

## MEETING REPORT

### Stakeholder Engagement Input Meeting

Oct. 4, 2022

### Alaska Mental Health Trust Authority Conference Room

The Council on Domestic Violence and Sexual Assault held a final stakeholder meeting on October 4, 2022, to provide input on the final draft of the CDVSA Perpetrator's Rehabilitation concept paper, a culmination of an 18-month long stakeholder engagement process. The goal was to review the data in the concept paper which contained a summary of considerations for DV programming moving forward. The meeting was a hybrid format with 13 people attending in-person and approximately 26 attending virtually.

#### Key points from opening remarks by Diane Casto:

- Although battering intervention programs have been around for many years, they struggled with data collection, program funding issues and funded programs that weren't being monitored very much.
- The intention is to create an evidence-informed program because the information can serve as a guide to effective programming.
- In 2020, they started working with current programs, talking to people, and getting input from the grantee population asking what their needs and wants are. They also worked with DOC because their perpetrator rehabilitation services are in the statutes of DOC. Anything they decide on will be collaborative with DOC since this is their program and CDVSA provides this service through a memorandum of agreement with the DOC.
- Wants the workgroup to be multidisciplinary and regionally represented
- They met regularly with the workgroup doing exploring and gathering input from judges, behavioral health providers, tribal partners, national programs that are providing the same services and from data folks. They then began working with the university to help with reading the data, seeing what was effective and evidence informed practices.
- Some of the information was new



data that really helped frame the direction they wanted to go.

- Thanked the workgroup members and stakeholders who helped to create a broader input process to help individuals in Alaska who can use the program, benefit from it, use it as a compliment to probation or an OCS custody case, etc.
- The ultimate outcome is that the state will have a really strong program that is evidence-informed and that redefines how they look at the issue in Alaska, continuing to ask what else does the state need, what are the strengths and challenges so they can broaden their reach.
- There are 9 programs, 6 are funded with almost no money. The grant budget allotted to perpetrator rehabilitation programs are 1.8% of all grant funds. As she told the legislature, they cannot make change with that amount of limited funding.
- After gathering input from the meeting and revising the concept paper, they can start working with DOC, their board of directors and staff to redefine a new scope of programming based on all the input they've received. Hopefully by the end of the fiscal year, they can have a good process in place to broaden their reach and getting more people to want to do the programs, getting better training for people and getting a whole new process set up.
- The council received a new Coordinator II position from this current legislature, specifically to take the information gathered from this workgroup and concept paper and turn it into a program
- They are committed to finding programs that work, that meet the needs of the state and the communities they are in, also recognizing that a one-size-fits-all model will not work. They have to have the flexibility and fluidity to meet the needs and serve the diverse population.

#### **Presentation by Rei Shimizu**

#### **Heidi Brocious from UAA remarks:**

- Everytime a presentation was made, someone would share new data and it became hard to see how all the data related in context and to decide which data to use as a guide. One effort was to organize the multitude of data.
- The pattern they started to see was the idea of one-size-does-not-fit-all. Assessment was a key part, seeing which level of services might best serve the people, a key part in the model and recommendations, matching and interventions or a series of interventions to meet the needs of the perpetrator of the violence followed by monitoring with real-time consequences

The meeting's focus was centered around 12 main consideration questions in the concept paper housed under **three** main concepts included in the overall **PROGRAM'S GOALS**:

The following is a compilation of answers that stakeholders submitted pertaining to each focused question that was presented.



## PROGRAM DESIGN

### 1. What words would be best to reflect the goal of positive outcomes for new programming?

- Offender
- Other words like non-violent or healthy relationships
- Family
- Caused harm vs. harmed
- Offender or defendant
- People who use harm
- Returning citizens

### From virtual participants:

- Helping offenders heal
- One thing would be to actually ask the individuals participating in the programs how they would like to be labeled
- Men who cause harm (for men's groups)
- Men who abuse power and control in their relationships (for men's groups)
- "People" for other groups
- Battering intervention
- Offender
- We use the word client more than any other word
- Making healthy choices and choosing accountability
- Client



### Group discussion:

- Still using the word offender
- Still a large emphasis on men instead of people or individuals.
- Still not using language that demonstrates a changed behavior
- The language still 'others' them as in vs. the general population. If you're looking at a behavior instead of the person, it's easier to isolate someone and not think there's room for change. i.e, in native communities, when they talk, they don't throw away their people. They believe that everyone holds some value and when they're able to safely integrate then you have to find that value to reform what's happening, for them to safely be in community again, without 'othering'. If they still feel 'othered' they feel, there's no incentive to change.
- One person said in their group sessions, they asked participants what they would like to be referred to as? Some said their name because that's who they are, they're not the crime they committed, not the behavior but human. And then they came up with their own terms.
- One person wants to acknowledge that offenders have also been through harm themselves. Someone answered that you can't always use that because some people might use it to excuse their behavior, so you have to be careful when talking about how their history influences them while still holding the accountability piece in there.

## 2. What are some ways that can help emphasize evidence-informed practices and evaluation in programming?

- Create opportunities for ongoing program evaluation/research through partnership with universities (UAA/UAF etc.)
- Sample case studies in the community – rates of recidivism
- Understand local needs first
- Start by finding programs that target local needs in intervention content

### From virtual participants:

- BIPPOS-Recidivism checks, victim checks
- Victim input – do they feel safer?
- Evaluation of attendees and survivors
- If a program/intervention does not demonstrate reduction in recidivism, then don't use it
- Rates of DV go down
- Alumni groups
- Develop regs that reflect fidelity to models used in program
- Does this practice have some data that says, "if you do this, then this is likely to occur". The intervention should regularly result in the outcomes that are desired
- Cannot rely on 'evidence informed' without guidance and access to those practices. We don't have time/resources to search them out and evaluate them before implementing
- Local is important
- Create opportunities for ongoing program evaluation

### Group discussion:

No one offered comments

## 3. What would you like to see included in guiding principles for new programming?

Sticky wall exercise, combined stakeholder input is below:

- Trauma exploration, shame, grief, mindfulness, accountability, cultural component
- Education that addresses complex trauma, MH issues, etc.
- Assess and treat the entire family
- Using peer support specialists w/ lived experiences
- Address patriarchy and colonialism
- Tier 2 groups for participants who complete a program to provide ongoing support
- Accountability
- Prevent intergenerational cycles of family violence
- Adopt a holistic approach to all intervention
- Holistic

### Group discussion:

- Someone shared a concern regarding the idea of the whole family and while there is no doubt that the whole family is involved as a system, it's important to not roll victim behavior into something that needs to be treated as part of an intervention program for those who are causing harm.

- While it is important to treat the whole family unit, it should be made clear to providers to not treat them at the same time/place for safety purposes.
- For a lot of the families seen at the prosecutor's office, a lot of them need to coparent or want to continue to have a relationship after the abuse but also a lot where a survivor wants to get away from the abuse and never hear from the abuser again and that continued contact, either on the abuser's behalf or what might be viewed as on their behalf is a continuation of traumatization. So it's difficult to think about a program that will fit both of those scenarios where you're healing a family and getting them back together but also the same program is keeping the perpetrator away from the survivor/victim. Seems like it's two opposite goals for the same program.

#### 4. What are ways in which we can assess statewide community readiness?

This exercise utilized an **online poll** asking stakeholders to answer one question: Pick the level of READINESS you feel the state is currently at. In-room attendees answered the question as well and the totals were added together as reflected in the following table:

			Votes
1	No awareness	The issue is not generally recognized by the community or leaders as a problem	0
2	Denial/Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally	1
3	Vague awareness	The issue is not generally recognized by the community or leaders as a problem. Most feel that there is a local concern but there is no immediate motivation to do anything about it.	8
4	Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.	15
5	Preparation	Active leaders begin planning in earnest. The community offers modest support of their efforts.	3
6	Initiation	Enough information is available to justify efforts. Activities are underway.	0
7	Stabilization	Activities are supported by administrators or community decision-makers. Staff are trained and experienced.	7
8	Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.	2
9	High level of community ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.	0

#### Group discussion:

- One person didn't answer the poll question and said it seemed they're putting the 'cart before the horse' because even in the group, not sure if there's agreement on the type of programming that Alaska should be providing. A group for men who have used power and control in their relationships because they grew up in the patriarchy or mental health counseling. There seems to be different perspectives so when asked for community readiness then it's like, readiness for what? If a community is ready for counseling for an individual man who causes harm but is not ready to look at why then that's a concern because it's not just an individual.

**5. What thoughts do we have on requiring local communities to demonstrate community readiness?  
How do you think this could be demonstrated?**

- Willingness to commit resources, ex. space, time, traditions, knowledge
- Ability to articulate what is/not feasible = ready
- Money, resources, personal knowledge
- Provide mentors to walk with those going through an accountability program
- Local/community readiness must include-judicial districts/tribal courts, local law enforcement, tribal law enforcement, D.A./prosecutors teams

**From virtual participants:**

- I think getting the providers to be willing to let their programs be evaluated by assessing their success rates
- I think it's really important that we see community and provider support
- I believe CDVSA already has requirements in place to hold
- Support from the courts to make referrals to the program
- Local providers need to be willing to be assessed to determine effectiveness of their programs and have a community
- Treatment provider ready and willing to train staff and implement the intervention
- Getting letters of support from local providers showing their interest in having a local BIP program
- State provides a framework...minimum agreements/requirements if you will...and the community is ready based on those agreements/requirement

**Group discussion:**

- Local providers need to be willing to be assessed to determine the effectiveness of their programs and have a community discussion, like a town hall, related to the recidivism rates, success rates and what's needed to change. In their community there is a lot of resistance to any input/feedback, and they understand that because it's somebody's program, their 'baby' but they have to be willing to open their mind and be willing to recognize that what you're doing is not working and hasn't worked for a very long time. So, local community readiness is going to be vital, and every community is different and has its own culture. It's not going to be a one stop shop.
- Community readiness is going to look different in every community. It could be as simple as 'we're willing to have the conversation of how it's affecting our community' all the way to 'we



have the funding to implement the program'. And that doesn't measure how successful that could be in that community. The community that's just finally willing to have it could be way more successful than one that's fully funded and ready to go.

- One thing that's really important in community readiness is really defining the community problem, helping the community understand the severity of the problem before addressing them to say 'hey, we need your support'. Shocked at how recently they learned of the severity of the problem and letting the community know that 1 in 3 or 4 are sexually assaulted or things like that and then addressing the community and helping them understand that this is something that you can't ignore, think they have to buy in that way.
- Understanding that in some communities where DV is considered a hush hush issue and while agreeing that it's a public health issue, part of community readiness to them is to understand why it's a hush hush issue. That's going to look different for different reasons, cultural, location, environmental, etc. Important for stakeholders to understand why it's a hush hush issue and respect that but also work with community to move that, in a comfortable, way to move that into a public health issue
- In the native communities, they may not be ready to talk about the sexual assault problem but they're ready to deal with the domestic violence issues happening, so they say they're going to weave in how they got to where they are today and when they do that, they can't leave out that issue and so by doing that, you're moving it forward in more than one area and encompassing the history of how they got there and why they may not be speaking out and that will come through in the readiness. So, if we see it's an issue and we're not willing to talk about it, that doesn't mean we're not ready, it just means they're more so taught, traditionally, not to speak that way and not to speak out in ways and that's an issue that they see tremendously when dealing w/ state systems and native communities
- Each community approach has to be different based on the culture/people that are there so have a program that encompasses as well as individualized.

## PROGRAM IMPLEMENTATION + DELIVERY SYSTEM

**6. During the workgroup meetings, a lot of people working throughout the system indicated a desire for more coordination. What are some ways this might work?**

- Identify co-occurring issues, i.e. sex assaults + DV, substance abuse + DV, and be prepared to address them all
- Integrate DV/IPV issues in Crisis Now CIT
- Send out (through CDVSA) comprehensive list of what the organization each workgroup member provides or method on how to utilize each other
- Communication + in-person meeting
- Those working 'in the trenches' have valuable information. Identify them, incorporate ideas given, educate those who don't know all partners
- A collaborative of multiple systems/stakeholders could gather a couple times a year for cross-training and collaboration where funding opportunities are also discussed
- Create more partnerships w/ those directly involved in DV within the area you work

### From virtual participants:

- Employ Telehealth Services through Tribal Courts, VPSO, Behavioral Health Aid clinics
- During the workgroup meetings, a lot of people working throughout the system indicated a desire for more
- High rates of re-entrants are required to attend DV education
- Credibility of programs has been compromised. Need statewide rebranding to increase buy in
- Explore the ideas related to DV Specialty Court and monitor individuals the same way we do SA offenders
- Coordinated meetings between court, probation and providers
- Courts have consequences for non-attendance and back up BIP's



- Programs that include patriarchy need to also address men's victimization trauma informed. It's not either/or
- Common curriculum, more funding for programs
- Alaska District Attorneys have a conference next week. CDVSA could contact and be part of the process – explaining BIP's. Also, could appear at judge's conferences

### Group discussion:

- Knowing who your providers are. If the tribes in the area have OBC, OBW funding, who the players are, trying to get into communities and opening those doors because not all programs choose to be member programs and there's reasons behind it, other than just funding, oftentimes. Understanding how BAWA 2022 is also going to shake up everything and challenge sovereignty when working in these systems.
- At the AMHTA Improving Lives conference, there was an incredible amount of cross system collaboration that occurred and wondering if the opportunity to build on momentum through things like Crisis Now and other cross system collaborations could be woven into this to meet individuals at every level. Understanding the patriarchy vs. the trauma informed counseling approach so they have all of those things available across the state to meet different individuals engaged in violence at the level at which they're assessed. Evidence informed practices present a real opportunity for the state of Alaska universities to help us build our own evidence informed collaboration or clearinghouse that meets the needs of Alaskans where they're at, not having to rely on states that don't have similar characteristics as ours.
- The Tanana Chiefs are getting ready to stand up specialty courts in multiple vil lages around the region and so we have an opportunity to partner with some of those specialty courts that are actually going to be in the communities to add a DV component as far as education and being

able to deliver services through telehealth and providers that are actually in the community and utilizing peer support so people don't have to always be stuck in a hub city away from family and friends and can get the treatment where they're at.

- Have seen when people are stuck in communities other than their own, it's not going to work. We've seen that repeatedly through mental health; substance use and FIT programs so we know that piece has to change. It has to be implemented in a way that any education level is able to implement it in the community.

#### **7. How can we best prioritize victim safety and align programming with best practices research?**

- Prioritize victim safety and aligning
- Custody, divorce, DV – so many things are included here. They should ALL be taken into consideration
- Each program required to have active safety
- Are we focused on being a 'true believer' or are we checking just a 'liability' box
- Victim safety doesn't always mean separation

#### **From virtual participants:**

- This moves intervention programs into behavioral health programs and away from DV..a mistake in my opinion
- Encourage victims/survivors to have the same opportunity for education and change to break patterns. It cannot be one-sided programming
- Stephanie Covington has some incredible programs for women that are so healing and enlightening
- What programs have the greatest success? Therapeutic approaches vs DV program? This intervention, I believe should have the goal of changing behaviors
- Wendy Coates Emotionally Intelligent Batterer's Program is one that is incredible
- Accountability is important but may be separate than the therapeutic intervention to change
- Boarding school generations

#### **Group discussion:**

- I think this is potentially the most destructive move for DV intervention programs to assume that they have to be purely therapeutic or completely separated from DV intervention programs. It feels like essentially cutting off all the history and experience that birthed these programs and moving them somewhere else where they can be better paid for and completely different from what they are now. It presumes a therapeutic relationship is what is needed. I understand that the evidence says that psycho educational relationships are also incredibly helpful. So out of everything today, this feels the most alarming.
- Most of the offenders are victims themselves. Sometimes we think that they are two groups of people, but they are intertwined not just because they make up families but also because they overlap significantly too. Whoever said in the chat, 'encourage victims and survivors to have the same opportunities for education and change to break patterns' and I think that's exactly right. Many families are trying to break cycles of violence and power dynamics in their families that have occurred for many generations. Many different immigrant cultures have the same kind of cycles of violence so when we talk about culturally relevant, we have lots of culture groups that are not ones we traditionally think of in Alaska but those are the people that we are seeing.

- A Lot of what I'm drawing on is my own experience with the groups that we do, at Aware in Juneau in the Choice and Accountability program. In that program we recognize that all the men are victims as well. So while they've caused harm, they also experienced harm and that those two are related. We provide opportunities for men to explore both of those and to reflect on both of those and hold themselves accountable for the harm they've caused in ways that really honor them. So when we let men or anyone get away with harming someone else and not being held accountable I think we do great harm to their spirit and their soul. So in holding them and giving them the opportunity to be accountable to themselves and other men in the group accountable, for the facilitators to step in and hold them accountable is supremely important while at the same time acknowledging that it doesn't define them, they are not the worst thing that happened to them nor are they the worst thing they've ever done. When we put that in terms of the context of the patriarchy, it's also extremely moving to see men who maybe have never heard the word before and come to understand it, and in doing final projects and sometimes doing final projects where they're talking about patriarchy and talking to other men about patriarchy. So maybe there's a question about curriculum that we haven't talked about. Both are very important



- When we're talking about how men have been victimized, it has to be not necessarily separate but very defined so they're not using their victimization for repeated excuses of the violence. I think having both men and women's groups, you can do that a little easier with a women's group because they can see how society has done it repeatedly to them and men don't necessarily have that piece to draw on. So that's really a big difference in how you do it, and I don't think when you have 20 men in a room that you can effectively talk about their own victimization because of vulnerability. Anytime you're working with a minority or marginalized population you have to address the colonization of how we got to where we are today, and whatever that looks like in the majority of the population that you're working with (Pacific Islanders, people from other countries, etc.) when you have the bulk of that group then you need to address that because it's going to affect how they've internalized their processes of violence in their emotions and you can't effectively create change without doing those things.
- This is kind of a frustrating process and I wish in the very beginning we would have focused on what the programs offered in depth. There are so many misconceptions about what better

intervention programs do and what they provide and that's been one of the frustrating things throughout this whole process. There's a true lack of understanding. Not every man who grows up with violence and battering becomes a batterer himself to his intimate partner. We forget the piece about that belief system 'I have the right to do this' and that's tied into it. It's concerning also when we talk about recidivism rates and looking at programs, whether they're good or bad, based on recidivism rates, that's a mistake. Not that that can't be a part of it. But people truly don't understand, when a batterer makes the decision to better, that person is going to better. You can give them all the tools, the resources, the therapy, whatever you want to do so you're working with a group of men. That's why we have specialized programs but if you don't understand the programs, it's really difficult. I'm all for having a better curriculum. I think there's certain things we can work on, but it has been a frustrating process and it will continue to be a frustrating process until we kind of get on the same page and people understand what these programs provide.

#### **8. How can we best focus on inclusivity and meeting people where they're at?**

- We need to have safe exchange/visitation centers/programming in more communities as part of the intervention
- A safe housing or supported housing model for families to meet them where they are at
- We need programs for families who want to remain together that include safety monitoring for children and victims that is outside OCS
- Need treatment available if offender doesn't speak English
- Safe space to exchange or meet, takes people and money
- Wraparound services, offenders need to learn life and relationship skills, especially if they are also victims
- Diversity and leaders programming available at all education levels

#### **From virtual participants:**

- Address this in screening process and have individuals identify what they want to work on
- Really hard to ensure groups are safe enough for LGBTQ2 folks to share. Often thought they need their own groups to ensure safety. I learned the difference between othering and responsiveness is hearing what helps folks be safe. My LGBTQ2 participants don't feel safe in a group, largely

#### **Group discussion:**

- If we're really going to be inclusive and effect change and get people in education or treatment programs to look at things differently, do we really create these 'other' type groups? Sometimes those groups have a lot more support amongst themselves. This gist I've gotten from today is that there really needs to be a paradigm shift in the way we think about this and re-framing how we want to deliver and what we want to deliver to people and be prepared to open our minds up and do something different if we want something different in Alaska because our numbers are off the charts and what we've been doing isn't working so for me, inclusivity allows me to educate and inform all people in the community.

#### **9. How can training development and requirements be prioritized?**

- THREAD Alaska provides funding and incentives for early childhood teachers and daycare workers to do more training and education. It is very successful

- Increased funding with wider outreach to partners
- Trauma related guilt, neurochemistry changes w/ substance abuse, attachment styles, police response
- Talking has been done too long, let's start DOING! Create an action group, get it going and implement. Start small and move forward
- Build into grant/funding-training funds, TOT opportunities, expectation of co-facilitation of annual training to ensure ongoing fidelity in each program

#### **From virtual participants:**

- Are we looking to standardize treatment across the state?
- Let's not create a system that eliminates potential facilitators
- Whoever is providing the interventions must have the key elements that produce the desired results. This allows for differences in techniques, styles and cultural input for each unique population. All providers should have access to training in those key elements. As well as on-going training
- Let's do some pilot programming. Also work with DOC to strengthen supervision to include long term programming and polygraphs

#### **Group discussion:**

- Q. Are we looking to standardize treatment across the state?  
  
A. We're not looking to standardize treatment or services to the exclusion of the ability to have the flexibility to meet the needs of those communities. We want communities to be able to do assessments of their communities that's why we talked about this, the readiness for what exactly? What does your community have? It was brought up that not every community has all the resources and that looks different than a community that has all the resources. But what they are looking to do is find key elements or key pieces of a strategy that have some evidence behind them. That way we can say when we're developing a new approach to applying to become a program we want you to include certain components in your approach and then explain them to us from your perspective, from your community's perspective, from the people that you are going to be serving so standardized is not the right word but I would say we definitely want to have some consistency in different components as they relate to the evidence that we've been seeing so that there is some hopefully some success down the road but we also want to have flexibility and creativity to meet the needs of each community that is developing a program. (from Diane Casto)
- Everyone has a different idea, or definition of DV.

#### **10. How can we weave cultural healing throughout programming?**

- Remove politics and educate on what cultural aspects are not known
- Coordinate with community infinity groups (NAACP, PLAG, Nation Group) to understand the trauma of the culture
- Provide interpreters
- Define healing w/ communities
- Provide programs based in Alaska Native/Indigenous ways of knowing
- Look at community's value and history w/ CDVSA
- Make treatment available in multiple languages

**From virtual participants:**

- Work with traditional counselors, healers, and peer support specialists. Include Elders in the training processes

**Group discussion:**

No group discussion

**11. Regarding updated regulations, are there ideas on ways that state regulations can best support this new programming?**

- Look into how state regulates contributors to DV (e.g. alcohol industry)
- Technology has changed DV, are 2014 regulations even still valid?
- Different levels of education can be reached
- Think about how to allow conjoint programs, not all but as an option

**PROGRAM EVALUATION**

**12. What are some ways to address updated and consistent evaluation measures?**

- If not reaching population or groups, finding out why
- Baseline assessment data comparison to end of treatment in addition to recidivism rates, look at individual success
- Need to re-define what is being measured, or find new ways to encompass 'all DV' - i.e. unreported, recants, behaviors not in a defined statute
- Accountability is a natural product of feeling a sense of belonging or community
- Define effectiveness multi-dimensionally – e.g. effective for police looks different from BIP providers

**From virtual participants:**

- I'll report whatever you want, just as long as it matters

**Group discussion:**

No group discussion

**Wrap Up:**

- DV crimes against children, the crimes are different, it looks different. See some of it, some kids eventually are more prone to what we see in adult behavior DV but that's not usually what DV is among kids.
- It's an important process and what's going to be tough moving forward is seeing how we can move this forward into action. There's a lot of discussion about DV and end partner violence in Alaska and it's often hard to change things and how we're doing things. Glad to see the process unfolding and it's an important part of getting meaningful improvement in the state.
- Typically, the ones making decisions on these things are not the ones that are directly or currently impacted so it's moving the process to a point where those that are impacted are

elevating or empowering their voices so they have a significant say in how we move forward, what we move forward with.

**Diane Casto final comments:**

Not everyone's in agreement and that's okay. We all have different ideas, and we want to get everyone's feedback. We want to make sure that we're hearing from everyone and have input. As we move forward will everyone be perfectly happy? Probably not but will everyone has had a voice in this and hopefully help frame what we've eventually come up with? I hope so because that's our goal. We've got to be ready to shift the paradigm because we have programs, in general, that aren't working. Some programs may be working great, but some are not. Overall, we're making progress but the numbers don't go down. Something isn't working. That's what this process is all about. We need something that is going to make broader change to individuals, to behaviors, to outcome measures. We know this is a broader subject that does include substance abuse, mental health, traumatic brain injury, a variety of things that impacts a person's ability to learn to change, to engage in these programs.