Mental Health Court Research Roundup: Applying Research to Practice

Lisa Callahan, Ph.D.,
Senior Research Associate II, Policy Research Associates,

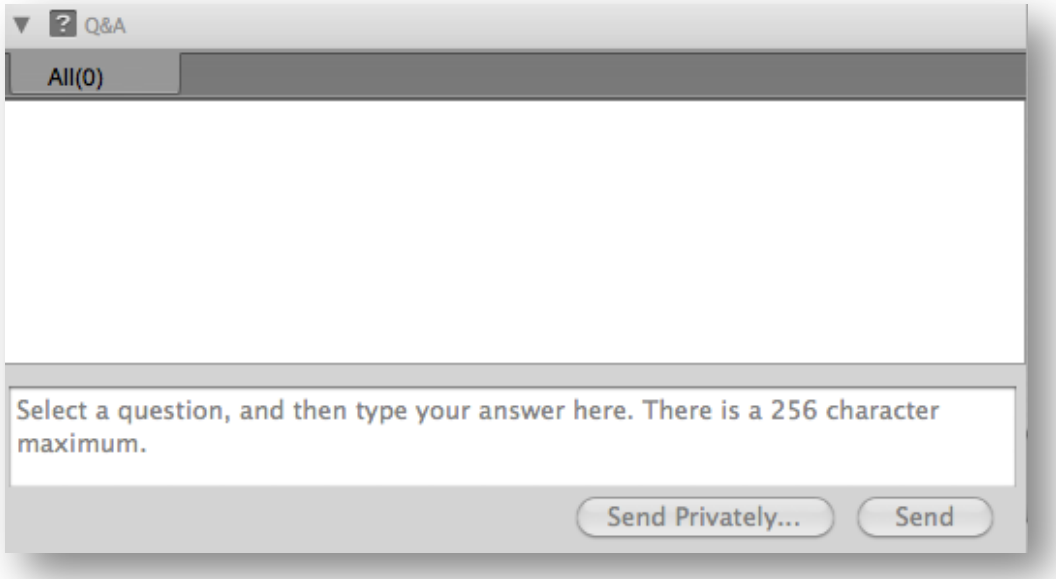
Heathcote Wales, J.D.,
Associate Professor, Georgetown University Law Center,

March 26, 2013

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Questions?

Please type your questions into the Q&A box on the lower right hand side of the screen.



Emerging Mental Health Court Research

Jessica Myers

Program Associate

CSG Justice Center

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Poll Question

Please take a moment to answer the question that will appear on the right-hand side of your screen

Emerging Mental Health Court Research

Jessica Myers

Program Associate

CSG Justice Center

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Welcome and Introduction

Hallie Fader-Towe

Director, Courts Program

CSG Justice Center

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Applying Mental Health Court Research to Practice

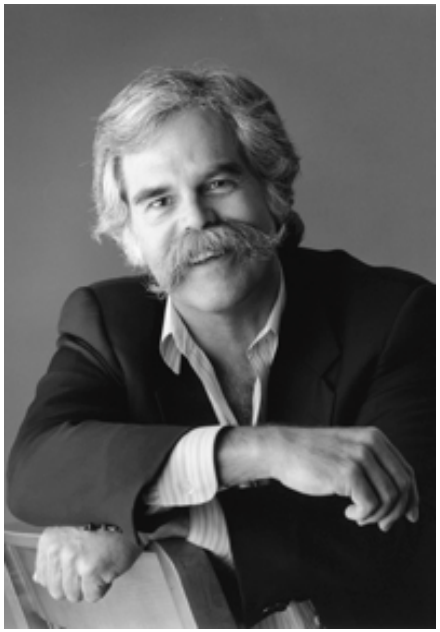
Lisa Callahan Ph.D.,

Senior Research Associate II,

Policy Research Associates

Policy Research Associates

Applying Mental Health Court Research to Practice



Heathcote Wales J.D.

Associate Professor of Law

Georgetown University Law Center

GEORGETOWN UNIVERSITY
LAW CENTER

Can the available MHC research address these key questions?

- Do mental health courts reduce recidivism?
- What kinds of defendants produce the most favorable mental health court outcomes—that is for whom do mental health courts work?
- What kind of data should mental health courts collect?
- Under what circumstances should mental health courts use jail as a sanction?
- What can mental health court teams do to facilitate the success of participants?
- Based on your research and work in this area, what advice do you have for courts to help sustain themselves beyond a federal grant.

Do mental health courts reduce recidivism?

Do mental health courts reduce recidivism?

Early Studies:
- Limited methodology
- Do mental health courts "work"?

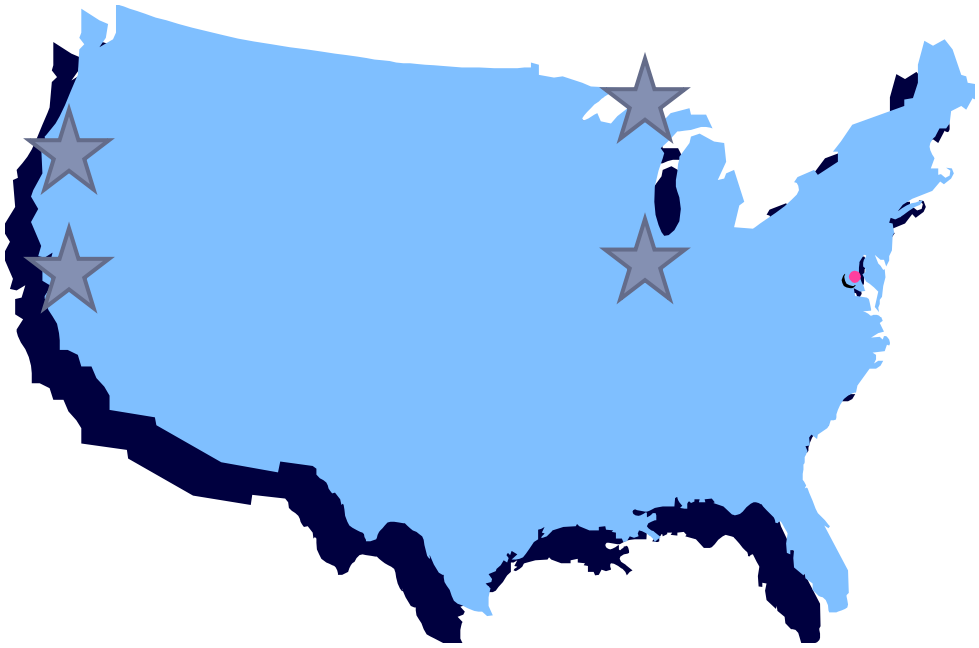
Middle range studies:
- One site, comparison groups and/or pre-post designs
- MHCs were successful in improving CJ outcomes

Today's Focus!

Key Recent Studies:
- "MacArthur Study", Steadman, Redlich, Callahan, Robbins, & Vesselinov (2013)
- Urban Institute – NIJ-funded – Rossman, Willison, Mallik-Kane, Kim, Debus-Sherrill, & Downey (2012)

Do mental health courts reduce recidivism?

- "MacArthur Study" Steadman, Redlich, Callahan, Robbins, & Vesselinov (2013)
  - 4 sites, pre/post design, comparison group (jail/treatment as usual) – felonies and misdemeanors



Do mental health courts reduce recidivism?

- "MacArthur Study" Steadman, Redlich, Callahan, Robbins, & Vesselinov (2013)
  - 4 sites, pre/post design, comparison group (jail/treatment as usual) – felonies and misdemeanors
- Conclusions:
  - Post-entry annualized (time at risk to reoffend) re-arrest rate significantly lower for MHC sample
  - Post-entry incarceration days significantly lower for MHC sample

Do mental health court participants receive more treatment services than similar defendants?

- 12M prior to MHC enrollment
  - More crisis episodes
  - More therapeutic treatment episodes than similar defendants
- 12M after MHC enrollment
  - More intensive treatment episodes and therapeutic treatment episodes than similar defendants.
  - In other words, among MHC participants, there is a shift from crisis treatment to intensive treatment.
  - MHC participants access community treatment more quickly following discharge from jail than similar defendants.

Do mental health courts reduce recidivism?

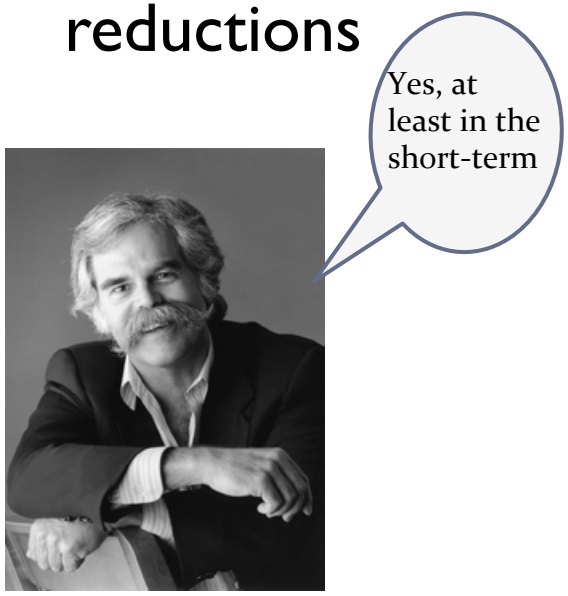
- Urban Institute – NIJ-funded – Rossman, Willison, Mallik-Kane, Kim, Debus-Sherrill, & Downey,(2012)
  - 2 sites in NYC, "pre/post" design, comparison group (jail/ treatment as usual) – felonies and misdemeanors

Do mental health courts reduce recidivism?

- Urban Institute – NIJ-funded – Rossman, Willison, Mallik-Kane, Kim, Debus-Sherrill, & Downey,(2012)
  - 2 sites in NYC, "pre/post" design, comparison group (jail/ treatment as usual) – felonies and misdemeanors
- Conclusions:
  - Post-entry re-arrest rate was significantly lower for Brooklyn MHC sample, lower (ns) in the Bronx
  - Post-entry re-conviction rate was significantly lower for Brooklyn MHC sample, lower (ns) in the Bronx

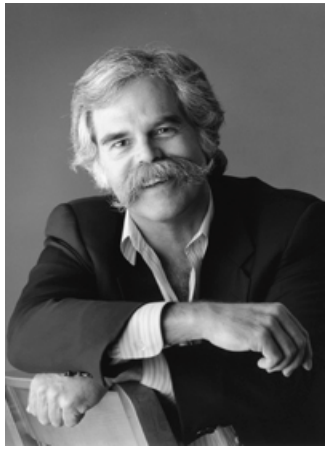
Do mental health courts reduce recidivism?

- Most outcome studies measure recidivism post-entry – most of the arrests measured occur while participant is still under MHC supervision
- Five studies measuring arrests post-exit (longest follow-ups: 2 years post-exit) all find statistically significant reductions



Do mental health courts reduce recidivism?

- D.C. MHC study – Hiday, Wales, & Ray (2013).
  - pre-post (2 years), comparison group with same case management and services, pre-plea, misdemeanors, pretrial services agency



Do mental health courts reduce recidivism?

- D.C. MHC study – Hiday, Wales, & Ray (2013).
  - pre-post (2 years), comparison group with same case management and services, pre-plea, misdemeanors, pretrial services agency
- Conclusions:
  - Both MHC and comparison group had significantly fewer arrests one year post-exit
  - MHC graduates had significantly lower percentage arrested than comparison group and MHC non-completers. Of those arrested, MHC completers had:
    - Fewer arrests
    - Longer time before arrests
  - 2 year data currently being run

Do mental health courts reduce recidivism?

- Principal vulnerability in comparison group studies is selection bias – difficulty in controlling for differences between MHC and comparison groups arising from:
  - Selection criteria for acceptance into MHC – cherry picking
  - Volunteerism – are those agreeing to MHC more willing to change?

- We don't know why MHCs work, although we do have theories, including:
  - Attention to criminogenic variables
  - Procedural justice

What kinds of defendants produce the most favorable mental health court outcomes—that is for whom do mental health courts work?

For whom do mental health courts work?

- MacArthur Study:
  - Re-arrest rates lower for MHC participants who:
    - Graduate from the program
    - Had lower pre-arrest and incarceration rates
    - Had treatment at baseline interview/admission to MHC
  - Re-incarceration rates lower for MHC participants who:
    - All of the above plus
    - Did not use illegal substances in past 30 days
    - Had a diagnosis of bi-polar disorder, rather than depression or schizophrenia
  - Demographic characteristics do not have an independent effect on "success"

For whom do mental health courts work?

- Urban Institute/NIJ Study:
  - In the Bronx, re-arrest rates lower for MHC participants who:
    - Are older (race and sex do not matter)
    - Are arrested for violent offenses compared with property or drug offenses
    - Do not have a diagnosis of substance use disorder, especially cocaine or heroin

For whom do mental health courts work?

- MacArthur Study:
  - People with COD:
    - Have lower education levels
    - Are younger at first arrest
    - Have had more arrests since age 15
    - No difference by demographics
  - Target arrests are most likely to be for drug offenses
  - No difference in the primary diagnosis – 77% Depressive Disorder; 75% Other Axis 1; 73% schizophrenia

For whom do mental health courts work?

- MacArthur Study:
  - People with COD:
    - Less likely to comply with MHC conditions including judicial orders, appointments, & medications
    - More likely to have their MHC hearings while in custody
    - More likely to be sanctioned, including a jail sanction

For whom do mental health courts work?

- MacArthur Study:
  - People with COD:
    - Less likely to comply with MHC conditions including judicial orders, appointments, & medications
    - More likely to have their MHC hearings while in custody
    - More likely to be sanctioned, including a jail sanction
    - More likely to be re-arrested
    - Spend 2x as much time in jail post-enrollment
    - More likely to be terminated from MHC, more likely to still be under MHC supervision at 12M, and less likely to graduate by 12M

For whom do mental health courts work?

MacArthur Study (cont'd):

- Cost Implications of COD:
  - "high users" of treatment and CJ system 55% of participants who did not have COD v 33% of participants with COD

Urban Institute Study:

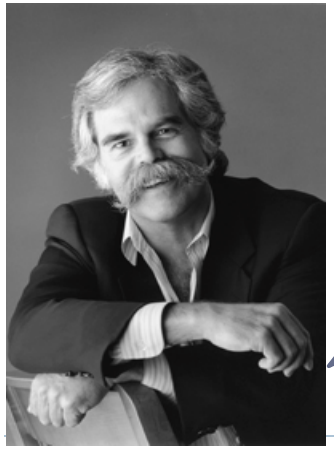
- Bronx: 66% had substance use disorder and Axis I/II diagnosis
- Brooklyn: 70% had substance use disorder and Axis I/II diagnosis

For whom do mental health courts work?

- D.C. MHC study – Hiday, Wales, & Ray (2013).
  - pre-post (2 years), comparison group with same case management and services, pre-plea, misdemeanors, pretrial services agency
- Post-exit arrests fewer for MHC participants who:
  - Graduate
  - Are older
  - Have fewer arrests in year prior
  - Have fewer arrests while in MHC

For whom do mental health courts work?

- Depending on the resources available to the MHC for coordinated treatment of COD,
- MHC may or may not be effective for severely mentally ill with substance abuse.
- Thus screeners for MHC admission should not rush to exclude younger persons with more arrests and COD. Many may be capable of success in MHC, and many have graduated.
  - MHCs often adjust the elements of treatment and services offered to fit participant needs, leading to better information as to what works and for whom



But we don't really know, and won't until we sort out the elements in MHC programs that have a positive effect

What kind of data should mental health courts collect?

What kind of data should mental health courts collect?

1. What is the purpose of your data?
   - Internal evaluation
   - Requirement of funding
   - External dissemination
   - Comparison with other programs
2. What are your resources?
   - Access to a researcher
   - Computer/IT resources – web-based programs
   - Program staff to reliably enter the data

What kind of data should mental health courts collect?

3. What outcomes must you measure?

4. Basic information:

   Participants – Who is being referred?

   - Demographics
   - Screening/Assessments
     - Psychiatric/diagnostic
     - Substance use
     - Trauma
     - Level of functioning
     - Risk for homelessness
   - Criminal justice
   - Social history

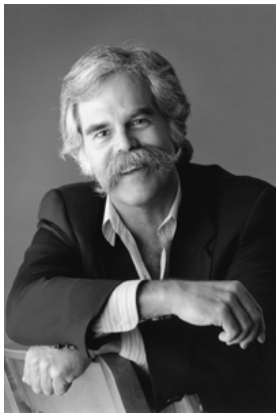
What kind of data should mental health courts collect?

4. Basic information (cont'd)
   b. *Process:*
      Who is referring?
      How long does each step take
      What is the structure of the MHC team
      What is the structure of the MHC hearings
      Steps/phases

   c. *Outcomes:*
      Defining goals for each participant and path to reach goals
      Post-enrollment/completion follow-up

What kind of data should mental health courts collect?

- We don't know what causes persons with severe mental illness to commit crimes (although we have plenty of theories)
- Thus we're trying to determine causes by finding what cures it, much as we've done with severe mental illness itself.
- Of key importance is recording the elements of treatment and services received by participants (along with participants' demographics, clinical status, and history) so that we can link inputs to outcomes.
- Feedback from MHC participants – easier to collect when their answers can't affect their release from supervision – on court processes and treatment programs can also be helpful



Under what circumstances should mental health courts use jail as a sanction?

Under what circumstances should mental health courts use jail as a sanction?

- Philosophy of the judge and MHC team
- MHCs are not drug courts for persons with mental illness – they are different
  - Having illegal substances is a crime.
  - Have mental illness is not a crime.
- Why did the person not comply with a court order?

Under what circumstances should mental health courts use jail as a sanction?

- Clear understanding/agreement of objectives for graduated sanctions
  - Will a jail stay obtain this objective?
- Practical considerations:
  - Is there room at the jail?
  - Are there resources to process/transport the person?
  - Are they other options?
  - Will a jail sanction meet team's objectives?
  - If you use jail as a sanction, what's left?
  - "Remand" is a sanction of last resort. Warrants are issued and/or executed in about 20-30% of MHC cases during program duration.

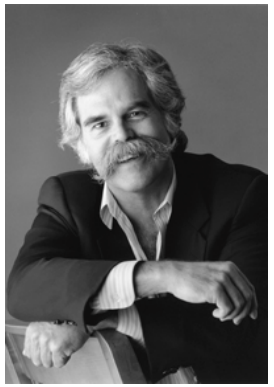
Under what circumstances should mental health courts use jail as a sanction?

MacArthur Study:

- Who reports having received a jail stay as a sanction? Those who:
  - had more MH symptoms at 6M interview
  - are likely to have been arrested for drug offense, least likely for violent offenses
  - were less likely to have received treatment in months prior to MHC enrollment
  - were homeless at enrollment & have had more days homeless
  - have had more arrests since age 15 & more pre-MHC incarcerations
  - report using illegal drugs in past 30 days & used more often
  - are reported to have lower compliance rates
  - are the least likely to think they'd go to jail if they violated conditions

Under what circumstances should mental health courts use jail as a sanction?

- Unaware of any empirical evidence showing jail sanctions to be effective in reducing recidivism in this population
- Indeed, the entire rationale for MHCs is that penal incarceration did not seem to be effective.
- MHCs have experimented with a variety of sanctions in lieu of jail, or as a way to work off a suspended jail sanction, usually involving work for the benefit of others, to reinforce a sense of having something to contribute and of being useful to society.
- When used, jail should not interrupt daytime attendance at therapy and other service appointments for the MHC.



What can the mental health court team do to facilitate the success of participants?

What can the mental health court team do to facilitate the success of participants?

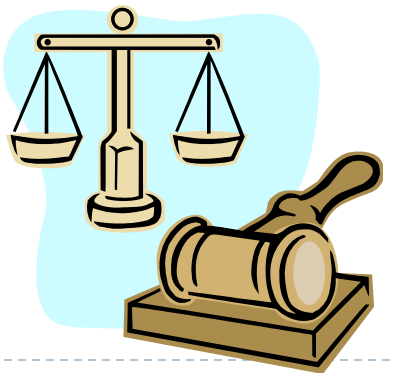
- Set individual goals with realistic steps for achieving those goals
- Maintain consistency within the team – philosophy, commitment, procedures, implementation
- Integrate peers into the team and service delivery (e.g. peer mentors, recovery coaches)
- Revisit MHC policies and procedures on a regular basis.

What can the mental health court team do to facilitate the success of participants?

- Use data to inform internal review to answer basic questions:
  - What are we doing well? Who are we doing well with?
  - What could we do better? Who could we do better with?
  - Where are our gaps?
  - Are we providing redundant services? Too many services?
  - Do we have the resources that match our participants? If no, how can we obtain those resources? Do we need new partners?
- Identify resources and partners in the community.
- Take advantage of training events that benefit participants (e.g. SOAR)
- Build allies across the entire system.

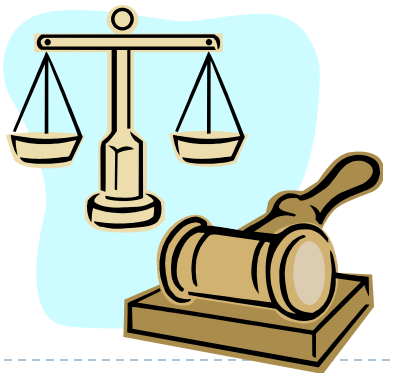
What can the mental health court team do to facilitate the success of participants?

- Procedural Justice
  - Treat the participant with respect – listen and take him/her seriously as a partner in the recovery process and insist that s/he do the same for you.
  - Indicate all directives and obligations clearly and explain them.
  - Reinforce the notion that participant's presence is their choice, that they can always withdraw, and that participant is responsible for the consequences of their choices



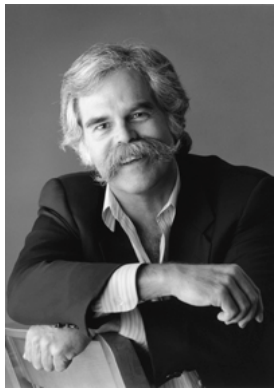
What can the mental health court team do to facilitate the success of participants?

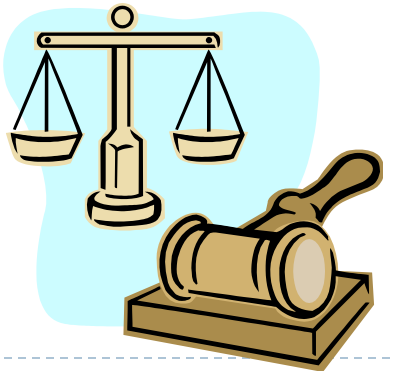
- Procedural Justice
  - Constantly attempt to discern those aspects of participant's behavior for which s/he can reasonably be held responsible and arrange assistance for those aspects beyond his/her capacities.
    - A prominent issue for many in this population is not being taken seriously by others, not being in control, and having no other function than to somehow stay alive. Demonstrating what participants can control and what they can do to be deserving of respect from others is often very helpful.



What can the mental health court team do to facilitate the success of participants?

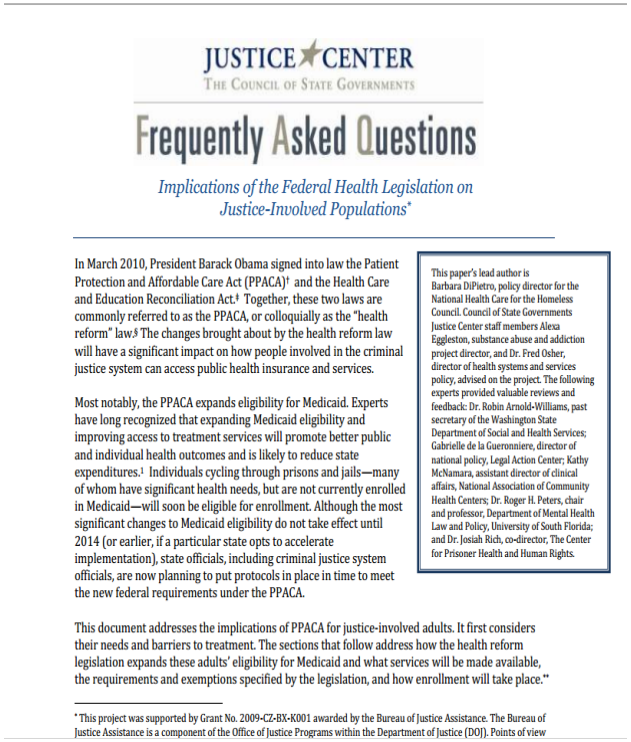
- Procedural Justice
  - Strive for consistency and cohesiveness among team members in their treatment of participants.
  - Communicate with team members, preferably in advance of taking action





Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?



JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

Frequently Asked Questions

*Implications of the Federal Health Legislation on Justice-Involved Populations**

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (PPACA)[1] and the Health Care and Education Reconciliation Act.[2] Together, these two laws are commonly referred to as the PPACA, or colloquially as the "health reform" law.[3] The changes brought about by the health reform law will have a significant impact on how people involved in the criminal justice system can access public health insurance and services.

Most notably, the PPACA expands eligibility for Medicaid. Experts have long recognized that expanding Medicaid eligibility and improving access to treatment services will promote better public and individual health outcomes and is likely to reduce state expenditures.[4] Individuals cycling through prisons and jails—many of whom have significant health needs, but are not currently enrolled in Medicaid—will soon be eligible for enrollment. Although the most significant changes to Medicaid eligibility do not take effect until 2014 (or earlier, if a particular state opts to accelerate implementation), state officials, including criminal justice system officials, are now planning to put protocols in place in time to meet the new federal requirements under the PPACA.

This document addresses the implications of PPACA for justice-involved adults. It first considers their needs and barriers to treatment. The sections that follow address how the health reform legislation expands these adults' eligibility for Medicaid and what services will be made available, the requirements and exemptions specified by the legislation, and how enrollment will take place.**

This paper's lead author is Barbara DiPietro, policy director for the National Health Care for the Homeless Council. Council of State Governments Justice Center staff members Alexa Eggleston, substance abuse and addiction project director, and Dr. Fred Osher, director of health systems and services policy, advised on the project. The following experts provided valuable reviews and feedback: Dr. Robin Arnold-Williams, past secretary of the Washington State Department of Social and Health Services; Gabrielle de la Gueronniere, director of national policy, Legal Action Center; Kathy McNamara, assistant director of clinical affairs, National Association of Community Health Centers; Dr. Roger H. Peters, chair and professor, Department of Mental Health Law and Policy, University of South Florida; and Dr. Josiah Rich, co-director, The Center for Prisoner Health and Human Rights.

* This project was supported by Grant No. 2009-CZ-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs within the Department of Justice (DOJ). Points of view

Know if your state is participating in the Medicaid expansion for ACA

Source: DiPietro, Barbara. Frequently Asked Questions: Implications of the Federal Legislation on Justice Involved Populations. New York: Council of State Governments Justice Center, 2011. Available here: http://consensusproject.org/documents/0000/1052/FAQs_Federal_Health_Legislation_on_Justice_Involved_Populations_REV.pdf

Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

- Join the discussions of what your state's program will look like
- Become the expert on ACA in your community, especially for justice-involved populations
- Justice-involved persons are not excluded in eligibility for Medicaid expansion
- ACA mandates parity for substance abuse and for mental health treatment
- Questions remain about whether residential treatment will be reimbursable
- ACA major implications for provision of services to populations usually in MHCs

Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

Avoid claims that MHCs will save the community money – they might, but it is nearly impossible to show that they do. Instead,

- Identify key allies at each level of government (judges are good at this) –and advocate for your program
  - Publicity – get ahead of the news
  - Highlight your program and/or success stories
  - Create an informative, short, printed FYI guide about your program – distribute it

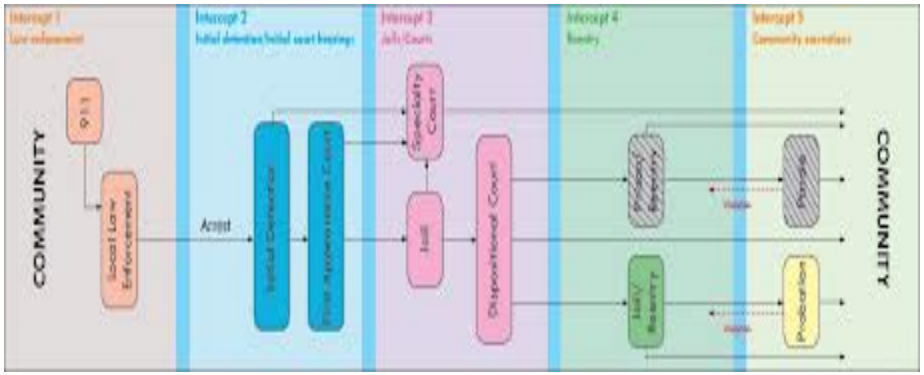
Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

- Go to community events, places of gatherings, schools, organizations – promote it
- Invite the media to your status hearings
- Take the media on a tour of the treatment facilities
- Explain why this court is an integral part of the community

Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

Identify key stakeholders and partners in your community

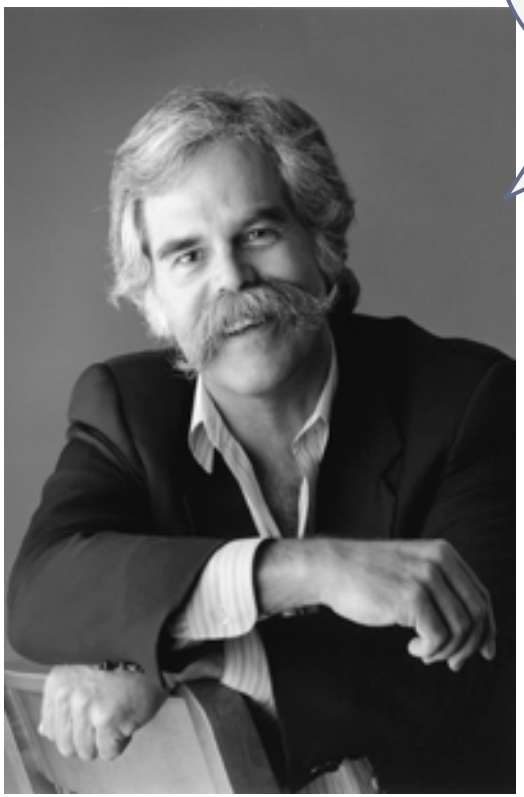
- Consult the "Sequential Intercept Model" (SIM)
- Identify at least one partner at each intercept who are directly affected by your court program – be creative



Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

- Convene and work your stakeholder group
  - Meet regularly with objectives and agenda, take minutes
  - Form subcommittees on key topics such as housing, transportation, screening/assessment – have them report out to full committee
  - Invite the local college or university to be the evaluator of your court or the work group

Based on your research and work in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?



Do everything Dr. Callahan advises!!

What does the research say about juvenile mental health courts?

Additional Information: Juvenile Mental Health Courts

Eligibility Criteria

- Mental Health:
  - Generally include all serious mental disorders and co-occurring disorder
  - Exclude conduct disorder, developmental disabilities, or substance use as primary diagnosis
- Offense:
  - Most have some statutory exclusion such as sex offenses, gang-related offenses, and drug trafficking
  - Most accept some violent offenses, even if they officially state they do not
  - Few accept status offenses as the target offense

Age range: Most common age range 13-17

Source: Callahan, Cocozza, Steadman, & Tillman (2012)

Additional Information: Juvenile Mental Health Courts

Structure of JMHCs

- Partnership between juvenile court and juvenile probation
- Wider stakeholder coordination is required than with adult MHCs
- No federal funding (except planning grants) – little state funding, more likely local

Additional Information: Juvenile Mental Health Courts

Structure of JMHCs

- Interdisciplinary team – judge, probation, program coordinator, district attorney, defense attorney, providers
- Separate docket within juvenile court, status hearings, team meetings
- Intake – multiple points of access to program
- Length of program – 6 to 12M (in practice, longer)
- Dismissal/expunging of charges – fewer than 50%

Additional Information: Juvenile Mental Health Courts

- Incentives:
  - Praise from team and others in program
  - Reduced supervision
  - Reduced curfew
  - Rewards such as gift cards
  - Placement in jobs, internships, etc.
  - Earning back privileges (e.g. cell phone)

Additional Information: Juvenile Mental Health Courts

- Sanctions:
  - Admonishment from team and others in program
  - Increased supervision – hearings, drug testing, check in with probation
  - Increased curfew
  - Loss of privileges
  - Community service
  - "Homework"
  - Out of home placement
  - Local detention
  - Regional or state detention

Research Overviewed in Today's Presentation

- Callahan, Cocozza, Steadman, & Tillman, "A national survey of juvenile mental health courts." *Psychiatric Services, 63,* (2012): 130-137

- Callahan, Steadman, Tillman, & Vesselinov, "A multi-site study of the use of sanctions and incentives in mental health courts." *Law and Human Behavior, 37,* (2013): 1-9

- Goodale, Callahan, & Steadman, "What Can We Say About Mental Health Courts Today?" *Psychiatric Services*, forthcoming 4/2013

- Hiday, Wales, and Ray, Effectiveness of a Short-Term Mental Health Court: Criminal Recidivism One Year Postexit, *Law & Human Behavior* (2013).

- Keator, Callahan, Steadman, & Vesselinov, "The Impact of Treatment on the Public Safety Outcomes of Mental Health Court Participants." *American Behavioral Scientist, 57,* (2013): 231-243

Research Overviewed in Today's Presentation

- Rossman, Willison, Mallik-Kane, Kim, Debus-Sherill, and Downey. *Criminal Justice Interventions for Offenders with Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn*. New York, NY: The Urban Institute, 2012.

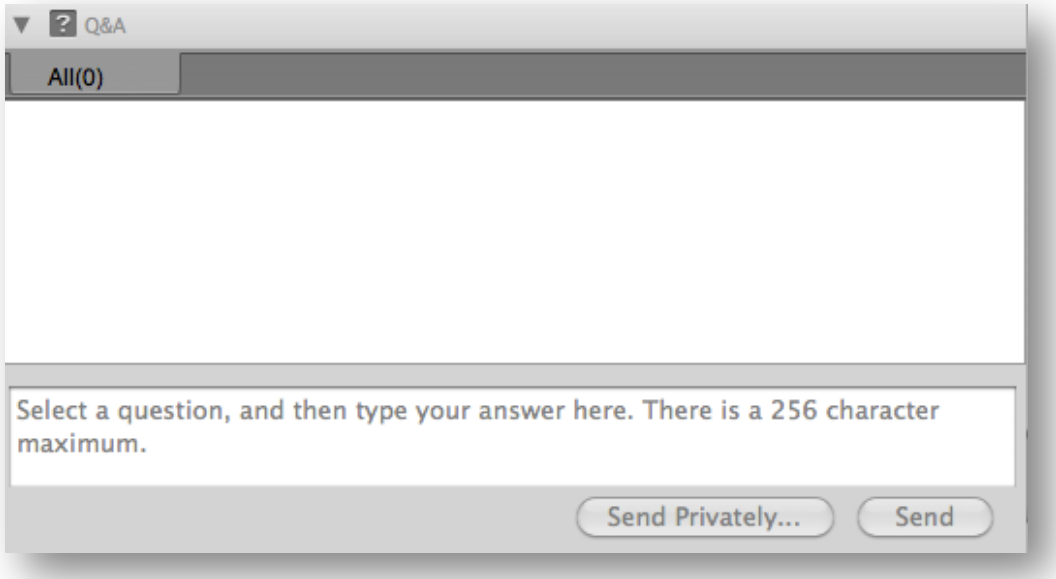
- Steadman, Redlich, Callahan, Robbins, & Vesselinov, "Impact of mental health courts on arrests and jail days: A multi-site study." *Archives of General Psychiatry, 68,* (2011): 167-172

- Wales, Hiday,, and Ray, Procedural Justice and the Mental Health Court Judge's Role in Reducing Recidivism, *International Journal of Law & Psychiatry*, 33, (2010): 265-71

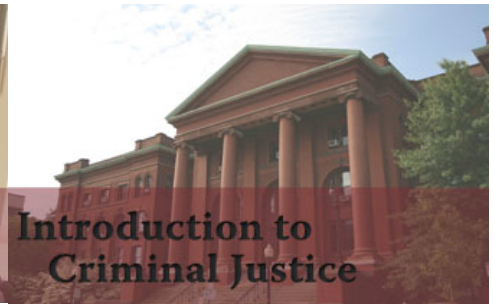
- Wolff, Frueh,, Huening, Shi, Epperson, Morgan and Fisher, Practice Informs the Next Generation of Behavioral Health and Criminal Justice Interventions, International Journal of Law & Psychiatry, 36, (2013): 1-10

Questions?

Please type your questions into the Q&A box on the lower right hand side of the screen.

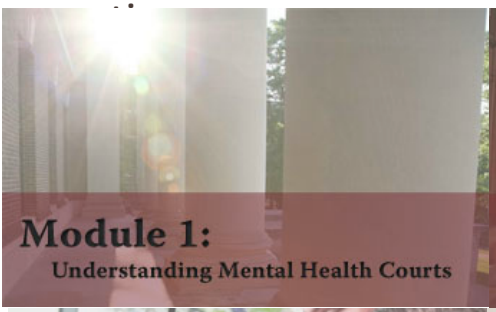


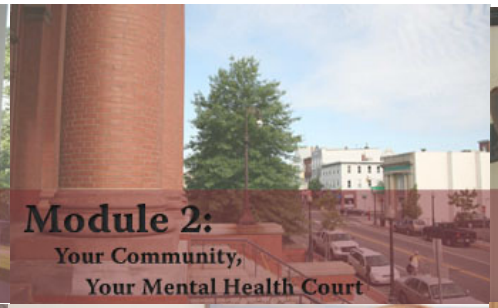
Developing a Mental Health Court: An Interdisciplinary Curriculum

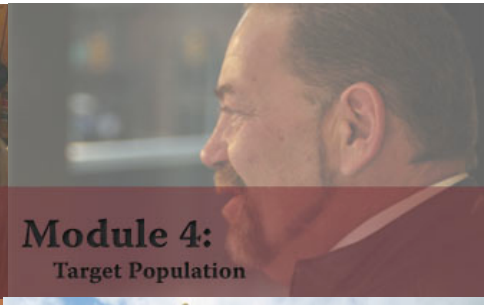


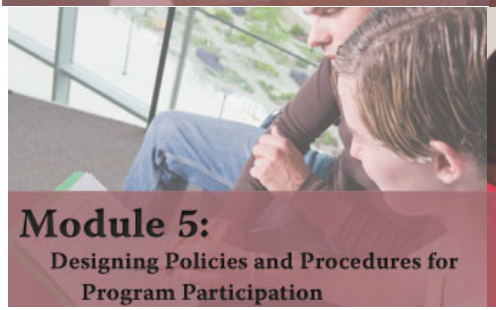
Two introductory presentations to:
- Facilitate collaboration
- Provide cross-training opportunities

Eight core modules covering key concepts related to program planning, design, and sustainability, including how the "Essential Elements" of mental health courts operate in









Recent Mental Health Court Research

- Aldige Hiday, and Bradley Ray. "Effectiveness 2 Years Postexit of a Recently Established Mental Health Court." American Behavioral Scientist. 57. no. 2 (2013): 189-208.
- Canada, Kelli E., and Amy Watson. "Cause Everybody Likes to Be Treated Good: Perceptions of Procedural Justice Among Mental Health Court Participants." American Behavioral Scientist. 57. no. 2 (2013): 209-230. (
- Castellano, Ursula, and Leon Anderson. "Mental Health Courts in America: Promise and Challenges." American Behavioral Scientist. 57. no. 2 (2013): 163-173.
- Hughes, Shannon, and Terry Peak. "A Critical Perspective on the Role of Psychotropic Medications in Mental Health Courts." *American Behavioral Scientist*. 57. no. 2 (2013): 244-265.
- Keator, Karli J., Lisa Callahan, Henry J. Steadman, and Roumen Vesselinov. "The Impact of Treatment on the Public Safety Outcomes of Mental Health Court Participants." *American Behavioral Scientist*. 57. no. 2 (2013): 231-243.
- Trawyer, Kathi R., and Stephanie L. Rhoades. "Homesteading a Pioneer Mental Health Court: A Judicial Perspective From the Last Frontier." *American Behavioral Scientist*. 57. no. 2 (2013): 174-188.

CSG Justice Center's Criminal Justice/ Mental Health Consensus Project

- Sign up for the monthly CP newsletter to receive news about upcoming distance learning and funding opportunities.
- The Consensus Project is continually updating its website with materials relevant to the CJ and MH fields.
- consensusproject.org

Thank you!

For additional information, please contact:

Hallie Fader-Towe
Program Director, Courts
hfader@csg.org

Jessica Myers
Program Associate
jmyers@csg.org

The webinar recording and PowerPoint presentation will be available on www.consensusproject.org within a few days.

This material was developed by the presenters for this webinar.
Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Bureau of Justice Assistance, Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.

.

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety