

Alison Farringer:

Good afternoon, everyone. Thank you for joining today's session on Connections to Behavioral Health and Support Services through Reentry, taking place as part of Second Chance Month. My name is Alison Farringer, and I'm a senior policy analyst at The Council of State Governments Justice Center. I will be facilitating this session today.

Alison Farringer:

As a notice to those in attendance, this webinar will be recorded. Additionally, the speaker function has been muted for this session. We encourage you to share your questions or comments using the chat or the Q&A function that you'll see on your screen. We will be holding your questions until the question and answer period at the end of this session.

Alison Farringer:

A little bit about our organization. This presentation was developed by The Council of State Governments Justice Center, which is a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

Alison Farringer:

Today's presentation will begin with introductions of our presenters, followed by an overview of this session and some background context to set the stage for our presenters, who will be speaking about their reentry programs and how they make connections to care for people navigating reentry from incarceration. Following the presentations, we will provide an opportunity for attendees of this webinar to ask questions of our presenters. As mentioned, please place any questions that you have during the presentations in the chat or the Q&A box and we will hold those until the Q&A period at the end.

Alison Farringer:

I am so excited to introduce our amazing presenters for this session. Joining us today is Cindy Schwartz, who is the project director of the 11th Judicial Circuit of Florida Criminal Mental Health Project Jail Diversion programs. Cindy's career goals have been focused on promoting system transformation, community integration and recovery for individuals who experience serious mental illnesses and co-occurring substance use disorders. Cindy has a master's degree in rehabilitation counseling from the State University of New York at Buffalo and a master's degree in business administration from Nova Southeastern University. She is an NCSC-certified court manager, certified mental health first aid instructor, and advanced RAP facilitator, instructor of how being trauma informed improves criminal justice responses, consultant for the SAMSA SSI/SSDI Outreach, Access and Recovery TA Center, and consultant for the SAMSA GAINS Center. Cindy is also actively involved in her community and serves on a variety of professional organizations, boards, and committees.

Alison Farringer:

We are also joined today by Victoria Nicolosi, who is the jail reentry coordinator for the Camden County New Jersey Department of Corrections, as well as the grant manager for the Department of Justice Bureau of Justice Assistance COSSAP Grants. In her two roles, Victoria oversees and coordinates all facets of the Camden County Medication for Opioid Use Disorder Program, as well as the development and implementation of reentry initiatives, policies and practices. Victoria has successfully developed relationships with community-based treatment providers to bridge the gap that often impacts individuals leaving the Camden County correctional facility. She completed her bachelor's degree in law and justice at Rowan University, her master's degree in social work at Rutgers University, and is a licensed social worker. Prior to working in this position, Victoria worked at Hopeworks in Camden, developing trainings and modules regarding the neurobiology of trauma and studying the ACES, or the Adverse Childhood Experience Study. Victoria supervised a team of young people that traveled throughout the state of New Jersey to train system educators on ACES and being trauma informed.

Alison Farringer:

We also have joining us today, Mrs. Lorraine Washington, who is the manager of grants and programs for the Shelby County Division of Corrections in Memphis, Tennessee. Mrs. Washington serves as the grant administrator for all grants in the Division of Corrections. In this position, she is responsible for leadership, oversight and programming direction for staff and inmates in designated housing areas. She evaluates and provides ongoing direction and oversight for multiple federal, state and local grants that have been awarded to the Division of Corrections. She has over 30 years of experience and corrections, education, and behavioral health. In all of her assigned roles with the division, she feels that her passion lies deepest for those who face mental illness and substance abuse. She has managed and developed several therapeutic communities focusing on substance abuse and mental health. Any grant or program that she implements centers around the division's motto of safe facilities and effective programming that enhance public safety. Mrs. Washington is a member of several corrections organizations and is always looking for opportunities to encourage others to learn and grow.

Alison Farringer:

I also wanted to take a moment to mention Mrs. Natasha Means, who is the SYNC program coordinator with the Shelby County Division of Corrections in Memphis, Tennessee. Ms. Means is not able to join us today, but we thank her for assisting with this presentation. Thank you all presenting so much for being here. We are very excited to hear about your programs and how you work to make connections for those in reentry in each of your jurisdictions.

Alison Farringer:

We'd also like those of you tuning into this session today to let us know that you are here. If you can, please introduce yourselves in the chat box by sharing your name and affiliation. Thank you so much again for being here.

Alison Farringer:

We will now provide an overview of today's session, as well as some information to lay the groundwork for our presenters on this topic of making service connections for those in reentry. As many of you know, people who reenter from incarceration often present with multiple and diverse needs for service. In removing people from society, incarceration in jail or prison can create a number of barriers for individuals, as we know, including disrupting preexisting access to services, as well as negatively impacting subsequent ability to connect to needed services upon reentry.

Alison Farringer:

Once individuals reenter, they commonly have service needs related to physical and mental health, addiction, housing, employment, transportation, and many other important areas. Even for staff working to support those in reentry, creating effective connections to care to address these needs can sometimes be a challenge due to legal barriers, resource limitations, and even stigma. At the same time, we recognize that many reentry programs are working on, and have developed, innovative ways to facilitate connections to care for people in reentry despite these barriers. That's what we would like to highlight today, with presentations from three reentry programs that have received support from Second Chance Act funding.

Alison Farringer:

This idea is certainly not new. The field of corrections has long identified this notion of making connections to care as a best practice for those in reentry. Back in the 1980s, researchers introduced five different components of effective correctional practice that were designed to increase the therapeutic potential of rehabilitation programs for people in the legal system. Based on principles of social learning theory, these practices were developed to reflect the most effective ways of promoting positive behavioral change for people in the legal system. Over time, these components have come to be known as core correctional practices and they are applicable for use among staff working in corrections and treatment settings alike.

Alison Farringer:

The particular core correctional practice that is at the heart of today's session is referred to as effective use of community resources. You might also know this concept by the terms of advocacy and service brokerage. This particular core correctional practice states that treatment and correction staff should be actively involved in arranging the most appropriate services and referrals for their clients and reentry program participants. In taking an active and proactive approach to making these connections to care, staff have the ability to create streams of service access and continuity where there may be barriers and gaps for people reentering from incarceration.

Alison Farringer:

As I mentioned, numerous barriers exist that can make it difficult for staff to facilitate effective service connections, including if there is limited availability of resources and services that exist in the local community, which is a real challenge for

certain areas. Additionally, delays in service connections can result from clients and participants lacking health insurance coverage upon reentry from correctional facilities, which is a common challenge that people in reentry face. Even once referrals are made for service, access to transportation and technology for clients to attend service appointments, either in person or virtually, can pose additional barriers to closing those gaps in care. Finally, staffing shortages within organizations can serve to impact and complicate both referrals to care as well as adequate provision of that care once referred.

Alison Farringer:

With all of that background in mind, we are now going to hear from our presenters, to talk a little bit about their programs and how they have successfully made connections to care for people in their jurisdictions. To start us off, I will turn things over to Cindy Schwartz with the Miami-Dade County Mental Health Reentry Collaborative Project.

Cindy Schwartz:

Well, thank you, Alison. Thank you so much for inviting me to share information about our 11th Judicial Circuit Criminal Mental Health Project Jail Diversion Programs. I know that's really quite a hefty title, but we do a lot and I think that title probably fits us very well. Again, my name is Cindy Schwartz, and I'm the project director of this very specialized jail diversion program for people that have been identified with serious mental illnesses.

Cindy Schwartz:

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Cindy Schwartz:

Miami-Dade County here in South Florida has a very large population, we have about 2.7 million people, and we are large geographically. We have the eighth largest jail system in the United States. On any given day, our jail may have anywhere from 4,000 to 4,200 inmates. Our target population, as I said, are people with serious mental illnesses. What I mean by that is that they may have some type of schizophrenia, bipolar disorder, major depression, or some type of PTSD. We have a misdemeanor program, which includes our misdemeanor crimes division, as well as a docket in our domestic violence court, as well as a felony program. Our goal is to decriminalize mental illnesses. I think it's important to note that on any given day, 65% of the occupants of the jail may have some type of mental health condition, but our jail diversion program is only serving the people that have been disabled by their mental health condition.

Cindy Schwartz:

Next slide.

Cindy Schwartz:

We also have made the distinction that we will be serving people that are a high risk for recidivism to the criminal justice system. We serve approximately 240 participants a year, that was actually before COVID and our numbers have decreased during COVID, but again, on the way up. We work collaboratively with the Department of Corrections and Correctional Health Services to identify people quickly that may meet the eligibility for our jail diversion program. What we do is assess all the potential candidates, excuse me, for criminogenic risk and needs and help to link them to mental health and substance use treatment, supportive housing and other services.

Cindy Schwartz:

We couldn't do this without our collaboration and with Miami-Dade Department of Corrections and rehabilitation, as well as Jackson Health System Correctional Health Services. By being able to identify people quickly, we can help to divert them out to the community. We collaborate with anybody that would like to partner with our program. We also partner with the South Florida Behavioral Health Network, which is also called Thriving Mind, Dade Family Counseling, the courts, the state attorney's office, the public defender's office, law enforcement. We'll partner with anybody that is a stakeholder, traditional or untraditional, in our community and care about the over-representation of people with mental illnesses in the criminal justice system.

Cindy Schwartz:

That being said, we ensure that reentry plans are in place when a person is moving towards transition to the community. Our jail diversion programs are hopefully, in most cases, pre-adjudication, so charges may be modified or dismissed for most of the people that come through our voluntary jail diversion program. Excuse me. It's important to note that there are some people that go through our felony program that may have been adjudicated and are on probation. The first step for us, once a person voluntarily agrees to participate so that they can be released from jail, is that we will assess the individuals for criminogenic risks and needs, and then we will individualize a plan.

Cindy Schwartz:

Next slide.

Cindy Schwartz:

One of the best things about receiving our reentry grant from the Bureau of Justice Assistance was that it helped us to look at the comprehensive case management plans that we were developing for reentry for our program participants. As we developed our project, we wanted to ensure that everyone had an opportunity to move towards successful recovery and community integration. We decided to use what is known as the APIC model. This has provided a structure and a foundation for all the work that we do. APIC stands for assess, we assess our participants using validated assessment tools. We utilize the Ohio Risk Assessment System and the Texas Christian University Drug Screen to determine risk and needs for re-entry. You

may be asking why we use those tools, and it's really quite simple. Those tools are found in the public domain and we don't have to pay for them, that's a very important consideration. We also provide a very brief psychosocial assessment so that we can make sure that we have a fully developed plan.

Cindy Schwartz:

Going back to the APIC, it's assess and plan. Based upon those assessment tools and gathering those information, we'll develop a plan that's individualized to the risks and needs that the individual presents. Then we will identify community resources, because our program is based in the court. We do not provide any direct services to our program participants, we only link to community based treatment and services.

Cindy Schwartz:

Of course, when you speak of that, you have to think about, well, what is it that a person may need and how do you collaborate with community providers? We're talking about how do we collaborate with housing providers, with homeless providers, with treatment providers, with social services, all of that is involved in our collaboration attempts. We will ensure to our participants that whatever it is they need, we will be out there in the community developing those relationships and maintaining those relationships so that they can get the best possible treatment and services that are available in Miami-Dade County.

Cindy Schwartz:

Then the C in APIC has to do with coordination. Our staff will ensure that not only do we identify what treatments and services are available in the community, but they will then coordinate with those treatments and services, develop relationships, and then provide that information back to the court. Coordination is a very important part of everything that we do. The APIC plan, as I said before, helps to provide that foundation. It's really a commonsense approach when you think about it. We have ongoing communication and collaboration with all of our partners, that includes the criminal justice system, health providers, the behavioral health network. It's really important to make sure that we connect to services that are aligned with the needs of our participants and also aligned with the values and ethics that we hold for our program. We value standing shoulder to shoulder with all of our partners, as well as our staff, which include peer specialists and our partners within the court and in the community.

Cindy Schwartz:

That's really important to us, but let me just spend a minute talking about our peer specialists. We believe that our peer specialists are the secret to our success. We have court case management specialists and we have peer specialists working together, side by side, to the best advantage of the people that are voluntarily involved in our program. Our peer specialists do a really good job of engaging these participants. Before we had peer specialists, we would make these beautiful plans for people to live in the community, get treatment and move towards recovery and community integration, and we found that they ran away very quickly, that they

weren't interested in the process of recovery, but our peer specialists provide a role model. In addition to that, they provide the support that individuals need to move towards recovery and community integration. It's really a very important part of what we do.

Cindy Schwartz:

Again, we sit, we like to think of it this way anyway, that we sit around it around a round table, that everyone has a role to play. That includes being client-centered. The transition plans that are made for reentry have our program participants at the center. It's about what they want, where they want to go, how they want to move towards recovery and successful community integration. We maintain relationships with everyone, including our participants and, of course, all of our stakeholders.

Cindy Schwartz:

Alison asked me to answer a couple of questions for you, like how does our program maintain collaboration with all of our stakeholders? We do it with constant communication, and I mean that, constant. Every day, our staff are talking to all of our partners, making the connections for identification of resources and then the coordination, and that includes the criminal justice stakeholders. We overcome barriers and make successful connections by trying to think ahead of the curve, by trying to address challenges with creative solutions. That's how we've expanded our program. Judge Leifman started our program in the year 2000, and since then, we've developed and expanded to help people to apply for Social Security benefits using SOAR, peer specialists. We have also been involved in forensic diversion. We are always trying to find creative solutions to the barriers and challenges that exist for people that have serious mental illnesses. We know that this population is overrepresented in the criminal justice system.

Cindy Schwartz:

That's what we do here in Miami. I think that's about it for now, Alison.

Alison Farringer:

Thank you so much, Cindy, for that great overview of your program and sharing all of the good work that your program has done.

Alison Farringer:

Next, we will be hearing from Victoria Nicolosi with the Camden County Correctional Facility Co-Occurring Reentry Project.

Victoria Nicolosi:

Thank you, Alison. Good morning, everyone. I'll be presenting on our first grant program that we operated out of Camden County, New Jersey, that was fiscal year 2016 and ended in 2020 after a one year no-cost extension. We learned a lot from this program as it was our first one, and so hoping to share some of that with you today.

Victoria Nicolosi:

You can go to the next slide.

Victoria Nicolosi:

Camden County, New Jersey, on the screen, has a population of a little over 500,000 people. Camden City itself is much smaller. I didn't include this on the slide, but I thought it was important to bring up that in 2016, Camden County's per capita income was almost \$36,000 and the per capita income for Camden City was right around \$15,000. Camden City is one that is ridden in poverty, and specifically through our grant, figuring out what the unemployment rates of our participants were and that also contributed to that as well. Our capacity in the Camden County Correctional Facility is a little over a thousand individuals and yearly, not including COVID, it was about 12,000 yearly bookings. That number has since changed due to COVID.

Victoria Nicolosi:

The grant program that I'll be talking about today was to serve individuals with a co-occurring diagnosis, and those individuals that were serving a sentence of at least 20 days at the Camden County Correctional Facility. The 20 days was a little bit give or take. If we had an individual who just went to court and just got sentenced and needed services, we certainly accommodated, but we only provided this program for individuals who were serving a sentence.

Victoria Nicolosi:

Next slide, Alison.

Victoria Nicolosi:

The goal of our program was to provide services six months prior to release for 188 adults with co-occurring, and worked with individuals that were medium to high risk for recidivism, and continued services and outreach for six to 12 months post reentry. We used the ASI, so the Addiction Severity Index, to gauge where they were with their addiction, as well as the other areas that the ASI assesses, and also use the LSIR to help create reentry transition plans, much like Cindy talked about, the APIC model, which I didn't know the formal name, but as you were talking, Cindy, I was like, "Oh, we do that." Thank you for sharing that. We used that model based on the LSIR and the ASI to work with our individuals.

Victoria Nicolosi:

We had about 59% of our population that we worked with scored a high risk, 27.3% were at a moderate risk, and there was only 13% of those that were assessed for the program that were given a low risk score. Those low risk individuals, if there was availability for program participation we included them, but prioritized our high risk and moderate risk individuals. On average of our program, and it's easy for me to spit out these stats because we're done the program and the evaluation period, but an average of 270 days in the program. We had a good bit of time to work with

individuals, and that was both pre and post-release. Individuals would come in, once they were sentenced they would be offered and identify the program.

Victoria Nicolosi:

The cool thing about our grant programming is that our jail receives the grants and then partners with community providers, so we're able to identify and pinpoint the exact needs of our individuals within the correctional facility. They worked with us for about a year post-release as well and help them with all the needs that Cindy talked about, and Alison mentioned in the beginning, really worked to hone in on which skills or which needs needed to be addressed.

Victoria Nicolosi:

The collaborative partnerships is the Camden County Reentry Committee. I'm going to spend a little bit of time talking about this because this was a huge reason that our connection to care was more on the successful side. Based on the award of the grant, we convened the Camden County Reentry Committee, which is made up of all of our substance use and mental health providers in the community. It has since grown to include the courts, our jail staff is there, both custody and civilian, and anybody else who offers services in the community that was important for us to connect with to get the word out about our reentry program, we called it CORP, which stood for Co-Occurring Reentry Project.

Victoria Nicolosi:

It was really helpful in using the Camden County Reentry Committee, almost as a guide to monitor how we were implementing and planning for the grant. It provided a look at what the community landscape was for our program participants and gave them an opportunity to hear what the jails' needs were as well. This started in 2016 and it has expanded quite a bit, but it is still operational in 2022, so we were super happy about that.

Victoria Nicolosi:

Then Volunteers of America, which I'm sure most of you are familiar with. They were our program provider and held the contract for our reentry program. We worked with Genesis Second Chance Program, which was inside our correctional facility at the time, serving individuals that were minimum status of classification and had a substance use diagnosis as well. The Center for Family Guidance is our medical provider and they were involved just being in the jail as a huge part of the services provided. Then the Board of Social Services, Project Hope, which is a medical clinic right down the road, and Center for Family Services, which are just community programs that we partnered with.

Victoria Nicolosi:

Next slide, Alison.

Victoria Nicolosi:

At first, I was just checking my notes and we had, after our program evaluation for the program, about an 8.7% of individuals were re-incarcerated after we did the evaluation to our program. We spent a lot of time defining what success of reentry looks like. For us, really noting that some individuals are re-incarcerated and recidivated such a high level and rapidly, that looking at decreasing somebody's time between incarceration stays and even arrests is very important to consider in success. I think a lot of times, as providers, we get caught up in it's only successful if individuals are never coming back to the correctional facility. While that's accurate, it's also important to recognize all the work that goes into perhaps spacing out periods of incarceration or periods of arrest. Within that one year post-release, 18.3% of individuals were rearrested only one time. For some of our individuals that we serviced, that was a huge deal. I just wanted to put that out there as well.

Victoria Nicolosi:

Facilitating connections to care, for us, was a bit challenging. We talk about transportation a lot and that's one of our biggest issues in Camden City. The program that we were able to develop had a system for case managers to coordinate transportation for participants upon reentry. We were able to do that through two things. Our grant provider, they had vans that they already had established with their program and so we were able to literally pick individuals up at the back gate when they were leaving and take them right to the office to start getting them connected to services. If it wasn't the office, if they had an appointment or any other place they needed to go, they were able to leave right from the jail.

Victoria Nicolosi:

We noticed that transportation was great, but if individuals are leaving at midnight, 2:00, 3:00 in the morning, none of those services that our case managers had worked to set up were really mattered. If you're leaving so early in the morning and they're not open, accessing them, a lot happens in those few hours waiting for those places to open. We were able to adjust the release times of individuals in the jail, which was a huge partnership between our reentry staff, our admissions staff, and just communicating and understanding that these individuals consented to being held until the hours of the morning. We certainly were not holding them any longer than a few hours, just to get them to the morning, but understanding that it was so important for our case managers to make direct contact with them once they were released.

Victoria Nicolosi:

The multidisciplinary implementation team, we held weekly case conferences to review participant cases prior to and right after release to ensure adequate transition and connections to care. This still happens now for all of our reentry grants because it was so helpful, and one of the places and reasons why our adjustment of jail release times and coordinating transportation was so successful.

Victoria Nicolosi:

Who came to these meetings? It was myself and other reentry staff, it was our custody staff, so our sergeant who oversees our programs department, the warden would come to these occasionally just to pop in and see what was going on. We consistently had our Second Chance Substance Use Treatment Program separate from Second Chance and COSAP, they were involved in those meetings. We had the Camden Coalition, who was operating another reentry program, we had them come to make sure we weren't duplicating services for individuals because we know how much work goes into it and we were targeting a similar population in our programs. Our medical vendor and mental health vendors were there. The individuals that were being serviced by the grant were co-occurring individuals, so having our mental health provider there at the table to influence some of the decisions and ideas maybe on how to get individuals connected to the best services.

Victoria Nicolosi:

Who else was there? Our admissions department was there, so the staff that's seeing them when they first come in and the staff that will be seeing them on the way out, they were all there. It was an opportunity to sit and talk, it gave our case managers an opportunity to say, "Hey, this is the goal that we've established with the client and I'm having trouble getting in contact with this person or this person in the community," and through all of our connections at the table, we were able to make those connections a lot quicker rather than allowing our case managers to perhaps struggle in connection to services. Like I said, we still do those meetings in all of our reentry grants because it was so helpful.

Victoria Nicolosi:

Then the last thing, CORP worked to coordinate and support participants with traditional and non-traditional needs impacting the success of reentry, so really thinking outside the box in how we're helping individuals. When Alison and I were talking about what information to highlight, we had an individual in our program who had had years and years of history of addiction and for various reasons just had a really difficult time adjusting when she would be transitioned back to the community. Our case managers were able to talk to her, and her teeth had been rotted from just years of experiencing homelessness and all these other factors that contributed to it. We were able to assist her in paying for the surgery she needed to fix her dental problem. She was one of our most successful participants, because it gave her confidence that she needed to get a job and to participate in AA and NA meetings, all that she was a little nervous to participate in or hesitant to participate in because she lacked so much confidence because of her dental issue. While we weren't able to pay for all of it, we definitely helped contribute and support.

Victoria Nicolosi:

So just looking outside the box to really understand the holistic picture of an individual and understanding that the traditional needs of transportation and substance use and mental health and all of those things are very valid struggles, but also recognizing that there may be other things that we can help with that are

leading to those struggles as well, so just looking outside the box and how to in help individuals that are experiencing some of the hardships that our clients experience.

Victoria Nicolosi:

But that is all I had, Alison. Thank you so much.

Alison Farringer:

Thank you so much, Victoria. I really appreciate you taking the time to share all of those great details about your program.

Alison Farringer:

Last but not least, we will hear from Lorraine Washington with the Shelby County Support Yield a Nurturing Collaboration Program.

Lorraine Washington:

Hi, everybody. Go Grizzlies. As she stated, my name is Lorraine Washington, and I'm with the Shelby County Division of Corrections. Our SYNC grant is our Second Chance grant, which we got in 2017, but we were able to continue with two no-cost extensions, one due to COVID as well.

Lorraine Washington:

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Lorraine Washington:

As stated, Shelby County is in the Western most part of the state of Tennessee. We are actually the largest county in the state of Tennessee and we are the second most populous city in Tennessee. This Division of Corrections is a unique facility, in which we house state, local, and now we presently have federal detainees in our facility. Our program that we utilized using the Second Chance grant was our adults with co-occurring mental health and substance abuse disorders.

Lorraine Washington:

What we found out is we took probably the 16 to 20 most poorest counties in Shelby County and we decided to concentrate on those areas, mainly because, as everyone has stated, lack of ability to get health issues or lack of health issues. What we did was we took certain partners that could provide those services to our individuals, because most of them don't have transportation, not a big support system, but the partners that we utilized in the SYNC grant were in the facility in which they could, I ain't going to say walk to, but get easy access to as well.

Lorraine Washington:

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Lorraine Washington:

Our SYNC grant goal was to service 80 to 90 individuals with co-occurring disorders. Through that, our goal was to provide them with education training, any healthcare, benefits reconnect, transition housing, and intensive outpatient treatment. Within our facility, we have 160-bed mental health unit that we work very closely with. The key that we had to take in mind was that when we start talking about the SYNC grant, we also wanted those with the mental illness, but also those who have exhibited or showed some substance disorders. As the other panelists have stated, we did use [inaudible 00:44:36] for our substance abuse. We used the Strong-R assessment, which is a risk assessment to also identify the risk and needs at our facility. We have used LS/CMI as the assessment to it as well.

Lorraine Washington:

Our collaborative partners in this grant has been Alliance Healthcare Services. Alliance I, I want to say, a multi, they provide mental health services, they also provide programming, they provide treatment. It is one of the largest comprehensive behavior health providers in Shelby County. That is one of our biggest partners that we partnered with. They have locations throughout the city, so if one of our participants needs to go to another location, they do have that option. Christ Community Health, that is one of our partners that provide our medical treatment.

Lorraine Washington:

The reason Alliance and Christ Community became such an issue, probably midway in the grant, they were always there, but during the mid part of the grant, we had two of our participants, who were doing well, had passed away. When we looked at the data and started looking into it, they didn't pass away from drug overdose or substance abuse overdose or anything like that, they passed from physical health issues, which were related to their extensive drug use and alcohol use.

Lorraine Washington:

We started looking at, okay, we're concentrating on this mental health piece, making sure they get that, and we're concentrating on this substance abuse, making sure that they don't relapse, but are we really putting forth a lot of effort on that healthcare piece? Because a lot of them don't understand, they've been, well, I like to say they've been drugged out of their mind so they don't understand or haven't listened to their body, tell them, "Hey, something's not right." We wanted to make sure that from the mid-part of the program to the end that we definitely work on and get them to work on their physical health, as well as their mental health needs. That's why we really started working with Christ Community Health Services.

Lorraine Washington:

Shelby County Division of Corrections is unique in that our Shelby County Office of Reentry, we all work under the same umbrella. What I mean is they're not in the facility, they are our forever post-release partner. They can come in, they come in, they talk, they recruit, they present, talk to all the individuals, because except for our federal inmates, every inmate in our facility is a local inmate. He has been sentenced by the state, but his family and everything is right here in Shelby County.

When they leave here, they have quick access to our Office of Reentry. Our Office of Reentry was who committed us, helped us to commit to Christ Community Health Services, and we'll talk about that on the next slide.

Lorraine Washington:

As one of the other presenters said, that we have all kinds of vested partners. If you have an interest in this, helping these guys out, then we want you to be our partner, because we provide them medication if they need it, we give them IDs if they need it, bus passes if they need it. We are all inclusive, we want to make sure he has everything he needed to leave out and start his reentry into society.

Lorraine Washington:

Alliance Health, again, that is our mental health connection partner. They come inside about 60 days prior to the guys being released, they come in and they do some processing groups. We found that before we started the processing groups, when they came in, the guys weren't comfortable talking. It's like, "This strange person comes in and you want me to tell him about my issues or whatever? This is not going to work." What we got with Alliance Health Partners, and that's how we connect, is we have meetings and we say, "Hey, what can you do on the inside way before they have to be discharged?" 60 days prior to release they come in and he has or she has processing groups with the guys, with the ladies, and they talk. I'm never in there because I don't want them to be uncomfortable. I'm sure they talk about their mental illness and plans upon release.

Lorraine Washington:

Then a week before they leave, that therapist comes back and schedules the initial post-release appointment, and so that when they leave here, it's just a streamlined step into their office because all of the information is there, they just need to show up and follow through on that.

Lorraine Washington:

Again, we talked about the health issues we had. We've always had a discharge nurse, but we haven't worked with her as closely as we have the latter part of the grant. She is a nurse that we shares with the Office of Reentry. She's out here three days a week and she's down there two days a week. Out here, she meets with our guys about a week prior to release to make sure they have their medication or have their prescription for their medication, or any needs that they have, she takes up on that. She started doing classes with them prior to leaving and we talked about their medical history, just personal care, not being afraid to reach out and get you some help. She spends a lot of time with them and then she sets the appointment for them to come to the Office of Reentry.

Lorraine Washington:

The unique part about Office of Reentry is they have partnered with the Christ Community Health and they have what they call Operation Outreach. This is a full service medical bus that visits our Office of Reentry every second Wednesday. She

sets our inmates' appointment up and they can go to this bus and receive medical care at no charge. The way that outreach work is that it is a mobile bus that provides medical history or medical treatment to people or families who have no permanent housing or the homeless. Our guys fit into that, is because when they leave here they do not have mortgages, they do not have leases, they going to live with family. They can fit into that position of people without permanent housing and they can receive complete medical care, free of charge. We think that is a great program, it has been working well. It's not just for the Project SYNC inmate, but any inmate that leaves here and goes to the Office of Reentry will be eligible for those services as well.

Lorraine Washington:

Project SYNC bridges connection to Shelby County Office of Reentry. Again, we work with them too because, remember, Alliance is the mental illness part, but the Office of Reentry, they also do benefit reconnect because if a person is not in SYNC or does not have a mental health issue, they can go to the Office of Reentry and receive the same services that Alliance offered to those with mental health issues. They can go and get, like I said, benefit connects, IDs, again, medical treatment, mental health treatment, et cetera.

Lorraine Washington:

Next slide. I think that's it, unless you have any questions.

Alison Farringer:

Thank you so much, Lorraine. I really appreciate it. Thank you again to all of our presenters for sharing your programs today and how you facilitate these service connections. We will now move to our audience question and answer session. At this time we'll be taking down the slides and we encourage our attendees to pose any questions that you may have for our presenters in the chat or the Q&A box on your screen.

Alison Farringer:

We have already received some questions from the attendees, and the first one I'd like to pose would be to Cindy. We had a couple of questions about the peer specialists in your program. Are your peer specialists justice involved? Are there peers who have had behavioral health needs and have they succeeded in their reentry? Would love to hear your thoughts on those questions.

Cindy Schwartz:

Sure. Yes, the peer specialists that we have employed in our program, several of them have been graduates of our program. Now, we are a jail diversion program, so as a graduate of our program they would have participated in the treatments and services that we provided and understood exactly what it was like. We also have one peer specialist that was incarcerated in prison.

Cindy Schwartz:

It's really interesting, because the state of Florida has made it very difficult for people that have criminal justice histories to be employed as peer specialists. One of the ways that we've gotten around that is the court system is not funded by the state of Florida Department of Children and Families and the court system can develop their own HR practices, so we have been able to hire some of our peer specialists with criminal justice backgrounds because they are employed by the court. That was one of the ways that we've gotten around it.

Cindy Schwartz:

One of my favorite stories, and I don't want to hog up our time here, but as I told you before, we also help people to apply for Social Security benefits using the SOAR model. When I first learned about it and came back and told my staff about it, they said, "Oh, well, we can't do that. We already do it, we don't have enough time to do it." I told them, "Listen, I'll do the first application, so bring me anyone." They brought me an individual that I helped to apply for his benefits. As a result of interviewing the person, I got a lot of information and developed a relationship.

Cindy Schwartz:

Well, several months later, we had a spot for a peer specialist and he was able to be hired. He worked for our program for 14 years. During those 14 years, he got married, he bought a house, he's got two kids. I think that you could call that successful recovery. He's recently moved on to a national peer specialist job. I couldn't be more proud that we have helped not only the people that we serve in our program, but the peer specialist gets something that aids their own recovery and supports their own recovery. I hope that answered your question.

Alison Farringer:

Thank you so much. Victoria?

Victoria Nicolosi:

I know the question wasn't asked to me, however, just to provide a different ... Cindy, that's great that your peers have been through your exact programming, that's amazing. Camden County is starting a peer program with our second Second Chance award and we are taking the approach that it'll be a peer team. One specialist will have that peer support certification for substance use, and the other peer, the only qualification is that reentry piece of being incarcerated before and going through similar systems. Because it wouldn't be fair just to assume that just because you're a peer, you have had justice involvement, although though many do, so we separated the two out when we created our peer model for the next program. I just wanted to put that out there.

Cindy Schwartz:

I think that you bring up a really good point though, Victoria, that everybody needs support, and that includes our staff and our peer specialists. You have to work within a team, and that means everybody on the team collaborates and shares and supports each other, as well as the outside stakeholders and partners. If you recognize your

peers as equal members of the team, you get a lot of mileage out of it. I would not recommend hiring just one peer specialist, because it just doesn't work that way. You need to get the support of the entire team on this whole process of reentry.

Alison Farringer:

Thank you so, so much. Another question that we received, I'd love to direct to Lorraine. The comment was that they love you provide identification for your participants and help them assist them with obtaining identification. Wondering if you could speak a little bit more to the process of helping them with that piece specifically.

Lorraine Washington:

Sure. Again, as I stated, we work very close with our Office of Reentry. Once a person leaves here, we do provide them with transportation. When they leave the facility, we could get them to the Office of Reentry, which is in one of those zip codes I was talking about, and they will start the paperwork or get the paperwork done. Second Chance has been very great in paying for those IDs. Remember, they've already met the individual from the Office of Reentry. Actually, we go through our Office of Reentry to make sure those individuals are issued and pay for their state IDs.

Cindy Schwartz:

You know, Alison, I'd like to say one thing that relates to what Lorraine is saying. We also help people to get their ID, but when a person voluntarily agrees to participate in our program, we ask Social Security what their status is with Social Security. We also ask the USCIS, Immigration, do these people have any immigration holds or anything like that? You have to start at the beginning as a foundation to know who to reach out to and it includes all of that. ID is a very, very important part of establishing and beginning the process.

Lorraine Washington:

Absolutely.

Victoria Nicolosi:

If I can, just about ID also, sorry. We don't provide individuals assistance right now with getting their state identification. It was recently mandated in the state of New Jersey that we do, so it's going to start. But for the last couple years, we've provided what we call reentry IDs. We verify their identity while they're here, because they're incarcerated under the name and they're fingerprinted and all of that.

Victoria Nicolosi:

When they go to leave, we create a picture ID for them. The back of the identification says that it was issued from the Department of Corrections that they were released from, but the front of the ID has their picture, it has their signature on it, it has their identifying information, so same things that our identifications have, their height, their weight, their address, any identifying information that's helpful.

Victoria Nicolosi:

That was our way of it counts as a point towards their motor vehicle state ID, and individuals have access to that. As long as they've been incarcerated in our facility, we're able to make that ID for them. They come up to the door, they can say they need an ID, they go through the process with us. Within the same day, they're able to get an identification card. It's been helpful to get our individuals in treatment if they need a photo ID for that reason. People have been able to go to doctor's appointments and cash checks and things like that. That was our way around of not having the capabilities to do state identification yet, but assisting them with photo identification for when they leave.

Alison Farringer:

Thank you so much. Yes, of course, crucial, crucial part to so many other connections with respect to the identification.

Alison Farringer:

I have a question that came in that I'd like to pose to all three of the presenters today. The question is, how do you coordinate reentry services for people who are released unexpectedly? I'll start that question with Cindy and we can go around and let everyone weigh in on that piece.

Cindy Schwartz:

I think that's a terrible approach to just let people out without any reentry plan. One of the things that we've done in the criminal mental health project is to work along with our partners to make sure that that doesn't happen, so that we can plan for release, we can plan for housing, we can plan for treatments and services and medications. Unplanned releases are very difficult. In the event of an unplanned release, we have to make appointments for the person to come in for assessments and start at a later date, which may incur homelessness and psychiatric episodes, so we try to prevent that at all costs.

Alison Farringer:

Thank you so much. I'd like to pose that same question to Lorraine as well. How do you coordinate reentry services when people are released unexpectedly?

Lorraine Washington:

I guess the difference between us and Miami-Dade is we are actually a corrections facility. Our guys have been sentenced and we can calculate. It's very, very rare that we get a surprise, even if they go to court and get a reduction in sentence, we're aware of that because our participants will tell us, "Hey, I'm going to court, I'm probably going to get out of here," and we start. That's why we start like 60 days out, because the state of Tennessee actually gives us a docket of potential release between 30 to 90 days. That's how we can start, is when they get out, the foundation has been set because we start so early in the game. Like I said, the different between

us and most is we are a corrections facility, we are a prison, so we know when our guys are getting out and we only release at certain times.

Alison Farringer:

Thank you, thank you. And Victoria?

Victoria Nicolosi:

Lorraine, I'm so jealous because here at Camden County Jail, there are people released all the time, they're pending trial when they're here and going through the process. Unfortunately, we have a lot of that.

Victoria Nicolosi:

This grant specifically that I talked about today was only servicing our sentenced population. Being that it was our first reentry grant, we knew that the unsentenced population was going to be a heavy lift just because of the amount of staff we had. Now, we have still limited amount of staff, but in the process of hiring more, our admissions department will call the reentry team if there is someone being released that says, "I need services. I haven't gotten a chance to talk to reentry yet," or whatever the case is. We give out reentry backpacks. Our backpacks have all information in them for individuals to be able to contact us. Specifically our MAT population, our Medicaid-assisted treatment population, leaves with resources, Narcan, fentanyl test strips, masks, all that kind of stuff. If we do miss people, and we try not to, they have our contact information, they can contact me when they're released, we have navigators.

Victoria Nicolosi:

Not ideal, I don't know if I answered your question. It's very challenging, but having people in the jail that can always be essentially on call and having our admission staff understand that there are going to be people who request to talk to us as you're releasing them, and so that has been helpful for us as well.

Alison Farringer:

Thank you so much. Another question I'd like to pose to each of the presenters, you all talked about a number of incredible collaborations that you have in your programs. I'm curious how your programs seek out or engage with new providers for making connections to care, or if you have experiences of what that has looked like with your programs. We can start with Cindy.

Cindy Schwartz:

We recently have identified a treatment provider in our community that will provide specific trauma treatment, not trauma-informed care, but specific trauma treatment, because we know that people that have criminal justice involvement and mental health issues, 95% of them have trauma-related issues. We had to seek out a provider that was doing specific trauma treatment. What we did was we asked the other treatment courts, we asked our treatment community what they could do, what types

of services and treatments they were providing. Then we were able to develop a relationship with a provider that is going to be able to do cognitive behavioral interventions as well as EMDR for some of our program participants. We have grant funding to provide that treatment. That's what we did, we just reached out to the community to find just the right provider for us.

Alison Farringer:

Thank you so much. Lorraine, would you like to weigh in on this question?

Lorraine Washington:

The majority of our providers were written in the grant at submission, and then as we started looking at the data, we realized that we needed to seek out others. As a grant writer, I do have that edge of I can seek out things that we're looking for that may support us here. One of the things we did was we have a grant in which we could hire a certified mental health person. This person is on our staff at this time and their main goal is really to seek out, that's what their purpose is, go find us some programs that we can bring back into the facility that we can use after the Second Chance grant is over. She's already brought in some training. I think she mentioned trauma, so we're getting our staff training trauma. We brought in a partnership with ... God, I went blank, it'll come to me, but they bring in instructors to do trauma with us.

Lorraine Washington:

Basically, it's just meeting and talking our partners. We have monthly meetings in which we sit out and discuss what we did right, what we could do differently. Then they sometimes bring in new people who, like I said, might have a vested interest in what we're doing. It's all about communication. That's how we do it, we just talk, talk it out.

Alison Farringer:

Thank you so much. Victoria?

Victoria Nicolosi:

Sure. We established our reentry committee, like I talked about during my portion of the presentation, and that has been helpful. Word of mouth about the reentry committee, people bringing new programs and providers in that aren't already a part of the reentry committee has been huge for us. Similar to what Lorraine was saying, I operate as a reentry coordinator and so that is part of my job, is to reach out to new programs, establish partnerships. Thankfully the other connections that we've made with program providers, if we hear of a new program, we're on it and reaching out to them. Similarly, just communication. We are spoiled with having the reentry committee that we created, where a lot of our networking and partnership comes from.

Alison Farringer:

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Thank you so much. We are about at time here, but I wanted to thank all of our presenters so much for your thoughtful responses to these questions and for your detailed presentations. It was wonderful to hear about all of the work that you're doing and that you continue to do. We've reached the end of our question answer period here, but I would also just like to thank everyone for joining today's session and we hope you all have a wonderful day.