

Just Navigating Reentry using Peer Support

Introduction [00:00:01] RTI International's Justice Practice area presents Just Science. Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about public health, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode five of our community based solutions for Substance Use Challenges season Just Science sits down with doctor Nicole Swiderski, New Jersey path to recovery grant manager and Jass Pelland, New Jersey Path to Recovery program manager to discuss how the New Jersey State Parole Board's 2021 Comprehensive Opioid Stimulant and Substance Use Program Award is supporting peer recovery and other services that help individuals with a substance use disorder navigate reentering the community after release from prison. Those who are reentering the community after being released from prison can face a myriad of challenges, including navigating community supervision requirements, finding housing and treatment services, and facing an increased risk of drug overdose. In response to these challenges, the New Jersey State Parole Board has created the Path to Recovery program, where peer health navigators partner with parole officers to help guide participants through the difficult reentry process. Listen alongs doctor Swiderski and Jass discuss why they decided to implement a peer led initiative in the state of New Jersey, what barriers they face when planning and implementing the program, and how path to recovery has made a positive impact both in the lives of individuals and for their state as a whole. This Just Science season is supported in part by RTI Award number 15PNIJ-21-GK-02192-MUMU awarded by the National Institute of Justice and by award number 15PBJA-23-GK-02250-COAP app awarded by the Bureau of Justice Assistance. Both are agencies within the Office of Justice Programs, U.S. Department of Justice. Here's your host, doctor Lawrence Mullen.

Lawrence Mullen [00:01:51] Hello and welcome to Just Science. I'm your host, Doctor Lawrence Mullen, with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. In order to reduce overdose deaths, promote public safety, and support access to services. This season is in collaboration with the Comprehensive Opioid Stimulant and Substance Use Program, also known as COSSUP, program funding to respond to illicit substance use and misuse. COSSUP state based grantees are those that have applied on behalf of at least six localities or areas within the state to provide collaboration and support for local sub recipients. The grantees coordination work ensures that its COSSUP projects are executed successfully throughout planning, implementation, and evaluation. We are here today to talk with our state based COSSUP grantee, the New Jersey State Parole Board, who was awarded a COSSUP grant in 2021 to support individuals who have a substance use disorder and are reentering the community after release from prison. Here to help us with the discussion from the State of New Jersey is Doctor Nicole Swiderski and from Rutgers University Behavioral Health Care, Jass Pelland. Welcome, Nicole and Jass.

Nicole Swiderski [00:03:02] Thank you. Wonderful to be here.

Jass Pelland [00:03:04] Thank you, Doctor Mullen.

Lawrence Mullen [00:03:05] I see that you were awarded your COSSUP grant in 2021 specifically to support individuals who have a substance use disorder and are reentering the community after release from prison. Can you each tell us about your background and what led you to your current involvement in the Path to Recovery program?

Nicole Swiderski [00:03:22] I came to the New Jersey State Parole Board in June of 2021. Prior to that, most of my background is in academia. I was an assistant professor of criminal justice at a New Jersey university. Prior to that, I was getting my PhD. I got my PhD in 2018, and during the time that I was a student, I actually was working with the New Jersey State Parole Board to evaluate a different grant that they had had at the time, which was a Second Chance Act grant. So I was very familiar with the program evaluation in 2021. We're looking at kind of during post Covid time, I was ready for a change, came to the agency because I wanted to make more of a difference. Sometimes in academia, you're a little bit isolated. You know, you're writing journal articles and you hope that somebody reads them and you hope that policy change as a result of that. But I wanted to be more in the mix. And so that really spurred my movement over to parole. And I came to parole primarily as a research scientist. And so my job was to conduct all in-house research for the agency. And that included any type of program or outcome evaluations for grants. And so as soon as I came in in 2021, our agency was actually wrapping up the application for the COSSUP grant that we were awarded. And so I was writing that last evaluation piece for them and then took over, as grant manager for the agency and for the grant when we were awarded.

Lawrence Mullen [00:04:53] Jass, would you like to, kind of explain your path?

Jass Pelland [00:04:56] Well, my path is both personal and professional. I'm a person in recovery for the past 38 years. So my passion for working with individuals who are challenged by the consequences of their alcohol and drug use is a personal passion of mine. I've been in the field of addiction treatment for 37 years, starting in a halfway house, and many of the women were coming out of the criminal justice system. And then over my career, obviously, many of the individuals that I had in treatment were criminal justice involved. I came in contact with the Administrative Office of the courts of the EOC way back in 1997. I have been a consultant for the intensive supervision program in the state of New Jersey since then and still today. I also have been for the administrative office of the courts. I have been the clinical supervisor for some of their task evaluators across the state of New Jersey. For about 12 years, I was clinical director of a program in Flemington, New Jersey, and decided to move. I really have a passion for peer support. The addiction field in the state of New Jersey was founded by peers. Just a little historical background. The first a director of the Division of Addiction Services, it was known at that time Riley Ragan, was a peer. So that this field is founded by peers. As the years have gone on, it has become more professionalized. But somewhere along the line that we lost the what the peer could add to the recovery process of individuals, those coming out of incarceration as well as in general. So I moved over to Rutgers University, who I now work for. I was hired by initially the intensive treatment program recovery Treatment program for individuals coming out of the Department of Corrections. And then when this grant came up, obviously, you know, it really caught my attention. So, you know, being in on the ground up of this program was, again, another exciting challenge for me.

Lawrence Mullen [00:07:11] Such an amazing story from both of you. I really appreciate your journeys. Nicole, I think you kind of just touched on this in your introduction, but can you tell us a little bit more about how you identify the need for the Path to Recovery program for New Jersey?

Nicole Swiderski [00:07:24] At the time that we applied for this funding, our agency had just ended a swift, certain and fair grant, which was another grant funding by the Bureau of Justice Assistance. And in that swift, certain and fair grant, they had provided peer recovery support services. But we only had one peer working out of one district parole

office. And we have 12 district parole offices throughout the state. So it was only covering a small area. That being said, after going through that program, we really recognized the benefit of having that peer recovery support person. So as much as our parole officers have these dual roles, ensuring public safety on the on the supervision end, and then we call them kind of pseudo social workers, right, to help individuals really reintegrate into society. There's something about that peer with the same lived experience that makes a significant difference. And so we wanted to do something similar to what we had done in the past, but we wanted to do it on a much larger scale. And so we were aware that Rutgers University behavioral health care already was running their IRTS, or intensive recovery treatment support program, for a few years already, and so our agency reached out to them to see if they would be willing to partner and stand up a team of individuals that would specifically work with parole. And so that is how that started. And then from there, in terms of that expansion aspect, we wanted to cover areas of what we call high volume. So looking at individuals returning to the community, where are they returning to. And so this program now covers Essex County, which houses the city of Newark. It covers Camden County, which houses the city of Camden, Mercer, Burlington and 100 and counties. Mercer, which houses Trenton, New Jersey and Monmouth and Ocean counties as well. And so that is how we identified that initial need. And Rutgers was very happy to partner with us, thankfully. And so it was just kind of a natural match. We had worked with Rutgers in the past on previous grants, so this was a great.

Lawrence Mullen [00:09:37] Jass, would you have anything to add there?

Jass Pelland [00:09:39] The need for these programs is is important and the peer piece is important. You know, all the peers have both involvement with, you know, addiction recovery as well as experience in negotiating the criminal justice system as well, which is also very important to the individuals coming out of incarceration from the Department of Corrections because, you know, they feel like they're much more understood by someone who has sat where they've sat.

Lawrence Mullen [00:10:10] You know, lived experience is definitely something that's important, bridging that connection and really establishing the resources and telling people about and actually getting them engaged with it. Can you tell us a little bit more about the greatest barriers faced by those who are recently released from prison.

Nicole Swiderski [00:10:25] Housing, housing and housing! Housing is the greatest issue, and I would argue, the state of New Jersey, but potentially on a greater scale, potentially nationally as well. But really, in this state, housing is a tremendous barrier. You know, going back to my grad school days, we learned about this Housing First model, which really says that individuals who are reintegrating into society really can't focus on other things, like addressing their substance use or addressing mental health needs or gaining employment until they have stable housing. That is our greatest need. And then I would also add to that employment, transportation and identification documents.

Lawrence Mullen [00:11:06] When you say identification documents, you just mean like an ID or?

Nicole Swiderski [00:11:11] Yes. Sometimes it's just as simple as getting a state ID, but some people might have fines that they need to pay they might have trouble coming up with. In New Jersey, you need the six points of identification in order to get that ID, and so that is one of the greatest barriers. Birth certificates are relatively easy for us to get. If an individual was born in New Jersey or in the US, outside of the US can be difficult and

challenging as well. Social security cards these are things that most people do have when they come out of prison, but sometimes they don't necessarily have them. Or they thought that they had something at home and then they return home, and it's not where they thought it was. And so the parole officers are really good at helping getting those documents, but getting those six points, getting to motor vehicle, paying those fines could be some additional barriers people have.

Jass Pelland [00:12:03] I can echo what Nicole says, but I think also for individuals coming out of incarceration is the stigma having been incarcerated. So stigma is a huge barrier going to the Board of Social Services, who likes to say no to people and counts on people not pursuing it. And that's where the peer support comes in. The case managers and things like that is to being able to advocate to these individuals, because when they try to advocate on their own the stigma, you know, the history of incarceration you have being a person of color, because it is very obvious to me that a good deal of people who are incarcerated, people of color, and we would like to believe that the, you know, racism doesn't exist, but it is alive and well. And so these individuals come out and they have to come up against all of these things that you can't see them and you can't even, you know, sometimes trying to negotiate them. So having somebody to be able to break down some of these barriers by using community resources, such as when they're denied, you know, services to the board of social services, being able to go to legal services and having fair hearings. And because many people don't even know about those things. So, you know, there are incredible barriers that these individuals face on a daily basis.

Nicole Swiderski [00:13:25] If I can add too when it comes to accessing treatment specific to substance use or to mental health, sometimes we do encounter those types of barriers as well. We might see that there is a waitlist or a longer intake process. And so to Jass's point, that's where that peer really helps. They can help with intake. They can help transport the individual to the treatment, to their appointments if necessary. And so we've been fortunate, at least in this program, we could speak to it, that we have been able to get individuals into the treatment that's required of them, whether it's a mandate through parole or it's something that they ask for and they recognize that they need. And so we're assisting with that as well. But sometimes it can be a barrier. There can be again, those waitlists or that long intake process. But so far, at least with our program and supporting the path to recovery so far so good.

Lawrence Mullen [00:14:22] Wow. Would either of you be able to speak to like a family's involvement? So I know we're talking about peers and, you know, other support resources, but do the families of these individuals, are they ever like, present, or do you have any specific stories that you may be able to share about that relationship?

Jass Pelland [00:14:38] Some of the families, not a lot, but there are some families that are involved. Families can be a double edged sword. Some families can be very supportive of the person trying to turn their life around. I'm thinking of a couple people off the top of my head that the family has been very supportive in a positive way, yet some individuals who go back to their families. I'm thinking of somebody with this morning. There's substance abuse in the home. One of the parents got an active substance abuse problem. You know, so you come back. That person has a past history of gang affiliation. And there's that's another kind of issue we have to deal with. And he lives in fear of, you know, he wants to stay out of that life. That becomes another challenge for individuals coming up as well.

Lawrence Mullen [00:15:29] Thank you for that insight. During my introduction, I mentioned peer recovery support services, also referred to as PRSS. Can you tell us what you mean by peer support services, and why did you decide to focus on peer led initiatives? Kind of point this one specifically to Jass. You could provide a little bit more insight into that one.

Jass Pelland [00:15:47] Well, the research is pretty clear that the treatment field, using peer support in both mental health services as well as substance use services, is effective. It increases the efficacy of treatment. People do much better when they're with a peer. And I mean it's shown across time being involved in in recovery myself, I watch people utilize peer support before it became professionalized. It is an effective way because people understand, on a different level. Professionals tend to use their intellect in trying to understand the person. Addiction makes absolutely no logical sense. You know, so being able the peer can talk to the person from that place of having been there and understanding the the type of logic that the person who struggles with addiction has, and it doesn't try to apply logic to it, but being able to bridge the gap between that sort of addictive logic and being able to introduce them to alternative ways of living and thinking and behaving.

Lawrence Mullen [00:16:58] Nicole, would you have anything to add?

Nicole Swiderski [00:16:59] I think Jeff's really, hit the nail on the head there, but I just want to take the time again to recognize that our agency recognizes the importance of the peer and the tremendous role that they can have in assisting our individuals who are under supervision and helping keep them on the right path. And something that is unique to our program is that individuals who are participating are consenting to have the parole officer and the peer be able to communicate with one another. And so that's become really important, so that the peer and the parole officer can sort of case conference as needed. And if the peer recognizes an appropriate treatment or service provider, they can make that recommendation to the officer. And as long as the officer approves and we can get individuals into the best program that the peer and the officer believe, will that suit them and set them up for, you know, quote unquote, success on parole supervision and also success in recovery as well.

Lawrence Mullen [00:18:03] And I really love the combination of like a structured approach as well as the peer approach, because, again, I think when coming out of a situation as dramatic is incarceration or substance use, you need a person like you really do. And I think that's the the beauty of this particular program. Jass can you tell the listeners about when participants begin working with peer health navigators and what services are available?

Jass Pelland [00:18:29] So we get people, referred from all levels. It was one of the differences between the supporting the path to recovery. And, you know, IRTS, because IRTS can only take referrals from DOC where we can take them from the community, we can take them from the halfway back programs. We can take them at any point of their parole, which is really no good, because sometimes when people get out, then they start struggling and realize, oh my God, I need some help. They can still get it. So we have had people referred from the streets, so to speak. Also, it's good when we can connect with them while they're still in the custody of D.O.C., because we can establish a relationship with them while they're still, you know, there's no stressors around them other than the DOC stresses that they don't have the pressure of they have to, you know, get a job and do this to do that and go to treatment so we can get and establish a relationship.

Sometimes we will get referrals from the halfway back programs, and we've been able to, with Nicole's help and and New Jersey state parole is established, a pretty good working relationship with the halfway back programs so that we're able to go in and visit people and be able to sit with people and establish that relationship with them while they're there, being able to work with people at all levels. And then once you make that good connection, even we've had people when they've completed parole, stay with our program. Which speaks to the peer and that my whole staff, because we take a team approach, since the peer is obviously doing peer support, case manager, the mental health person, the nurse, everybody is involved and myself included, so that the person knows all of us and so they end up staying much longer. That's where you really see the benefit of the peer support because they could take off after parole is done. They can actually take themselves out of the program at any point. But we haven't had a whole lot of turnover other than, you know, when people get denied parole, you know, how much control of that. But, you know, the connection is really key to the success with individuals.

Lawrence Mullen [00:20:41] So basically establishing a place of community.

Jass Pelland [00:20:44] And a relationship.

Lawrence Mullen [00:20:46] Jass, I heard you mentioned that people usually want to stay longer than they actually need to, but as far as participants, how long do they work as pure health navigators? So what's the standard time that they should work as peer health navigators.

Jass Pelland [00:20:59] Model that we use is called the critical time intervention. It's a tiered program. It has three tiers to it four months and each. Initially, we meet with a person once a week and have two phone contacts a week. And then based on their progress now obviously that's that's the minimum amount of contact. If somebody is struggling, if somebody is having mental health problems, if someone's having physical health problems, if somebody you know, really, you know, they don't have family. So we may see them a couple times a week. We may make a phone call every day to them. So everything is person centered. I think that's the first thing. Most people stay 12 months. There are some that have stayed longer because they we had somebody who actually got off parole and then kind of had a relapse, and we wanted to help him get re established in treatment and then connect him with other peer programs paid for by the Division of Mental Health and Addiction Services in the community. So being able to connect people with those community resources, once the program is done, someone can actually finish early because we've had a couple people who, you know, they came out of D.O.C. custody and got a job. They did this and that went to school. So you can actually finish early. So everything is really person centered.

Lawrence Mullen [00:22:22] How does the peer recovery program help with navigating reentry into the community?

Nicole Swiderski [00:22:28] I would say they work hand in hand with our parole officers. So when an individual is being released from either a Department of Corrections institution or one of our residential programs, they'll typically go to the district parole office. So they'll have a what we call a first visit with a parole officer. And during that time, the officer is really identifying what needs they have. And many times with the supporting the Path to Recovery program, the person bringing them to that first visit is their peer. And so it's a great opportunity and a great time when that person first gets out. Research tells us that they're at the highest risk of recidivism at that time. And that is the critical moment when

the peer, the parole officer and the individual can sit down, identify those needs and begin to address them. Sometimes they can get those needs addressed same day, such as taking a trip to social services to get some benefits activated, and sometimes they may take a little bit longer. But the important thing is they are starting from that first day of being back into the community. And then as needs arise between the parole officer and the peer, again, they're working together to address the needs of the individual.

Lawrence Mullen [00:23:44] So let's talk more about some of the successes that you've seen from the program.

Jass Pelland [00:23:48] We had somebody going back to 2023. He was released from D.O.C. custody in the spring of 2023. He went to a halfway back program from D.O.C. custody and was there till summer of 2023. Once he was released into the community, he had nowhere to go, so he had to be placed in a shelter. As soon as he got out of the halfway back program, he immediately found a job he was working. He took advantage of any program we gave him that would enhance his job skills. He worked very diligently, set goals for himself. He also went to treatment. He was in the IOP, which is an intensive outpatient program. He was trying to get himself personally better so he could be successful. He later went to real estate school and the parole officer and the peer research forum. If there was any barriers to him getting a real estate license, there wasn't. So he enrolled in real estate school. He is getting ready actually to take his real estate license test. He lost his father in the process. His father died. After his release from the half way back program, he did not relapse. He learned to utilize the recovery skills that his peers had given him. He was going to 12 step recovery groups. He reconnected with his children and one of his goals was to start to be a dad. And he has started to do that for himself or just about a year in May. He himself has told his peer that he couldn't have accomplished this without the help of the peer, as well as his probation parole officer. And I want to say something about the parole officers. The relationship with the peer and the parole officer was really crucial and the working together. So we didn't want to interfere with what parole had to do. But they also cooperated very much with what we were doing. The other thing, individuals, when they first come out of D.O.C. custody, their highest risk for recidivism, but they're also at highest risk for overdose. The peer meeting them on release, we give them Narcan. We give them four doses of Narcan, as well as a cell phone so that they can contact us. Because many individuals, I mean, they don't have anything when they're released from DOC custody. So but that relationship with parole has been really a godsend.

Lawrence Mullen [00:26:16] Nicole, how are you all evaluating participant experiences?

Nicole Swiderski [00:26:21] So we are tracking perhaps some of the more obvious outcomes, things like relapse, technical parole violations, overdoses, recidivism, re-arrest, re conviction, re incarceration, all of the above. But at parole, we recognize that in terms of success especially, it's more than just has that person relapsed or been rearrested. It's more about these more positive outcomes. So do these individuals have stable housing? What is their job situation look like? Did they get those documents that they needed? Have they completed outpatient substance use treatment? And so we are tracking a lot of these additional outcomes on top of just maybe your more standard ones. This is something that we're able to track, thankfully, because our parole officers are doing a really great job of entering the data into our internal database. But it's also great because Jass and I meet every week to discuss these individual cases, and then we're always emailing each other back and forth for some updates. And so I'm able to keep a really comprehensive spreadsheet in this case of data surrounding all of our participants. And then we also look

at exit interviews or exit surveys. So we have developed an exit survey specific to the participants who are completing the program to get their perspective on the relationship with their peer, their relationship with their parole officer. Did they feel like their needs were addressed? How satisfied were they with their experience? So sort of like a customer service type exit interview, but it's helping to inform our practice. So is there anything that we could be doing better? And as we get this feedback, we can then pivot as needed. So we're doing a little bit of everything. And then we also just get feedback from the peers pretty regularly as well. And again, if we can make any changes we will do so sort of in the moment there, we will continue to track these individuals as much as we can, even when they complete the programs. And we do have some people who have completed, of course, we also have some individuals who have maxed out parole, as Jass mentioned. And so those individuals are a little bit more difficult to track. But again, thankfully, because Jass and team are still working with them, we can still gather these updates.

Lawrence Mullen [00:28:43] How many participants have, you know, started and or completed the program so far?

Nicole Swiderski [00:28:47] By my count, we've had approximately 152 individuals who have been touched by our program in some way, shape or form. Most of these individuals have remained in the program. We have 73 active participants in the program. Right now. We have 15 individuals who have successfully completed the program. And so, as Jass had mentioned earlier, many of the people stay with the program. We have lost some individuals due to them moving. So if they are moving to a county where the supporting the Path to Recovery program does not currently operate, they will then be handed off to another peer recovery support program. Whether it's IRTS, which Jass has mentioned before, or whether we can set them up with something else. So we're not just sending them to another county and completely disregarding them. We're making sure that they have supports remaining wherever they're traveling to. We have had some individuals who have chosen not to continue for whatever reason. And then there have been about 45 individuals who have wanted to join our program, but unfortunately, we're not granted parole release. So what we do, though, is we do keep those individuals and we track them. To see if they're getting released soon. If their time comes up, then we'll follow up with them again. And so we try to keep them in the program. And what we also do and I don't think we mentioned this before, but if a person has violated one or multiple conditions of parole and they go through our revocation process, meaning they're they get sent back to county jail or to prison and have to go through some hearings, we will stay with them for the in the Supporting the Path to Recovery program. The peers will continue to make contact with that individual. What we find is that some of our individuals wind up getting continued on parole or released back into the community. So the great thing about that is that the peer has been working with them through that time, and then if they do wind up being revoked, which has been pretty rare for this program so far, we will again continue to track them so that if they do become eligible for parole and do get released back on to parole supervision, we can continue working with them. They will already have those relationships established.

Lawrence Mullen [00:31:01] Awesome. Can you talk about how partnerships and community buy in have impacted your program?

Jass Pelland [00:31:07] First thing is the, relationship we have with parole. That's the first community relationship we have. The officers that were handpicked for this grant were, officers who were willing to work with people. And that's what's happened. You know, people have bumps in the road, myself included. Then nobody's recovery is smooth. The

officers seem to understand that even when individuals relapse, the officers getting the person into whatever appropriate level of care. Do have a mental health clinician and, alcohol and drug, licensed alcohol and drug counselors. So being able to refer them to the appropriate level of care and the parole officers working with us, supporting that, I think that's important. We have many established relationships with many treatment providers, and a parole has their own, you know, providers. But division of mental health and addiction services has a much wider net. All of us, myself included, have very good relationships with the providers in all of the areas, which is crucial, I think relationships with the reentry programs, all the different reentry programs, being able to have relationships with the halfway back programs so that we can go in and visit people and troubleshoot any, you know, bumps in the road that anybody's experiencing, the boards, the social services, being able to have, you know, when we have to switch, you know, the somebody is up in Essex and getting benefits and then goes to Camden. It is a challenge, to say the least. On switching, you have to switch the, benefits from a very large county, Essex, to a very large county, Camden. It can be. So being able to have established relationships, there's an understanding all because every board of social services, like every parole office, has their way of operating. So being able to know all the different nuances with all the different boards, the social services, the employment, you know, One-Stop Career Centers, the Division of Vocational Rehabilitation, all of those agencies that individuals need to access in order to develop a way of life, schools, you know, assisting them to get into school. Some of our individuals have gone back to school, you know, trying to help them get into some sort of vocation that is satisfying, not just, you know, working at McDonald's. Sometimes you have to do that in the interim, but really getting something your electrician, school or, you know, Hvac school, you know, so being able to have those kind of relationships, we have, gentleman and now he's becoming a peer, which is kind of exciting. You know, he got a job at a recovery house and now is working at Clara moss as a peer. But we knew once he was able to get a job in a division of addiction, you know, DHS licensed facility, he could get a free training to become a peer. So it's knowing see, again, the peers know that because they've all become peers. So they know how to negotiate that system as well. So it's important to have relationships with all the community, the recovery centers, the food banks, the soup kitchens, all of those, because some people come out with absolutely nothing and they need clothing. They need some basic necessities. Community relations is crucial.

Nicole Swiderski [00:34:31] And I'll echo what Jass said there. But for on the parole side, you know, we have these community partnerships. But in order for them to be utilized, we have to have that buy in and support. And so we've had that top level agency support from the very beginning. Our chairman, our members of the parole board, our chief of the Division of Parole, and, you know, our command staff. So our our captains, our lieutenants, our sergeants, everyone has been very supportive of this. This program and has emphasized the need to utilize the resources that we have, peers included. And so that I think, has been key as well, to be able to want to reach out to those community partners and be willing to put in the work. So just recognizing that top level support is very important.

Lawrence Mullen [00:35:19] Kind of shifting gears, as we've talked about, like parole and talked about the relationship in the role of the parole in the recovery process, would either of you be able to kind of shed light on the stigma or the common myths about parole as it relates to the next step? For our participants in the program?

Nicole Swiderski [00:35:37] I'll speak to the myths about parole on the parole officer. I think one of the greatest myths is that parole officers are out to get people, or that,

especially as it relates to substance use. You know, if I test positive by fail, that one drug test, they're going to send me right back to jail or prison. And that in a majority of cases, I'm not going to make a blanket statement. But in a majority of cases, that's not true. There are many avenues and paths that we can explore. And prison is that last, last resort. And so, for example, let's say somebody is mandated to outpatient substance use treatment already and they relapse. The parole officer might say, okay, let's put you in intensive outpatient. And then that person relapses again. We have residential programs that we contract with at parole that can provide substance use treatment in a more, you know, controlled facility, so to speak. And so these are just some avenues that we have. But there really is that common myth that I fail once and I'm going back. And that's certainly not the case in most cases. And I think that's important to highlight. And to that parole officer being out to get me, they're really not they want to work with individuals. And it's important for those under supervision to be honest with their parole officer, because the more honest they are about their struggles, the more the parole officer can then step in to help. And so our officers want to help. They're there to help. It's part of their job to assist in fostering the successful rehabilitation of formerly incarcerated persons. And so that is their job. They want to help. They recognize, as Jass had mentioned, that difficult road to recovery, that sometimes relapses might occur. And so they're armed with this knowledge. They want to help. They're not necessarily going to send somebody back for, you know, a positive urine that first go around.

Lawrence Mullen [00:37:37] Just kind of like looking at the future. Nicole, what is next for the program?

Nicole Swiderski [00:37:42] We were awarded this program in 2021. It is meant to be a three year program, will likely be applying for a no cost extension, having some available funds because we didn't expand right away. That being said, the solicitation for additional COSSUP funds has now become available, and so we do plan to apply as an agency to expand the program further. So we want to cover more counties in New Jersey. Having gone through this program and really increasing the dialog around individuals on parole supervision, struggling with substance use, we have identified additional areas throughout the state that we believe could benefit from this partnership and is supporting the Path to Recovery program with Rutgers. And so we certainly plan on applying for more funding. And as Rutgers has this intensive recovery treatment support program that is active throughout the state as well, a goal that we have would be to really, again, just increase communication and dialog with that program so that we can make sure that we're really doing our best on the parole side to help these individuals. So we want them to be successful. We want them to reintegrate. We don't want to see them violate any conditions of parole. So I think increasing that communication between agencies is one way that we can start that. So more funding, more expansion, more communication.

Lawrence Mullen [00:39:13] So we're running near the end of our time together. Are there any final thoughts you'd like to share with our listeners?

Jass Pelland [00:39:19] I would like to see the program continue, because I think the ability to be able to connect with people who are on the street or who are in their halfway back programs, I think that's important. And that's was the piece that was missing from the Intensive Recovery and Support program. So DOC, because I think in all the process of coming out of incarceration, I think it's important to be able to connect with individuals when they find themselves, you know, like struggling on the streets. I would definitely like to see a housing component and be able to hire a housing specialist that they focus just on that, because that is crucial. Rutgers does have a housing program in certain counties,

and the individuals sometimes will kind of consult with that individual and we'll get, you know, some ideas from them. But to have somebody who solely focuses on that would really be an extra added benefit to the program. And getting into counties that have a really a need, such as, you know, Atlantic County, Passaic County, I mean, the overdose problem hasn't gone away. And the individuals coming out of incarceration, these individuals are at highest risk. And so I would like to see this program be in other counties throughout the state.

Nicole Swiderski [00:40:34] Other states that that might not have something like this. It's really powerful when you have an organization that focuses on peer recovery work with a law enforcement agency. It's a really powerful thing, and it can make such an impact and such a difference in individuals lives when everybody comes together. And I know that Jass and I have really been talking about a lot of the positives of our program, but we really haven't encountered many barriers at all. We've been able to work around some small obstacles very, very quickly, and I think that really speaks to the willingness of our agencies to come together, the willingness of both sides to recognize the mission and goals of one another and then find a way to collaborate based on what we share as a common goal or mission. And so that is really, really important in my opinion. And I would love to see something like this again, certainly be implemented statewide as we're speaking about, but really on a national scale, be something that we can see more.

Lawrence Mullen [00:41:46] I'd like to thank our guest today, both Nicole and Jass, for sitting down with Just Science to discuss the New Jersey State Parole Boards, community supervision peer recovery program. Thank you, Nicole and Jass so much.

Jass Pelland [00:41:57] Thank you, Doctor Mullen.

Lawrence Mullen [00:41:59] If you've enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit ForensicCOE.org to request training and technical assistance or learn about additional resources from the COSSUP TTA collaborative visit. COSSUP.org I'm Doctor Lawrence Mullen and this has been another episode of Just Science.

Introduction [00:42:24] Next week, Just Science sits down with the Nevada COSSUP site to discuss their mobile outreach safety teams and forensic assessment services triage teams. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.