Alexandria Hawkins:

In today's culturally responsive, behavioral health and reentry program in session. My name is Alexandria Hawkins and I am a policy analyst at the Council of State Government's Justice Center and I'll be introducing the session. As I notice to participants, this webinar will be recorded. Additionally, the speaker function has been muted for the session. If you have any questions or comments we ask that you use the chat or the Q and A function.

Alexandria Hawkins:

Today's presentation will begin with an organization overview, followed by an overview of cultural responsivity. We'll then have an overview of the panelist programs before diving into a panel discussion with our presenters. Finally, following the panel discussion, we will have an opportunity for participants to ask questions to our panelists. While we ask you to remain on mute during the session, if you have any questions, we ask you to utilize the chat function, as we will be monitoring the chat throughout the presentation.

Alexandria Hawkins:

The Council of State Government's Justice Center 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. Our presenters today will be myself, Alexandria Hawkins, a policy analyst with the Council of State Government's Justice Center. We will also have Rosemary White Shield as the moderator of our panelist discussion. Dr. White Shield works as a project manager with the Council of State Government's Justice Center, where she leads projects focused on centering equity, culture and community values and policymaking. She's a member of the national team providing training and technical assistance to federal grantees. She also collaboratively leads the development and provision of technical assistance and service to tribal nations. She has worked with tribal nations and others across the US in the behavioral health fields. She earned a PhD from Iowa state university and leadership and policy studies and her clinical certification as a trauma treatment specialist.

Alexandria Hawkins:

Next we have Mr. Christopher Harrington, Mr. Christopher Harrington is the social services program manager for the Fulton County Sheriff's office. Christopher Harrington is a proud product of Lakeview, South Carolina. He graduated from South Carolina State University with a bachelor's of science degree in criminal justice. At South Carolina state University, Christopher cultivated his legislative experience by working closely with the South Carolina State Employee Association. He helped determine possible legislative solutions attended proviso meetings and worked closely with bill sponsors in both the house of representatives and the Senate in South Carolina. While undertaking this task, he was able to work with drafting attorneys, which allowed him to follow the bill through committee floor votes, all while making sure that the bill was veto proof. The bill was house bill 3999, which

insured health insurance for all state employees and made sure that all employees had the same benefits.

Alexandria Hawkins:

Christopher has over 20 years of experience with the criminal justice reform and reentry transition. Utilizing his knowledge and skillset has allowed Christopher to influence, measure and amalgamate various organizational policies.Currently, he serves as the social services program manager for the Fulton County Sheriff's Office. A few of Christopher's roles embodies reentry program coordinator, program manager, workforce development officer, training coordinator, juvenile probation specialist, and pretrial release officer.

Alexandria Hawkins:

Christopher is certified in child and adolescent trauma-informed care as well as a certified human service professional. His life work is to assist those that have been marginalized, underserved, and disconnected from their family while being incarcerated. His motto is be a solutionist.

Alexandria Hawkins:

Next we have Ms. Carol F. Burton. Carol F. Burton is the CEO of the Jeweld Legacy Group out of Alameda County, California. Ms. Burton is a strategic advisor, facilitator and bridge builder and the founder of the Jeweld Legacy Group and the former chair of the Justice Involved Mental Health Task Force. JLG provides a range of capacity building services for entities serving the homeless, mentally ill, alcohol and drug dependent, incarcerated, and other marginalized populations.

Alexandria Hawkins:

From 2017 to 2019, she served as the interim director of the Alameda County behavioral health, providing leadership and oversight of the administration of the mental health and substance use disorder plan for medical beneficiaries. Ms. Burton also serves as strategic advisor to several elected officials and government leaders on mental health and criminal justice-related matters. She has served as a drug and alcohol technical assistant provider for drug courts and county administrators.

Alexandria Hawkins:

Ms. Burton is the former executive director of two nonprofit agencies. She's a trusted advisor and mentor to many and has been recognized for her strong leadership and facilitation skills. She is designed in many collaborations, including the New York Children of Incarcerated Parents Partnership and the Bay Area Children of Incarcerated Parents. Ms. Burton serves as the principal investigator for the country's first comprehensive program and longitudinal study on children and parental incarceration. And is the recipient of the White House Champion of Change award for her outstanding work on behalf of children of incarcerated parents.

Alexandria Hawkins:

Last but not least, we have Ms. Maria Molina of the Tu'riauvicha Vo'o Path to Recovery homes in Tucson, Arizona, Maria C. Molina [inaudible 00:05:55] comes from the Yome Talamanaca tribe. Her commitments include nurturing six children, her partner, community and collective healing and liberation through culture, culture, ceremony, connection, and connection to all our relations. She belongs to [inaudible 00:06:15], a constellation of families living in the values, cultures and traditions of their ancestors as caretakers of the land, water and sacred bundles. She's a clinical social worker standing with her tribe as the residential programs manager of the Tu'riauvicha Vo'o Path to Recovery and patient residential treatment homes on the Pascua Yaqui Reservation, that centers recovery as decolonization and liberation and of the Nao Weray Utake, Hiyake Utake transitional treatment program that seeks to strengthen the Yaqui tribe one family at a time. She's an adjunct faculty member at the Pima Community College for the social services and behavioral health department. Love, justice and healing are the foundation of her practice and way of living.

Alexandria Hawkins:

So, let's begin our roll call to see who is all present with us for the session. If you don't mind, please put your name, title, and organization in the chat.

Alexandria Hawkins:

We will begin by discussing cultural responsivity. Many criminal justice systems are overrepresented by communities of color and American Indian people. Studies show that Black people are 3.15 times more likely to be incarcerated than white people. American Indian people have been admitted to prison at over four times the rate of white Americans. Those who identify as people of color are less likely to be identified as having a mental illness and once incarcerated, are less likely to receive treatment than white individuals. Culturally responsive skills are important for clinicians to engage clients in services and treatment. So, by us becoming more culturally responsive, clinicians and programs can improve the therapeutic relationship between clinicians and clients. Research shows that the therapeutic alliance, or the relationship between the client and clinician, is one of the most important factors in successful treatment outcomes. Cultural responsivity can also improve treatment outcomes and client retention and services.

Alexandria Hawkins:

So, although there are different perspectives on the concept of cultural humility, one definition is a person's willingness and openness to demonstrate respect and a lack of superiority when interacting with those of different cultural identities, values, or worldviews. In moving towards a more inclusive and responsive treatment, agencies need to move towards cultural humility. This includes being mindful of the following, respect for a person's cultural identity, socioeconomic status, the impact of trauma, individualized needs and client strengths.

Alexandria Hawkins:

Next, we will get into a brief overview of our grantee programs that are speaking today. First up, we have the Fulton County Sheriff's Office CSAMI initiative. Fulton County was the awardee of a Second Chance Act grant on co-occurring substance abuse and mental illness in fiscal year, 2019. The program focuses on men with co-occurring mental illness and substance use disorder returning to Atlanta's West Side neighborhoods. These neighborhoods are predominantly African American. The grantee serves men ages 18 to 24, and they're serving 150 people. The area is predominantly urban with over one million residents, 44.5% of those being African American.

Alexandria Hawkins:

Some of the ways that this program is culturally responsive is by aligning the staff with the target population. The program works in partner with existing community structures to serve their clients. One of the key features is identifying community partners within the client's neighborhood. The grant partners with CHRIS 180 to provide substance use and mental health services and uses Atlanta At-Promise Centers. The At-Promise Centers was the brain channel of the Atlanta Police Foundation, which works to reduce youth crime and provides customized social services, including therapy, counseling, mentoring, tutoring, and enrichment programs to use whose transgressions has exposed them to the juvenile justice system.

Alexandria Hawkins:

Next up, we have Alameda County out of Oakland, California, Alameda County CSAMI initiative was a grant for fiscal year '19, a Second Chance Act grant for co-occurring substance use and mental illness. The grant works with the Jeweld Legacy Group, who is contracted to administer the grant in collaboration with Options Recovery Services, Alameda County Behavioral Health, and Alameda County Sheriff's Office, along with other government and community-based organizations. The men served our African American assessed as being high risk for serious mental illness and substance use disorder diagnosis. They have a history of one or two psychiatric hospitalizations within a 12 month period. The grant is serving 500 people. The program focuses on system improvement. The area is mainly urban, with over 1.6 million residents with an 11% African American population.

Alexandria Hawkins:

The program is developed to meet the culturally specific needs of African-American men by ensuring that the providers have culturally relevant training on different diagnoses, utilizing best practice interventions for trauma-informed care, hiring a diverse staff that is representative of the population, and using providers with experience working with African American men and linking those individuals to culturally responsive post-release services.

Alexandria Hawkins:

And next up we have the Tu'riauvicha Vo'o Path to Recovery homes out of Tucson, Arizona. This program works in partnership with a Second Chance Act grantee fiscal

year '19, Pima County, Arizona's INVEST program. Some notable features about the program is that they provide 24/7 residential treatment services for Yaqui tribe members and other eligible people with co-occurring substance abuse and mental illness. The mission of this program is to provide a healing and justice centered, safe space for Native Peoples to engage in collective healing and recovery from substance use, trauma and other behavioral health challenges, by using therapy community and other family engagement and case management. The area's urban with over one million residents with 4.4% being Native Peoples. The program is culturally specific to Native peoples in Arizona, by utilizing resources from the tribe to create collective healing and holistic recovery, and utilizing traditional Native spiritual practices such as sweat lodges, alternative medicine, access to traditional healers, and the incorporation of traditional cultural practices and ceremony. And at this point, I'll turn the presentation over to Dr. Rosemary White Shield to moderate the panel discussion.

Dr. Rosemary White Shield:

Afternoon, it's such an honor to be here with you today. And it's such a wonderful experience to be able to learn from our panelists, from their deep expertise in serving their communities. So, our first question is what are the approaches you use to engage community members that you serve in your programs? And we can begin with whoever would like to start.

Carol Burton:

Well, I'm Carol Burton and well, we have a captive population. So, the men are ... when they're coming into our county jail, Alameda County Jail is one noted as the fifth largest jail in the country. As men are coming into the jail, there is a screening process that identifies whether they have reported any history of mental illness or substance use. Then they are further screened and assessed by a medical clinician. But the real outreach means once they are back in the housing units, they really have to self-select. So we reach out, we can reach out through iPads, but they are deciding that they want to follow up. Mostly, it's word of mouth. Are they a trusted provider? Are they a provider that is known? Are they known to serve African-American men well? And so we use a community provider inside the jail that has a reputation of providing comprehensive services, residential, and also treatment services to people who are returning home. So, that's at least two different steps that we use to recruit and engage our population.

Dr. Rosemary White Shield:

Thank you so much.

Christopher Harrington:

Afternoon. My name is Christopher Harrington and just like Ms. Burton stated, usually during the intake process at the jail, we monitor the individuals that come in. We have a great relationship with our jail administration. The captain of programming, she usually vets the potential participants and from that phase, we move on into our vendors, which is one of our community stakeholders. They do a

awesome job of making sure that our participants meet those criterias, as well as we have a proven track record.

Christopher Harrington:

Some years ago, we started the Smart Reentry Program and our recidivism rate then was probably about 0.4. As to date, with the persons that have been released through our program during this moment, our recidivism is at zero. So, we have our great partners in the community. We have the Atlanta Police Foundation, which operates the Atlanta Promise Center and at the Promise Center, that is where again, all of our things are word of mouth, as well.

Christopher Harrington:

So, we come together with the community to make sure that we offer these programs within the jail. As you heard in the beginning, we are dedicated to certain ZIP codes. So, there are three ZIP codes that we monitor and we service. A lot of times, those guys are the real persons when that word of mouth, when they get out and they say, "Hey, we had a opportunity in jail to have a form of behavior modification, a form of some self help, and some people that are intentional." As for us, we are in a unique situation here at Fulton County. Our staff is predominantly Black. Our inmates are predominantly African American, but our intentions are great.

Christopher Harrington:

We make sure that the deputies that we work with on our pod and our floor, our captains and our lieutenant captains, and even the young lady that we have as a lieutenant on the floor, she does a great job of making sure that these young men are cared for, make sure that they have some accountability and until ... that's usually how it works for us. We word of mouth, our intake phase, what we do in the community, and our stakeholders. And together, we make sure we try to really wrap our individuals in jail so that when they get out, they are able to adjust to the community, so to speak, try to maintain some gainful employment and be better, be better persons for the community once they're released from jail.

Maria C. Molina:

Hello, [inaudible 00:19:59] my name is Maria Molina. I'm out here in Tucson, Arizona, what we know as Chuckson, land of the Tohono O’odham, [inaudible 00:20:10], Apache, and several other indigenous peoples who have set up shop and lived out here in this area, so I just wanted to say that. For us, so our program, our residential programs Tu'riauvicha Vo'o, are ... we have a male identified, female identified inpatient substance use treatment. So, we're very fortunate in that who we are as a behavioral health entity and as a treatment program was built by us to serve our own people.

Maria C. Molina:

So, we're out here on the reservation, but we also have different pueblos in Arizona. So, we have our reservation. We have our old Pascua community. We have, going north towards Phoenix, we have Marana, we have Guadalupe, we have a community

in Benhamo. So, we're kind of scattered throughout different areas. Being on the reservation is where everything is, so it's our administration and all of the different services that we provide.

Maria C. Molina:

So, we work really hard to connect with our community members, by being out in the community. We have staff working here now that have been participants in the program, who have gone through a peer support program and who have been stationed in other departments, but who now go out into the community, go to the MAT clinic and just engage with the community, and let people know, "Hey, we're here," and that we're ready to provide services when people are ready to come into treatment.

Maria C. Molina:

And so it's really easy here on the reservation. We make sure that our pretrial services, our prosecutors, everybody has pamphlets. Our Pascua Yaqui police department carries pamphlets around. We invite to be able to talk to different teams, so that they can get to know ... I think for me as a program manager, is making sure that people know who our staff are because our program has been here for a really long time. It's changed hands, it's been recycled and people have tried different approaches. For me, it's really important for people to know who our staff are as human beings, so that they can get to know faces and engage with the community. Because when people we have amazing staff, when people get to know the staff, then they start feeling comfortable to come and receive services.

Maria C. Molina:

And so the trickier part is trying to do outreach to the communities that are a little bit further away because we don't get to have that person-to-person engagement with the community, but they do have our information. We get referrals from other tribes because we also provide services to tribal members from other tribes. So, we just make sure that they have our contact information and just update them whenever we are trying to provide different kinds of services, or we're trying new approaches here, just to try to make sure that people understand the culture and vibe that we have here, so that people know that they're safe and trusting to come spend time with us.

Maria C. Molina:

So, I think that's the biggest part for us, is getting our staff out into the community to be visible. We just started up a Facebook page, and I'm really excited about it because for our ... We have our behavioral health Facebook page, but we also have ... We wanted ours to be separate because I think for our program, we like it to have more of a grassroots community feel, than for it to be behavioral health, using behavioral health, that proper language, we use more harm reduction approaches, and we really center community and our tribal community. So, I'm excited that we get to be separate in that way, because we're very justice-centered. So we want to have that type of communication out to the community, too.

Dr. Rosemary White Shield:

Thank you so much. I'm really struck by how all of you utilize cultural strengths within your community to improve engagement. And also, as we know, centering culture and all that we do really improves outcomes. Thank you for sharing your wonderful expertise. Our next question is, are there specific culturally-affirming methods that you use in the screening and assessment experience to reduce re-traumatization?

Maria C. Molina:

I can go. So unfortunately, that's just one of the pieces of getting people intaked into the program, is having to do a general screen at first and then getting them into our behavioral health services. So, then having to go through the assessment. It's unavoidable at times, but the part that I think is the piece that's really important is to talk to them and explain that we're not wanting to create a space where you're having to be ... retell your trauma, that we're trying to avoid that, and we're needing to get these pieces of information. So, how can we get these pieces of information without taking you to a place that we're not in the moment? That's not the intent of it.

Maria C. Molina:

So, what we find is that when we have really good communication about what our intentions are and what we're trying to do, people are really receptive to it. We have peer supports here. We're really fortunate, we have peer support. So we like to make sure that people, if they want somebody in, when they're doing the screen, or when they're doing the assessment, they can have that. We have our cultural leaders here also. So, we just like to ask the questions off the bat, "What's going to make this most comfortable for you. And what things could we get done to get you to where you need to be?" In a way that yes, you're not being poked and prodded, almost it feels like.

Maria C. Molina:

When we do get referrals from our behavioral health programs, I like to do like a no questions asked. If you're being referred by the court and you have charges that are related to drug paraphernalia or possession, we're not going to question it. I think that we have key indicators of when somebody is struggling with an addiction. So, we just take the referrals without having to do unnecessary screening processes to get them here.

Carol Burton:

Yeah, thank you, Maria. That's so important. It reminds me that one thing that I didn't say is that the Alameda project is a collaboration between two county entities. One of course, is the sheriff and the jail. And the second entity is the county behavioral health system that delivers the mental health services and treatment services inside jail. Then the third entity is our CBO partners that come into the jail to ... some of them deliver direct service and others are planning for the release. So, jail itself can be very traumatizing. When you think about the number of times

professionals ask those questions over and over again, that in itself is re-traumatizing.

Carol Burton:

So the screening actually happens, it's part of the jail screening. So everyone that comes into the jail has some demographic information that's collected, descriptive information. So, the screening is really a paper screening. And so we're not really asking any questions at that point. It goes to a mental health professional who ... what we are finding is that many of the men have been in our mental health system or treatment substance use disorder system at some other point. And so we have some information with some of them. So, there's no need to ask that second level of questioning before it gets to our Options team, which the Options team will over a course of two to three meetings, gather information. So, the first meeting is really just getting to know and helping the men to feel comfortable asking things about what they're concerned about, because they have been motivated enough to respond to a call out or request some support, and so there is some interest. And so the clinicians have from, from Options have decided that they're not going to just go right into the assessment, which we're using the Gains tool.

Carol Burton:

One thing we also added on to that was a discrimination assessment and asking about the number of times that they felt discriminated and felt racism. So that has been, I think, another way to help men really to heal, begin to acknowledge that there's been layers of trauma and pain and begin to heal. So, I think it's really important to be careful about that in the beginning. One thing we've learned is that a significant number of them have, within the last 30 and 60 days, 90 days, have experienced some extreme loss, trauma and violence. So, the screening process is even more important.

Carol Burton:

And also, I just want to say that the behavioral health department has what we call, I'm pretty sure everyone's familiar with the CLAS standards, which are Cultural Linguistic Appropriate Services, and that all of our staff and our contracted providers need to be trained and aware of all of those standards and also are continuously receiving training each year. So, I hope I answered the question. I got excited as Maria was talking and listening to some of the approaches that they're using and I lost the question, but went straight into the excitement. So, thank you.

Dr. Rosemary White Shield:

Yes, you did. Thank you.

Christopher Harrington:

Hello?

Dr. Rosemary White Shield:

Yeah.

Christopher Harrington:

Yes. Just to follow up with what Ms. Carol said. For us, yes, we do have the screening, but most importantly, I think what is unique to our program is the age group. We are serving 18 to 24. So, there is some trauma, first coming into jail. There have been many times, a lot of these individuals have had charges upon charges, but never had to come to jail. Never had to sit down. So we look at, as our staff being very diverse and as for myself going in, I can't change who I am. So, I walk into jail every day as a Black man, but what I am, and I am intentional about the services that they're being provided. I'm taking upon myself to make sure that I try to speak with each individual that comes into the program, our staff, our therapists, we have three African American and one Latino. So, we are very diverse in our accountability.

Christopher Harrington:

We make sure that we try to reduce the re-traumatization by allowing the individual to be themselves. We are very intentional about what we say and how we go about doing our curriculum and our classes. We, make sure that we tell them the choices don't define you. Moving forward continues the narrative. We have trained jail staff and therapists and case managers who understand you. They see the world through the lens in which those young men that are represented in there. For me, I make no qualms about it. We are trying to get men back into the community. Right now, if you see on the news, we have a uptick in all kinds of crimes. So again, those young men that are in there can be somewhat of deterrent if they get out, or when they get out to say, "Hey fellas, this is not the way to go."

Christopher Harrington:

But we make it so where they have an opportunity for thinking for change and with the matrix and behavior modification. I mean, along with our partners from our APS, with our GEDs, we have a Black teacher that comes in our workforce development crew. We are very intentional about making sure that they are able to get out and use what they have in the community.

Christopher Harrington:

Here's the one other thing, it's like a two-way street. So again, what we learned from our previous partners or previous persons that come through jail, we apply to the next individuals. Because again, there are so much in age, so much of some of the same thinking, ZIP codes. I call it the basic needs trauma. These guys, a lot of them are at the moment where somebody has to care and give them a second chance and give them a second chance about care.

Christopher Harrington:

A lot of times it's, "Hey, you did this," and people move forward, but for myself and all of our staff, okay, we got a second chance, but we going to hold you to the second chance. We're going to make sure you're accountable, and we going to check on you each and every day. So again, I make myself visible. I allow the staff to do their jobs,

but I go into the pod myself daily to make sure that everything is okay, because again, I represent those young men that are in there and I represent the community in which they're coming out. So, I want it to be a great marriage of everyone that is involved. So, that is what we do in a nutshell, as far as our screening and assessment and experiences, to do away with the re-traumatization, because again, even in this pandemic, it was hard. We had to pivot several times. I mean, even with the cultural disparity of having the vaccine, dealing with their family on the outside, not being able to get in contact and not knowing where people were. So again, we found ourself ... whatever that is we could do to make sure that our individuals were in the best mental state that they were in moving forward. So, that is what we do with our experiences of re-traumatization.

Dr. Rosemary White Shield:

Thank you. I'm really taken by the beauty in all of your programming and how you approach it, that the screening and assessment isn't only for placement, diagnosis, but it's an immediate invitation to help people heal and improve their quality of life from the very beginning. Moving into our next question, how do you select practitioners, staff to help serve the community members that participate in your programs? What are the things that you look at in terms of bringing in culturally responsive staff and practitioners?

Carol Burton:

I think I'll go, because working in prisons and jails is a culture in and of itself. So, the culture or the mission and the purpose is custody, control and care. So, understanding first whose house you are in and then identifying partners who are willing to work together. I want to say that inside the jail, we're fortunate to have deputies and folks who are assigned to the project who want to be there, who believe in transformation, who believe in healing, who believe that mental health and wellness is important and treating the whole person is important. So, that starts from the custody side and then the professionals who come in from behavioral health, who deliver the services inside are also folks who signed up for it.

Carol Burton:

They signed up for a job inside of a prison, of a jail, of a locked setting, and so had some recognition of an experience and knowledge and history around the populations that find themselves ... who had greater disparities and rates of incarceration. So, they had histories of that and knowledge of that, and knowing that it would be inside of a totalitarian system, where the doors are locked at night and throughout the day. So for the, I think, the governmental partners, they had a choice in what they wanted to do. I think they came because they were concerned about this particular population and all people getting the kind of support they need it.

Carol Burton:

Our CBO partners are .... it doesn't take long for people who find themselves utilizing mental health and substance use treatment services, it doesn't take long for the word to get around. And that if you have a reputation of being a good partner,

someone who sees me as more than my disease, more than my health, more than the decisions I've made, it doesn't take much time before that work gets around. I want to say that the folks who work with Options are folks who really have a heart for the people and a heart for healing and recovery. They also are really well trained, and I say this in full transparency, I did do some work with their organization. So, I know the insides and they really take this seriously, and it shows up in the reputation.

Carol Burton:

So, I think that making sure that the people who are doing the work want to be there, and that they're there for the right reasons, they're not there trying to save someone from their sins, that they see people as more than their health, and they see them as more than the crimes that they commit, and that they're all willing to be flexible. Because sometimes, when you're in a locked institution, you need to be flexible. We need to be flexible if we're going to do what we said we were coming to do, and that was to serve African American men who are experiencing co-occurring disorders.

Carol Burton:

The last thing I would say is that our grant is a self quality improvement, a system improvement grant, and it really is designed to figure out how we can improve the way that things are operating. I'm really excited about the things that we've done and put in place to do that. So, I'll just stop.

Dr. Rosemary White Shield:

Thank you.

Maria C. Molina:

Okay, I can go. So for us, when considering who will be providing services here, we have out of probably close to 35 or so staff at one point that were therapists, there was only myself and one other person who are tribal on our management team. I'm the only tribal person, so we don't have ... and at one point I remember they were trying to start a program for people to get be behavioral health certification. But the people that had interests because of their background, would've been difficult to get fingerprint clearance cards and things like that. So, there's not enough tribal people anywhere in the world, because we had gotten sent off to reservations and different areas of town where we didn't have much integration historically. So, there's just so many unique needs that we have here, that a lot of people who come from the outside might not understand.

Maria C. Molina:

That includes even tribal people who don't live on the reservation, have a different experience. And so there's a lot of complexity. In our identities, the level of acculturation, assimilation that we've experienced, there's just so many ... it's just really complex. And so when people come in, they'll want their therapist to be tribal, they'll want a tribal member because they're going to want people to understand. But then on the flip side of that in tribal communities, there's a lot of distrust in behavioral health, especially with people who are tribal because they worry about

their information getting out into the community because there's a reputation on ... and I'm speaking for myself and my experience here, I'm not speaking for all tribal people everywhere, but the experience could be that there's a lot of talk.

Maria C. Molina:

So, if somebody sees somebody walking over to be the behavioral health building, they're going to tell everybody and all the grandmas, and everybody's going to know. So, there's kind of like two pieces to it. People do really want to be connected with somebody who understands their needs, but then at the same time, there's that fear of people talking about them and people telling other people their business. So, for me, what's really important is to have both things, have people who are tribal people, trying to let the community know that the staff that we have, we really invest, and then because of the integrity that they have and how they're committed to working and serving our tribal people. And so, definitely don't want anybody here who's a firm believer in bootstrap mentality, because people need to have a critical awareness about what's happened to indigenous people historically, and the sociopolitical realities that exist, that keep us in this oppressed state and create all these barriers for our people to succeed.

Maria C. Molina:

So I mean, there's certain ... I guess it's hard to assess when you're doing an interview, but really trying to get a handle on what people's values are when it comes to being individualistic versus collective, understanding the impacts of historical trauma, not by just looking at a list of symptomology, but how that plays out. If you come to work here to be a therapist, you have to understand that you're not going to ... there's a lot of putting fires and crisis every time people come in. So, there's a different way of having to work here. So, there are values around being individualistic versus being collective, or understanding ... centering people's culture and language, not being so focused on using clinical language, but really working from the perspective of what the person is experienced, whether it's like spirits, medicine men, and using that kind of language, but then trying to weed out people that can do harm, and can do harm because of the paradigms that they have.

Maria C. Molina:

Sometimes people unintentionally cause harm by having certain expectations of tribal people, the way that we function, what our values are and what we identify as for ourself, to mean success, health, fulfillment, joy, all of those things. And for people to understand that because of the relationship that tribes have had to the federal government, historically, there's a lot of entitlement sometimes, from tribal members who expect certain things because of some of the very limited resources that we've received as tribal people. And so sometimes, that can create a very low bar or very low standard that people strive for, because those are the bare minimums that are being provided.

Maria C. Molina:

So, it creates just a whole lot of layers to work through, but definitely want people here who are understanding of what recovery means now versus when it came from the NA/AA movement, making sure to use the appropriate language, not labeling people, not being so abstinent focus, using harm reduction principles, people who are wanting to be allies also, who are willing to learn about our struggles in history, but then in the context of what it is to be an indigenous person today.

Maria C. Molina:

So, people who have that willingness to practice cultural humility, and then to state justice rooted, knowing that when somebody is talking about an experience of racism or colonialism, we're going to validate that and we're going to go over there and we're going to try to make some corrections because we know that's the world that they're going back into and we can't have people that are just wanting to be in an office. Cultural humility means also working towards change, and those are the kind of people that we want here. So, when we say centered in love and justice, that's not the language that you hear when you go to school and get trained, those are like taboo words, but no, that's not how we roll as tribal people. So, we're going to use the language that we're used to using and so if people are wanting to, and willing to adapt to that, then we're happy to have people here.

Dr. Rosemary White Shield:

Thank you so much. What you said is so close to my heart, and I think to the hearts of so many of us that are attending this session today. I think healing historical trauma and current trauma and decolonizing the clinical practice approaches are just essential in culturally responsive approaches. Thank you again so much. We'll be moving shortly into taking questions from our audience, but I really wanted to ask Christopher if he wouldn't mind weighing in on this question and also leading into our final question, is can you highlight the priorities from your expertise and experience new sites that are considering developing and implementing a new culturally responsive program in their community? And do you have any additional recommendations for those interested in culturally responsive programming in general? So, if you wouldn't mind, if you could respond to our last question and then move into our final question, that would be wonderful.

Christopher Harrington:

Thank you, thank you. Yes, it's kind of like Ms. Carol said, you have to know that you're being invited to someone else's home, we know the jail, we know the jail culture, but again, here in Fulton County, we are very unique. Again, the people that are there as jail administration look a whole lot like the people that are in the jail cells. So, our staff, the jail staff, the captains, the lieutenants, they are very merch having that intentional do right attitude. We have a pod that is created for our programs. Our captain of programming has been with us since the inception. She makes sure that her staff is trained and even moving into with our vendors, we make sure that we accept who they are and you got to use all your culture experiences inside there working with those guys, make no qualms about it.

Christopher Harrington:

You got to be an active listener. You can't be afraid of the jail setting, and you got to check your ego at the door. You cannot be judgmental in doing this and you got to love to do this work. You got to be called to do this. Because again, we are walking into a place where once we go in, we're locked in and we're let out at a specific time. So, you have to have awareness about you. You got to be able to be honest. A lot of the guys, they'll come back and say, "Mr. Chris, this person not working," because again, they know who is here for a check, and who's there to make sure that they're receiving the services that are needed.

Christopher Harrington:

So, that is for the most part, what we do. I make sure that I speak with the vendors that we use on a daily. I check in with them. I check their temperature. I check to see, "How's your day. Where are you?" I go up on the floor before programming, after programming, during programming, again, to make sure that we are in a space where the guys know that we are serious about caring and making sure that they get up back out into the community and be a part and be productive, make sure they get back to their families and make sure also too, is being able to practice what they are learning in the jail. The behavior modification, and like I tell them only works if you use it. So, that is the way that we do most of our training and vetting our vendors to go in. With the second question [inaudible 00:53:25]-

Dr. Rosemary White Shield:

[inaudible 00:53:25] do you have for people that are new to integrating culturally responsive programming or starting culturally responsive?

Christopher Harrington:

Oh, you got to know your target areas. You got to know who your stakeholders going to be. You got to identify your project goals. You got to make sure that your deliverables or services are true. Make sure your community is a part of your implementation. Again, you got to reach out to nonprofits, faith-based organizations, the private sectors. You got to make sure that everyone is on board. You create action steps for each step stakeholder. Everybody has to be in this in order to make it work. That's what a community is. Again, we are on the west side of Atlanta. And again, I have had the opportunity for a lot of my matriculation through my career to have worked with and in this area.

Christopher Harrington:

So again, for me, I have seen the work. I see the work of nonprofits and private organizations and entities really, really coming together. I look at it now as we are in this age of high crime, but also we are looking into the ways of criminal justice reform. We are at a unique space, a very unique space to, again, work on some new social services. Again, there's nothing wrong what we have done, but cookie cutter right now may not get it. I mean, the world has changed. We saw that with COVID.

Christopher Harrington:

We saw that we have to shift. We have to pivot. So you got to be mindful in everything you do when you making a program. You got to make sure that the location is good because everybody doesn't have a car. So, you got to make sure you got some type of transportation where they can get to their meetings. They can get back and forth to jail, that they can have an accountability piece, and won't be held to say, "Hey, you didn't get there." But no, you able to get on a train. You able to get on the bus and give them those services. We got to make sure that we are able to meet each and every individual where they are. There might be some family training. It might be some workforce development for mom. He might be with grandma and grandma might need to be able to make sure that she's able to get her medication and eat, so that this young man or young lady doesn't go back out there and commit the same thing that put him back in jail.

Christopher Harrington:

Those are the biggest things that I say as I'm looking, make sure that the programs and your implementation stages work at its best. Create a community, create communication with stakeholders, make sure you're going to know what your deliverables are, your goals, and reach out, reach out. Again, being able to know that there's some organizations that we can call on at any given time for any specific thing we may need for our clients, that works well. You got to keep those relationships. You got to be out in front of it, and you got to be true to what it is you trying to do it can't be about money. It can't be about, "I have a grant, I have a program," none of those things, you got to be true to your heart to make sure that it works. And it works well for who you're serving and the community.

Dr. Rosemary White Shield:

Thank you so much. The specific suggestions for people that are new to integrating culturally responsive programming, I'm sure will be so helpful to so many. Thank you, Christopher. As we're closing the panel discussion today, I wanted to ask our other two panelists, what would be their suggestions, recommendations, and advice to those who are interested in integrating or beginning culturally responsive programming?

Maria C. Molina:

Okay, I could go. I'm trying to notice the time. We're done at 1:00, right? Okay, so I'm going to try to be quick. I think it's important to know that there are often several attempts by outside people to come into communities of color, marginalized community, with a fix it. So, there's already some distrust there because there isn't exactly follow through. Here in Indian country, we get a lot of doctors, interns, people that come get their hours and then they leave, so there's a whole lot of abandonment that keeps happening over and over and all the while, the community has been able to maintain community care. And the reason for that is because we have our people. Different communities have people in their community that are the healers that are the midwives, that are the caretakers, the nurturers, we have people in the community already.

Maria C. Molina:

So, just making sure that you invest in those people and making space for them, for the work that they're already doing and pay them, pay them for the labor that they're doing, pay them for their labor and center the expertise that they bring, and make sure not to appropriate. Don't culturally appropriate, that's something that happens often, and just understand that there's people already there that are doing the work. And just making sure to center them.

Maria C. Molina:

I think every community has its strengths already and is full of resources. We just have to remember that most people who are incarcerated, oftentimes they're injustly, because we're not looking at the context of the life that they grew up in, all the barriers, poverty, all these different things that shovel people into the system to begin with, and there's a lot of wounds there. So, I think just centering the community, centering people in the community, that have strengths already and pay them.

Dr. Rosemary White Shield:

Thank you so much, Carol, would you like ... we have a couple minutes left before we take questions from the audience?

Carol Burton:

Sure.

Dr. Rosemary White Shield:

What would your advice be? Your recommendations, suggestions?

Carol Burton:

Yeah, I would ditto and just underscore what Chris has said, and also Maria. I think that there is the social and political contacts that folks need to do their work, their homework, before attempting to work with our population, particularly African-American men and African Americans and indigenous folks, First Nation, just understand the history and the political context, which people live their lives. I think looking at the data too. And if the data isn't there ask for it to be disaggregated, so that you can understand the populations that you're going to look at. And also going to the community, going to the community to understand what they are, what they need. Sometimes when we get these grants, we write because they say that you need to do A, B and C, but that may not be the best approach.So, do your own research.

Carol Burton:

I want to say operate with some humility. You don't know, you really don't know, and you won't really fully know the experiences of folks that you're serving and also understand that you don't know all the things that have happened before, the failed attempts or other attempts. And then I wanted to say that consider peers, hiring people who are personally impacted, consider that first and the kind of supports and

training and funding. I fully agree that they should be paid and then spend some time with the training and learning, understand that that's going to be a constant. Get good supervision, because people who sometimes are traumatized are challenging to work with. So, you don't want to do more harm. Our goal is to first do no harm. So make sure you have the training and the supervision that's needed. Then I would say, just partner with other organizations who do this work well, particularly if you've never done it.

Dr. Rosemary White Shield:

Oh, thank you so much. What strikes me about all of the caring that you have for the people that you're serving in your communities from my view will extend generationally, the impacts that you're making with your leadership. Thank you for letting me spend time with you today. We really appreciate your leadership expertise and all the wonderful things that you share that will help so many. I'd like to turn it over to Alexandria and now who'll be taking questions from the audience for you all.

Alexandria Hawkins:

Thank you, Rosemary. One of the first questions I saw on the chat is what is the preparation of local municipalities, such as police, for reentry initiatives? Without their inclusion, is reentry doomed to fail? So Carol, did you want to take that question?

Carol Burton:

Sure, in our county and in a lot of counties in the Bay Area, Northern Cal, they have collaborations where you have law enforcement, you have probation, you have your local sheriff, you have your law enforcement agencies, you have your district attorneys, you have your system providers, medical providers, you have community-based organizations, and you have people who are formally incarcerated all at the table, helping to inform what those strategies should look like. And every year, they're coming together talking about priorities, where, "Okay, we have this much money. Where should we put it? How well did we do last year?" And in some ways they are working to hold each other accountable, but also providing the training. So, that's a short answer. I think the question is really getting to something a little deeper that we don't have time to go into, but we do have some structures in place that could really, and I think in some ways are really, moving the needle in that area.

Alexandria Hawkins:

Thank you. Chris, would you like to answer that question as well?

Christopher Harrington:

Repeat the first part one more time? I know I heard you correct, I want to make sure.

Alexandria Hawkins:

Oh, what is the preparation of local municipalities such as police, et cetera, and reentry initiatives? Without their inclusion is reentry doomed to fail?

Christopher Harrington:

Yes, we need all municipalities. Again, I think back to some of my earlier classes that I took in school, community policing, I think that that works tremendously in the favor of what we are dealing with is this systematic approach to young men of color going to jails. I feel like we need to have more persons that are in the communities that represent what you look like, or either have had skilled training. Because again, there are some things that you can deescalate and you can have it disperse a crowd, or move persons along. But again, with municipalities, they are the key that drives what goes into the jails.

Christopher Harrington:

I mean, they are the first responders. They are the ones who either ... citations or any things of that nature. So again, yes, but I think it comes with, with training. I think it comes with some mental health training. I think it comes with some civilians sitting at the table when decisions are made. Again, like Ms. Carol said, we have a blueprint. I just think we need to make sure that we were able to, as I say, I like to say make some of the area grey. I know it's black and white, but there's some things that sometimes within policy, that we can definitely use to lessen the blow to the harm of families and underserved communities and persons of color. So yes, they need to be at the table along as with other stakeholders as well. But police first and foremost. I mean, and I know their job is very hectic and I know that they have ... At the end of the day, they want to make it home too. But also, these gentlemen that are in jail, they want to be able to get home as well. They want to be able to get their lives back together. So, I think it work hands in hand, but we definitely need the municipalities involved.

Alexandria Hawkins:

Thank you so much. I'm going to go to our next question in the chat. What are your thoughts on justice impacted individuals who exhibited violence behaviors while in prison, whose sentences expire, and they may not be mandated for treatment upon release? In most instances, this individual faces significant barriers. I guess, so this person is asking how do you get this person involved in treatment?

Carol Burton:

Well, I want to say that for the most part, when we find people sitting in our county jails, they're sitting there because the systems have failed them and that we have, for whatever reason, did an inadequate job early in their lives to intervene to provide the kind of protections that they needed. We've been involved in the sequential intercept mapping process in this county for five, six years. And we have mapped out ways that people early in their lives get trapped into this kind of cycle, in and out, in and out and never get the kind of treatment they need.

Carol Burton:

So, when we talk about adverse childhood advanced trauma, we know those things happen to people when they're young, we need to care enough to take care of that. So on the other end, when people are leaving and some of those folks have said, "I

don't want treatment," sometimes it's because it's a stigma. You're ready to leave and I've seen this in prisons, more than jails, that means that you have a label and then you have a few more restrictions leaving than you would have coming out. And so, it's best to engage people early in the process. So in terms of, do we court order people when they're coming out? Well, generally, sometimes if they're on parole, there is some stipulations around that. If you're talking about people who don't have tails, as they say, then I think it really takes those careful messengers, peers and people who are trained to help, engage them before they leave.

Alexandria Hawkins:

Great, thank you. So, we'll bring the slides back up. Thank you all so much for participating in the question and answer period. So, just to be respectful of everyone's time, I just want to make sure that we close out on time. So Okori, we can bring back the slides. Thank you and we will go to the end.

Okori:

They're uploading right now. One second, I'll [inaudible 01:11:07].

Alexandria Hawkins:

There we go. Okay, and so I just wanted to show you all the sources for today's resources for today's presentation. And lastly, thank you all for participating. I want to say a special thank you for the panelists, for discussing their program, and you can see the remaining programing for Second Chance Month by going to the nationalreentryresourcecenter.org. Thank you all. Have a great day.