

Peer Support and Reentry

Melody Riefer: Thanks for joining us for. This and all of the Recovery to Practice webinars are funded by the Substance Abuse and Mental Health Administration. We are grateful for the support and the opportunity it creates to help behavioral health providers and general healthcare practitioners improve the delivery of recovery oriented services, support, and treatment. The views, opinions and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of SAMHSA or the Department of Health and Human Services.

We have a couple of housekeeping details, be sure that you are either using your computer speakers or a phone connection. You cannot use both. It will create an echo if you try to use both.

You also want to be sure to check out the different chat boxes that are on the screen. We have a chat box where you can enter technical and topic related questions and we will be answering questions at the end of the webinar. There is also a box for participant chat and so if you want to let folks know who you are, who your representing, where you are from, that would be great, this could also be an opportunity to do some networking. At the end of the presentation I will tell you how you can get continuing education hours and how you can get a certificate of attendance so that you can use that to qualify for hours that you might need as a certified peer specialist or SCP RP. Now, let's get to the reason why we are all here.

My name is Melody Riefer and I am the project manager for the Recovery to Practice webinar series. We have with us today two experts working in the peer support and reentry. This webinar is number two of three that we are focusing on criminal justice issues. If you were not able to join us a couple of weeks ago, we talked about CIT and the role that it plays and how it interfaces with providers. You can find that webinar on the Recovery to Practice website. But today we have two presenters who are from PeerStar which is an organization located in Pennsylvania.

Elissa Nulton is the chief operating officer and Christy Defoe is the director of forensic programs. They will share with us information about reentry that is supported by peer providers. Listen closely as they share this important information with us, I will now turn this over to Elissa Nulton and Christy DeFeo.

Elissa Nulton: Thank you, Melody. This is Elissa Nulton and thank you all for joining us, I will start off by giving you a brief background on PeerStar and specifically our reentry services. We are a peer provider in 25 counties across Pennsylvania and our primary focus is peer support with a specialized focus for forensic peer services, and just so we are all using the same language when we talk about forensics we mean individuals that have been involved at some level of the criminal justice system. This could mean individuals that are on probation and parole, are

reentering into the community, who have been previously incarcerated or even prior to incarceration and in some type of diversionary program. Our reentry services can occur and start in a variety of different scenarios. And on the PowerPoint, you will see listed some of the places we start and provide our reentry services. One of which and probably the most popular for starting reentry is in the county jail. When people are preparing approximately 90 days for their reentry we will provide either one-on-one or group or combination of peer support programs and Christy will talk a little bit more about some of the differences of those. We currently are providing that in six county jails.

Additionally, or similarly in the state correction facilities where we currently have 2 facilities where we provide reentry services about 90 days prior out to release and we are doing this in a group setting. We also work with day reporting centers that can be either a diversionary or reentry programs. We have several mental health courts that we are involved in across the state. We work tremendously with probation and parole in all 25 counties for people who are currently under supervision and helping them maintain their supervision. That coincides with community services and we also as well in the community have the department of corrections program that is funded through the state correction facility and we provide one-on-one or group mentoring under that contract.

Christy will now talk-

Christy DeFeo: This is Kristi, thanks so much Elissa. Now I will get into a little bit about our reentry services, specifically what we offer in the details of that. PeerStar provides reentry services in many different ways and locations as Elissa was just talking about. We provide one on one peer support in correctional settings in the county and state level in which an individual or peer enrolled in our services and they work directly one-on-one with a forensic peer specialist.

So, when working with a forensic certified specialist, the individual creates recovery goals catered to their strengths and needs and they begin the process of planning for reentry.

We also provide a group option in correctional settings known as citizenship groups and I am going to be speaking a little more about the citizenship groups on the next slide but typically if a peer is receiving our one-on-one forensic peer support services they have the option and normally opt to enroll in our citizen groups as well. Of course, we provide one-on-one peer support in the community to individuals returning home from incarceration and they even conducted groups in the community as well.

The hope is to continue working with individuals after incarceration and put the reentry plan created in jail or the correctional facility into practice surrounding the individual with as much support as possible to ensure a successful reentry.

Moving on to the next slide, a little bit about our citizenship groups. They consist of one forensic peer specialist who is a trained group

facilitator, and it typically ranges from about 6 to 10 participants or peers. Our citizenship support groups are meant to be a mutual support group so the participants mutually support one another, provide shared experiences and coping strategies which creates a feeling of empowerment and a sense of community. The hope is that all participants feel like a citizen of that community and begin holding themselves and their peers accountable. The group typically meets one or two times per week and the conclusion takes up to 3 months with participants coming and going as they return into the community. So during these months the peers touch on a number of topics and are constantly aware of what citizenship uses as the five R's which are the rights, roles, responsibilities, relationships, and resources.

So, the facilitator moderates the group and gives the topic at the beginning of the class, and then will pull back and the peers will step in and take over with the roles of those five R's. So when a peer is beginning to come to the end of their group and they know that they are going to be released or completing the group there is a graduation during the end of that class, and at this time the peer is given the opportunity to express what they have learned in the group and the most important lesson that they will take back with them. The other group members provide words of farewell and encouragement and serves as a comfort to the peer if there are any feelings of anxiety, fear or uncertainty comes up. So the peer is presented with a certificate that has the number of groups that they have attended and completed out of a total of 20 groups. The facilitator and participant both sign the certificate at that time and it is a really nice way to send off the peer as they enter into the community and have their peers and other participants in the group give them a nice sendoff and wish them well within their recovery and in the group.

So, the curriculum that citizenship uses is based on the project in New Haven, Connecticut. The Yale program for recovery and community health has more than 12 years of experience in conducting the citizens project, and developed an innovative model for community integration and social inclusion. I have had the opportunity to observe their citizen group in Connecticut using the citizenship framework in the community. So what we did, PeerStar modified portions of the group to have this in a correctional setting while keeping the main elements true.

So, these citizen groups that we are conducting are nontraditional classes with an emphasis on the five R's that I talked about earlier. So what New Haven considers a citizen framework is a measure of the strength of one's connection to the rights, responsibilities, roles, that the society makes available to its members, and to relationships involving close ties and support of social networks in one's community. So really, the program targets participants' isolation and the lack of valued social roles and skills of successful community living. And research using the citizenship framework has demonstrated its effectiveness in reducing participants' hospitalization stays, substance use and increases the quality of daily living. So it really combines that group skill building with wrap around forensic peer support and role modeling within a social program with links to both the treatment providers and the community at large. Everyone involved in our citizenship groups is forever sharing

their resources and their strategies that helped them when they are released with each other to give them a really good idea of what it will be like and to create a community within a community and create that safe place that lets everyone know that everybody in the group has experienced some of these same things. And I think it is really important to note that nobody likes to feel like they are alone and it creates a space where everyone feels like they are heard and they all have shared experiences as well.

So, on the next slide here, here are some of our sample topics that we talk about in our citizenship groups. They all normally fall into the five R's that we were talking about, but I would like to point out a few on your screens here.

The vocational support and public speaking I have first-hand heard that are very helpful as well as, you know, communications and housing options. I know that housing is a really big concern for a lot of participants in our programs not being sure where they are going to be released and having, you know, all of the resources. A lot of what we do in our groups talk about these resources and sharing vocational support. So, that is a lot of what we do, but the groups do not follow any particular order in the curriculum. So it's more the members decide what topics are most relevant to that time. The groups are meant to be very nonstructured and not too rigid. So, keeping the organic flow of the group open to develop and grow. And it really is great to see participants take charge and sort of facilitate the group as well as share those resources and develop positive relationships with peers that are motivated to change.

So, now that we know all about the services that we provide I would like to turn it over to Elissa to speak more about the goal areas of forensic peer support.

Elissa Nulton: Thanks Christy.

So, Christy gave a great description of what our group program looks like. In many cases, when someone is still incarcerated, their primary level of service is the group model, preparing them for their reentry.

We also provide some one-on-one inside the facilities. But the primary one-on-one and forensic peer support that they receive does occur after reentry and this is where we really focus on their individual needs and their individual goals. So I am going to talk about what the one-on-one forensic peer support looks like.

All of the one-on-one services are guided by an individual recovery plan or we use the acronym IRP. And an individual IRP is developed for every forensic peer as well as traditional mental health peers that we work with. To start with developing this IRP we also used a strength-based assessment and the strength-based assessment that PeerStar utilize is the Adult Needs Strength Assessment or some of you may be familiar with ANSA. It is similar to the CANS model for children and through that ANSA assessment, we help the individual identify where their strengths are and where they could have areas of need.

From these strengths and areas of need, we go through a process and a goal directed questioning and discussion between the forensic specialist and when the community itself and the supervisor has moved to identify the goal areas that they see listed the individual may want to address. These are our common goal areas for all of our peer specialist services and I want to look at now is look at each one of these from a forensic perspective and how we address the forensic peer who might have unique needs for mental health challenges as well as criminal justice involvement.

For the first one for our goal area of crisis support, in addition to our traditional crisis support type services where we're developing strategies to prevent hospitalization or crisis contacts. With our forensic community, we also look at this as a way to develop and implement strategies that are going to prevent reincarceration or re-engagement with the criminal justice system.

Some of the activities that we might focus on to help a peer with this is working with a peer to create a checklist of goals that they need to do upon release as part of their reintegration. We also spend a lot of time discussing and developing the importance of communicating with a probation officer upon release and identifying why this is beneficial to them.

Another big item in this crisis support for a forensic peer is we discuss and role play how to reach out to a probation or parole officer if there is a relapse or if the peer has a violation. And although we are not going to report a person to probation or parole, we really work with the peer about the importance of self reporting and how that can be more beneficial than being violated.

In the next goal area of developing community roles and natural support, in addition to our traditional activities of supporting someone here, we are looking at ways to develop a plan that is going to be specific to the challenges someone may have who is involved in the criminal justice system and in this area as well as in the wellness and recovery area, we talk with and try to identify if someone may need to attend some type of 12 step program or involvement in the community that way. As well as identifying a sponsor if needed. If someone is interested in returning to school that would fall under this goal area, and we may be in assistance for helping to complete applications and scheduling tours or interviews at a secondary location.

We also continue that topic for citizenship related to developing strategies to obtain employment. And one of the big activities we do with this goal area is trying to help with that public speaking aspect of how do I address my criminal behavior and criminal convictions during an interview, and how do I relate that to an employer and focus on my recovery versus just my conviction?

In the next goal area then for individual advocacy, we also talk a lot here about what the difference might be between advocating for him or her myself versus aggressive communication which may have been a survival

skill while incarcerated. And I will talk about this world view and how it's important to advocate without being aggressive. We also brainstorm here with the participants and the services that they could have in place prior to incarceration and ones that they could reinstitute now that they are released.

With self-help and self-improvement, we look at strategies for identifying sponsors and participating in a 12-step program. We also try to identify if there is a need for any personal forgiveness based on their incarceration and have a plan for helping the individual work towards that and maybe connecting with that person they are looking to seek forgiveness from.

And then our final, I will move ahead to the social networking which is typically an area where in the forensic population we are really looking here at developing positive relationships and finding a way to identify what positive relationships mean as well as identifying and eliminating any negative relationships may have been part of this criminal behavior.

So, this next slide going to start off with; we have explained a little bit about our group model and our one-on-one model. Now we will talk a little about how we prepare a forensic peer specialist to work with individuals who have a criminal background or involvement in the criminal justice system.

In Pennsylvania as well as a lot of other states that you all might be in, we have a certified peer specialist training program. It is a two-week program in Pennsylvania. We have two approved vendors who provide this initial certification for all certified peer specialist. It is a 75-hour course conducted over two weeks. It is off-site and independent of PeerStar, and in their model, it is delivered by peers to peers. It is a very hands on, motivating and inspiring training where people leave this training feeling very motivated to support others. PeerStar then follows this up with our own internal 2-day orientation where we focus more on our policies and procedures and practices and documentation.

Just a few things that are covered in that two-week certification manual. Primarily focusing on recovery and what it means to each person and how that relates to peer support. And the biggest part of this training comes from how to share your personal experience, which I think can be very different our traditional services where we are not trained or advised to share our personal stories. And this is where peer specialists are trained to share stories of recovery, not so much the struggles that they have but what strategies they have used the make them successful in their recovery. I will let Christy move ahead to our forensic training which is more specialized for working with the reentry population.

Christy DeFeo: Thanks Elissa.

Like Elissa was saying, we do provide this 2 day orientation of what it is like to work for PeerStar with our policies and procedures but we also do get into an additionally forensic training which is also two days provided by PeerStar where we talk about policies and procedures and what it's like to work with the forensic population or a population that does

have a criminal justice lived experience, and what that sort of looks like in keeping boundaries and a professional relationship while also staying true to being a peer as well. So, that sequential intercept model we go over in length and which, you know, the trainees learn about a model and outline sequential points which a person with mental health could be intercepted and kept from moving further into the criminal justice system. So, we talk a lot about these five points of intercept and we stress that the earlier the individual is caught within the criminal justice system, the better. We also talk a lot about the practical applications and scenarios that can come up. We role-play and talk about possible scenarios someone with mental health and criminal justice background can see this in the community or jail setting. So, sometimes barriers that are beyond our control can affect how we are able to provide support such as if the staff at a correctional facility does not know who we are or what we do, they may say that we cannot come in or things like that. How to handle situations like this is what we discuss. And really it is helpful for certified peer specialist with lived experience because it is a great opportunity and a great stage to share with their fellow coworkers what it was like for them and what they experienced. But also it is especially great for those that do not have a lived experience and are going to be working with peers who do because it really sets them up for success and gives their certified peer specialists that does not have a criminal justice lived experience sort of this expectation in the right mind-frame to put them in and they can see what sort of barriers and challenges someone in the community is going to be facing that does have a criminal justice experience and how we can really best support them in every way that we can.

Elissa Nulton: Alright thanks Christy. So, when we really get to the heart of what we talk about here in recovery principles, I want to go over how forensic peer support integrates those recovery principles in our application of reentry and community services.

I always find it kind of ironic when talking about the 10 recovery principles and forensic peer support, the fact that peer support in and of itself is one of those recovery principles, so when I talk about recovery principles and peer support, it is very easy because the whole concept of peer support was designed around recovery principles and we look at this first one for self-direction. As I explained earlier, the individual recovery planning process, that really integrates this whole idea of self-direction and in all of our mental health services we have done movement towards self-directed care and including the consumer member in developing their own plans. But in peer support there really are no goals that are mandated, it is really self-directed. And sometimes this is difficult for people to do when they start services and we ask what kind of goals do you want to work on, and they might have no idea what they want to work on or what they need to work on. So, when we do our strength-based assessment, this answer really gives a great starting point and talking point about what you might want to start thinking about is goals to work on.

For the individualized and person centered, no two of our recovery plans look the same and it really is about empowering that person to meet their own goals with support and not enabling them. On the holistic side, I

didn't get to mention in talking about the two-week certification training, but one of the topics that they discuss there is the 8 models of wellness. So it really is a holistic model when you look at the goal areas we include all aspects of a person's life.

The recovery principal of nonlinear, where it is not a clean line of recovery and there may be setbacks, we actually see this at times with the peers that we work with the could have lapses in their mental health recovery or their involvement with the criminal justice system. In providing peer support and forensic peer support, we may see times when our staff is struggling with their own recovery and here at PeerStar we have a director of recovery that is there to provide additional support and help staff maintain recovery or take a leave of absence if they need to address their own personal needs.

Strength based we talked about and I want to touch though on the recovery principles and peer supports. Specifically, because we see some really great continuums where we've had people receive the service and they received peer support from us and they have had successful discharge and less restrictive services and have been able to come back to us and apply to become a certified peer specialist and work in the program and make this full circle of receiving the service and providing it.

And then I just want to touch on the last one talking about hope, and I think that is one of the most unique parts of peer support and forensic peer support. That our specialist and staff are really living role models and they provide hope to someone who is may be struggling and just getting out of the criminal justice system and reentering to say I have something to look forward to.

We are going to move on now and talk about what it takes to work with other providers and I'm going to talk about doing that at an agency level and then Christy will talk more about that as far as on an individual basis. So, just to keep our time going, I'm going to touch quickly on a few of these. At an agency level, we have been involved in developing a community-based incentive treatment which we use the acronym CBIT, and it is a similar program to a FACT program or an ACT program. We are in a really rural county though and we do not have the funding for a full-blown FACT or ACT program so we have developed a weekly team meeting to get some of these attributes of a program and that collaboration that is needed for high need, high risk individuals such as our forensic re-entrance.

We also continually coordinate with primary care providers, probation, parole and other professionals with permission from peers that lets them know that our participants are involved in our services, what goals they are working on and that we are willing to collaborate and meet when needed and provide additional assistance.

On the next slide, I am going to talk a little bit about some of the planning and participation that we have at local levels in the community. I know your previous webinar was on crisis intervention training and we are involved in about five different counties. We provide parts of this crisis intervention training including pairing voices. And one of the

most powerful ways we participate is we'll have peer specialists that have been involved previously in the criminal justice system, and they talk to the people in training about some of the negative experiences that they have had and some of the positive experiences they have had with criminal justice either by their police officers or correction officers and we have been involved in planning and we are continuously providing presentations for providers to educate on forensic peer support and peer support in general.

Christy DeFeo: Thanks Elissa. So I'm going to touch just a little bit on what we do on the certified peer specialist level. So a lot of what our certified peer specialists do is assist with appointments, and this could be assisting and advocating with peers and linking these resources that appear could need in a community and coordinating with collaborative services. So, this is very beneficial to the peer because it promotes accountability and communication between all of their supportive providers. So our CPS's also, as well as assist with appointments and attendance, they can support during those appointments. So, they can advocate for peers or have those conversations with them and role-play before they go to see their doctor or their case manager, or before they see parole managers and all of those different scenarios that could happen. They can be in attendance as well which has shown to be very beneficial if the peer would like them to be in attendance. Also, our certified specialists are also involved in a lot of different professional networking meetings that are held once a month with other certified peer specialists and treatment providers, you know, within the County and the surrounding areas they meet, they network and discuss and our certified peer specialists have presented on multiple topics at these meetings. It is a great way to connect with treatment providers and to network. So, a lot of our certified peer specialists are also WRAP facilitators, Wellness Recovery Action Plan is the full-length version of WRAP, and a lot of our CPS's are WRAP facilitators and what they do is they can conduct WRAP groups on their own and that has proved to be very beneficial as well. If you are not familiar with WRAP I would suggest you look into it, it is very beneficial especially in this line of work. Moving on to the next we also have mental health and youth mental health first aid trainers. A lot of our certified peer specialists are trainers are involved with that, as well as members of professional boards and presenters at conferences, we just had a certified peer specialist of ours present at the IAPS conference, the International Association of Peer Supporters just last year in 2016. So, we do have a lot of activity going on with our certified peer specialists in the community. Which is just a great reason and way for our peer specialist to be out there and have great resources to the peers that they are servicing, you know, within the community.

And I think now I am going to turn it over to Melody.

Melody Riefer: Yes, thank you, we will take a break now from the presentation just to do a quick poll and if you would, look at the poll question here, what is your or your agency's policy for managing no-shows for scheduled appointments? You will see just below the question that you can just click on a button to indicate the option that is most correct or

most like what you have experienced. Maybe you don't have a policy or maybe each situation is addressed individually. Maybe this is dropped after one or two no-shows or maybe the rule is a person is dropped after three or more no-shows and if you were at a computer or touchscreen go ahead and select this right now. Our results are indicating that just about 70% of people are saying that each situation is addressed individually. Thank you for your input and we will go back to the presentation and Elissa is going to speak to us a bit more about guidance for behavioral health providers.

Elissa Nulton: Thank you, melody.

I have to say that I am encouraged by the response that we are seeing on the pole, that situations primarily are addressed on an individual basis. When I talk in the slide about guidance for behavioral health professionals we will see the importance of really looking at each case on an individual basis. The first thing I want to talk about is an understanding of the culture view of, and the worldview inside of the jail setting, and the mechanism of survival. Some of the things that we may not always think about when we think about incarceration is the fact that it is such a structured and scheduled environment, that there really has become this dependence on where to go, what time to be there, where to go to sleep and when to turn your lights out. And what does this really mean for treatment? It can really be difficult for a person to be able to keep their own appointments or schedule their own appointments when they are released into the community because they have not been given the opportunity to do this while incarcerated.

Another wide culture inside of the facility is that there is a lot of suspicion and mistrust of the mental health system, and typically this is due to a lack of treatment option inside of most facilities. And I make that generalization knowing that there are some really great facilities with real mental health treatment occurring but unfortunately, there is often times a treatment of stabilization versus true treatment. Another part of the culture inside of jail is not to show weakness. Many people are resistant to accept the fact or ask for need of treatment. So, what this typically leads to in our community based services is there could be a lot of misunderstandings and misconceptions where it might seem like somebody is being resistant to treatment or it might seem like they're being non-compliant but it's a culture they have developed inside of the facility.

I want to talk a little bit about this and it's something to keep in mind, the rate of trauma or PTSD for involved individuals and you can pull a lot of different statistics and there is a wide range, but just a couple that I have pulled out for us: 68% of males who are incarcerated have reported that they were victimized before the age of 12. In addition to that, there is a DOJ report that shows 7000 prisoners are sexually abused every year, assaults, fights and other acts of violence are common with prisoners, and that women inmates are at a risk of being sexually assaulted by jails and prison guards. This ongoing climate of trauma can create anxiety, depression, phobias and PTSD in prisoners who previously had no serious mental health issues. So, when you compound the rate of trauma victims who are incarcerated as well as the chance of being

traumatized while incarcerated, the likelihood of a forensic recipient of your services having trauma is very very high. We have already talked about some of these roadblocks that people have when reentering that might take priority over showing up for an appointment such as employment, housing, or applying for public assistance.

The guidance we provide is that you should utilize proven best practices such as motivational interviewing, trauma informed care, ACT-like programs and have flexibility with your appointment availability, your no-show policies and find creative funding sources.

Christy DeFeo: Thanks Alyssa, and I feel like that's a great segue into one of our last slides of the presentation. But I did want to go into and consider this from a re-entrance program stand point and we have a reentrant working with us as a forensic peer support specialist, and his name is Jay, and we actually touched on a lot of those different things Elissa that you are speaking of. It is very hard to keep a scheduled appointment when you are worrying about your food, clothing, shelter, and those basic needs.

So, what I really wanted to focus on is what he feels like helps him stay in his recovery going through the criminal justice system and now being successful. You know, his job readiness training, not knowing how to go about the process of applying for a job, resume building, and the appropriate jargon really in interviewing. So, that time management and all of that really played into his success that he found with us at PeerStar. So, what keeps him in recovery now is his motivation to change and this is really what you need to be a certified peer specialists and to encourage that and empower your peers about that. He wanted to be in his children's lives and really our regional director here in Delaware County gave him the chance and validated his worth and his potential, and he said that those were the main points as to why he stayed in recovery so long and why he is doing such a great job here with us. And really facing those problems and barriers, he said is a lot better now that he has employment, so seeking all those resources to help with employment when you feel like you do not know what to do and you are sort of lacking that comfort zone. So, I did just want to mention his success story because this is why we are all here to see people get into the community and make their truest potential, you know, what they want it to be. That is the conclusion of our presentation and I will hand it over to Melody now to talk about some of the questions and answers that have been coming.

Are we going to be doing questions and answers?

Melody Riefer: I'm sorry, I did not unmute myself. I wanted to thank you guys for your presentation and all the details that you shared with us. We do have a number of great questions that came from our participants today and I'm going to focus on those questions that were - that we didn't go into in great detail. Because some of the questions got answered as the webinar progressed. So, thanks for being so intuitive about what we needed. One question that came in a couple of times is how do you deal with probation and parole's usual injunction about felons not

mixing? A lot of times when people return to the community they are told that they cannot be engaged with other felons. How do your forensic peer specialists who are felons deal with that? How do you address this is a program?

Elissa Nulton: Thanks Melody, this is Elissa. I will answer that and then see if Christy has anything to add to that. So, our forensic trained certified specialists have a wide variety of convicted or non-convicted individuals. I would say probably 40% of our certified specialist who go through the training do not have a conviction but they may have a family member who has been involved in the criminal justice system, some of them may have education in the criminal justice system, or have worked in that system. We then on the other 60% have people with lived experience in the criminal justice system, not all of them are felons, some could have misdemeanor convictions that do not classify them as a felon. So, when we are looking at assigning a staff person to a forensic peer we always look at what their criteria for probation and parole might be and our staff understands that if they have a felony they may not be able to work with some peers. We even on the other side we have our traditional mental health peers who were not involved in the forensic program, who may be willing to work with people who have a felony charge. That is also a question that we ask all of our peers whether they are in a forensic program or our traditional program, are you comfortable or legally able to work with someone has a conviction? That is really a peer individual choice and we find in the recovery world that our peers are so open to the concept that someone can be in recovery and that their conviction does not define who they are. Christy I don't know if you want to add anything else to that?

Christy DeFeo: I do want to add that I believe and I could stand corrected here, I do not think there is restrictions on if it is job-related since we are working in the recovery world. If you do have a felony to work with someone or be around someone who also has the same conviction or same level of crime, I believe it still needs to be cleared by probation and parole, but it is allowed and I believe that rule is for surrounding yourself with everyday people like friends when it's not related to work.

Melody Riefer: Thank you. That is a very helpful distinction and I would also share out of my personal experience and others that I have worked with that you can also seek to get exceptions through the court or through probation and parole regarding who you can either work with or socialize with.

So, another question that came up is you mentioned the citizenship group. Can you direct us to that curriculum?

Elissa Nulton: Christy, do you want to talk a little bit about this?

Christy DeFeo: Sure, what I can do is I can tell you a lot more about the curriculum. If you are interested please, I believe our contact information is going to be listed, so please get in contact with me, as far as sharing this with you, those 20 class topics that we spoke about

earlier. I am happy this question came up because the citizenship model is so important and such a great aspect within our reentry program. If you would like more information about this, please get into contact with me and I will see what I can do. Thank you very much.

Christy DeFeo: And we might even, if someone is really interested in becoming trainers like we had done, we would probably even do an introduction with those that are running that at Yale and we could do an introduction for you.

Melody Riefer: Excellent, thank you. And yes, your email addresses are part of the content of the presentation which people can download right now by looking in the box that is labeled download materials and they would be able to reach you.

Another question, how do people find you? How do people get referred to your program?

Elissa Nulton: Okay, so we accept referrals a variety of ways. On our website we have contact information and we make referrals very easy. We accept referrals over the phone, so a lot of our local mental health providers, probation officers, jails, will call in our toll-free number to make a phone referral. We also have some of our specialized contracts and program with direct referrals set up for those. But I would say the majority of the way that people reach us is through our website. We have an information email address or a toll-free number.

Melody Riefer: Excellent, thank you. Are you aware of any national certification programs for forensic peer specialist? Or are they all state or program specific?

Elissa Nulton: I am not aware of any national forensic programs. We have actually consulted and collaborated with several other states who were looking at developing forensic peer support programs. We worked with the state of Texas. We provided some training to grassroots empowerment networks in Wisconsin. We have worked with other providers within Pennsylvania. At this point, my knowledge is that each state has been looking at and developing their own. We're actually right now, starting a conversation with the state of Vermont who is looking at developing a reentry program for their state corrections facilities as well.

Melody Riefer: That's very helpful, thank you. So, you mentioned that some of the groups meet in jails or in prisons, what is the process for what has it been like for gaining access to enter these controlled environments?

Elissa Nulton: Okay, Christy would you like to answer that?

Christy DeFeo: Sure. So, that is an excellent question. To be able to gain access to a correctional facility there has to be some background that needs to be run so the individual needs to be cleared to be able to go in and facilitate the group so it all does depend on the facility, what sort

of background check they run or what kind of application needs to be filled out to gain access. It really is up to the facility depending on the background of the certified peer specialist. So once we have that clearance we are able to go in and facilitate the groups.

Elissa Nulton: I would just add that it is very different facility to facility, some have made the process easy, and as long as they run a background check and there is no recent activity they are very open to having individuals with conviction. Some facilities that we have gone into have a much stricter policy and are not as comfortable having someone with a conviction enter the facility. I think probably the most common though is as long as they have not served any time in that specific facility they are typically allowed access. But it varies greatly from one facility to another.

Melody Riefer: Sure thank you.

Elissa Nulton: I think our success has been in that we have modified and been accommodating to you tell us what you want and we will accommodate you, as far as if you want us in the evenings or the weekends. Who will you allow in? So, we work with the facility to make it acceptable to them.

Melody Riefer: Great, that is great. Boy, a ton of information, thank you for sharing your knowledge and experiences with us and to help raise awareness about forensic peer specialist and some of the challenges in reentry and recovery.

I want to point people to their screens if you have one, and note that the screen has changed.

The download materials box is now in the bottom left-hand corner of the screen, and if all you need is a certificate of participation that is now available for download. I also want to thank SAMHSA for the work and guidance that they provide us around recovery principles and the four dimensions of recovery: home, health, community, and purpose. We know that no one recovers in a vacuum and that our entire lives are affected by the experiences that we have and the recovery that we claim.

This webinar is brought to you through and funded by the Recovery to Practice initiative. Which we take -- We accept the charge of providing an education and training and resources to providers across the behavioral health spectrum to ensure that they learn about ways to operationalize recovery.

We do this through offering a quarterly newsletter which you are all welcome to subscribe to, as well as through these webinar series. We will be having our final series in the criminal justice arena next week, same time, same station, and we are going to be looking at overcoming cultural and service gaps experienced by tribal members in the criminal justice system. I hope that you will go to the Recovery to Practice website and register for that webinar, it is going to be great.

We really do try to meet the needs of all providers, whether someone is a prescriber or working in a residential setting or a therapist or a peer specialist. And we look to all of you to let us know what would be most helpful so feel free to contact us. You can do that through the links in the newsletters, you can do that during webinars, and you can access information through the website at SAMHSA.gov. Thank you so much for participating. We appreciate your time and attention, this now concludes our webinar.