Addressing Housing Needs of People with Mental Illnesses in Jails

November 2017
Counties are Stepping Up

Stepping Up Resolutions Received as of November 1, 2017

*county data is unavailable if the county is colored grey
Today’s Network Call

**The Council of State Governments Justice Center**

*Dr. Richard Cho*
Director of the Behavioral Health Division

**Corporation for Supportive Housing**

*Kim Keaton*
Associate Director of Data and Analytics

**Johnson County, Iowa**

*Crissy Canganelli*
Executive Director of Shelter House

**Harris County, Texas**

*Dr. Regenia Hicks*
Director for Harris County Mental Health Jail Diversion Program
Speaker: Dr. Richard Cho

Dr. Richard Cho
Director of the Behavioral Health Division
The Council of State Governments Justice Center
To Reduce the Number of People With Mental Illnesses in Jails, County Leaders Should Ask These Six Questions

Q1. Is your leadership committed?

Q2. Do you have timely screening and assessment?

Q3. Do you have baseline data?

Q4. Have you conducted a comprehensive process analysis and service inventory?

Q5. Have you prioritized policy, practice, and funding?

Q6. Do you track progress?

Reminder: Recordings of all webinars from the Six Questions series is located on the Stepping Up Toolkit, stepuptogether.org/toolkit
Stepping Up Goals Based on Four Key Measures

M1: Reduce
- The number of people with SMI booked into jail

M2: Shorten
- The average length of stay for people SMI in jails

M3: Increase
- The percentage of connection to care for people with SMI in jail

M4: Lower
- Rates of recidivism
Nearly 50,000 people enter homeless shelters after release from correctional facilities annually. This does not include people who leave correctional facilities and experience unsheltered homelessness or other forms of housing instability.

About 15% of people admitted to jail have a history of homelessness in the year prior to arrest.

A Subset of Individuals Cycle Regularly Between Jails and Homelessness

County data matches have identified a cohort of individuals who experience homelessness and jail involvement as a revolving door

Frequent User Case Study

Housing Instability and Criminal Justice Involvement: A Causal Spiral?

- Law enforcement policies and practices criminalize behaviors associated with homelessness

- Lack of stable housing prevents or reduces consideration for jail diversion

- Lack of stable housing upon exit from jail increases risk of recidivism

- Criminal history serves as a barrier to housing, contributing to housing instability, homelessness
People with SMI Need Housing Plus Services

Addressing housing needs among people with SMI must address:

• **Affordability** – People with SMI may be low-income or on fixed income and therefore cannot afford rent on the private market through incomes

• **Services Needs** – People with SMI may need assistance with maintaining housing (finding housing, paying rent, housekeeping, activities of daily living)
Many Ways to Coordinate Housing with Services

High or Longer-Term

Low or Short-Term

Affordability

Rental Assistance + Community-Based MH Services

Low-Income/Affordable Housing + Community-Based MH Services

Critical Time Intervention + Rental Assistance

Rapid Re-Housing

Supportive Housing

ACT Team + Rental Assistance

Housing Stabilization Fund + Community-Based MH Services

Low/Less Integrated

Supportive Services

High/More Integrated
Homeless/Housing Programs Triaging Needs, Streamlining Access

Housing Crisis Resolution System
Vision: No one homeless more than 30 days

- Unsheltered
- At Risk of Homelessness

Coordinated Entry
- Diversion
- Housing Barrier Assessment
- Prioritization

Housing
- Rapid Re-Housing – Rental Housing
- Permanent Supportive Housing
- Affordable Housing
- Rental Housing

Shelter/Interim Housing
Framework for Prioritizing Resources

Subgrouping A
Low criminogenic risk/ some significant BH treatment needs

- Group 2
  II-L
  CR: low
  SA: low
  MI: med/high

- Group 3
  III-L
  CR: low
  SA: med/high
  MI: low

- Group 4
  IV-L
  CR: low
  SA: med/high
  MI: med/high

Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

Subgrouping B
High criminogenic risk/ some significant BH treatment needs

- Group 6
  II-H
  CR: med/high
  SA: low
  MI: med/high

- Group 7
  III-H
  CR: med/high
  SA: med/high
  MI: low

- Group 8
  IV-H
  CR: med/high
  SA: med/high
  MI: med/high

Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports
Assessing for Housing Needs and Risk

Properly assessing housing need and risk of homelessness is key to matching clients to appropriate services.

Screening Questionnaire, developed as part of the National Reentry Resource Center:

- 24 questions, mostly yes-no
- Can be used in-whole or in-part
- Easily integrated into existing screening and assessment processes
- Non-stigmatizing language
- Screens for housing risk, specialized population status, and wraparound service needs
- Available at: https://csgjusticecenter.org/nrrc/publications/assessing-housing-needs-and-risks-screening-questionnaire/
## Prioritizing and Targeting Housing Interventions

### Subgrouping A

- **Low criminogenic risk/ some significant BH treatment needs**

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
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<tbody>
<tr>
<td>II-L</td>
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- **Housing Needs:** Low
- **Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports**

### Subgrouping B

- **High criminogenic risk/ some significant BH treatment needs**

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- **Housing Needs:** Low
- **Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports**

### Housing Needs

<table>
<thead>
<tr>
<th>Low</th>
<th>High (Homeless)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide housing search assistance, incl. family and social supports</td>
<td>Refer and link to existing permanent supportive housing and housing assistance programs</td>
</tr>
<tr>
<td>Provide housing search assistance, incl. family and social supports</td>
<td>Targeted interventions that combine housing assistance, supportive services, and supervision</td>
</tr>
</tbody>
</table>
Speaker: Kim Keaton

Kim Keaton
Associate Director of Data and Analytics
Corporation for Supportive Housing
Supportive Housing for Frequent Users of Stepping Up County Jails: The FUSE Model

November 9, 2017
CSH: Advancing Housing Solutions That

Improve lives of vulnerable people
Maximize public resources
Build strong, healthy communities
Supportive Housing is the Solution

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.
Supportive housing is for people who:

- Are homeless.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness.
- Are being discharged from institutions and systems of care.
- Without housing, cannot access and make effective use of treatment and supportive services.
Why supportive housing for Stepping Up counties?

It’s evidence-based
- Reduces system use through stabilization in housing and breaks the cycle of homelessness and incarceration
- Is a key strategy for ending chronic homelessness in the US – major investment from HUD and the VA

It’s ideal for the most vulnerable
- Many high utilizers of jails are homeless with multiple mental, behavioral and physical health challenges
- Provides wraparound support services that help keep a person stable and housed
- Is individualized to meet the needs of the consumer

It’s a diversion strategy Stepping Up counties should consider adding to their toolkits!
Thousands of people with chronic health conditions cycle in and out of jails, diversion courts, hospital emergency rooms and homelessness - at great public expense and with limited positive human outcomes.

Targeted supportive housing for this most vulnerable and costly of this group can reduce costs while getting better outcomes.

By finding a solution to the frequent user issue, the FUSE program serves as a catalyst for system change.
Communities spend billions of dollars on services that bounce vulnerable people between crisis services. CSH's *FUSE model* helps break that cycle while increasing housing stability and reducing multiple crisis service use.

**FUSE Blueprint**

Data-Driven Problem-Solving

- Cross systems data match
- Track Implementation
- Measure outcomes, impact and cost effectiveness

Policy and Systems Reform

- Convene multi-sector working group
- Troubleshoot housing placement and retention barriers
- Enlist policymakers to bring FUSE to scale

Targeted Housing and Services

- Create supportive housing, develop recruitment process
- Recruit and place clients into housing, stabilize with services
- Expand model and house additional clients

[csh.org/fuse](csh.org/fuse)
30 Communities Strong

- Re-entry FUSE
- Health FUSE
- Health + Reentry focused FUSE
FUSE Evaluations Show Success

NYC FUSE
- 40% reduction jail days
- 91% fewer shelter days
- 50% reduction in psych. inpatient
- 86% housed after 2 years

San Diego Project 25
- 67% reduction in total public costs after 2 years
- 60-80% reduction in ambulance, ER, hospitalizations, arrests, jail days
- Net savings of over 200% after paying for housing + services

MeckFUSE (Charlotte)
- 50% fewer arrests
- 87% fewer shelter days
- 24% less ambulance service charges
- 43% less hospital charges
First: Plan and launch a FUSE Steering Committee

1. FUSE Champion and Stakeholder Education
2. Commitment to the planning process (MOU)
3. FUSE Steering Committee and Project Manager Identified
4. Meet regularly to move through the steps of the FUSE Blueprint
5. Continue meeting through implementation to break barriers
Second: Use data to find your target population

- Data matching is the best way to identify the most frequent users of more than one systems’ costly services
- Utilize a list-based outreach or “in-reach” approach to ensure that targeting most vulnerable and costly
- Measure and track program implementation and outcomes
  - How long does it take to place people in housing
  - Housing retention
  - System use – incarcerations, ER visits, hospitalizations
- Evaluate programs using control or comparison group to demonstrate results and scale the model
A simple example of a data match

### CORRECTIONS DATA

- Past 5 years of bookings, charges and release dates
- Indicators for inmates with psychiatric disorders
- Indicators for inmates with substance use

### HOMELESS SYSTEM DATA

- Past 5 years of shelter usage
- Other homeless system usage that maybe tracked, such as outreach contacts, service center usage, etc.

<table>
<thead>
<tr>
<th>NAME</th>
<th>CLIENT_ID</th>
<th>Jail Bookings</th>
<th>Shelter Stays</th>
<th>SHELTER</th>
<th>Unit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, S</td>
<td>102651</td>
<td>71</td>
<td>6</td>
<td>Mens Shelt</td>
<td>General</td>
</tr>
<tr>
<td>Price, P</td>
<td>102652</td>
<td>42</td>
<td>15</td>
<td>Urban Minis</td>
<td>General</td>
</tr>
<tr>
<td>Johnson, J</td>
<td>102653</td>
<td>20</td>
<td>20</td>
<td>Womens Shel</td>
<td>Detox</td>
</tr>
<tr>
<td>Williams, W</td>
<td>102655</td>
<td>15</td>
<td>32</td>
<td>Skid Row HT</td>
<td>Psychiatric</td>
</tr>
</tbody>
</table>
Third: Scan/Create opportunities for supportive housing

What type of supportive housing is in your community?

- Scattered Site
- Single Site
- Mixed Affordability
Typical funding sources for supportive housing

**RENT:** Housing vouchers, public housing authorities, CoC, VA

**CAPITAL:** Local landlords, LIHTC, HOME, local housing trust funds

**SERVICES:** CoC, foundations, SAMHSA grants, Medicaid
Resources from CSH

- FUSE Resource Center on CSH’s website: csh.org/fuse
- FUSE in the news!
- Kim Keaton: kim.keaton@csh.org
Speaker: Johnson County, Iowa

Crissy Canganelli
Executive Director of Shelter House
FUSE—Housing First Initiative
Community Context

Johnson County, Iowa
- Is home to the University of Iowa.
- Sits astride the intersection of two major Interstates.
- Has three hospitals each with psychiatric inpatient.
- Has the highest housing costs in the State of Iowa and the lowest vacancy rates (at less than 1%).
2013 the Iowa City Council passed an ordinance restricting panhandling, where and when people could lie down, and the storage of personal property.

Polar Vortex hit during the winter of 2013/14. Iowa City leaders asked LHCB to develop a shelter option for chronically homeless.

Local Homeless Services Advocates introduced the concept of Housing First.

Cross–System Steering Group formed to identify Local Frequent Users/Familiar Faces.
Frequent Users

Institutional Circuit

- Complex behavioral and social problems
- Traditional structures are not successful
- Crisis-driven care
  - Poor outcomes
  - High cost to the community
- 80/20 rule
Costs of homelessness

Costs of serving homeless individuals in Johnson County

- Hospital Inpatient: $1,496
- Emergency Room: $935
- Psychiatric Hospital: $1,074
- Ambulance: $527
- Detox: $559
- Jail: $71
- Transitional Housing: $43
- Shelter: $24

Costs of serving homeless individuals nationally

- Hospital Inpatient: $1,940
- Emergency Room: $905
- Psychiatric Hospital: $604
- Ambulance: $527
- Detox: $256
- Jail: $87
- Affordable and Supportive Housing: $31
- Shelter: $28


Original research conducted by LHCB, 2014, based on the average of institutions providing the service in this area.
Four Johnson County Case Studies
Average annual costs for four individuals

**Recent Individual Annual Cost of Services**
(Averaged over several years)

- **Joe**: $183,777
- **Ted**: $199,665
- **Dave**: $118,970
- **Kent**: $56,921

**AVERAGE Annual cost of services**: $139,833 (per person)
Nights sheltered in high cost services
Four frequent users from 2009–July 2014

Over the course of the research period, at least one of the four frequent users we studied occupied a bed at one of these high cost services every night.

<table>
<thead>
<tr>
<th>Service</th>
<th>Nights Sheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail</td>
<td>320</td>
</tr>
<tr>
<td>SA Treatment</td>
<td>756</td>
</tr>
<tr>
<td>Emergency or Transitional Shelter</td>
<td>650</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>249</td>
</tr>
<tr>
<td>Supportive or RCF Housing</td>
<td>141</td>
</tr>
</tbody>
</table>

Total: 2,116 days (5.8 years)
Four Local Johnson County Case Studies
2009 – June 2014 total costs of four individuals

Total Cost:
$2,159,105

Medical/Mental Health, $1,894,238
Substance Abuse Treatment, $148,266
Legal, $73,030*
Housing and Case Management, $43,376

*Legal Charges are a low estimate of the range provided for data collection.
Housing First

- Permanent Supportive Housing Intervention
- Participants are offered a home first
- Cross-system collaboration and wrap-around services are essential
- Service participation is voluntary and not a condition of tenancy
The Cost of Status Quo

Just four frequent users could cost $2.7 million over the next five years.

Projected Local Services Cost for Four Frequent Users over 5 years:
- $2,794,780

Projected Local Services Cost with FUSE over 5 years:
- $1,034,069

Cost Change:
- $1,760,711
Where we are today:

- In July of 2016 the City of Iowa City amended the Zoning Code creating a new housing type—Long Term Community Housing.

- October 2016 Shelter House purchased land.

- All architectural & engineering services are being donated.

- As of August, 2017 we have secured all funds needed for the construction project.

- We hope to break ground by March of 2018.
Fairweather Lodge
The Fairweather Lodge

- Permanent Supportive Housing
- Communal
- Peer support and accountability
- Supported Employment
- Mental Health Treatment including medication management
Eligibility for the Lodge

- Adults experiencing homelessness/chronic homelessness
- Axis I diagnosis/chronic MI
- Willing and able to work
- Interested in mental health recovery
- Currently abstaining from drug or alcohol abuse
- Willing to live in peer supported environment
Pre & Post Housing Service Utilization

- Psychiatric stays decreased by 90% (714 to 70 nights)
- Hospital stays decreased by 79% (135 to 28 days)
- ER visits decreased by 90% (67 to 7 visits)
- Inpatient treatment decreased by 90% (438 to 45 nights)
- Jail stays decreased by 97% (1,060 to 3 nights)
- Prison stays decreased by 100% (2,585 to 0 nights)
- Costs of services utilized from one year prior compared to one year post housing placement decreased by 82%.

This included cost of permanent supportive housing.
Contact Information

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Speaker: Harris County, Texas

Dr. Regenia Hicks
Director for Harris County Mental Health Jail Diversion Program
Stepping Up Webinar
November 9, 2017
Harris County Mental Health
Jail Diversion Program
Housing Outcomes

Director: Regenia Hicks, Ph.D.
Office of County Judge Ed Emmett
Harris County Jail (HCJ) is 3rd largest in the U.S. with an average daily population of 8,922

- 1,514 individuals have a mental health history with 775 having a history of both mental health issues and homelessness
- In 2013, it was estimated that 2,000 detainees were in need of psychotropic medication

**Cost of incarceration (average length of stay before trial = 21 days)**

- General population: $45/day
- General population receiving psychotropic medications: $67/day
- Specialized mental health unit: $232/day

**On average, more than 2,000 individuals meet the eligibility criteria for the Harris County Mental Health Jail Diversion Program**
Primary Goals

- Reduce the frequency of arrests and incarcerations
- Reduce the number of days spent in jail
- Increase access to housing, behavioral health and social services
- Reduce criminogenic risk
- Improve quality of life
Eligibility Criteria

- Must have 3 or more bookings within the past 2 years

- Mental illness with or without substance use
  - Major depression
  - Schizophrenia
  - Bipolar disorder
  - Post-Traumatic Stress Disorder (PTSD)

- Priority consideration
  - Ages 18-35
  - Current treatment in Harris County Sheriff’s Office (HCSO) Mental Health Unit or history of recurring psychotropic medication in HCSO
Exclusions

- Inability/unwillingness to consent to participate
- Cognitive impairment, i.e. incapacity
- Specific offenses
  - History of homicides
  - History of arson
  - History of manufacturing/delivery of methamphetamine
  - Current felony DWI
  - Current sex offense
  - Registered sex offender
Housing and Residential Treatment

- **Housing Options**
  - Temporary
    - Case managers work with clients to identify long term housing options and identifying benefits.
  - Emergency
    - Case managers/housing navigators assist clients in obtaining required identification, documentation and confirming benefits. Client remains in Emergency Housing until apartment is available.

- **Residential Treatment**
  - West Oaks
  - Bay Area Recovery
  - Passages
  - Santa Maria Hostel
  - Open Door Mission
  - The Lieutenant’s House
  - Center for Wellness and Recovery
Program Components

- The HARRIS CENTER
  - Jail-based team
    - Screening and assessment
    - Intensive case management
    - Initiation of substance use interventions and Cognitive Behavior Interventions (CBI)
    - Peer support
  - Community-based team
    - Screening and assessment
    - Intensive case management
    - Substance use interventions and CBI
    - Peer support
    - Psychiatric support (psych techs and medication)

- Critical Time Intervention (CTI)—Evidence-Based Practice
  - Intensive case management
  - Substance use interventions and CBI
  - Peer support
  - Psychiatric support (psych techs and medication)
Permanent Supportive Housing Healthcare for the Homeless-Houston

- Clinic Services
  - Primary Healthcare
  - Behavioral Health consults
  - Psychiatry
  - In-house pharmacy
  - Dental
  - Vision

- Community Services
  - Jail In-reach
  - Community Health Workers
  - Nursing Staff
SEARCH Homeless Services

- Permanent Supportive Housing
  - Collaborate with Coordinated Access
  - Enrollment
    - Screening and Assessment
  - Housing Navigation
  - Coordination with Housing Authority and Property Management
  - On-site Intensive Case Management
    - Connection with local resources
  - Peer Recovery Support

- Evidence-Based Practices/Treatments
  - Transtheoretical Model
  - Motivational Interviewing
  - Cognitive Behavioral Therapy
Total of 203 participants within one year of enrollment

- 1 year of treatment – $910,034.97
- 72% male
- 98% English speaking
- 66% African American
- 36% Bipolar disorder
- 43% substance use diagnosis
- Frequent charges—trespassing, drug possession, theft, prostitution, assault, criminal mischief & evading arrest

Cost Effectiveness

- Average treatment cost per person per year was estimated to be $4,482.93.
- Average criminal justice cost was determined to be $11,435.75 per booking.
- Estimated cost avoidance for bookings totaled $1,857,166.
- When program costs were entered into the cost-benefit equation, there was a potential savings to the taxpayer of $947,131

Recidivism

- 36.9% of participants had no further encounters with the criminal justice system in the year following enrollment.
- 38.2% reduction in the average number of bookings per person. Participants served 3,836 fewer jail days.
Analysis of the Mental Health Jail Diversion Program Homeless Population

Study conducted to evaluate the following: 1) Are there significant differences in criminal justice recidivism for chronically homeless and literally homeless participants, and 2) Housing costs associated with each participant.

PARTICIPANTS

- The majority received some level of housing support
- 319 (202 from the Harris Center and 117 from HHH/SEARCH PSH Team)
- 92 (29%) were chronically homeless with PSH services
- 25 (8%) were chronically homeless without PSH services
- 202 (63%) were literally homeless

The study analyzed:
- the average number of bookings prior to enrollment
- bookings during enrollment (treatment)
- bookings one year after treatment
- the average number of misdemeanors and felonies 1 year prior to enrollment, during enrollment, and 1 year after treatment
- types of offenses 1 year prior to enrollment, during enrollment, and 1 year after treatment.
Results

Overall, there were significant reductions in bookings and jail days for all homeless groups:

- A reduction of 1.6 bookings and 83 jail days between one-year pre-enrollment and one-year post treatments periods.
- For chronically homeless individuals with PSH the average number of bookings went from 2 at one year pre-enrollment to 0.3 (almost 0) at 1 year post-treatment.
- Chronically homeless individuals without PSH assistance had a reduction (33.3%) from 3 to 2 bookings, while those with housing assistance experienced a greater reduction (66.6%) from 3 to 1 booking.
- For literally homeless individuals, those with or without housing assistance had a reduction (50%) from 2 to 1 booking.
Results

- For chronically homeless individuals with PSH housing, the average number of total jail days dropped (95.1%) from 83 days at 1 year pre-enrollment to 4 days at 1 year post-treatment.

- Chronically homeless individuals without PSH had a reduction (14.8%) from 121 to 103 average total jail days while those with housing assistance had a much greater reduction (68.3%) from 136 to 43 days.

- For literally homeless individuals those without housing assistance had a reduction (76.2%) from 122 to 29 average total jail days, while those with housing assistance had a reduction (66.6%) from 126 to 42 days.
Results

Housing Costs:

- The average cost per day for chronically homeless clients with PSH was $42/day for emergency housing and $30/day for temporary housing.
- Chronically homeless clients without PSH $46/day for emergency housing and $36/day for temporary housing.
- Literally homeless cost $44/day for emergency housing and $35/day for temporary housing vs an average jail cost of $149/day.
Summary of Results

- Overall, our analysis found reductions in criminal involvement for all of the homeless participants.
- All groups who received housing assistance experienced a continued decrease in the average number of bookings and jail days up to the post-treatment period.
- For those clients that did not receive housing assistance, bookings and jail days, as well as felonies and misdemeanors generally increased again after treatment.
Contact Information

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Questions
Upcoming Stepping Up TA Resources

Monthly Webinars and Networking Calls

• **Network Call**: Addressing Housing Needs of People with Mental Illnesses in Jails (November 16 at 2pm ET)
  • Register at [www.StepUpTogether.org/Toolkit](http://www.StepUpTogether.org/Toolkit)

Quarterly Rural, Mid-Size and Large/Urban Network Calls

• Next Calls in January
• Email Nastassia for inclusion: nwalsh@naco.org
Poll Questions
Contact Information

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