

Tiffany McKnight...: As part of Second Chance Month.

Good afternoon. Thank you for joining today's Incorporation of People with Lived Experiences into Behavioral Health Programs session. My name is Tiffany McKnight. I'm a policy analyst at the Council of State Governments Justice Center, and I will be introducing the session.

As a notice to participants, this webinar will be recorded. If you prefer not to be recorded via video, we ask that you disable your video. Additionally, we ask that you remain on mute until the discussion period towards the end of the session.

The Council of State Governments Justice Center is a national nonprofit nonpartisan organization that combines power of a membership association, serving state officials at all three branches of government with policy and research expertise to develop strategies that increase public safety and strengthening communities.

Today's presentation will begin with an organizational overview followed by an overview of the importance of incorporating people with lived experiences in behavioral health. We will then have an overview of the panelist program before diving into a panel discussion with our presenters.

Finally, following the panel discussion, we will have an opportunity for participants to ask questions to our panelists. While we ask you to remain on mute during the presentation, if you have any questions, we ask you to utilize the chat function as we will be monitoring the chat throughout the presentation.

Our presenters for today will be Alexis Lacy as the moderator of the panelist discussion. Alexis works as a project manager with the Council of State Governments Justice Center.

Carolyn "Freda" King. It took over 20 years for Freda to realize her potential and ability to overcome all odds, which included a 20-year addiction, living a criminal lifestyle, severe trauma and lack of education.

Freda worked 11-1/2 years in the governor's office under Governor Bush and Governor Crist. Currently Freda is the Project Coordinator for the Jail Reentry Network for the DISC Village Incorporated, which will provide new programming for Wakulla, Jefferson and Madison County jails. This will include substance education and reentry classes, pre and post case management and transition services for male and female offenders.

Additionally, Freda is an adjunct professor at Tallahassee Community College. She's a certified addiction professional, and has a master's degree from Florida State University Criminal Justice Study program.

Freda is a 2017 JustLeadershipUSA Leading with Conviction fellow. Freda is a motivational speaker who shares her journey by speaking to men and women in prison. Additionally, she trains other professionals in the criminal justice and facilitates substance abuse and trauma training conferences for adult and youth throughout the State of Florida.

Freda encourages others to make positive changes in their lives and she is giving hope to people who want to pursue their dreams of stability, education, and life of hope despite a history of mistakes or bad choices.

We also have Jacob McPherson. Jake McPherson is the Consumer Affairs Chief for Hawaii Adult Mental Health Division. He is passionate about training Hawaii certified peer specialists and encourages their use in 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.

Willie Knighten, Jr. is a native of Toledo, Ohio who currently works in behavioral health mentoring and reentry. Willie spent 13 years in prison before being exonerated by the late Judge Skow, who wrote a letter from his deathbed, which led to Willie's freedom.

Since his release, he has been a strong advocate for responsible fatherhood and healthy marriages. He was nominated for the Jefferson Award and has done a TED Talk, which has been well received. He is now married with a wonderful family, which includes a total of seven children and nine grandkids.

Let us begin our roll call to see who is present with us for this session. Please put your name, title, and organization in the chat.

It is essential to incorporate people with lived experiences in both behavioral health and justice programming because sharing one's own lived experience assists other people in developing their own goals, promoting participation in treatment and recovery services.

This support between a person with lived experience and a person who is in or seeking recovery offers reassurance, motivation, and hope.

People with lived experience are valuable to the behavioral health profession because they educate professionals working in the field by providing exponential information that advances the field and expands the understanding of how practices and policies work or may need improving to promote wellness and resilience.

Now, we will do an overview of DISC Village. DISC Village is a recipient of the Fiscal Year 20 Second Chance Act: Improving Reentry for Adults with Substance Use Disorders Program. DISC Village is a private, nonprofit, 501c3 corporation providing child welfare, criminal justice, and a full continuum of behavioral healthcare services from prevention and intervention to residential treatment and recovery services.

The program is partnering with three rural sheriff offices to deliver comprehensive case management to 100 adults with substance use disorders returning from three rural jails, Wakulla County, Jefferson County, and Madison County, all located in North Florida.

I would like to turn this presentation over to Carolyn "Freda" King to share information about her role in the program and her lived experience.

Carolyn "Freda" ...: Good afternoon, everyone. I'm so humbled and grateful to be here with you all today on this great opportunity with the BJA webinar. Again, my name is Carolyn "Freda" King. I go by Freda and I've been working at DISC Village for about 11-1/2 years. I started as a part-time case manager and worked my way up through the ranks. And now I'm the lead on this particular project and that is developing curriculum, supplemental curriculum.

We have curriculum that we actually purchase, making sure we have set up the programs with pre and post release case management, having a great relationship and rapport with our providers, not including just the sheriff's offices, but also in the community. As you all know, it's very important to have community support in what we do.

So this program is very comprehensive. We have a detailed individualized case plan for each person that will be completed prior to their release. And that would include us partnering with our agency.

We have a lot of different programs within our agency from child welfare to adult services. So we'll be working with adult services. They'll have an individual substance abuse counselor if needed. MAT services, which is very needed at this time. We offer virtual services as well.

So a little bit about me. The journey has been long. It has been long, but I am so, so grateful for all the opportunities that I've had over the last 20 plus years of living here in Tallahassee.

My journey actually started living in a very abusive environment. I'm a sexual assault survivor. I'm a domestic violence survivor. I've been homeless. I lost custody of my three children due to my drug addiction. My husband divorced me. I dropped out of school when I was in the ninth grade. So it was very, very difficult and I had no one to really support me.

My mother passed away in my twenties, so she was very supportive. But after that, I kind of just dove right in. But fortunately, someone I met working in St. Petersburg, Florida, which is where I'm from, saw something in me that I didn't see in myself, which was hope and an opportunity.

So I took a chance and moved from St. Petersburg, Florida to Tallahassee. And I started working for Governor Bush and then Governor Crist. And then I went on to work at DISC Village.

So during that time, I received my GED. I went to TCC and obtained my AA degree. Went to FSU, obtained my undergrad degree in Social Sciences and my Criminal Justice Degree in Criminal Justice Studies. So I really wanted to use my experience to be able to give hope to so many people, because oftentimes we may not have family support and that's important.

So one of the great things other than my accolades, I would like to say, I'm very grateful for those. But I remarried my husband after 17 years and my family has been restored. My daughter, I regained custody of her. My two sons, one was 18. Sadly, we lost him in 2010 in Afghanistan. He served in the Army, PFC Brandon M. King. And my daughter is doing well. My son is doing well. He's married in Dallas and a teacher.

So I'm just honored and blessed to be here to answer questions, to just be a part of this great panel.

Thank you so much. I appreciate it.

Tiffany McKnigh....:

Thank you, Mrs. King.

Next, we have the Hawaii Department of Health and they are recipient of the Fiscal Year 19 Second Chance Act for Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness.

The Hawaii State Department of Health is partnering with the Adult Mental Health Division, the Honolulu Police Department, the Department of Corrections, the Hawaii State Hospital and their Adult Mental Health Division supported crisis stabilization programs.

The program is serving people on pretrial for non-violent misdemeanors and/or court-ordered to Hawaii State Hospital for behavior stabilization, with co-occurring substance use and mental health illness. The peer forensic specialists engage with individuals who are court-ordered to the Hawaii State Hospital for behavior health stabilization at Adult Mental Health Division-supported crisis stabilization programs throughout the community.

I would like to turn the presentation over to Jake McPherson, to share information about his role with the program and his lived experience.

Jake McPherson: Aloha kakahiaka. My name is Jake McPherson. I'm very glad to be here this morning. It's morning for me. I'm glad to be able to present the good work that is being done by a group here in Honolulu and across the islands of Hawaii.

We are very grateful to be a recipient of a grant that is allowing us to expand the use of forensic peer specialists. Our forensic peer specialists engage with people who come to the court, they present as having mental illness. At the discretion of the judge, they are sent to Hawaii State Hospital where they are evaluated.

While they're at Hawaii State Hospital, they are given a chance to interact one-on-one with a forensic peer specialist who is part of a treatment team. The forensic peer specialist engages them in ways that the treatment team is unable to connect with the people.

The people who come into these kinds of programs are repeat offenders, often have mental illness, often have substance use problems. And when they're working one-on-one with a forensic peer specialist, they are able to see that there is another way of living; that they don't have to remain homeless; they don't have to repeatedly interact with the justice system; that they can live successfully in the community.

The forensic peer specialists gives them this because they are able to relate one-on-one and share their own personal lived experience with justice involvement, mental illness and substance use.

I personally have also come from a background of I am a trauma survivor from childhood. I am a person with lived experience of both mental illness and substance use. I have been sober from alcohol for almost... On May 2nd it will be 23 years and I'm very grateful for that and grateful for the help that I have received in these many years. And I'm a person who lives with mental illness.

I am able to relate to the people who come to me and participate in my training program and am able to train them to model recovery skills so that they can then work one-on-one with our peers and show our peers the hope of recovery; the recovery from mental illness, the hope of recovery from substance use disorders, the hope of recovery and living successfully in the community.

I am very happy to say that we have trained more than a 100 peer specialists in Hawaii and that we continue to train new people as the time goes on so that the excitement of recovery can be expanded across all of the islands of Hawaii.

Thank you very much, Tiffany.

Tiffany McKnigh...: Thank you, Mr. McPherson. Lastly, we have the Ohio Criminal Justice Coordinating Council that is the recipient of the Fiscal Year 16 Second Chance

Act Reentry Program for Adults with Co-occurring Substance Abuse and Mental Disorders.

The Criminal Justice Coordinating Council is a unit of local government in Lucas County in Northwest Ohio that provides an integrated criminal justice information system, criminal history record checks and management of federal grant dollars.

The program is serving people with co-occurring disorders who are justice involved. Some services during pre-release include case management, housing and peer mentoring. Post-release services include family support linkages to mental health and substance use treatment, housing, and there are peer mentors available to solve any transportation issues.

Lastly, I would like to turn the presentation over to Willie Knighton to share information about his role in the program and his lived experience.

Willie Knighton:

Good afternoon, everyone. I am bringing you greetings from my car. I'm in the office and I'm sitting in my car and the gas prices are high, so this won't be long.

Up here in Northwest Ohio, the State of Ohio and the State of California are the only two states that have rehabilitation in their names. And rehabilitation means to tackle the barriers that men and women face coming out of incarceration.

While in prison myself, I noticed that there were a lot of men who were not criminals; and undiagnosed, untreated mental health and substance use disorders was the reasons that had them break the law and end up there.

Upon my release, I started coming back to the community and I started working and I started seeing the same individuals two or three times in and out of prison. The Reentry Coalition, which is part of the CJCC, we have a network system up here in Ohio where we knocked down all those silos, and we came together on one accord to help those coming out with mental and behavioral health.

So every first Wednesday of the month, which tomorrow is the first Wednesday, we had, before the COVID hit, 200 plus participants and 40 service providers that will come and give a one minute spiel about all the services that they had for the men and women.

So we have child support. We ask them how many people have child support issues? We can help you. How many people need a mentor, case manager support? How many are on probation? Because part of the probation system is you have to have treatment still. You know, it's a continuum of care. How many are looking for higher education? How many need a driver's license?

We even have a docket that a judge, Judge Kuhlman sees them coming out and he helps and knocks off a lot of their fines and court costs that make it eligible for them to obtain a license to get employment, to have the treatment and support so they don't recidivate.

What I tell the men and women is you have to believe in yourself first. If you believe in yourself, then you could be the exception to the rule. I'm a three time felon. I was sentenced to life in prison and I was told that I would die there and I was innocent and it took the 13 years to be exonerated.

I suffer from severe depression. I contemplated suicide numerous times and I needed help. I suffer from PTSD. I had a friend who died in my arms. My youngest sister was murdered three years ago and my only brother died in May of last year. So I've lived this.

If it wasn't for the support, if it wasn't for the love and the help up here, if it wasn't for the agencies that come together to assist us, it would be so hard. And I would love for any of you, if you're ever up in Northwest Ohio to come and see firsthand all the help that we have to help those that are living, not suffering, but living with mental illness.

We have housing, which is one of the biggest barriers. I mean, we have landlords who are willing to work with them. I mean, we're knocking down whatever barrier you can think about, we can knock it down. And I just thank y'all for having me here today and being part of this.

Tiffany McKnigh...: Thank you, Mr. Knighton. At this point, I will be turning the discussion over to Alexis Lacy to moderate the panel discussion.

Alexis Lacy: Thank you so much, Tiffany. So at this point, we're going to actually to down the slides, just to make it a little easier for you all to see the panelists and talk a little bit more in depth about everyone's lived experience.

I also wanted to welcome any of those that are listening in to please share any questions that you have in the Q&A, because we definitely will be getting to that portion after we have a panelist discussion.

And also before we get started and dive into the questions, I definitely did want to make mention of all of the people that we have here joining us today. There are a number of you all here today. From what I can see, we have about 100 people attending this session.

We have people from all over. I saw folks from Alaska, Montana, California, West Virginia, Minnesota, people from Indianapolis, Illinois, and in a wide range of different roles.

I saw people that had behavioral health positions that were listed in here as well as domestic violence, probation Department of Corrections. So they ran the gamut of different types of organizations that people were joining us from.

So we thank you for your time and attention, and we're going to go ahead and dive into some questions for our panel.

But first I'm going to actually issue this question to the entire panel. And it is: why is it important to people with lived experience in various positions in programming throughout the behavioral health and criminal justice systems? So what's the importance of having people involved in programming at these different junctures?

Jake, do you want to tackle this question first?

Jake McPherson: Yes. Thank you very much. I believe it's important to have individuals with lived experience in the behavioral health system, as well as the criminal justice system, because we bring an understanding of the system from the other side.

So we understand what it's like to be living as a recipient of mental health services. And we understand what it's like to be a recipient of criminal justice involvement. Because we understand it from the other side, we are able to give a firsthand view to the people who are forming the programs that people like us will be receiving.

We can tell them where we would like to receive the help, what the help would best look like, and what the help would do for us at the different points in the programs.

It's very important to have the people with lived experience because after we have come out and are in recovery, we not only understand what it's like to receive the services; we can then help the people who are creating the services to give the best possible services. Thank you.

Alexis Lacy: Thank you, Jake. Freda, would you like to also weigh in?

Carolyn "Freda"....: Yes. Thank you, Alexis. Thank you, Jacob. I totally agree on everything you said. It's so full of breadth. So it's very important from my side, mainly dealing with substance abuse, being a substance abuse user myself, but I also work with people with co-occurring disorders.

I think that especially working with sexual trauma and being a part of the trauma informed care movement and trying to strike information from the participants in these reentry programs. I've been doing reentry programs, even in the governor's office, volunteering and just speaking on behalf of staff in the governor's office and almost 11 years here at DISC Village.

So I think it's very important that we can, for me, people with substance abuse disorders that can relate. So if someone relapse, we don't go and say, "Oh my gosh, why did you do that?" Right?

We'll be able to walk with them, work with them, and because I am the lead in many of the programs that I start, I make sure to incorporate that substance abuse component, trauma component, mental health component, physical, emotional, domestic violence component.

So it's very, very vast in what I do as far as programming. So I know a lot of people may not have the opportunity with their jobs to be able to speak about their lived experiences. So I know that the three of us as panelists, I know we're very, very grateful that we have that opportunity that we can share, not only with our colleagues, leadership, management, also with the participants.

So for me, it is very important that I incorporate that into the programming that I oversee and also train my staff that it's okay if they would like to share some of their lived experiences, because some people don't have lived experience. They just want us help and serve.

But if it's a parent or a brother or a friend, that's something that they've lived through, but it may not be a personal lived experience. So I think it's a little bit different when we say personal lived experience versus lived experience could be with someone else in the family.

So I'm always just so grateful that I'm going to take that lead and run with it because this has to be incorporated in programming and I'm blessed to be able to be a leader so I can kind of craft it and frame in the lens that I see it; also with evidence-based practices as well from a personal lived experience.

Alexis Lacy: Thank you.

Carolyn "Freda"....: I forgot to say that, Jacob, I'm right behind his friend in Hawaii. I'm 21 years last month, 21 years.

Alexis Lacy: Great. Congratulations to you both. And Willie, do you have any thoughts on the importance of incorporating lived experience in programming?

Willie Knighton: Yes. The relatability, the empathy that sometimes is not there and the trust. We have a lot of issues and sometimes it's hard to open up. And when you find someone that can relate and have that little empathy, it makes a world of difference. So that's my take on it, that I'm experiencing working in this field.

Alexis Lacy: Great. Also as a follow up to that question, I wanted to ask the panel: how would you say you go about incorporating people with lived experience in reentry? So any thoughts on that and I'll start the same way, with Jake.

Jake McPherson: Thank you very much. The program we have received our grant for is brand new. Our Forensic Peer Specialist Program is brand new. And what happens is in Hawaii, we have a new law; instead of sending repeat people who are often in front of the judge who have mental illness, instead of sending them to jail, we're sending them to Hawaii State Hospital.

And because we're able to do that, the Hawaii State Hospital can evaluate them, can give them ideas about how they can recover from their mental illness. And then we send them to stabilization units.

In the stabilization unit, they are able to interact one-on-one with a peer specialist. A peer specialist is a person who knows what it's like to live with a mental illness; often knows what it's like to have had life on the streets; knows what it's like to abuse substances.

They are able to relate in a level that the person who is coming out of the Hawaii State Hospital can then understand, "This is somebody who understands what I have been through. They have begun to live successfully. How can I emulate them so that I can live successfully too?"

Thank you.

Alexis Lacy: Freda?

Carolyn "Freda"....: Yes. So I think that as it pertains to reentry, I know all states have different data, but when I was supervising a reentry program here in Tallahassee, we served over 400 men, mainly men, 80% men at the time. And 78% of those men had substance abuse issues. And it was around 30ish that had mental health issues and/or co-occurring. So I think that's saying something, right?

So I think our friend in Ohio, what he said, I think some of the best people that I served, because I feel like I'm serving them right in the criminal justice system have been people that's incarcerated.

So they're good people. They made some bad decisions, mistakes, and that oftentimes can go back to some other areas I know we'll talk about later. But I think it's very important in that reentry process to be able to have relatability and to be able to have things that are current.

So as an adjunct professor, oftentimes in theory, we have to go back to like 1925, right? So that might not always work with someone that's in recovery, right? They want what's happening right now.

So I really like that we're constantly learning different things about substance abuse disorders, how to treat them, making sure that is encompassed in the reentry program. As I stated before, our MAT services, which is Medication Assisted Treatment, that would be incorporated inside of the reentry program.

So hopefully they'll be able to get services before they get out, depending on length of state, but definitely upon release. And also working very closely with the case manager and also working closely with we're going to have a peer specialist as well.

This is a brand new program. We start next week. I'm so excited about that. The Wakulla project could be finally starting next week. And being able to just offer other innovative approaches to reentry and not keep everything the same. We got to keep things fresh. We have to keep it current. We have to have it relatable to where they are and where they've been. Right? We have to keep it relatable. So thank you.

Alexis Lacy: Thank you. And I know, Willie, do you have any thoughts on how to incorporate those with lived experience on reentry?

Willie Knighton: Oh yes. So our board of directors here probably I think it's 14 of us. We have one or two judges, a few attorneys and about eight returning citizens. That's what we call ourselves here, returning citizens.

And we go back into prison. We say that reentry starts the day you're incarcerated. It starts then. We're allowed to go inside for their pre-release. We have this thing called video in reach where we can have a big video with 18 different prisons up there. And those who are close to coming home are allowed to ask questions, talk about their barriers.

We're allowed to go in and get their motor vehicle record and start working on those barriers before they get out. And since most of them are on probation, we do the ORAS, so we give ORAS assessments to see where they're at. You know, we have six, seven times people that have been incarcerated. There's something wrong there. You continue to go to prison and it's normal.

So we tackle it that way. Our reentry, I mean, I don't toot our own horn, but our recidivism rate is the lowest in the country. And in Northwest Ohio, we are the lowest of any metropolitan city here and it is because of the networking, the camaraderie that we have.

I mean, we meet them everywhere and we let them know that they're loved. That's the key. You let them know that you loved, you believe in yourself, if you have citizens... I tell people, "Oh, by the way, I'm a three-time felon," after I've met with employers. They would never know. I don't wear it on me. Thank you.

Alexis Lacy: Absolutely. Thank you for sharing your thoughts on that. And I also just wanted to acknowledge someone. I made a good point in the chat around having peers also offer to the participants to share their thoughts, et cetera, with someone who is not going to pathologize the issue. And that kind of gets to the point of what Willie was saying, as far as like, "I don't wear it on me. It's just a part of my experience in life."

So I also wanted to ask some more targeted questions. The first one I have is actually, I'm going to turn over to Freda around how do you manage your own recovery while working in the field with people who have behavioral health needs?

Carolyn "Freda"....:

Well, one of the things that I've learned in my journey is you have to meet people where they are, right? So my own personal journey, my faith has been very important to me. And that has been a life crutch for me. You know? So without that, I really don't believe I would be the woman that I am today.

However, I serve anybody regardless of race, religion, gender, socioeconomic status, any of those things, it really doesn't matter. So for me, my faith is very important to me. Being able to spend time reading, I love to read. So even if it's sitting out on my back porch and it's hot in Florida, and I'll still sit out there maybe early in the morning or late in the evening, I read.

I love spending time with my family because I feel so blessed that had been restored even before my son had passed away. So he got to see his mother clean and doing her thing and going to college and all of that great stuff.

Just being able to share my journey is very therapeutic for me at this point in my life. So when I do speaking events or trainings, of course, I incorporate that because so many of them may look at it from a clinical point of view. So I'm looking at it from a clinical point of view, a criminal justice point of view, but also someone from a personal lived experience. So I kind of incorporate all of that.

So my faith, being able to read, I guess I'm kind of nerdy at this point. I thought I was super cool until my daughter told me I was a nerd because I like to read just about anything. So yeah, reading. Going to the beach is very therapeutic for me, sharing my testimony, training others.

So all of those things combined at very centered points. So I've had to learn as I've gotten older, that I'm not 32 anymore. So that means I have to have a plan and I just can't go out and do everything. So having key time management is very important to me because I have my hands in quite a different, a few pots.

So at one point burnout was right there, but I went back to what helped me get clean. And I encouraged my clients to do the same thing. Right? So whatever you were doing to get where you are, keep doing the same thing. And if you feel like that's not working and you have to add something else, then I have no problem with it that.

So those are the things that I do for me: faith, my family, getting to the water. Tallahassee is kind of inland. So there's no beach around here. So anybody that's on here, you come to Tallahassee, you're going to see a bunch of trees and colleges and the state capitol. So if you want to come jump down and go to

Destin, I can take you there. It's two hours away, and you can see the beautiful Gulf of Mexico. But that's what I do. Some of the things that I do.

Alexis Lacy: Thanks for sharing that. I also want to ask the same question of Jake. How do you manage your recovery in the work that you do?

Jake McPherson: That's a very good question. It's actually taken me many years to get a very good basis program for myself that I use. I meditate every single morning without fail. Meditation is very important for me. I go to therapy regularly. I'm able to talk in therapy about absolutely everything that's going on in my life, the good and the bad.

I take medication for the things that I need to take medication for and I see a psychiatrist. I make sure that I get good sleep. Getting good sleep every single night is something that I believe keeps me stable during the daytime.

I make sure that I eat a good diet. I don't eat junk food. I limit the amount of refined sugar that I take in because I believe that eating a good, healthy diet keeps me stable.

And the last thing is that I make sure I get good recreation. I'm blessed to live in Honolulu, where we have beautiful beaches. I live 10 minutes from the beach. I can get to the beach anytime I want. And there's hiking. We have mountains on this island and I can hike in the mountains and I'm very grateful to have that available to me.

Thank you.

Alexis Lacy: Thank you so much, Jake. I mean, I'm actually envious of the fact this you're so consistent. I also have a question for Willie around how are peers effective, or even if you want to take this more from your own perspective of how you feel like you're most effective in helping the individuals that you work with manage their whole health needs?

Willie Knighton: Good question for me. I eat all the sugar that the world as a offer. I don't have one. I'm sorry. But I'm trying to think. How do I go about it?

I show them the benefits of laughter. I showed them the benefits of love. I showed them the benefits of purpose and they're off to the races. A lot of people in the Ohio prison system know of my story, know of me from the years that I was incarcerated. And then I was fortunate enough to work for a nonprofit called The Rich Project in which I went back in the same prisons I lived in.

So people were able to see me daily and I would just brag on life, brag on all the good things that they can experience once released. And it's just that way. That's just my take on things.

I am so grateful to have a second chance. I've seen so many people that have passed away in prison; that have passed away coming out of prison. And here I am, Lord willing, about to celebrate my 13th year of freedom. And right now I'm waiting for the governor to grant me a full pardon very soon. So I just love life. And I just encourage those that I come in contact with.

Alexis Lacy: Thank you. You went out on us a little bit, Willie, but we heard most of it. So thank you for sharing that. So I actually have a question for Freda. You mentioned some of this when you were discussing part of the work that you do earlier, but if you want to go into more detail about what are some of the nontraditional and/or evidence informed approaches in engaging this community that you are using with the folks that you work with now.

Carolyn "Freda"....: Okay. So one of the things that I do that is very unconventional is we have say an open mic, right? So think of it as open mic and we're inside of the facility. And they get to express a very negative experience that they had. And that may include, just get one bad word. That's it. They just get one bad word, however way they going to describe it.

And then we go around the table and then me and my staff would give them some feedback using the "I" statement on how, if you're having a disagreement with your partner, so say, "You make me sick and I hate you." I mean, that's not going to solve anything, right? So we would come back around and offer some suggestions on how you could reframe your verbiage. So it's very unconventional.

It was so funny. A lot of the correctional officers, when they would come in, I would always give them a prompt. I'd say "It's mic day, so get ready for a good ride." And they would always laugh and always complimented my staff and I for being very creative, allowing the clients to be free to speak freely.

Because I mean, being incarcerated is very structured and you can't do this, you can't say that. But in our reentry classes, we can kind of frame them the way we want to because I'm developing them. So I think that's very creative. So it's not all just structure. It's not everything out of a book. It's not, everything is time limited. So we'll have that.

And also being able to bring in supplemental lessons, like things that we done talking about, and this isn't in a book. You can't find a lot of books that have everything right. You know, life skills, employability skills, so you have to do some supplementation.

So being able to talk to them about their family without putting their family down. So I say that because oftentimes, and I've seen this happen, clinicians or people that may not have lived experience or may not have experience. I don't think it's done intentionally, but it will go back to, "Oh, well, I'm so sorry your

mom treated you that way." Right? Well, we don't know what the mother went through.

So we always try to make sure to incorporate a lesson that centered around parental issues so that it's not generational and that they could be free and open to talk about those things. And they were very happy about that. They said no one ever asked them about their families. It was always, "Why did you do this? Why did you do that?"

And introducing great videos to them, like real life videos and also using trauma informed care, because I facilitate and teach that. So that's very important because many of them haven't realized or did not realize that they were actually emotionally abused or they're emotionally abusing someone else. They don't even realize that because of the environment that you grow up in, it's normal.

So when we talk about it and they see that it's not, then they're excited to be able to learn something different. So I like to do things unconventional. It's not always out of a book, but just from your own personal lived experience, you can be able to frame what your program looks like.

Thank you.

Alexis Lacy: Thanks so much for that, Freda. That was a lot of food for thought.

Jake, I have a question for you around what are some of the misconceptions about recovery or examples that are helpful or misleading?

Jake McPherson: That's a good question. All of them are good questions. I think possibly the most important misconception about recovery is that it's easy. When people hear that somebody is using substances in an unhealthy manner, the first thought they often think is they're just not strong. And in my own personal experience, people who live with substance use disorders are some of the strongest people I have ever met.

They are using substances because somewhere in their past they experienced something that was so difficult, they needed a way to cope with it. And they reached out for something close by to cope with something and they found a substance.

Unfortunately, the substance doesn't give long-term recovery. The substance only gives immediate relief. In order to have long term recovery, you have to have a community. The community has to be focused on recovery and the community needs to be one that surrounds the people with love.

I think possibly one of the greatest things that was given to me as a new person in recovery was the idea that I had value because I didn't believe that I was worthy of even taking up space on the planet. And I'm grateful that there were

people around me who told me that I was a valuable member of society and that I could be a worthwhile member of society.

And I heard that. And then over the course of several years, I began to internalize it. And now I'm able to work in a profession that allows me to give back my training peer specialists to go out and teach recovery to people who don't know that recovery is possible. I hope that answers the question.

Alexis Lacy: [inaudible 00:47:33] and thank you for that. So the last question I had, I'm actually going to pose to Willie is how is your program changing staff, language, practice, and/or culture to combat stigma in the field around criminal justice; criminal justice involvement, that is.

Willie Knighton: The collaboration that once didn't exist now exists. In my former life, I was a former gang member, gang leader. And that would put me in the situation to be charged with a murder I didn't commit.

Now today I go inside of prisons with the gang task force. And that is something that shocks the inmates. At first, they said, "Man, the big homie is a snitch. He done brought 12 up into the prison."

And after I spoke with them and after they spoke, now they understand that we're working in conjunction to help them be successful for release because you have a lot of fathers in there. You have a lot of men with purpose. You have a lot of skills.

And the stigma of that, "I need assessment, man. I didn't know what this anxiety was or this bipolar, or this adjustment disorder," or things of that nature. Now they're willing to discuss. They're willing to talk about it.

And it's shocking when they say, "I hear you have an agency," or "I want to do what you're doing." I told them for so many years, I volunteered and I still volunteer and I would still do this because it is my call in life. This is what God has called me to do. He released me for a reason. And it was not to sell drugs. It was not to do drugs. It was not to gang bang or none of these things, but to bring hope in a place that's so needed.

So everybody knows the work I do around here. I get a lot of questions and I can't do it all. So I surround myself with people that know people that know people. So I could just say, "Hey, call this person, tell them Willie sent you." "Call this lady and tell them Good Will sent you." "Call them and say the Reentry Coalition sent you."

And that's how it works. And that's how we combat the stigma. And that's how we transform lives in a nutshell.

Alexis Lacy: Thank you. I also just because we have a little bit of time remaining, I wanted to ask Freda to respond to this question as well. How do you work to combat stigma as well?

Carolyn "Freda" ...: So one of the things is that for many, many years, decades, people with mental health disorders have been called crazy. People with substance abuse disorders have been called drug addicts; all the different negative terms.

So even when you're working with your partners, I'm a part of the Reentry Coalition. And sometimes we'll have someone and come in and speak and they'll say inmate or offender or something like that. When I do trainings within my agency, I try to reinforce, we use different terms.

So people living with mental health disorders, substance abuse disorders, we use the terms of people who are currently in incarcerated versus saying someone's an inmate. We call the participants by their last name. So these are things that we are doing throughout the agency from the criminal justice part because our agency, we have a lot of different components. But being able to respectfully call someone by their last name when they've just been called inmate or by a number by their SPIN number.

And also because people will say things in jest and in conversation, but oftentimes that will come out in meetings or in partner collaborations. So I'm always the one that'd be like, "Oh, currently incarcerated. Hold on. Currently incarcerated." Because if we don't change that language, if we're talking amongst ourselves, then how are we going to change the language in the community?

So that way they don't feel like you say, "Oh, well, inmate King is coming today." I mean, you don't want to say that. You want to say, "Mrs. King is joining us today" or "Will be here to give case management services." So I want to just make sure that I touched on everything.

So yes, that's some of the things that I work on from the criminal justice side within the agency is to just make sure that we are using appropriate language as we are describing people, whether they're in the program or just like I said, just as a collaboration. I've been on many meetings and people... And it's the work they do.

Like I said, it's not intentional. It's the inmate. Well, "The this is what we're doing for inmates." Or, "This is what we're doing for offenders." And if we can just remember to switch that around, it means the same thing, but it sounds better. Doesn't it? Currently incarcerated people. Someone suffering from a substance abuse disorder instead of calling them a junkie or a drug addict, it sounds better. And it makes that person, it can help them begin to feel whole because that doesn't define who they are because of what they've gone through.

So that's the kind of things that I hope I answered the questions well. Those are the kind of things that I really work on in the community and any time I'm doing anything, is we have to change that cultural shift of using language that can be offensive even though it's unintentional. Right? I think that's important.

Alexis Lacy:

Thank you so much. So that actually wraps up our panel discussion. So we're actually going to shift over to the Q&A portion of the session today. Very similar instead of the questions coming directly from me, they'll be coming from the audience. We have a number of them already in the Q&A. We also had a couple in the chat, which we've copied those over as well.

So we'll get to those two, if we could just pull... I'm going to start while we're trying to pull up the slide. The first question and whoever would want to respond to this, just let me know.

How much did a faith-based program play a part of your program? Also, have any of you used animal emotional therapy?

Carolyn "Freda"...

Hello. No, we have not used animal-based therapy. The organization that I work for is a nonprofit organization. So it's not a faith-based organization. However, if our participants desire to have religion as a part of their recovery, then that is what we will incorporate into their case plan, regardless of what it is.

So I've worked with high-risk formerly incarcerated people that had committed a murder with sexual predators. That was on a high-risk population, and I'm working currently with nonviolent offenders. So I think that... I lost my train of thought. Oh my gosh. What was I saying, Alexis? I have so much going on up here.

Alexis Lacy:

The faith-based portion of the-

Carolyn "Freda"...

Yes. Yes. So with that, thank you. Thank you. She's always good. She does it on our monthly call as well. You're awesome.

So I've served people that were Muslim or agnostic or atheist and they didn't want to have anything, or whatever it is they want to do to incorporate, we will do that. But our organization is not a faith-based organization and no, we do not use animal-based therapy. Thank you.

Alexis Lacy:

I did have another question, and this may make the most sense to go to Willie around how do you navigate background check barriers and variances needed for peer support specialists or any direct service provider who may have a criminal background to work in your programming?

Willie Knighton:

Yes. CJCC. They're housed inside. Well, they have NORIS which is housing there. So you go through the Criminal Justice Coordinating Council to get your federal background check, your Bureau criminal background check. And the State of

Ohio, we have this thing called a CQE, which a certificate of qualification for employment. And it takes the liability off the employer to hire someone who is considered high risk.

So when I started my agency, I had to have a CQE that went over my conviction of murder in order to work in this field. So we have all our peer supporters and CDCA and anyone that comes to work in this field to go through that. I hope that helps.

Alexis Lacy: Thank you. Yeah, definitely. And also, did anybody else want to respond to that around how they incorporate folks who may have a criminal history into their work as peers to get around those barriers?

Carolyn "Freda"....: At our agency, we work with the Florida Certification Board, so they can become certified peer specialists and you have to have lived... Be in a good space for three years with your lived experience. So you have to be able to have the documentation and things like that. But they're doing great work. And I know we'll be incorporating peer specialists in this particular project, but throughout our agency.

Alexis Lacy: Thank you. The next question I have is have any of the panelists worked in housing or social service systems in addition to behavioral health and criminal justice? It seems like peers are desperately needed in these other sectors, but not sure if the practice of leveraging peer expertise has been leveraged more widely. Have either of you or any of you worked in housing previously, or other social services?

Carolyn "Freda"....: Jacob, you wanted to say something? Go ahead.

Jake McPherson: I just want to say that the Hawaii State Department of Health provides housing for a certain amount of people who are coming out of Hawaii State Hospital. We do that because people who are coming out of the state hospital often don't have the means to provide housing for themselves.

And so the state provides them a series of housing that leads them from a high level of programs that involve them throughout the day, to finally to independent living, but I personally have not experienced working in housing.

Alexis Lacy: And just also from working in the behavioral health or just social service field for a number of years myself, I saw that there is a lacking there. Most that you may see a lot of times it's in transitional housing or possibly even Oxford houses, things like that, where it's more peer oriented. So those are things also to consider. The next [crosstalk 00:59:34].

Carolyn "Freda"....: We have... Oh, I'm sorry, Alexis.

Alexis Lacy: No problem.

Carolyn "Freda" ...: Okay. Yes. We have three residential programs. So our participants who are eligible and would like to, we can kind of fast track them into our programs if it's available. But like you said, Oxford House is really huge all over the United States. We have a great relationship with them here in Florida and in Tallahassee.

Unfortunately, that's a huge barrier for us here because it is mainly a college town with three major universities. But we do have some great transitional programming for our returning citizens.

Alexis Lacy: Okay. So the next question we had was on training for forensic/justice peers. In NYC, they're building a curriculum certification for justice peers, those who have lived experience in the criminal justice system. And Jake, could you talk a little bit about around forensic training?

Jake McPherson: I would be happy to. This is actually what I do. I am the trainer.

The first step is to become a Hawaii Certified Peer Specialist. This program is open to anybody in the state who self-identifies as living with a mental illness, possibly a co-occurring substance use disorder. The training is very wide ranging.

The most important things that the people come out of the training understand is their own story. How important it is to tell their own story in such a way that it's not going to re-traumatize the listener.

They're going to understand how to identify where the other person may be in their recovery journey. And finally, they're going to understand most importantly, how to actually actively listen.

Oftentimes we actually spend about one eighth of our time, teaching them how to listen. We are acculturated to listen in order to respond. And what we do is we teach them how to simply listen so that they can truly hear where the other person's coming from.

After a person becomes a Hawaii Certified Peer Specialist, we offer to the ones who have a history of forensic involvement, we offer them the forensic peer specialist training. This is done, we talk about the intercept model where the peer specialists can best be utilized in the intercept model where our agencies will utilize peer specialists in the intercept model, along the criminal justice involvement spectrum.

Then we actually teach them about different types of mental illness, and we teach them about the different types of substances that people often abuse. And it's a comprehensive training. Each of these trainings only takes 40 hours.

Because of the pandemic, we have had to transition the trainings to online and instead of doing 40 hours in a five-day period, we spread it out over 10 days. So it's a two-week half time training. And we do have exams at the end of the training.

Then at the end of the Hawaii Certified Peer Specialist Training, we actually do require an internship. They have to finish 120 to 185 hours of one-on-one work with peers in a system that uses the peer specialist in the way that we work closely with the agencies.

Thank you very much.

Alexis Lacy: Thank you so much. Okay, Jake. So I'll actually ask this of everyone on the panel because we've received several questions around labels and terminology, and how do you push back on that within your community? And one specific question around how do folks feel around the word consumers? So I'll put this out to the panel to respond to, whoever wants to go first.

Jake McPherson: Pardon me for jumping in to my fellow participants. We actually still use the word consumer here in Hawaii. And it's something that came up when they were preparing some literature about working with people who live with mental illness or substance use disorders. And they actually came to me and asked me, "Is consumer the best word to use?"

I was able to prepare a report for them that actually said, "Simply calling us people who live with mental illness instead of calling us a consumer, because we're not simply people who receive mental healthcare, we are people who can then... We can receive the mental healthcare but then we can give back to the teams that are giving us the mental healthcare, and we can help the mental healthcare teams feel better about the work that they are doing on our behalf.

As Freda mentioned earlier, we are very careful about the verbiage that we use. We don't like to say substance abuse. We try to say substance use problems or substance use disorders.

We don't like to say criminal. We like to say person with justice involvement history, because it gives people back some of the hope that the system often strips from them.

Thank you.

Carolyn "Freda"....: So, yes, we don't use consumer too much. I don't think it's an issue. If they're inside the reentry program, we call them participants because they're participating and then we'll call them a client. And to me, that makes them feel like they're being served.

So when you have a client you're serving them, correct? So we will call them, "Our client is coming in," or something of that nature. And so a lot of times people don't know. And I think that was a great question, just so you can kind of learn and understand how that person may feel.

I think Jake hit it right on the nose that we want to bring back hope and dignity that's often been stripped away, even if a person hasn't been incarcerated. I mean, I was bound for 25 years and I spent very little time being actually incarcerated. But when you're living a criminal lifestyle for over 20 years, you're like incarcerated because you're bound by the different situations that you're in.

So I think whoever asks that question in your particular agency, you can always do a survey and kind of ask the participants. I think that's a good way to find out more of what they would like to be referred to. And I think that would also have them to feel like they're a part of change by asking, "What would you like to be called?" And I think that would be a great way to have some deeper conversations.

Alexis Lacy: Okay. One other question, and depending on where we are with time, it might be our last one. Now I'm not exactly sure who this was targeted at, because I know both Freda and Willie do work in different correctional facilities. So there was a question on how did you get buy in from the prison to help you facilitate the video in reach? They're trying to get that set up for them.

Carolyn "Freda"....: Well, it was [crosstalk 01:08:11]. Oh, go ahead, Willie.

Willie Knighton: No, ma'am. You go please.

Carolyn "Freda"....: It wasn't hard. Before we started this particular project I was tasked to create to... I should say piggyback off of a program, a substance abuse education program that I started at the Leon County Detention Facility maybe eight years ago. So we got some funding from our managing entity that they wanted to start that in all of the counties.

So I called them up and shared a little bit of my journey about our agency, which most of the people know about our agency. They've been around since 1972 and why this will be important to their population. And they were like, "When can you start?"

So, I mean, it's definitely something that I wouldn't mind. I'm going to put some information in the chat if people want to contact me and we can kind of go from there. But I mean, to get the buy in of all the sheriffs in the big bin has been wonderful because we have such an epidemic in this area with so many drugs and right now it's meth that's kind of leading to charge, unfortunately.

But yes, I definitely think that being honest with them, maybe even bringing someone with you, if you're going to talk to the sheriff, someone with personal

lived experience so they can actually see; because so many people that work in the correctional system, they may not get to see people like me and Willie and Jake. Right? So they're just seeing the influx of people going in and out of the system.

So actually quickly, me and my CEO, a new sheriff came to Madison County and we didn't know him. So he asked me to set up the meeting and we went together. So he was able to share from an agency standpoint, what we're doing and me as a developer of these programs, what it is going to help with the community and things like that.

So I'm going to put some information to chat and it's been great. It's been wonderful. I appreciate everybody and thank you so much.

Alexis Lacy: Okay. So considering where we are with time, we only have a few minutes left. I know there are some other questions that we didn't get to. Very, very sorry.

But we appreciate everyone's participation in the chat, in the Q&A and all of our panelists. So thank you so much for participating with us on the Q&A portion today. So I'm actually going to turn it back over to Tiffany.

Tiffany McKnigh...: Thank you, Alexis. So now that we are at time, I wanted to thank all our panelists for participating in our discussion and of incorporating people with lived experience and behavior health programming. And I also would like to thank you all for participating in today's session.

For more information about our Second Chance Month activities, please visit the National Reentry Resource Center website listed here. I hope you all enjoy the remainder of your day.

Carolyn "Freda"...: I'm just trying to type in my email address right quick.

(Silence).

Alexis Lacy: Were there any other things we need to do before we log off for BJA or NRC?

NRRC Host: Nope. I was just waiting for Freda to see if she was going to enter her email address in the chat before I close out the room.

Carolyn "Freda"...: I'm sorry. I was on mute. Yes, ma'am, I did. CarolynFredaKing@gmail.com. I put it in right before.

NRRC Host: Oh, okay.

Carolyn "Freda"...: Yep.

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NRRC Host: Excellent. All right. That's it. Great job y'all. We will be in touch for next steps.
Have a good day.

Panel: Thank you.

Thank you.

Thanks.

Thank you. Bye-bye.

NRRC Host: Bye-bye.