



# Alaska

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## PRISON PROGRAMS

Hiland Mountain Correctional Center

Wildwood Correctional Center

# Prison Program



Hiland Mountain Correctional Center

Current FY18 Funding: \$402,216\*

## OVERVIEW OF PROGRAM

The Hiland Mountain Correctional Center is a dedicated facility for women that can house 400 residents. Approximately one-third of its participants have been diagnosed with a mental health disorder. The RSAT program is one of two programs in Alaska prisons that serves a total of 128 individuals per year. The Hiland Mountain Correctional Center's program accepts up to 24 individuals supported by three counselors and is fully sustained by RSAT funding.

## ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Participants must be sentenced and diagnosed with a substance use disorder (SUD) by a licensed and clinically trained mental health professional based on DSM-5 criteria and must undergo a thorough biopsychosocial screening/assessment. The American Society of Addiction Medicine (ASAM) patient placement criteria are used to determine level of treatment needed, as there are different programs available depending on the severity level and diagnosis (e.g., dual diagnosis [DD] program and intensive outpatient program [IOP]).

RSAT program staff develop a service plan for each participant based on the previous information obtained and other details gathered upon intake. These include evidence-based screenings and assessments on criminal risk, substance use, and mental health. The initial substance use screening is provided by prison staff. Then, depending on the results, a full assessment is completed by in-prison contract staff through the Salvation Army Clitheroe Center.

## MODALITY OF RSAT PROGRAM

The RSAT program is a 6-month therapeutic community. Participants engage in group work and individual counseling sessions. Staff use A New Direction: A Cognitive-Behavioral Therapy Program curriculum [Hazelden] and the Living in Balance: Moving from a Life of Addiction to a Life of Recovery curriculum [Hazelden].

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\*Funding information estimated or extracted from best available information and may be subject to change

Modules include the following:

### ***A New Direction curriculum***

- **Intake and orientation:** Introduces 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).

### ***Living in Balance curriculum***

- **Transitions:** Covers topics important to the transition out of prison into the community; curriculum is augmented with statewide community resources, naltrexone (Vivitrol) information, connecting with outside providers for continuing care, etc.
- **Listening and being heard:** Teaches participants how to communicate effectively, active vs. passive listening, the use of empathy when communicating, etc.
- **Building healthy relationships:** Identifies healthy versus non-healthy relationships, relationship patterns, co-dependency, healthy boundaries, and how to assert yourself in a healthy way to get needs met.
- **Expressing emotions:** Helps participants identify, process, and manage negative emotions, and celebrate positive emotions.

Each day is structured to include 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.

A sample schedule for RSAT participants includes:

RSAT schedule	
6:20–6:50 a.m.	Mandatory breakfast M–F. (Optional on weekends.) If they do not pass chore inspection it is mandatory for one week.
8:00–9:00 a.m.	Morning business meeting: All clients attend to check in with feelings (mad, sad, glad, afraid, ashamed, hurt) followed by announcements or short process(s).
9:00–9:15 a.m.	<b>Break</b>
9:15–10:45 a.m.	Clinical group using <i>Moving On</i> curriculum that consists of five modules, such as listening and being heard, healthy relationships, and expressing emotions.
10:50–11:20 a.m.	Mandatory lunch (unless excused by medical).
1:30–2:45 p.m.	TBD/ informal art therapy, which usually consists of crafts, painting, crocheting, music, or topics that clients have requested, release planning, community resources, or other.
3:00–3:45 p.m.	Two options: 1. GED/diploma work with Education Department; or 2. relapse prevention planning.
4:00 p.m.	Mandatory dinner (unless excused by medical).
4:30–5:00 p.m.	Recreation, either outside rec/yard or inside rec weight room.

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.

### 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.

## CONTINUING CARE/REINTEGRATION

RSAT program graduates who are interested in naltrexone (Vivitrol) are referred to a medication-assisted treatment (MAT) counselor before release. They must meet with their MAT counselor within 3 weeks of release to arrange for subsequent injections post-release and receive a Vivitrol injection prior to release.

## MAT PROGRAM INFORMATION

See section above.

## PROGRAM CONTACT INFORMATION

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*Information updated 4/30/2019*



## Wildwood Correctional Center

Current FY18 Funding: \$463,000\* (approximately \$165,00 funded by RSAT)

### 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 that serves a total of 128 individuals per year. The Wildwood Correctional Center's RSAT program accepts up to 40 individuals supported by four counselors. Participants are separated into groups of 15. Individuals are enrolled on a rolling basis, but everyone participates for a total of six months. The program is maintained primarily through the state's substance abuse general fund supported by RSAT funding.

### ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Participants must be sentenced and diagnosed with a substance use disorder (SUD) by a licensed and clinically trained mental health professional based on DSM-5 criteria and must undergo a thorough biopsychosocial screening/assessment. The American Society of Addiction Medicine (ASAM) patient placement criteria are used to determine level of treatment needed, as there are different programs available depending on the severity level and diagnosis (e.g., dual diagnosis [DD] program, intensive outpatient program [IOP]).

RSAT program staff develop a service plan for each participant based on the previous information obtained and other details gathered upon intake. These include evidence-based screenings and assessments on criminal risk, substance use, and mental health. The initial substance use screening is provided by prison staff. Then, depending on the results, a full assessment is completed by in-prison contract staff through the Cook Inlet Council on Alcohol and Drug Abuse.

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## MODALITY OF RSAT PROGRAM

The RSAT program is a 6-month therapeutic community. Participants engage in group work and individual counseling sessions. Staff use *A New Direction: A Cognitive-Behavioral Therapy Program* curriculum [Hazelden] and the *Living in Balance: Moving from a Life of Addiction to a Life of Recovery* curriculum [Hazelden].

### ***A New Direction* curriculum**

- **Intake and orientation:** Introduces 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).

### ***Living in Balance* curriculum**

- **Transitions:** Covers topics important to the transition out of prison into the community; curriculum is augmented with statewide community resources, naltrexone (Vivitrol) information, connecting with outside providers for continuing care, etc.
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