPR/First Aid</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Medic First Aid</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Medic First Aid CPR/SFA</i>	Occupational Skills	<u>AS 33.30.011</u>
Introduction to Construction	<i>Introduction to Construction</i>	Occupational Skills	<u>AS 33.30.011</u>
Introduction to Welding	<i>Introduction to Welding</i>	Occupational Skills	<u>AS 33.30.011</u>
Maritime Safety	<i>AMSEA Drill Card</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AMSEA Drill Conductor</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AMSEA Maritime Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Small Engine Repair	<i>Small Engine Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
Welding	<i>Welding Prep</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Welding Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Industrial Safety	<i>Industrial Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Confined Space Entry	<i>Confined Space Entry</i>	Occupational Skills	<u>AS 33.30.011</u>
Water Treatment and Distribution	<i>Water Treatment and Distribution</i>	Occupational Skills	<u>AS 33.30.011</u>
Vocational Preparation Courses	<i>Accounting Principles</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Advance Win 7 Home Premium</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKCIS Career Profiler</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL - DMV Driver License</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL Combination</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL General Knowledge - Airbrakes</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL Tankers</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL Triples</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL Motorcycle</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Alaska Log Cabin Construction</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MS Quickbooks</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2007 Access</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2007 Publisher</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Advance HTML</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Windows 7</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Business Planning</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>MSO 2010 Excel</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Outlook</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Publisher</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Access 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Advance Excel</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Advance Window 7</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Internet Explorer 8</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Introduction to Excel</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Introduction to Word 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO PC Security Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Publisher</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Quickbooks 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Web Design</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Windows 7</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Business Basics</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Career Profiling</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>CDL Test Study</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>CDL - General Knowledge</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Cisco Networking</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - AutoDesk Certified User</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - IC3 (GS4)</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Access 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Excel 2007</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Excel 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Outlook 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO PowerPoint 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Word 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Word 2010 Expert</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Craft Skills</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Custodial Science</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Digital Media Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Graphics Design Media Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Graphics Flash</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Graphics Photoshop</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Home Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Home/Small Office Networking</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>HTML Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Learn to Earn</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO ACC 2010</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>MSO OUT 2010</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>MAV BCN 10 KEY</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Networking Basics</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Nine Hours Computer Lab Set Up</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Owning Your Own Business</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Photoshop</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Professional Teacher QuickBooks 2009</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>QuickBooks 2011</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>QuickBooks Accounting Fundamentals</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>QuickBooks Business Planning</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Web Advance HTML</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Web Design Fundamentals</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Stress Management</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Alaska DOL Courses	<i>Alaska Food Workers Card</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Anchorage Muni Card</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Career Readiness Test</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Key Train</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Seafood Safety</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Substance Abuse Treatment	<i>Substance Abuse Treatment</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
Assessment and Referral	<i>Assessment and Referral</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
ANSAT	<i>ANSAT</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
Continuing Care	<i>Continuing Care</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
LSSAT	<i>LSSAT</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
RSAT	<i>RSAT</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
<i>Source: AK DOC, Programs and Services listing updated 04/14</i>			



Program Area	Course/Activity Name	Function	Authorizing Law
Education	<i>Adult Basic Education</i>	Education	<u>AS 33.30.011</u>
	<i>General Education Development (GED) test</i>	Education	<u>AS 33.30.011</u>
	<i>Criminal Attitude Program</i>	Education	<u>AS 33.30.011</u>
	<i>Parenting</i>	Education	<u>AS 33.30.011</u>
	<i>Reentry Program</i>	Education	<u>AS 33.30.011</u>
Apprenticeship	<i>Baker Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Tech Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Cook Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Plumbing Apprenticeship (DOL)</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Building Apprenticeship</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Apprenticeship (DOL)</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Electrical Apprenticeship (DOL)</i>	Occupational Skills	<u>AS 33.30.011</u>
Computer Instruction	<i>Access 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Core Fundamentals</i>	Education	<u>AS 33.30.011</u>
	<i>Excel 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Excel Expert</i>	Education	<u>AS 33.30.011</u>
	<i>Key Applications</i>	Education	<u>AS 33.30.011</u>
	<i>Living Online</i>	Education	<u>AS 33.30.011</u>
	<i>Outlook 2007</i>	Education	<u>AS 33.30.011</u>
	<i>PowerPoint 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Word 2007</i>	Education	<u>AS 33.30.011</u>
	<i>Word Expert</i>	Education	<u>AS 33.30.011</u>
Power Sport Motor Repair	<i>Power Sport Motor Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
Alternative Energy	<i>Alternative Energy</i>	Occupational Skills	<u>AS 33.30.011</u>
Asbestos Abatement	<i>Asbestos Abatement</i>	Occupational Skills	<u>AS 33.30.011</u>
Skin Sewing Instruction	<i>Skin Sewing Instruction</i>	Occupational Skills	<u>AS 33.30.011</u>
Building Trades	<i>Advance Roof Framing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Basic Roof Framing</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Basic Stair Building</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Building Trades</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Level 1</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Math Mod A</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Math Mod B</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Carpentry Skills Lab</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Ceilings</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Construction Basics</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Contracting a Home</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Drywall Installation and Finish</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Modern Foundations 1</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>NCCER Carpentry Level 1</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>NCCER Core Curriculum</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
HAZWOPER	<i>HAZWOPER Awareness</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>HAZWOPER/Confined Space Entry</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Industrial Health and Safety</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Plumbing	<i>NCCER Plumbing</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Plumbing Level 1</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Plumbing Level 1 Lab</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Plumbing Level 2</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Plumbing Level 2 Lab</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Plumbing Math A</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Plumbing Math B</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Weatherization	<i>Weatherization</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Residential Electrical</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Residential Framing</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Residential Plumbing</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Residential Roofing</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Residential Siding</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Special Pet Obedience	<i>Special Pet Obedience</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Traffic Control Technician	<i>Traffic Control Technician</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
OSHA and Field Safety	<i>Field Safety</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
OSHA 10/Pert 48 Mining	<i>OSHA 10/Part 48 Mining</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Building Maintenance Repair	<i>BMR Apprenticeship</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Building Maintenance Repair</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
NSTC	<i>NSTC</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Forklift Operator	<i>Forklift Operator</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Carpentry Plumbing Math	<i>Carpentry Plumbing Math</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Basic Rigging and Scaffolding	<i>Fall Protection</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Rigging</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Scaffolding Level 1</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Tools for Success	<i>Trades 'R' Us</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Electrical	<i>Commercial Wiring A</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical 1 Skill Lab</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical Blueprint and Design</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical NEC Introduction</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical Core</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical Level 1</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical Math A</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Electrical Math B</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>



First Aid and CPR	<i>CPR/First Aid</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Medic First Aid</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Medic First Aid CPR/SFA</i>	Occupational Skills	<u>AS 33.30.011</u>
Introduction to Construction	<i>Introduction to Construction</i>	Occupational Skills	<u>AS 33.30.011</u>
Introduction to Welding	<i>Introduction to Welding</i>	Occupational Skills	<u>AS 33.30.011</u>
Maritime Safety	<i>AMSEA Drill Card</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AMSEA Drill Conductor</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AMSEA Maritime Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Small Engine Repair	<i>Small Engine Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
Welding	<i>Welding Prep</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Welding Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Industrial Safety	<i>Industrial Safety</i>	Occupational Skills	<u>AS 33.30.011</u>
Confined Space Entry	<i>Confined Space Entry</i>	Occupational Skills	<u>AS 33.30.011</u>
Water Treatment and Distribution	<i>Water Treatment and Distribution</i>	Occupational Skills	<u>AS 33.30.011</u>
Vocational Preparation Courses	<i>Accounting Principles</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Advance Win 7 Home Premium</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKCIS Career Profiler</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL - DMV Driver License</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL Combination</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL General Knowledge - Airbrakes</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL Tankers</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL CDL Triples</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>AKDL Motorcycle</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Alaska Log Cabin Construction</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MS Quickbooks</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2007 Access</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2007 Publisher</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Advance HTML</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Windows 7</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Business Planning</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Excel</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Outlook</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO 2010 Publisher</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Access 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Advance Excel</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Advance Window 7</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Internet Explorer 8</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>MSO Introduction to Excel</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Introduction to Word 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO PC Security Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Publisher</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Quickbooks 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Web Design</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO Windows 7</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Business Basics</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Career Profiling</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>CDL Test Study</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>CDL - General Knowledge</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Cisco Networking</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - AutoDesk Certified User</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - IC3 (GS4)</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Access 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Excel 2007</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Excel 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Outlook 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO PowerPoint 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Word 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Computer Skills - MSO Word 2010 Expert</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Craft Skills</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Custodial Science</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Digital Media Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Graphics Design Media Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Graphics Flash</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Graphics Photoshop</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Home Repair</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Home/Small Office Networking</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>HTML Fundamentals</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Learn to Earn</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO ACC 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MSO OUT 2010</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>MAV BCN 10 KEY</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Networking Basics</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Nine Hours Computer Lab Set Up</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Owning Your Own Business</i>	Occupational Skills	<u>AS 33.30.011</u>
	<i>Photoshop</i>	Occupational Skills	<u>AS 33.30.011</u>



	<i>Professional Teacher QuickBooks 2009</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>QuickBooks 2011</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>QuickBooks Accounting Fundamentals</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>QuickBooks Business Planning</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Web Advance HTML</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Web Design Fundamentals</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Stress Management</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Alaska DOL Courses	<i>Alaska Food Workers Card</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Anchorage Muni Card</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Career Readiness Test</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Key Train</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
	<i>Seafood Safety</i>	Occupational Skills	<u><i>AS 33.30.011</i></u>
Substance Abuse Treatment	<i>Substance Abuse Treatment</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
Assessment and Referral	<i>Assessment and Referral</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
ANSAT	<i>ANSAT</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
Continuing Care	<i>Continuing Care</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
LSSAT	<i>LSSAT</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
RSAT	<i>RSAT</i>	Rehabilitation/Reform	<u><i>AS 44.28.020 and 33.30.011</i></u>
<i>Source: AK DOC, Programs and Services listing updated 04/14</i>			



APPENDIX E

DOC INTERAGENCY AGREEMENTS

Service	RSA Amount	Agreement Term	\$ amt per agency	% of total	Rank
therapeutic court services	\$ 206,675	fiscal year 2014			
Palmer courthouse sally port expansion	\$ 48,300	fiscal year 2014	\$ 254,975	3.49%	5
radio communications	\$ 32,000	fiscal year 2014			
central mail services	\$ 38,957	fiscal year 2014			
AKSAS	\$ 29,417	fiscal year 2014			
AKPAY	\$ 38,352	fiscal year 2014			
ALDER (AKDER?)	\$ 1,490	fiscal year 2014			
leasing costs	\$ 1,260,823	fiscal year 2014			
leasing administration	\$ 41,431	fiscal year 2014			
human resources chargeback	\$ 1,211,062	fiscal year 2014			
ADA statewide allocation	\$ 17,969	fiscal year 2014			
risk mgmt core services	\$ 921,835	fiscal year 2014			
computer services - computer resources	\$ 11,714	fiscal year 2014			
computer services - facilities mgmt	\$ 37,385	fiscal year 2014			
computer services - enterprise productivity rate	\$ 644,239	fiscal year 2014			
telecommunications services - telephones	\$ 310,658	fiscal year 2014			
telecommunication services - enterprise productivity rate	\$ 830,436	fiscal year 2014			
telecommunications services - virtual private network	\$ 1,500	fiscal year 2014			
federal compliance audit	\$ 2	fiscal year 2014	\$ 5,429,271	74.25%	1
career and technical education	\$ 10,000	fiscal year 2014	\$ 10,000	0.14%	11
regulation review	\$ 737	fiscal year 2014			
corrections attorney	\$ 179,400	fiscal year 2014	\$ 180,137	2.46%	7
batter's intervention program	\$ 66,500	fiscal year 2014			
prison batter's program	\$ 108,200	fiscal year 2014			
prisoner transport	\$ 140,000	fiscal year 2014			
prisoner transport aircraft	\$ 32,007	fiscal year 2014			
purchase of portable breath testers	\$ 14,355	fiscal year 2014	\$ 361,062	4.94%	4
laundry services	\$ 366,000	fiscal year 2014	\$ 366,000	5.01%	3
pilot program for domestic violence offenders	\$ 200,000	fiscal year 2014	\$ 200,000	2.74%	6
mental health services	\$ 52,400	fiscal year 2014			
substance abuse treatment	\$ 70,800	fiscal year 2014			
meals for youth at NYF	\$ 30,000	fiscal year 2014			
meals for youth at BYF	\$ 50,000	fiscal year 2014			
behavioral risk mgmt services sex offenders	\$ 179,500	fiscal year 2014			
pharmacy support	\$ 10,200	fiscal year 2014	\$ 392,900	5.37%	2
adult basic education	\$ 40,000	fiscal year 2014			
housing at AVTEC	\$ 5,743	fiscal year 2014	\$ 45,743	0.63%	9
sex offender treatment training	\$ 53,545	fiscal year 2014	\$ 53,545	0.73%	8
adult basic education	\$ 16,591	fiscal year 2014	\$ 16,591	0.23%	10
water treatment class (voc ed)	\$ 2,162	fiscal year 2014	\$ 2,162	0.03%	12
Total	\$ 7,312,386		\$ 7,312,386	100.00%	



Jurisdiction	Service	Agreement Amount	Agreement Term *
Bistol Bay Borough	community jail	\$ 172,701	fiscal year 2013
City of Cordova	community jail	\$ 193,725	fiscal year 2013
City of Craig	community jail	\$ 393,904	fiscal year 2013
City of Dillingham	community jail	\$ 480,417	fiscal year 2013
Haines Borough	community jail	\$ 349,513	fiscal year 2013
City of Homer	community jail	\$ 637,218	fiscal year 2013
City of Kodiak	community jail	\$ 1,133,993	fiscal year 2013
City of Kotzebue	community jail	\$ 1,014,527	fiscal year 2013
North Slope Borough	community jail	\$ 1,019,728	fiscal year 2013
City of Petersburg	community jail	\$ 258,297	fiscal year 2013
City of Seward	community jail	\$ 556,000	fiscal year 2013
City of Sitka	community jail	\$ 419,450	fiscal year 2013
City of Unalaska	community jail	\$ 628,132	fiscal year 2013
City of Valdez	community jail	\$ 445,524	fiscal year 2013
City of Wrangell	community jail	\$ 495,205	fiscal year 2013
Total		\$ 8,198,334	fiscal year 2013



APPENDIX F

DUPLICATE PROGRAMS AND FUNCTIONS

Program Area	Service	Other Entities Providing Same or Similar Service
Education	Adult Basic Education	University of Alaska Fairbanks
	General Education Development (GED)	Department of Labor and Workforce Development
	Criminal Attitude Program	
	Parenting	
	Reentry Program	
Apprenticeship	Baker Apprenticeship	Department of Labor
	Computer Tech Apprenticeship	Department of Labor
	Cook Apprenticeship	Department of Labor
	Plumbing Apprenticeship	Department of Labor
	Plumbing Apprenticeship (DOL)	Department of Labor
	Building Apprenticeship	Department of Labor
	Carpentry Apprenticeship (DOL)	Department of Labor
	Electrical Apprenticeship (DOL)	Department of Labor
Computer Instruction	Access 2007	University of Alaska Anchorage
	Core Fundamentals	University of Alaska Anchorage
	Excel 2007	University of Alaska Anchorage
	Excel Expert	University of Alaska Anchorage
	Key Applications	University of Alaska Anchorage
	Living Online	University of Alaska Anchorage
	Outlook 2007	University of Alaska Anchorage
	PowerPoint 2007	University of Alaska Anchorage
	Word 2007	University of Alaska Anchorage
	Word Expert	University of Alaska Anchorage
Power Sport Motor Repair	Power Sport Motor Repair	Brian Marvin
Alternative Energy	Alternative Energy	Lime Solar
Asbestos Abatement	Asbestos Abatement	Mike Mark-Anthony
Skin Sewing Instruction	Skin Sewing Instruction	Cheryl Thompson
Building Trades	Advance Roof Framing	Construction Junction
	Basic Roof Framing	Construction Junction
	Basic Stair Building	Construction Junction
	Building Trades	Construction Junction
	Carpentry Level 1	Construction Junction
	Carpentry Math Mod A	Construction Junction



Program Area	Service	Other Entities Providing Same or Similar Service
	Carpentry Math Mod B	Construction Junction
	Carpentry Skills Lab	Construction Junction
	Ceilings	Construction Junction
	Construction Basics	Construction Junction
	Contracting a Home	Construction Junction
	Drywall Installation and Finish	Construction Junction
	Modern Foundations 1	Construction Junction
	NCCER Carpentry Level 1	Construction Junction
	NCCER Core Curriculum	Construction Junction
HAZWOPER	HAZWOPER Awareness	Mike Mark-Anthony
	HAZWOPER/Confined Space Entry	Mike Mark-Anthony
	Industrial Health and Safety	Mike Mark-Anthony
Plumbing	NCCER Plumbing	Northern Education
	Plumbing Level 1	Northern Education
	Plumbing Level 1 Lab	Northern Education
	Plumbing Level 2	Northern Education
	Plumbing Level 2 Lab	Northern Education
	Plumbing Math A	Northern Education
	Plumbing Math B	Northern Education
Weatherization	Weatherization	Construction Junction
	Residential Electrical	Construction Junction
	Residential Framing	Construction Junction
	Residential Plumbing	Construction Junction
	Residential Roofing	Construction Junction
	Residential Siding	Construction Junction
Special Pet Obedience	Special Pet Obedience	Stoneridge Kennels
Traffic Control Technician	Traffic Control Technician	Mike Mark-Anthony
OSHA and Field Safety	Field Safety	Construction Junction
OSHA 10/Pert 48 Mining	OSHA 10/Part 48 Mining	Mike Mark-Anthony
Building Maintenance Repair	BMR Apprenticeship	Construction Junction
	Building Maintenance Repair	Construction Junction
NSTC	NSTC	Mike Mark-Anthony
Forklift Operator	Forklift Operator	Construction Junction
Carpentry Plumbing Math	Carpentry Plumbing Math	Construction Junction
Basic Rigging and Scaffolding	Fall Protection	Construction Junction
	Rigging	Construction Junction
	Scaffolding Level 1	Construction Junction



Program Area	Service	Other Entities Providing Same or Similar Service
Tools for Success	Trades 'R' Us	Construction Junction
Electrical	Commercial Wiring A	Peak Training
	Electrical 1 Skill Lab	Peak Training
	Electrical Blueprint and Design	Peak Training
	Electrical NEC Introduction	Peak Training
	Electrical Core	Peak Training
	Electrical Level 1	Peak Training
	Electrical Math A	Peak Training
	Electrical Math B	Peak Training
	First Aid and CPR	CPR/First Aid
Medic First Aid		
Medic First Aid CPR/SFA		
Introduction to Construction	Introduction to Construction	
Introduction to Welding	Introduction to Welding	
Maritime Safety	AMSEA Drill Card	Education Training Co.
	AMSEA Drill Conductor	Education Training Co.
	AMSEA Maritime Safety	Education Training Co.
Small Engine Repair	Small Engine Repair	J. Simpson Enterprises
Welding	Welding Prep	J. Simpson Enterprises
	Welding Safety	J. Simpson Enterprises
Industrial Safety	Industrial Safety	NorthRim Safety Services
Confined Space Entry	Confined Space Entry	NorthRim Safety Services
Water Treatment and Distribution	Water Treatment and Distribution	University of Alaska Sitka
Vocational Preparation Courses	Accounting Principles	
	Advance Win 7 Home Premium	
	AKCIS Career Profiler	
	AKDL - DMV Driver License	
	AKDL CDL Combination	
	AKDL CDL General Knowledge - Airbrakes	
	AKDL CDL Tankers	
	AKDL CDL Triples	
	AKDL Motorcycle	
	Alaska Log Cabin Construction	
	MSO	
	MS Quickbooks	
	MSO 2007 Access	



Program Area	Service	Other Entities Providing Same or Similar Service
	MSO 2007 Publisher	
	MSO 2010 Advance HTML	
	MSO 2010 Windows 7	
	MSO 2010 Business Planning	
	MSO 2010 Excel	
	MSO 2010 Outlook	
	MSO 2010 Publisher	
	MSO Access 2010	
	MSO Advance Excel	
	MSO Advance Window 7	
	MSO Internet Explorer 8	
	MSO Introduction to Excel	
	MSO Introduction to Word 2010	
	MSO PC Security Fundamentals	
	MSO Publisher	
	MSO Quickbooks 2010	
	MSO Web Design	
	MSO Windows 7	
	Business Basics	
	Career Profiling	
	CDL Test Study	
	CDL - General Knowledge	
	Cisco Networking	
	Computer Skills - AutoDesk Certified User	
	Computer Skills - IC3 (GS4)	
	Computer Skills - MSO Access 2010	
	Computer Skills - MSO Excel 2007	
	Computer Skills - MSO Excel 2010	
	Computer Skills - MSO Outlook 2010	
	Computer Skills - MSO PowerPoint 2010	
	Computer Skills - MSO Word 2010	
	Computer Skills - MSO Word 2010 Expert	
	Craft Skills	
	Custodial Science	
	Digital Media Fundamentals	



Program Area	Service	Other Entities Providing Same or Similar Service
	Graphics Design Media Fundamentals	
	Graphics Flash	
	Graphics Photoshop	
	Home Repair	
	Home/Small Office Networking	
	HTML Fundamentals	
	Learn to Earn	
	MSO ACC 2010	
	MSO OUT 2010	
	MAV BCN 10 KEY	
	Networking Basics	
	Nine Hours Computer Lab Set Up	
	Owning Your Own Business	
	Photoshop	
	Professional Teacher QuickBooks 2009	
	QuickBooks 2011	
	QuickBooks Accounting Fundamentals	
	QuickBooks Business Planning	
	Web Advance HTML	
	Web Design Fundamentals	
	Stress Management	
Alaska DOL Courses	Alaska Food Workers Card	Department of Labor and Workforce Development
	Anchorage Muni Card	Department of Labor and Workforce Development
	Career Readiness Test	Department of Labor and Workforce Development
	Key Train	Department of Labor and Workforce Development
	Seafood Safety	Department of Labor and Workforce Development
Substance Abuse Treatment	Substance Abuse Treatment	Akeela
Assessment and Referral	Assessment and Referral	Akeela
ANSAT	ANSAT	Akeela
Continuing Care	Continuing Care	Akeela
LSSAT	LSSAT	Akeela
RSAT	RSAT	Akeela

Source: AK Department of Corrections, FY 2013 Programming Information



APPENDIX G

FY 2013 PROGRAM SERVICE CONTRACTS BY CATEGORY

Service Type	Amount	% of Total	% of Grand Total
Substance Abuse Treatment Services	\$ 3,693,204	62.68%	
Sex Offender Management Programs	\$ 1,921,019	32.60%	
Inmate Education Services	\$ 277,924	4.72%	
Total	\$ 5,892,147	100.00%	15.70%
Community Residential Centers (CRCs)	\$ 23,313,603	73.71%	
Community Jails	\$ 8,198,334	25.92%	
Misc. Contracts	\$ 116,582	0.37%	
Total	\$ 31,628,518	100.00%	84.30%
Grand Total	\$ 37,520,665		100.00%

Source: Department of Corrections, Contract Report FY 13, 8/26/13



APPENDIX H

CAPITAL BUDGET DEVELOPMENT DOCUMENTS

- Alaska, Department of Corrections, Annual Facilities Maintenance, Renovation and Repairs List, FY 2012.
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- Maryland, Department of Public Safety and Correctional Services, Facilities Master Plan, 2013.
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