

Alaska Criminal Justice Commission

Rehabilitation, Reentry, and Recidivism Reduction Workgroup

The Mission of the RRRR Workgroup is to assess and propose ways to reduce recidivism for people who are justice-involved, including: treatment and programming (both behind the walls and in the community), rehabilitation and incarceration models, and reentry planning.

Meeting Summary

Thursday, July 23, 2020, 1:00pm-4:00pm

Via Zoom

Commissioners: Stephanie Rhoades, Alex Cleghorn, Steve Williams, Scotty Barr

Participants: Adam Barger, Laura Brooks, Joshua Wilson, Buddy Whitt, Travis Welch, Ellen Hackenmueller, Laura Russell, Ray Michaelson, Don Habeger, Rebekah Moras, Jonathan Pistotnik, Ciesta Williams, Samantha Adams-Lahti, Barbara Mongar, Teresa Capo, Alysa Wooden, Gennifer Moreau-Johnson, Jim McLaughlin

Staff: Staci Corey, Teri Carns, Barbara Dunham

Previously Discussed Recommendations

Judge Stephanie Rhoades, Commissioner and workgroup chair, reminded the group that at the last meeting had approved four recommendations, some of which needed some wordsmithing that would be done in small groups.

Computer Access

Laura Brooks from DOC noted that she had been out of state and had not been able to work on this recommendations; she had some suggestions for minor changes. Judge Rhoades said the workgroup could come back to this recommendation at the next meeting.

Crisis Now

Commissioner Steve Williams said that he and Don Habeger from the Juneau Reentry Coalition worked on this recommendation, making technical changes to the first paragraph. Judge Rhoades asked if anyone objected to the recommendation as revised with the new language. There were no objections. Judge Rhoades asked if anyone objected to forwarding the recommendation as revised to the full Commission. There were no objections.

CIT

Commissioner Alex Cleghorn said that he worked with Travis Welch from the Trust to add some language to this recommendation to make it clear that tribal police officers (TPOs) should be included in the CIT training.

Don suggested making a minor adjustment, to put (CIT) behind Crisis Intervention Teams in the title of the recommendation so that it was clear that was what the acronym referred to throughout the recommendation. Laura B. said that she also wanted to add corrections officers to the list of officers to include in the training. Barbara Dunham edited the draft accordingly for the group to review.

Teresa Capo from the BBNA Reentry Task Force asked why the recommendation added TPOs to the list of officers who should be included in the training, and whether that included VPSOs too. Alex said that for the purposes of the Alaska Police Standards Council (which would oversee the training), VPSOs were recognized as law enforcement, but TPOs were treated differently, so he wanted to make sure that TPOs were included in the list of officers to be trained in CIT.

Judge Rhoades asked if there was any objection to the recommendation as revised by the small group and in the meeting. There was no objection.

Civil Detainees

Judge Rhoades noted that this recommendation have been approved as is at the last meeting. Steve wondered if there was anyone from DHSS present who wanted to weigh in. He wanted to be clear that the recommendation was just a policy statement that civil detainees should not be in prisons.

Laura Russell with DHSS said that this was a complicated question given the status of current statutes. DHSS agreed as a matter of policy that this population should not be held in correctional facilities, but she wanted to provide some feedback on the language before it was potentially sent to the legislature. The first paragraph recommended legislation that this population “shall not” be held in prison, and that language would give DHSS concern, especially for the protection of people suffering from mental illness in rural areas with other safe place to stay. DHSS doesn’t want people to wait in correctional facilities but having no other option in small villages, can’t agree to the “shall not.”

Judge Rhoades suggested that DHSS find a designee for this group who could speak on behalf of the Department. She was reluctant to revisit something the workgroup had already agreed on. She noted that DHSS could give suggestions for changing the language that could be reviewed at the full Commission level.

Laura R. said that DHSS had had a discussion about having a designee for the group, and she and Heather Carpenter would represent the Commissioner’s opinion going forward.

Judge Rhoades said that she would work on this with Heather and Laura R. offline, and maybe bring a revised draft back to the workgroup later.

Release of Information Recommendation

Judge Rhoades noted that she had circulated a recommendation for a universal release of information for reentry. This would be something to consider at the next meeting, and she had circulated it in advance of this meeting so participants would be able to review the recommendation in advance.

DOC Presentation on Rehabilitative Programming

Judge Rhoades noted that the bulk of this meeting would involve talking about intercept three: jails and prisons. To begin this discussion, Laura B. would tell the group what was happening behind the walls at DOC, and would also give some information on DOC’s new reentry unit. She wanted everyone to have

a good picture of what programming DOC provides before beginning a discussion on potential recommendations.

Laura B. explained that a little over a year ago, all rehabilitative services in DOC were moved under her division, Health And Rehabilitative Services (HARS). HARS had previously done a lot of that work in the behavioral health area, but the division was now also doing vocation and education programming. Vocation and education were new areas for her but now that they were within her department, she had gotten to know the personnel in that area and they were a great and dedicated staff. Janice Weiss, who couldn't join the meeting today, oversees all reentry programming within the division. Having all of the rehabilitative services under one roof has enabled them to streamline services, and they have undertaken a division-wide inventory to ensure adherence to best practices. Their focus has been on evaluating the programs offered and, developing a core curriculum, then planning for outcome measures.

DOC saw nearly 34,000 releases in 2019, representing over 19,000 individuals releasing from a DOC facility. Those releases are people who are sentenced and unsentenced. The majority of releases are pretrial, a population for whom there is very little time for programming and release planning. It was a challenge to find meaningful programming for pretrial and short-term stays.

DOC's resources are finite, so they focus on serving those who are the highest risk first, targeting criminogenic needs. They want programs that are evidence based, and are the right programs at the right times for the right individual.

For its behavioral health program, HARS follows national best practices. They have developed a new core curriculum based on cognitive behavioral therapy, administered by masters-level clinicians, to replace the old 48-week program. The curriculum is still in its early stages but is showing promise. Programming and policies related to behavioral health include:

- Suicide prevention
- Group and individual counseling
- Inpatient treatment units
- Medication management
- Dual diagnosis treatment
- Title 47 management
- Intensive reentry planning
- Trauma informed care
- Mental health first aid
- Crisis intervention teams (CIT)

The Department is absolutely committed to trauma-informed care, and their goal is to train all staff in mental health first aid. They are also implementing a CIT model, developed specifically for the corrections setting by the National Institute of Corrections. The coronavirus slowed their CIT training but they are working on alternatives.

DOC offers a full spectrum of substance use disorder services, including:

- Screening
- Assessment
- Psycho-education
- Intensive Outpatient Treatment (IOPSAT)
- Residential Treatment (RSAT)

- Medication Assisted Treatment (MAT)
- AA/NA
- Video-based substance abuse education
- CRC direct access to treatment

Screening and assessment procedures have been updated. DOC has changed its screening policies and has increased the number of screenings performed by around 60% over the last couple of years. They may still be missing a few people but are making progress. For assessments, they now use the Continuum software, which is the national gold standard, and leadership is getting good feedback on its diagnostic accuracy. They are trying to eliminate the need for multiple assessments after hearing a lot of feedback about DOC's assessments not being accepted, by community service providers. They are hoping a standardized assessment will help with that. Hopefully now people will not need another one when they are released.

The core treatment program is IOPSAT, where participants are not placed in a dedicated "mod" within a facility. Some facilities have RSAT, where participants live in a dedicated mod for the treatment program. They are working to expand MAT. Video-based services are for people who are in segregation. CRC's have direct access to treatment in the community by arranging to have slots or bed in programs set aside specifically for CRC residents.

DOC struggles to fill substance use disorder treatment beds, and also struggles to find providers for its programs. DOC had to close its RSAT program at Spring Creek, and most substance use disorder programs at Lemon Creek, which was both a provider and an interest problem. At Lemon Creek they are still screening and assessing, but treatment is limited. In those cases a behavioral health clinician is doing some of that work.

DOC offers sex offender management programming within the institutions and in the community. There is a program for women at Hiland, which is not often used. Telehealth treatment is provided by an Anchorage clinician, providing individual and group treatment for rural communities where people who are required to complete treatment might otherwise have to move to a different community to do so. There are waitlists for institutional treatment (~30 people) and community treatment (~60-80 people). DOC really struggles to find qualified providers for sex offender treatment. They are working on ways to increase the provider pool, and trying to work with the University on that. In the community, they use the containment model which includes cognitive behavioral therapy, probation officer and clinical staff supervision, and polygraphs.

For domestic violence programming, DOC partners with DPS and CDVSA to fund this programming, although it is only offered in the Goose Creek, Lemon Creek, and Fairbanks facilities. There are also DV programs in the communities. Not having a DV program in every facility is a concern for DOC. There is a high level of DV in Alaska, and programming should be available in our facilities. The DV programs face similar struggles as the other programs; there is a shortage of providers, and often pretrial defendants won't voluntarily go to these classes. There is a real lack of evidence-based programming in this field. Most providers are still using a version of a program developed in the 80s. DOC is working with CDVSA to find good programming. As soon as they have a new curriculum, they will roll it out in conjunction with CDVSA.

Education programming is available in all institutions, with education coordinators in every facility. Education is one of DOC's core competencies, and education programming has been in place for a while, with some recent adjustments. The following education programs are offered:

- Placement testing

- GED testing, tutoring, & certification
- New Path High School
- English as a Second Language (ESL)
- Parenting
- Computer literacy
- Job readiness skills

ESL is a recent addition to the programs offered. The New Path high school is a high school run by the Anchorage School District in Spring Creek for people under age 22. DOC just completed a comprehensive review of all parenting programs, and the review team came up with recommendations which DOC will implement. The computer literacy program has varied by institution, depending on the education coordinator; sometimes it has included just keyboarding, sometimes it has included programming. DOC is working on developing a true literacy program that can take participants through the basics on up. These are important skills to develop, particularly for those who have been incarcerated for 20-30 years. Use of computers in the mods is typically limited. They are working hard to develop that curriculum. Job readiness programming has been available for a while, but they are trying to work up a program that will be more comprehensive.

For vocational programming, DOC doesn't have core programs, because programming depends on the availability of instructors and the population at the facility. These are popular and useful classes, including (but not limited to):

- Plumbing, electrical and carpentry
- Small engine repair
- Maritime safety
- Culinary arts
- Barista training
- Building maintenance
- Food handler & ServeSafe
- Welding
- Barber school

Ideally DOC would like people to leave prison with a trade, work experience, or an apprenticeship. The needs of the community have also shifted with the coronavirus. DOC recently added the small engine repair program, which was requested in more rural areas, and involves working on engines for boats and snowmachines. There are a lot of programs that are popular but might not help people get a job in the long run. DOC is working with the Department of Labor to identify programs most likely to lead to employment and to connect the reentry population to employers. Programs range from 1-day certifications to programs that take 12-18 months to complete.

DOC also has a lot of prosocial and give-back programs. Laura B. noted that these programs can sometimes be viewed with skepticism but they have a real value in that they help to keep people busy and are rehabilitative. These programs include:

- Exercise, yoga, & meditation,
- Music
- Creative writing
- Hobby craft donations
- Canine training & adoption
- Book clubs

- Magic yarn princess wigs
- Green house projects
- Lullaby project
- Quilting, knitting, crochet

The canine program is huge; for some people who are incarcerated, bonding with a dog is their first time getting unconditional love.

Laura B. explained that DOC has been doing reentry services for quite some time, though they haven't necessarily called it reentry. Reentry programs/partnerships/services offered include:

- Offender Management Plans
- Risk/needs assessments
- Second Chance Grant Act
- Returning Home Program
- Mental health release programs
- Reentry coalitions
- Community in-reach
- Peer support
- Medical social work
- DOWLD & DEED partnership
- Reentry Centers
- Halfway houses (CRCs)

The legislature approved DOC's request for funding for a reentry unit this year. There will be a staff of program coordinators, who will help with all these programs, and case managers who will work with reentrants. There will also be a criminal justice tech who will help with planning and evaluation. Having a reentry unit will be huge for DOC, but it will roll out slowly, bringing on one staff person at a time. Staff members will need to be trained.

Laura B. explained that the coronavirus had affected DOC like everywhere else, and things are seriously limited. There are no group activities. No one other than DOC personnel is coming in from the outside, whether contractors, attorneys, etc. New people coming in to the facilities are the biggest threat, so they have kept the facilities locked down, and it has been pretty effective so far; DOC is not seeing what other jails and prisons in the lower 48 have seen. So they will keep this policy going.

DOC has provided more self-study and one-on-one options for education and counseling. It is not ideal, but nothing is right now. They are working on CCTV options. They have reached out for suggestions, and heard many good ideas. But they still can't do groups. Their practices will also mirror what's going on in community. People working in their facilities have really stepped up to provide what they can.

Laura B. also provided the group with some information on recidivism. DOC follows the statutory definition of recidivism, which is the rate at which people convicted of a felony return to prison (for any reason) within three years of release. She said that this definition follows the national standard, and that it would help if others also follow this definition. DOC is trying to get this message out to service providers, because everyone should be reporting recidivism under the same definition. They didn't want a service provider to report recidivism rates based off of only a 20-day time frame because that would not be a fair comparison to the standard DOC recidivism rate.

Laura B. explained that by DOC's measure, the recidivism rate is going down, and for the 2016 release cohort, was under 60% for the first time in decades. This shows that something is working; perhaps DOC's focus on community partnerships, or reentry planning. She noted that Barbara had sent out the report DOC sent to the legislature, in which DOC tried to highlight its community partnerships. Recidivism is decreasing even if you don't account for decreasing returns to prison for probation and parole violations—returns to prison for new crime is down 11% from the 2011 cohort (40%) to the 2016 cohort (29%). There is still a long way to go, but the trend is positive.

Steve said he thought it was the definition of recidivism was important to look at; it was important to be consistent, but also important to note that this definition applies only to people convicted of felonies. Often programs are working with people convicted of misdemeanors. Anyone reporting on the latter should aim for the same consistency of definition to allow apples to apples comparisons.

Don said he wanted to push back on DOC's definition, because at the community level, programs struggle to get data. Programs can last for out for 12 months, and after that the client is no longer in the program, and it is hard to track where they are to follow up with them three years later. He wondered if there was a way to get more frequent reports from DOC. He understood DOC's capacity for data production was limited.

Laura B. said she wanted to be clear that when DOC is reporting recidivism, it's reporting on how people have done when they've been out of custody for three years. For example, the current numbers are for the cohort released in 2016, who reached the three-year mark in 2019. Don was correct that DOC's data analysts had limited capacity, but they will hopefully have a tech in the reentry unit soon. Hopefully they will be able to take information from the reentry programs and give them the recidivism data.

Don said that another of his concerns was that while it was important to use evidence-based practices, but you also want to evaluate our own programs. The theory behind using evidence-based practices is that want to do what's effective. But if they're looking at program data that's three years old, it can be cumbersome to effectively react to that data. Laura B. said that was a good point. When reporting recidivism rates, programs should use the three-year metric. But if a program wants to know what's happening after one year, DOC can run that data. But they would ask programs not to report that as official recidivism data. She agreed knowing that information is important, and thought DOC could work something out to provide that kind of information.

Buddy Whitt from Sen. Hughes' office offered his congratulations on the declining recidivism rate, and wanted to know more about where those numbers come from. He also wondered how to encourage people to use the statutory definition. Laura B. said that the 2019 recidivism rates are from people who were released in 2016 and the rate represents the portion who returned to prison within three years, whether for a probation/parole violation or a new crime. In terms of getting people to use the statutory definition, they are just using the word of mouth, and catching people where they see a different definition used. She did think more could be done. She understood that people want to report things. But they should at least note what the follow-up timeframe is, to make sure comparisons are apples to apples.

Buddy said that legislators make big policy decisions based on the data they receive. So if they're not getting accurate data, that's a concern. If there is a way to get everyone on the same page, that might be worth discussing.

Judge Rhoades noted that data analysis can be done for different reasons. When making apples to apples comparisons, it was important to use the same definition. But an organization might be trying to report something different, for different reasons. The three-year timeframe was standard, but most people

who recidivate do so within a year. There could be reasons to report that. She did think the definition used has to be very clear.

Laura B. agreed that providing the definition is important. If there is a program that's new, and can say after one year that only 20% went back to prison, that's great news—and it should be reported making it clear that the timeframe is only one year, and that this is promising data.

Judge Rhoades asked how DOC decides who is going to be offered programming given that programming is a limited resource. Laura said it was different for each program. They look at who has the highest risk and the highest need—and also who wants to do it. People don't always want to do sex offender programming or substance use treatment. Some people are ordered to do sex offender programming, but they don't want to go while they are incarcerated. The program is more difficult inside the institutions, and easier to do in the community.

DOC will also look at the time a person has left on their sentence. Education programs are open to everyone. There is no waitlist for GED programs, and they are constantly trying to get people to join.

Judge Rhoades asked whether there were policies or regulations that can motivate people to participate, or anything that would help in that area that the Commission could recommend. Laura B. said that was on DOC's high priority list. Janice Weiss has a team developing ideas for motivating people to participate in programming and it has come up with a hefty list. Some are things that seem obvious. For example, it was hard to get women at Hiland to participate in substance use disorder treatment, in part because the running program was offered at the same time. So they are trying to figure out a "prerequisite" system. If someone wants to join the running program, but their treatment plan requires SUD treatment, they need to be actively engaged in that (or on a waiting list) first. Its not intended to be punitive, but some of these programs are a real privilege. Other incentives include offering fried chicken for completing a GED, which is still offered. If there's anything on the list that Janice's team developed that the Commission could support, she will let the group know.

Adam Barger said he understood the limitations of the coronavirus, and wondered why providers couldn't come in. He thought the biggest danger is officers who are not quarantined or wearing masks. Laura B. said DOC shut its programs down early on, understanding that just one positive would spread the virus throughout the facility. She thought that was one of the reasons DOC has been able to contain the virus and has not had the outbreaks that facilities in the lower 48 have seen. Anyone entering a facility poses a risk whether they are an officer or a contractor. As long as there are new cases in the community, they're not going to take that risk. Laura B. said she knew how important programming is, and DOC doesn't take shutting them down lightly.

Adam wondered whether peer-driven programming could replace some of the programming lost, as a way to keep some of that structure. Laura B. said they were already trying to build up peer support services before the pandemic. Some of those groups have already started, such as the behavioral health group.

Adam said that when he was incarcerated, he took the 48-week behavioral health program, and thought it was very helpful. He wanted to know more about the program that replaced it. Laura B. said she couldn't remember the name of the curriculum but could get it and provide it to the group. It is similar to the old program, but offers shorter, compartmentalized sessions so that people who are not in for that long can still take advantage of it.

Adam wondered what curriculum was used when the recidivism rates began to drop and what programs might have contributed to that. Laura B. said it would be hard to pinpoint a program. Rates fell

during a time when DOC's substance use treatment program changed substantially with a new contractor, in addition to changing out the 48-week behavioral health program. Different facilities also offer different programs within the state, and the rate reported is statewide.

Adam asked how DOC selects evidence-based programming. Laura B. said that basically they look to see if the program has been tested on a similar population, and whether it has positive outcomes. They also make sure the programs implemented here are performed with fidelity. Having an evidence-based program is good, but executing that program with fidelity is also key. DOC is also looking at standardizing the process of reviewing programs for fidelity.

Adam suggested not making substance use treatment mandatory, but rather provide it in a mod where people want to live. Laura B. said that it was not mandatory for DOC's purposes but there may be court orders. There are sober living mods in some facilities but not enough space to do that everywhere.

Adam commented that he has been around sex offenders and thought that serial offenders think differently, they don't understand that they're creating victims. He also said he supported the idea of vocational training, focusing on programs that provide employability. The barber program has turned out well for him. People will be incentivized to enter a program by immediate employability in a good job. Not everything is taken seriously in prison. He suggested beefing up the CRC programs to focus on long term prisoners. Mixing people who have served for a long time and people who have served a short time is not helpful.

Judge Rhoades encouraged the group to offer specific recommendations based on what it has learned so far.

Teresa Capo with the Bristol Bay Reentry Task Force said that Indigenous people are disproportionately overrepresented in Alaska's prisons, and many are from Bristol Bay. She knew DOC offered the small engine repair class, and suggested that it be focused on things like snowmachines or outboard motors depending on when a person is released, so that the program is geared toward what will be needed in the season when the person is released.

Teresa also wondered how DOC finds its evidence-based programs. Laura B. said they look at the clearinghouse created by SAMSHA, the federal agency, to get ideas and then they have to do a lot of research on the programs to see if they'll work for DOC's purposes. Teresa asked how programs come to be included in the clearinghouse. Laura wasn't sure.

Judge Rhoades said Teresa had a good point about the timing of programming, and that was something she had heard before—trying to find a way to get Corrections to more closely tie training to where people will be released and when. She wondered if DOC would be interested in that idea and whether there was a way to structure a recommendation around it. Laura B. said DOC was interested in trying to target programming like this, but it has been really challenging. For example, they have taught maritime safety at the Fairbanks facility, because even though Fairbanks is in the interior, not everyone there will be released in Fairbanks; some are from the coastal areas. People who are housed in Spring Creek are released all over the state. It's challenging to find programs targeted for the population when people have diverse release plans. They have spent a lot of time in Nome and Bethel to see what's needed. That's where they came up with the idea for a small engine repair class. She was not sure about a recommendation. Certainly DOC's hope is that the programs will meet the needs of folks in real life. She felt strongly that having a DOL employment specialist in every location is key. At one point DOC had grant for an employment specialist at Hiland Mountain, and that person placed 125 people in employment. Every facility could benefit although the position might not be full time in every facility.

Judge Rhoades noted that many people who are incarcerated don't have a driver's license. They can study for the test, but when it comes to practicing, they need to find car. She wondered if DOC could partner with someone in the community to teach driving, so people could be prepared to take the test, or even have DMV provide the test when they are inside. A driver's license is critical for some jobs. A food handler's card is also helpful but costs money—DOC could help people get that prior to release.

Barbara asked whether motivational interviewing was among the recommendations that Janice's group was looking at to get people motivated to do programming. Laura B. said she wasn't sure if it was on the list, but it should probably be added if not. DOC already uses motivational interviewing in a mental health context, and was trying to expand its use. Judge Rhoades noted that motivational interviewing has been shown to be an evidence-based practice when used as a component of other programs.

Travis wondered how much time someone had to have left on their sentence to participate in vocational programs and whether it would be available for someone serving a short sentence. Laura B. said it would depend on the program, and that some programs are less than a day, while some are more than a year. Judge Rhoades noted that the vast majority of people charged with misdemeanors are given a sentence of time served upon conviction, leaving little time for programming. Laura B. said DOC was trying to identify programs that could be workshop-style, something that a person could complete in one day, getting just one component of a program.

Alex said that many people face barriers to employment because they have a “barrier crime” on their criminal record, and that it was possible to get a variance to get employed despite this. He wondered whether DOC was tracking how many people run up against those barrier crimes, and how many variances were granted. Laura B. said DOC doesn't track this, although it's something they hear about every single day.

Judge Rhoades noted that variances were more DHSS's purview. She suggested that one of DOC's one-day workshops could be about how to apply for a variance. Laura B. said that was a good idea. Judge Rhoades noted that the reentry coalitions might have resources on this. Steve added that this was a great example of how reentry coalitions can help. Alex said he would also love to help, and thought he might have some resources at his disposal.

Rebekah Moras wondered whether there was a way to include evidence-based practices along with promising practices. Some programs that are culturally appropriate are not evidence-based because they have not been studied. Judge Rhoades agreed, and thought that the prosocial programming would fit in that category. Even if there are no studies on it, everyone agrees prosocial programming helps. Laura B. agreed, noting that DOC has some programs that are considered promising practices, so they were happy to look at those. She encouraged the group to send any such ideas her way; at this point nothing was off the table.

Commissioner Scotty Barr asked Adam whether he was able to talk to young adults while he was incarcerated and if so, whether he was able to talk to them about whether they would consider changing course. Adam said that he was incarcerated for 25 years, and was currently under supervision for 60-year sentence for murder. He tried to talk to young people as much as possible about how they shouldn't be creating more victims. Not everyone was receptive. That type of mentorship is not that common. There is a lot of group think in prisons. People are treated as a number, not a person. That changes someone's personality, and how they react to things. They have to get over that before they can even join in programming.

Adam also said that in regard to Rebekah's point, he had noticed that Indigenous people who are from the village are then told to go to programs that might not be relevant to their lifestyle in the village—and if they're going back might there it might not be relevant to where they live.

Judge Rhoades said she would circle back later with Laura B. regarding potential recommendations.

1115 Medicaid Waiver Update

Gen Moreau-Johnson explained that she would like to provide the group with an update on the waiver, and talk a bit about how it relates to the previous meeting's discussion of new developments in crisis response.

Gen explained that Medicaid is constrained by a lot of rules, many of which don't work for behavioral health; Medicaid is more set up for medical health. The 1115 waiver allows Alaska to get around those rules and get creative with service delivery. Back in 2016, the legislature asked DHSS to do this. It has taken four years to put in place, and has been set up in phases. To qualify for reimbursement, the patient still has to be Medicaid-eligible, and the provider has to be a Medicaid provider. It helps relieve pressure on the state budget, and is more cost-effective.

Medicaid will now reimburse providers for 16 new services in the realm of substance use disorder, including case management, and expanded opioid treatment, from outpatient to inpatient facilities. Those have been live for a while. Substance use disorder treatment providers are moving away from grant funds and into Medicaid, a more sustainable funding source.

Alaska just received approval and as of May 21 of this year has regulations for the behavioral health component of the waiver. So at this point, the full waiver that Alaska applied for is approved (minus one part, the IMD exclusion). In total there are 23 new services. These include services for at-risk youth, and support for healthy families, which should pay dividends in the future as a preventative measure. Eligibility for these services is determined by social determinants such as having an incarcerated family member or homelessness.

The new approval will now allow Medicaid coverage for three out of four of the services associated with Crisis Now—mobile outreach, 23-hour crisis observation (secure but not inpatient, “no wrong door”) and short term crisis residential (up to 7 days, diversion from inpatient/hospital). DHSS has been pleased to have the support of the Trust. While the Crisis Now model is in the process of being implemented, these services are available to be reimbursed right now, and providers are coming forward to provide them now.

Judge Rhoades said these developments were exciting because they provide so much support for people who are justice-involved in the community. Note that there is no Medicaid reimbursement for these services while people are held in DOC facilities. The hope is for more diversion from the justice system, which is good in terms of cost savings and in terms of providing better outcomes for people in the community. Gen said a key aspect was that it also provided support to the families impacted by incarceration; she was hopeful for those outcomes. Also, a lot of the services don't need a lot of infrastructure. It will be interesting to see how they set up.

Judge Rhoades asked whether the waiver covered peer supports. Gen said yes, they were reimbursable, and woven throughout the crisis response continuum. Jim McLaughlin with DHSS said that peer supports were reimbursable before but they were now expanded. There will be additional training, so we should be seeing more peer support services available. Those services will need a workforce. Judge Rhoades said that that workforce was needed and also source of employment for reentrants, who have valuable lived experience.

Future Meetings and Tasks

Judge Rhoades said the next meeting would focus on reentry. Steve said it would be good to have a presentation on the work of the coalitions, pre- and post-Covid. He would also like to hear information on APIC and the IDP+ program (reentry programs for people with behavioral health issues).

Don said that he would like to explore motivation in the reentry context. DOC reports a potential pool of people who qualify for case management, but Don has noticed that not everyone who qualifies enrolls. He wondered how best to incentivize engagement with case management.

Judge Rhoades said she would think about the agenda for the next meeting, and encouraged participants to get in touch with Barbara if they have ideas.

Barbara noted that the next meeting was set for August 13 from 1-4.

Public Comment

Teresa wondered whether anyone going into prison goes into quarantine. Laura B. said they do. Anyone who is remanded is tested upon remand, then placed in a quarantine mod for 14 days. The quarantine mod is not segregation and is not punitive.