**Re-Entry Meeting Notes**

**Blanchard Valley Hospital**

**Aller, Beckett, Davis Conference Rooms**

**March 14, 2012**

**Attendees**: Precia Stuby, Pat Bakies, David Scruggs, Tony Grotrian, Ryank Kidwell, Carla Etta Capes, Joel Burg, Hugh McClintock, Jim Ridge, David Beach, Patrick Brzozka, Andrew Hvizdos, Miranda Tippie, Aleta Foust, Bill Kose, Butch Bycynski, Bil Homka, Jennifer Criblez, Sammie Rhoades, Jennifer Gravitt, Steve Wiechert, Emily Samimi, Tina Pine, Carolyn Copus

Precia Stuby (Chair) provided updates from previous meetings in August and January.

Participants introduced themselves and provided updates for the sub-committees.

* Peer Pro-Social Support (David)
	+ ORAS – Ohio Risk Assessment Screening
	+ 211 Research – difficult to keep people engaged
	+ No Wrong Door List – challenge for no wrong information
	+ Share information through Dropbox (Emily to email info about tool to committee)
	+ Faith-based Mentoring
* Biggest missing link/program is peer support program
* 75 People have come forward for training as mentors (BESOR)
* Post prison release mentoring/programming vs.: post **Jail.** Big misconception between prison and jail, the public often uses the two interchangeably when they are not.
* Avoid post release interaction with former inmates to reduce recidivism. After release from incarceration efforts to insure alliances and friendships made ‘inside’ are kept from coming together ‘outside’ will help reduce recidivism rates.
* Current system does not include release preparation for soon to be free inmates. No programs are in place during incarceration to prepare the inmate for post-prison life. Could start working in the jail with Owens Community College, Job and Family Services to prepare for job opportunities.
* A new program is coming on line at Century Health to help with prison population.
* Jail provides list of resources and some minimal help. The average length of stay is 15 – 17 days. So the quick turn-a-round, short stay for prisoners does not provide for good coordination of resources. For the most part the incarcerated are just counting the days down to get out and back with whatever bad habits they are addicted to or with.
* Ministry programs exist that assist with obtaining GED. Owens CC also can help.
* Need to engage inmates early to change their mentality and start them anew with rehabilitation and preparedness for after incarceration.
* Housing is secondary to a safe-place. The 15th day release means they are still looking to use when they get out.
* Drugs, drinking, and associated addictions are not able to be dealt with during the very minimal time the people are incarcerated. The person is not even cleaned out during this time. People who were addicts still fight the addiction after staying clean 25 years. 15 days is nothing.
* Health (Dr. Kose)-
* Communication & Community Engagement (Precia)
* Sustainability- community of interest is growing in making rehabilitation effects last to help reduce the prison population and return rates.
	+ Not really meeting
	+ What message should they communicate?
* Education & Employment (Butch)
	+ Identify service providers within County
	+ Pilot to see what works
	+ Educating the public – second chance opportunities
		- Getting Ahead Grads – Sammie @ Hope House
* Housing (Jim)
	+ Facilities for rent in Hancock County

**Directed Discussion (Bil Homka)**

* Is the committee goal still applicable?
	+ Revise to include substance abuse as a broken out category.
	+ Programming for individuals and families. Families are underrepresented in the plan.
	+ HB 86 – one reason for committee
	+ Form a Health Committee Taskforce
* Statistics Review
	+ Sammie – ability to house sex offenders
	+ Criteria for housing could vary by case
	+ Face-to-face advocacy works best
	+ Recidivism rates to be included in Dropbox (see note above)
* Comparison of delivery structures
	+ Largest issue is pro-social support
	+ 15-17 day stay in County jail – very limited
	+ Need to change people, places and things
		- Long term residential facility
	+ What about other crime – tie to drugs and alcohol abuse?
	+ Misdemeanor facility
	+ Need Rehab Center – Dr. Kose- individual’s travel to other communities for treatment, then return to Findlay with no support system. The result is they quickly fall back to the same old patterns.
	+ Follow up support is lacking – Carolyn
	+ Thinking for a Change – Patrick
	+ What is the ROI for treatment facility? – Dr. Kose

Everyone seemed to agree that this community is in need of a residential treatment facility. We, as a community need to change the way that we think about the problem as soon as possible. It is critical to promote the same message across all of the systems; health, criminal justice, judicial, political, social services, etc.

Respectfully Submitted by

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