

Speakers

- Maria Fryer, Justice System and Corrections Policy Advisor for Substance
 Abuse and Mental Health, Bureau of Justice Assistance, U.S. Department of
 Justice
- II. Terence Lynn, Deputy Division Director, Law Enforcement, Behavioral Health Division, The Council of State Governments Justice Center
- III. Sergeant Sarah Shimko, Madison Police Department
- IV. Sergeant Jason Winsky, Mental Health Support Team, Tucson Police Department

Agenda

- I. Organization Overviews
- II. Scope of the Problem
- III. Current Mental Health Resources for Law Enforcement
- IV. A Framework for Implementing Effective Law Enforcement Responses
- V. Coming Soon/Questions and Answers

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The Council of State Governments Justice Center

Who We Are

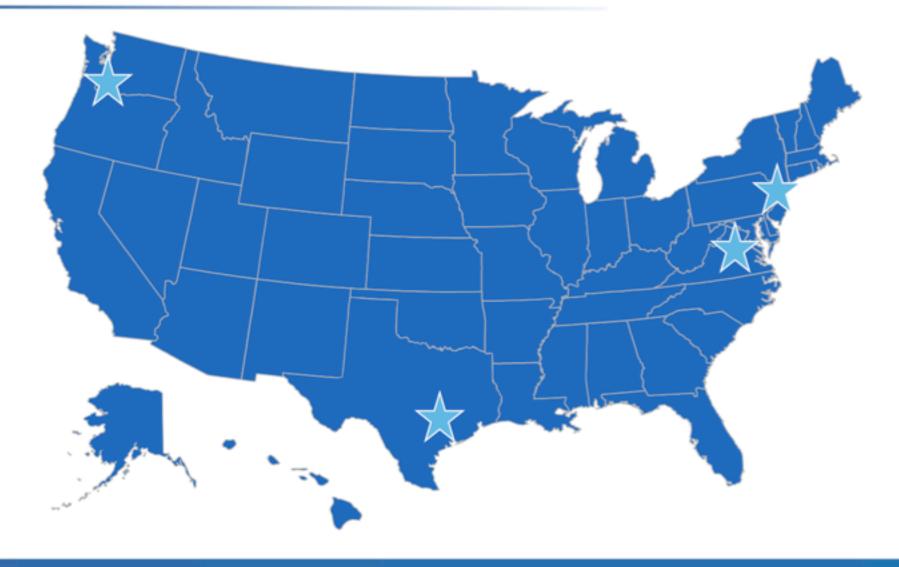
We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.



Justice Center

Our Offices

The CSG Justice Center has more than 130 staff across the country, including our offices in New York City, Washington DC, Austin, and Seattle.



How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Areas of Focus

Corrections



Substance Addiction



Courts



Youth



Law Enforcement



Mental Health



The Council of State Governments

Founded in 1933, The Council of State Governments is our nation's only organization serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy. This offers unparalleled regional, national and international opportunities to network, develop leaders, collaborate and create problem-solving partnerships.



The U.S. Department of Justice Bureau of Justice Assistance

Mission

The Bureau of Justice Assistance is a component of the Office of Justice Programs and helps to make American communities safer by strengthening the nation's criminal justice system. Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization.



U.S. Department of Justice

<u>www.bja.gov</u>

Justice and Mental Health Collaboration Program

JMHCP supports innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system.

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Law Enforcement as the Default Response to Mental Health Crises

Portland Press Herald

Increasingly, Maine police on front lines for mental illness interventions

Cumberland County Sheriff Kevin J. Joyce said calls related to people in crisis are spiking.

"We are the default mental health system after normal business hours," he said.

Cumberland County isn't an outlier. The growing need of police and the courts to deal with mental health crises is showing up throughout Maine and nationally.

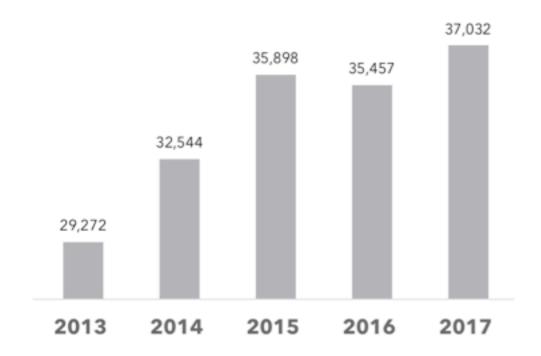


Source: Edward D. Murphy, "Increasingly, Maine police on front lines for mental illness interventions," Portland Press Herald, https://www.pressherald.com/2018/07/15/increasingly-police-cope-with-mental-health-calls/.



A Growing Number of Mental Health-Related Calls

Crisis Intervention (CIT) Calls for Service in Houston, Texas



Source: Houston Police Department Mental Health Division 2017 Annual Report, http://www.houstoncit.org/wp-content/uploads/2018/09/2017-HPD-Mental-Health-Division-Annual-Report.pdf, 91).

One Florida county found that 1 in 10 calls for service involve a person with a severe mental illness.

Source: Duncan Chappell, Policing and the Mentally III: International Perspectives, (CRC Press: Boca Raton, FL, 2013).

In Madison, Wisconsin, behavioral health calls for service take twice as long to resolve:

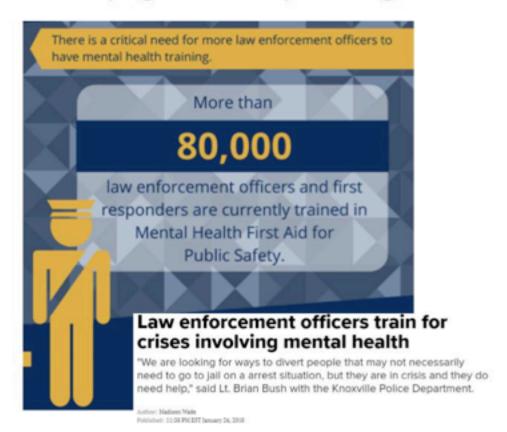
- All CFS = 1.5 hours
- BH = 3 hours

Source: Madison (Wisconsin) Police Department

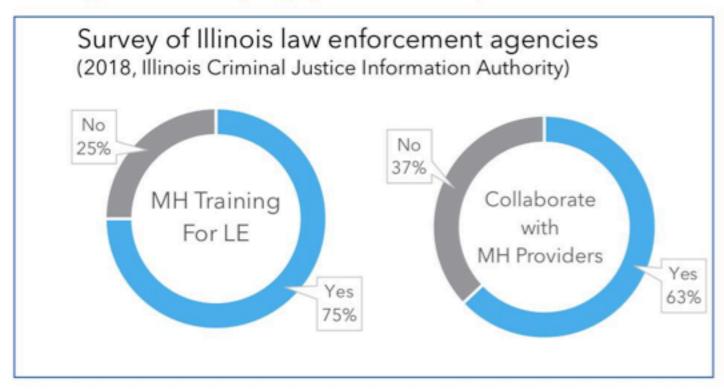


Demonstrated interest in developing policemental health collaborations

Many agencies are providing mental health training and developing specialized responses



LAPD union joins national push for feds to help prepare police for contacts with mentally ill



Source: Alysson Gatens, "Law Enforcement Response to Mental Health Crisis Incidents: A Survey of Illinois Police and Sheriff's Departments," Illinois Criminal Justice Information Authority (2018), http://www.icjia.state.il.us/articles/law-enforcement-response-to-mental-health-crisis-incidents-a-survey-of-illinois-police-and-sheriff-s-departments



Challenge: Training Alone is Insufficient

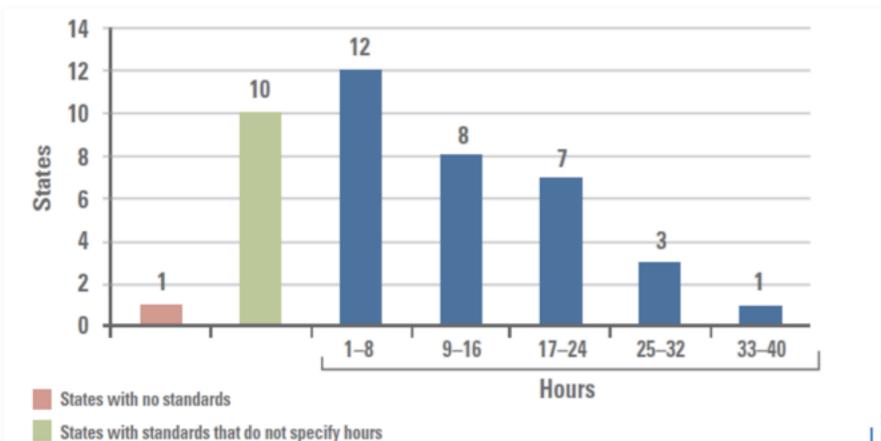
Comprehensive policies and procedures are needed to properly deploy specialized teams and support improved responses.

	No CIT Officer	At least 1 CIT Officer	Total
MH Incident	453 (54%)	380 (46%)	833
Not a MH Incident	737 (52%)	667 (48%)	1404
Total	1190 (53%)	1047 (47%)	2237

Source: Edward P. Mulvey and Carol A. Schubert, "Findings from a Multicounty Evaluation of CIT In Pennsylvania" (Presentation, 2017 Statewide Crisis Intervention Team Meeting, Harrisburg, PA, March 23, 2017).

Challenge: Inconsistent Guidance on Comprehensive Approaches

Combined Stabilization and Mental Health Training Hours (Entry level)



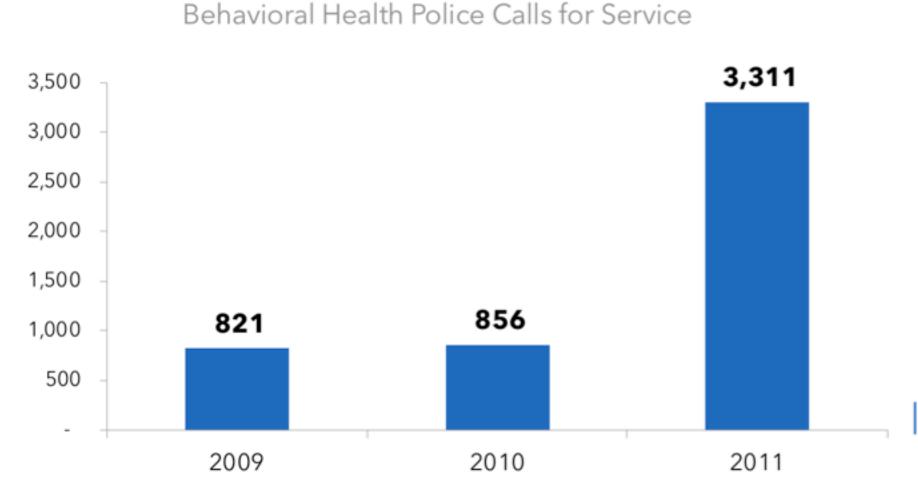
Across the country, there are inconsistent standards for mental health and stabilization training.

Source: Martha Plotkin and Talia Peckerman, The Variability in Law Enforcement State Standards: A 42-State Survey on Mental Health and Crisis De-escalation Training (New York: CSG Justice Center, 2017).

States with standards that specify hours

N = 42

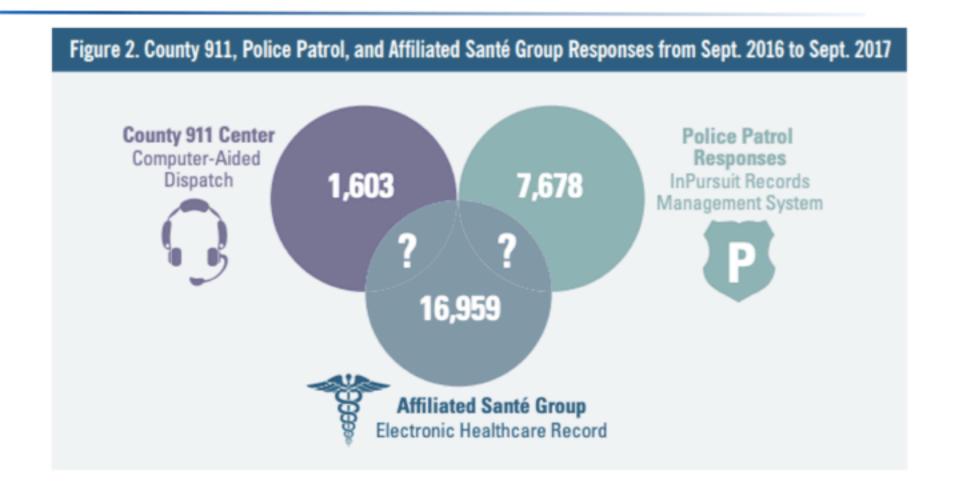
Challenge: Unreliable Data to Track Progress



In Portland, ME, the number of times police responded to behavioral health problems surged mainly because of different ways of labeling calls.

Source: Portland (Maine) Police Department 2011
Annual Report,
https://portlandmaine.gov/DocumentCenter/View/3707/2011-Annual-Report.

Challenge: Unreliable Data to Track Progress



Source: The CSG Justice Center, Baltimore County, Maryland: A Police-Mental Health Collaboration Assessment (New York: CSG Justice Center, March 2018), https://csgjusticecenter.org/wp-content/uploads/2018/04/April-2018 Baltimore-County-Maryland Report.pdf.

Challenge: Limited Community-Based Service Capacity

 Emergency physicians' report their major challenges in caring for people in crisis: long lengths of stay and demand for additional staffing

Source: American College of Emergency Physicians, "Vera Project -- Survey of Emergency Medicine Practice Research Network" (unpublished manuscript, 2019), Microsoft Word file.

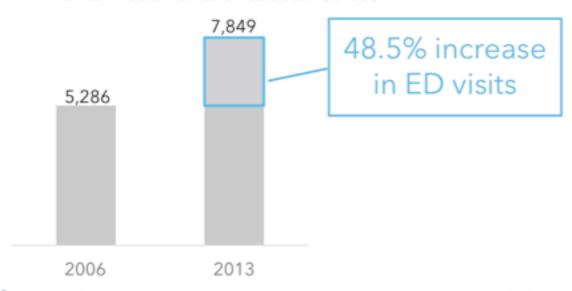
1 in 8 emergency department (ED)
 visits in the U.S. are for mental health or
 substance use issues



Source: Pamela L. Owens, Ryan Mutter, and Carol Stocks, Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007, HCUP Statistical Brief #92, (Rockville, MD: Agency for Healthcare Research and Quality, July 2010), https://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf

ED visits for mental health and substance use issues have increased

ED visits (per 100,000 population) involving mental health and/or substance use



Source: Audrey J. Weiss, et al., Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013, HCUP Statistical Brief #216, (Rockville, MD: Agency for Healthcare Research and Quality, December 2016), http://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf.



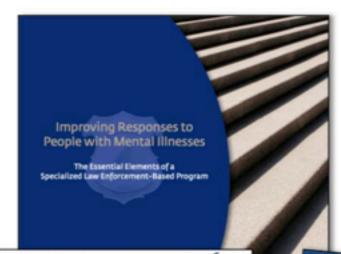
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Publications to Guide Law Enforcement

Since 2009, the CSG Justice Center has released various publications to guide law enforcement-mental health responses.





POLICE-MENTAL HEALTH **COLLABORATION PROGRAMS:**

CHEDRIST FOR LAW ENFORCEMENT PROGRAM MANAGERS

how in-current policies and practices olign with the essential elements of a macrosoful Police Mental Health iddression (1909) program. The double is most to be completed by the people who are expossible for namaging or coordinating your agree(s) PMIX program and in-designed with an appreciation that each law straying 2004 at loss vapor et companion to PMIX program should be responsive to community sends and consistent in your jurisdiction. The checkine will help to determine whether your program is comprehensive and effective

The Expertise Demonts of an Effective Police Martal Health Collaboration Program

- Pergenan design.
- Call taker and deputs persons Nabilization, observation, and disposition
- Septemb, supports, and services

IS THE PWHC PROGRAM AR AGENCY PRIGRITY?

•	₩.	•		Manager Supper				
				for opinicy chall securitie connucleates to all personal the importance of the PMIC proport and especiations for the proport is occase.				
				Your agency has established pools and objectives for the PMHC program.				
				PEC program pain and dipolines are reviewed arreally and, if recovery, updated is which charging made and recovers.				
				For agrey has a press for the agrey leaders to restic regular helback about TMIC propert performance, needs, and resources.				
				The specy provides the TMEC program is the community through methods such as: - Making proceedance to community project. - Inventing the propose through particul basetables agencies, and - Minking with load medius orders the palls of the program.				
- 1	*	-		Solutions the experiences that interest with people with montal filmess				
				Your agency perhapsion is a multi-disciplinery committee of less stakeholders bissaid on collaboration between the criminal justices and mental health systems.				
				The controller is made up of representatives after two resides a continuous of the following presence; - British frout over presence; - Propin with mental disease.				

POLICE-MENTAL HEALTH COLLABORATION PROGRAMS:



CHEDILIST FOR LAW ENFORCEMENT LEADERS

and potentially disagresses for officers, and office draw interse public scenario. The respects to clear Proptic with morni-Bosos who are relieved to behavioral health treatment by law endocement officers experience fewer aubsequent cesses with the critical justice system than flow who were not referred to requirest. Law enforcement and behavior holds agreen braken across the country are increasingly mattering to director Police Mental Health Collaboration PMEC) programs as part of a comprehensive approach to improve nationar-far this population, but also to help

Lisis Intervention Trains (CIT) of specially trained officers are the most prevalent type of PARC program, but police: send halfs or repealer males, solds onto tues, and our mangement males also are used—uses continuous. As more agreein. The access of our model is described on the extent in which it is embraced by agency leaders and expressed by adequate measures.

program corresponds to best practices, is half-on-strong collaboration between law enforcement and behavioral bodd gracies, and notes to improve natorates for people with mental discusor. This review can be augmented with the Law Enforcement Program Managers' checklint, which additiones in most detail the citeria below.

CONSIDER THE COMPACTY CONTINUES FOR LAW ENGINEERING LEADERS TO PROMOTE AN EFFECTIVE PMIC PROGRAM IN THEIR COMMUNITY.

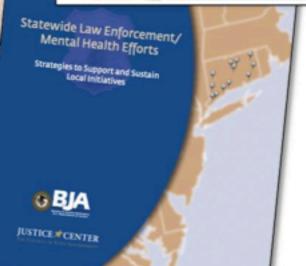
Orbida 1: Seminatrate that the PMMC program is an agency priority

- both intensity and publish, that collaborating with the behavioral health agency on an PREE program it at agency prints, and agency the program when making hadget, staffing and policy decisions.
- □ A single for extraorous agency representative tabully wear level is responsible for presenting managing by PARK program.
- to implement strategies that promote agency
- ediscourt agency's witten policies/procedure in staff ich deutspilote, performance evaluations

Erforts 2: Work with the behavioral bouffs against to improve psentinated response and information obserpractices that appeal PMIC programs.

- C bengen greenes, salt a nescoule of university, Solitan by overlapton of PMIC be stated by selected agent proper behavioral health agencies.
 - mode challenges or coefficing organizational

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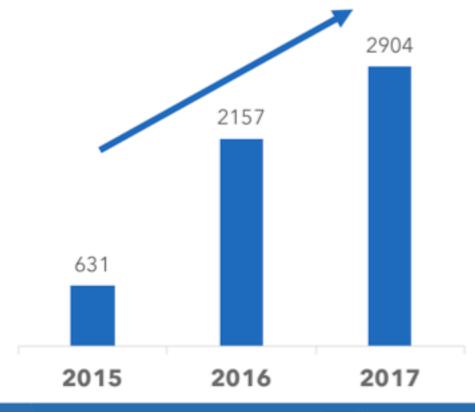
Law Enforcement-Mental Health Learning Sites Program

A peer-to-peer learning program supported by BJA and the CSG Justice Center

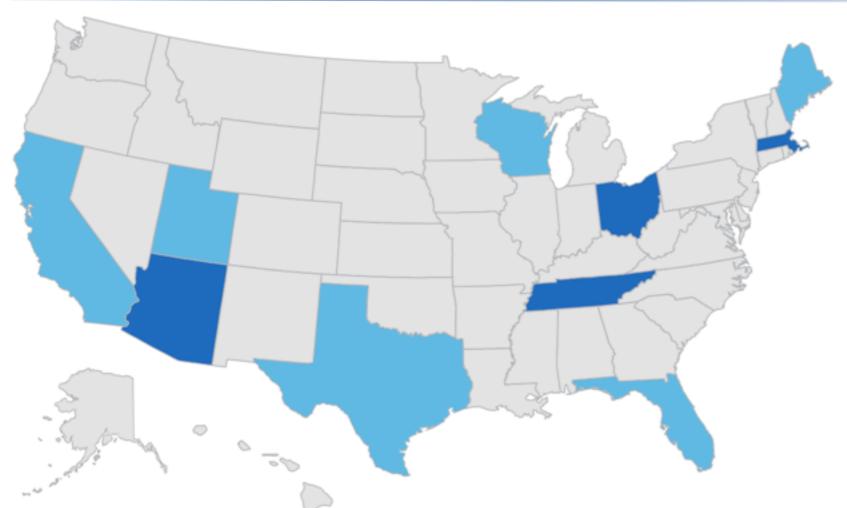
Since 2010, six learning sites have supported jurisdictions across the nation in exploring strategies to improve law enforcement responses to people who have mental health needs.

In 2017, four additional sites were added to meet demands from the field and to increase the range of strategies and agency features.

Technical assistance provided by the learning sites (2015-2017)



Law Enforcement-Mental Health Learning Sites



2010 Cohort:

- 1. Houston (TX) Police Department
- 2. Los Angeles (CA) Police Department
- 3. Madison (WI) Police Department
- 4. Portland (ME) Police Department
- 5. Salt Lake City (UT) Police Department
- University of Florida Police Department

2017 Cohort:

- 1. Arlington (MA) Police Department
- Jackson County (OH) Sheriff's Office
- Madison County (TN) Sheriff's Office
- 4. Tucson (AZ) Police Department

http://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/

Madison Police Department

Total number of agency personnel: 598

Sworn: 479 Civilian: 119

Total population served: 233,000 people

Jurisdiction and state: Madison, Wisconsin

- Training for all officers
- Mental health liaisons and a full-time mental health team
- In-house crisis workers
- Comprehensive data collection

1980s	2004	2015	2016
Formalized collaboration	Mental Health	Mental Health	In-house
	Liaison Program	Officers	crisis workers

Tucson Police Department

Total number of agency personnel: 1,250

Sworn: 850 Civilian: 400

Total population served: 600,000 people

Jurisdiction and state: Tucson, Arizona

- Co-response teams
- Crisis line and mobile crisis teams
- Crisis Response Center for emergency psychiatric treatment
- Multi-tiered training

	CIT Training begins		Pima County Mental Health court founded		Rural Mental Health courts established		Co-responder program begins
2000	2001	2002	2004	2011	2012	2013	2017
Mental Hea Division of t Tucson City is establishe	the Court	CMTs established		CRC opens		MHST establi MHFA trainin law enforcem	g for

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A New Approach to Mental Health Responses

From

10 essential elements
Specialized Police Response
Limited training



То

6 questions framework
Police-Mental Health Collaborations
Comprehensive training for all

Police-Mental Health Collaboration Framework

APRIL 2019

Police-Mental Health Collaborations

A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs

Introduction

an enforcement agracies across the country are being challenged by a proving number of calls for service resolving people who have mental health seeds, increasingly, offices are called on to be the first—and often the only—expending to calls resolving people operationing a mental health crisis. These calls can be assume the most complex and time consuming the efficient is resolve, reflecting them from although other public solvey concerns and valent crisis. They can also dove intense public sorting and can be potentially dangerous for offices and people who have mental health nowth. When these calls come into 500 depoint, the appropriate community-based resources are clien belong to make referrals, and more understanding in conductive order accounts information to offices, for such mental health services:

1. Suppose to exact the deficient and 501 dispatchers have the insteading to do, and apport to safely concert people to model mental health services:

To respect to these challenges, prior departments are increasingly adding help from the behavioral beath sprine. This trend is premising, an interestally, law outbournest and the behavioral behavioral have not always cloudy collaboration. Obsert from collaborations of the last assessment of or do not know how to access, a community across of auditific services and alternatives to areast, such as critic subdistants services, rescalableable betimes, and other community based sociouss, and one when officers are fully informed, service capacity in trajectly insufficient to ment the community to seed. As a result, these experience statutions and treatment as they excessate the same familiar from one and over again, only to whom the health of these individuals destrocate over tree.

Police Departments Can't Do it Alone

Many communities continue to face pervasive gaps in mental health services, expecially orbits services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often helf with a set of poor choices: leave people in potentially harmful situations, bring them to hospital energency departments, or anneal them.

Trabentanding a need for greater collaboration, many law enforcement and behavioral health approxime have begun raising important stops in improve empresses to people who have mental health ment. These efforts have held to improvements in practices, such as providing resortable health training to low enforcement weakness seed excluding mental health, cases intervention, and stabilization training as part of some states' low enforcement varioning manufacts. (Out-bilination training efforts traction used to influe send minimize see; beautiful or potentially dangerous behavior an individual raight or children for a collision of the contemporation and enterprise efforts to serve as produced and provided in the critique are commonlable and signify withous and object and other to resort and the although early of special collisions to confirm a provided and for several part of the contemporation and commonlable and signify withous and





- Draws upon experience of most advanced PMHCs in the nation
- Articulates the core components of a comprehensive and robust PMHC that produce improvements in community-wide outcomes
- Shifts the focus away from stand-alone training or small-scale programs/teams toward agency-wide collaborative responses and metrics-driven performance management
- https://csgiusticecenter.org/law-enforcement/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/

A Common Framework for 18,000 + Law Enforcement Agencies

- Written for law enforcement executives, with the expectation that they can manage:
 - up to elected/appointed leaders
 - → horizontally to behavioral health partners
 - down to program-level staff and all agency personnel



Six Questions for Law Enforcement Leaders



1. Is our **leadership** committed?



2. Do we have **clear policies and procedures** to respond to people who have mental health needs?



3. Do we provide staff with quality mental health and stabilization training?



4. Does the community have a full array of **mental health services and supports** for people who have mental health needs?



5. Do we **collect and analyze data** to measure our progress?



6. Do we have a formalized process for reviewing and improving performance?

Four Key Outcomes to Measure a PMHC's Success

1. Increased connections to resources

2. Reduced repeat encounters with law enforcement

3. Minimized arrest

4. Reduced use of force in encounters with people who have mental health needs

Sample data points

- Police process measures, e.g. number of officers trained
- Police operational measures, e.g. including number of calls for service involving people who have mental illnesses, repeat
 calls for service, etc.
- Frequency of police disposition decisions, e.g. resolved at scene, referral to mental health resources, etc.
- Use force and injury measures, e.g. frequency, type of force; number of injuries or fatalities to officers, consumers, and third parties, etc.



1. Leadership Commitment

- ✓ Law enforcement leadership **supports** the collaboration
- ✓ Strong community partnerships and participation in an interagency workgroup
- ✓ A designated chairperson or project coordinator is assigned to oversee the PMHC
- ✓ A commitment to dedicated funding and resource allocation for the PMHC
- ✓ Ongoing recognition, internally and externally, of the initiative





2. Policies and Procedures

- ✓ Comprehensive process review of an individual through the system.
- ✓ Selected PMHC response models based on assessed community need
- ✓ Comprehensive, clearly written policies and procedures
- ✓ Information-sharing agreements are in place
- ✓ Leaders regularly review, and all personnel are aware, of policies and procedures



3. Quality Training

- ✓ All staff receive knowledge and skills training
- ✓ Training is aligned with staff roles and experience
- ✓ Training is provided through multiple instructional methods:
 - Simulations and/or virtual training
 - Role play
 - Site visits
- ✓ Training is delivered by various instructors:
 - Law enforcement personnel
 - Mental health personnel
 - People with lived experience
- √ Training is evaluated through pre- and post-testing



4. Services and Supports



- ✓ **Inventory** of existing services to address crises and longer-term interventions
- ✓ Assessment of services and resources
- ✓ Prioritized behavioral health resources and increased funding

Source: Adapted from Substance Abuse and Mental Health Services Administration, "Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies" HHS Publication No. (SMA)-14-4848 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).



5. Data Collection and Analysis

Data Collection

- Measure service demands
- Measure time consumed

Data Analysis

- Assess gaps
- **Determine Needs**

Decision Making

- Allocate Funds
- **Develop Programming**

- ✓ Workgroup has established specific metrics to track as indicators of progress
- ✓ Baseline data is established on the key outcomes
- ✓ Clear processes for collecting and tracking data
- ✓ Process to identify people with frequent arrests and repeat encounters
- ✓ Data-sharing agreements are in place
- ✓ Consistent mechanism or system to track data



ள்) 6. Performance Review

Establish a process to review and continually improve PMHC efforts:

- ✓ Routine data-driven performance assessments
- ✓ Shared accountability and coordination across law enforcement and behavioral health agencies
- ✓ Leaders use performance measures and outcomes to identify breakdowns and modify policies and procedures

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New Resource: Tips/Strategies on Sharing Behavioral Health Information

Sharing Behavioral Health Information Tips and Strategies for Police-Mental Health Collaborations

Tips from the field

trust between agencies.

necessary health information.

. Think about engaging people with lived

experiences in establishing strategies.

coglusticucuriar arg/informationsharing.

Mapp a facilities have developed strategies to

proma princip information sharing among

totowing this are based on their experiences:

feeling health and law enforcement approxes. The

Effective emploration builds on cooperation and

. Remember the principle of sharing the minimum

For specific examples of information-sharing strategies

some of these jurisdictions have implemented, visit

if it possible to share information legally.

Whether it's positioning a law estimatement officer to respond appropriately to a call for service or determining whether as an emposade program has reduced jullookings, sharing information to both a critical and challenging part of secondulpolice-mental health outlaborations (PMEC). While the litealth Insurance Portability and Accountability hat (SEINA) and its regulations are the most of clotel harrion to information tharting, "PMECs may also straight to develop appropriate processes and individually in its filture information collection and observing. Purifice, behavioral health periodiculus are trained to protect individual privacy about mental health or addiction treatment and may also understandably healths about during this information with law enfortuness.

However, as the value of those collaborations becomes more apparent, communities of all sins have figured out ways to appropriately dear behavioral health information to apport their PMICs that comply with behavior regulations for both TITMs and GT CER, Part 2 (thicks govern privacy for substance on donotest potential. Some of those enteringies are simple, the posting for "law enforcement energies or "law likely in the break now." Others in moder thought full design of training a propose or obligates are arbitraters. This brief provide practical strategies presumenties and use for safety and legally share behavioral health information is impaired extraored for people in

Police-Mental Health Collaboration Strategies.

- Take it on together. Nothing begether to understand privacy law and device shared goals can facilitate trusting intakenships among partners that makes the right polerosism, is available for those who need it when they need it. Consider organisms strategies for different deals of partners. Some are best sent by regular working mostings, such as law ordersoment and mental health agencies that work together every day on shared downs. In a place, such as community groups or the judiciary, regular but less frequent outrouch can help create it advants and endanged grade, current strategies, and challenges.
- Carrily immension for shared automateding Taking the time to clarily potentially ambiguous items is an important step in accountly during behavioral testic industrials. Terms like "risk" likely have different meanings to officers and imaternet providers. Similarly, officers may be supposed by five directions and administration define different types of behavioral health route and what constitutes postacted health information (PEC).
- a" Provide training on relevant legal funior. Managem and staff from both criminal justice and behavioral health partners should be familiar with relevant behavil and state princy laws, as will as local risks and agency policies and providens that are relevant for bein rules. Appropriate staff densal also receive training on a sourch yeals for handling health information.
- For more on the logal framework for during protection leads of detailed common in a finish contract. In the contract of filed common in a finish contract, the long to individual colors than contract of the con
- Total Experient of their art inner binds is bedget fine of stood proteins by an element that on its rived ont poster in owner. For exemple, such inspects on finishing and inspects of protein in owner area. For exemple, such inspects or finishing and described information and described information and described information and described information.
- Protectivals internate under MNA is internate data sperger's halfs had is hell indebtady therificial and transmitted statements of the rare specifics, say, eff. CFR, § 180-101, analytic order of 16th Committee and Association (ACA).





- 2-page tip-sheet and complementary webpage
- Provides tips and strategies for PMHCs to legally share behavioral health information
- Webpage includes examples of jurisdiction-specific strategies and resources to help PMHCs create their own strategies for sharing behavioral health information
- Expected Fall 2019 release

New Resource: Online Self-Assessment Tool



- Draws upon the principles and concepts discussed in the PMHC framework publication
- Designed to assist jurisdictions in evaluating the status of their current responses to people who have mental health needs
- Allows users to receive automated responses, feedback, and links to resources for improvements each time they complete a section
- Coming Soon

New Resource: Project Coordinator's Handbook

- A guide that helps project coordinators through the process of planning and implementing a police-mental health collaboration
- Includes activities and exercises project coordinators can do to help community leaders achieve the goals/objectives of the PMHC
- Coming soon

Questions and Answers

Thank You!

Join our distribution list to receive updates and announcements:

www.csgjusticecenter.org/subscribe

For more information please contact Terence Lynn at tlynn@csg.org

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

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