STEPPING UP 101: A PRIMER FOR VETERANS JUSTICE OUTREACH SPECIALISTS

June 2019

#StepUp4MentalHealth
www.StepUpTogether.org
Logistics

- The questions box and buttons are on the right side of the webinar window.
- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box. Lindsey or myself will privately reply to you and help resolve the issue.
Speaker: Risë Haneberg

Risë Haneberg
Deputy Division Director - Behavioral Health
Council of State Governments Justice Center
Stepping Up 101:
A Primer for Veterans Justice Outreach Specialists
Jail Admissions Have a Higher Volume Than Prison Admissions

Jail and Prison Admissions, 2015

- Jail Admissions: 10,900,000
  - Annually: 2,000,000
  - Weekly: 209,615
- Prison Admissions: 608,300
  - Annually: 6,000,000
  - Weekly: 11,698

National Estimates of this Crisis

Of the 11 million people admitted to jail annually...

...about 2 million have serious mental illnesses

Source: Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, Psychiatric Services, 6 (60), 761-765, 2009.
Despite Decades of Innovation and Programming...

For example, the number of adult mental health courts increased from 1 in 1997 to 392 in 2017.

Source: National Drug Court Institute, *Painting the Picture*, June 2016
Naked, filthy and strapped to a chair for 46 hours: a mentally ill inmate's last days

“The inmate, who suffered from schizophrenia, was left in his own filth, eating and drinking almost nothing…

When he was finally unbound, guards dumped him to the floor of a nearby cell. Within 40 minutes, he had stopped breathing.”
Jail Populations Have Declined in Some Counties Over Time, But the Number of People who have Mental Illnesses in Jails Continues to Grow

NYC Average Daily Jail Population, 2005–2012

Source: The City of New York Department of Correction, 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
Bottom Line: People who have Mental Illnesses are Overrepresented in Our Jails

<table>
<thead>
<tr>
<th>General Population</th>
<th>Jail Population</th>
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<tbody>
<tr>
<td>4% Serious Mental Illness</td>
<td>17% Serious Mental Illness 72% Co-Occurring Substance Addiction</td>
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A majority of these individuals have additional challenges, like homelessness and chronic medical conditions.

Factors Driving the Crisis

- Disproportionately higher rates of arrest
- Limited access to healthcare
- Low utilization of evidence-based practices
- More criminogenic risk factors
- Longer stays in jail
- Higher recidivism rates
Other Challenges that Counties Commonly Face

### A Multi-System Problem

<table>
<thead>
<tr>
<th>Law enforcement</th>
<th>Courts</th>
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<tr>
<td>lacking alternatives to arrest and options for crisis responses</td>
<td>lack diversion options and information to inform pretrial release</td>
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<table>
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<tr>
<th>Behavioral health</th>
<th>Probation</th>
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<tr>
<td>service capacity is scarce, and may not necessarily align with what works to help reduce recidivism</td>
<td>approaches are not always effective for people who have mental illnesses (e.g., high rates of technical violations)</td>
</tr>
</tbody>
</table>
It’s Time to Transform to a System of Diversion and Care, While Keeping Public Safety in the Community
A National Initiative to Reduce the Number of People who have Mental Illnesses in Jails

GOAL: There will be fewer people who have mental illnesses in our jails tomorrow than there are today

“Stepping Up is a movement and not a moment in time”
Stepping Up Timeline

2015
- Launched in May
- Build coalition and introduce framework for systems change

2016
- Raise awareness about Stepping Up
- National Stepping Up Summit

2017
- Develop accurate baseline data
- Self-Assessment Tool released
- Innovator Counties cohort launched
- In-Focus briefs launched
- Six Questions framework released
- Project Coordinator’s Handbook released

2018
- Set and meet reduction targets and spread innovation
- Increase the number of Innovator Counties

2019
- Set and meet reduction targets and spread innovation
- Increase the number of Innovator Counties
Since May 2015, 490 counties across 43 states have passed resolutions.
Calls for a paradigm shift:
Move beyond programs and pilots to scaled impact and measurable reductions in prevalence

No-nonsense, data-driven public management:
• Systematic identification of mental illnesses in jails
• Quantification of the problem
• Scaled implementation of strategies proven to produce results
• Tracking progress and adjusting efforts based on a core set of outcomes
Multiple Levels of Technical Assistance

Broad-Based TA

County-Level Intensive TA

State Initiatives & Policy
Reducing the Number of People with Mental Illnesses in Jail
Six Questions County Leaders Need to Ask

Introduction

Is our leadership committed?
Do we conduct timely screening and assessments?
Do we have baseline data?
Have we conducted a comprehensive process analysis & inventory of services?
Have we prioritized policy, practice, and funding improvements?
Do we track progress?
Systems-Level, Data-Driven Changes Should Focus on Four Key Measures

1. **Reduce** the number of people who have mental illnesses booked into jails

2. **Shorten** the length of stay in jails for people who have mental illnesses

3. **Increase** connection to treatment for people who have mental illnesses

4. **Reduce** recidivism rates for people who have mental illnesses
Question 1: Is Your Leadership Committed?

- ✓ Mandate from leaders responsible for the county budget
- ✓ Representative planning team
- ✓ Commitment to vision, mission, and guiding principles
- ✓ Designated planning team chairperson
- ✓ Designated project coordinator

The Question 1 webinar with a subject matter expert and county leaders from Pitt County, NC and Tarrant County, TX is available at stepuptogether.org/toolkit
Creating a County Collaborative Leadership and Management Structure

Many counties establish sub-committees for each of the six questions.
Question 2: Do You Have Timely Screening and Assessment?

- System-wide definition of mental illness
- System-wide definition of substance use disorders
- Validated screening and assessment tools for mental illness and substance use
- Efficient screening and assessment process
- Validated assessment for pretrial risk
- Mechanisms for information sharing

The Question 2 webinar with a subject matter expert and county leaders from Champaign County, IL and Douglas County, KS is available at stepuptogether.org/toolkit
Timely Screening and Assessment: Salt Lake County, Utah Example

**Screenings Administered at Jail Booking and Follow Up Assessments in Salt Lake County, UT**

- Correctional Mental Health Screen
- Level of Service Inventory: Screening Version
- Texas Christian University Drug Screen V
- Salt Lake Pretrial Risk Instrument
- Assessments Based on Screening Results in Jail or In the Community

**Recommended Uses for Informing Decision-Making**

- Jail Management
- Pretrial Release
- Diversion
- Connection to Care at Discharge
- Community Supervision

Information Sharing Agreements between Agencies is Recommended
Question 3: Do You Have Baseline Data?

- System-wide definition of recidivism
- Electronically collected data
- Baseline data on the general population in jail
- Routine reports generated by a county agency, state agency, or outside contractor

The Question 3 webinar with a subject matter expert and county leaders from Athens-Clarke County, GA and Wake County, NC is available at stepuptogether.org/toolkit
Four Key Measures Drive the Prevalence of People who have Mental Illnesses in Jails

1. Jail Bookings
2. Jail Length of Stay
3. Connections to Treatment
4. Recidivism
There are 16 Additional Sub-Measures to Help Identify Drivers of SMI Prevalence Rate

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<tr>
<td>The number of mental health calls for service received by 911 dispatch</td>
<td>The number of people who have SMI and screened as low, medium, and high for pretrial risk</td>
<td>The percentage of people who have SMI who are connected to community-based behavioral health services upon release by release type</td>
<td>The percentage of people who have SMI who failed to appear in court and/or were rearrested while on pretrial release</td>
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<tr>
<td>The number of people who screened positive for SMI according to a validated mental health screening conducted when booked into jail</td>
<td>The average length of stay for people who have SMI by classification and release type (including pretrial population, sentenced population, surety bond release, federal holds, etc.)</td>
<td>The percentage of people who have SMI on community supervision by release type</td>
<td>The percentage of people who have SMI who were rearrested after serving a jail sentence</td>
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<tr>
<td>The number of people who were confirmed as having SMI through a clinical assessment at the jail or as a result of data matching with state or local behavioral health systems</td>
<td>A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)</td>
<td>A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)</td>
<td>The percentage of people who have SMI who receive technical violations while serving a sentence to community supervision</td>
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<tr>
<td>A comparison of the three sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)</td>
<td></td>
<td></td>
<td>The percentage of people who have SMI who are charged with a new criminal offense while serving a sentence to community supervision</td>
</tr>
<tr>
<td>The total number of people who have SMIs and who have prior jail admissions (with or without a conviction to follow)</td>
<td></td>
<td>A comparison of the five sub-measures above to the equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)</td>
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Goal: Every County Has Accurate, Accessible Data

Having accurate and timely data is critical for counties to know the *scale of the problem*, develop a strategic action plan that effectively targets scarce resources, and tracks progress.

**Recommended approach for accurately identifying people who have SMI in jail:**

1. Establish a **shared definition of SMI for your Stepping Up efforts** that is used throughout local criminal justice and behavioral health systems.
2. Use a validated **mental health screening** tool on every person booked into the jail and refer people who screen positive for symptoms of SMI to a follow-up **clinical assessment** by a licensed mental health professional.
3. **Record** clinical assessment results and regularly **report** on this population.
The initiative recognizes that there may be more counties that are using or committed to using the three-step recommended approach to have accurate, accessible baseline data and want them to join this cohort!
Question 4: Have you conducted a Comprehensive Process Analysis and Service Inventory?

- Detailed process analysis
- Service capacity & gaps identified
- Evidence-based programs & practices identified

*The Question 4 webinar with a subject matter expert and county leaders from Chester County, PA is available at stepuptogether.org/toolkit*
Counties Work within a Complex and Fragmented System

System Analysis in Athens-Clarke Counties, GA
Tulsa County Sequential Intercept Mapping

**Intercept 0**
Hospital, Crisis, Respite, Peer & Community Services

- 911 Dispatch
- Police
- Emergency Services
- Crisis Stabilization
- FCS Crisis Center – 16 beds & 12 chairs
- Tulsa Center BH-55
-保持着3个GQT

**Intercept 1**
Law Enforcement & Emergency Services

- Tulsa Police 758 officers/130 GQT trained
- Broken Arrow – 140 officers, CIT, Owasso – CIT

**Intercept 2**
Initial Detention & Initial Court Hearings

- Initial Detention
  - TPD - Misdemeanor policy diverts to TCBSH by TC Sheriff
  - Broken Arrow – 30 days
  - Owasso – 10 days

**Intercept 3**
Jails & Courts

- Pre-Prosecution Diversion
  - District Attorney’s (DA) Office

**Intercept 4**
Reentry

- Prison / Corrections Reentry
  - Reentry One Stop: housing & employment, new grant for 18-24 year olds coming out of jail
  - FCS has DOC contract - 2 reentry teams for people leaving from prison

**Intercept 5**
Community Corrections & Community Supports

- Sobering Center
  - Located at 12812

**Pilots or In Progress:**
- City of Tulsa: City Lock-Up, Sobering Center (diversion for public intox), Community Response Team (CRT is 2 days /wk for 911 MH calls), CARES (TFD, reduce superusers of 911)
- Tulsa County: Implement TCUDS on all booked
A County’s Process Analysis for the Arrest/Booking Stage

1. CIT training of law enforcement is not comprehensive; protocols vary by agency

2. Law enforcement is often unable to locate facility with capacity for Arrested Persons (APs) with acute MH needs

3. Lack of standardized policies at the various detention facilities across the county

4. Automated information system data entry happens at various times

5. Medical staff cross check jail booking information with local hospital(s) system to check MH history; info is not shared with county jail
Question 5: Have you Prioritized Policy, Practice, and Funding Improvements?

- Prioritized strategies
- Detailed description of needs
- Estimates/projections of the impact of new strategies
- Estimates/projections account for external funding streams
- Description of gaps in funding best met through county investment

The Question 5 webinar with a subject matter expert and county leaders from Pacific County, WA is available at stepuptogether.org/toolkit
## Prioritizing System Improvements

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<tr>
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<tbody>
<tr>
<td>- Police-Mental Health Collaboration programs</td>
<td>- Routine screening and assessment for mental health and SUDs in jail</td>
<td>- Expand community-based treatment &amp; housing options</td>
<td>- Apply Risk-Need-Responsivity principle</td>
</tr>
<tr>
<td>- CIT training</td>
<td>- Pretrial mental health diversion</td>
<td>- Streamline access to services</td>
<td>- Use evidence-based practices</td>
</tr>
<tr>
<td>- Co-responder model</td>
<td>- Pretrial risk screening, release, and supervision</td>
<td>- Leverage Medicaid and other federal, state, and local resources</td>
<td>- Apply the Behavioral Health Framework</td>
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<tr>
<td>- Crisis diversion centers</td>
<td>- Bail policy reform</td>
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<td>- Specialized Probation</td>
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<td>- Policing of quality of life offenses</td>
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<td>- Ongoing program evaluation</td>
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The Council of State Governments Justice Center | 36
Question 6: Do You Track Progress?

- ✔ Reporting timeline on four key measures
- ✔ Process for progress reporting
- ✔ Ongoing evaluation of programming implementation
- ✔ Ongoing evaluation of programming impact

The Question 6 webinar with a subject matter expert and county leaders from Maricopa County, AZ is available at stepuptogether.org/toolkit
<table>
<thead>
<tr>
<th>Key Measure</th>
<th>Prior to Project</th>
<th>Implementation</th>
<th>Future-Implementation</th>
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<tbody>
<tr>
<td><strong>1. Reduce</strong> the number (and percentage) of people with SMI booked into jail</td>
<td>Various levels of CIT LE officers across LE agencies</td>
<td>Continued growth of CIT LE officers, as well as correctional staff, and dispatchers</td>
<td>Have all LE agencies receive some training in BH needs, and continue to increase the number of CIT LE officers to respond to community’s need</td>
</tr>
<tr>
<td>Year 1: 83 people (14%)</td>
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<td>Year 2: TBD</td>
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<tr>
<td>Year 3: TBD</td>
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<tr>
<td><strong>2. Shorten</strong> the average length of stay</td>
<td>Lack of tracking people with MI in the CJ system</td>
<td>BJMHS and TCUD at jail booking, and referrals made to community-based BH case worker</td>
<td>LSIR-SV to screen for criminogenic risk, and possibly pretrial diversion opportunities</td>
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<td>Year 1: 44 days</td>
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<td>Year 2: TBD</td>
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<tr>
<td>Year 3: TBD</td>
<td></td>
<td></td>
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<tr>
<td><strong>3. Increase</strong> connection to treatment</td>
<td>Community-based BH caseworkers embedded in jail</td>
<td>Referrals based on screenings at booking</td>
<td>Increase programming in jail and community</td>
</tr>
<tr>
<td>Year 1: 11%</td>
<td></td>
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<tr>
<td>Year 2: TBD</td>
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<tr>
<td>Year 3: TBD</td>
<td></td>
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<tr>
<td><strong>4. Lower</strong> recidivism rates</td>
<td>Does not use RNR model</td>
<td>Legislature approved new funds for RNR services in the community</td>
<td>Train supervision officers and other staff on RNR model</td>
</tr>
<tr>
<td>Year 1: 65%</td>
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<td></td>
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<tr>
<td>Year 2: TBD</td>
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<tr>
<td>Year 3: TBD</td>
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Recap of Stepping Up Six Questions Framework

6. Key questions county leaders need to ask in order to reduce the prevalence of people with mental illnesses in jails

4. Key measures to identify drivers and track progress overtime

3. Step recommended approach to have accurate, accessible data on the prevalence of people with SMI in jails to know the scale of your county’s problem

1. County plan that addresses your county’s specific challenges within your unique CJ and BH systems
The Stepping Up Resources Toolkit provides key resources intended to assist counties with developing and implementing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in local jails.

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask serves as a blueprint for counties to assess their existing efforts to reduce the number of people with mental illnesses in jail by considering specific questions and progress-tracking measures. The report also informs the Stepping Up technical assistance that will be offered moving forward.

stepuptogether.org/toolkit
Additional Guides to Implement the Six Questions Framework

Project Coordinator’s Handbook

Online County Self-Assessment

Series of Briefs
Stepping Up Project Coordinator’s Handbook

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask
The Project Coordinator’s Handbook

The handbook complements the Six Questions framework as a step-by-step guide for project coordinators and includes:

- A summary of the question and its related objectives for the planning team
- Facilitation tips to assist the project coordinator in managing the planning process
- Facilitation exercises designed to achieve the question’s objectives and provide an efficient process for capturing the work of the planning team
Stepping Up County Self-Assessment

The Stepping Up County Self-Assessment is designed to assist counties interested in evaluating the status of their current efforts to reduce the prevalence of people with mental illnesses in jails.

The tool guides counties to determine their implementation progress according to the framework detailed in *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*.

Counties that use the tool will also have access to online resources to help advance their work in areas where they have not fully implemented identified best practices.

Please contact info@stepuptogether.org with any questions about this tool.
Taking the Assessment: Fully Implemented

Question 1: Leadership

Action Step 1

Elected county policymakers (e.g., a county commissioner) have passed a resolution or proclamation mandating system reform to reduce the number of people who have mental illnesses in jail.

What is the current status of this mandate in your county? (Select one)

- Fully Implemented
- Partially Implemented
- Not Implemented

Great job! This step is complete.

County Implementation Progress

North Slope, AK

1. Is our leadership committed?
   - 100%
   - Total Steps: 6

2. Do we conduct timely screening and assessments?
   - 43%
   - Total Steps: 12
THANK YOU

For more information, please contact:
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Speakers: Sean Clark and Matthew Harris

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National Director – Veterans Justice Programs
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Matthew Harris
Veterans Justice Outreach Specialist
Minneapolis VA Medical Center
Veterans Justice Outreach and the Stepping Up Initiative

Sean Clark, JD
National Director, Veterans Justice Programs

Matthew Harris, LCSW
Veterans Justice Outreach Specialist, Minneapolis VA Medical Center

June 2019
Justice-Involved Veterans: National Estimates from Bureau of Justice Statistics

FIGURE 1

Percent


U.S. adult residents
Prison
Jail
Incarceration as an adult male is the single highest risk factor of ever being homeless (NSHAPC/Burt, 1996)

“Lengthy periods of incarceration in remote locations often attenuate the social and family ties that are crucial for successful reentry into the community.” (p. 9-5).

“(E)ven short term incarcerations may disrupt lives and interfere with the ability to maintain employment and housing.” (p. 9-6).

(Metraux, Roman, and Cho on prison reentry/jail stays, National Symposium on Homelessness Research, 2007)
Mission: To identify justice-involved Veterans and contact them through outreach, in order to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system.

Vision: Every justice-involved Veteran will have access to the care, services and other benefits to help him or her maximize their potential for success and stability in the community, including by avoiding homelessness and ending their involvement in the justice system.
Outcomes: What do we know so far?

- Most Veterans seen in VJO and HCRV have a mental health (VJO 77%; HCRV 57%) or substance use disorder (VJO 71%; HCRV 47%) diagnosis, or both (VJO 58%; HCRV 35%).

- Within one year of their VJO outreach visit, 97% of Veterans with mental health diagnoses had had at least one VHA mental health visit, and 78% had had at least six visits. (HCRV: 93%; 52%)

- Within the same timeframe, 72% of Veterans with substance use disorder diagnoses had had at least one VHA substance use disorder visit, and 54% had had at least six. (HCRV: 57%; 39%)
Partnering with Stepping Up Communities

- Shared goals
- Build on existing partnerships
- Offer lessons learned from working with other nearby jurisdictions
- Facilitate justice-involved Veterans’ access to care
VJO Services in a Stepping-Up County

• VJO engages in jail outreach to the Hennepin County jail twice a month to meet with identified Veterans in custody. Goals of outreach include assisting with enrollment for services through the Minneapolis VAMC and facilitating access to care for mental health and chemical health needs once out of custody.

• Veterans are identified by asking individuals at the time of booking if they have served in the military. Information on VJO program and Veterans Court is provided to those who answer yes. Posters with VJO contact information are also being placed on all housing units, and the jail has made sure that VJO’s phone number will be a free call for inmates.

• VJO communicates with medical and psychiatric staff at the jail for Veterans in custody that may not be getting needed treatment while in custody, such as psychotropic medications.
1. “Paul”

- Paul is a Veteran with a history of Schizoaffective Disorder and also 100% SC for PTSD. He reported that he was not getting his psychotropic medication while in custody. He reported some auditory hallucinations and sleep disturbance.

- VJO communicated with the psychiatric nurse at the jail and, with a signed release, provided information on medications Veteran was prescribed from the VA for his mental health. The nurse was able to arrange for a psychiatric evaluation the following day so that Veteran could receive the necessary mental health care while in custody.
Case Examples

2. “Steven”

- Steven is a homeless Veteran with a history of PTSD, depression, and alcohol abuse. He had a suicide attempt prior to his arrest and was on suicide precautions in the jail. He had recently moved to Minnesota from Illinois. He was enrolled for care at the Minneapolis VA but had not yet started receiving care.

- Steven was assisted in contacting the St. Cloud VA to request a screening for residential treatment to address his mental health and chemical health needs. Once the screening was scheduled, VJO was able to communicate with jail staff to coordinate the phone call. Steven was accepted for treatment and was able to be conditionally released from custody in order to access treatment.
3. “Charles”

- Charles is a homeless Veteran with a history of treatment through the VA for depression and anxiety. He was in custody for 10 days on a domestic charge. His attorney was working on getting him a conditional release but reported that the judge needed confirmation of his housing before he could be released. Prior to being in custody, Veteran was staying in a local emergency shelter while working with the VA’s HUD-VASH program to find permanent housing.

- VJO was able to speak to Charles’ attorney, who explained that the judge believed Veteran was in “VA housing” and was to be released to the VA once this housing was confirmed. VJO was able to provide clarifying information on VA’s role in Charles’ housing plan. Advocated for Veteran’s release so that he could resume his housing search with his HUD-VASH worker and also keep appointments with his psychologist and psychiatrist at the VA for ongoing mental health care. Charles’ attorney was able to get the judge to modify the order so that Veteran could be released from custody and resume his VA care.
Contacts

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• Matthew Harris, VJO Specialist, Minneapolis VA Medical Center, Matthew.Harris2@va.gov
Questions and Discussion

Questions?
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