

Alaska Pretrial Project Proposal:
Organizational Structure Change to Incorporate a Mental Health Focus

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JUST F698: Non-Thesis Research Project

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Abstract

The Pretrial Enforcement Division (PED) for the Alaska Department of Corrections (DOC) came into operation on January 1, 2018. PED emerged out of senate bill ninety-one (91) in hopes to reduce incarceration population, and the overall costs of corrections to the state. In response to the new division, a closer look at how this may or may not affect the prison population with behavioral health needs is analyzed. DOC is the number one mental health provider in the state, and often individuals with behavioral health needs are incarcerated longer than those without. With the proposal of assessing all defendants prior to initial arraignment for behavioral health needs, and making referrals to identified community providers, it is hopeful that this can be mitigated. Pretrial supervision for those with identified needs will include Pretrial Enforcement Officers (PEO) to handle specialized caseloads, Crisis Intervention Training (CIT), community behavioral health services, and access to social services.

Keywords: Pretrial Enforcement Division, Alaska Department of Corrections, Pretrial Enforcement Officer, mental health, behavioral health, community providers, initial arraignment, incarceration, pretrial assessment, community supervision, crisis intervention training, social services

Alaska Pretrial Services Project Proposal:

Organizational Structure Change to Incorporate a Mental Health Focus

Introduction

According to Anasseril (2007), “A recent study by the U.S. Department of Justice found that more than half of all prison and jail inmates have a mental health problem compared with 11 percent of the general population, yet only one in three prison inmates and one in six jail inmates receive any form of mental health treatment” (p. 406). Individuals with behavioral health needs are underrepresented in the community and overrepresented in the criminal justice system.

According to Alaska’s Department of Health and Social Services (2010), “the Department of Corrections (DOC) is the single largest provider of mental health care in Alaska.” Statistically nationwide those who suffer with mental illness are likely to spend more time incarcerated pre and post sentence than other non mentally ill inmates. There are a number of factors that may play into this, however the statistics still remain the same.

The Substance Abuse and Mental Health Service Administration (2017), identifies individuals incarcerated with behavioral health needs as having longer jail stays, more likely to serve time in segregation during incarceration, and experience victimization or exploitation. Although Alaska’s DOC has programs and services put in place to help defendants in need of mental health services, these services are limited. The Mission Statement of DOC places emphasis on community safety, as is common for other correctional and law enforcement departments. Due to this emphasis however, the department’s primary concern is not on the development of the defendant, which in turn only further deprives those with behavioral health

needs from being connected to community providers.

Mental illness and poverty are considered to interact in a negative cycle; that is, not only is the risk of mental illness among people who live in poverty higher, but so too is the likelihood that those living with mental illness will drift into or remain in poverty. (World Health Organization, 2012)

Although bail is a right that all defendants have prior to sentencing, those who suffer from mental illness are more likely to be impoverished, and therefore unlikely to be able to afford bail, or have a proper support system to ensure appearance at court dates and other bail requirements are being met. These factors further prevent an individual in need of mental health services from receiving them.

The Council of State Government (2017) identified community treatment programs throughout the nation for mentally ill individuals costing approximately sixty dollars per day, whereas housing alone for a mentally ill inmate costs approximately one hundred and thirty-seven dollars per day. These estimates are from a study conducted in 2004, meaning it is likely that those numbers have increased with inflation, as well as the standard cost of living being more in Alaska versus other parts of the nation. According to an article published in the Fairbanks Daily News-Miner (2013), it costs approximately \$50,000.00 yearly on average per inmate to house (p. 2). In a study conducted in 2015 by the Department of Corrections, the cost rose to one hundred and fifty-eight dollars per day for each inmate, equaling over a seven thousand dollar increase per institutionalized offender each year. Those who are receiving psychiatric medication, are receiving support of institutional mental health clinicians, and/or are housed in specialized housing costs much more per day than the average inmate.

In hopes to divert mentally ill defendants from further involvement in the criminal justice system, the Alaska Department of Health and Social Services (2010) suggests the following three goals be achieved, “a full continuum of care for incarcerated mentally ill adults, collaboration between the criminal justice and community mental health systems, and expansion of community services that prevent incarceration” (p. 5). A major part of an overall reduction in recidivism is to not only focus on a reduction in criminal thinking, but to ensure services are present to help diversion from the system to occur. “About 50 percent of mentally ill offenders re-enter prisons within three years of release, because of inadequate treatment and rehabilitation in the community” (Anasseril, 2007, p. 409). Primarily driven by a deficit in the budget, Alaska has begun looking at many alternatives to help reduce recidivism.

As a part of this reform, the Alaska legislature passed a bill requiring the Department of Corrections to initiate a pretrial supervision program that will launch January 1, 2018. The purpose of the Pretrial Enforcement Division (PED) is to allow individuals to have their constitutional right to release into the community while on bail, and prevent financial inequities from being the primary reason as to why they could not previously do so. As a result pretrial supervision will reduce the amount of time defendants spend incarcerated prior to being sentenced, and in some instances prevent incarceration time from occurring upon and post sentencing. PED will be responsible for assessing a defendant’s risk for failing to appear (FTA) and new criminal arrest (NCA) while in pretrial status and provide the assessment results to the presiding court prior to arraignment. Judicial officials have discretion as to whether defendant’s will be released on pretrial supervision, and the conditions of which they will be supervised on. Once approved to release, it is PED’s responsibility to supervise the defendant’s according to

their conditions of release, placing an emphasis on community safety and pretrial justice.

Pretrial supervision has the ability to reduce recidivism, lower incarceration populations, and reduce costs to the state. However, much like other community release programs, defendants suffering from mental health issues are often left ineligible. As pretrial supervision in Alaska has yet to begin, steps can be taken to prevent defendants with mental health needs from being excluded. This can be accomplished by creating a process for linking defendants with behavioral health needs to appropriate providers in the community. It is recommended that defendants be provided with a secondary assessment that measures dynamic risk factors and can gauge a defendant's need for behavioral health services. Once the need is determined, a referral can be made to a community provider, and the link to services can begin.

Literature Review

Overview of Pretrial Services

The pretrial stage is the period between arrest and disposition of a case. Once a person is arrested for a new criminal offense, a decision must be made by a judicial official as to whether the person will be detained pending trial and case disposition or released into the community (Pilnick, 2017; Schnacke, 2014; Heyerly, 2013; Lowenkamp, VanNostrand, & Holsinger, 2013). Pretrial supervision, as adopted by many jurisdictions throughout the Nation, aim at making release decisions based on risk of failing to make court appearances and the risk to public safety (Fox, 2017; Pilnick, 2017; Schnacke, 2014; Heyerly, 2013; Lowenkamp et al., 2013). Upon arrest the accused, often referred to as defendants are assessed based on static risk factors on a two part scale, their likelihood of failing to appear (FTA) in court, and their likelihood of

committing a new criminal arrest (NCA) while pending case disposition (Pilnick, 2017; Warren, 2017; Schnacke, 2014; Heyerly, 2013; Lowenkamp et al., 2013).

When creating a pretrial supervision division, each jurisdiction has the option of adopting a previously established assessment from another jurisdiction or creating their own (Warren, 2017; Heyerly, 2013; Bechtel, Lowenkamp, & Holsinger, 2011). Assessments use statistical data on a jurisdiction's criminal justice system to determine predictive factors for a defendant's likelihood of FTA and NCA (Heyerly, 2013; Bechtel et al., 2011). Pretrial failure is defined as one that results in an FTA where a bench warrant was issued or a NCA where a citation or arrest for a new charge of a misdemeanor or felony occurred (Warren 2017; Heyerly, 2013; Bechtel et al., 2011).

Once a pretrial assessment has been established, stakeholders utilize risk based decision making to help determine appropriate risk levels and conditions for release, to help maximize release and least restrictive means (Pilnick, 2017; Warren, 2017; Heyerly, 2013). The risk assessment is a tool to help further judicial discretion in making the decision to allow a defendant release or remain detained prior to disposition (Pilnick, 2017; Warren, 2017; Heyerly, 2013). The assessment makes a recommendation and assesses the defendant's risk levels, however it does not make the release decision (Fox, 2017; Pilnick, 2017; Warren, 2017; Heyerly, 2013).

Each jurisdiction will determine who completes a pretrial assessment, as well as who supervises pretrial defendants (Warren, 2017; Heyerly, 2013). If the judicial officer approves release onto pretrial supervision, varying methods for supervision may be imposed. These stipulations may range from requiring a defendant to submit to urinalysis, home and field visits,

office visits and electronic monitoring. All of which are based on risk levels and the defendant's perceived needs (Fox, 2017; Warren, 2017; Heyerly, 2013).

Resources should be primarily focused on defendants who score moderate and high risk. There are two primary reasons for this; low risk defendants are more likely to increase their risk level if they are placed in settings with moderate and high risk defendants, such as in treatment or other programming, and requiring low risk defendants to take place in such programming or other pretrial conditions takes them away from their prosocial activities, such as employment, and pro social supports including positive peers and family members (Warren, 2017; Heyerly, 2013; Watkins, 2011). "When detained 2-3 days, low risk defendants are almost 40 percent more likely to commit new crimes before trial than equivalent defendants are held no more than 24 hours" (Lowenkamp et al., 2013, p. 3). Because of this, it is important that there is fidelity in the risk assessment tool being utilized, and appropriate release decisions are being made (Warren, 2017; Bechtel et al., 2011).

Organization Structure for Unified Jurisdictions

Organizational structures of correctional systems vary within each state in the U.S. Every state has a Department of Corrections (DOC), which is responsible for all state prisons (Krauth, 1997). Jurisdiction over probation, parole and halfway houses, as well as other forms of community corrections may fall under DOC. Yet, separate agencies may operate these correctional facets in other states, which are often supervised by court jurisdictions or countries. Forty-four states operate jails at a county level, which are ran by the local sheriff's office or designated county corrections (Krauth, 1997). The six that do not operate at this level, have what

is considered to be a unified correctional system. This system is in charge of operating both jails and prisons, and most often community corrections (Krauth, 1997).

Alaska is currently one of the six states that has a unified correctional system. This uniformity can pose great difficulties in implementing pretrial supervision (Fox, 2017; Warren, 2017; Krauth, 1997). Many states that do not have such a system have implemented pretrial supervision at a local level. Each jurisdiction has the ability to adopt or create a pretrial assessment, and defendants approved to release by the courts are often supervised by the local sheriff's office or designated agency (Warren, 2017; Heyerly, 2013; Bechtel et al., 2011). However for states such as Alaska who have elected to take on pretrial supervision, DOC is in charge of creating the new division, operating and maintaining it, as well as implementing a system that will work for the entirety of the State's population. As pretrial supervision is a fairly new phenomenon, and as many states do not have the same correctional structure as Alaska, there is not much in the way of research or modeling that can or has been completed (Fox, 2017; Warren, 2017).

Currently both the State of Delaware and Kentucky have adopted a unified pretrial supervision system for monitoring defendants pre-case disposition, but only the state of Delaware has an overall unified correctional system (Warren, 2017; Krauth 1997). Delaware's DOC mirrors that of Alaska's, in that they are in charge of jails, prisons, and community corrections, to include pretrial supervision. Due to having only three counties, both Delaware's unified correctional system and unified pretrial supervision system appears to be easily enmeshed (Krauth, 1997). Pretrial supervision falls under DOC operated probation offices and officers. These officers conduct a risk assessments, and provided the courts with bail

recommendations. Unlike the State of Alaska, follow-up interviews and recommendations are made to the courts at preset hearings. Although all defendants in Delaware, who are arrested or cited for a new criminal offense, are assessed for pretrial supervision, only a select amount undergo direct community supervision (McDowell & Chandler-Smith, 2009; National Institute of Corrections, 2009).

Kentucky unlike Delaware and Alaska does not have a unified correctional system. Their system consists of DOC, who is in charge of operating prisons and some community corrections, 120 counties with 60 judicial districts who have their own county sheriffs, and locally operated jails (Kang-Brown & Subramanian, 2017; Kentucky Court of Justice, 2013; Karuth, 1997). Through the Administrative Office of Courts, however Kentucky has created a unified pretrial supervision division, created with the Bail Bond Reform Act in 1976 (Kentucky Court of Justice, 2013). The state is spread out into 49 local districts that are the hub and contact offices for pretrial supervision, with over 249 employees (Kentucky Court of Justice, 2013). Each defendant receives an assessment prior to arraignment, this assessment however unlike a standard pretrial assessment, is conducted with the defendant (Supreme Court Rules, 2017; Kentucky Court of Justice, 2013). Both static and dynamic information is gathered by each pretrial officer prior to making a release recommendation to the courts (Kentucky Court of Justice, 2013). An assessment must be conducted within 24 hours of the defendant being charged with a new criminal offense, although the goal is to one completed within 12 (Supreme Court Rules, 2017; Heyerly, 2013; Kentucky Court of Justice, 2013).

Kentucky uses the dynamic information gathered to make recommendations for diversionary court programs that are offered throughout the state. Pretrial specific diversionary

programs include, misdemeanor diversion, and deferred prosecution (Supreme Court Rules, 2017; Kentucky Court of Justice, 2013). Pretrial employees are in charge of monitoring the defendants while in these diversionary programs, which can range from two months to the statutory maximum of two years (Kentucky Court of Justice, 2013; Pretrial Diversion Program for Class D Felons, 2000). While in these programs, the defendant's case remains open, and behavioral health conditions are imposed, such as substance abuse and mental health treatment. For those who elect not to participate or who do not meet the criteria for such programs, may still release pending case disposition. Depending on the risk assessment score, and recommendation as well as any court orders, a defendant may release without pretrial conditions, or may be strictly monitored under monitored conditional release (MCR), (Kentucky Court of Justice, 2013; Pretrial Diversion Program for Class D Felons, 2000). Over 10,000 defendants were monitored under MCR in the year 2012 (Kentucky Court of Justice, 2013; Pretrial Diversion Program for Class D Felons, 2000). Delaware offers similar programs that allow individuals to be supervised based on their offense, and risk to the community, however many of their rehabilitative programs occur after conviction (Pretrial Justice Institute, 2017; Pretrial Release - Delaware, 2013).

Delaware uses a pre established online database system for tracking assessments that need to be conducted, who is and who is not on pretrial, and the conditions for which they are being supervised under (Delaware Department of Corrections, 2017; Pretrial Justice Institute, 2017). This system is another facet of their corrections system, including both in custody and community supervision information (Delaware Department of Corrections, 2017; Pretrial Justice Institute, 2017). Alaska has a similar program, known as the Alaska Corrections Offender

Management System (ACOMS), that is being adapted to include pretrial information and case management functions (Fox, 2017). These systems allow employees throughout the state to glean information about each defendant on pretrial supervision, which can be extremely helpful if a defendant changes court jurisdictions or absconds (Fox, 2017; Warren, 2017). Due to Kentucky not being unified, with implementation of pretrial supervision, they created a new online database known as Pretrial Release Information Management (PRIM) (Heyerly, 2013; Kentucky Court of Justice, 2013). The information gathered in this system is accessible to all pretrial employees, however unlike a unified correctional system, this information is not available to correctional or probation officers in instances where incarceration or community supervision is ordered post case disposition (Heyerly, 2013).

Bail Conflicts

Bail is often associated with money an individual needs to pay in order to release from pretrial detention. However, bail historically originated as the concept of a defendant having ‘a right to release before trial’ (Pilnik, 2017; Schnacke, 2014; Silverman, 2013). The term bail is defined for this paper as “a process of releasing a defendant from jail or other governmental custody with conditions set to provide reasonable assurance of court appearance or public safety” (Schnacke, 2014, p. 5). Bail in the United States originated from England, and the Habeas Corpus act of 1677. This act determined that the court would set terms for defendants released on bail (Schnacke, 2014; Silverman, 2013). Prior to this, sheriffs were responsible for releasing defendants and were often persuaded by monetary compensation, perpetuating a system of inequity heightened by income disparity (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cook, 2013; Silverman, 2013).

In 1689, the English Bill of Rights made rules against excessive bail (Holsinger, 2016; Schnacke, 2014; Silverman, 2013). This concept was adopted by the United States, and became the basis for the 8th Amendment. The 8th Amendment of the United States Constitution restricts excessive bail from being imposed (Fox, 2017; Pilnik, 2017; Schnacke, 2014). However, excessive means something different to each individual. Although this amendment prohibits excessive bail, there was no constitutional requirement that a defendant be given bail (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cook, 2013; Silverman, 2013; Adair, 2006). The bail reform act of 1966, provided this right, unless the individual was in custody for a capital offense or the judicial official believed that no conditions nor monetary amount would assure the defendant appeared for court hearings (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cook, 2013; Silverman, 2013; Adair, 2006).

The Bail Reform Act of 1984, replaced the 1966 reform, and further allowed judicial officials to take into consideration the defendant's danger to the community prior to determining bail (Pilnik, 2017; Schnacke, 2014; Silverman 2013). Defendants who were incarcerated pretrial for a violent offense, an offense that may result in a life sentence, serious drug offenses, repeat felony offenders, and those that were believed to be a risk to the community or a flight risk were able to remain detained until case disposition (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Silverman, 2013). This reform however, also allowed for judicial officials to place non monetary conditions of defendants that would further facilitate them in appearing to court and mitigating their threat to the community. *United States v. Salerno* (1987), upheld this act as being constitutional, as pretrial detention does not prevent from a speedy trial occurring, and does not

violate excessive bail, if risk to public safety can be demonstrated (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cook, 2013; Heyeriy, 2013; Silverman, 2013; Adair, 2006).

The presumption of innocence was established in the 1895 case of *Coffin V. United States* (Pilnik, 2017). It established that a defendant may not be convicted of a crime until the government proves their guilt (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cook, 2013; Silverman, 2013; Adair, 2006). This guilt must be proven by the standard of beyond a reasonable doubt (Pilnik, 2017; Schnacke, 2014; Silverman 2013). It is not the requirement of the defendant to prove their innocence. The known phrase of innocent until proven guilty is a right in the United States, and although not directly stated, is correlated with the 5th, 6th and 14th Amendments (Pilnik, 2017; Schnacke, 2014; Silverman 2013). This same standard should be utilized in determining bail, as it should be used with a jury in determining the outcome of a trial, (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cook, 2013; Silverman, 2013; Adair, 2006).

Depending on the jurisdiction and statutory requirements bail can be ordered through; surety bonds, own recognizance, unsecured bail, percentage bail, citation release, property bond, immigration bond, cash, pretrial services, conditions of release, protective order, or a combination of these (Pilnik, 2017; Silverman, 2013). Many jurisdictions follow a bail schedule, which provides courts with set bail for certain offenses (Pilnik, 2017; Holsinger, 2016; SB-91 29th Legislature, 2016; Schnacke, 2014; Cook, 2013; Silverman, 2013; Adair, 2006). Jurisdictions that have adopted pretrial, provide release decisions that coincide or mimic set bail schedules, however they incorporate both the offense for which the defendant was charged with, alongside their risk for FTA and NBA (Warren, 2017; Fox, 2017).

In many jurisdictions crisis intervention teams (CIT), or similar programs, exist for law enforcement as an alternative to arrest for individuals in crisis, primarily due to mental illness or substance abuse (Pilnik, 2017; Lamberti & Steven, 2016). These alternatives aim at providing resources and programming for individuals in crisis that may be more effective than incarceration (Pilnik, 2017). Certain law enforcement agencies have officers that are specially trained to be a CIT member, while other agencies provide this training to all staff. The goal of CIT is to help bridge gaps and link community members to community providers, prior to entering or reentering the criminal justice system (Pilnik, 2017; Lamberti & Steven, 2016; Fader-Towe & Osher, 2015; Heyerly, 2013)

Many law enforcement agencies in Alaska have CIT certified officers. The Anchorage Police Department established a CIT program in 2001 (APD, 2017; Cravez, 2017). The program both certifies officers to be a CIT member, but is also available to other law enforcement agencies, community providers and community members (Cravez, 2017). Although this program is in practice, due to victims rights, severity of crimes, and availability of resources, among other factors, there are still many individuals who are placed into custody with behavioral health needs (APD, 2017; Cravez, 2017; Fader-Towe & Osher, 2015; Hornby, Rubin, & Zeller, 2014; Houtman & Kompier, 2010). This contributes to the numbers of two million adults with mental illness that are placed into jails nationally on an annual basis (Fader-Towe & Osher, 2015).

Due to the large number of incarcerated individuals with behavioral health needs, some correctional facilities have adapted CIT training to better serve their inmate population (Aufderheide, 2012). The training is modified to provide correctional staff with a basic

knowledge of mental illness, potential challenges that may arise for mentally ill inmates, intervention skills for an inmate that is displaying symptoms of being in crisis, and how to properly verbally deescalate a crisis driven or hostile situation (Aufderheide, 2012). The overall goal for correctional staff and the facilities is to help identify inmates with behavioral health needs, link them to appropriate services that may be available at varying institutions, and mitigate unnecessary uses of force (Aufderheide, 2012).

Now, in jurisdictions with pretrial services available, individuals with behavioral health needs may still be able to be linked to community providers before being fully inoculated into the justice system, as initially intended through CIT. Statistically, individuals with mental illnesses are incarcerated longer, both pre and post trial, than those who are not identified as mentally ill (Fader-Towe & Osher, 2015). Understanding this pattern, some jurisdictions have adopted mental health and therapeutic courts, to act as a diversionary measure for defendants (Lamberti, 2016; Heyerly, 2013; Kentucky Court of Justice, 2013; Pretrial Diversion Program for Class D Felons, 2000). Defendants who enter into these courts, enter on a voluntary basis, and often are given a reduction in their conviction, or their conviction is set aside altogether (Lamberti, 2016; Heyerly, 2013). Unfortunately, the identification and referral process, as well as the number of slots available to defendants, is scarce compared to those who could benefit. Pretrial supervision should aim at filling in these gaps, and coincide with efforts of CIT members (Fox, 2017).

There is little research that has been conducted on the success of defendant's being placed on pretrial supervision, and even less on those with mental illness and other behavioral health needs. Due to this research suggests offering similar programs to this population that are

often made available to them while on post conviction supervision (Fader-Towe & Osher, 2015). Often post conviction supervision may include offices having a specialized caseload, with officers that are trained in CIT, and how to best supervise a mentally ill population (Keenan, 2016; Lamberti, 2016, Fader-Towe & Osher, 2015). It is a best practice that officers in these positions have a reduced caseload, so that they may have more time available to spend with each defendant, as well as be able to link them to community providers and build working relationships with these providers (Fader-Towe & Osher, 2015).

Limited Time Frame for Behavioral Health Impacts

According to the Bureau of Justice Statistics defendants released prior to adjudication spent on average 127 days in pretrial status, which is significantly more time than those who remained incarcerated pending case disposition, at approximately 45 days (Warren, 2017; Ortiz, 2015; Cohen & Reaves, 2007). Although the amount of time defendants spend on pretrial supervision varies by jurisdiction and the severity of the offense for which they were arraigned, it is evident that this length of time is minimal in terms of connecting the defendant to community resources.

Ada County Sheriff's Office in Boise, Idaho, in charge of pretrial supervision for the county, supervises defendants on average for a little over three months prior to their case being disposed (Pretrial Services-Ada County Sheriff's Office, 2017). Three to four months appears to be the national average for pretrial supervision, prior to case disposition, followed by incarceration, case dismissal, continued community supervision, or a combination of such (Pilnik, 2017; Holsinger, 2016; Schnacke, 2014; Cohen & Reaves, 2007). Pretrial programs that incorporate diversionary efforts may extend this pretrial period, based on the defendant

voluntarily choosing to participate, and their progress in diversion programming (Lamberti, 2016; Heyerly, 2013). For other defendants who are not placed into diversionary programs, or those programs are not available to them, they may be able to go from pretrial supervision to community supervision, and coordinated care efforts may be arranged.

The District of Columbia has enacted a pretrial supervision under the Pretrial Services Agency (PSA), which unlike many other states and counties, has found a way to incorporate mental health and other behavioral health supervision into the short pretrial time frame (Keenan, 2016; Lamberti, 2016). D.C.'s PSA mission is to advocate for pretrial justice while maintaining community safety. This is done by static assessment scores that are presented to the court prior to arraignment, similar to that of other agencies conducting pretrial supervision (Keenan, 2016; Lamberti, 2016). Once a defendant has been approved to be released, further information is gathered. If the defendant acknowledges, or demonstrates behavioral health needs, a referral is made and an assessment is conducted by the Social Services Assessment Center (SSAC) or Department of Behavioral Health (DBH) staff (Keenan, 2016; Lamberti, 2016).

The assessment conducted is known as BSAP (Behavioral Severity Assessment Program) and consists of 19 pages of questions related to substance use, mental health history, and familial health background (Keenan, 2016). Assessors score and recommend defendants into one of four categories: outpatient, intensive outpatient, medically monitored intensive inpatient and medically managed intensive inpatient (Keenan, 2016). Once a defendant is assessed and a recommendation is made, the defendant may be supervised under the specialized supervision unit. This unit is a facet of pretrial supervision, with dedicated officers who specialize in case management for this population, make referrals to mental and other behavioral health

programming as well as psychological testing, and aid in the defendant obtaining social services if eligible (Keenan, 2016; Lamberti, 2016).

Defendants who are supervised by the specialized supervision unit may also be enrolled in mental health court, or other diversion programs (Keenan, 2016; Lamberti, 2016; Fader-Towe & Osher, 2015). For defendants who do not meet the criteria for mental health court, or elect not to participate in such programming, may still be supervised under the specialized supervision unit, or other high intensity supervision unit, and receive behavioral health screenings and community referrals. Sanctions and incentives are conducted throughout the defendant's course of pretrial supervision, in hopes to reduce the likelihood of repeat antisocial behaviors (Keenan, 2016; Lamberti, 2016; Fader-Towe & Osher, 2015).

Although some defendants will have time imposed, behavioral health information will be able to be provided to the institutions upon incarceration (Keenan, 2016; Lamberti, 2016; Fader-Towe & Osher, 2015). These defendants will also have made community connections, and will be able to resume services with community providers upon release if they choose to do so. For individuals who have no time imposed, but are referred to post conviction community supervision, PSA will work with probation officers to ease in transition of defendants through continuity of services and care (Keenan, 2016; Lamberti, 2016). Defendants who are on a specialized caseload may spend more time on pretrial supervision than those who are on generic pretrial supervision, however due to pretrial being new and a lack of research being available, the extent of these time frames are unknown (Morrissette, 2017; Fader-Towe & Osher, 2015; Keenan, 2016; Lamberti, 2016; Osher, D'Amora, Plotkin, Jarret, & Eggleston, 2012).

Theory & Thesis Statement

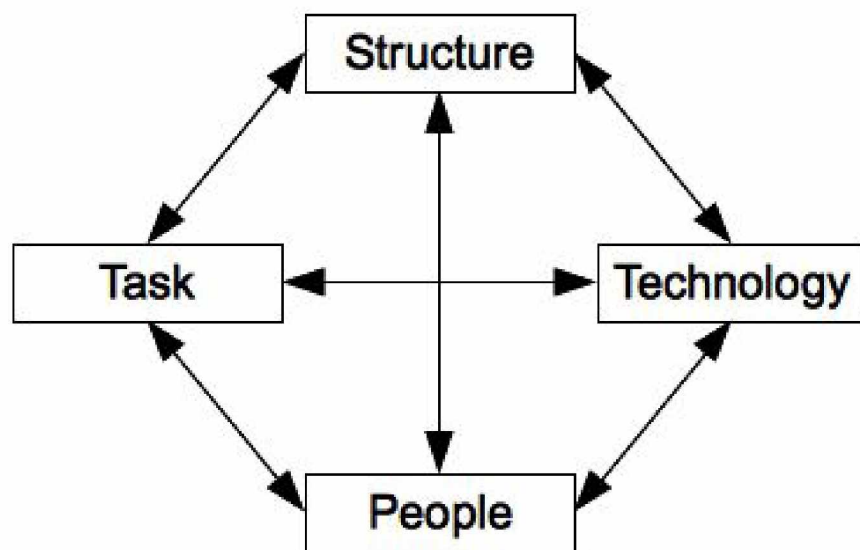
Leavitt's Diamond for Organizational Change Model was initiated by Dr. Harold Leavitt, an American psychologist, and prominent college professor. The change model states that an organization consists of four components: tasks, people, structure and technology (Brighthub Project Management, 2013). The interaction between these four components may determine the success of an organization. If change occurs in any one of the four components, that change will have a direct impact on the other three components. Before change can occur in one area, all four areas should be well defined and evaluated. If an organization wishes to enact change successfully, they should aim to find a proper balance between all four components.

Tools 4 Management (2016) suggests, when defining each of the four components, Levitt's model suggests defining what effect change will have in each component as well. When looking at a change in tasks for example, an organization should also look at the possible change in people, structure and technology. If an organization wishes to adopt more tasks for their members, people will change, as their productivity levels may be altered, or there may be a need to acquire more members. If an organization needs to adopt more members due to more tasks, the structure of the office may change, more supervisory staff may need to be acquired, as well as technology may need to be altered to adapt to more members, and to accomplish added tasks.

Tasks look at what is being done in an organization, as well as what those tasks are attempting to achieve. This component can include goals of an organization. An organization should aim to look at why each task is a task, and the benefit they have to the overall operation of the organization (Brighthub Project Management, 2013). Defining the people component, aims at defining members skills and abilities, and not simply by type of job or title. Structure

defines how an organization is laid out and the hierarchy of the organization. This component also attempts to look at relationships, and communication and collaboration within the organization. Lastly, technology is the nuts and bolts of the organization, that facilitates in daily operations. Technology includes computers, phones, printers and other devices that are necessary for an organization to function properly.

Figure 1: The Coherency Architect (2010)



Using this change model to incorporate mental health services into Alaska's Pretrial Enforcement Division will help meld necessary community resources for defendant's without disrupting the daily operation of the division, and its employees. To ensure fidelity of the model, change can only be implemented, after the four components of the structure have been defined.

Tasks

Alaska's Pretrial Enforcement Division is tasked with assessing all defendants who are arrested on new criminal charges, and booked into custody on those charges. An assessment is due for each of these defendant's by the time of their first arraignment, which at most is 24 hours

after their initial arrest. The assessment is conducted strictly on static factors, and assesses a defendant's risk for failing to appear in court, and their risk for a new criminal arrest pending case disposition. The division is also tasked with supervising the defendants once they have been released, based on their risk scores, and court imposed supervision conditions. Supervision of defendants may include regular office visits, court reminders, home visits, drug tests, and application of electronic monitoring devices. If a defendant fails to abide by their court ordered conditions of release, the division is also responsible for making arrest decisions, filing violation reports, and providing the court with recommendations as to whether the defendant should be re-released. The division is tasked with providing assessments and supervision throughout the entire state.

People

The Pretrial Enforcement Division is a division within Alaska's Department of Corrections. When fully staffed, the division will consist of a director, five pretrial supervisors (POIII), fifty line officers (POII), and ten support staff. POII's are certified under the Alaska Standards Police Council as probation officers, have undergone a 8 week probation officer academy, and are certified peace officers. These officers will be in charge of the daily operations of the division.

Structure

Alaska's Department of Corrections has a clear hierarchy, as do the divisions within. The structure of the Pretrial Enforcement Division is defined by this hierarchy, with the lead being the director, the second in command being POIII's, followed by POII's and support staff. Although the director and POIII's may help out or be involved in completing the tasks of the

organization, their primary structure is to supervise employees, provide feedback and collect data to present to stakeholders.

Technology

All pretrial assessments are conducted online and published to courts using ACOMS (Alaska Corrections Offender Management System). Each employee within the division will have a computer to access and develop assessments, as well as manage defendants on pretrial supervision. Vehicles, phones, restraints and use of force equipment is issued or made available to all certified staff to help conduct required tasks. Portable laptops or tablets will also be made available to on call staff and staff that are conducting business outside of established offices.

Proposed Project

In order to not exclude the mental and behavioral health incarcerated population from pretrial supervision, a change in the pretrial assessment and referral process is being recommended. This project proposes in addition to that the Alaska 2 Score assessment, currently conducted on every defendant that is incarcerated on new criminal charges, a mental health and behavioral health screening occur. This screening will help identify defendants with mental and behavioral health needs, and help identify appropriate community resources for them upon release.

Defendants who indicate a need for services can still be released to pretrial supervision, with an added layer of release conditions that will help monitor their risks and needs. These conditions may include a requirement to enroll in mental health services, or participate in community programming. The defendant can elect not to participate in such programming, at which time a bail review would need to occur, and further screenings may be applicable. This

will allow for the defendant to have a say in their own perceived needs, as well as address their needs with the courts and their legal representation.

Those who are screened as needing mental or behavioral health services, and are ordered to release to pretrial supervision will be placed on a specialized caseload. Officers supervising this caseload will have undergone crisis intervention training, and will demonstrate an interest and keen ability in helping monitor defendants with specialized needs. These officers will have a reduced caseload size, as the supervision of these defendants is enhanced. Officers will be in charge of both supervising defendants and ensuring they adhere to their court ordered conditions of release, as well as making referrals to identified community providers. It is encouraged that officers assist in defendant obtaining services, such as helping them apply for medicaid.

Community providers should be identified in primary pretrial supervision areas. Providers that wish to be identified as accepting referrals can elect to do so, and will be in continuous communication with Pretrial Enforcement officers. A list of identified providers, approximate waitlist times, and available resources will be updated on a regular basis. Providers are encouraged to work closely with the Pretrial Enforcement Division to aid in supervision and success of defendants. At any time providers can elect to opt 'in or out' of being a part of the referral process.

Defendants placed on a specialized caseload are encouraged to remain in community services once case disposition has occurred. It is hopeful that a need for this population is identified, and that a link to community providers will help decrease their likelihood to cycle back through the criminal justice system. Many of these defendants will also be eligible to participate in diversionary court programs, such as mental health and drug court, and remain on

pretrial supervision while doing so. Others may be eligible for reduced or dismissed charges if they successfully participate in mental and behavioral health programming.

Discussion

Due to pretrial assessments being mandated to be conducted prior to the defendant's initial arraignment, the system process does not allow for in depth, one-on-one interviews to be conducted in regards to the defendant's behavioral health history. With this in mind, a screening tool that can fit into the limited time frame that does not require a certified provider is suggested. There are several mental health screening tools that can be adopted for incarcerated populations, and even more specifically those in pretrial status. This questionnaire can be a tool given specifically to the defendant for complete on their own and does not require someone to monitor and/or administer it. For defendants who need assistance in answering the screening tool, assistance can be provided by staff at the correctional center, or by a designated pretrial officer. An example of a modified survey is attached in Appendix A. This survey is 22 questions and asks the defendant to answer yes or no on recent moods, feelings and life stressors.

This screening tool should be adopted into the pre-arraignment portion of the defendant's initial hearing, in which they are notified of their rights, and the court process. All defendants who are attending arraignments in custody, are provided a copy of their charging documents and watch a video explaining the court process. As a part of this video, it is suggested that information on the Pretrial Enforcement Division be incorporated, followed by the administration of the screening tool. The tool can then be provided to Pretrial Enforcement Officers for defendant's ordered to pretrial supervision. A designated officer will be in charge of

reviewing the screenings, and making appropriate recommendations for defendant's to be placed on a specialized caseload.

Pretrial officers who are elected to supervise a behavioral health specific caseload, are required to undergo crisis intervention training, which is currently provided in three regions in Alaska, as well as attend ongoing trainings for both mental health and community care. These officers will have a reduced caseload, as supervision for defendant's assigned to this caseload may be more intensive. Officers assigned to this caseload should only work with this population for three years, unless extenuating circumstances are present, to help prevent burnout and secondary trauma.

Defendant's who are eligible to release onto pretrial supervision, and have been assigned to a specialized caseload are to be given a referral to a community provider. Alaska's Department of Corrections chief mental health administrator should work with the director of pretrial services, as well as the Mental Health Trust, to bridge the gap between community providers and Pretrial Enforcement staff; this collaborative process will allow for ease of transition from in custody to community treatment. The pretrial service officers will need to work with mental health clinicians and community providers to make appropriate referrals.

A list of current community providers will be given to each designated officer, and they will be in charge or communicating with providers to continually update the list. Included in the updating of the list, will be a list of services each providers provides, current availability, and funding accepted (i.e. medicaid, grant funding, ect.). The process of creating an initial provider list, is assigning officers to reach out to community providers in their supervising regions, as

well as the Department of Corrections chief mental health administrator, and other staff for guidance.

When creating the list, community providers will be briefed about pretrial supervision. They will be required to allow for a release of information to be signed to for communication between the Pretrial Enforcement Division and their organization to help facilitate continuity of care. Each region may choose to manage and monitor the list as they see fit, however it is suggested that one officer be in charge of the list and regular maintenance of it; this process allows for better communication between the division and providers. It is also suggested community providers be given the option to opt out of receiving referrals at any time, and be given an opportunity to talk with pretrial staff about the current referral process.

As a part of implementation it should be emphasized that the goal is to help reduce the number of offenders who are incarcerated who are in need of behavioral health services. It is also a goal to help alter the stigma placed on those with behavioral health needs, and reduce the statistics that those who suffer from mental health illnesses are more likely to spend more time incarcerated both as sentenced and unsentenced inmates. It is the goal of all officers to look at alternatives to incarcerating those who are in need of behavioral health services, while also balancing community safety.

Monitoring

All offenders who are released onto pretrial services and placed on the identified specialized caseload should be tracked from implementation of the screening tool until they are sentenced. The purpose of this is to help monitor how many community referrals are being provided, the number of community providers identified, the number of defendants needing

behavioral health services, and the expenses involved with each offender and maintenance of program.

Any return to incarceration or program violation needs to be noted, tracked and saved for further review. If the violation is specific to community referrals, such as failure to take prescribed medications, this needs to be tracked in a separate category from other violations. Community providers will also be met with on a quarterly basis to gather information on the success of offenders and community referrals. This data is to be tracked separately to gather proper information on policy specific violations versus general violations of programming, and to determine if changes in policy can help mitigate certain violations.

Offenders who have been sentenced and are to release to community supervision in the same time-frame as those being tracked for pretrial services, will be monitored as well. Those who are on a mental health specific caseload, or are receiving services through community providers, while on community supervision will be tracked for both violations of community supervision, as well as for violations in regards to community programming. Although in some regards these are two different populations, this will help to determine if pretrial services is helping to reduce recidivism rates for those with behavioral health needs. Offenders who release from pretrial supervision to community supervision will continue to be tracked to help develop statistics on the likelihood of better success in the community and if a reduction in recidivism occurs with pretrial supervision versus a release from custody to community supervision.

Budget

The five areas for implementation of this project to be considered for the budget include:

1) administration and personnel have no additional costs, 2) \$62K for training, 3) \$84K for housing, 4) \$6M for behavioral health care, and 5) \$300K miscellaneous.

Delivery Unit

Projected Monies

Administration and Support

Director of Pretrial Services	(pay in general budget)
Supervisory Staff - 5 POIII	(pay in general budget)
BH Pretrial Officers - 7 POI/II	(pay in general budget)
Total:	\$0.00

Personnel Costs

Office Space	(pay in general budget)
Office Supplies	(pay in general budget)
Equipment	(pay in general budget)
Vehicles	(pay in general budget)
Total:	\$0.00

Training

Probation Officer Academy	(pay in general budget)
Crisis Intervention Training	\$62,000.00 (per class hosted)
Total:	\$62,000.00

Housing

Community Residential Centers	(pay in general budget)
Transitional Housing	(pay in general budget)

Assisted Living Facilities \$84,000.00

Total: \$84,000.00

\$2,100.00 per person per month, funding in full for up to 40 offenders, or partial funding for those with public assistance

Behavioral Health Care

Community Referrals \$2,500,000.00

\$500.00 per referral w/community provider, funding in full for up to 5,000 offenders, or partial funding for those w/insurance

Community Placements \$2,500,000.00

Extra assistance and funding for providers, no one should be paid for in full, community providers and officers will be working to get offenders insurance and public assistance

Medication Management \$1650.00

\$55.00 per person to become certified to distribute medication, training for 30 officers and or other staff

Medication Costs \$1,000,000.00

Offenders will work with community providers and officers to gain access to insurance and public assistance, money for medications for gap of services

Total: \$6,001,650.00

Miscellaneous

Bus Passes \$300,000.00

\$60.00 per 30 day pass, 5,000.00 monthly passes paid for, can be split into day passes or ride passes

Total: \$300,000.00

Overall Total: \$6,363,650.00

*Currently the Governor's projected budget for mental health services for corrections for the fiscal year 2018, is \$10,144,700.00. As the goal is to have more offenders out on pretrial supervision, and less in custody. The money in theory could be taken out of this funding and placed into pretrial services, costing no additional money to the state, and in hopes saving corrections mental health funds, that can be allocated elsewhere. These costs are based on a single year of funding. Reoccurring training can occur at the both the Department of Corrections hosted academy, as well as at through Crisis Intervention Training.

Limitations

Due to the Alaska 2-Score Pretrial Assessment being statutorily mandated to occur prior to a defendant's initial in custody arraignment, there is limited time-frame to conduct a behavioral health screening. Often assessments are conducted in a two hour time blocks each morning, without any background knowledge of the defendant or the underlying charges. Each assessment is conducted using only static information, which does not provide the assessing officer information in regards to possible behavioral health concerns. Due to the limited time frame it is also not feasible to have a one on one behavioral health interview conducted for each defendant prior to their initial court appearance.

The budget section of this proposal is hypothetical, however the 2017-2018 fiscal year State of Alaska proposed budget was used to estimate available monies with limited information accessible regarding allocation for Pretrial Supervision. The purpose of the budget section is to give management an idea of implementation costs for this proposed project. Sections of the budget, such as housing and bus passes, were included to help management gain a greater understanding of what elements should be included when considering the overall cost of care for an individual with varying degrees of behavioral health needs.

I currently work for the Alaska Department of Corrections (DOC) as a Pretrial Enforcement Officer and am able to understand limited nuances involved with incorporating behavioral health services into pretrial supervision. This also leaves me at a disadvantage, as I am very much ingrained in my employment, enmeshed with school, and a neutral research perspective is difficult to maintain. This creates room for potential bias, however I consulted with my faculty mentor frequently throughout this project to minimize room for bias.

In addition, as an employee for DOC who works forty (40) plus hours per week, I am constrained by available time to devote to this project. I have worked on this project, part-time, for approximately eight (8) months to minimize impacts of time constraints. Although I understand the intricacies of implementing a behavioral health system into Pretrial Supervision, the limited time-frame for project completion has restricted my scope of research. Largely, secondary sources were used in this proposal, as Pretrial Services in Alaska is a new division since January of 2018 .

Recommended Future Research

As the Pretrial Enforcement Division (PED) will have only been in operation for approximately six (6) months at the time of completion of this proposal, there is a vast amount of research still to be conducted in this field. The overall effectiveness on pretrial supervision in reducing the Alaska Department of Corrections' (DOC) incarcerated population, is an area of interest that will help determine if major changes need to be made to PED itself. This research will help make suggestions on if PED should further expand their supervision plan to adopt more programming, such as the behavioral health as suggested in this proposal. Other programming can include diversionary courts, and/or integration of social services as a component of supervision.

Conclusion

Individuals who suffer from mental health and other behavioral health related needs are statistically more likely to spend longer times incarcerated both pre and post sentencing, compared to those without any mental illness. The Alaska Department of Corrections (DOC) remains the number one mental health provider for such individuals, and although they have services available, they are limited. Not only are services limited when DOC's populations are at an appropriate capacity, but are stretched even thinner when institutions are overpopulated, which is a frequent occurrence. In 2017, the Palmer Correctional Center, a DOC facility for sentenced inmates was closed down, leaving the other facilities throughout the State to absorb their inmates (Klint & Hollander, 2016).

With the creation of Pretrial Enforcement Division (PED) in January of 2018, defendants who are not yet convicted can release onto Pretrial Supervision. The creation of this new division has the ability to help reduce recidivism, lower incarceration populations, and reduce cost for

care of inmates to the State. However, even with the development of this new supervision model, it is likely that defendants suffering from behavioral health needs may be ineligible, or if eligible unsuccessful. PED's primary focus when assessing individuals for supervision is their risk to commit a new crime pending case disposition, and their likelihood to appear in court, neither of which include behavioral health concerns.

This proposal takes into consideration the primary two goals of PED, with an added third layer of providing community services for those with behavioral health needs. I am proposing a self administered assessment that is voluntary for all defendants. This assessment will help measure behavioral health needs for each defendant, and identify risk factors to their potential success in the community. Once needs are determined, referrals are made to identified community providers. These community providers, alongside the supervision of PED, will help defendants gain access to services, to include: substance abuse treatment, mental health counseling, medication management, financial, housing and transportation needs. Access to these services will help divert a defendant from future criminal justice system involvement, and link them to community supports they may continue to utilize after supervision is complete.

6. Have you ever overdosed on alcohol and/or drugs? _____
 If so when was your last overdose? _____

Psychiatric Status:

7. How many times have you been treated for psychological or emotional problems:

In a hospital setting? ____

In an outpatient setting? ____

8. At what age were you first treated for these problems? ____

9. Do you receive financial benefits as a result? (I.e. SSI, SSDI) ____

10. Place an X next to the following that occur apply to you:

Experience serious depression - sadness, hopelessness, loss of interest, difficulty with _____ daily functioning?

Experience serious anxiety - inability to feel relaxed? ____

Experience hallucinations - see things or hear voices that others do not see or hear? ____

Experience difficulty understanding, concentrating or remembering? ____

Experience serious thoughts of suicide? ____

Prior history of attempting suicide? ____

Experience trouble controlling mood or difficulty regulating emotions? ____

Been prescribed or are currently prescribed medication for any psychological/emotional _____ problems? ____

Family/Social Relationships:

11. Marital Status: ____

If married how long? ____

12. Are you satisfied with this situation? ____

13. How many children do you have? ____

Do you have custody of your children if under the age of 18? ____

14. Do you live with anyone who:

Has a current alcohol problem? ____

Prescription drug abuse problem? ____

Uses illegal substances? ____

15. Who do you spend the majority of your free time with? _____

16. How many days in the past 30 have you exercised? ____

17. How many close friendship/relationships do you have? ____

18. Place an X next to the following whom you feel you have a close, reciprocal relationship with:

Mother? ____

Brother? ____

Sister/Brother? ____

Sexual Partner/Spouse? ____

Children? ____

Friends? ____

19. Have you had any significant periods in which you have experienced serious problems getting along with:

Mother? __	Has drug and alcohol affected this relationship? ____
Brother? __	Has drug and alcohol affected this relationship? ____
Sister/Brother?__	Has drug and alcohol affected this relationship? ____
Sexual Partner/Spouse? __	Has drug and alcohol affected this relationship? ____
Children? __	Has drug and alcohol affected this relationship? ____
Other significant family? —	Has drug and alcohol affected this relationship? ____
Friends? __	Has drug and alcohol affected this relationship? ____
Neighbors? __	Has drug and alcohol affected this relationship? ____
Co-Workers?__	Has drug and alcohol affected this relationship? ____

Wrap Up:

20. Are you interested in receiving alcohol/substance abuse or other behavioral health services? ____

21. If you were previously receiving services by a community provider and wish to disclose who that is, please provide their name and organization below, and the last time you were engaged in services with them:

22. Do you have any additional comments/information you wish to share? (Please use the blank space below and the back of this form if needed to answer this question):

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