

Tiffany McKnight:

Hi, good afternoon. Thank you for joining today's Implementing Forensic Peer Services into Reentry Programming session. My name is Tiffany McKnight. I'm a policy analyst at The Council of State Governments Justice Center, and I will be moderating this session. So I guess we'll go ahead and get started. It is now 3:00 PM, so we'll go ahead and get started. As a notice to participants, this webinar will be recorded. We also have closed captioning available if necessary. So as we begin, I would like to now introduce Tasha Aikens. Tasha is a grants management specialist at the Bureau of Justice Assistance, US Department of Justice, and she'll be talking about the agency.

Tasha Aikens:

Good afternoon everyone. Thank you for that introduction, Tiffany. My name is Tasha Aikens. I am a policy advisor from the Bureau of Justice Assistance or BJA. Thank you again for joining this webinar, one of many we will be hosting as part of Second Chance Month. Before our presenters get started, I would like to spend a few minutes providing some background on BJA and the Second Chance Act. BJA is located within the Office of Justice Programs or OJP, which is part of United States Department of Justice. OJP provides a wide range of services to the criminal justice community in the form of funding, training, research and statistics. Next slide please. Next slide. Thank you.

Under the direction of Director Moore, who was appointed by President Biden in February, 2022, BJAs programmatic and policy efforts focus on providing a wide range of resources, including training and technical assistance to law enforcement courts corrections, treatment reentry justice information sharing, and community-based partners to address chronic emergent criminal justice challenges on a national level. Next slide please. BJA activities support five major strategic areas related to improving public safety, reducing recidivism, integrating evidence-based practices, increasing program effectiveness, and ensuring organizational excellence. Next slide please.

And BJA does this through funding, education, provision of equipment, and supporting partnership and collaboration. Through Second Chance Act funds, BJA supports a suite of competitive grant programs available to state, local, and tribal organizations as well as nonprofit organizations to support the implementation of expansion or enhancement of reentry programs. Each of our Second Chance Act grantees benefit from the expertise of training and technical assistance, providers who support grantees in the implementation of their grants, as well as provide training opportunities and develop resources for the field at large. Next slide please.

BJA also funds and supports the National Reentry Resource Center or NRRC, which is the nation's primary source of information and guidance on reentry and the host for Second Chance Month. Please visit the NRRC to access Second Chance Month resources, which includes webinars, videos, podcasts, and publications. And please continue to visit the NRRC after April to learn about the latest reentry related news, funding opportunity, learning events and resources. And again, thank you again for joining us during today's webinar. And I will turn the mic back to Tiffany. Thank you so much.

Tiffany McKnight:

Thank you, Tasha. I appreciate that. So now, we'll talk about the Council of State Governments. The Council of State Governments Justice Center is a national non-profit 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 strengthens communities. Today's presentation will begin with introductions of our presenters and

overview of how to build forensic peer services in reentry programming, followed by a presentation from Hawaii Department of Health.

And then following this presentation, we'll have an opportunity for participants to ask questions to the panelists. If you have any questions, we ask that you utilize the chat function as we'll be monitoring the chat throughout the presentation. Our presenters today is Amy Naylor. Amy is a service coordinator with the Hawaii Department of Health, Adult Mental Health division. Amy has a bachelor's degree in English and a master's degree in educational technology, which means she is well qualified to correct grant errors on Facebook and TikTok.

Today, she works mostly with case management services, but is also the grant administrator for the co-occurring substance abuse Mental Illness Award. In the past, Amy has worked in the mental health field as a case manager in vocational rehabilitation, welfare to work, supported employment, and as a supervisor in a supported housing program. Jacob Jake McPherson. Jake is the Consumer Affairs Chief for Hawaii's Adult Mental Health division. He is passionate about training Hawaii Certified Peer Specialist and encouraging their youth and agencies serving adults living with serious mental illness.

Jake is a person with lived experience and is happy to share his recovery with individuals and organizations that strive to bring recovery to people living with serious mental illness. We also have Derwin Teranishi, is a certified forensic peer specialist and trainer for the Hawaii Department of Health Adult Mental Health division. Derwin works directly with program participants that are enrolled in the program.

So let's talk a bit about peer services and peer support. It is an evidence-based model of care that consists of qualified peer support practitioners who assist individuals with their recovery. Peer delivery services are supportive rather than directive. Reciprocity and empathetic human relationships are central components. A peer support is a person who uses their lived experience plus skills learned in formal training to deliver services to provoke, promote mind body recovery and resilience. Peer support programs all have the same components necessary for programming. You have certifications and training, partnerships and staffing, services that are offered, and finally, the practicality of those services.

Forensic peer services that support positive engagement in the criminal justice system, but do not enforce compliance. Forensic peers provide aid support and motivation for meet and required mandates attached to any process in the entire continuum of the criminal justice involvement. Research reveals that forensic peer services that support reentry have a dramatic impact in reducing recidivism. Forensic peer services can be engaged anywhere throughout the continuum of the system. Some areas of that continuum that peers can be supportive while doing arrests, where services can be offered in conjunction with first responders working with police.

Services may include motivation, support and transportation to withdraw management services, or referral to addiction treatment and community recovery support groups. You also can be utilized in court. Forensic peers offer support through hearings and sentencing that may include advocacy for alternative sentences and treatment reminders regarding court appearances, transportation and other supports. And also in prison, forensic peers offer enrich services, motivation support, and orientation to outside support systems available upon release. Forensic peers may also participate in transitional planning with individuals prior to their release.

Now we'll pivot the conversation to discuss how one can build out a forensic peer program for their own organization. First up, we have strategy. Determine the need for the program, research available services in your community, and determine what services could be most beneficial. You want to talk to stakeholders that are being worked with and inquire about what services could be most impactful to the

population. Clearly articulate what the program is. Define the purpose and identify what needs wish to be filled. Create clear and concise action-oriented goals. This will help to further shape the program.

When building a program, consider how the community can influence the choice to approach delivery peer support. Also consider the availability of resources in the community because this will be very impactful on the services and resources that will be provided to the participants. The capacity program and the supports provided by forensic peer specialists can range from simple conversations with participants to detail pre-planned activities. When gathering resources for the program, you want to research interventions that have been validated and proven to be successful. This will allow them to acclimate their resources to fit the needs of the program.

An additional option would be to partner with a national, state, or local organization that has similar goals and can offer resources and best practices to the program. Determine what certifications are needed for forensic peer specialists in the area. Unfortunately, there is no national licensing credentialing board that will oversee peer support specialists. Therefore, each jurisdiction will have their own requirements. Now we have implementation. Excuse me. Policies that designate the scope, limits the boundaries of the peer role, should aid and set expectations. They should be clearly stated and visible for the program, program leaders and peer staff, as well as the participants.

The program will need a set of policies that will guide how people should behave and what processes should be allowed when offering services. Confidentiality and privacy matters are still a part of the work and needs to be respected. Whether HIPAA regulations apply to organizations or they do not, the agency will need to determine the best method for enacting policy and confidentiality expectations with staff that will protect the participant. A clear set of policies and procedures may be beneficial for everyone involved in the program. Many organizations have procedures that describe how employees, volunteers, and others conduct themselves. Program leaders must determine which policies and procedures work best for the program and what, if any, adjustments need to be made as the program develops and services are enhanced.

Next, you have evaluation. There is an array of activities for programs to focus on to assess the value of their program. Participants and forensic peer specialists need means to share feedback and any ideas to further improve services. Also, it's important to gauge utilization of peer services by documenting referral types, engagement strategies, and retention. In the realm of reentry, evaluating services can also be conducted by utilizing criminal justice measures such as track and revocations, re-arrest, recidivism rates. All of this will paint the bigger picture to leadership and community stakeholders that efficiency of peer services and why they are necessary.

Last, we have sustainability. The goal of any support program is to sustain a program and make a lasting service in the community where it operates. Sustaining a program comprises planning for the future, adjusting to meet the needs of those being served, and expanding the program if necessary. To make this possible, you will need financial stability and organizational capacity.

In conclusion, the program must have an ability to evolve, maintain, and expand, and response to continuous updates and improvements. Organizations develop their program to better serve population and program participants. Program should be flexible and take a proactive approach to problem solving. Beginning a peer program comprises thinking about the types of support that people need and how your program can speak to those needs. Doing so requires consideration to the needs and strengths of the organization, the target population that wishes to serve the forensic care specialist and what they need to offer support. Now, I will turn the presentation over to Amy at the Hawaii Department of Health.

Amy Naylor:

Good morning. Well, it's morning here. Aloha everyone. I am Amy Naylor, service coordinator and the grant administrator for our program. I'm going over the four steps that we use to develop this program that we've been working on. And it reminds me that it's been quite a journey. And I'll go ahead and talk about our journey first and then turn it over to Jake and Derwin because Jake is the one that makes everything work. And Derwin, well, you'll meet Derwin and he's amazing. So first, I'll give you a little bit of history of, we started with our strategy and we were so excited because we really believe in forensic peer specialist work.

And we thought, this is fantastic, we're bringing this to our island, it's going to be wonderful. And we strategized. We planned. We had everything all lined up. We had a fantastic advisory board set up with all the players in the community. We were able to get our training set up with Peerstar and Jake. We had everything all ready to go, and we're ready for part two, implementation. And then, as you all can guess what happened next? Yes, it all came to a screaming halt with the lockdown. However, we had this fantastic, wonderful thing happened. It was called Act 26.

And even though our peers that we were getting ready, our group of peers that we were training, could not no longer go into the cell block to work or the courts, we had a program that started called Act 26. And Act 26 in Hawaii, if an individual had a misdemeanor or they really did not need to go straight out into the community, but they really could use some help, some mental health support, they were sent ordered, court ordered, into the Hawaii State Hospital, the psychiatric hospital. And at that moment, while they were there, they had the option to go to a crisis stabilization unit that was located right down the hill.

And that's where we had our forensic peer specialists that had graduated. We had two that were there at the time, that could meet with the Act 26 individuals that left and tried to engage them then. So it worked out. It worked out okay. We were able to continue with our grant. And we've had wonderful, we've had a pretty neat turnout as far as our data and things like that. So we were able to implement. And then we moved on, if we move on to evaluation sustainability, but I'd like to go back for just a minute to talk about our planning and implementation.

So if you're developing a forensic peer specialist program in your state, one of the things that I highly recommend that we did not do, but it was brand new, we hadn't done it before, that if you're going to build the bridge for forensic peer specialist work, make sure that you build the bridge with more than one support. So we were building the bridge, but we were so excited about building it that we missed some of the supports. So we started off right off the bat with our training. So we got a good company that was familiar. Peerstar was familiar with doing forensic peer specialist training. They helped us, they trained Jake. We got that piece all set up.

We had placements in the community with community empowerment resources. They were our contractor that was doing the sitcom piece, or we call it sitcom. It's the stabilization unit. And we had that. But what we forgot to do that was really, really important that we realized, and we have since been have fixed it, but we didn't have proper support for our forensic peer specialists. So it was scattered everybody. We had the contractor that worked at Ekolu, which is our stabilization program, who would support the peers. But if any forensic peer specialists went outside of the stabilization unit, they didn't really have any formal support for feedback and training, things like that. So since then, we've worked on that.

And then another piece that I was just stunned was so difficult, was paying our peers. The actual process. I always thought that, well, you just write a check. It's really not that complicated. You just write a check. But it actually is really complicated because you don't have a physical check. So we had all that red tape that we had to get through to try to figure out, well, who will this person be? How will they

do the work? And it took us a year, almost a year and a half to figure that piece out. Luckily, our forensic peers are just amazing and they just kept moving forward.

I hate to keep talking too much more. I wanted to talk a little bit about evaluation and our data and sustainability, but at the same time, I would love it if Jake could talk a little bit more about the training piece and his work as our consumer affairs chief.

Jacob Jake McPherson:

Good morning everybody. I'm really happy to be here this morning. Thank you all for the kind introductions and thank you for attending this webinar. Our training for the Hawaii Forensic Peer Specialist comes after the training for a Hawaii Certified Peer Specialist. You must first be a certified peer specialist and then if you have a history of justice involvement, you may take the forensic peer specialist training. Both of our trainings include an internship piece. In order to be certified as a Hawaii Certified Peer Specialist, you must finish 120 hours of internship. And after the Hawaii Forensic Peer Specialist training, you must complete 40 hours of internship.

The training that we do came to us, we purchased it from a company in Pennsylvania called Peerstar. They have a history of working with forensic peers and they designed a training specifically for us in Hawaii. And it differs from the Hawaii Certified Peer Specialist in some important ways. First, we study the sequential intercept model so that the peers can know at what point they're going to be engaging with their peers. We talk about life after release, the barriers that come up after release. We talk about working with probation officers and other authority figures.

Because our grant also includes the portion that has to do with substance use disorders, we talk about common street drugs. Since it's a dual diagnosis work, we also talk about common diagnoses that people live with. With any type of peer work, appears personal story is vitally important to their ability to engage with the peers that they are serving. So we spend a lot of time in the Hawaii Certified Peer Specialist program, learning how to tell our stories effectively. We double down on that in the Hawaii Forensic Peer Specialist program and make sure that people are very comfortable and know how to present their personal story so that it leaves out the traumatic details and highlights the recovery details.

The final piece that we bring into the forensic peer specialist training is self-care. It's very important that our peer specialists know how to take care of themselves and that they know how important it is for their own wellbeing when they're working, so that they know how to take care of themselves, so that they will be able to deliver the best possible promotion of the program, so that they will get engagement with the clients that they're working with. How does that sound, Amy? Is that good?

Amy Naylor:

That sounds great. And remind us all, how many students have we had so far? How many?

Jacob Jake McPherson:

We've trained 23 students since we started this in 2019 before we were interrupted by the pandemic. And right now, 18 of those 23 are working. Not all of them are working as forensic peer specialists, but they are working in some capacity delivering services so the training has been valuable for them.

Amy Naylor:

Thank you. Thank you, Jake. And I know the numbers may seem small to you, but remember, we are an island. So you need to multiply everything that we do by a thousand, and then you'll be probably

impressed with what we do. Jake, do you think that's appropriate number, a thousand, or should we maybe...

Jacob Jake McPherson:

Yes, I think that's completely appropriate.

Amy Naylor:

Okay.

Jacob Jake McPherson:

Hawaii is a small state. We only have four major islands and we only have a population of about a million and a half people.

Amy Naylor:

But we do a lot, and we work hard here. So Jake does our training. And then the other... So I was going to talk a little bit about evaluation and our data. And thank goodness Jake also collects a lot of that, as you just noticed because he gave numbers. So when we started doing our data collection for our evaluation, one of the things that we learned that I highly recommend to anyone who is developing these programs is to have a specific point of contact that does the data collection. Because we started collecting all kinds of really good information, such as how long did a forensic peer, how long were they able to speak to someone at the crisis stabilization unit?

Once again, we call that Ekalu. How long? How frequently? How many? All those numbers. The person that was keeping that information actually left but has since come back. But it's little things like that that I highly recommend you make sure that you have that on your checklist. So we've had some really impressive results with forensic peer specialists working with us, and they've been extremely effective at reducing recidivism. So once again, these seem like small numbers, but it's significant. We had over 141 Act 26. So there were 141 people that were sent to our psychiatric hospital through Act 26. They were court-ordered to go there.

Out of the 141, 64% of them chose to go ahead and go to Ekalu, our crisis stabilization unit, and talk to either Derwin or, at the time, it was Darnell, our forensic peer specialist. So of those people, our social workers told us that all the way down the hill, walking to Ekalu, they would very colorfully tell them they didn't need any help, they didn't want their help, they were going to leave, da, da, da, da, da, da, very colorfully. And they would get to the gate, and Darnell or Derwin would meet them at the gate and say, "Come on in, have a soda, have a bag of chips, and chat with me for a minute."

And at the time when it first started, 97% of every person that came down there agreed to sit down and talk. And of that group, 64% decided to stay. And of that group, that 64% that decided to stay, the average stay is eight days. These are individuals who have been arrested almost on a daily basis. So eight days is... And every single day that they had a forensic peer specialist available to chat with, they would chat with that individual. And of that group, 12% went on to live in group homes, in group home living. So to me, this is very exciting, and this is why I think forensic peers are so powerful and so helpful.

Whereas, like I said, when the people were walking down the hill telling them, "I don't need your help," but when a peer says, "Oh, come on, I think you do." And it works. And it's changed lives. And so I think this is a really good segue for you to meet Derwin because Derwin actually changes more lives than he knows because he has helped changed mine. So Derwin, could you turn on your... He is our forensic peer specialist that works at our stabilization unit. And Derwin, I wanted to say one more thing about Derwin.

Not only did he finish the training and become a forensic peer specialist, but he actually also does the training for forensic peer specialist training. So Derwin, could you introduce yourself and tell us a little bit about some of the work that you do as a forensic peer specialist?

Derwin Teranishi:

Okay. So bear with me because I didn't prepare any writing. I just figured, well, I'll just speak from what's in my heart and I'll go with that. So first of all, I shouldn't have looked at the participants. That's a lot of participants. I didn't realize we're talking to so many. And so anyway, here we go. Yeah. So I work at Ekolu and it's a crisis stabilization facility. And let me just start off with what I do. And then I'll get into my story and it'll be part of what I do. And you see how it all comes together.

So on a weekly basis, I only work three days a week, limited time of four hours. So I know that in two weeks, with each person, I have to attempt to allow them to have a fighting chance of me building up a recovery plan of some sort that will help them to keep and attain what the case managers will give them after their departure, which is, I break it down into internal and external things. So I explained to the clients that the external things will be worked with the case managers, getting them into programs, housing, documentation, everything on the outside. My job is to work with them on the internal teams, which I work to build the recovery to maintain and keep those things after they leave. So I start off with that.

How do I approach this? So I was fortunate to start off my internship with nobody around. And so I was in a position that I had to create something that would work for me and the clients. So now, we have up to 17 clients. So I would just go on my first day of work and, of course, I bring something with me, some kind of snack or something that will break the ice. And I go to each part before my shift and I just introduce myself and I assess if they're capable of engaging and at what level, whether it's competency level, physical level, if they're going to withdrawals or whatever it is. And I prioritize these people by the time I get to all the pods.

So then I sit down and then let them start coming out to me. And each one will come out as they are able to. And that determines who I will approach in the day to work a substantial time with them. So now, what do I do at this place? I do recovery groups. What kind of recovery groups? It goes from anything from AA, NA. But what I like to use is the format of DRA, do recovery anonymous. So I can bring up topics of ACEs, adverse childhood experiences, to traumas, to relationships, to coping skills, anything that I see fit depending on what presents itself to me as I go around and meet them.

So I already have some things I want to bring up or the topics that I want to bring up. And I go with whatever works for this group. Because if there's a lot of Act 26, the comprehension might not be at that level where I can use certain topics. Then I would just encourage and use coping techniques and just comfort them and use gains and different sorts of different techniques. Okay. So that's the groups. So what do I really do that'll implement my background? So I know what Amy and Jake is talking about. I don't get caught up with all the big picture. I get caught up with what works for me and what will work for the person in front of me.

I know some of them have forensic, which is judiciary problems, and some have drugs problem, alcohol problem, homeless problem, and legal problems. So my goal is to let them know that I want to work with them on one thing, which work for me is called recovery capital. What is that? That's building a recovery plan outside of what a treatment program can offer. So in other words, okay, the outpatient, the inpatient, the residential, they have their own programs. I don't need to be bothered with that. I work with them to make that part of the plan that we work on.

So what is a recovery capital plan? So what happened to me is, the judge told me, "Derwin, you have to go to a program." But my Medicare program would not allow me to get into any residential. So that forced me to think about what was I going to tell the judge every time we go to the judge and he says, "So what have you been working on?" So that made me think I have to start building my own recovery program with the resources in the community, with the church, with my psychiatrist, psychologist. And I came up with some strategy in the judiciary system that I share with the people at Ekolu.

And I changed the whole format of what the judiciary people represented, which was a fear-based situation, to become my advocate. And so what I started to do was share with them every week, my case manager, the PO, and the judge, in all the areas that I was struggling with. For example, if I was struggling with mental health, I would go to the Clubhouse. If I was struggling with alcohol... This is all my background, alcohol and drugs for 35 years. So I would go to the AA meetings and NA, of course, NA meetings, and then church with my spiritual. And for the first week, that's all I would share. The second week, I would let them know the next thing I'm working on is volunteering at AA.

I'm also volunteering at NA and found a sponsor. I also go to Clubhouse and eventually I told them I was involved with the [inaudible 00:37:21] advocacy coalition. So as you notice, I teach them how to grow in the recovery and start to build a recovery and not focus on recidivism. I don't look at diagnosis, I don't let them think about the recidivism. I let them focus on what I did for myself that made me motivated and changed the whole scope of the judiciary system and how I started to get so excited to report to them what I was doing. Because I now knew how to work this program for myself outside of a treatment program.

So now, I share this with the clients. And I use subjects so that I can probe in different areas to see what I need to stimulate and what I need to help them in. And if it means for me to tell the case managers that they need a therapist because they have sexual exploitation in their lives, then I'll do that. And then I'll work with them on that and say, "This is what you need to do in this area, so I'm going to set you up after your discharge." And then if it's medication management, because they're always falling apart in the mental health side, then I let them know this is what I'm going to help you with in this side and I'm setting you up with the case manager so you can follow up with your outside case manager.

So I do these things and break everything down in areas, just areas so simple that we come up with a plan to attack each one and then I let them go. And each day, I take everybody and I work with everybody at whatever level that presents itself. So if it's just means to say hi and, "Hey, I'm glad you're here and you're sticking it out," and that's all their need for the day, and that's what I give them. And in time, they will start to gravitate towards me because I'm not there to change them, I'm there to help them to save their lives.

And so, nobody taught me this. I had to learn all this whole strategy on my own with God's help. And because of that, when I got to Ekolu, I didn't have to be taught all this. I had to just release all this out of me. And that's my benefit that I cannot take credit what I do up there. It's, God was working in my life to all my struggles. And when I went to Ekolu, that was the best gift for me. And I thank Jake because part of my reasons why I went to Jake's training was not to actually be certified. It was for me to gain some insights to help the homeless ministry people out there that I was helping. But one thing led to another and I found out I had to do this internship. And Jake led me to this company that was a blessing that I would never trade.

And so that's really the meat of my whole thing that I do. But I only want to leave you one thing. So my goal for the last 10 years was to be a walking program, to know that I can go to anybody on the streets or anybody that can come to me in a crisis shelter, whether they are transgender or whatever they are, that I would have something in me to be able to mold them and turn things around to give them hope. So I'm fortunate I didn't have to figure this out. It was already being molded in me from young time and

all the way to now. So I just thank God that I'm here, I can share this insight. And yeah, that's all I got to share. Thank you.

Tiffany McKnight:

Thank you so much. Thank you Hawaii. That was amazing. So right now, we've had our presentations. Now we will open a floor to questions from anyone from the panel. So if you would like to utilize the chat function to ask any questions to the panelists, right now would be the time to do that. So there are a few questions already in the question and answers. And so I'll start with them as everyone prepares for any other additional questions that they have. So Anabel has a question. How does your agency help individuals who are high functioning obtain employment?

Amy Naylor:

So Jake does more of that than I do, but I will say we work together. Jake and I work together developing different placements throughout the... We actually started with placements first, trying to find the areas that are supportive. So for example, probation. The probation office was... that we talked to the probation office and they are willing and excited about having a forensic peer specialist work with them at some point in time. And we reached out to the different areas where peers would be able to have a good impact and develop those placements. And then from that, Jake, could you share what you do at that time?

Jacob Jake McPherson:

What we do is take the people that are finishing the training and we obtain placement for the internship. Internships generally turn into jobs, not a 100% of the time, but it's a very high percentage. But we don't actually find employment for anybody that comes along. It's only for the people who are doing our training. And the most important thing that we try to do is make sure that the people who are doing the training want to work at a certain agency, a certain contracted agency. It's not necessarily that they... So the agency has to sell themselves as well as the potential peer specialist has to sell themselves to the agency. It's a combination of both.

The peer specialist trainees have their own ideas about what type of agency they want to work with. And they come to us and they say, "I would like to do an internship at this place." And then we try to make that happen for them. It doesn't work a 100% of the time because one of the requirements for the internship size is they have to have available supervision for the interns. And not all agencies have enough staff that they can allow someone to spend time supervising an intern. And so we have to look for other placements then, and we hope that the placements will always generally work to the advantage of both, the agency and the intern.

Tiffany McKnight:

Thanks Jake. Another question we have is... And I know you touched it a little bit about this earlier. But just in case someone would like a little bit more information or they may have missed it, could you talk about the difference between a regular peer specialist and a forensic peer?

Jacob Jake McPherson:

I'm happy to talk about that. A Hawaii Certified Peer Specialist is trained first and foremost to understand the proper way to tell their own recovery story. It's not a simple thing. A recovery story can get bogged down with details that can be too traumatic and can trigger people who are listening. So we

learn how to tell our recovery stories so that we leave out the details that could be possibly triggering for people who are listening, but will increase the amount of hope that we personally live with, so that those people will then take the idea that they can have hope in their own personal lives as well.

The training for the Hawaii Certified Peer Specialist program also includes work in understanding how to see where a person is in their own recovery journey and meet them there. We use different terminology, but basically this is the pre-contemplative that... I'm not a clinician so I don't even remember what that's called. But it's that type of idea that has been... The verbiage has been changed so that it makes more sense for our type of trainees. We talk about how to listen effectively. It's not a simple matter about how to listen. Typically, we are acculturated so that we listen in order to solve the issues that we are listening to.

We teach them how to step back from that and listen with an open agenda so that the person can get their real story out so that we can listen to the heart of the matter, so that we can then go to that person's heart of the matter and actually work with them in improving their own lives so that they can live successfully independently in the community. A forensic peer specialist has much more forensic information involved. We talk about Sequential Intercept Model, life after release, working with authority figures such as probation officers, because of the nature of our grant, which also includes co-occurring substance use and mental illness, we talk about common street drugs, we talk about diagnoses.

We do not talk about diagnoses in the regular peer specialist program. We don't talk about diagnoses at all. But we do that in the forensic peer specialist program. And then in the forensic peer specialist program, we double down on teaching how to effectively tell your personal story, because your personal story in the regular training may not include your justice involvement, but it does include your justice involvement in the forensic peer specialist program. Thank you.

Tiffany McKnight:

Thanks Jake. We have another question. Are any of your peer support specialists, who have passed justice involvement, limited in the support they're allowed to provide? How are you working with this barrier?

Amy Naylor:

So we're starting a new jail diversion program. Actually it's the old one, but we're updating it. And in the jail diversion program that Jake's been very instrumental in teaching us that what areas or what activities are appropriate for forensic peer specialists to support with and some that are not. And he's been really good with... Jake, would you want to talk a little bit about how you told us, "Hey, that's a no-no and please don't do that?"

Jacob Jake McPherson:

The most important thing to remember when you're working with peer specialists is that they're not clinicians. They are people who live with the history of mental illness, and possibly with justice involvement if you're a forensic peer specialist. And those people use their own personal story, and they're part of a treatment team. They don't work in seclusion, they're part of a team. And their biggest job is to buy, is to get increased engagement from the client with the treatment team as a whole.

Now, the treatment team in this case is the jail diversion team. These people come to jail diversion program with mental illness and justice involvement, and the idea is to keep them out of jail and to keep them in programs which will increase their ability to live independently in the community successfully.

So the forensic peer specialist job is to make sure that the clients understand how they can gain successful completion of the jail diversion program by engaging fully with the treatment team. Does that help?

Tiffany McKnight:

Yes. Thank you. So I have another question. Our agency is now providing MAT, medication-assisted treatment, in a jail setting along with other programs who are abstinence based. What is your approach to those in medication-assisted treatment regarding a stigma faced by them for those who don't believe MAT is a road to recovery?

Amy Naylor:

So we have not been able to use MAT right now in the cell block. We have plans to do that. But it brings another level of... It's another level of work that we haven't figured out how to do yet. And we wanted to get our nurses in the cell block to start doing those. We have nurses that we contract with in the cell block. And this grant helps pay for those nurses because they do mental health and substance use assessments that help us identify individuals that are coming up, that are going to court, that need extra support and may be good individuals for ACT 26 or jail diversion. So we haven't had that part yet, but we want it.

Tiffany McKnight:

Thanks Amy. So I have another question. Is the recovery capital plan a tool from Peerstar training and could you share some of the components of the plan?

Jacob Jake McPherson:

Recovery capital is an idea that we got from Peerstar, but it is not necessarily owned by Peerstar. Recovery capital is simply an idea that the pieces of my life that I have that help me remain substance free and out of jail, keep me living successfully in the community. Those types of things are, first of all, friends and family, faith-based help, organizations such as AA and NA, and CMA, Crystal Meth-addicts Anonymous, and those types of organizations. It can be work, it can be anything that helps me remain substance free and outside zone. Does that answer the question?

Tiffany McKnight:

Yes. So I have an additional question in regards to the recovery capital plan. So do you write out a physical recovery capital plan for clients, and does the client and a peer specialist review that together over time?

Jacob Jake McPherson:

I think Derwin is actually the person to answer that. Do you write those down, Derwin?

Derwin Teranishi:

Okay. So when it comes to... Okay. First of all, I work in a crisis shelter facility. So I don't have the same situation as a community forensic peer specialist. So I cannot guarantee I'm going to sit with you today and you're going to be there tomorrow. Right? And I cannot guarantee that you are coherent today and tomorrow you'll be coherent. Because each day presents a different side of each person, depending

what they're getting triggered with, their medication changes, they Act 26. But to answer your question, this is the best way I can put it.

As long as I identify that I can work with them and they're capable of understanding what is recovery capital and they can relate to me, then I sit with them and do a customized breakdown of what areas they need to work on, then I built them back up in those areas. That's the simplest way I can tell you. And I write it out. I do more than writing it out. I actually walk them through the steps. So for example, if somebody I feel is high functioning and I see that they already came two, three times into Ekolu, I just continue where I worked with them.

So a gentleman that might be high functioning, I'll tell him, "Hey, I know you had a slip, but that doesn't mean that you didn't grow. So since you grew, let's work on the next step, which is DVR," Division of Vocational Rehab, which is part of my story, which I took it to a higher level and I became a medical coder, and they paid for my schooling \$10,000. And I use all these experiences to show them that, and I call them, everything I do is all hands-on.

I call them up like I'm a new candidate for the application and I walk them through it. And I say, "Can you tell me what you do for me?" Even though they know I already was through that system, so that these people in crisis can see it's real. It's easy to tell them, do this, do this, do this. Nobody wants to hear to do this, do this. They want to see you doing it. So that part... I don't know. Say, I got lost a little bit about the question. But yeah. So that's the part of recovery capital is important. You actually hands-on walk them through the steps, how to pick a sponsor, what to look for and so on and so on and so on. If that answers your question.

Tiffany McKnight:

Thanks, Derwin. So I know that we are almost at time, but I think we have a little bit more time for maybe one or two questions. So I do have an additional question. If a client does end up going to a residential treatment facility, what does engagement look like for forensic peer support while the person is in that facility? Do they participate as part of their treatment team?

Amy Naylor:

So we're working on the jail diversion team right now, and that will be a piece of it. Yes. So they'll be the case manager, the jail diversion case manager, the peer specialist. It is all part of a team. So they'll be checking on individuals that go into treatment. It'll be the team. Yes, it'll be the whole team.

Tiffany McKnight:

Thanks Amy. So how involved are the peers in advocating for clients when it comes to court proceedings? Do they write letters of recommendation or [inaudible 00:57:45] letters or things of that nature?

Amy Naylor:

Haven't gotten that far yet. And that's another question that I know we will go to Derwin and Jake to guide us, give us some advice for that on what would be good.

Jacob Jake McPherson:

We currently don't have peers in the courts. That is something that's going to be coming in the future in our program. And we are just at the threshold of getting peers in our jail diversion program. It's my hope

that peers will be advocates for their clients with jail diversion treatment teams and with the courts. Thank you.

Derwin Teranishi:

Yeah. As far as where I'm at, see, Jake and Amy had introduced a jail diversion program if I wanted to entertain moving into that area, but my wellness wouldn't allow me to take on where I work. And in the courts, what would've been ideal, to grab them out and bring them up to where I work. But where I work, we have a policy that I have to stay within the parameters of 14 days and I don't go outside of that. So I never put the name of my company and write anything. So that's where I'm at with support.

Tiffany McKnight:

So we are almost at time. On the screen right now, you have some additional resources and links that will be made available concerning forensic peer specialists or forensic peer services. I know quite a few folks in the chat want to know if the slides will be available, if this presentation will be available. And sometime in mid-April, they will. And you'll be able to utilize these links in order to get more resources.

So first, I would like to thank our panelists for participating in this discussion. Thank you. Thank you. Thank you, Hawaii. You have done such an amazing job. You are doing great work in the community, and we are so appreciative that you were able to come and share, answer questions. And I would like to thank you all for participating in today's webinar. If you have any additional questions and/or concerns, please feel free to reach out to me. My email is listed on the screen right now. And with that being said, I hope you enjoy the remainder of your day. Thank you. Thank you. Thank you for being here with us and participate in today's webinar.

Amy Naylor:

Aloha.