

ALASKA | PRISON PROGRAM AK-2

Prison Program



OVERVIEW OF PROGRAM

The Hiland Mountain Correctional Center, located in Eagle River, Alaska, is the state of Alaska's only dedicated facility for housing incarcerated women. The facility offers multiple treatment opportunities for sentenced women, including acute and sub-acute mental health units.

The RSAT funded program at Hiland Mountain Correctional Center has the capacity to serve 20 women. Staffing and administration of the program is contracted through the Salvation Army. The program is located in House 5 of the Hiland Mountain Correctional Center and all programming is done within the House. The program is six months in length and operates as a modified therapeutic community.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

All individuals entering the Hiland Mountain Correctional Center (HMCC) are assessed to identify substance use disorder severity, co-occurring disorders, and criminogenic risk level. Substance use and co-occurring disorders are assessed using the American Society of Addition Medicine Continuum Triage (ASAM CO-Triage) and the Level of Service Inventory – Revised (LSI-R) is used to assess criminogenic risk.

Upon entry to the RSAT program, program staff use the ASAM Continuum to assess substance use and mental health, along with other related areas. Staff utilize motivational interviewing (MI) skills for individuals with lower levels of readiness and increasing individual sessions with treatment staff. Treatment staff and program participants work collaboratively to develop individual treatment plans.

MODALITY OF RSAT PROGRAM

The RSAT program is a 6-month therapeutic community. The program has an orientation phase, treatment phase, and mentor phase. Progress through phases is via behavioral milestones. Probation ensures that participants in the program stay long enough for successful completion. Staff use A New Direction: A Cognitive-Behavioral Therapy Program curriculum [Hazelden].

A New Direction curriculum

- Intake and orientation: Introduce participants to treatment and stages of change.
- Criminal and addictive thinking: Explores how to identify distorted thinking patterns and replace those thoughts with healthier choices. There is extensive role play.
- Drug and alcohol education: Provides basic alcohol and substance use education, including types of substances and their effects.
- Relapse prevention: Helps to develop a realistic prevention plan and educates participants about components of successful planning that includes triggers, cravings, and the addiction cycle.
- **Co-occurring disorders (COD):** Primarily used in IOP/DD but has excellent information to help participants with COD (about 70% of RSAT population).

Each day is structured to includes group, individual, and breakout discussions (e.g., substance and alcohol use, COD, parenting, criminal/addictive thinking, relapse prevention), and homework. In addition to the requirements, clients are encouraged to attend parenting and reentry classes. Each client receives one individual counseling session each week with their assigned counselor. Residents are expected to complete chores and do recommended reading. There is down time for watching TV, playing games, etc., and church on Sundays for those who wish to participate. Two separate RSAT teams alternate during the week cleaning the common area(s) as a "give back" activity.

The program utilizes peer mentors and operates a formal Mentorship Program for participants. Leaders or elders within the community are identified as "Big Sisters" and meet with new participants to help introduce and orient them to the community. They also provide ongoing mentoring throughout the program. The community meets as a group on Fridays to reflect on the past week and acknowledge participants who are excelling.

Pro-social programming also accounts for the majority of the participants' day. Activities include a volunteering "give back" program, bible study, yoga, meditation, and holiday celebrations.

Most participants graduate from the program in 6 months. Reasons for non-completion of the program include early release, positive urine drug screen (UDS), or disruptive behavior. (There are warnings and policies and procedures related to disruption or positive UDS.) Staff support a "whole person" approach in balancing mind, body, and spirit each day. The RSAT program director works with staff to adhere to the following principles:

- Each person is unique.
- Staff must assume that each person was most likely affected by and experienced trauma.
- Staff must always use a person-centered approach.
- Staff must believe everyone can recover.

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CONTINUING CARE/REINTEGRATION

All reentry and continuing care services are handled through probation, and services are provided linking participants to community services. Case plans are only developed by the probation officer for individuals released to probation supervision. RSAT program staff can offer information on community resources for informational purposes only. The probation officer works to ensure that all participants have housing upon release and have connections to further treatment services.

For participants on medications for alcohol and opioid use disorder, upon release from the facility, these individuals can receive up to a 30-day bridge dose of psychiatric medications and a 30-day prescription can be called into a local pharmacy as needed. The medical and mental

PROGRAM HIGHLIGHT

Participants who are serving life sentences and have graduated from the RSAT Program can become mentors. These individuals are carefully selected and then trained. To become a mentor, an individual must have completed the RSAT Program successfully, maintained sobriety throughout, shown an ability to identify and change criminal thinking patterns, and demonstrated a willingness and desire to change. A mentor receives on the job training and supervision by the RSAT program director.

health departments work with individuals to set up appointments and transportation for continuing health care in the community. Participants in the MAT program at Hiland will work with a counselor to make referrals to outpatient providers.

The RSAT program has a formal mentorship program for participants who are interested in participating. There are two mentors on the unit providing recovery support to newer members of the program. The program also has participants identified as "Big Sisters" who are leaders within the unit and act as role models.

MAT PROGRAM INFORMATION

All individuals entering the facility with a current prescription for a psychiatric medication are allowed to continue their current dosage pending confirmation of the prescription or formulary equivalent.

Naltrexone (Vivitrol) is the medication for alcohol or opioid use disorder available at the facility. Individuals are continued on methadone if they enter the facility with a valid prescription and were previously compliant with services.

The Hiland Mountain Correctional Center offers a "medication assisted therapy" program. Individuals may apply to the program and are screened for appropriateness. One vivitrol injection is administered to program participants prior to release. Participants who have a moderate to severe opioid use disorder diagnosis are provided naloxone (Narcan) upon release.

PROGRAM CONTACT INFORMATION

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OVERVIEW OF PROGRAM

The Wildwood Correctional Center is a medium-security facility with both male and female residents in Kenai Peninsula. The RSAT program is for men only and is one of two programs in Alaska prisons. The Wildwood Correctional Center's RSAT program accepts up to 42 individuals. The RSAT Program is a modified Therapeutic Community (TC) that utilizes cognitive behavioral treatments (CBT) and standardized curricula throughout two phases. RSAT Program participants with opioid use disorders are assessed for eligibility criteria for the MAT program which provides naltrexone/ Vivitrol and substance use counseling.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Wildwood Correctional Center uses the Level of Service Inventory-Revised (LSI-R) standardized risk/need/responsivity instrument to identify medium-high to high-risk individuals. Staff also utilize various proprietary screening tools to assess moderate to severe SUD upon admission and throughout programming. Screenings used include the Simple Screening Instrument for Substance Abuse, Client Status Review and Alaska's Automated Information Management System Screening Tool. The American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) and the ASAM Continuum Triage screening tool are also used to determine level of treatment needed. All individuals are screened for mental health concerns using the Diagnostical and Statistical Manual-5 (DSM-5) and provided a full assessment to address psychiatric needs as necessary.

RSAT staff administer additional biopsychosocial instruments to obtain additional information about history and severity of SUD and criminal thinking. Staff also have access to initial assessments which include history of trauma, social, education, and mental health. Staff also utilize several tools to assess readiness to change. There is a proprietary tool called the Alaska Department of Corrections Discharge Summary which assesses motivation to change and is utilized throughout the program and to prepare individuals for reentry. Additionally, staff observe individual daily participation and curriculum assignments as a means of measuring motivation. Evidence based motivational enhancements are integral components of the program which include individual and group sessions. Peer support is also used as means of fostering motivation.

RSAT counselor staff develop the initial individual treatment plan based upon substance use and mental health screening and assessment results. Treatment plans are revised as needed and include the development of a re-entry plan and relapse intervention plan. Participants are actively involved in treatment planning, including reentry planning.

MODALITY OF RSAT PROGRAM

The RSAT Program is a minimum of 6 months in length and operates fully within a separate area of the facility. There is a 2-week psychoeducation orientation phase and 6-month primary skills building phase which includes treatment and reentry planning in which participants progress at their individual pace. Graduates may attain mentoring status where they may continue to live on the RSAT unit and provide peer mentoring to participants. Participants engage in group work and individual counseling sessions. Staff use *A New Direction: A Cognitive-Behavioral Therapy Program* curriculum [Hazelden].

Each day is structured to includes group, individual, and breakout discussions (e.g., substance and alcohol use, COD, parenting, criminal/addictive thinking, relapse prevention), and homework. In addition to the requirements, clients are encouraged to attend parenting and reentry classes. Each client receives one individual counseling session each week with their assigned counselor. Residents are expected to complete chores and do recommended reading. There is down time for watching TV, playing games, etc., and church on Sundays for those who wish to participate. Two separate RSAT teams alternate during the week cleaning the common area(s) as a "give back" activity.

There are a variety of pro-social activities that are integral to programming which include yoga, spiritual groups, exercise programs, competitive activities, such as chess, corn-hole, and basketball. Other activities include a voluntary Fatherhood Program, peer-run Alcoholics Anonymous (AA)/Narcotics Anonymous (NA), AA/NA meetings, meditation, parenting groups, and holiday activities which occurred prior to COVID-

Most participants graduate from the program in 6 months. Reasons for non-completion of the program include early release, positive urine drug screen (UDS), or disruptive behavior. (There are warnings and policies and procedures related to disruption or positive UDS.) Staff support a "whole person" approach in balancing mind, body, and spirit each day. The RSAT program director works with staff to adhere to the following principles:

19 with planning to resume when appropriate.

- Each person is unique.
- Staff must assume that each person was most likely affected by and experienced trauma.
- Staff must always use a person-centered approach.
- Staff must believe everyone can recover.

PROGRAM HIGHLIGHT

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Participants who are serving life sentences and have graduated from the RSAT Program can become mentors. These individuals are carefully selected and then trained. To become a mentor, an individual must have completed the RSAT program successfully, maintained sobriety throughout, shown an ability to identify and change criminal thinking patterns, and have demonstrated a willingness and desire to change. A mentor receives on the job training and supervision by the RSAT program director.

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CONTINUING CARE/REINTEGRATION

Reentry planning starts at intake and incorporates information collected on a discharge plan. Continuing care services are provided by linking participants to community services. Most reentry and continuing care services are handled through the Probation Officer. The Probation Officer also coordinates housing, employment, and connections to continued treatment services and other resources as needed. There are linkages in place with community-based service providers which also aid in connecting participants to resources and continuity of care upon reentry.

Upon reentry, individuals receive a 30-day supply of mental health disorder and medical medication, and a 30-day prescription is provided. Additionally, a follow up appointment with a community provider is coordinated. A voluntary Vivitrol injection is provided prior to release and mental health/medical staff schedule an out-patient appointment with a Vivitrol provider in the community or provide individuals with a list of community providers. The Probation Officer also coordinates necessary appointments and provides community resources to continuing care. RSAT Program alumni graduates in the community provide supportive services upon reentry. There is a paid RSAT graduate who is currently training to become a Certified Peer Supporter.

MAT PROGRAM INFORMATION

Wildwood Correctional Center does not continue individuals entering the facility on their prescribed medications for alcohol and opioid use disorder (AOUD). RSAT Program participants with opioid use disorders are assessed for eligibility criteria for the MAT program which provides naltrexone/ Vivitrol and substance use counseling. All individuals entering the facility with a current prescription for a psychiatric medication continue their prescribed dosage pending a mental health and medical screening, obtaining consent to confirm medication, and continuing the current prescription or the facility's formulary equivalent.

Program participants have access to naltrexone/Vivitrol prior to release discharge or parole eligibility. Prior to release or parole, individuals are referred to mental health staff for an assessment and a subsequent Vivitrol injection is scheduled through an RSAT referral. Medical Department staff draw lab work, ensure there is a negative drug screen prior to giving injection, then schedule an injection.

There is a state approved overdose education class facilitated 60 days prior to RSAT graduation. Participants are provided with naloxone/Narcan upon reentry if requested.

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