Fieldwide Webinar: Utilizing Administrative Data: From Process to Implementation Evaluation

Thursday, September 29, 2022 | Dr. Faye S. Taxman
Agenda

I. Welcome and Introductions

II. Brief Overview—BJA, CSG Justice Center, JMHCP

III. Utilizing Administrative Data: From Process to Implementation Evaluation

IV. Questions and Answers

V. Closeout
Speakers

• **Faye S. Taxman, PhD,** *University Professor at the Schar School of Policy and Government and Director of the Center for Advancing Correctional Excellence at George Mason University*

• **Demetrius Thomas,** *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*
Agenda

I. Welcome and Introductions

II. Brief Overview—BJA, CSG Justice Center, JMHC2P

III. Utilizing Administrative Data: From Process to Implementation Evaluation

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

Mission: BJA’s mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.
We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.
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
Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian Tribes. It is designed to improve responses to people with mental health conditions and substance use disorders who are involved in the criminal justice system.
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New research design: Implementation-Effectiveness Study

Focus on implementation fidelity and process measures
Focus on client level outcomes

Types of Hybrid Designs

- Clinical Effectiveness Research
- Implementation Research
- Hybrid Type 1: test clinical intervention, observe/gather information on implementation
- Hybrid Type 2: test clinical intervention, test implementation strategy
- Hybrid Type 3: test implementation strategy, observe/gather information on clinical intervention outcomes

Most studies are Type 1

Research Design

- Testing effects on relevant outcomes while observing and gathering information on implementation
- Dual testing of clinical (program) and implementation interventions/strategies
- Testing of an implementation strategy on intervention’s impact on relevant outcomes

Implementation Effectiveness—Hybrid 3: Juvenile Assessment, Referral, Placement, and Treatment Planning

**Management Support RNR Goals**

- **Rapport Building**: 1-Day Session
  - Rapport
  - Refresh, Clarify Goals
  - Skills

- **Skill Building**: 3-Day Session
  - Rapport
  - Use of Risk & Need Tools
  - Case Plan

- **Enhanced (4 sessions)**
  - Juvenile Justice Experts
  - Multitasking
  - Stress Management
  - Rehearse, Learn: Case specific

- **Standard (4 sessions)**
  - Standard Boosters
  - Skill-focused

- **Control**: None

**Site Conditions**

**Outcomes**

- Increase in:
  - Organizational Commitment (Staff/Mgrs)
  - Goal Cohesion (Staff/Mgrs)
  - Referrals to Service (Staff/Youth)
  - Service Utilization (Staff/youth)
  - Case Planning (Staff)

- Decrease in:
  - Recidivism/Rearrest

- **No impact**

---

Data Strategy Requires Specifying Key Metrics

Key Metrics: what data do you want to collect to help measure implementation and client level outcomes?

- Many decisions depend on the jurisdiction’s program and its priorities.
- Behavioral health and criminal justice partners should agree on the definitions of key metrics.
- When selecting key metrics, consider the following:
  - Collecting data at both the individual and implementation level
  - Using quantitative and qualitative data
  - Prioritizing key metrics

Administrative Data Sources

- **Various sources for your grant**
  - Arrest
  - Conviction/Court Data
  - Intake Data
  - Discharge Data
  - Case Processing Data

- **What other agencies have relevant data?**
  - Behavioral Health?
  - Housing?
  - Other places?
Types of Outcomes and Sources of Data

• Completion of Program
• Arrest
• Reincarceration
• Time varying factors (change) such as substance use, mental health status, etc.
• Sometimes, change in functionality
• New emphasis on desistance

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Logic Model: What Can You Get From Your Management Information Systems

Inputs
- Resources
- Personnel
- Credentials
- Partnerships
- Regulations
- Policies
- Client Characteristics

Process & Activities
- Grant Workflow
- Program Activities
- Case Management Data

Outputs
- Implementation
- Attitudes
- Numbers Participate
- Fidelity

Proximal Outcomes
- Knowledge
- Learning
- Beliefs
- Attitudes

Outcomes
- Recidivism
- Well-being
- Functionality

Process/Implementation Studies

Outcome Studies
Discussion

What type of data are you collecting?
Types of Measures

- Assess the fidelity, dose, adaptation, reach, and quality of implementation.
- Assist in interpreting outcome results.
- Help diagnose the barriers and facilitators to implementation and sustainability.
Samples of Measuring Fidelity with Administrative Data

Table 1. Prevalence of need based on LSI-R scores.

<table>
<thead>
<tr>
<th>Area</th>
<th>Average (SD)</th>
<th>High Need (% Need)</th>
<th>Medium Need (% Need)</th>
<th>Non-priority Low Need (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSIR Total Score</td>
<td>22.03 (5.69)</td>
<td>34-54 (4.3%)</td>
<td>24-33 (31.9%)</td>
<td>14-23* (63.8%)</td>
</tr>
<tr>
<td>Employment/Education</td>
<td>5.0 (2.37)</td>
<td>5-10 (57.8%)</td>
<td>3-4 (24.1%)</td>
<td>0-2 (18.1%)</td>
</tr>
<tr>
<td>Financial</td>
<td>1.2 (.70)</td>
<td>2 (33.6%)</td>
<td>1 (48.3%)</td>
<td>0 (18.1%)</td>
</tr>
<tr>
<td>Family</td>
<td>1.3 (1.18)</td>
<td>3-4 (18.1%)</td>
<td>2 (20.7%)</td>
<td>0-1 (61.2%)</td>
</tr>
<tr>
<td>Accommodation</td>
<td>.7 (.82)</td>
<td>2-3 (16.4%)</td>
<td>1 (36.2%)</td>
<td>0 (47.4%)</td>
</tr>
<tr>
<td>Peers</td>
<td>2.3 (1.40)</td>
<td>3-5 (41.4%)</td>
<td>2 (32.8%)</td>
<td>0-1 (25.9%)</td>
</tr>
<tr>
<td>Alcohol and Drugs</td>
<td>4.2 (1.92)</td>
<td>5-9 (44.8%)</td>
<td>3-4 (36.2%)</td>
<td>0-2 (19.0%)</td>
</tr>
<tr>
<td>Emotional/Mental Health</td>
<td>1.5 (1.65)</td>
<td>3-5 (28.4%)</td>
<td>2 (13.8%)</td>
<td>0-1 (57.8%)</td>
</tr>
<tr>
<td>Attitude</td>
<td>.76 (1.20)</td>
<td>3-4 (6.9%)</td>
<td>2 (21.6%)</td>
<td>0-1 (71.6%)</td>
</tr>
</tbody>
</table>

*This category starts at 14 rather than zero because the analysis was only completed on individuals who had a minimum score of 14.

- Summarize Need Area and Level of Need
- Calculation: Level of Need (Divide into 3 Categories)
- Calculation: Mean score in each category
- Calculation: % with specific need

Indicates How Needs Match with Special Conditions:

- Calculation: Special condition by conditions of supervision
- Shows alignment issues in many areas
- Illustrates that case plans are primarily driven by special conditions (even if they are not aligned with the individual’s risk and/or need)

### Analysis of Case Plans

- Illustrates how needs are featured in case plans
- Use for training staff
- Use for sentinel events analyses
- Use to examine gaps in services available

<table>
<thead>
<tr>
<th>Analysis Sample</th>
<th>LSI-R Integration in Case Plans</th>
<th>Example of How the Officer Incorporated in Case Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>66% Unemployed, Medium-High in Employment, and Medium to High in Financial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24% Employment</td>
<td>“Subject has under table job doing handyman work agent will refer subject to the next employment program at workforce”</td>
</tr>
<tr>
<td>Substance Use</td>
<td>55% Has a Substance Abuse Problem and Medium to High Score</td>
<td></td>
</tr>
<tr>
<td></td>
<td>67% Substance Abuse</td>
<td>“Subject has a history of marijuana abuse. Goal: To find alternatives to substance abuse. On waitlist for treatment”</td>
</tr>
<tr>
<td>Emotional/Mental Health</td>
<td>28% Medium to High</td>
<td>21% Identified Mental Health</td>
</tr>
<tr>
<td></td>
<td>10% Need for Pro-social Relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seek treatment from mental health practitioner</td>
<td></td>
</tr>
<tr>
<td>Peers</td>
<td>41% Medium to High</td>
<td>“Help develop associations with prosocial individuals-become more involved in his church”</td>
</tr>
<tr>
<td>Accommodations</td>
<td>16% Medium to High</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Integration</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>7% Medium to High</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Integration</td>
<td></td>
</tr>
</tbody>
</table>

Cascade of Care: System Measures


Fig. 1. Juvenile Justice Behavioral Health Services Cascade: Hypothetical illustration of unmet needs for youth under community juvenile justice supervision.
### Behavioral Health Services Cascade Definitions

<table>
<thead>
<tr>
<th>Step</th>
<th>Operational Definition</th>
<th>Relative Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>JJ Referrals                                                                                                                                         Total number of referrals to juvenile justice in time period with a disposition starts date, less any youth already in treatment at that time.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Screened                                                                                                                                           Subset of JJ referrals (a) with a screening record.</td>
<td>b/a</td>
</tr>
<tr>
<td>c.</td>
<td>Need Identified                                                                                                                                    Subset of JJ referrals (a) with a need for substance use treatment based on screener, urinalysis, clinical assessment, or other sources of information.</td>
<td>c/a</td>
</tr>
<tr>
<td>d.</td>
<td>JJ Referrals to Treatment                                                                                                                           Subset of those in need (d), referred by the juvenile justice system to substance use treatment.</td>
<td>d/c</td>
</tr>
<tr>
<td>e.</td>
<td>Initiated Treatment                                                                                                                                  Subset of those referred to treatment (e) who have treatment start date.</td>
<td>e/c</td>
</tr>
<tr>
<td>f.</td>
<td>Engaged In Treatment                                                                                                                                  Subset of those who initiate treatment (f) who stay in treatment for at least 6 weeks (based on treatment discharge minus treatment start date).</td>
<td>f/e</td>
</tr>
<tr>
<td>g.</td>
<td>Continuing Care                                                                                                                                    Subset of those engaged in treatment (g) that are still getting treatment after 90 days (whether via retention, transfer, or booster).</td>
<td>g/e</td>
</tr>
</tbody>
</table>

Results from 33 Juvenile Justice Probation Agencies

Days between screen to referral: 25.7–59.7 days

Treatment Initiation: 8.9
Referral Rate: 51.7
% Positive: 38.4
Screen Rate: 71

CJ and Treatment Interface

Client
- Street
- Arrested
- Jail
- Prison
- Probation/Parole

Sequential Intercept

Treatment Interface
- Screening
- Assessment
- Referral
- Placement
- Initiation
- Engagement
- Retention
- Completion

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4 Types of Measures

Set 1: Identification and Referral (Systems Level)
- Screening Rate
- Clinical Assessment Rate
- Referral Rate
- Initiation

Set 2: Engagement and Completion (Individual Level)
- Engagement
- Retention
- Successful Completion Rate
- Medication-Assisted Treatment (MAT) Rate
- Compliance with Treatment Plans

Set 3: Recovery Management (Individual Level)
- Continuum of Care
- Continuity of Care
- Transitioning of Care

Set 4: Access Measures and Systematic Responsivity (Systems Level)
- Uniformed Screening Protocol
- Insurance Enrollment
- Responsivity Rate
- Availability of Programming
- Access Rate
- Participation Rate

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening rate</td>
<td>Percentage of people who screened positive for behavioral health issues using a validated screening tool</td>
</tr>
<tr>
<td>Clinical assessment rate</td>
<td>Percentage of people clinically assessed as needing behavioral health services using a validated assessment procedure</td>
</tr>
<tr>
<td>Referral rate</td>
<td>Percentage of people screened or assessed for behavioral health disorders who are referred to a treatment program or linked to services</td>
</tr>
<tr>
<td>Initiation</td>
<td>Percentage of people who are referred to behavioral health services who start services within 14 days of the screening or clinical assessment</td>
</tr>
</tbody>
</table>

**Objective: Identify and refer people in the justice system with behavioral health needs to the appropriate care and services.**

| Engagement                     | Individual participates in at least two treatment sessions within a 30-day period of initiation                                                                                                           |
| Retention                      | Length of stay in treatment for different levels of care, including outpatient treatment, intensive outpatient treatment, therapeutic community, and counseling services |
| Successful completion rate     | Percentage of individuals (people who are arrested, defendants, incarcerated people, people on probation/parole) who successfully complete treatment                                                   |
| Medication-assisted treatment (MAT) rate | Percentage of individuals (people who are arrested, defendants, incarcerated people, people on probation/parole) screened or assessed for behavioral health conditions who require medication and who are provided medication in a justice setting |
| Compliance with treatment plan | Percentage of individuals who comply with their treatment plans developed by the behavioral health specialist and the individual                                                                               |
### Objective: Offer access to a seamless system of care that provides people in the justice system who have behavioral health needs with the appropriate services.

<table>
<thead>
<tr>
<th>Interface Process Measures: Set 3</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of care</td>
<td>Percentage of individuals who transitioned from one program to another (step up or step down) within 30 days</td>
</tr>
<tr>
<td>Continuity of care</td>
<td>Percentage of individuals who transitioned from one phase of programming to another within 30 days</td>
</tr>
<tr>
<td>Transitioning of care</td>
<td>Percentage of individuals who moved from one type of programming (i.e., substance use disorders or mental illness) to another, such as vocational or educational services</td>
</tr>
</tbody>
</table>

### Objective: Ensure that a range of behavioral health programming is available in both correctional and community settings to effectively address people’s needs.

<table>
<thead>
<tr>
<th>Interface Process Measures: Set 4</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform screening protocols</td>
<td>Core set of screening processes and criteria accepted by justice and treatment agencies to identify individuals with substance use disorders and mental illnesses</td>
</tr>
<tr>
<td>Insurance enrollment</td>
<td>Percentage of individuals in the justice system who are enrolled in health insurance</td>
</tr>
<tr>
<td>Availability of programming</td>
<td>Capacity of the system to provide appropriate levels of care for individuals (in prisons, probation/parole, jail, or community settings) who have specific needs</td>
</tr>
<tr>
<td>Access rate</td>
<td>Percentage of individuals who can access a given program</td>
</tr>
</tbody>
</table>
Improving Administrative Data: Justice Counts!

Justice Counts is an unprecedented coalition of state and local leaders working to make criminal justice data more accessible and useful through common metrics implemented across all 50 states...

Safety and justice deserve better data.
Three new subcommittees are being formed to explore the data landscape and potential metrics in key cross-cutting areas:

- Victim Services
- Behavioral Health
- Reentry
## Key Questions

<table>
<thead>
<tr>
<th><strong>Capacity &amp; Costs</strong></th>
<th><strong>Population Movements</strong></th>
<th><strong>Operations &amp; Dynamics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How large or expansive is our system?</td>
<td>How many people are encountering, entering, or leaving the system at various points?</td>
<td>How are key actions or decisions affecting people at various stages of the system?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Public Safety</strong></th>
<th><strong>Equity</strong></th>
<th><strong>Fairness</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How is each area of the system affecting or contributing to public safety?</td>
<td>How is our system treating people similarly or differently by race, ethnicity, or gender?</td>
<td>How is our system held accountable for treating people fairly?</td>
</tr>
<tr>
<td>Capacity &amp; Costs</td>
<td>Population Movements</td>
<td>Operations &amp; Dynamics</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Annual budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police officers per capita</td>
<td>Reported crime</td>
<td>Calls for service, by type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cases referred</td>
<td>Cases declined</td>
</tr>
<tr>
<td></td>
<td>Total staff</td>
<td>Cases diverted/deferred</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cases prosecuted</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cases appointed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total staff</td>
<td>counsel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cases disposed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caseloads</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Criminal case filings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total staff</td>
<td>Pretrial releases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sentences imposed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admissions</td>
<td></td>
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<tr>
<td></td>
<td>Total staff</td>
<td>Readmission rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total staff</td>
<td>Readmission rate</td>
</tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>New supervision cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total staff</td>
<td>Supervision violations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reconviction while on supervision</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Tier 1 Metrics:**

- Law Enforcement
- Prosecution
- Defense
- Courts & Pretrial
- Jails
- Prisons
- Supervision

**Key Metrics:**

- Annual budget
- Police officers per capita
- Reported crime
- Calls for service, by type
- Officer use of force incidents
- Arrears by race or ethnicity
- Arrears by gender
- Cases referred
- Cases declined
- Cases diverted/deferred
- Cases prosecuted
- Cases disposed by race or ethnicity
- Cases disposed by gender
- Criminal case filings
- Pretrial releases
- Sentences imposed
- New offenses while on pretrial release
- Sentences imposed by race or ethnicity
- Sentences imposed by gender
- Admissions
- Readmission rate
- Staff use-of-force incidents
- Average daily population by race or ethnicity
- Average daily population by gender
- Supervision violations
- Reconviction while on supervision
- People under supervision by race or ethnicity
- People under supervision by gender
- Client complaints against counsel sustained
- Cases overturned on appeal
- Grievances upheld
- Grievances upheld
- Grievances upheld
Enhance Your MIS System

• Reconsider the client and agency characteristic(s) data.
• Expand various types of process measures.
  ▪ Screening tools used
  ▪ Referrals to whom; response
  ▪ Treatment initiation
  ▪ Treatment outcomes
• Develop a common identifier to link data.
• Develop a process for analysis to support program benchmarks.
Linking Data

- Uses person identifiers such as first/last name, Social Security number, date of birth, and gender.

Strategies to deal with data issues:
  - Threshold or cut point of matching variables for “definite,” “possible,” and “no” matches (probabilistic matching)
  - Visual inspection of possible matches that are within a certain tolerance, e.g., transposed SSN (deterministic matching)

Potential uses
  - Track the time lapse between prison discharge and admission to behavioral health services or time from call for service and intake to 24/7 therapeutic walk-in facility.
  - Assess the continuity of care between in-prison behavioral health programs and community-based care upon reentry.
  - Evaluate the impact of behavioral health programs on criminal recidivism.
  - Examine psychiatric and substance abuse diagnoses by crime types.
Data Linkages: Hidden Treasures!

Data warehouses: central repositories to house information from multiple sources; consolidate individual- and system-level data and allow for data tracking

Checklist for Building and Maintaining a Data Warehouse

Integrating Criminal Justice and Behavioral Health Data

4 Major Points

1. Measures of post-release criminal activity (arrest, revocation, conviction) have limitations given the data that are used. Need to supplement with measures of desistance.
2. Expand measures of post-release success to include well-being, education, employment, housing, family and social supports.
3. Explore measures that encompass structural barriers to post-release success.
4. Develop new measures and collect data on post-release success in federal data collection efforts and state efforts.

Desistance Provides More In-depth Measures

Domains to Consider

- Housing/Homelessness
- Employment
- Education
- Physical/Mental Health
- Social Supports
- Civic Engagement

Data Issues

- Recidivism is limited
  - Does not tell us how and why people cease criminal behavior
  - Administrative data reflect system issues
- Need progress measures
- Ignores structural barriers in housing, employment, etc.
### Objective: Expand access to safe and stable housing supports for people in the justice system with behavioral health needs.

<table>
<thead>
<tr>
<th>Metrics for People Experiencing Housing Instability or Homelessness</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness rate</td>
<td>Percentage of people who are experiencing homelessness and booked into jails or prisons</td>
</tr>
<tr>
<td>Housing instability rate</td>
<td>Percentage of people screened for housing instability</td>
</tr>
<tr>
<td>Service connection rate</td>
<td>Percentage of people connected to housing or homeless services (e.g., permanent housing, transitional housing, use of emergency shelters)</td>
</tr>
</tbody>
</table>
| Staff capacity for homelessness support                       | - Percentage of dedicated or partially funded staff for homelessness outreach or case management  
  - Percentage of staff who receive education on homelessness and homelessness support services |
| Housing tenancy                                               | Percentage of individuals who remained housed at specific intervals (e.g., 90 days, 6 months, 12 months, 24 months after release) |
Discussion

• Are you collecting desistance type outcomes?
• How are you handling data from multiple sources?
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V. Closeout
Questions and Answers
Resources

Learn more about Justice Counts, the metrics, additional tools and supports, and opportunities to get involved:
https://justicecounts.csgjusticecenter.org/

Learn more about data integration and warehouses:
Contact Information

• **Faye S. Taxman, PhD**, *University Professor at the Schar School of Policy and Government and Director of the Center for Advancing Correctional Excellence at George Mason University*—ftaxman@gmu.edu

• **Demetrius Thomas**, *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*—dthomas@csg.org
Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

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