FY2017 Justice & Mental Health Collaboration Program

Category 1 Grantees: Reducing the Number of People with Mental Illness in Jails

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Thursday November 9, 2017
Overview

Introductions

Overview of JMHCP Category 1 Grant Program

Grant Requirements and How We Can Help

Hear from the Grantees
Welcome and Introductions

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Bureau of Justice Assistance

• **Mission:** to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities.

The JMHCP has supported over $98.4 million in mental illness and justice collaboration across the country.

https://www.bja.gov/
The Justice and Mental Health Collaboration Program (JMHCP) supports innovative cross-system collaboration to improve responses and outcomes for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system.
**Category 1 Grantees**

**Category 1**: Collaborative county approaches to reducing the prevalence of individuals with mental disorders in jail

Category 1 grantees will demonstrate a system-wide coordinated approach to safely reduce the prevalence of individuals with mental disorders in local jails.

The grant is for up to **$200,000 for 24 months**.

National nonprofit, nonpartisan membership association of state government officials

Represents all three branches of state government

Provides practical advice informed by the best available evidence
More than 400 counties across 43 states, representing 140 million Americans, have resolved to reduce the number of people with mental illnesses in jails.
Category 1 JMHCP Counties

**FY15 Category 1 Counties**
- Athens-Clarke County, GA
- Burleigh County, ND
- Champaign County, IL
- Pacific County, WA
- Pitt County, NC

**FY16 Category 1 Counties**
- Baltimore County, MD
- Cook County, IL
- Fulton County, GA
- Macon-Bibb County, GA
- Marion County, IN
- Washington, DC

**FY17 Category 1 Counties**
- Alachua County, FL
- Hancock County, OH
- Hinds County, MS
- Lubbock County, TX
- Newton & Walton Counties, GA
- Scotts Bluff County, NE
- Union County, OH
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Grantee Orientation Process

✅ JMHCP General Orientation Webinar
   - Tuesday, November 1\textsuperscript{st} 
   \url{https://csgjusticecenter.org/mental-health/webinars/2017-jmhcp-grantee-orientation-webinar/}

✅ Category 1 Specific Orientation Webinar
   - Today! Thursday, November 9\textsuperscript{th}

Next Up:
- Grants Financial Management Online Training (within 120 days of acceptance)
- Orientation Call
  - Scheduled with your CSG Justice Center TA provider in December 2017
- 2017 P&I Guide coming soon!
Grant Expectations

Engage in a Collaborative Planning Process with County Leadership

- Targeted analysis of baseline data
- Review of existing community resources
- Identification and initial implementation of policy and practice changes
Grant Expectations

Demonstrate a Commitment to System-Level Reduction in the Prevalence of MI in Jail

- A county system analysis
- Screening and assessment in the jail
  - Clinical
  - Risk
- Effective data management and information sharing
- Shared definitions and language across BH and CJ systems
Establish a **Planning Team**

All grantees must establish a team (or utilize a pre-existing team) of county leaders, stakeholders, and decision makers from multiple agencies to engage in the planning process.
Grant Expectations

Work with CSG Justice Center to Receive Technical Assistance

Your designated JMHCP Technical Assistance Lead will provide and coordinate support in several areas, including:

- Completion of the P&I Guide
- Identifying measures and strategies to track progress
- Content and facilitation support
- Sharing successes with stakeholders, the field, and the press
TA Provider: Targeted TA

- Monthly Calls
- P&I Guides
- National Meetings
- Resources
- Site Visits
Other Requirements and Special Conditions

➤ **Complete and submit the Planning and Implementation Guide**
  - Grantees will receive intensive technical assistance and will have access to up to $100,000 of the total grant award in order to complete and submit a required Planning and Implementation Guide. Program budget approval and coordination with a technical assistance coordinator is required to complete and submit a Planning and Implementation Guide.

➤ **Two Phases to the Grant:**
  - Planning
  - Implementation

➤ **PMT Reporting**
Planning and Implementation Guide

Planning & Implementation Guide
Justice and Mental Health Collaboration Program
Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail

DESCRIPTION
This Planning & Implementation Guide is intended for recipients of Justice and Mental Health Collaboration Program (JMHCP) grants administered by the U.S. Department of Justice’s Bureau of Justice Assistance. JMHCP grantees will complete this guide in partnership with a technical assistance provider from The Council of State Governments Justice Center.

The Council of State Governments Justice Center prepared this guide with support from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA). The contents of this document do not necessarily reflect the official positions or policies of the U.S. Department of Justice.

A grant requirement, but also a useful tool for planning purposes
How Is the P&I Guide Used?

➤ Provides exercises that guide the county on how to develop a plan to reduce the number of people with mental illnesses in jail

➤ Identification of things grantee is doing well

➤ Challenges or areas the grantee is working on

➤ Helps the TA provider target assistance

➤ Aids the grantee in focusing on areas of need

➤ Creates opportunities for discussion with other COD grantees
  - Peer to peer learning

➤ Enables ideas and best practices to be exchanged
The Stepping Up Initiative’s Data-Driven Approach to Systems Change

Six Questions County Leaders Need to Ask

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?

Strategies Should Focus on Four Key Measures

1. **Reduce**
   - The number of people with SMI booked into jail

2. **Shorten**
   - The average length of stay for people SMI in jails

3. **Increase**
   - The percentage of connection to care for people with SMI in jail

4. **Lower**
   - Rates of recidivism
Question 1: Is Your Leadership Committed?
Creating a County Collaborative Leadership and Management Structure

- Defense Bar
- Probation Chief
- District Attorney
- County Commissioner/Executive
- Sheriff/Jail Administrator
- Judge
- Behavioral Health Director
- Police Departments
- Mayors
- Families/Advocates
- Providers
- Services Providers
- Community Leaders
Key Role of the Project Coordinator

An Effective Project Coordinator:

- Ensures that key leaders are engaged
- Manages meeting agendas and minutes
- Coordinates subcommittee work
- Provides research and data to guide the decision-making process
- Continuously motivates the planning team
Question 2: Do You have Timely Screening and Assessment?

SECTION 3: JAIL IDENTIFICATION PROCESS AND DATA COLLECTION

In order to safely and effectively reduce the number of adults with mental illnesses in jails, counties need to know how many people with mental illnesses are entering and leaving their jails, and the extent of their needs. While it may seem simple to count the number of people with mental illnesses who have treatment needs, it is not uncommon to see different ways of defining and measuring the presence of mental illnesses and co-occurring substance use disorders. The following exercises will help ensure that you and your TA provider are on the same page when discussing your county’s data.

EXERCISE 3: JAIL IDENTIFICATION PROCESS AND THE DETERMINATION OF PREVALENCE RATES AND RISK LEVELS

Jail staff and behavioral health care providers, who are represented in the collaborative planning team, need to agree on a consistent screening and assessment process that accurately identifies people’s mental illnesses, substance use disorders, and criminogenic risk. As you consider what screening and assessment practices are already in place, keep in mind that meaningful reductions of the prevalence of mental illness in jails should be measured according to the following four key outcomes:

1. Reduce the number of people with mental illnesses (MIs) and co-occurring disorders (CODs) who are booked into jail.
2. Reduce their average length of stay in jail.
3. Increase the percentage of people released from jail who are not re-arrested.
4. Reduce their recidivism rates.

This exercise will help you determine whether your existing screening and assessment practices are necessary to improve outcomes in your criminal justice system.

A. Local Definition of Mental Illness

1. Is there a state or county definition of mental illness? What is it?
Answer:

2. Is this or another definition of mental illness currently used in your jail?
Answer:

EXERCISE 4: EXPANDING SCREENING AND ASSESSMENT

To prioritize county resources based on risk and needs, screening and assessment for mental illnesses, substance use disorders, and risk should be in place. This chart will help you develop a plan to implement screenings and assessments, to address any gaps identified in exercise 3. If the appropriate screening or assessment is already in place, simply indicate that below.

<table>
<thead>
<tr>
<th>What tool or process would you like to implement? Who would administer it and when would it take place?</th>
<th>How will the information be recorded (e.g., entered into a database)?</th>
<th>What agencies would be able to access this information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretrial Risk Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Illness Screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder Screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Conviction Risk Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Illness Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do You Have Timely Screening and Assessment?

- ✔ System-wide definition of mental illness
- ✔ System-wide definition of substance use disorders
- ✔ Validated screening and assessment tools for mental illness and substance use
- ✔ Efficient screening and assessment process
- ✔ Validated assessment for pretrial risk
- ✔ Mechanisms for information sharing
Counts Should Know the Prevalence of People with Serious Mental Illnesses in Jails

In order to accomplish Stepping Up goals, counties must first **know the scale of the problem** and have **accurate, accessible data** on the number of people with SMI in jails. Then measure their progress against that benchmark.

The recommended metric will be determined by a **clinical assessment by a licensed mental health professional**

**Recommended approach:**

1. **Develop a common definition for SMI.** This definition should be applied throughout the local criminal justice and behavioral health systems. It is recommended to use the state definition of SMI and build consensus and understanding among county leaders to its definition and use.

2. **Use validated mental health screenings and assessments.** Upon jail booking, use a validated screening tool. Then, refer people who screen positive for SMI to a follow-up clinical assessment by a licensed mental health professional in a timely manner.

3. **Record and report results.** Record clinical assessment results in a database that can be queried, and report regularly on this population.
Question 3: Do You Have Baseline Data?

SECTION 5: DATA-DRIVEN FINDINGS

The following exercises will help you understand whether your county is currently able to measure these key outcomes, and advise you on the types of data findings that will help your collaborative planning team understand whether your county is effectively reducing the prevalence of mental illnesses and co-occurring substance use disorders in its jail.

EXERCISE 6: MEASURING OUTCOMES

Answer the following questions about data your county collects to measure progress toward achieving key outcomes.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the number of people with MI/COD who are booked into jail</td>
<td>Is there a way to flag people identified through screening and assessment as having mental illnesses and co-occurring disorders in a searchable electronic database?</td>
</tr>
<tr>
<td>Reduce their average length of stay in jail</td>
<td>Yes</td>
</tr>
<tr>
<td>Increase the percentage of people released from jail who are connected to treatment</td>
<td>Yes</td>
</tr>
<tr>
<td>Reduce their recidivism rates</td>
<td>Yes</td>
</tr>
</tbody>
</table>

EXERCISE 7: COLLECTING DATA AND KEY FINDINGS

A. Tracking Sub-measures of the Four Key Outcomes

In addition to the broader measures addressed in Exercise 6, below is a list of sub-measures that counties should track to demonstrate progress toward achieving the four key outcomes—reducing the number of people with mental illnesses and co-occurring substance use disorders booked into jail, shortening their average length of stay in jail, increasing the percentage of people connected to treatment in the community, and lowering their recidivism rates. These sub-measures will provide more detailed data analysis to inform your key findings and determine where to target interventions. The chart below provides information on the sub-measures and general recommendations on which agencies would have this data, although this may vary by jurisdiction. Guidance has not been provided on the timeframe for collecting this data, as that may change based on a number of factors. Your TA provider can provide additional advice regarding the recommended timeframe for collecting this data. Please complete the rest of the chart to answer whether these sub-measures are being collected, and if so, what the data findings are.

1. Reduce the number of people with mental illnesses and co-occurring substance use disorders who are booked into jail

<table>
<thead>
<tr>
<th>Sub-measures</th>
<th>How to Obtain Data</th>
<th>Has data been collected? If so, by which agency?</th>
<th>Provide Data and Related Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of unique individuals identified as having behavioral health disorders who were diverted from jail by law enforcement</td>
<td>Request from 911 dispatch or police departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of unique individuals who screened positive for potential behavioral health disorders at jail booking according to a validated mental health screen</td>
<td>Request from the jail and/or jail’s mental health provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who were identified as having a mental illness through a clinical assessment at the jail</td>
<td>Request from the jail’s mental health provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparison of the above data to bookings for general population, including demographic and criminogenic information (age, sex/gender, race/ethnicity, offense type/level, etc.)</td>
<td>Request from 911 and jail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Four Steps to Accurate Data

1. **SMI Definition:** Align the definitions for mental illnesses used for jail-based screening and assessment with county and state definition of SMI.

2. **Screen & Assess:** Screen all people entering jails using a validated MH screening tool upon booking into jail. Refer people screened positive for SMI for a clinical assessment by a licensed mental health professional.

3. **Record & Plan:** Flag individuals in jail who are diagnosed with SMI in a database that can be queried, and report regularly on this population.

4. **Track Connections & Progress:** When people with SMI are released from jail, track their connection to follow-up care in the community and recidivism.
Strategies Must Focus on 4 Key Outcomes

1. Reduce the number of people with SMI booked into jails
2. Shorten the length of stay in jails for people with SMI
3. Increase the number of people connected to treatment
4. Reduce rates of recidivism
Prevalence of Mental Illness in Jails as a Function of 4 Key Measures

1. Jail Bookings among People with SMI

2. Average Length of Stay

3. Percentage of People Connected to Care

4. Recidivism Rate

Reminder: The second Stepping Up webinar on conducting timely screening and assessment includes tips for information sharing across multiple agencies and stakeholders, while adhering to professional codes of ethics and privacy law. This webinar can be found on the Stepping Up Toolkit, stepuptogether.org/toolkit
 Question 4: Have You Conducted a Comprehensive Process Analysis and Service Inventory?

SECTION 4: COUNTY SYSTEM ANALYSIS

For any county plan to be effective, a person’s mental health, substance use, and criminogenic needs (the factors that make people more likely to reoffend) should be identified and addressed at the earliest points possible using law enforcement diversion, screening and identification, connections to services, and community supervision.

Meaningful reductions in the prevalence of mental illnesses in jails cannot be realized without examining which programs and strategies are in place and effective. Each of these programs or strategies that is identified in the planning process should achieve at least one of the following four key outcomes that was previously discussed in Section 2:

2. Reduce the number of people with mental illnesses (MIs) and co-occurring disorders (CODs) who are booked into jail
3. Reduce their average length of stay in jail
4. Increase the percentage of people released from jail who are connected to treatment
5. Reduce their recidivism rates

The following exercises will help you identify gaps in your county’s policies, practices, and programs.

EXERCISE 5: SYSTEM MAPPING, PROCESS ANALYSIS, AND IDENTIFYING GAPS

A. System Mapping by Intercept Points
The following table includes the Sequential Intercept Model® for your reference. Using this model, identify existing policies, practices, programs, and treatments that currently exist in your system. While completing the exercise, it is important to discuss each step of a person’s involvement in the justice system—from the time of first law enforcement contact to case completion—in order to identify opportunities to make improvements and identify any gaps. Additional information on process analysis can be obtained through your TA provider and an example of a flow analysis performed in another county is available in Appendix B.
A County’s Process Analysis for the Arrest/Booking Stage

1. CIT training of law enforcement is not comprehensive; protocols vary by agency

2. Law enforcement is often unable to locate facility with capacity for Arrested Persons (APs) with acute MH needs

3. Lack of standardized policies at the various detention facilities across the county

4. Automated information system data entry happens at various times

5. Medical staff cross check jail booking information with local hospital(s) system to check MH history; info is not shared with county jail
Question 5: Have you Prioritized Policy, Practice, and Funding Improvements?

☑ Prioritized strategies
- Strategies should focus on systems-level changes and one or more of the four key measures

☑ Detailed description of needs
- Submit a proposal to the county board, which may include the need for policy reforms, additional staff, increased MH, substance use, and support services, information system updates, and training

☑ Estimates/projections of the impact of new strategies
- The proposal should include the number of people to be impacted and estimated improvement in services, which helps explains how new investments will affect one or more of the four key measures
Question 5: Have you Prioritized Policy, Practice, and Funding Improvements? (Continued)

☑ Estimates/projections account for external funding streams

☐ The proposal should describe how existing funding streams can be leveraged to fund additional staff, services, and other costs

☐ Federal program funding

☐ State grants

☐ Federal and state discretionary funds

☐ Local philanthropic resources

☑ Description of gaps in funding best met through county investment

☐ The proposal should explain how county funds can meet a specific need or fill a gap that existing funding streams cannot fulfill
Prioritizing System Improvements

1. Reduce
   - The number of people with MI booked into jail
   - Police-Mental Health Collaboration programs
   - CIT training
   - Co-responder model
   - Crisis diversion centers
   - Policing of quality of life offenses

2. Shorten
   - The average length of stay in jails
   - Routine screening and assessment for mental health and SUDs in jail
   - Pretrial mental health diversion
   - Pretrial risk screening, release, and supervision
   - Bail policy reform

3. Increase
   - The percentage of connection to care
   - Expand community-based treatment & housing options
   - Streamline access to services
   - Leverage Medicaid and other federal, state, and local resources

4. Lower
   - Rates of recidivism
   - Apply Risk-Need-Responsivity principle
   - Use evidence-based practices
   - Apply the Behavioral Health Framework
   - Specialized Probation
   - Ongoing program evaluation
Have You Prioritized Policy, Practice, and Funding?

**SECTION 6: STRATEGIC PLAN**

In this exercise, all of your collaborative work is now coming together in one master planning chart that includes the data you have gathered, policies, practices, and programs you currently have in place, as well as those that are on your “wish list” to fill identified gaps. The next step involves analysis and prioritization of interventions that will result in achieving the four key outcomes.

**EXERCISE 8: PLANNING AND PRIORITIZING**

Complete the following chart with your planning team knowing this will take multiple meetings or need to be accomplished at a “planning retreat.” Each of the four sections of the chart addresses one of the four key outcomes. Once all four sections are completed, the planning team should identify prioritized responses for each outcome and develop consensus around an action plan that is data based, cost effective, and provides the most potential for reducing the prevalence of people with mental illnesses in your jail.

Key Outcome 1. Reduce the number of people with mental illnesses and co-occurring substance use disorders who are booked into jail

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Key data (e.g., mental illness prevalence, recidivism)</td>
<td>Policies and evidenced-based responses to be implemented</td>
</tr>
<tr>
<td>List of effective policies, practices, and programs</td>
<td>Projected number of people to be served</td>
</tr>
<tr>
<td>Identified gaps in policies, practices, and programs</td>
<td>Projected cost/funding source</td>
</tr>
<tr>
<td></td>
<td>List of evidence-based responses for implementation in order of highest priority</td>
</tr>
<tr>
<td></td>
<td>Timeline for implementation</td>
</tr>
</tbody>
</table>
Question 6: Do You Track Progress?

SECTION 7: EVALUATION AND SUSTAINABILITY
Once your planning is completed, the work of tracking progress and ongoing evaluation starts. Identifying the essential data and tracking the four key outcomes will provide your collaborative planning team with clear indicators of progress. As your planning segues to implementation, sustainability will become a focus. This section will help you ensure that your plan is implemented appropriately and can continue beyond the completion of this grant.

EXERCISE 9: TRACKING PROGRESS

A. Using Data to Track Progress

1. Are data available to share on a consistent basis with key stakeholders?
Answer:

2. How often will the four key outcomes be reported to or discussed with key stakeholders?
Answer:

3. How will you communicate the four key outcomes to stakeholders?
Answer:

B. Other Sustainability Strategies

1. Identify any policy (internal, local, state, federal) challenges that need to be addressed in order to achieve your program goals.
Answer:
Do You Track Progress?

1. Reduce the number of people with mental illness booked into jail

2. Shorten the length of stay for people with mental illnesses in jails

3. Increase the percentage of people with mental illnesses in jail connected to the right services and supports

4. Lower rates of recidivism
Resources Toolkit & Webinars

One-stop-shop for key resources, webinars, network calls, and more at stepuptogether.org/toolkit
Coming Soon: Project Coordinator’s Handbook

Complements the *Six Questions* framework as a step-by-step guide for project coordinators and includes:

- **A summary** of the question and its related objectives for the planning team
- **Facilitation tips** to assist the project coordinator in managing the planning process
- **Facilitation exercises** designed to achieve the question’s objectives and provide an efficient process for capturing the work of the planning team
Coming Soon: Six Questions Online Self-Assessment

**Action Step:** County leaders have passed a resolution or proclamation mandating system reform to reduce the number of people with mental illnesses in jail.

- **Fully Implemented:**
- **Partially Implemented:**
- **Not Implemented:**

**Next Steps and/or Notes:**

Our County Commission still needs to pass a Stepping Up resolution.

**Sample Automatic Response**

A mandate from leadership for this work from leaders responsible for the county budget is critical to the success of your initiative.

Since you marked “not implemented” then you can go to the following resources for guidance in fully implementing this action step:

- There is guidance on the [Stepping Up webpage](#) on how to pass a resolution in your county.
- For examples of resolutions other counties have passed, you can go to [National Association of Counties’ (NACo) webpage](#).
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- Lubbock County, TX
- Newton & Walton Counties, GA
- Scotts Bluff County, NE
- Union County, OH
Meet the 2017 Grantees!

Tell us a little bit about yourself...

- Who you are
- Your jurisdiction
- One goal you’re excited to work toward through the JMHCP grant program
Thank You

Join our distribution list to receive CSG Justice Center project updates!

[csgjusticecenter.org/subscribe](csgjusticecenter.org/subscribe)

For more information, contact Marilyn Leake, [mleake@csg.org](mailto:mleake@csg.org).

*The presentation was developed by members of the Council of State Governments (CSG) Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of the CSG Justice Center, the members of The Council of State Governments, or the funding agencies supporting our work.*
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The Council of State Governments
Collaborative Approaches to Public Safety