

Hello everyone, welcome. We're gonna wait just a minute or 2 more as people sign on.

I have that it's just 20'clock. So we're gonna give it just a couple more minutes to start.

Okay, I think we'll go ahead and get started. Good afternoon. Good morning, and welcome to stepping up to advanced racial equity, one step one policy approach.

This webinar provides a walkthrough of the. Recently released document by the same title as we support sites across the country familiar with the stepping up framework and how to use it and how it can be used to work and address equity issues in your jurisdiction.

Need this to say we are super excited to provide this guidance and work with all of you in this important work.

Next slide.

Hello everyone, I'm Risa Hannaberg. I'm Jupy Division director on our behavior health team at the Council State Government's Justice Center.

And for those of you familiar with Stepping Out work, I've been involved with it since it launched in 2015.

Also joining us today is Maria Fryer. Maria is the policy advisor with criminal justice and mental health at the Bureau of Justice Assistance, the Department, the US Department of Justice.

Also joining us, Kate Reed, project manager and work with Kate at the Justice Center and Orlando Rojas, senior manager at the Center for Effective Public Policy.

CEP has been working with us at the Justice Center serving as a consultant with us on this work.

Next slide.

Now turn it over to Maria for some background about the work going on at BJA.

Thanks Teresa. Hello everyone and thank you for being here. So I'll start with an overview of the Office of Justice Programs.

And the Bureau of Justice Assistance is located within the Office of Justice Programs or we call OJP, OJP provides a wide range of services to the criminal justice community in the form of grants.

Training, technical assistance, and research. Other offices within OJP are those shown on the slide and they offer additional grants and programs to support our shared public safety mission.

Next slide.

So Bja's mission. Our mission is to assist states, tribes, and local governments to reduce and prevent crime.

We provide strategies and best practice approaches to promote fair and safe criminal justice systems. Communities can apply and receive GREAT funding and training and technical assistance that can benefit law enforcement, courts, correctional agencies, treatment providers, reentry practitioners, justice information technologists, and community-based partnerships to address the unique challenges

in every community. Next slide.

This is our director, director Carlton Moore, and he was appointed by President Biden in February of 2022, Director Moore leads Bja's programmatic and policy efforts.

And providing a wide range of resources including as I mentioned training and technical assistance to law enforcement. Corrections, treatment, re-entry, justice information sharing, and community-based partners to address chronic and emerging criminal justice challenges nationwide.

Next slide. So the 5 major strategic focus areas of BJA on this slide, you can read more about the 5 primary strategic focus areas at BJA, many which relate directly to the work in the grant

programs that BJs administers and these include a strategic focus on building trust and ensuring effective criminal justice systems, reducing recidivism

in unnecessary contact with the criminal justice system. Of course, the utilization of confidence-based strategies.

Increasing program effectiveness and ensuring organizational excellence. Next one. And finally, here you're viewing the key approaches that BJA takes to accomplish objectives in their strategic focus areas.

Many of these strategies are put into action through our grant programs such as the Dis and Mental Health Collaboration Program and connect and protect law enforcement behavioral health response.

Thank you again for being here. I'll now kick it over to

Alright, next slide please. Thank you, Maria, and thanks to BJ for all the support in our work.

So I just also wanted to share, at the justice center. We also have a statement on equity and inclusion, as we work with you.

And with sites across the country that we are centering racial equity in our in our research and our products and in our technical assistance also internally just so you know that we have been working to make sure that we're holding the values and you know that we're reflecting this pledge to this work.

Next slide. So stepping up, we just celebrated our eighth anniversary, here just a week or so ago.

So excited for that. So we've been at it now for 8 years working to reduce the over incarceration of people with mental illnesses.

And substance use disorders as they enter justice systems across the country. And we've been working with NAICA, the National Association of Counties and American Psychiatric Association as our partner organizations in this work.

Next slide. And just a quick run through here on this timeline of the stepping up work since we launched in 2018.

You know, if you visited our website, if you have been involved with the stepping up work since we launched in 2018.

You know, if you visited our website, if you have been involved with, any of our work, you know, that we have produced, quite a, quite a library of webinars, breaks, guidance, documents, and all this effort to work with sites to reduce and address the population entering into the justice system

that have behavior health needs. Now in 2020 we moved forward pushing sites to you know really be able to drill down and more into their data and start to set targets as far as, you know, demonstrating their work and accomplishments.

I'm not sure. 2020 was the best year to launch an initiative. But we did not know that as we started.

So we've been at this now. Says, 2,020 and now adding into this the additional layer of the sites that are in a place to be able to access and get to their baseline data to also further lick into their situation in terms of disparities are occurring and how to increase equity.

Next slide. I'm gonna turn it now over to Rollenny for some background on the work.

Thank you, and hello. I'm a senior manager at the Center for Effective Public Policy, CAP, where we work with teams from local, state, and travel jurisdictions to improve their justice systems and advance racial equity and community well-being.

Last year, CPP partner with CSG to apply a racial equity lens to the stepping up initiative.

And stepping up celebrates its eighth anniversary, it has an impressive list of accomplishments. Still, we recognize inequities in this parities exist for people of color, particularly for black and indigenous communities at the intersection of behavioral health and the criminal justice system.

Communities of color have experienced historical oppression and inequities that have left to multi-generational trauma.

The Administration for Children and Families at the Department of Health and Human Services describes it as trauma experience by specific cultural, racial, or ethnic groups stemming from slavery, racism, forced migration, and the violent colonization of Native Americans.

These forms of oppressions play a role in social determinants of health, including economic stability, access to education and health care as well as social context and community environment.

And why this is, particularly important is because a recent study published by the American Medical Association Gemma Network show that despite years of efforts to reduce health disparities, the black population in the United States experience more than 1.6 3 million excess deaths.

And more than 8 million excess years of life loss compared to the white population over 22 year period from 1,999 to 2,020.

The study found that lifestyles and exposures such as environments and traumas and how medical health systems treat people based on race had an impact more than anything else.

Next slide. One thing that we'd like to note for you is that this brief was informed by the field.

Earlier this year we convened a focus group with stakeholders from 5 counties. Chatham, Georgia, Dolphin, Pennsylvania, Durham, North Carolina, Johnson County, Kansas.

And Philadelphia. And we met with stakeholders from those counties to show them the briefers from those counties to show them the briefers from those counties to, show them the brief, talk about it, get their impressions and show them the brief, talk about it, get their impressions and reactions and get their impressions and reactions and overall what we found or

what was shared is that they're impressions and reactions. And overall, what we found or what was shared is that they appreciated the explicit language about structural racism and white privilege that was included.

A feature in the brief, or called out and that, the racial equity lens, or cold out and that the racial equity lens enhances or they find that they will hang hands and stepping up framework that the framework provides a really great starting point to begin overlaying racial equity.

That the brief will assist with racial equity conversations within their county. One in participant in particular mentioned that this brief was Perfect timing or coming at the perfect time because of current research projects and racial equity and disparities in their criminal systems and so it would be helpful in those conversations and those efforts and for some counties, data is a work in progress with an

acknowledgement of the deeper look at racial disparities at the intersection with serious mental illness is needed. One county brought up that reading this brief made them think about working with our local public health department, which has recently prioritized racial equity as part of their work.

And that's another really great feedback piece that we got, how this brief can help, you and counties, that you work in really have these conversations with other parts.

Of the system and the network outside of just behavioral health or, the criminal justice system to really bring a built a coalition and collaboration.

And in particular, one can't you emphasize the effectiveness of meeting community members at their table rather than constantly holding sessions in an agency office and other people are holding community listening sessions and so really bringing back to the importance of engaging community in particular impacted community and people with lift experience, in these efforts.

Next.

And last thing I say is that this briefly, so foundation to help counties increase. Racial equity by prioritizing and identifying and addressing racial disparities at the intersection of behavioral health and the criminal justice system.

A, acknowledging and grappling with disparities at this critical intersection that's already happening and and we understand that counties are already.

Doing this work or even thinking about or beginning to think about, doing this work, which is so important.

And in particular, understanding that stepping up counties have the tools to address racial equity through policy practice and programmatic changes and the justice in both black indigenous and people of color with serious mental illness experiences parities in the behavioral system and the criminal justice system.

So there's that dual disproportionality. And, how we can improve public safety and enhance community well-being by addressing the disproportionality of bike communities at this intersection.

Now we'll turn it back to Reset to discuss, the brief.

Thank you, Alenie. So just a quick review of those original 6 questions. And then we will move into, how we're applying now the racial equity lens.

So just, you know, we'll go through these. Is your leadership committed, the timely screening and assessment process, gathering that baseline data, conducting process analysis and inventory of services, which for many locations is creating a sequential intercept mapping exercise.

Prioritizing your policy practice and funding next steps and then how you're going to track your progress.

Next slide. So that start with question number one is your leadership committee. So as we frame this now with that lens of racial equity, we're saying, you know, this is the process of actualizing racial equity with committed representative leaders and planning team members.

So if you've been at this a while you've had you know your same planning team members.

So if you've been at this a while you've had you know your same planning team or criminal justice advisory council or some whatever group that's been your core team it's time to maybe take a minute and step and look at first of all, you know, is there that commitment there to do this work and that support from your

higher levels of leadership. Some communities have actually issued a new resolution or a new declaration that racism is a public health crisis.

We're not saying you have to do that, but that's certainly one way of declaring that commitment to the work.

Really look at the composition of your team is it reflective of the composition of your community is it reflective of the voice of lived experience and showing that there's diverse representation.

I really want to spend a minute here on the role of the project coordinator. Many of you know I served in that role for many years in my home jurisdiction and it can be a lonely spot because many times you're the only person doing that work of bringing together all of the key leadership and decision making bodies in this intersection.

And then you're taking on now this rather. Can be difficult and sensitive topic about, you know, pulling your data, identifying if there's disparities and being transparent in that work and, you know, many times needing and making sure that that person has the support to push this project through.

. And then for each individual member on your teams to really take a minute to step back and provide some training on assessing their own personal biases and assumptions as we as we lead into this work.

Next slide. Do you conduct timely screen and assessment? So in the. Oh, stepping up process.

This is where we really came in strong and heavy on making sure your screening for serious mental illness right at the time of booking.

But we're gonna push it back a step and really start to look at some of those very first questions that are asked in terms of identifying a person's race and ethnicity.

So this, can be a little bit, tricky when we start to do this, but, it's important that you establish those definitions.

You know, I'm gonna just go ahead and say you're probably reliant on how in your jail management system, this is being sorted out and being tracked, but it's worth it to take a minute and look at what categories are being asked and tracked for.

Because as you'll see in the next slide that many of the breakouts that have quite honestly been out around for many, many years, or maybe a bit stale or obsolete and not truly reflective of what are all the current choices and ways of reflecting race and ethnicity.

As we met with those focus groups that are really need to describe, many were like, we don't do a good job like right here at this juncture we don't do a good job on tracking race and ethnicity.

And it's kind of all over the place, if you will. So like we should even start this work and we're saying no, no, start where you're at and use those, you know, make sure what your definitions are and what your categories are.

And if you do make changes along the way that that's reflected in how you're tracking your data.

One other important step is to make sure that the individual that's being booked in is asked how they identify in terms of race and ethnicity and that it's not based on the assumptions of the person and that it's not based on the assumptions of the person, entering the information that the person, entering the information.

And of course, we want all of this entered electronically, and of course we want all of this entered electronically, so that we can then move forward with our data Next, slide.

This is just a slide reflecting whether the more traditional breakouts, if you will. I do know from some of our research and the work we did that the Office of Management and Budget is

actually also relooking these definitions currently and expecting them to roll out some new recommendations in time for the next round of census.

I will say that many places will reflect that the category SLR or some other race many times is one of the highest, you know, breakouts reported.

And as you can guess, that's not super helpful. In terms of, you know, moving forward with your analysis.

Next slide. Question 3 is do you have baseline data? So this is how we're really gonna start to move a little further into the weeds than we have traditionally with the stepping up, establishing baseline data process.

So we're gonna be looking at 3 different data sets. And then for each of those data sets, applying the stepping up for key measures.

So just a reminder to those of you who don't have those committed to memory. The first measure is tracking the number of bookings of individuals coming into your jail with serious mental illness.

And then also being able to track and distinguish that average length to stay or ALS for your population and connections to care that would be ensuring that a person at the time of discharge is connected to care and what their needs will be in the community and that is for the population that has screen positive or assessed this happiness.

And then tracking for the subsequent re bookings for that population. Next slide. Okay, so. I'm gonna try to be clear and make this as simple as possible.

I know a lot of people just start to get a little uncomfortable when we start digging into data but it's really I think you know will come naturally to you especially if you've already been working with them the guidance on data for stepping up.

You've already been working with the guidance on data for stepping up. So as with traditional stepping up, you know, you're going to have to pull out your numbers between the general population that did not screen or assess positive for SMI.

And then you're going to have your other breakout of SMI. And then you're going to have your other breakout of the population that did screen positive or was assessed or diagnosed as SM and then you break out each of those 2 data sets by those 4 key measures.

This honestly is where stepping up has stopped in the past. So we're hoping that all of you on today are to this point in your data process and if not, to follow up with us and see how we can assist you.

In addition to that, this is a juncture where you also want to pull out and look at the race and ethnicity.

And then also go to your county website or where you might go to find out what is your race and ethnicity breakdown for your jurisdiction because at the end you're going to also be reflecting as to, you know, this population that we're looking at, is it reflecting of your community or not.

Next slide. Data set 2, so you've already done the first round. So now we're going to take each of those data sets.

So your general population without SMI is desegregated now by race and ethnicity. And then the jail population that did screen positive or was assessed with SMI is disaggregated by rates, race and ethnicity.

And then now you go through the process of breaking out. Those new data sets by the 4 key measures.

So for example, you have your data set of the population in the jail that screen positive and they are bipolar and now you're trying to see from that information and you know are they coming in more frequently?

Are they staying longer or they connected to care? That's where you're trying to get to this deeper level of data to help you and your work to reduce disparities.

Okay, next slide. I feel like this is like, you know, extra credit. If you can get to those first 2 data sets then you know that's really a great place to even rest for a minute, you know, that's really a great place to even rest for a minute, if you will, and do some

analysis. So even rest for a minute, if you will, and do some analysis. So, but should you want to go deeper, you would take those data sets that you currently just dissected and now.

Go one more layer and disaggregate by age and gender. And then those are gonna probably be pretty small pieces of the pie and then to then pull out, you know, the 4 key measures you can start to see that's gonna get smaller and smaller, particularly if your jail population to begin with is fairly small.

So be careful if you have, the luxury of, data analysts or research or somebody assisting with you, you know, they would be the best to advise you is like, no, you're getting too small of a population of a data set here to make any kinds of generalizations.

Okay. Next slide. And I am now turning it over to Kate. Thank you.

Thanks, Theresa. Before we dive in, my name is Kate Reed.

I am a project manager here at the Justice Center on the stepping up team. And actually prior to joining the Justice Center, I, led stepping up in Philadelphia.

So I am. Very intimately familiar with what this hard work looks like on the ground. And I just want to say I appreciate all of the work, you all are doing to move to move this is important work forward.

So question 4 really dives into the analysis of the data and really focuses on homing in on areas of opportunity to increase racial equity.

So at this step, it's really important to first acknowledge and accept that racial disparities exist. They exist across all intercepts at every stage of the criminal legal system.

And there's also extensive research that supports that Black individuals have poor outcomes at nearly all stages of the behavioral health system as well.

So just important to ground yourself in the behavioral health system as well. So just important to ground yourself in that research.

So just important to ground yourself in that research. Keep that in the back of your mind as you, look at your data.

Now this section outlines a 3 tier approach that will allow counties to more easily identify exactly where. To start tackling racial inequities.

So the first step is aligning policies practices and programs with the 4 key measures. And I'll explain what that looks like, using my work in Philadelphia as an example.

So this was before COVID and we were still in the office and our planning team held a workshop. We used the actual 4 walls of the room to represent each of the 4 measures.

I believe we used posted notes and we had staff kind of go around the room and group existing, programs.

Policies and practices under one or more of the measures. And that was according to their potential impact, on each measure.

I use this example in the brief. So Philadelphia is pre arrest diversion program, for example, would be categorized as a service that can, reduce the number of jail bookings, and also re booking.

So we would have put a posted note on key measures one and 4. So what's the inventory of these programs, policies and practices, were grouped under each measure?

The planning team then looked at the data sets for each measure to see where the biggest racial disparities were.

This really, really allowed the team to clearly identify where the opportunities were to address racial disparities.

And, also have the most impact. So for another example, Philadelphia is Black jail population with SMI had, significantly longer, average and median length of stay than their white counterparts with SMI.

So We first flagged this for further investigation. And that included focusing on the, you know, which policies programs and practices we posted under that.

That length of stay measure. So we, literally looked at the wall, after noting these glaring disparities in the data and we saw all of the post it so we could see right in front of us the potential programs.

And policies where we could actually address this. I also want to add that if counties have program level data, or race and ethnicity data, you can absolutely use that.

To further narrow your focus so you know for length of stay you might have data for a ranchi program that can be taken into consideration.

The second tier of this approach is identifying and assessing discretionary decision making point. So we're really now shifting the focus to the decision makers within these programs.

You know, there are many places in the justice system where select few people have the authority to make decisions about a person's trajectory in the system.

There's a ton of research out there supporting the notion that race plays a pretty big role in discretionary decision making.

Unfortunately at many of those points, Black individuals are at a disadvantage. And increasingly so as they get deeper into the system.

So This step is important and even more so when we're looking at the earlier intercepts. So planning teams are encouraged to identify all of these discretionary decision making points involved in your programs policies and practices and then really assess you know how those decisions are made.

By whom and why. Bring in some ways to reduce. Discretionary authority. So that might include, anything from implicit bias training, to, implementation of a standardized decision making protocol.

So really just ensuring that decisions are based on objective criteria as opposed to subjective. Now we're to caution sometimes reducing discretionary authority can actually have the opposite effect.

So it's really important for you to follow up with your data, and confirm that, it is doing exactly what, you want it to do.

And I, the last year, the last year of this process, this is a long process, is using a racial equity tool and that allows you to conduct a deeper analysis of your identified policy practice or program.

So. Regent, tools really help center racial equity in a variety of situations, whether you're planning, developing, implementing or evaluating programming.

They're essentially a set of structured, Questions? The questions may varied, but they really, generally address, these, 6 different things.

So. The desired goals or outcomes. Data analysis and tracking community engagement and involvement. Analyzing the benefits, barriers and burdens.

Plans to minimize harm and unintended consequences. And then also specific strategies to achieve racial equity. Now, there are a few racial equity tools that are actually available for, for public use and can easily be found online.

The government alliance on race and equity. I'm sure many of you are familiar with that.

They developed a racial equity tool specifically for for government staff. Elected officials and other community-based organizations.

And they really recommend that communities. Begin by using their toolkit, but then subsequently customize the questions based on local needs.

The brief provides, some links to these tools. I think Seattle has used one.

I think since 2,007. Malnoma County in Oregon has one. And Madison was constant is another one.

So they're just a few, a few examples. Next slide, please.

And here are just some examples of questions you might find on a racial equity tool. And these are just things that, you know, you can start thinking about.

So which racial or ethnicity groups, may be most affected by the policy. Very important.

Have you informed, involved, and represented stakeholders from different racial and ethnic backgrounds in the development of the program.

You know, what does your program want to accomplish and will this goal actually reduce, disparities in any way?

And also the better ways to advance racial equity. What could be tweaked, what could be shifted to really make sure that there are positive impacts on equity and inclusion.

So again, just a few examples, in the brief. There are some links to these tools.

So please feel free to browse. Next slide please.

So after counties use a structure tool, they are they are pretty well positioned to pinpoint what improvements need to be made to whichever policy practice or program they choose.

So question 5 moves from analysis to actually making system improvements to increase racial equity. And we have coined the phrase, we, love it here at the justice center.

The one step one policy approach. You know, we said throughout the brief, we've said throughout this webinar that this work can be overwhelming.

It can often feel like there needs to be a complete system overhaul. But what we're really doing is encouraging counties to identify just one, just one policy program or practice change that you not only has buy in, but can also.

Clearly demonstrate success and that success can be can be easily built upon. So this essentially means just breaking the work into smaller, much more manageable pieces.

So when selecting that one policy, practice or program, there are a couple of things to keep in mind.

You really should have adequate data to support the reform. You know, we all know data tells a story and that story can be.

Very, very impactful, especially in this space. We also recommend that it be as, close to politically neutral as possible.

It should have appeal to multiple different stakeholders on both. The behavioral health and justice sides.

And it should be relatively easy to implement. And low in cost. So. Basically beginning with this low hanging fruit.

I'm sure that's a phrase you've all heard before. Next slide please.

Okay, so as the planning team moves toward implementation. You know reforms are going to look different based on capacity based on buy in based on resources so these next 2 slides show several different examples of strategies to address.

And it's grouped by each of the 4. Measures. This list is not exhaustive by any means.

These are just a few examples of potential system improvements to consider. After you collect and after you analyze your data.

So for key measure one, reducing jail bookings. One major strategy being talked about quite a bit is, implementing community responder programs.

Especially in underinvested in marginalized areas. If you think about it, you know, if you don't send police the likelihood of someone, the SMI in crisis being booked into jail is going to be much lower.

For key measure 2, reducing length of stay, one strategy involves equitable access to diversion or a specialty for program.

So. You know, looking at who is being referred. Who is being accepted? Does it match the demographics of your jail population.

What are the criteria used for acceptance into these programs? So Reza will actually share a real life example of this in a few minutes.

Next slide.

He measure 3, connections to care. Again, we're looking at who is getting referred to treatment, to housing and other services when they are reentering the community.

Is it equitable? In Philadelphia, actually, They did some work around this one.

Their data showed that they were referring and accepting more white individuals with SMI to ranchry housing than bypock individuals with SMI.

Even though the proportion of to white with SMI and the jail was much greater. So in essence, in this case to advance racial equity, The race and ethnicity breakdown of the referrals and placement were reviewed closely by team and they were adjusted to make sure that they matched that of the jail SMI

population. Key measure for rebookings. Both of these are really great examples. I think cultural responsibilities, which is essentially addressing specific cultural needs and circumstances of an individual.

This is a great strategy across all key measures. And I also want to note that in implicit bias in anti racism training is also a strategy that can be implemented.

With all agencies across all systems. Next slide.

And finally, question 6, we are moving from implementing system improvements to measuring and tracking progress. Now, Tracking progress, consistently tracking progress is very important in terms of making sure you're on the right track and truly advancing racial equity.

You can follow stepping up set measure achieve process to do this. So first by setting your baselines, based on the identified disparity.

And then setting specific targets. For your desired level of improvement. And so counties can use the stepping up.

Set measure achieve progress survey. That is online. And you can consistently track metrics and that even includes, racial equity measures.

The only downside, is it does not support additional data breakdowns at this point. So for example, if you really wanted to do that extra credit, data set, and you wanted to break it down by age and gender you wouldn't be able to do so.

But if your county wants to do this and has the resources, we recommend working with specialized staff like, like data scientists.

That's a great, solution and a huge benefit. The last thing I want to note is, You're tracking should absolutely involve.

Quality of data in addition to the quantitative. By pop members of your planning team with lived experience, in both the justice and behavioral systems should really be consulted on the numbers.

You know, you wanna make sure that the data matches real life. Experience to paint.

A more complete, and a more powerful picture. So I'm gonna, you can go to the next slide.

And I will turn it back over to Theresa, to talk a little bit about our spotlight.

In, Indianapolis.

Thanks, Kate. So, Indianapolis, which is Marion County and they are a combined, city county jurisdiction, what has been a justice and mental health collaboration.

Project site, through the years and one that I was providing technical assistance, to as they were implementing.

A lovely brand new diversion center there. And they did a really great job of looking at their data and the early assessment showed that law enforcement officers were not.

Frequently referring people to their new AIC or assessment and innovation center for a diversion. I'm not bringing them to the jail but taking them over to their brand new AIC program.

And so, and I just want to start out by saying this was somewhat across the board. Police were just.

Choosing to take folks to jail. And I mean, sidebar, we see that happen, it takes a while sometimes for new programming to become, you know, routine and used effectively by law enforcement.

But what the, ultimate result was is that as they, as they were doing that, then they were also.

Just by nature of not taking everyone that who ended up in the IC was not reflective of their communities.

Demographics and their breakouts. So what they did and their approach, what was multi, you know, level in terms of, you know, they went back to the top decision makers.

So they went to the sheriff and the police chief and said, you've, you know, really got to, you know, enforce that, you know, that, individual should first be taken to the diversion center in process.

And so once they started doing that and it was, you know, implemented uniformly, then you would start to see that those numbers started shifting more towards being reflective of the population that would have been in jail and also that in the community.

So it was a little bit of that top down pressure combined with we will make this as easy as possible for you, law enforcement, you know, this one stop, you know, shop thing.

Well, you only need to be here for a few minutes. We have treats for you or whatever you need while you're at the facility.

Also demonstrating that the program was going to effectively connect the individuals to programming and supports in the community so that police would not be feeling like it was a revolving door situation and that, you know, they were really, doing a good job there and providing those services and therefore decreasing the repeat.

Contact with law enforcement. So that's a little story from Indianapolis. We featured in our in our documents and you know just it's one of those examples of you really do need to track your data after you implement your program.

Okay, I think it's back to you.

Thanks, Theresa. You know, we acknowledge that counties are at various stages of this work.

Some are further along than others. And at the Justice Center, we want to help you get started or help you advance and support this work as much as we possibly can.

So there are a few things coming up that are worth mentioning. First, we have a racial equity community of practice coming up.

Applications have been extended and I believe they are now due June first. There will be 4 sessions that will run from mid June to the end of September and this is really an opportunity for counties to start digging into the work.

Apply the process steps in real time with our support and CPP support as well. We're very lucky to have CPP as a partner.

On, all of these projects. Also, you know, we have this brief. Obviously, and we have an update of the 6 questions document forthcoming as well.

So that document reiterates much of what is in the brief, but it is more integrated and more concise.

And then lastly, we have a survey that is out already that your county can participate in.

It's really not opportunity to voice what some of your needs might be in this space. And that helps us figure out how to best.

Support you. I'm happy to send out that survey link, after this webinar is over and I think I saw a flash of a question.

Where we can find. The link to the COP. I can send that out as well.

To all the participants, if that's helpful.

Okay, so I think. Before I turn it back over to or Lenny, to wrap us up.

It's worth mentioning that we are also very much focused on incorporating the voices of, lived experience into the stepping of framework.

So we're working with C 4 innovations to bring together a lived experience advisory panel. And that's, comprise of folks across the country.

You have first hand experience with. The behavioral health and the justice systems. So they will be working together to sort of develop a roadmap for how we can best, And we can best weave personal experience into the stepping up framework.

They will also be releasing some guidance and best practices for how counties can do this as well. C 4 and our team, also be conducting a survey.

As well as focus groups to clean additional insights and information. So we'll have much more to come.

That, in the next, few weeks. Or Lenny, I will turn it over to you, to close us out and, to take any questions.

I think we have, a little bit of time for questions. So.

Great, yes, thank you. And so as it's been mentioned here, throughout this webinar, it is critically important to act to address racial equity and racial disparities in this space.

Centering racial equity requires partnership and collaboration across different sectors. However, we have your health and justice system stakeholders can begin to address racial disparities and the over representation of Black people in their systems.

And this brief provides tools and guidance to help you achieve those ends. So as, as you see in the slide here, stepping up can help counties take action towards increasing racial equity.

Structural racism operates in many domains. And we must address other social determinants of health, such as housing, food, security, financial stability, healthcare access.

And so also doubling down on the one step or one policy, also doubling down on the one step or one policy, approach.

And if you don't have, you know, to start with. That commitment from leadership if their lack of resources if you're finding opposition, you know, no step is small step.

I think that you have to have any or take any action. That you can. And for example, interstitions that I work with where there is a lack of buy-in, and to some extent, even some resistance around, racial equity, racial disparities and beginning to look into that and address it

and build strategies. We've looked inward into what can this agency, what can this group of people that we're working with, what can they do?

It can be as simple as starting a protocol internally, for collecting, rates of ethnicity data.

And we've seen that when someone takes action and begins doing something and that something is leading or having a positive impact, other people take notice of that.

And that brings them to the table. That, shows them that there's something, that you can do, that there is a value to what you are doing.

And that's another way to, get buying and build, commitment and consensus. It's just by taking a small step by taking action.

As you've heard, we have countries that are very well advanced. And that's also something to take advantage of, reaching out and speaking to counties that are or have done the thing that have gotten these huge processes off the ground and are really.

Making strides like. You know connect with them find out what how they got through a particular challenge or barrier or process.

I think that when it comes to this topic, it what we want to foster is. A sense or an environment of doing something because in action, just has such a toll on the people that we are focusing on and by pop communities.

And that's really, something that we don't want to continue. To foster or to continue to remain in the status quo, any sort of action can really get the both starting and that's really how this brief or the best value that I see and that we see in this brief is that it can provide

that tool, it can get you started at different levels and no step is too small. So now I know that we have, questions, but if there are other questions.

We'll open it up.

I'll jump in because I see we have a question, from our friend Cynthia. And she always says tough data questions.

So, So I'm just gonna, so let me just. I don't know if you all read her question, but you know, apps in one of those wonderful, data specialist positions, data science.

Do you have suggestions for jurisdictions that have very small numbers in the category for, data data set 2, which is the BY, PACK, plus SMI.

And when we start to, pack further along the 4 key measures, so, you know, you're slicing them that same data set for different ways.

You know, specifically connections to care. The numbers get so small, we aren't sure how to proceed, what conclusions to make.

So, my disclaimer is I'm not, you know, a research expert, but I really think that sounds similar to the situation that Indianapolis face not saying that their data set was really small.

It's just that when you saw that a policy was not being equally applied, you know, they went back and you know, they went back and you know, the directions that the police chief and the sheriff gave was everybody's going to the AIC, right?

And so, you know, that way it's equitable and there's, you know, how it turned out before was.

More white people ended up in their AIC, but if you have this directive that everybody goes through the diversion process at the new center first, you know, you'll start to equalize, you know, all rising at the same level.

But, you know, certainly when you start to see those, at the same level. But you know, certainly when you start to see those differentiations and disparities and you're saying, what's a really small population, it's probably almost to the case then that it's getting so small, right? That I bet somebody knows this individual.

You can talk to the probation officer. You can talk to the mental health case worker. I mean, you can start to, you know, kind of build a profile of what even that small data set of population is starting to look like and really what those needs might be.

What is what is creating this disparity there that individuals people of color could not get into that program and are not being connected to care, start to just kind of dig down into what Kate said, the importance of some of the qualitative data as well as the quantitative. I don't know.

I'll let anybody else jump in.

To it and it gives you the opportunity then to look at other areas. It could also be an opportunity to identify, are you capturing the information?

And that's maybe why the numbers are smaller and you may need to start looking at how do you capture what is actually happening and what the actual population is.

But absence that if it continues to be small, it's really then looking towards, that qualitative, you know, digging down, of information gathering that you can do.

Any other questions before we Close the webinar.

I'm just gonna give a shout out. I saw a question in there about how do you get the applications for the COP?

Well, we'll get that out to all of the attendees. Don't let the application form be a stopper.

You know, cause we, you know, we're really looking forward to having this opportunity and offering it and honestly selfishly we want to learn from you as much as we want to be able to, you know, guide and assist you because, your, this is really sort of a frontier, if you

will, and we really want to see, you know, what gets uncovered, what you will find.

And what you will start to recommend for the implementation process. Anyone else? Wanna close up before we go?

Resources, future training, can really hone in on what people really, need, to, get this going and to overcome barriers, but also to highlight, your successes as well.

And so I was gonna, drop that link here in the chat and just encourage, people to go there and take the survey.

Thanks Teresa and not just add that BJA does a lot of listening. From communities and that's the best way to provide meaningful training and technical assistance as well.

So thank you.

Alright, thank you everyone. Have a good rest of the day and a lovely holiday weekend ahead.
Thank you.