

Operationalizing Reentry Programs for People with Behavioral Health Needs
Webinar Transcript
April 27, 2021

[Slide 1 – Operationalizing Reentry Programs for People with Behavioral Health Needs]

Sarah Wurzburg: Good morning. Welcome to the webinar. We're going to talk about operationalizing reentry programs for people with behavioral health needs. This project is supported by the Bureau of Justice Assistance; the Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs.

[Slide 2 – Reentry Week | April 26–30, 2021]

This recording is part of Reentry Week—so the Reentry Week is April 26 to 30th this year, and the National Reentry Resource Center will be the one-stop shop for resources and virtual events like this one. There'll be information on why reentry matters to different people; you'll be hearing from a lot of programs that are Second Chance Act grantees and sites doing innovative work around the country; so, we encourage you to go to the website and get more information.

[Slide 3 – Speakers]

So, we have a great list of speakers today that I'm really excited to introduce. First, we have Christopher Arbour, who's the Regional 1 correctional administrator for the Maine Department of Corrections. We also have Susette Billedeaux, who's the holistic program director for the Tribal Defender's Office at Flathead Reservation Reentry Program, the Confederated Salish and Kootenai Tribes.

Catherine Chichester is the executive director of the Co-Occurring Collaborative Serving Maine; Arlene Jacques is lieutenant for programs at the Sheriff's Office Jail in Cumberland County, Maine.

We also have Shawn LaGrega, who's the deputy director of Maine Pretrial Services, and Faye Luppi, who's a project director for Violence Interruption Partnership for Cumberland County, Maine.

We also have Ann Miller, who's the managing director of the Tribal Defender's Office at Flathead Reservation Reentry Program for the Confederated Salish and Kootenai Tribes.

I'm Sarah Wurzburg; I'm a program director for Behavioral Health at the Council of State Governments Justice Center.

[Slide 4 – The Council of State Governments Justice Center]

The organization I work for, as I said, is called the Council of State Governments Justice Center; we develop research-driven strategies to increase public safety and strengthen public health. We are lucky enough to be supported by the Department of Justice to work with Second Chance Act programs related to behavioral health, housing, and family support, so we have two great grantees that will be featured on this webinar today.

[Slide 5 – Agenda]

So first off, I'm going to go over some tips for operationalizing reentry programs for people with behavioral health needs, then we will turn it over to the Confederated Salish and Kootenai Tribes, and then we'll hear from the Cumberland County, Maine team.

[Slide 6 – Development Steps for Behavioral Health Reentry Programs]

So, when you're thinking about developing behavioral health reentry programs—reentry programs that are addressing mental illness and substance use disorders, in some cases co-occurring mental illness and substance use disorders—there's a couple of steps in terms of planning and implementation, really beginning with standardized screening: how are you screening everyone who may enter the correctional facility, for example, for mental health and substance use, to be able to identify someone who might need further assessment. And then, of those who are screened, how many are actually able to get those behavioral health assessments that are needed in order for someone to potentially get a diagnosis, to get intake into a different program option.

There's also often the opportunity to provide pre- and post-release services, so really thinking about how you can address pre-release—so, in a correctional facility, if there's opportunities to address behavioral health needs as well as cognitive behavioral interventions to address criminogenic risks. And really that combination of addressing the behavioral health need and criminogenic risks in a collaborative and comprehensive way can really support cross-systems case management, where you can have interdisciplinary team meetings and really support each other in coordinating across the justice and health outcomes, which may include other important areas such as housing as well.

When you're really working on these programs, a big piece is actually considering performance measurement. So, as you're going through the planning process: [Are] there certain things that you're collecting that can help you learn whether this planning process is working effectively for you? [Are] there specific metrics around case management or how many areas of a case plan someone completed that can then help you learn if people are being successful in your program?

So, really having that information and data—whether it be sources that you pull from an electronic health record, your jail management system, community supervision agency—to really make sure that you're supporting people and being successful as they reenter the community.

[Slide 7 – Key Topics for Operationalizing Programs]

So just some key topics to consider that each of the sites will be discussing a bit today—the first piece of this is really building partnerships, and we're excited that on this webinar we have a lot of partners on the line, who can discuss how they were able to work on the reentry process for people with behavioral health needs over many years of planning and implementing programs, really thinking through how to identify people for the program—so, what makes someone eligible: do they have to be high risk and high need? What kind of needs do they have to have in order to be eligible for those programs? What services are being provided? Are there specific programs or evidence-based practices that are being given to people? Are there other support services, like relapse prevention as someone reenters the community or medication-assisted treatment for people with substance use disorder?

There's a lot of lessons that people learn through planning and implementing these programs that we're going to hear from the two site examples today, and I'm excited to be able to turn it over for them to discuss it.

So when you're in the planning phase, you often are selecting the different instruments and the intake processes and the services that are being provided, but as you move to implement often there's a lot of adjustments that need to be made. So we're really focusing on how you operationalize and really begin to implement and work towards sustainability for each of the different programs, and sustainability

could be looking at additional funding sources, getting the local support you need in order to continue the program.

[Slide 8 – Confederated Salish and Kootenai Tribes]

So now I'm going to turn it over to the Confederated Salish and Kootenai Tribes to talk a little bit more about their program.

Ann Miller: Hello, I'm Ann Miller, and I'm the managing attorney, as Sarah said, for the Tribal Defender's Office. The Flathead Reservation Reentry Program is a public defender-based supportive services reentry program.

[Slide 9 – Holistic Defense at the Tribal Defenders]

So I think it's helpful to describe to you how we came to do reentry, just to talk about our model of providing public defender services. We have, since 2011, implemented a practice of public defense that's called holistic defense that addresses the issues that bring people into the criminal justice system, as well as those collateral consequences to being charged with a crime and convicted of a crime.

So the four basic elements of holistic defense are: seamless access to services that meets clients' legal and social support needs; dynamic, interdisciplinary communication among staff; advocates with an interdisciplinary skillset; and a robust understanding of and connection to the community served.

Our community is a reservation community; we are the Flathead Reservation, home to the Salish, Pend d'Oreille, and Kootenai people. We're located in Northwest Montana—about 1.3 million acres—but on our reservation, we are 23-percent Native American, so that gives you an understanding of the jurisdictional makeup we have. We are located in a Public Law 280 jurisdiction, which means basically that our tribal system/our tribal court shares jurisdiction with the state of Montana. And the reason that's significant is that that's really what led us to start looking at providing reentry services for our clients, because what we saw happening was our clients recidivating in the tribal justice system and then spinning off into the state system and ending up in our correctional facilities in the state.

So, with that in mind, some of the services that we provide as part of our holistic defense practice, as you can see, looking at the slide: We are a walk-in clinic, although that's been modified some with COVID—hoping to go back to that when it's safe.

We provide pro se assistance for people who are filing within the tribal court; assistance with collateral consequences, which is really built into our reentry services also; a cultural component mentoring people to reconnect to their tribal community; community outreach, and the photo that you see here is one of our community outreach projects—we do an annual community service day at Blue Bay, which is a tribal campground. We do a clean-up there every spring, and that's a picture of us and our clients doing a clean-up a few years ago.

We do mediation; our Justice and Mental Health Collaboration Program actually started with federal funding, and we are able to maintain psychology services through third-party funding through our tribal health department. Family defense is representing parents and child protection matters, which is fairly new—we just had our tribal council reinstate the right to representation for parents and child protection matters.

We have mental health client advocates that will be able to really focus on people who we believe have mental illness that are incarcerated in our tribal jail; we're seeing a real increase in that these days. And then brand new for us is the Morning Star permanent supportive housing project, which will really tie into our reentry clients: we're the lead services provider for the permanent supportive housing project that the tribes invested in this year. It will be 14 units for single adults, many of whom are reentering from incarceration. It's a Housing First trauma-informed model, and we will be the services coordinator to provide wraparound services for people that are living there.

[Slide share stops and screen shows Ann Miller only.]

So, I'll talk a little bit about reentry services before Susette can talk some about our Reentry Intake and Assessment Tool.

So, our reentry program ... anyone who is a member of a federally recognized tribe and is returning to the Flathead Reservation from incarceration is eligible for our services. Our services are voluntary and are supportive services for people to support their success upon reentry. For us, reentry can mean coming out of the tribal jail, coming out of county jails that are located near or on the reservation, or coming out of the Montana Department of Corrections.

So, we offer that to anyone, but the first step to reentry is the Reentry Intake and Assessment Tool that is a case management tool that helps our clients identify what their needs are. The other services that we provide with our reentry program really built in with our holistic defense model is mental health services. We have two psychologists from the University of Montana clinical psychology program. They're PhD candidates that come to work with our clients; right now, what they're doing a lot of is mental health screenings to determine what our clients' needs are and then referring them on to other services. They also provide one-on-one counseling and are beginning to do some group work with our clients.

We have case management, which is really key to our reentry services. We have two case managers who assist our clients to access services. As I'm sure everyone who is providing reentry services knows, it's really difficult to access services; our clients can't simply be given a referral and go to an agency and get services. There are many barriers that we're trying to break down to help people access services, so our case managers assist with accessing housing, which is why the permanent supportive housing is going to be so helpful for us.

We have to access transportation on the reservation (it's difficult to get around to access services), social and financial services, health services, health insurance access, Medicaid and other providers, employment, parole planning and appearances at parole hearings – so, because of a collaboration with the Department of Corrections, our case managers are able to appear now by Zoom with our clients at parole hearings, just to inform the parole board on what services are available.

We have legal services—we have a reentry attorney who does legal consultation with our clients to talk about all those collateral consequences to their criminal convictions and how they may have some relief from some of those things, like offender registration, expungement. Our reentry attorney does a lot of researching outstanding warrants and figuring out how to clear those so people's path to parole would be cleared. She does a lot of connecting with our state public defenders when people have pending cases but are still incarcerated in another matter.

Our population that we work with tends to have a lot of interaction with other jurisdictions just because of the jurisdictional makeup on the reservation, so it's very complicated to sort through that and our reentry attorney assists with that.

I'll talk briefly about some of the collaborations that we have established over the years, because it's really key. When you have limited resources in your own department, it's really key to collaborate with other programs and kind of break down those silos so everybody is on the same page in terms of trying to help people be more successful, and we find that the Department of Corrections really has the same objective that we do: trying to get people to be successful, so they don't return to incarceration.

The first collaboration I wanted to mention because it's on this slide and Susette will talk more about that: the Center for Court Innovation is applying for some funding and we hope to collaborate with them next year to work on validating and refining our Reentry Intake and Assessment Tool.

Other collaborations that we have: our tribal police, who allow us access to people in the tribal jail; our tribal health department; our local college, the Salish and Kootenai college; our culture committees that provide the referrals for volunteers who do our cultural mentoring program; the tribal Department of Human Resources Development, which is basically our financial resources, also provides a bus service on the reservation, and we contract with them to provide transportation for our clients.

Our recent collaboration is an organization called Partners for Justice, who is going to assist us to recruit and train mental health advocates who are going to be going into the tribal jail to engage clients there and help them access services. The Montana Mental Health Trust has recently funded us to hire those mental health advocates to address the needs of people with mental health issues in the tribal jail in particular. We believe that engaging people at that level will help them be more successful and maybe prevent them from going off into more serious offenses.

We collaborate with the Montana public defenders, because we have clients in common on the reservation; Montana Legal Services [Association], who's a civil legal services provider [and] we've worked collaboratively with them; of course, the Montana Department of Corrections—I think that I mentioned, they allow us access to inmates, and then also they've allowed us access to the parole board so that we can assist in providing information to the board about services afforded our clients on the reservation when they're making a parole plan.

Recently we're collaborating with the Montana Governor's office—they have a new Indian affairs person who's very interested in our services and wants to assist in our success. And the University of Montana has been a great resource for us: we get our psychologists from them, from the clinical psychology program; the law school provides mediation for us, and we have law students occasionally that come and work for us; the social work department has done research projects with us for incarcerated people.

So that's a summary of the collaborations and a basic summary of their reentry program, and hopefully I gave Susette enough time.

[Slide 10 – Reentry Intake and Assessment Tool]

Susette Billedeaux: Thanks, and yeah, you definitely gave me enough time. So, I'm just going to briefly go through the Reentry Intake and Assessment Tool that was developed in our office. It's a clinical interviewing guide that our case manager administers to clients; it takes about an hour, and it is done

pre- and post-release so we're catching people pre-release when we can, but sometimes it is being done after they've been released.

The RIAT, which we call it for short, includes demographic information; criminal history; educational and employment history; income information; family history; housing issues, which is really, like Ann talked about, with the permanent supportive housing; substance use history; medical and mental health history; and current needs and goals. The interview, like I said, is about an hour long.

The RIAT was actually created by Dr. Desiree Fox, who's pictured here on this slide defending her dissertation, which she did on the reentry program, and Dr. Sierra Hansen, and it was developed when they were both clinical psychology trainees at the Tribal Defender's Office.

The RIAT creates a comprehensive case management plan with short- and long-term needs and is also a screening tool for more thorough assessment of mental health and chemical dependency needs, and the case manager uses this interview to determine further referrals for those mental health and CD needs and then also referrals to other services in the office (our reentry attorney and our civil unit).

Also included inside the RIAT is the Level of Service Inventory-Revised (the LSIR)—it's a validated risk assessment tool that we use to determine clients' risk level for recidivism and to identify criminogenic needs. One thing that we've noticed and been concerned about is that cultural factors are important and often overlooked and that our clients may have unique criminogenic factors not currently captured in mainstream risk assessment measures. So that's one thing that we've been focused on, and I'll touch on that a little bit more in a minute.

Also included in the RIAT are four self-report measures. The first two are the Historical Loss Scale and the Historical Loss Associated Symptoms Scale, and Dr. Fox and Dr. Hansen did obtain permission for us to use that as part of our RIAT. These measures measure the frequency of thoughts and the frequency of emotional responses to those thoughts about losses that many natives have experienced, such as loss of land, language, and culture.

One of the other measures is the Cultural Connectedness Scale, which is five questions that was actually developed by Dr. Fox and Dr. Hansen. Clients rate their connection, perceived access, participation, desire to learn, and knowledge of their Native American culture. We hope these scales help identify some of the cultural needs that our clients have.

We also included the post-traumatic stress checklist for DSM-V, the PCL-V, and we've noticed that about 50 percent of our clients are showing significant symptoms of PTSD.

Our services, like Ann mentioned, are client-centered and voluntary, and we want our clients to have a say in their case management plan, and we feel that they'll have more buy-in to it, and so we also include self-identified goals that clients write down, and those may be things that have already that they've already identified in the RIAT. They might be things that are required of them—court requirements or supervision requirements—but they might also just be things that the client just wants to do to better themselves.

So, all those pieces make-up this Reentry Intake and Assessment Tool. I'm not sure if Ann touched on our clients just being overrepresented in the criminal justice system, and that's been a major concern for us. So, we will continue to collect data on the RIAT, and we really want to identify risk and resiliency

factors for recidivism among our Native American clients involved in the criminal justice system in order to improve our risk assessment practices with our population and hopefully increase their exposure to protective factors. And Ann did mention the collaboration with the Center for Court Innovation. So, those are some of the things that we're looking at in the RIAT. I don't know if I missed anything and Ann wants to jump in and add anything that I might have missed.

Ann Miller: I just wanted to mention what Susette discussed, which is the overrepresentation of Native Americans in the justice system. In 2015, when we started our reentry program, part of our motivation for that was taking a look at the overrepresentation, not only of Native Americans in the state of Montana, but also of our clients that were going into the state prison system. And so, the RIAT was also part of that, to address that, because we believe that if we could identify clients' needs from their perspective, they would be likely to be more successful, because we saw so many people going back to prison and jail because they were unable to complete conditions imposed by sentencing judges. And one of the things we thought was if the conditions were more significant to their rehabilitation, they might be more likely to complete them. So, thank you, Susette, for giving me that opportunity.

Sarah Wurzburg: Thank you so much to you both. That was a great presentation, and it's excellent to hear more about the program that you have on Flathead Reservation—very impressive.

[Slide 11 – Cumberland County, Maine]

So now I'm going to pass it over to the Cumberland County, Maine team.

[Slide 12 – Cumberland County, Maine, Project Reentry for Adult Offenders with Co-Occurring Disorders]

Catherine Chichester: Okay, thank you, Sarah. And Susette and Ann, you have a great program it sounds like that you're working on.

I am Kate Chichester, the executive director of the Co-Occurring Collaborative Serving Maine, and I'm the project director for Project Reentry. Project Reentry is seated in Cumberland County, Maine, way up in northeast corner of the country. It's actually the most populous county in Maine, and it has the largest jail in Maine with a total capacity of around 640 beds, so perhaps small in comparison to large urban centers but large for Maine.

Project Reentry supports the efforts of the Cumberland County Sheriff's Office to assemble a coordinated, correctional-community partnership to provide a pathway for individuals who have both mental health and substance use conditions and who are at medium to high risk to recidivate to leave the jail and be successful in the recovery in the community.

It was created initially in 2014 under a Second Chance grant and now has continued through a second BJA grant in 2017. We have been meeting our targets; we have a very intense program. Our target was to enroll 90 individuals over 3 years, which we exceeded, and to offer co-occurring treatment, including, as I think the other group had mentioned, trauma [programming] and support for up to 12 months, with the provision of up to 200/300 hours of cognitive interventions. It has a team approach—employees are a reentry specialist at the jail, which has been a key position; a case manager in the community; a co-occurring treatment provider; and peer recovery coach, which actually has been invaluable during the COVID period.

We coordinate tightly with probation, as you will hear, and our participants are on either pre- or post-conviction bail contracts. Coordination of the overall project is done by myself. We have individual team

meetings as well, and financial contract oversight is done by the county; you'll hear from Faye in just a moment.

We do evidence-based screenings for mental health and substance use and criminogenic risk and need screenings in the jail, and we start with engaging the participants in the jail and then transition them into various treatment services in the community. That may include residential intensive outpatient services, groups and/or individual, and various supports, depending on the needs that have been identified or needs that emerge during the time that they are with us. We have been using grant funds to pay for psychotropic medications, medications for opiate use disorder, and med management, though with expansion of Medicaid in Maine, more of our funds were not needed for that.

But there are gaps in funding that the grants have allowed us to support. Housing is one of those—we've been able to provide stipends to support stable and sober housing for up to four months, and we collaborate with another entity to support vocational/educational services, and our project has an external evaluator from a local university.

We liken our project to an assertive community treatment team; however, without the walls and across providers and disciplines in the community. I think that coordination and communication has been the key to our work, and let me turn this over to Shawn LaGrega, who will talk a little bit more about what makes the reentry efforts successful.

[Slide 13 – Critical Elements to Support Reentry]

Shawn LaGrega: Great, thank you, Kate. Again, I'm Shawn LaGrega; I'm the Deputy Director of Maine Pretrial Services, and we are a nonprofit pretrial service agency that covers 12 of the 16 counties in Maine.

For this reentry project we provide the case management function for the reentry team, and that includes being the point of contact for all referrals, screening and assessments, verifications, record collection, and community supervision.

Our reentry team was made up of the case manager, the jail-based reentry specialist, the treatment team, the probation department, and—a new addition—our peer support specialist. We meet on a weekly basis; we review all the clients that are both still waiting in facility and clients that are out in the community. And really what that's done through those consistent team meetings is it's allowed for a clear message to the clients regarding program expectations; it allows us to issue spot across disciplines, and just allows us to all be on the same page.

The case manager is really the hub of the community- and the facility-based team, and the intentionally small caseload really allows for highly individualized treatment plans and access to more robust targeted wraparound services for the individuals that we serve. The consistent coordination and collaboration regarding client success and needs really happens within our multi-disciplinary team.

The dedicated jail reentry specialist has really been critical to our success within this program, especially during COVID. They serve as a major conduit both into the community and in the facility, and it allows for two-way information flow across the different members of our team and allows for really targeted and streamlined release planning and resource procurement to ensure that we're setting clients up for success when they transition back into the community.

In mid-2019/2020, we were fortunate enough to be able to add a peer recovery coach to our team. The addition of this position has really allowed for a community-based support person to meet clients at the door of the jail when they're being released. They have the ability to provide transportation; they work with clients to reestablish public benefits like food stamps or MaineCare; they can work with our clients to secure a primary care physician, and they're really just a general support. And it's somebody that's not within the formal legal supervision realm. They really are support for the clients that we serve.

The team structure again has been really critical for us to ensure that we are working collaboratively towards the same goal of client success at reducing recidivism.

With that being said, I will turn it over to Lieutenant Jacques.

Arlene Jacques: These grants have actually become the lifeblood of the jail's work regarding reentry. Prior to these grants, our jail was closed to the community. We assumed that people would come here and be incarcerated and they would stay in jail and then we would release them and whatever they needed in the community could happen in the community, and that was basically the philosophy of the jail prior to the grants and prior to all of us deciding that we needed to do things differently, because our recidivism rate was never, ever changing, it would always stay the same, and we found that we were not impacting it in any important way.

So, when this grant came along, the jail proper had a lot of work to do. The first thing we needed to do was open those doors; we needed to allow people to come in to work with their clients who end up here, to begin to help them plan for a successful release. And so, many of the things that happened as a result of this grant has really changed the culture and the philosophy of our jail, which has been incredibly positive and really good for the clients who end up here.

Teamwork—you've heard that all across all of the speakers today—it is critical. You need to get to know those providers in the community; you need to get to know the providers in the jail. They need to be able to talk to one another, so they can stay on the same page.

Case management—I'm not sure how other jails survive this, but we did not have any case managers at all in the jail. And so, if an inmate had a question about how they could access services or set themselves up for success upon release, none of that existed. So the case management through Maine Pretrial and also in partnership with probation department, who supervise many of our folks once released, has been a critical component in allowing people to find out what they need, how they're going to access that, and then have the support they need in order to be successful, and that has really worked very successfully for us.

Some of the services that are provided in the jail prior to COVID: we were able to get lots of recovery coaches in here, peer support specialists who could come in, and they would simply talk to any of the inmates who had questions or interest to give them information about what actually is available, how they can access any of those services. And then, if people were interested, they were able to be hooked up with a recovery coach so that they can have someone who walks beside them as they begin their recovery and also their reentry success.

We learned a lot of hard lessons throughout this grant, and one, as I mentioned, was get those doors open so that people can come in here. But the other thing we realized is it requires a lot of education. What we found here in Maine is that many of the providers and agencies that are willing to work with

people who have been incarcerated are eager and willing, but they didn't have a lot of education around criminogenic aspects of people coming out of incarceration. So we needed to, you know, help them understand who they're dealing with and the kinds of issues that they might encounter with somebody who has criminogenic tendencies versus somebody else who was just dealing with their own recovery around substance use disorder.

So, we had to do a lot of educating around who these folks are and what their concerns might be, what their issues might be, what their supports are needed in order for success. And so, we were able to do that by just getting to know these providers, understanding who they were and letting them see how these folks work while they're inside with us.

Linkages with the jail is absolutely critical. You have to let people in; you have to let them work with the inmates while they're with us. What we have found is that if we wait until they get released, it's too late. Here in Maine, what we have is it's a very small community, but if you let somebody out the door at the jail, within five minutes, they could find drugs, alcohol, problems that will interrupt and end up getting them right back here, and so we needed to find ways to just help them get to the right places.

We have this wonderful agency here called the Portland Recovery Community Center—they have all services under one roof, and all the support they need. Those individuals have agreed to pick someone up at the door when they get released. So when we're communicating with folks, we know when they're getting released; we can have those individuals meet them at the door, take them to the community recovery center and get started getting to know people who are in recovery, getting to know what the services are, getting to know when the meetings are that are really helpful, so all of those have been great.

COVID has put a bit of a wrench in—here I am saying open all the doors—COVID closed them all temporarily, and so we needed to get very creative around using Zoom calls and those kinds of meetings. We've been, most recently, very successful in allowing the Portland Recovery Community Center to Zoom in their recovery meetings, and those are daily meetings at noon. And all of our inmates here absolutely appreciate the fact that they can connect with people on the outside who are struggling in the same way that they might have. It gives them the opportunity to find out who these folks are. They're connected to a recovery coach, so if they have any interest in doing that, they're allowed to do that as well.

One other comment that I want to make, and it's around sustainability. We're in the process of ending a couple of grants and then starting up some new ones. And personally, and I'm not trying to say anything bad about anybody who gives us money, but it feels like there's a lot of energy for us that's devoted towards chasing grant money. And I would suggest that if there is any way to start the process from the very beginning of your grant award to start talking with your organizations and talking with your agencies to find a way to fund it without having to constantly chase grants.

We have some positions here that have become absolutely critical to our success; one is the reentry specialist, the other is our MAT coordinator. Those are both grant-funded positions, and it's very concerning to think that those are going to go away once the grant ends. And so, we're working really hard to talk with our county government leaders to say, these are critical positions that need to be funded through the county government, so that we can continue the really important work. ... I think that's all I have to share; I will pass it on now to our probation guy, Chris Arbour.

Christopher Arbour: Hello again everybody, my name is Chris Arbour. I am the regional administrator for adult community corrections in the state of Maine. In the state of Maine, we have three regions, and I am the administrator for Region 1.

We became involved in this grant approximately in 2014, and just for kind of reference: there's approximately 1500 clients on supervision within the two counties I'm responsible for; Cumberland County, being this particular grant, we have approximately 800. With COVID, like everything else, the numbers have drastically dropped with the amount of backlogs in the courts, and all that kind of stuff.

I just want to echo what everybody else said: the collaboration that has gone into this project has been unreal. You're hearing from the administrators and the folks that are responsible for this grant, but the real work is done on the line level with our caseworkers, our probation officers. That's where the real work is, and my job and my responsibility is to ensure that they have the tools needed to accomplish the goals.

You've heard the term 'cultural shifts'—that has been a significant development for my agency. Having been a probation officer years ago, the shift in the way we do business has been substantial over the past several years. And with that is training our staff to understand that everybody that we work with is on a journey, and it's their journey, it's individualized case plans.

Individuals within this project, a majority of them are probation violators—so individuals that we've had to take into custody, or we've had to address through the courts or referrals made to this program. We've shifted our thoughts to—we used to issue graduated sanctions; now we're looking at graduated responses, how do we respond to specific incidences, and this program has been a significant referral for the individuals we work with.

Maine is a very rural state; housing as a significant issue for a lot of the folks that that we supervise, and this grant has allowed us to tap into that resource and use funds to support housing. In the Portland area, which is essentially the hub of Cumberland County, there's approximately 75 to 100 recovery residences. We built relationships with those individuals, which has been a challenge for some of my staff, because the individuals that are running these places are in recovery themselves. So, it's really been a shift from that law enforcement aspect to "we need to wear multiple hats," and the staff have adjusted well.

Early on in this project, we were able to identify a specific probation officer to work solely with this population, but like any other agency, you face budget issues and staffing issues, and we've now had to essentially spread some of these individuals out to individual probation officers. But we are working to get back to where we were and specialized caseloads, and in this particular project definitely needs specialized caseloads.

The average probation officer within my region has anywhere from 50 to 60 cases, and having the collaboration in this team to work through the challenges that we see day in and day out from the clients that we supervise has been extremely valuable.

Like Lieutenant Jacques said, partnering with the local recovery center: we now have peer recovery groups and peer recovery coaching within our offices; we have Zoom meetings set up every week for the individuals that can log on. We have a significant attendance on our Thursday recovery coaching group from solely probation clients, which is something that was unheard of two, even three years ago.

And, without the support from this grant and the people at the table, this would not be possible, and again 100 percent of the credit goes to our line staff that are doing the work: the case manager, the Maine Pretrial caseworker, the reentry supports from the jail.

Probation in the state of Maine is under the Department of Corrections, so we deal with individuals that get released from a prison facility and a county facility. This project has brought us that much closer to our county partners than it ever has. Years ago, there was always that rift between the state and the county, but this has really solidified all the work that we're doing.

We're very fortunate in Maine that all the players on this particular call have all done work together for many, many years, but this project has really brought it to the front, and like research will show you, it's really the relationship that our staff have with the individuals that we're working with that shows positive outcomes.

And I am extremely happy and pleased to be part of this project, and I know all good things come to an end someday, but I hope this continues on, and I want to echo what Lieutenant Jacques said: it's really about staffing and ensuring that this continues on. So with that, thank you very much.

Faye Luppi: Thank you, Chris. My name is Faye Luppi; I work for Cumberland County as a grant manager, and my position with this grant is to manage the finances and make sure we are complying with grant conditions, including those that apply to our subawardees, many of whom you have just heard from.

I want to start with two tips: Award information has links to the Department of Justice financial guidelines. On first glance, this can be intimidating, but I suggest you start by looking over the following sections: allowed and unallowable expenses, those requiring prior approval, and subrecipient management. Each one is only about three to five clearly written pages and provides important guidance on how to support your team.

Tip two: I found it very helpful as a grant manager to keep a spreadsheet of the grant budget versus what the team has actually spent in each grant category. Financial departments keep records, but in our case, the county keeps records organized by vendor, not by grant category. So, it's important for you to be able to answer when people ask you, how much is left in a certain grant category? Do we need permission to move funds from one to another? You can answer those questions if you've kept track of the funds in each grant category. So, I use a spreadsheet with the amount budgeted in each category, and every time I approve an invoice for the grant, I subtract the amount under the correct category.

Tip three, specifically for those of you who are working with subrecipients or subawardees, maybe an outside agency providing case management or treatment services or peer recovery services: The award contracts and letters to these subawardees can be great tools to allow you to address all of the award conditions that apply to subrecipients or subawardees at any tier. An example might be the Equal Employment Opportunity plans: for example, if your subawardee is a nonprofit with less than 50 employees, that subrecipient should be exempt from EEO requirements in the grant but does have to submit a certificate to that effect. Pay special attention to the new conditions, such as that your subawardees have properly verified employment eligibility of any employee hired with grant funds.

So, these subaward contracts and letters can spell out any conditions that require written policies, monitoring, and verification on my part.

Tip four focuses on ongoing subrecipient grant monitoring, because this is an area where I think the focus has intensified by auditors in the last few years. First, it's important to make sure you have adequate documentation with each invoice you have approved for the grant, including timesheets for employees and documentation. For example, for housing: dates, rates, duration, etc.

Second, make sure you have a written policy regarding subrecipient or subawardee monitoring and a way to be sure that all the expenditures are approved and within the scope of the grant, which you would accomplish by reviewing all the financial submissions and progress reports. This policy should include risk assessments of your subawardees with factors such as whether the subawardee is new to you, the size of the award amount, and timely reports. I do meet with all of these people you have just heard from on a regular basis, as part of a team.

You should also be planning for onsite reviews, as COVID allows, where you would go over your subawardees' financial management policies, timesheets, appropriate allocation of spending, records retention, etc., and then plan to provide any help they would need if you identify any issues that require follow-up.

Tip five, the final one, and this is straight from the financial guide: document, document, document. If it isn't documented, it doesn't exist. And ask your grant manager or your TA provider if you have any questions.

So that allows me to turn it back to our TA provider, Sarah, to finish up our time with you.

[Slide 14 – www.NationalReentryResourceCenter.org]

Sarah Wurzburg: Thank you so much to Faye and the Cumberland County team. We're really excited to have gotten all of these tips from you, as well as the Confederated Salish and Kootenai Tribes, about how to operationalize behavioral health reentry.

So, to see a full list of the schedule and events and resources available for Reentry Week, you can visit the National Reentry Resource Center at the website on the screen.

[Slide 15 – Track News and Updates on Social Media]

If you'd like to join the conversation, you can use the hashtags #reentrymatters, #reentryweek, and #reentryweek21 on social media platforms such as Twitter, Facebook, LinkedIn, and Instagram.

[Slide 16 – Thank you!]

So, I just want to take the time to thank our speakers again: from the Confederated Salish and Kootenai Tribes, Ann Miller and Susette Billedeaux; from the Cumberland County, Maine team, Christopher Arbour, Catherine Chichester, Arlene Jacques, Shawn LaGrega, and Faye Luppi.

We hope that this was helpful information for you to consider when you're thinking through how to operationalize behavioral health reentry programs. Have a great day, and be well.