

Brett L. Cobble:

Our greatest accomplishment was to give them the tools to succeed. The individuals that we dealt with were protective custody inmates. Prior to this grant and prior to this program, this was a group of individuals that didn't have access to treatment due to whatever reason why they were on protective custody. So before we had this program we were just releasing them out without any programming because due to their security issues, they couldn't take programming. So with this program, we gave them the tools they needed to succeed, and I think we've had about a 65% recidivism rate with this program.

Ashley Moody:

One of the greatest accomplishments is bringing awareness to the community, but also showing these individuals that they do deserve a second chance, and with the adequate resources, being able to link them to the services that they wouldn't be able to find on their own if we didn't have this program. Definitely showing them how to establish themselves within the community, helping them find employment even with their criminal history, and then getting them the adequate mental health services to allow them to remain stable within the community. Being able to work with partners that also have that same goal, that same drive, to make sure that we provide adequate services to these individuals and humanize this population and not just kind of discard them as, oh, well, once a criminal always a criminal, show them that they do deserve a second chance, and we can be able to provide that.

Deborah McGinty:

It will be a platform, the information that we gain in the best practices that we learned. Being able to publish those locally to our stakeholders, such as our Public Safety Coordinating Council, which encompasses the courts, law enforcement, clerks offices, all aspects of justice within our community. The raising of the awareness means it will become a platform as it was a pilot program for us.

Kortnee Carmack:

I think for the most part, the experience was great. That certainly there's a big gap of funding in our community for reentrants, and it's definitely a need in our community. I think specifically for the women reentrants, the pregnant and postpartum women, there's not a lot of research that's been done on them, so it was really cool to use the funding to support that population of folks.

Ashley Moody:

And also being able to provide them with the continuum of care, whether they needed residential, outpatient, mental health services, transitional housing. We have all those services, so it was more easily available to them.

Kortnee Carmack:

Our peer support specialists, they are engaged through our entire continuum. Them being involved with reentrants, again, it's just bringing in lots of different members of the community, because peers were able to help reach and to access those folks.

Brett L. Cobble:

The training and technical assistance was, again, excellent. A couple opportunities that they gave us as we had the DOJ set up, opportunities for us to talk with other states, even other countries, and exchange various ideas, various planning, programming tips, and that was extremely helpful to us.

Kortnee Carmack:

We really struggled with the grant in the beginning. Tara and I came into the grant within the last year of the project, and nothing had really been implemented. We were really behind, still kind of in planning mode, so I think technical assistance was really, really helpful.

Deborah McGinty:

I believe it was six month planning period at the onset of the grant is very helpful in tying things together for people.

Kortnee Carmack:

And then the second grant that we have, we've relied heavily on peer support to support reentrants who are moving into a treatment with us or moving into treatment or in need of housing, or whatever elsewhere in the community. And I think the peer support has just been really strong and really great.

Ashley Moody:

Some of the resources that I would like to see more available would definitely be housing opportunities for individuals that do have a lengthy criminal record and that also suffer with substance abuse. That has been the biggest barrier, I think, throughout any provider, but it does really put a wedge in treatment. They don't feel like they're secure and stable in the community, that that does affect how they are able to receive services and their willingness to engage in those services, because they have these stressors of where am I going to live opposed to really being able to focus on their treatment and recovery.

Deborah McGinty:

Speaking from the county perspective, I think just the shifting priorities that happen nationally as well as locally, we would all, I think, love to just have a consistent commitment and funding source that allows us to only focus on meeting their needs rather than always looking for getting funding to support what we know our needs. And we've been very fortunate in our community in that we are supported in these projects and in the recognition our community and stakeholders have regarding the needs of justice involved individuals who do experience mental health and substance use disorder concerns.

Brett L. Cobble:

The biggest question they have is, where do I go? If I feel like I'm on a relapse or if I feel like I'm struggling with my addiction, where do you go? With the smaller communities sometimes that's harder to find places for them to go and receive services that they need. That's the biggest question for them, is they just sort of wanting to know, okay, where do I need to go so they can have a plan in case they reach an issue and need assistance with their addiction.

Kortnee Carmack:

Some of the services and resources that I wish were available to better serve reentrants here in this community are telehealth options. It was really difficult to provide services to folks on site in a reentry facility, so telehealth options for working for them.

Ashley Moody:

The biggest thing is education. Educating them on because you've been sober does not mean that there's not that chance for relapse, and connecting them to all of the important resources. That's the most important thing, not just saying, here's outpatient, start there. Here's outpatient, but let's also look into this. Let's identify all needs and take that holistic approach, to make sure that we give them the best chance and not set them up for failure.

Tara Asmer:

What we provide is peer support specialists, leading groups weekly, so people are able to attend groups about four times a week to connect with others, do storytelling, connect through cultural activities and things like that.

Kortnee Carmack:

I think our peer support specialists have been really beneficial. A lot of them have been incarcerated, so they know what it's like to walk out of a facility and have to start over and get all of the documents you need to enter into treatment. So I think our peer support being able to walk with them as soon as they come out of the facility, walk them over to our organization or an organization that will benefit them more, I think that's been really helpful.

Brett L. Cobble:

They saw the results and they saw that the inmates that were in the program were actively participating. They were taking it serious, and so staffs realized that this program is important and it is needed. So once they saw all that, then they were bought in. That's the main reason it's been a successful program. Just how helpful everybody has been, how understanding. There was some bumps in the road that we ran into, but we overcame them and it did become an issue. And the guidance and the helpfulness and the tips that we got from DOJ really helped us out. We knew that we could reach out to our rep anytime we needed to. There was always that open line of communication, and that really helped in our success of our program.

Ashley Moody:

So I think that these programs are imperative. This is a grossly underserved population, and to be able to bring programs like this to light and show that they do work, to be able to break the cycle, once you know better, you do better. They end up in the repetitive cycle of criminal justice involvement, substance use, untreated mental health. To acknowledge these individuals, humanize them first and foremost, to be able provide those services. So we do see a lower rate of individuals who are incarcerated due to their mental health or substance use to supporters, being able to link them to the appropriate services and hopefully bring awareness that there is more funding that is needed for this population to be adequately served.