MARIE GARCIA: Good afternoon everyone. Hello and welcome to today's webinar, “Promoting Reentry for Young Adults: Perspectives from the Field.” My name is Dr. Marie Garcia and I'm the Director of NIJ’s Office of Criminal Justice Systems. And again, I want to welcome you all to today's webinar. We have two of our NIJ-funded researchers here today to discuss their work with a young adult population, and we also have their partners to provide another perspective from the field, so we’re just thrilled to have everyone here with us today.

To get us started, just a couple of reminders that we are recording today's webinar and if you have any questions, please do put them in the chat. Put them actually in the Q&A, not the chat, and we'll be sure to get those questions answered for you.

So just before we begin, I wanted to give some time to two leaders in our Office of Justice Programs, NIJ Director Nancy La Vigne and the Administrator for the Office of Juvenile Justice and Delinquency Prevention, Liz Ryan, to provide some context and some opening remarks. And again, thank you all for being here today. I'll turn it over to Nancy.

NANCY LA VIGNE: Greetings everyone. I'm so delighted to be able to kick off this webinar in honor of Second Chance Month. The issue of reentry and promoting successful reentry is one that's near and dear to my heart. I've been involved in research on this topic for longer than I care to admit, and NIJ has invested heavily in this topic. And these presentations that you're about to see, I think, embody a lot of the priorities that I have for NIJ in terms of the research we support, and also embody some of the key lessons learned that we have to date around what makes for successful reentry, what types of supports are needed, and one important component of that is to ensure that the programming, the treatment, the support, the case management, the supervision, is all tailored to the specific needs of individuals. There's no one size fits all. So we know that, we're aware of that, where it's exceedingly clear in the context of, for example, gender responsive programming or programs and treatment that are tailored to women are more effective than those that are developed generically to serve all. But we know a lot less about what works in supporting young adults who are returning home from prison. And yet, we are keenly aware that young adults are different from full-fledged adults in meaningful ways. I say this as the mother of two college age sons, and we need to be aware of those differences, and how they relate to needs and how best to meet those needs. So I'm really thrilled to be supporting this webinar. I want to thank our partners at the Bureau of Justice Assistance and the National Reentry Resource Center, and of course, my beloved colleague, Liz Ryan. I'll turn it over to her next.

LIZ RYAN: Thank you so much, Nancy. I really want to thank NIJ Director La Vigne and the NIJ team for hosting this webinar and highlighting this important area of research

today. One of the top priorities we have at the Office of Juvenile Justice and Delinquency Prevention, OJJDP, is to open up opportunities for young people involved in the justice system and this really requires a focus on reentry. So today's webinar is focused on that. We know that young people are still developing. Many have experienced trauma before and during incarceration, and too often they are facing untreated mental health or substance abuse challenges. The research tells us that young people can change, and with the appropriate intervention strategies, youth can and do age out of delinquent behavior. And so today's webinar, with these expert panelists, will really help us understand what the emerging research means for our practice in the field, and this is critically important. I just want to really highlight again and thank NIJ for inviting us to join and participate. Thank you.

ELIZABETH CAUFFMAN: I am delighted to have here my colleague, Sheriff Barnes, who canshare with you more about what it's like here in Orange County, and the programs that are going on here. With that I will turn it to Sheriff Barnes.

DON BARNES: Thank you, Dr. Cauffman. I appreciate your kind remarks and we have the presentation going. Mine's very brief. I'm going to cover some of the things that Dr. Cauffman had referenced but maybe in a little different context of a much broader representation. So next slide, please.

So this is really just an overview of the Orange County Jail System. The Orange County jail in California is the sixth largest jail operation in the nation. We have capacity for just about 6,200 people.

Pre-COVID, our population was roughly 5,300, and during COVID we reduced it down to just over 3,200, and that was done through a variety of means, but mostly because of the way we had to de-populate jails, not by deferring sentences or letting people out but by actually deferring cases. So there's thousands, tens of thousands of cases actually in California, they're pending adjudication through our court system, and most of the people who come to my jail are remanded to my custody through the courts, either through a sentence that has to be served or be held while their case is being heard. And in California we had a recent case law back in 2011, actually Assembly Bill AB, 109, which state prison sentence inmates will serve their time in Orange County jail, roughly about seven to 800 of them for what they consider non-serious. non-violent, non-sex offender violations, which means I have people serving sentences, some of them five, eight years in custodial facilities not designed for long-term incarceration, which makes it very difficult not only to program, but also to get compliance out of this population. Three jails we have, the central jail complex is actually a series of jails being built over time, the men's and women's. It’s a very linear jail, old-style jails that were built in the late 60s. The Intake Release Center, it was built in the late 80s, Our largest jail, which houses almost 3,500 people, is in the city of Orange. The Theo Lacy Facility, been built out of over a series of five decades. So we have a great variety of different program opportunities there. And the James A. Musick Facility, which was built through the 60s

and 70s, has been closed. I closed that when I took office in 2019, and we have two new jail facilities coming online there that I will cover, just under a 1,000 beds, 512 beds, and 384 beds. Next slide, please.

So the James A. Musick Facility is what I'm most excited about, and there are two construction projects that were funded through the state through Assembly Bills and Senate bills, $100 million for the first project and $80 million for the second project. We are actually able to combine them into one larger project, the artist rendering on the upper left side shows what that facility looks like from an aerial view. The slide on the right shows what it looks like at ground level. It actually looks almost like a community college campus. But most importantly, when you look on that bottom left slide you'll see how it operates, and it's very consistent with how the TAY module that Dr. Kaufman referred to. It's a direct supervision model which sometimes gets misunderstood on what that means. There's different types. So you have linear jails like our old jails and the men's and women's jail. We have a Direct Line-of-Site facility, which the Intake Release Center at the Theo Lacy operates, and that's where you have deputies or officers in a control bubble. They have direct line of site within the housing facilities.

They can see everything that's happening within. Direct Supervision is where our deputies are actually out on the floor with the people and trusted to our care and programming with them, developing relationships. It's more of a mentoring relationship and more communicative. We found over time that those types of environments in the right environment has much better outcomes for people in custody for their sense of security, for the transparency for their relationships, for the dialogue, and it's much more conducive to a healthier relationship.

What I love the most about this opportunity, the 512 beds of the first phase. We were put behind schedule for a series of events, but I was able to redesign that facility to make it mental health compliant. There are certain things you have to do in a housing environment in any correctional setting to ensure that there are safeguards for people who might be struggling with mental health challenges. And we did that with this facility. So this environment, if somebody has mental health issues or as needs, this environment, in my opinion, is much more conducive to their health, their mental health, and their recovery then it would be putting them in an old linear jail, where they don't have the open-air environment to go and get the programming that they need. Three hundred eighty-four beds. What I'm most excited about is design specifically for reentry programming. Those who are coming up to the end of their sentences. There's programming that happens throughout our entire jail system, not just in this area, but this would be a saturation of programmatic services intended to meet the needs of these individuals, and best set them up for success post-custody, so that when they do get released, the likelihood of them recidivating would be significantly reduced.

We recently had funding approved in our county for a post-custody, reentry facility, and I'm excited about that. So if you think about this series of how people come in and out of the justice system, we have pre-custody opportunities to off-ramp and a vast majority of

the population within our jail are people who are struggling with different challenges, and if there are systems in place prior to these people declined to contacts with law enforcement or the justice system, and we could get them into mental health stability or into sobriety, or some other program. But they don't decline. I would argue that 20 percent of my jail population could be reduced just by getting those people into services before they decline into an incarceration environment.

That said, when I have them, I have great programs to get them into sobriety, into mental health stability, and into parenting classes. All these different opportunities in this warm hand-off through this reentry facility in custody, branching facility to post-custody, reentry sustained success is going to be very beneficial about breaking that cycle of incarceration. Dr. Cauffman mentioned the TAY program we have. She mentioned our HUMV program as well. That's a housing unit for military veterans and other programs. I have 130 programs that exist within our jail system to get people who are willing into a better place, so when they do get released out of custody, they're more likely to be successful rather than reviolating and coming back. Next slide, please.

So we talk about the environment they're operating in, and I will be the first to tell you that the first person who is in any crisis, whether that be a drug use or a mental health crisis, the last person they should see, or I should say the first person they shouldn't see, is somebody wearing a gun, a badge, and a uniform. It should be some other professional. Unfortunately, those systems are not robust and as a result over time, when people decline in their mental health, or if they increase in their substance use disorder, or if they're expensing homelessness, and I would argue that people don't become homeless and they become drug addicted, or they don't become homeless, and then become mentally ill. Homelessness is a manifestation of one or both of those other two issues and then they end up having contacts with policing agencies across our nation. This is an example of the population. The orange is the average daily population of our jail over time. Obviously, the last three bars on the right is what has happened over COVID. The deep population that we've had, and that's our average for those years, and we're now starting to trickle back up each month. Now that we're beyond the public declaration or health orders of COVID. What's most important, though, is that blue graph on the bottom. That's the number of mental health cases, so currently right now in my jail, at least at the beginning of the year, roughly, almost 50 of those entrusted to our care had a daily nexus to mental health treatment, and over half of our population has a substance use disorder of some sort. So we're dealing with these significant social issues in an in-custody environment which is not necessarily designed for the best treatment of those who are struggling.

I run the largest Mental Health Hospital in Orange County and the largest detox or substance use disorder facility in Orange County in Orange County’s jail system. I currently have 3,500 people who are trusted in my care mentioned. Notice, I said, people, not inmates. These are people who are brought to us. We have an obligation to care for them. Just about a 1,000 of them are on medication-assisted treatment within my jail to get them into sobriety and off of opioids. Of course, the fentanyl crisis a whole

different issue. And to do that I have two teams of people that do that. I have 40 deputies who work in our community that do nothing but behavioral health outreaches, or Behavioral Health Bureau that do behavioral health outreach. And I also have an equal number of deputies who work with our clinicians, our health care agency inside our jails to do behavioral health outreach and make sure that they are trained. Every one of my deputies in our organization, I have 2,000 deputy sheriffs, every one of them is trained in CIT 1, and all the deputies working specialty assignments or outreach assignments are trained in CIT 1, 2, and 3. We practice and train significantly a de-escalation and outreach efforts to make sure that we are reaching the people who we need to get in contact with, and hopefully get them into a better place. Next slide, please.

So I'm going to go through real quick just some of the things that we do to help people. Now keep in mind I don't control who comes to my jails. I can only do what I can while I have them here, and it's sometimes very difficult, because of the vast majority of people come to me serve less than 30 days. There are some that are longer, some are held for years, but this is rapid turnover people that come through on a very regular basis. We have these high utilizers of services. Some of them come through 10, 15, 20 times a year in three- and five-day increments, and makes it very difficult to get them into programs that they would benefit from. That said, we have a lot of people that are participating on a regular basis. We have new mental health housing modules because of our mental health crisis within the jail. I mentioned CIT, crisis intervention training, that we are doing.

One thing I did, which was very interesting, because I'd asked by the 57 other sheriffs in California how I did this, and what I did was I stopped doing midnight releases from the jail. So if your sentence was over, normally you can get out at midnight, a few minutes past midnight, we let you out in the darkness and statutorily I have 23 hours and 59 minutes to release somebody from a sentence from my jail. I stopped midnight releases and I started releasing those individuals between eight and 10 o'clock in the morning every morning, and it enables them, first of all, to be picked up from the jail from a loved one, plan for transportation to go to programming. Some of the nonprofits of [INAUDIBLE] programs can pick them up and take them to the facilities where they're going to get a continued treatment which is more conducive to their ongoing success once they get released. What I also stopped was people, mostly women, from being preyed upon in the middle of the night by people who would reintroduce the narcotics or the sex trade, or whatever it might be. It's cost me nothing other than an additional breakfast, but the outcome has been much better.

I mentioned our SUD Step Down units we have within our jail. We have fully medically supervised Step Down units, on any given day of between 100 and 120 people going

through medically supervised SUD Step Down inside of our jails designed for that, and in a custody facility. We have a classification system. Everybody that comes in the jail gets classified, based on risk, risk amongst themselves in the jail population, risk from being a preyed upon a risk from gang violence. All these factors are put into this classification system completely objective. There's very little discretion in how people get housed. But in doing this system, what we're able to do by narrowing down the different classifications of those who are in our jail we were able to increase the out of jail, out of their cell time by as much as 800 percent some circumstances. So it used to be, people would get between two and four hours, now they get four, eight, or sometimes up to 12 hours a day where they're not in their jail that, that open-day room environment and access to ongoing programming.

I mentioned the math system that we have. By the way that's on my budget, cost me millions of dollars a year. I'm hoping the federal government will step in and offer funding for MAT. We've been doing it for years. I was one of the first sheriffs to put in a lock zone out in a field environment back in 2015. I've been screaming from the mountaintop on the fentanyl crisis for many, many years, first to recognize that trend out on the west coast. And then we have our HUMV Unit. The average recidivism rate is about one in three will come back within the first year once they get released. Our HUMV is less than 10 percent. So I'm very happy about the outcomes of the housing unit of military veterans.

By the way, it doesn't matter what you're gang affiliation is, what your race. You go in there you're part of a brotherhood camaraderie, and it's just one group. They actually wear camouflage jumpsuits. I hope none of them ever get out. We'll never find them. But it's meant to bring back that sense of service, and it's been significantly successful. We mentioned the TAY, the transitional age youth. We're getting our population age back up, so the population variety of those who will be eligible is much greater, and looking forward to how that will pan out over the next year going forward.

So that's just some of the things that we're doing in the jail. I will tell you that what I most proud of is the personnel who I get to work with. They're very engaged. This generation loves this opportunity to serve and lift people up. When I started in this profession I just started my 35th year last week. The fun jobs were gangs and narcotics, and all these undercover assignments. The most sought after assignment I have in my department right now is the Behavioral Health Bureau assignment, outreach to work with others and lift them up, and it's goes to show where the sense of services with this population. So that's all I have. I tried to be short. If you have any questions, I'm happy to answer those with Dr. Cauffman.

MARIE GARCIA: Great, thank you Sheriff Barnes and Dr. Cauffman. We're going to take the next few minutes to do a question-and-answer session with Dr. Cauffman and the sheriff. So we do have several questions for you both in the chat and I'm happy to moderate those for you.

The first couple of questions are about this study, and also for the sheriff specifically. “How do you track individuals beyond release? Are there a specific core targets that you focus on during this period, recidivism others other types of outcomes, and just generally? And I know the sheriff talked here. There was a question about working with your system partners which we know a lot more about now. But if you could chat through tracking these individuals, and then what other types of outcomes are looking at.”

ELIZABETH CAUFFMAN: Very happy, Happy to share that. And that's a great question.

In the facility, we go in and we can do our interviews there. Prior to release, we work with the young men to ask them how to contact them, and then, upon release, we track them in the community. So we actually go out and meet them where they're at. So we'll call them up, and so our interview schedule is at three months, six months, 12 months, 18 months. So we're on a six-month schedule where we follow them into the community. But we track them down, and then, if we can't find them, sometimes their phones are turned off. Sometimes they've moved. They've given us names of people that they've allowed us to contact, saying, well, if you can't find me, you can call my grandma, or you can call my friend, and they'll know how to find me. And so those are names and numbers that they've given us, saying sometimes, if something's going wrong, you can contact this person.

So we've been pretty successful at tracking people in the community. I've been doing this for 20 years, so gotten very creative at it. But the most important thing is that we are tracking more things than just recidivism. So I’m really glad that you ask that question.

We're tracking whether or not they're getting their education. We're tracking whether or not they're being employed. We want to look at the positive outcomes and the positive transitions they're making just as much as some of the behaviors they might be engaged in, and so trying to see how those connections work and do, making these housing connections or education, connections or employment connections. What are those mechanisms that help make that difference? And how can we better engage people in them? So both types of things are being measured. So great question.

MARIE GARCIA: Great. Thank you so much. The next question is also about his service provision. Specifically, “Are there differences in services based upon time? For

example, will someone with three months get the same discharge, planning, and services as someone serving six months or longer.”

ELIZABETH CAUFFMAN: That was a great question. And that's why research is so important. How much time do you actually have to do to make a difference? And for better or worse, I don't have an answer for you right now, because we'll be able to actually scientifically answer that eventually. My assumption is that we probably need a little more time than three months. But maybe we don't need eight months. I don't know yet and that's why I think the science will really guide us as to what is the tipping point. How much time do you need in order to make that difference. And so an excellent question that I hope will have a scientific answer to shortly.

DON BARNES: I think that's a great question also, and I want to give a different perspective. And I think this is where it's difficult. The previous question was about communication, and we have a great communication system within Orange with the municipal partners, we're actually building out a system so that when somebody is transitioning out of custody those agencies that might have been dealing with a high-utilizer services knows they're coming back with programs that their in and help keep them connected to any success they may have, at least an opportunity to be successful.

But I can tell you this: we talked about three months, six months. I can tell you what doesn't work is three days and five days, and I'm not arguing for the incarceration of those who are mentally ill or drug-addicted. But I can't get somebody into sobriety in five days. I can’t get somebody mentally health stable in five days. And I'm not saying that we keep them longer just to get them there, but the argument I've made to my peers, I have great relationships with the Defense Bar, the Court, the Public Defender's Office about what their jobs and roles are, but it's very inhumane to have somebody cycle through the jail for the rest of their life, in thee- and five-day increments without an opportunity to give them the best shot of being healthy and successful, which is, get them in sobriety or mental health stability. So all those things make a huge difference, and we have out-of-custody hand-offs that we do with nonprofits. If you walk out of any one of my jails, somebody will reach you in the visiting area and say, “Do you need to charge your phone? You need to make a phone call? Do you need a bus pass or a ride?” Any program that you were doing inside we can help you get connected with now that you're out. With the ultimate goal, I'll say it this way. The ultimate goal of putting me out of business. We run a very large jail, and jails are necessary for certain people, but not for everybody. They have to have some other—we have to just change the model that we've been using forever. These aren't numbers. These are names, and looking at these people for opportunities to get them back on their feet and a good place and hopefully get them connected to housing work. We're bringing vocational programs back in our jail. So they're getting automotive maintenance, and all these things will help get

them employed in a better place and break that cycle, and we have to make sure that we do everything we can. Breaks my heart when you see the same people over and over and over again coming through our jail who really deserve better.

MARIE GARCIA: Great. Thank you both. The next question, “I’m not sure if either of you have the notice. The answer. However, do you know if this program is being used nationally, or within other departments of corrections or jail settings?”

ELIZABETH CAUFFMAN: I don't believe there's any program like this. I mean, we divine this. We look to other places around the country. I don't want to speak that there isn't one like this, but I know what we created. I don't know if there's anything else out there. But I I’ll defer to Sheriff Barns on that. Maybe he knows more.

DON BARNES: So the organization I’m involved with nationally, Major County Sheriffs of America, for example, 100 sheriffs represent about 40 percent of the nation’s population. Large counties, there are some that are similar, and there are, but they're not exactly the same, and I will say that those who are trying to do this are not evaluated it in a scientific method to prove or disprove it works. What doesn't work and the goal with Dr. Cauffman's research, which we hope to do, is go back with best practices that should be emulated on a national model that we can start presenting, and I can tell you that when we're done with this, we will present this to the 100 sheriffs of the largest counties run the largest jail systems that talk about what we've learned through this and the opportunities that we have put in place, and quite honestly, probably many opportunities missed throughout the nation. How we're treating those in our correctional systems.

MARIE GARCIA: Great. Thank you. So the next question is, “We have a participant who is working to pilot a youth adaptation of a program at a youth detention facility in New York City. They are running into an issue of using snacks as an incentive versus propping up the program entirely and potentially detracting from intrinsic motivation. What are your thoughts best practices on how to implement incentive systems for voluntary programming example, like snacks or other types of incentives?”

ELIZABETH CAUFFMAN: Well, we started with snacks, too, but unfortunately the jail will no longer allow us to bring in snacks, as I'm looking at Sheriff Barnes with a little smile. So I completely understand. And you want to look at the intrinsic versus extrinsic motivation. So which is so important a couple of things. And I’m deferring to my colleague, Dr. Marie Gillespie, who always talks about four rewards to one criticism or comment or punishment. It really takes four positives to really change a behavior, and positives can be anything like, hey, good job today. Hey, I recognized you came out and got yourself ready first. Well done. We call it, “catch them being good.” We all like to be

complemented. We all like to feel like we're doing a good job in our day. A reward doesn't have to be something tangible, like food or money, or things like that. It can just be respect and awareness and recognition of doing the right thing. We've done a lot of those things. We've also done things where we have a point system where they can earn as a unit together to get the ping pong table and have ping pong time. To get a microwave, that's a very big thing to have on a unit, so working towards goals as a team. So we've created different options. But we look at rewards in very different ways, so that we don't go purely to extrinsic. But we also want to have something that people can work toward. So that's how we've done it from the research side. But I'll defer to the sheriff and what his thoughts are.

DON BARNES: Well, it's like raising kids. You can give candy bars every time they do something well they're gonna get diabetes or overweight. It's just not the motivation. What Dr. Cauffman said, and this holds true and just human nature, motivating them to do something is about what you want, inspiring them to do something about what they get out of it is more about them changing their patterns into a better place, so we all get that. But I'll tell you one of the best outcomes I've had recently is where some women in our jail, and they went up to our deputies, who are really have been trained in CIT and all these communication skills, and told them, thank them, they said, this is the first time we felt like we've been valued. They didn't say the first time in jail, the first time in their life. These are adults. So we really felt like you saw us, and you heard us. And so, inspiration is about how you get people to change what they do, their bad habits, and the good habits, while making them think it was their choice. Right? That's all about inspiration, getting them to do what you want them to do, and make them think it was their decision doing it, but it's for their best efforts. So I've learned over time that those motivating, a cup of coffee or access to something might be short-term. It might give it temporary compliance, but it's not going to solve the problem long-term when you want them to do things better for their best outcome.

MARIE GARCIA: Great. Thank you so much. So I know the sheriff has to leave us a little bit early today, but I wanted to thank you very much for taking time out of your schedule to join us and tell us about this program and your jail, and all of your success, and of course, on behalf of NIJ when this project is concluded, we're going to do our very best to support you and Dr. Cauffman to get the great work out, so please do keep in touch with us as the work continues, and we're going to move on. If we have time at the end, we'll certainly ask some more questions of Dr. Cauffman. But, Sheriff again, thank you so much for joining us today.

DON BARNES: Thank you for the opportunity. I love work with NIJ and BJA. You guys are great. For those who might be in my side of the profession, please always use

National Institute of Justice and BJA for resources, they're phenomenally talented people. Thank you.

MARIE GARCIA: Thank you so much for that. And so now we're going to move on to Dr. Carrie Pettus. She is a Principal at Justice Systems Partners and I'm going to bring up the presentation. Are you, Carrie? As soon as I can find it.

CARRIE PETTUS: No problem excellent. Well, good afternoon, everybody and great presentation to start us off today. So thank you so much, and thank you, of course, to the National Institute of Justice for their support for this work and Florida Department of Corrections which you will hear from here in just a few minutes. So we can go ahead and go to the first slide of the presentation.

And so what I wanted to do today is dig into a little bit more detail about this concept of trauma and trauma responsive reentry, and get into a little bit more of not only why the work that Dr. Cauffman and Sheriff Barnes presented is so important. But really, why we should be thinking as a field from this perspective of trauma responsive reentry and to really kind of move us into really the next generation of reentry innovations that can optimize and exponentially increase the impact of the really important reentry work that's going on around our nation. So next, so we'll talk about what we know about trauma, and we'll talk about what trauma responsive reentry is. I'll do a brief explanation and look into the research being funded by National Institute of Justice on trauma responsive reentry and for the Department of Corrections.

And then I just kind of want to zoom back out before I turn it over to Chief Barnes, or Locke, sorry, I was still thinking of Sherrif Barnes, and to talk more about our about what this is, how this is experienced from the Florida Department of Corrections. I want to talk a little bit about some cautions and considerations for the field more broadly, so we can go ahead and go to the next slide.

And so what we know about trauma is that for individuals who are incarcerated in our jails and in prisons in particular, experiencing trauma, or a psychological trauma, or a traumatic event prior to incarceration is almost universal. So we're looking at rates from 95 to 98 percent of men, women, and other gender identities who are incarcerated in state prisons have experience trauma, and approximately 70 percent of individuals in jails. And we have a little bit less study in jail on that. We also know that while people are incarcerated and they continue to experience psychological and physical traumas that when they're inside the walls of the facility. And then after incarceration, although there's not as much research in this space, traumatic events continue to occur for individuals, and these are traumatic events that meet diagnostic standards of a trauma occurring. So we're seeing that almost half of people have experienced another

traumatic event after they released from incarceration within the first month of their release.

So why is this relevant? Why is this important other than it being very unfortunate that people are having so much trauma. The reason why it's relevant, as we think about its implications for reentry is there's a substantial body of research that helps us to understand what the symptoms can be for untreated trauma and those symptoms, such as aggression, impulsivity, hyper-vigilance, thinking things may be more dangerous, substance use disorders, mental health problems, limited social supports, difficulties interacting with other people. These are all things that are also highly correlated, and with first-time justice system or legal system involvement but also with subsequent system involvement. And so untreated trauma symptoms, what we know from years and years of research, can alter the way an individual perceives the world and also make their reentry experiences and their relationships that are so critical for their reentry experience be more difficult. It can physically change the structures of people's brains, as well as individuals' mental processes, and even how their body processes stress and response to certain behaviors. And so next slide.

But the good news is is we know. Oh, if you can go ahead and go to the next slide, that'd be great. The good news is is that we know that trauma actually can be treated, and it can, and its impact can be mitigated. So there is promise in that this does not have to be something that is a permanent disruption to people's lives. And we also know that the development of trauma symptoms doesn't necessarily happen immediately, following a traumatic event, and not everybody is, establishes trauma symptoms.

There is opportunity for both intervention on existing trauma symptoms and prevention of future trauma symptoms of somebody who has not yet experienced it. We also have an emerging body of research that shows that post-traumatic healing and post-traumatic growth is highly possible, especially when it's supported, and there has been an evidence base of trauma interventions that is trying to respond to the unique experiences of being involved in their justice and legal systems, and I listed a few examples here over the past 20 or so years that have been developed and tried in somewhat spotty nature throughout the country, and they're far from universal yet.

But one of the things that is really important to think about when we're thinking about trauma interventions, and we can go the next slide, is really thinking about the circumstances of incarceration. Most evidence-based or evidence-driven trauma interventions are developed based on trauma treatments that have been tested outside of correctional populations. So outside of a correctional environment. So one of the things that we wanted to do was, say, how do existing evidence-based practices that have been developed and tested on individuals that are in relatively stable

environments, how do those need to be adapted to respond to the incarceration and reentry experience? So as you can imagine, trauma intervention being implemented during incarceration need to accommodate for the fact that there is a lot of distrust and fear and hostility that can occur within an incarceration environment. And those factors can exacerbate and impede the relief of trauma symptoms during reentry when people are releasing from incarceration to the community. There's a lot of destabilization, renegotiation of all sorts of things in life that need to occur. That also can be a very difficult time to do some of the deep work on trauma that needs to happen, and then over time in the post-incarceration reentry period over time, it takes a lot of months, sometimes years, for people's relationships to stabilize out. So what we did was we developed a phased trauma responsive reentry program that really looked at those evidence-based practice elements of trauma interventions that could be implemented and at different phases of reentry in the context of these environments that are not the same as what day-to-day life will look like for people who are not going through the reentry experience. And then we also next side, please.

And we also wanted to make sure that, oh, can you go ahead and go to the next slide? Thank you.

We also wanted to make sure and have some consistent principles and definitions on what trauma responses really means. And when we're thinking about doing interventions and correctional environments. So for trauma, for an approach to the trauma responsive or for reentry to be trauma the responsive, it really focuses on bridging information about what trauma is to action, where we have revisions of policies and practices that are highly focused on mitigating damage caused by traumatic experiences.

It needs to be informed by and intentionally thought about, that there's neural pathways, there's brain activity and brain behaviors, and that are at play when trauma is occurring. That's not very visible, or where actions may be attributed and to choice, when sometimes it's actual, a biological response and trauma responsive really focuses on this trying to restore senses of self-determination and safety in a autonomy for the goal of preventing revictimization of themselves, but also victimizing other people. You can go ahead and go in the next slide.

And and what trauma responsive also does is really focus on realistic demands for individuals in these different incarceration and reentry context, looking at whether group programming or individualized programming is really more appropriate depending on what's occurring. And then also making sure there's high priority placed on therapeutic alliance, and that's the relationship between the person receiving, programming and the person giving programming. Next slide.

And so the study funded by the National Institute of Justice is a randomized control trial of a trauma intervention called resilience and stressful experiences, and we were able to recruit 400 individuals that identify as men between the ages of 18 and 34, they were moderate to high risk, and we focused on delivering and the trauma intervention that was aligned to that framework that I talked about earlier.

But during and after incarceration, and we are still actively in the midst of of data collection. So I can't say too much about the study findings yet. But I can tell you what our research goals are, and some of the qualitative feedback we've gotten from participants already, and if you want to go to the next slide.

And so we were really wanting to look at what seems to be the key mechanisms of change for individuals to go through the RISE program, or what are the key ingredients that seem to be influencing outcomes? And we're looking at whether RISE will improve community stability outcomes, and for these individuals, can it decrease rates of recidivism? And then we also, because we have a goal of eventually scaling effective practices is we want to look at how feasible is this program in reentry contexts pre- and post-release and how acceptable is it to staff and to the recipients, and our people able to deliver it in a way that maintains fidelity. Next slide.

And we have gotten some initial feedback from participants where they've said that participating in this intervention has given them new insight into their thought patterns, their behaviors, their reactions, that they're frustrated, they can't control, and it's helped them to increase their hope and motivation for being successful on the outside, and they feel like it's really important that this trauma responsive reentry approach has addressed housing and employment and other factors that are really important to their community stability, and most of them really open up and seem to benefit more when they do individual sessions versus group sessions. So my cautions to the field, it's the last slide and I am going to turn it over to Mr. Locke, is really to think about when we're looking at trauma interventions make sure that we think about the interconnectivity of people's physical manifestations of trauma. Whether it's physical illness, high blood pressure, other things. And so we can be intervening on physical and mental health at the same time. We understand there's a lot of structural and historical barriers to healing trauma that just at least need to be given some awareness to. And we need to keep in mind that trauma responses reentry will be limited without promptly trauma responsive legal systems and justice systems.

And finally make sure that we're taking care of any of our providers who are giving trauma treatment to make sure that, and any kind of secondary trauma they may experience, is addressed as well. So I will turn it over now to Mr. Locke.

BRADFORD LOCKE: Thank you, Dr. Pettus Davis. Good afternoon everybody. It's an absolute pleasure to be with everybody today. I don't have any slides for you, but I just want to offer a few comments in reference to some information about the Florida Department of Corrections. Our experience in working with research partners like Justice System Partners on projects like this, and maybe a few of our initiatives that we have right now. The Florida Department of Corrections is the third largest correctional agency in the nation. While we have had populations in the past of well over a 100,000 individuals that have incarcerated at any given time, currently, our population is just over 84,000. We do have a 146,000 individuals currently on felony supervision. We have 50 major facilities across the state, five Reception Centers, five reentry facilities, various work camps and work release centers across the state, and an annual operating budget of about 2.9 billion dollars. For more than a decade, the Florida Department of Corrections has significantly increase focus on preparation for and the successful restoration of incarcerated individuals in our care. In fact, implementing effective rehabilitative programs that support successful reentry is one of our stated goals and these practices are firmly rooted in our vision. Our vision is inspiring success by transforming one life at a time.

These practices are also rooted in our correctional master plan, our long-range program plan, and our strategic plan. Our secretary, Secretary Dixon, and our executive leadership view these initiatives among our agencies top priorities. To that end, we have an entire office consisting of four bureaus: Bureau of Substance Use Treatment and Transition Services, Bureau of Education, Bureau of Chaplaincy Services, and Bureau of Program Development, and many other staff across the state within our facilities completely dedicated to these goals and initiatives towards rehabilitation and restoration.

These initiatives are not only to help those returning to their communities, but by extension, we seek the strength in the communities themselves, and ultimately reduce crime and potential future victimization. Partnerships with agencies like Dr. Carrie Pettus Davis's Justice System Partners and the research they conduct are invaluable to correctional agencies in the criminal justice arena as a whole, and they absolutely foster evidence-based practices that can change lives. I've been in corrections for 28 years, and I have long believed that in order to help someone change their life, we have to find and treat the root causes of their criminal behavior. We have to find the why, otherwise you just slapping band-aids on a wound that may never heal.

Past trauma, especially trauma suffered as a child, has proven to be major cause of maladaptive behavior, leading to negative pro-social behaviors, poor relationships, health issues, and crime. And I know this from a professional standpoint, but also a personal one. I've been lucky enough to be on this side of the criminal justice divide,

and so I know all too well that trauma can have absolutely a devastating effect to people's adult lives. I've had the privilege to work with Dr. Pettus Davis and others on research studies such as this, and there is a tremendous amount of work in the initial phase of these projects, both on the research partner side as well as the correctional agencies. Typically, after everything is going through our review process, and the project is approved, we start by analyzing the parameters of the research study developed by the research partner and pulling the data to understand how best to achieve the desire sample size, and which facilities will be including in the research study.

This is a collaborative effort. Communication between research, partner, and my bureau, and especially the participating facility administrations out there in the field are absolute key to successful outcomes. Fortunately for us in our partnerships with Dr. Pettus Davis, with her experience and the experience of her staff in conducting these types of research studies, we've had very good experience. They tend to go very smoothly. They understand one important element to working with prison facilities is flexibility. Got to work around schedules, operational issues, unexpected delays, emergency segregation statuses. The list goes on. But I think there are several key factors leading to a successful research project, such as this. Number one it’s collaboration right upfront: data, risks, expectation, goals, etc., And a second communication, like I said between us and them, and then our prison facilities, and then, of course, the flexibility. So these projects come to a close and the data analysis becomes available. We would look forward to learning about these outcomes and how they can be used to increase or add to effective reentry strategies for Florida. As the Chief of the Bureau of Program Development, my major initiative is the development and implementation of our risk and need system, CINAS, the Corrections Integrated Needs Assessment System. We have designed what I think is a fairly advanced, robust system that provides a continuum between incarceration and felony supervision with our local law enforcement agencies and detention facilities and our communities. Because I believe that childhood trauma plays an ever-increasing role as a major root cause to criminal behavior, I've embedded trauma-related items in our assessment tools, such as adverse childhood experiences, physical trauma, young, adult, and adult trauma from ages 19 and upward, and exploitation or trafficking. Our risk and needs system is not just about assessing the needs of those incarcerated in our prisons are under felony, supervision with us. We also provide other Florida criminal justice agencies the ability to use our risk and needs system with offenders under their care and we provide the identified risk and needs data back to the communities through interactive dashboards called ORION, or the Offender Restoration Information and Outreach Network.

We currently have partnerships using our risk and needs system [with] Leon County Sheriff's Office, Walton County Sheriff's Office, Brevard Reentry Portal, Non-Secure,

Programs, Incorporated Keating Corrections, that are using our assessment system, and our overall arching goal is, if we can have one assessment system utilized throughout the State of Florida we just to increase the continuity of care and services and treatment as well as just data and communication between us. the Florida Department of Corrections, and all of these other agencies that, and we're all working towards that same common goal. The Offender Restoration Information and Outreach Network, ORION, the main initial dashboard is available on our webpage under the programs tab, you can, anyone can certainly go and take a look, at the information that we provide there. We have additional dashboards that are coming soon, one that's going to be dedicated to employment services, so that prospective employers in our communities can search database for individuals getting ready to be released, looking for credentials that they have or may have earned while they are incarcerated, including CTE certifications or industry credentials work skills, so that we can continue our work towards getting gainful employment for these individuals, even prior to release. And we've had quite a bit of success in that area.

So, as we continue to develop these systems, I feel these research partnerships, like the ones that we have here with Dr. Carrie Pettus Davis, absolutely impact the strategies and the evidence-based practices we strive to build in our reentry framework.

So, in closing I just want to thank Dr. Pettus Davis for the many opportunities to work with her and her staff, and I absolutely want to thank all of you for listening to me today, and I want to thank NIJ and everyone who's put this webinar together to give us the opportunity to speak and talk a little bit about the things that we're striving to do to make our communities better and our reentry services better for all individuals incarcerated, including those young adult offenders. So thank you.

MARIE GARCIA: Great. Thank you, Chief Locke, and thank you, Carrie, for your presentation. We have a few minutes left, and I want to go right to the chat to the Q&A, I'm sorry, to ask some more questions before the end of our webinar and let me get there. Going to start from the bottom up. First question, Carrie. The question is, “I'm curious about how your work addresses the underlying context of incarceration. Practically, how do you restore a sense of self-determination and safety while in an unsafe environment? Or is that done once now as someone is released? Do you work on changing the incarceration environment as well. Or do you account for the level of violence in the incarceration environment when you are evaluating the results for the study?”

CARRIE PETTUS: Yeah, great question. And so one of our approaches is, of course, we always are working with our correctional partners on any kind of contextual factors

that can be influencing people during programming, but one of our major approaches is to help people be resilient in the context of their current lived experience.

So, we really do try to work on helping people to develop self-determination within what they can control, and that looks very different on the inside than it does in the outside. But another way that self determination happens are certain things that both Dr. Kaufman and Sheriff Barnes talked about was really around helping guide people to a place of their own goal-setting and guide people to the place of their own inspiration and motivation to achieve certain things. So there's certainly ways that you can do it. And at the same time, I mean, if Brad had more time to talk, he could talk about some of their different strategies that they use within facilities, and to really help shape the environment to be well-being oriented. But a yes, inside and outside, both for the short answer.

MARIE GARCIA: Okay. And next question: “What sorts of trauma are people experiencing while in custody that you're measuring that could be captured in the and the work that you're doing?”

CARRIE PETTUS: Yeah, that section I was reporting on literature reviews that have been done throughout the country for years, and there are some really great studies that look at differential rates between individuals who are residents in correctional facilities and are engaging in violence, emotional, physical, sexual violence towards each other. There's also studies on interactions between staff and residents in the correctional facilities, and that's on a focus of our study. I was just mentioning that, there is a there is an evidence empirical-research based on the fact that there are traumatic events during incarceration that are still occurring. And we do have to keep in mind that confinement against one's will, which is what incarceration is, is considered a traumatic event in itself.

MARIE GARCIA: Great. Thank you. So we do have a lot more questions in the chat. But unfortunately we are out of time. I did want to thank you all for all of your great questions, and for participating today. As they mentioned at the top, most of the slides will be made available at a later date once they are compliant with all of our ADA rules. So you should be sure to look at the National Reentry Research Center webpage for more resources about this particular panel and all of the really great work that's being done within OJP for Second Chance Month.

So, again, I want to thank Chief Locke, Dr. Davis, Dr. Kaufman, and of course, Director LaVigne and Administrator Ryan for being here today. I wish we had much more time for all of your great questions.

But thank you again so much. Please do check the NIJ webpage at nij.gov for more information about these projects. And again, thank you all so much, and have a wonderful day.