

Sharing the Solutions Roundtable

The Intersection of Homelessness, Health, and Justice Systems

Transcript

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Sarah Wurzburg: Hello and welcome. We're excited to have you join the conversation today. We're here to learn a little bit more about the intersection of policing, re-entry, behavioral health, and homelessness, and I'd like to ask our panel just to introduce themselves to get started. If we can start with you, Dan, that would be great.

Daniel McDonald: Hi, my name is Daniel McDonald. I retired from 29 years in law enforcement and corrections, most recently the Tampa Police Department in Tampa, Florida. And now I'm an independent consultant for Homeless Innovations LLC here in Clearwater, Florida, and I assist police and local governments with better outcomes for homelessness.

Wurzburg: Thank you so much. We're excited to have you as part of the discussion today. Eric, can you introduce yourself?

Eric Borsuk: Hi, my name is Eric Borsuk. I am an author and journalist living in Brooklyn, New York. As a former federal incarcerated, I write about issues related to the criminal justice system, mostly dealing with incarceration and re-entry. As a writing consultant, I also work with nonprofit organizations around the country to spotlight these stories of individuals experiencing incarceration and reentry, including all the barriers that come along with it. It's an honor to be invited to speak before this panel today to share my personal story in hopes that it will help individuals who are in the same position I was once in myself. So thank you for the opportunity.

Wurzberg: Thanks so much, Eric, and we're honored to have you on the panel. It's great to have someone willing to share their personal story, and we look forward to learning more about your journey to where you've gotten today. Now I'll pass it to Doug. Doug, do you mind doing an introduction?

Douglas Gorman: Not at all. My name's Douglas Gorman. I was a program manager of a residential homeless facility that did a lot of work integrating various community members together to try to help reduce homelessness. I'm currently the assistant mental health director at a jail in Hillsborough county that helps oversee diversion programs, discharge planning for inmates, and a variety of needs within the jail.

Wurzberg: Thanks so much. Just to give you a little bit more information about myself, I'm Sarah Wurzberg. I'm a program director at a national nonpartisan nonprofit called the Council of State Governments, and I work in their justice center, which is the Criminal Justice Policy Shop. I'm actually a social worker by training, and I've spent my career at the intersection of mental illness, substance use disorder, and justice. And I oversee federal training and technical assistance focused on diversion and reentry. We work with state and local communities, tribal nations, and I also oversee our substance use disorder portfolio.

Wurzberg: So really excited to be here with everyone. As you could tell from those introductions, we've got years of expertise and a lot of great stories we can tell today, so it's going to be an exciting discussion. So when we're thinking about addressing the complicated needs of people who have behavioral health issues, there are so many things that come into play: There's often mental illnesses and substance use disorders and co-occurring disorders, and then when it comes to people involved in the justice systems, there's other criminogenic risk and need factors. There's also the housing system, which is separate from the health and often behavioral health systems. There's recovery support. There can be community supervision involved, and a lot of people are also coming into contact with law enforcement, which is really the focus of our challenges of the discussion today.

Wurzberg: So just to set the stage a little bit, we're going to talk a bit about the national rates. So people who are in jails and prisons have higher rates of substance use disorders. It tends to be around 60 percent for people in jails and prison versus 5 percent of the general population. So you can see that there's a pretty large discrepancy there, in that there's an overrepresentation of people with substance use disorders who are within the justice system. When it comes to mental illness, a national survey for serious psychological distress showed that in the prison population, there was about 15 percent of people with the serious psychological distress. And within the jail population, it was about 26 percent. So that's about a quarter of the people versus, again, about 5 percent in the adult population of people who are non-incarcerated. So this tells us that there is an overrepresentation of people with mental illness and substance use disorders, or often called behavioral health needs, within the system.

Wurzberg: That means a lot of people, as they're coming into contact with law enforcement, coming into jails and prisons, have mental illness and substance use disorder needs that ideally can be addressed. The other piece that's important to consider is that homelessness is actually correlated with justice involvement as well. So of the 11 million people who are admitted to jail annually, about 15

percent report experiencing homelessness in the year prior to the last. So this is a lot of people. And some national data shows that 50,000 people who are reentering the community from prison a year actually are entering into housing instability or homelessness; and rates among individuals who experience homelessness have higher rates of mental illness and co-occurring disorders. So when we look at this intersection, people with behavioral health systems are 1.5 times more likely to experience homelessness.

Wurzberg: And so you can see in this national data, you've got the general population versus people who are incarcerated once versus people who are incarcerated more than once. And that's often called high utilizers or frequent utilizers of multiple systems. So people who are coming into contact with law enforcement, they might be in the jail system. They might be on community supervision. They also often have behavioral health needs as well as are experiencing homelessness. So there's been a big focus nationally on trying to address this population who is in contact with a lot of different complex systems, the health system, the justice system, as well as the housing and homeless services system. The other piece that really comes into play to this is across the country, the mental health–related calls for service have really increased. And something that we know based upon data from various jurisdictions is that behavioral health calls for service take twice as long to resolve.

Wurzberg: So they're often a bit longer and that oftentimes you're finding people with an unmet mental health need on these calls. And so it can be a challenging situation for police. When we're responding to these, something to consider is when we're talking about these systems, you have the justice system, the crisis and healthcare system, and housing services. What opportunities are there to more collaboratively respond to really help people who have behavioral health needs and housing needs, who are coming in contact with law enforcement and as well as in the justice system? So Eric, knowing that you previously had been incarcerated and you would've had interactions with law enforcement prior to the incarceration, can you talk a little bit about your previous interactions with police, and were you connected to any services over incarceration as well?

Borsuk: Thanks, Sarah. Yeah, so I was arrested when I was 19 years old. I went to federal prison when I was only 20. My adolescence was largely marked by periods of substance abuse, depression, subsequent dissociation. Even though my arrest was not my first run-in with law enforcement, I had never received any treatment or services as a youth. I ended up serving a seven-year prison sentence. Before, during, and after my time of incarceration, I was never once provided with any assessment to identify my needs or any appropriate services or anything like that. While I was in custody of the Bureau of Prisons, I was mandated to complete a 40-hour drug program before my release. And this was a program that I and the other incarcerated genuinely needed. However, the course ended up being nothing more than a rushed documentary film screening about the effects of drug use before a packed classroom of adult men, the extent of which lasted roughly one hour. Afterwards, we were all given certificates for completing the course. And this was really the extent of any of the services that I've ever received over the years.

Wurzberg: Can you talk a little bit more about some of the previous interactions with police? And were you ever connected with services prior to incarceration?

Borsuk: Yeah, for the first part, I think it's certainly possible that if I had received some sort of behavioral health intervention beforehand, circumstances could have gone differently. As for re-entry, I found myself in a worse place than before incarceration, disconnected from society in myriad ways, still with undiagnosed mental health issues, coupled with long-term effects of incarceration. I never had any really positive experiences. So I think that that's important for law enforcement to keep in mind when dealing with individuals, that oftentimes this history is already in place. And so that's something to keep in mind moving forward. I think for me having that proper system in place could have provided for a much more conducive and effective process.

Wurzberg: Thanks, Eric. And just hearing that you really didn't receive any behavioral health services either prior to or during your prison time. Could you talk a bit more about how that actually had an impact during reentry? And I know there's also housing issues upon re-entry. So just curious to hear about your experience.

Borsuk: During my many years of incarceration, repeat offenders would always tell me that re-entry was the worst part. Halfway house was the worst part. I didn't understand how this could be the case. But nevertheless, I eventually found out, I found myself in the custody of individuals with little to no training or experience at all; it took me weeks to eventually see a counselor. During that time, there were many incidents in the facility that I was in. The main reason I found that residents were so dissatisfied with the re-entry process, I think, was due to a lack of qualified individuals, quite honestly, there to meet their needs physically, psychologically, emotionally. So for me, this became a really traumatizing issue. When I first got out, I couldn't vote, I couldn't find a job, I couldn't find a place to live. And this went on for long periods of time after my incarceration. What went from an immense period of hope and optimism turned into a period of great suffering.

Wurzberg: Wow, it's so discouraging to hear that, that you weren't getting the support that you needed, and that the housing that you were able to find just wasn't feeling like a safe environment for you either. So Doug, you have a lot of experience at this intersection of housing and jails. And just curious if you could talk a little bit more about jail re-entry and what correctional staff can do to support people coming home, to try to prevent some of these issues for behavioral health and housing?

Gorman: So I currently work within in a jail. So in Florida, there's a separation between jail and prison. So the people here in Florida that are in jail are sentenced to anything less than 365 days, or they're very short term and they're coming in and out. So for, as far as mental health services go within the jail, when they come in and they identify as currently being on medications, needing medications, depression, anxiety, suicidal thoughts, or anything of that nature, we see them and we try to do medication management with our providers on site. Hopefully that happens before they leave; it kind of depends on what they're in there for. If someone's in for a lesser kind of charge, like an ordinance charge misdemeanor, they could leave very quickly. Those individuals, we try to refer to a jail diversion program that also will assist with housing and other resources when they leave.

Gorman: We also have another initiative with the county that helps those with chronic substance abuse with housing and case management services. We have a medical case manager that also helps facilitate

that gap for when they get out, that lapse of time for medications and a discharge planner that'll help link them to health insurance, let them know what resources are in the area for homeless services, substance abuse services, mental health services, whatever is in the area. But the main thing is to try to get them linked with their health insurance, medications, and at least give them the tools because we can't really directly place in a shelter. So that way they could try to do what they can for themselves.

Wurzburg: Thank you. And it's great to hear that there are places who are really focused on this work as well, to try to get people connected with behavioral health services, with health insurance, and with housing or housing options that they can follow up with when they're released from jails. So I'm actually going to turn it to Dan now. And as an officer, you really had a front-row seat to people with behavioral health needs and homelessness as well as the reentry population. Can you talk a little bit about how you approach this work? And how does working with someone with a history with justice system involvement differ from those who do not have that history?

McDonald: Well, the goal for me as a police officer is to solve problems. And the problems experienced by people who are reentering society from incarceration or have been in jail even for short terms, they have many difficulties. So first thing I had to do is redefine the role of the police. If you look at my last nine years of what you consider traditional stats, then I wasn't a very good police officer. So, for example, last nine years, I didn't make any arrests, I didn't write any tickets. I was completely working on serving the homeless and the ex-offender re-entry community. So that doesn't make me a very good police officer by traditional metrics. So what I focused more is redefining the role. For example, I have been to jail to pick people up, particularly people who are getting released, [inaudible] are getting re-entered.

McDonald: So here I am, the police, instead of taking people to jail, I'm going to jail to take them from jail into housing, treatment, et cetera. So it's more of a holistic system to treat the problem, whether it be mental illness, housing for ex-offenders, et cetera. So a lot of this is working together, particularly Doug Gorman and I, we worked in the same community and we work very closely together to get people housing, get people services because if someone comes back out on the street, whether they have ex-offender and no support and no treatment or no housing, no source of income, then they are not being set up for success, they're being set up for failure.

McDonald: So really I'm just one of the components in a big system of care that ideally should be working together to get people the services they need. The end goal for me as a police is to reduce crime, and if we can get someone that may have served that time that does not want to commit crime anymore or won't, then we can get them to become a productive member of society, then that's ideal. So we're going to try and break the arrest cycle. We've had one gentleman in Hillsborough county named Billy, he is the most prolific offender in Hillsborough county. He has been arrested, last time I checked, about 200 times, never for a felony, which means you can't do prison time for, it was always a misdemeanor, which is minor and nuisance crimes. He has spent an aggregate of 10 years in jail, 30, 60, 90 days at a time.

McDonald: And he's tallied up about half a million dollars in jail time. So for Billy, we wanted to break the cycle of incarceration because jail is a very expensive homeless shelter. It's a very expensive behavioral health facility. It's a very expensive behavioral recovery center. So we can get people out of that very expensive environment, into an environment in the community where we can get them treatment that they need and stop going to jail, then that is a huge money saver. Being homeless out in the street, whether you're behavioral health, mental illness, addictions, ex-offender, is very expensive. It's about 30 to \$40,000 in most communities. You go to a big city like Los Angeles and New York, it's about \$50,000. But to give someone housing with support services, get them work and get them income coming in, it drops a bill about \$12,000. So it's a huge money saver.

McDonald: There are many recent innovations in treatments such as medication assisted treatment for those were suffering from addictions. So the whole key to it is getting the system to work together. The police, they have to get away from the linear system of you go out there, patrol, see a crime, get the offender, take him to jail. Now it's the jail's problem. Now it's a prison's problem. They get out, rinse and repeat, start it over again. We have to all work together to be part of the same system and solve the problem because we can stop someone being arrested over and over again. That's a huge money saver for the community and it's also a good public policy and we get many people out there into jobs, housing, et cetera. So it's a win-win for everyone.

Wurzburg: Yeah. Thanks so much. Those economic benefits are really important particularly when you're talking to state and local government officials about some of these programs, you also touched on some of the—with the example, a person who might be a frequent utilizer of lots of systems, and there's lot of programs we're seeing around the country that are really focused on that. Beyond the economic benefits, what other benefits do you see to police officers and departments for trying to look at this in a different way and take a new approach?

McDonald: I think, like any field, police work has to be adapting and evolving. One of the current discussions is reinventing—it has many different names, reinventing the police, even defunding the police, et cetera, et cetera, many different names for as many different ideas being discussed out there. But what it really is is adapting to your circumstances. Prior to my role in 2012 as homeless liaison officer, the role of the police was not to drive someone to the driver's license bureau to get an ID. But I did that, that became my role. And one gentleman who Doug knows, who was staying in Doug's shelter, he was living on the streets of Tampa for three years in a cardboard box. He described himself as invisible. We got his ID and discovered that he wasn't aware that he had over \$42,000 in the bank and he was living on the streets in a cardboard box the whole time.

McDonald: So by redefining my role into nontraditional, non-law enforcement, more of a service point of view, if someone needs an ID to get a job, get housing, get treatment, then that's a relatively simple step, same thing with other resources, jobs, even boots. Many people, particularly ex-offenders who, they want to get a job, but they need a pair of boots. So I say, "Okay, well I'll take you to the store and use some of our donations buying boots, now you can get a job, now get them an ID so they can work." So it's really redefining the role of the police.

McDonald: Is it something the police should be doing? Well, I think so, because ultimately we are also going to be solving calls. Now if you have someone like Billy who's been arrested 200 times, then if we can assist him, then we are not only dealing with the call for service now, then we're dealing with calls down many years to come that he is not going to generate. So it's a win-win also for the community, the central business districts that have a great many homeless people, we can solve the problem and get people off the streets, then it's good for the community. It's good for economic development. So it's good policy for everyone. And I think once police can get out of the mindset that we've got to stay in our lane and sometimes you need to change lanes once in a while and for us and where I worked, it has worked exceptionally well.

Wurzburg: Thank you. It's really exciting to hear about this. And we know that it's really important for the officers in the department to buy in. And clearly you had that support, which is great. Can you talk about some other local partners that can help officers become a part of the solution, whether it be the district attorney, the jail or the sheriff's office, housing partners—what does the partnerships look like to be able to do this work?

McDonald: Well, it's many different partnerships and it's the courts, definitely the district attorney or state's attorney, as we call them, as they're known in Florida, we work with them very closely. But I would say who I work more with the public defender's office than with the state attorneys. And that is kind of unusual because the public defender's office and the police, "Well aren't you supposed to be enemies?" We're opposite sides of things in the courtroom. But no, we work very well and they have been some of our biggest advocates in court, same thing with the state attorney's office. If we can reduce charges or get charges dismissed, then that is a good idea. We can solve the problem. Particularly, we do pre-jail diversion or pre-arrest diversion in our county. So if someone can go to jail, it doesn't necessarily mean they will go to jail or if they should go to jail, if we can get them in a pre-arrest or jail diversion program or even to get booked, that works very well.

McDonald: We also had a municipal ordinance docket, which we still do, which we euphemistically called homeless court. Most of the defendants were homeless, and they would come to court. They would be sitting right in the front of the courtroom with the municipal prosecutor. And if the defendants would agree to seek my assistance for a month or two months and let me work on their issues with them, then their charge would be dismissed after one or two months. So we have many ways to intercept people that we would encounter in the criminal justice system. Same thing now, we would have housing providers in the courtroom or we could refer them to housing providers in the courtroom. We had beds available in shelters. So if someone was in court and decided, "I want to get help, I don't want to go back to jail, I want to get some help." Well, I'll take them right then and there from the courtroom direct to a shelter and they'll be there within 15 minutes after leaving court.

McDonald: So the more resources and the more organizations you have working together gives you more opportunities to intercept the clientele at the point where they need the service. Maybe they were out on the street, they weren't ready to make a change, but now they're facing jail time or they got a couple criminal charges. Now they've got some offers of assistance. And happened quite a bit. It

takes a while to want to make a change in the life. And we give the defendants many opportunities to do that and our clients that we'd work with.

Wurzburg: Thanks so much. So I'm going to keep on this theme of partnerships and actually shift back to Doug. So after hearing from Officer McDonald, and I know you've worked together in the same community as well, and hearing a bit about the challenges that Eric faced in re-entering the community, I think it'd be helpful for the audience to learn more about some of the partnerships from your perspective and how you can work together to seal up some of the cracks that we're discussing today at this intersection of justice, behavioral, health, and housing. Can you share some specific examples of how you help people connect to housing and health services?

Gorman: Well, like I said, we, in the jail, we work very closely with the diversion program, public defender's office, and we provide that direct link. Some people come in and they're released the next day and they're linked to the housing program, picks them up and brings them. The same with the substance abuse programs, the recidivism reduction program to where they have substance abuse issues: Once they complete the in-jail substance abuse program, they go there and they help them with housing in those links. I think in the community, what I noticed and what I continue to notice here, is a lot of times those moments of missed opportunity with the person themselves.

Gorman: Of course, there's cracks in the system, but you have to, I think, get the person when they're actually willing to make a change. We can say to go a place, we can bring you to a place, however, if you're not ready to try to participate or try to see things differently, especially with drug use, it's going to be hard for you to move forward. I think the hospital is a huge place that could provide a lot of links because that could be a time where someone almost died, their blood sugar's out of control, they just got hit by a car or whatever the issue may be, where someone can make that intervention and be like, "Hey, are you ready to change? Do you want to do this for the rest of your life?"

Gorman: And I'd like to go back and ask Eric, how was he able to make that change? I heard a lot about the struggles he had and a lot about the difficulties connecting to resources. I'm curious as to what made it change for him and what made him be able to get to where he is today?

Borsuk: Yeah, thanks. It was a very difficult process, honestly. For me it was ultimately getting out of the system or getting out of the reach of, honestly, probation officers and the halfway houses. For me, it was a huge hurdle that took a long time to overcome. And it didn't have to be that long, personally, if I had just had some things in place when I got out, really: employment, stable housing, things like that, it would've made the process so much different.

Borsuk: Without those things in place, it became an endless cycle of what ultimately led to homelessness to avoid these sorts of situations. But really, like you said, it did come down to some great personal trials and tribulations. And ultimately it was just getting away from the system, getting stable employment, without the assistance of any of the things that were supposed to be in place to help me, was really what ultimately became the greatest advantage for me. So here I am many years later after incarceration and halfway houses and probation, and to this day, it still feels like I'm just now starting to get my life back on track now that I'm out of the purview of the federal prison system.

Wurzberg: Thanks so much for sharing that, Eric, and it's quite a journey and so happy to have you here to share it. I think one of the things that you mentioned that I'm just curious to hear a little bit more about, which I think is a key piece of this, is you talked a little bit about trauma and the retraumatization you experienced through some of your processes. Are you comfortable in sharing a little bit more about that? I just think it's a really important piece of this.

Borsuk: For sure. Yeah. I would just say that after the halfway house situation, I found myself in a very precarious place in life. Being a convicted felon, I found it nearly impossible to find stable housing, found myself bouncing around the country, living out of the duffel bag, staying wherever I could find, family, friends, just couches, spare bedrooms, anything I could really find. And because of this lack of housing, I think I really became dependent on others. And sometimes I found myself trapped in unhealthy situations, to say the least. Nevertheless, shelter was always the top priority for me because it was so difficult to find. So after years of a very difficult re-entry process, I had really given up any hope of ever being able to find any housing of my own and that I would forever be in debt to those individuals who were willing to give me a place to stay.

Borsuk: Like I said earlier, I couldn't vote, couldn't find employment, I couldn't find permanent housing. I felt more disconnected from society and those around me than ever before. I found myself in a much worse place than before incarceration. So unwilling to burden my family and friends any longer after seven years of incarceration and six months of halfway house, I set out on my own. And at times I found myself homeless, living on the streets, eating at meal centers just to survive, any hope that really had pertaining to my future I had really given up, and it was just about survival at that point. And after my first few encounters with the homeless shelters, I would say that I found myself really avoiding them. I think this was due to what you're referring to, Sarah, as this feeling of being retraumatized.

Borsuk: It was something that I hadn't really expected. I would say that upon my first time in a homeless shelter, I was immediately forced to shower before I could obtain my bed, very much like prison life. At night when the lights went out, I was living in this open dorm setting and I started having these feelings that I was back in prison again. Was I going to be tested on the first night? Was this going to be a prison-like scenario? Would I have to protect myself? Feelings that I was really not expecting to feel in a homeless shelter when I was just trying to survive.

Borsuk: So these are things that really stuck with me. And needless to say, I found myself over time avoiding the homeless shelters altogether. It had always been a fear of mine that I would get sent back to prison for some reason, even if it was something that was not my own doing, just by getting trapped in the system. So staying in those homeless shelters, to a certain degree, made me feel like I had failed, like I had ended up back in prison. So despite my best efforts, it felt like there was no way to really make a viable life for myself after prison. So I think that these things are important to keep in mind, individuals experiencing these things that we might not often think about when they are staying in shelters.

Wurzberg: Yeah. Thank you for sharing. And I think it's a really important point that sometimes when systems that have some rigid policies can really impact people and remind people of other situations that were really tough for them. And I think the trauma piece is quite an important piece of this. So

we've heard about some great partnerships going on and what can we do. So just to sum up some of what I hear, and then I'll definitely turn it to the panel to hear about some of their recommendations, but really thinking about how to develop these more collaborative and comprehensive partnerships between law enforcement, between the jail system and other areas of the justice system, as well as mental health and substance use providers and housing and homeless service providers to really try to bring these groups together to better serve population, a subset of whom are involved in all of these systems.

Wurzburg: And really thinking about how that group can come together, whether it be through a behavioral health and justice council at a local level or a re-entry coalition or a state and local effort, similarly—how they can actually create a partnership where they define success together, where they can develop a vision, mission, and goals, and really begin to work on these issues together. And really thinking about this more at a systems level. So we've talked about these systems, but even within each of these systems, there's a lot of different systems. So within the substance use system, there's often prevention services, there's treatment services, that could be outpatient services, it could be residential services, it could be recovery support services, coordination with recovery community organization or [inaudible] specialists. So often even within all these systems, there's a lot of different players.

Wurzburg: And so really thinking about the benefits of working across with as many partners as possible, particularly when it comes to the law enforcement interactions. So when an officer interacts with someone, do they actually know where to refer someone if they're in need of support for behavioral health or housing and how can those connections be made? And a big conversation nationally is within the crisis services systems. So if law enforcement encounters a person with a mental illness, where can they take them? Often that potentially has been the jail, is there emergency room, is there a crisis stabilization unit? Are there other support services that can be utilized so the person doesn't get further involved in the criminal legal system and actually gets the services and the response that they need? So I think this is a really exciting time in this space. And we're seeing a lot of innovation just like we heard today. So starting with Dan, what do you think some of the key successes and recommendations that you would have for the audience? So if people are interested in doing this type of work, what would you recommend?

McDonald: One is, begin a conversation with other stakeholders in your community. Back in the, what I call, the wild west days of 2012, when I showed up at a then homeless coalition meeting, "Hi, I'm from the police. And I'm here to help you." That was different times back then. And now the relationships we have are a lot better in those folks in housing and behavioral health and addictions and jail system, courts. They are my closest allies. So I think the idea of the police being involved, rather than lock up everyone and throw away the key, that idea is obsolete and it doesn't work. So the idea of the police being involved in the whole system of care, and you're absolutely right, it, as a system, is very important. And I think it's much easier to do this now than a few years ago.

McDonald: Many of us, including myself, Doug, and the rest of us, have all done the heavy lifting. So we are familiar with this. So start a conversation with other stakeholders. Don't be afraid to innovate. It's easy to get cornered in a rut and maintain the status quo, but that's not going to work. We need to

reinvent ourselves as a system. So ask, get out there, have discussions with stakeholders, go from there. I just visited some law enforcement agency down in southwest Florida last week. And I was able to help them, teach them all the lessons that I had to learn the hard way.

McDonald: So it's a lot easier to be innovative than it was a few years ago in this field. So if you are watching this, then that means that you were thinking maybe it's time for a change or something different and just take the leap. You won't regret it. And do you want to be the agency that is considered to be an innovator or do you want one that's caught in the back of the pack? I know what the answer is for me. We want to be leading the charge. So, so go forth out there and do great things and don't be afraid to experiment. Every community is different, and see what works best for you. And if you need help, reach out to others for help.

Wurzberg: Thanks so much. So Doug, I'm curious to hear from you about some of the successes and some of just the lessons learned that you'd be able to share with people who might be interested in creating new programs?

Gorman: I think I'm very fortunate to have worked in the community I do work in. The company I currently work for, they're actually in the process of integrating all the major providers together into one EHR system, which is amazing and could do a lot to really connect everybody. But as far as I think the best thing on how we could help everybody and help really do a change is I think a lot of it ties to funding and it ties to what we have to do for funding. Eric was talking about how he had to have that list of 10 places he went to and things like that—odds are that's a deliverable somewhere. And I think when the funding has such stringent requirements, as far as what they're looking for in their deliverables, it takes away some of the humanity in what we do.

Gorman: And we don't really focus on trying to help the person. We focus on trying to hit our numbers. And then we have one case manager for 20 or 30 people, and they're trying to do what they can. But, again, you have to worry about what numbers you're going to hit. We have to worry about asking somebody their whole life the first time we meet them: "Hey, hi, let's go through this pamphlet of your whole life in 25 pages." And it scares people. It brings up a lot of things in the name of, we're trying to find what service is best. And a lot of times, if you just speak to somebody and you just talk to them and connect with them on a real level, you could find out what they need without 20 pages. However, the funding and the requirements mandate all these things in order to be able to accomplish the tasks. Treat people like people, I guess, would be the best thing I have to say.

Wurzberg: Yeah. Such an important point that we have to keep remembering, you want to do this work to help people and for them to be able to lead better lives, really. So, Eric, what recommendations do you have for the audience to help ensure people coming out of corrections don't slip through the cracks and have a more successful experience than you did at first?

Borsuk: Yeah, I think it's important to remember that there isn't any one specific mold or individual that's experiencing these issues. Oftentimes these individuals have had traumatic confrontations with law enforcement and they're unwilling to ask for help, myself included. I think when dealing with someone experiencing re-entry and homelessness, it's probably safe to assume that there's a history of

trauma or substance use disorder, behavioral health disorders which, like mine, were undiagnosed for many years and therefore ambiguous to the subject. The goal should always be treatment, I think—over arrest, which leads to incarceration, recidivism—with licensed clinical social workers available, those sorts of things. As a side note, I feel that pretrial diversion system needs to be bolstered around the country with a strong mental health and substance use disorder component. So those would be my recommendations. Thank you for the question. Sarah, I would just turn it back to you. What sort of recommendations do you have for the audience to help ensure that people coming out of corrections don't slip through the cracks?

Wurzburg: Yeah, it's such a good question. So I know we did talk about the partnerships, and that's definitely a piece of it. I think also just making sure that local communities have a system in place to identify people. So you mentioned so many times that nobody ever gave you even a mental health screening tool, they didn't really truly address your substance use disorder. So I think just identifying people for mental illness, for substance use disorders, for housing instability is so important. People aren't getting help, but also we don't often know in the local jails and prisons necessarily what actually is needed for those folks. And then actually having case management support to people who are in these settings to make sure that they actually have a plan to come out and that there are potential service referrals available if there isn't services available within the setting.

Wurzburg: And I think the same is true for the contact with law enforcement as well. If there are services available, making sure that people are aware of them and able to make the connections and, if possible, have additional follow up support so people actually get contact after an initial contact to make sure they actually are having initiation and engagement in treatment. And that they're actually able to access the housing services, which might have been a great connection but sometimes it's really hard to track people down and try to get into some of these programs. So making sure that that is also supported. The navigation service help, I think, can be really crucial and important to this type of work.

Wurzburg: I just want to thank everyone for this discussion today. It definitely has me excited. There's a lot of exciting work going on across the country in this space. And we're lucky to hear from three people who really have a lot of experience and expertise in this. But I think we would all encourage people to be innovative, to think about different solutions, and to try things you all are experts in your local community. There's some models across the country that do work, so you can try to get peer connections as well to other sites doing innovative work and just ask people what they're doing and what works for them. I think that concludes our talk today. Thank you to Dan and Doug and Eric for your participation. It's so much appreciated for you to spend your time with us today. And we just wish everyone the best in doing this work and really helping people succeed. Have a good day.