DESCRIPTION

This Planning & Implementation Guide is intended for recipients of Justice and Mental Health Collaboration Program (JMHCP) grants administered by the U.S. Department of Justice’s Bureau of Justice Assistance (“JMHCP grantees”). JMHCP grantees will complete this guide in partnership with the technical assistance provider from The Council of State Governments Justice Center over the course of their grant.

The Council of State Governments Justice Center prepared this guide with support from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA). The contents of this document do not necessarily reflect the official position or policies of the U.S. Department of Justice.
About the Planning & Implementation Guide

The Council of State Governments (CSG) Justice Center has prepared this Planning & Implementation (P&I) Guide to support grantees in developing and refining justice and mental health initiatives to improve outcomes for people with mental illnesses who are involved with the criminal justice system. The guide is not intended to serve as a step-by-step blueprint, but rather to foster discussion on best practices; identify considerations for your collaborative effort; and help you work through key decisions and implementation strategies.

The guide was developed as a tool for grantees, but it also serves as an important tool for your CSG Justice Center technical assistance provider (TA provider) to understand the status and progress of your project, the types of challenges you are encountering, and the ways your TA provider might be helpful to you in making your project successful.

You and your TA provider will use your responses to the self-assessment to collaboratively develop priorities for technical assistance.

Any questions about this guide should be directed to your TA provider.

Contents of the Guide

The guide is divided into six sections, each with assessment questions, exercises, and discussion prompts. The self-assessment questions and exercises are grounded in evidence-based principles. You will be prompted to write short responses, attach relevant documents, and/or complete exercises for each section. Your answers will provide insight into your initiative’s strengths and identify areas for improvement. Your TA provider may also send you additional information on specific topics throughout your time together. If you need additional information or resources on a topic, please reach out to your TA provider.

<table>
<thead>
<tr>
<th>TA Provider Contact Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Phone:</td>
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<td>Email:</td>
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</table>
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### Appendix A: Brief Overview of Police-Mental Health Collaboration Programs

### Appendix B: Supporting Resources
1. Police-Mental Health Collaboration Toolkit
2. Police-Mental Health Collaboration Program Checklists
3. Law Enforcement/Mental Health Learning Sites
4. Criminogenic Risk and Behavioral Health Needs Framework
Although your TA provider has read the project narrative that you submitted in response to the JMHCP solicitation, there may have been updates or changes since the submission of your original application. This exercise is intended to give your TA provider a sense of your current project goals and your initial technical assistance needs.

### EXERCISE 1: BASIC INFORMATION

**A. Grantee Information**

<table>
<thead>
<tr>
<th>Grantee Name and Award Number</th>
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<tbody>
<tr>
<td>Lead Agency <em>(Who applied for the grant?)</em></td>
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<tr>
<td>Collaborating Partner Agency</td>
</tr>
<tr>
<td>Primary Agency <em>(Who manages the day-to-day operations of the grant program?)</em></td>
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<tr>
<td>Geographic Location <em>(City/county/state)</em></td>
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<tr>
<td>Type of Jurisdiction <em>(Rural/suburban/urban/mix)</em></td>
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<tr>
<td>Population Size of Jurisdiction Served</td>
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<tr>
<td>Project Title</td>
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**Primary Point(s) of Contact**

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<tr>
<th>Name 1:</th>
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<tr>
<td>Title/Role:</td>
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<tr>
<td>Agency:</td>
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<td>Email:</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>Name 2:</td>
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<tr>
<td>Title/Role:</td>
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<tr>
<td>Agency:</td>
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<tr>
<td>Email:</td>
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<td>Phone:</td>
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</table>
B. Program Focus Area

Please select all approaches that apply to your program from the list provided below:

- Police-Mental Health Collaboration
  - Crisis Intervention Team (CIT) Program
  - Co-Responder Model
  - Mobile Crisis Team
  - Case Management Approach
  - Tailored Approach
  - Jail Diversion Program
  - Other ____________________________

*Please see Appendix A for definitions of models/approaches*

- Training Initiative
  - Crisis Intervention Training
  - Mental Health First Aid Training
  - Other ____________________________

- Other
  - Please describe:

C. More about Your Program

1. Have there been any changes to your program since you submitted your grant proposal?
   *This may include changes in program goals, collaborating partners, staffing, budget, etc.*

   Answer:

2. Are you aware of any diversion or reentry initiatives or programs that help people with mental illnesses avoid future contact with police—including those that focus on supportive housing, supportive employment, and access to affordable behavioral health care or case management for people who have repeat contact with police—either locally or at the state level? *Please indicate if any of these initiatives or programs have received funding through BJA’s JMHCP or Second Chance Act grant programs.*

   Answer:

3. If you answered “yes” to question 2 above, have you been in contact with the known program(s), and would collaboration with that program be beneficial to your grant project?

   Answer:
4. In what areas do you anticipate spending the majority of grant funds? (E.g., funding positions, overtime, training, treatment services, etc.)

Answer:

5. What other funding is being used to support your program activities?

Answer:

6. Has your jurisdiction ever conducted a strategic mapping exercise, gap analysis, or other needs assessment about the services available in your community? If yes, how is it being used to guide your program?

Answer:

7. Does your current grant-funded program/initiative have a mission statement? If yes, please indicate below.

Answer:

8. What are your short-term program goals for this grant initiative (i.e., within the next 6 months)?

Answer:

9. What are your long-term goals for this grant initiative (i.e., within the next two years)?

Answer:
For any police-mental health collaboration program, there are 10 essential elements that provide a framework for program design and implementation that can be tailored to every jurisdiction’s distinct needs and resources. The elements are meant to help guide communities that are interested in developing or enhancing a police-mental health collaboration program, and they are derived from recommendations made by a broad range of practitioners and other experts.

This P&I Guide is largely based on the 10 essential elements listed below. For more detailed information, please read *The Essential Elements of A Specialized Law Enforcement-Based Program*. We encourage you to consult this publication as you develop or enhance your program.

1. Collaborative Planning and Implementation
2. Program Design
3. Specialized Training
4. Call-Taker and Dispatcher Protocols
5. Stabilization, Observation, and Disposition
6. Transportation and Custodial Transfer
7. Information Exchange and Confidentiality
8. Treatment, Support, and Services
9. Organizational Support
10. Program Evaluation and Sustainability
Since a focus of your JMHC grant is to create innovative cross-systems collaboration between law enforcement and mental health agencies, the questions and activities in this section are intended to provide guidance on achieving this objective. This exercise can also help you explore various aspects of collaborative decision making that are essential to the success of your initiative.

### EXERCISE 2: STAKEHOLDER ENGAGEMENT AND PROGRAM COMMITTEES

#### A. Steering Committee

1. Is there a steering committee already in place that will help to guide this project?

   **Answer:**
   
<table>
<thead>
<tr>
<th>Yes</th>
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   *If yes, please supply your TA provider with a list of members, including the title and role of each member.*

#### B. Planning Committee

1. Is there a planning committee already in place for this project?

   **Answer:**
   
<table>
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<tr>
<th>Yes</th>
<th>No</th>
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   **(proceed to question 3)**

2. If you answered “no” to question 1, please describe your strategy for establishing a planning committee. Your response should address how often you anticipate meeting and who might lead the group.

   **Answer:**

3. If you answered “yes” to question 1, how often does your planning committee meet?

   **Answer:**

4. If you answered “yes” to question 1, are there additional stakeholders that you would like to invite to join the planning committee?

   **Answer:**
### C. Project Team

1. Do you have a project team (separate from your planning committee) in place to execute the day-to-day activities necessary to plan and/or implement your program or initiative?

   Answer: [ ] Yes  [ ] No

2. Are there local “champions” for law enforcement who are part of this project team? If not, do you plan to include such champions in the day-to-day oversight of the law enforcement program?

   Answer:

3. On a scale of 1 to 5, please indicate the perceived level of support (buy-in) for this program from the law enforcement agency’s leaders. (1 = No support; 5 = Very high level of support)

   Select one answer: 1 2 3 4 5

4. Are there local “champions” for mental health that are part of this project team? If not, do you plan to include such champions in the day-to-day oversight of the mental health program/involvement?

   Answer:

5. On a scale of 1 to 5, please indicate the perceived level of support (buy-in) for this program from mental health agency leaders. (1 = No support, 5 = Very high level of support)

   Select one answer: 1 2 3 4 5
D. Identifying Members *(Please use additional sheets if necessary.)*

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Planning committee member</th>
<th>Project team member</th>
<th>Role on planning committee/project team</th>
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</table>
SECTION 3: TRACKING MENTAL HEALTH-RELATED CALLS FOR SERVICE

It is important to define criteria for your target population because your grant award is a limited resource. Your community will likely have more people who could benefit from your grant project than you are able to effectively serve, so it is best to ensure that your grant project serves those who are most likely to benefit from it. The planning committee should assess calls for service involving people with mental health needs, which will help identify not only the resources necessary to respond to that population, but also the law enforcement staffing necessary to build a successful program.

EXERCISE 3: IDENTIFYING PATTERNS IN MENTAL HEALTH-RELATED CALLS FOR SERVICE

Please respond to the questions below.

1. Briefly describe the target population for your program. (Please include age, gender, community of focus, facility type, charge or offense history, level of risk of recidivism, community supervision status, probation/parole status, etc.)

Answer:

2. Has your project team, with assistance from law enforcement, analyzed mental health emergencies and calls for service in the community?

Answer: □ Yes  □ No

3. What patterns (e.g., time of day, day of week, address/location, etc.), if any, in mental health-related calls for service have you been able to track or identify?

Answer:

4. What individual characteristics (e.g., age, race/ethnicity, sex/gender), if any, in mental health-related calls for service have you been able to track or identify?

Answer:

5. Have you been able to identify people who have multiple contacts with law enforcement alongside other emergency services (i.e., high utilizers)?

Answer: □ Yes  □ No
SECTION 4: APPLYING THE ESSENTIAL ELEMENTS OF A SPECIALIZED LAW ENFORCEMENT-BASED PROGRAM

People with mental health needs in the criminal justice system often have multiple and complex needs and, as such, responses to address these needs will not be effective unless the necessary services and supports are available. An important goal of the JMHCP grant program is to facilitate collaboration among the criminal justice and mental health care systems to increase access to treatment services and address mental health and criminogenic needs—factors associated with reoffending.

An essential element of specialized police response (SPR) or police-mental health collaboration (PMHC) programs is to provide specialized and comprehensive training to officers who respond to incidents involving people with mental illnesses. When law enforcement officers participate in standardized training with qualified and effective trainers, they are better able to understand mental illnesses and their impact on individuals, families, and communities. Through effective training, officers learn how to identify signs and symptoms of mental illnesses and how to use a range of stabilization and de-escalation techniques. They also learn about issues such as disposition options, community resources, and legal requirements. This section is designed to help your TA provider get a better understanding of your training program and how it is implemented in your agency.

EXERCISE 4: DEFINING THE LAW ENFORCEMENT TRAINING PROGRAM AND CURRICULUM

Please respond to the questions below.

1. What type(s) of mental health or de-escalation training are conducted within your agency? (E.g., CIT training, Mental Health First Aid, crisis de-escalation, etc.)
   Answer:  
   Please supply your TA provider with copies of the training curricula.

2. Does the training address issues of cultural competency and responsiveness to particular groups’ needs? If so, please describe.
   Answer:  
   Please supply your TA provider with copies of the training curricula.

3. Will you be conducting mental health or de-escalation training under this grant program?
   Answer: ☐ Yes ☐ No

4. If you answered “yes” to question 3, please indicate what type(s) of mental health or de-escalation training will be conducted under this grant program.
   Answer:  
   Please supply your TA provider with a copy of the training curriculum.
5. How long is the mental health/de-escalation training course that you will be providing to officers?

| Answer: | 40 hours | 24 hours | 8 hours | 4 hours | Other: ___________ |

6. Is there a minimum number of mental health/de-escalation training hours required by state mandate (e.g., through legislation, Peace Officer Standard Training (POST), or other state authority standard)?

| Answer: | Yes | _______ hours | No |

7. Is there a training delivery schedule/timetable for all training classes?

| Answer: | Yes | No |

*If yes, please supply your TA provider with a copy of the training delivery schedule/timetable.*

8. Will mental health practitioners be involved in facilitating the training?

| Answer: | Yes | No |

9. Will mental health advocates, people with mental illnesses, or their family members be involved in the training program?

| Answer: | Yes | No |

10. How many first responders have been targeted for mental health/de-escalation training under this grant program?

| Answer: |

11. Please indicate who will be receiving the training. *Please select all that apply.*

- Call takers and dispatchers
- Paramedics
- Correctional officers
- Probation/parole officers
- Mental health workers
- Emergency medical technicians (EMTs)
- Firefighters
- Other: ________________

12. Who will facilitate the training? *Please select all that apply.*
<table>
<thead>
<tr>
<th>Law enforcement personnel</th>
<th>Mental health personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with mental illnesses</td>
<td>Advocates</td>
</tr>
<tr>
<td>Family members of people with mental illnesses</td>
<td>Other: ____________________________</td>
</tr>
</tbody>
</table>

13. What instructional methods will be used? Please select all that apply.

- Simulations and/or virtual training
- Presentations by advocates
- Ride alongs
- Role play
- Site visits to facilities
- Other: ____________________________

14. Is the training being evaluated by participants?

Answer: [ ] Yes [ ] No

If yes, please supply your TA provider with the evaluation tool being used.

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**EXERCISE 5: CALLS FOR SERVICE TO FINAL DISPOSITIONS**

Effectively responding to a mental health-related call for service depends on successful collaboration among various stakeholders. Call takers and 9-1-1 dispatchers identify critical information to direct calls to the appropriate responders, inform the law enforcement response, and record this information for analysis and as a reference for future calls for service. Specialized law enforcement responders observe and de-escalate incidents in which mental illness may be a factor using tactics focused on safety. Drawing on their understanding and knowledge of relevant laws and available resources, officers then determine the appropriate disposition. Transportation and custodial transfer of people with mental illnesses is of key importance to the success of a police-mental health collaboration program, with the goal of safely diverting people with mental illnesses or in mental health crisis from unnecessary jail bookings and/or hospitalization to appropriate mental health services—allowing the officers a timely return to duty.

Please respond to the questions below.

1. Do dispatchers use specific screening questions to determine whether a call appears to involve someone with a mental illness?

   Answer: [ ] Yes [ ] No

   If yes, please supply your TA provider with a copy of the screening tool/questions used by call takers dispatchers.

2. Will call takers and dispatchers be informed of law enforcement and mental health agency staffing patterns to properly route calls for service?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>3. Do officers currently use screening tools/questions when responding to a potential mental health-related call for service?</td>
<td></td>
<td></td>
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<tr>
<td>Answer:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, please supply your TA provider with a copy of the screening tool/questions used by law enforcement.</td>
<td></td>
<td></td>
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<tr>
<td>4. Are officers able to confer with and receive guidance from mental health workers about people with mental illnesses in order to determine appropriate dispositions?</td>
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<tr>
<td>Answer:</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>5. Is there a case management component to your JMHCIP program?</td>
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<tr>
<td>Answer:</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>6. If you answered “yes” to question 5 above, please indicate whether you are involved with any of the following activities:</td>
<td></td>
<td></td>
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<tr>
<td>□ Connecting people to public health care coverage (Medicaid, VA health care, SSI/SSDI)</td>
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<td></td>
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<tr>
<td>□ Working with supportive housing</td>
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<tr>
<td>□ Working with supportive employment</td>
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<tr>
<td>□ Using risk/needs assessment tools to assign people to care and supervision (see Criminogenic Risk and Behavioral Health Needs Framework in Appendix B)</td>
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<tr>
<td>7. Is a mental health screening administered in the correctional facilities or lockup?</td>
<td></td>
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<tr>
<td>Answer:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, please supply your TA provider with a copy of the screening tool/questions used by correctional facility or lockup personnel.</td>
<td></td>
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<td>8. If you answered “yes” to question 7 above, who administers the mental health screening in the correctional facility or lockup?</td>
<td></td>
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<tr>
<td>Answer:</td>
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<tr>
<td>□ Correctional officer</td>
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<td>□ Clinician</td>
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<td>□ Nurse</td>
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<td>Other: __________________________________________________________________________</td>
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<tr>
<td>9. Are there designated diversion/receiving/engagement centers that are available to receive people whom law enforcement officers divert from correctional facilities or lockup?</td>
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<td>Answer:</td>
<td></td>
<td></td>
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<tr>
<td>□ No</td>
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<tr>
<td>□ Yes, there is a designated diversion/receiving/engagement center, but it is not open 24 hours</td>
<td>Yes, there is a 24-hour designated diversion/receiving/engagement center</td>
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<tr>
<td>□ Other, there is a non-designated mental health facility/setting</td>
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<tr>
<td>10. Is there a service line for law enforcement to use for communicating with mental health facility staff at all times?</td>
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<tr>
<td>Answer:</td>
<td>Yes</td>
<td>No</td>
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EXERCISE 6: POLICY, PROCEDURES, AND STAKEHOLDER AGREEMENTS

Written policies and procedures play an important role in the overall management and success of a PMHC program. They provide agency employees with a clear understanding of the program by

• Affirming agency principles,
• Delineating procedures for carrying out program activities, and
• Providing critical information for working with mental health partners.

The success of these programs often rests on the ability of law enforcement and mental health agencies to effectively work together. Interagency agreements, such as memoranda of understanding (MOUs) are effective mechanisms to

• Delineate roles and responsibilities,
• Identify resources to be contributed, and
• Document joint policies and procedures.

Please respond to the questions below.

1. Do you currently have any of the following documents to define responsibilities among collaborating partners?

   □ Interagency agreements   □ MOUs   □ Policies and procedures   □ Other

   Please supply your TA provider with a copy of any selected item(s) above.

2. Are policies and procedures in place to guide call-taker and dispatcher activity with regard to mental health calls for service?

   Answer: □ Yes   □ No

   Please supply your TA provider with a copy of the policy and procedure document if available to share.

3. Are policies and procedures in place to guide law enforcement responses to calls for service involving people experiencing a mental health crisis? (E.g., use of verbal de-escalation vs. use of force, when to call for back-up, determining final disposition, etc.)

   Answer: □ Yes   □ No

   Please supply your TA provider with a copy of the policy and procedure document if available to share.

4. Are policies and procedures in place to guide mental health personnel on how to respond to people in crisis who are referred/diverted by officers? (E.g., transfer of custody, protocols for emergency evaluations, referral options, follow-up with law enforcement, etc.)

   Answer: □ Yes   □ No

   Please supply your TA provider with a copy of the policy and procedure document if available to share.

5. Was the development of policy and procedure documents informed by legal counsel?

   Answer: □ Yes   □ No
EXERCISE 7: INFORMATION SHARING AND CONFIDENTIALITY

Information sharing is crucial to a successful PMHC program. As you know, law enforcement activities are highly regulated and laws exist to govern the exchange of law enforcement information. Health care information adds another layer to an already complicated legal structure. It will be important for the planning committee and the project team to address the complexities of sharing information through an agreement such as an MOU, partnership agreement, information-sharing agreement, or another type of interagency agreement. The project team should consult with the appropriate legal authorities to develop an information-sharing agreement that is fully in compliance with applicable federal, state, and local laws and protects confidentiality. Collaborating partners must have a clear understanding of what information can and cannot be shared. Agreed-upon protocols should be documented within the partnership agreement.

Please respond to the questions below.

1. Have your law enforcement and mental health agencies determined the types of information that are needed and what can be shared between the two agencies?

   Answer:  □ Yes  □ No

2. Are law enforcement officers and mental health personnel aware of federal and state laws that dictate what and how information can be shared regarding people experiencing a mental health crisis in a criminal justice setting?

   Answer:  □ Yes  □ No

3. Does your jurisdiction have a common Health Information Exchange (HIE)? If so, which entities have access?

   Answer: Select all that apply
   □ No
   □ Yes, one shared HIE
   □ Yes, a number of separate HIEs
   □ Yes, law enforcement partner has access
   □ Yes, but law enforcement does not have access
   □ Yes, behavioral health partner has access

4. Have your law enforcement and mental health agencies determined what barriers to information sharing might exist?

   Answer:  □ Yes  □ No

5. If you answered “yes” to question 4, please provide details below.

   Answer:

6. Are there written policies, MOUs, or other interagency agreements to facilitate and formalize the sharing of information between law enforcement and mental health agencies?
7. If you answered “yes” to question 5 above, please select which agreements are in place.

Answer:  

| ☐ Intra-agency policy and/or protocol | ☐ Interagency MOU or other agreement |
| ☐ Information-sharing Agreement | ☐ Other: ______________ |

*Please supply a copy of the agreement(s) to your TA provider if available to share.*

8. Was your information-sharing policy and procedure reviewed by legal counsel?

Answer:  

| ☐ Yes | ☐ No |
Throughout this project, you will need to collect data to

- Keep track of participants or other grant project-related activities (program operations);
- Measure the grant project's performance on an ongoing basis; and
- Determine whether the grant project is operating as intended and is having the intended results (through process and outcome evaluations, respectively).

It is important to understand the different uses of data early on during your planning phase. This section will help you determine what data to collect and develop policies for collecting, storing, analyzing, and using it.

For law enforcement, accurately measuring the number of calls for service in which a person’s mental illness appears to be a factor is difficult if it is not an agency priority. Collecting this and other data is essential to encourage buy-in and support, align policies and protocols, and demonstrate the value of your program. The data that law enforcement collects should include the information that is most critical to the program’s goals.

**EXERCISE 8: DEVELOPING A DATA-COLLECTION STRATEGY**

The exercises below are intended to gather information on performance measures, data analyses, and evaluation.

### A. Performance Measures

1. **Are you currently collecting the data you need for relevant grant requirements** *(e.g., the Performance Measurement Tool [PMT]) for BJA and CSR?*

   **Answer:** ☐ Yes *(proceed to question 3) ☐ No *(proceed to question 2)*

2. **If you answered “no” to question 1, how will you improve your data collection effort?**

   **Answer:**

3. **If you answered “yes” to question 1 above, are there other outcome measures (not required for your PMT) that you are interested in tracking?**

   **Answer:**
4. **What demographic and other individual characteristic data will you be collecting (e.g. age, race/ethnicity, sex/gender, ethnicity, previous/repeat contact, known serious mental illness (SMI), etc.)?**

   | Answer: |

5. **Has your program determined a method for tracking final dispositions for mental-health related calls for service?**

   | Answer: | 
   |        | Yes | No |

6. **If you answered “yes” to question 5 above, please list final dispositions (e.g., arrest, emergency room, left on scene, etc.) that will be tracked.**

   | Answer: |

7. **Will you be analyzing final disposition data (listed in question 6) against individual data (listed in question 4)?**

   | Answer: | 
   |        | Yes | No |

8. **What agency or agencies are responsible for collecting the data?**

   | Answer: |

9. **How is the data being stored (e.g., in paper files, shared drive, network databases, etc.)?**

   | Answer: |

10. **Is there any oversight to ensure compliance with privacy mandates and to facilitate sharing?**

    | Answer: |

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**B. Analysis and Evaluation**

1. **Will data analysis and evaluation of your grant program be conducted?**

<p>| Answer: |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>2.</td>
<td>Who will conduct the data analysis and program evaluation? Is this an internal or external evaluator?</td>
<td>Answer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>What are you planning to measure in the evaluation, beyond the required PMT measures?</td>
<td>Answer:</td>
<td></td>
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<tr>
<td>4.</td>
<td>Are you using a comparison group to assess the success of the program? If so, what is the comparison group?</td>
<td>Answer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>How will program evaluation data be used to inform program operations?</td>
<td>Answer:</td>
<td></td>
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</tbody>
</table>

*Please note that the project evaluation must be submitted to BJA and your TA provider before the closeout of your grant program.*

*We also encourage you to share a project evaluation with key stakeholders within your community.*
SECTION 6: SUSTAINABILITY

This section focuses on strategies for achieving long-term sustainability for your initiative through focused efforts that are initiated at the start of the grant. Developing a sustainability plan at the onset of a project is essential to build a strong program that can continue after your JMHCP funding concludes. Sustainability can be especially difficult to achieve if left until the last minute when grant dollars are coming to an end.

While JMHCP grants are intended to create programs that improve results in a particular jurisdiction, these programs can also pave the way for more systemic change by modeling success or innovation. This may seem like a lot for one program to take on, but the program will be more sustainable if it is part of a broader effort to improve outcomes.

To accomplish the goal of sustainability, your project team should work to

- Gauge the response to the program from community leaders, elected officials, and others;
- Solicit feedback from officers and mental health professionals in order to determine how to promote the PMHC program within the community and spread the word about its effectiveness to community leaders; and
- Determine long-term funding sources.

Internally, agency leaders on the planning committee should work to maintain internal support for the program and use program evaluation data to sell the program’s effectiveness. These strategies will help ensure a long-term, sustainable program.

EXERCISE 9: PLANNING FOR PROGRAM SUSTAINABILITY

Please respond to the questions below.

A. Clarifying your Vision

1. What are your vision and goals for the project?

Answer:

2. What results are you trying to achieve after the life of the grant?

Answer:

3. Which activities will lead to those desired results after the life of the grant?

Answer:
### B. Funding Sources for Sustainability

1. Is there funding available for the continuation of your program after the life of the grant?
   
   **Answer:**

2. Please list funding sources available to sustain program after the grant has ended (e.g., foundation, federal/state, local, private donation, etc.).
   
   **Answer:**

3. Who is responsible for securing funds for program sustainability after grant completion? (Please use position titles, not names.)
   
   **Answer:**

4. Identify which components of the program (such as program-specific staffing, policy, or practices) could continue after the grant period ends.
   
   **Answer:**

### C. Stakeholder Engagement

1. Is there a working group/task force of diverse stakeholders focused on developing a sustainability plan?
   
   **Answer:**  
   
   Yes  
   No

2. List your key partners in sustaining your program after the life of the grant.
   
   **Answer:**

3. Identify others whose buy-in you wish to cultivate for successful implementation of your sustainability plan (e.g., community leaders, agency administrators, service providers, or elected officials).
   
   **Answer:**

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### 4. What measures are being taken to sustain interest from key stakeholders?

- Program e-mails or newsletter
- Individual meetings with key stakeholders
- Program fact sheet or brochure
- Special events and convenings
- Media
- Promotion targeting professional groups and key constituents
- Establishing and maintaining relevancy and leadership at local, state, or national levels
- Hosting program tours
- Other ________________________________

### D. Using Data to Drive Sustainability

1. **Is data available to share on a consistent basis with key stakeholders?**

   **Answer:**

2. **How often will performance measures be reported to or discussed with key stakeholders?**

   **Answer:**

3. **How will you communicate performance measures to key stakeholders?**

   **Answer:**

### E. Other Sustainability Strategies

1. **Identify any internal, local, state, or federal policy challenges that need to be addressed in order to achieve your sustainability goals.**

   **Answer:**
APPENDIX A: BRIEF OVERVIEW OF POLICE-MENTAL HEALTH COLLABORATION PROGRAMS

Law enforcement officers throughout the country regularly respond to calls for service that involve people with mental illnesses—often with minimal support, resources, or specialized training. Among the most complex and time-consuming calls, these encounters can have significant consequences for the officers, people with mental illnesses and their loved ones, the community, and the criminal justice system. At these scenes, officers must stabilize a potentially volatile situation, determine whether the person poses a danger to him- or herself or others, and determine an appropriate disposition that may require a wide range of community support. Because community mental health resources are overtaxed, officers may resolve incidents informally, often only to provide a short-term solution to a person’s long-term needs. As a consequence, many law enforcement personnel respond to the same group of people at the same locations repeatedly, straining already limited resources and fostering a collective sense of frustration at the inability to prevent future encounters.

In response, communities across the country are exploring strategies to improve the outcomes of these encounters and to provide a compassionate response that prioritizes treatment over incarceration when appropriate. PMHC programs are law enforcement-based programs that enable officers to respond appropriately and safely to people with mental illnesses. PMHC programs provide a new set of response options for front-line personnel that are tailored to the needs of people with mental illnesses; establish a link for people with mental illnesses to services in the community; and include strong collaborative ties to mental health partners, other criminal justice agencies, and community members. PMHC programs can create positive changes for law enforcement agencies, law enforcement officers, communities, and consumers alike.

Based on research and the experiences of agencies, the most common benefits of a PMHC program are:

- Decreased repeat encounters with the criminal justice system;
- Reduced operational and personnel costs for both law enforcement and mental health;
- Increased access to mental/behavioral health services;
- Reduced injuries to officers and others; and
- Improved community relations.

Responding to Mental Health Calls for Service

At the street level, PMHC programs provide officers with the knowledge and skills they need to de-escalate encounters, promote the safety of all involved, and, when appropriate, divert the person from further involvement with the criminal justice system and provide a timely connection to accessible and effective community-based mental health services. Five types of PMHC programs are briefly described below. It is important to note that there is no one “right” type of PMHC program. Agencies need to assess their community’s needs and resources to determine which type of PMHC is most appropriate.

- **Crisis Intervention Team (CIT):** CIT is the most commonly used approach by law enforcement agencies. The CIT model originated in the Memphis, Tennessee, Police Agency and is therefore often called the “Memphis Model.” CIT is based on the idea that experienced officers who volunteer to participate in the program are best at responding to mental health calls. Agencies select a group of qualified patrol officers (representing approximately 25 percent of the patrol force) who volunteer to take on this responsibility in addition to their normal patrol duties. After completing a 40-hour training course, CIT officers are dispatched to mental health calls or to assist officers who are not qualified in the CIT model. These CIT officers rely upon their expertise to work with mental health providers to determine appropriate dispositions.

- **Co-Responder Team:** In the co-responder team model, a specially trained officer and a mental health crisis worker respond together to mental health calls for service. By drawing upon the combined expertise of the officer and mental health professional, the team is able to link people with mental illnesses to appropriate services or provide other effective and efficient responses. The most common approach is for the officer and crisis worker to ride together in the same vehicle for an entire shift, but in some agencies the crisis worker meets the officer at the scene and they
handle the call together. Co-responder teams may respond throughout the entire jurisdiction, or they may work in areas with the greatest number of mental health calls.

- **Mobile Crisis Team:** The mobile crisis team is a group of mental health professionals who are available to respond to calls for service at the request of law enforcement officers. The mobile crisis team’s goal is to divert people from unnecessary jail bookings and/or emergency rooms. These crisis workers are skilled at helping to stabilize encounters and assume responsibility for securing mental health services for people—including those in crisis who may need further evaluation and treatment. Mobile crisis teams are not necessarily dedicated to assisting only law enforcement officers, but respond to requests directly from community members or their families and friends as well.

- **Case Management Team:** In the case management team approach, officers—often in collaboration with mental health professionals—carry a caseload of consumers. Officers do not treat or diagnose, but rather engage people who have repeated interactions with law enforcement or have a history of violence. Officers work with those people to develop specific solutions to reduce repeat interactions. This approach strives to keep people connected to mental health services and community resources to abide by treatment plans and meet other responsibilities, such as work, school, and training. Some agencies have designated full-time officers or detectives to perform this function, while in other agencies patrol officers can assume this responsibility in addition to other duties.

- **Tailored Approach:** A tailored approach is one in which an agency intentionally selects various response options from multiple PMHC programs to build a comprehensive program. This approach allows the agency to adhere to a consistent policing philosophy while being responsive to community needs. Factors that agencies consider when choosing this approach may include the size of the jurisdiction and the number of officers staffing a given shift. When using a tailored approach, a law enforcement agency begins with the expectation that every patrol officer must be able to respond effectively to mental health calls. Agencies enhance their patrol force with officers or detectives whose primary responsibilities are to liaise with stakeholders to coordinate criminal justice and mental health resources.
i. **POLICE-MENTAL HEALTH COLLABORATION (PMHC) TOOLKIT**
BJA launched an online toolkit that is intended to provide support to law enforcement agencies around the country in planning and implementing programs to more appropriately respond to calls for service involving people with mental illnesses. The PMHC Toolkit was developed in partnership with the CSG Justice Center and gathers promising practices and resources to help law enforcement agencies partner with mental health providers when responding to calls for service involving people with mental illnesses.

![PMHC Tool](image)

ii. **POLICE-MENTAL HEALTH COLLABORATION PROGRAM CHECKLISTS**
The checklists below can help law enforcement, behavioral health, and local leaders determine whether their PMHC programs align with promising practices for improving outcomes for law enforcement encounters with people with mental illnesses or who are in mental health crisis. The checklists are designed with the understanding that each law enforcement agency is unique and its PMHC program should be responsive to community needs and consistent with related resources in that jurisdiction. The checklists will help to determine whether a program is comprehensive and effective based on its alignment with the essential elements of a PMHC. Each checklist also addresses the particular management and oversight responsibilities of a given administrator.

- Checklist for Law Enforcement Leaders
- Checklist for Law Enforcement Program Managers
- Checklist for Behavioral Health Agency Leaders
- Checklist for County and City Leaders

iii. **LAW ENFORCEMENT/MENTAL HEALTH LEARNING SITES**
In an effort to expand the knowledge base for law enforcement agencies interested in starting or enhancing a PMHC program, with assistance from a team of national experts and BJA, the CSG Justice Center in 2010 selected six police departments to act as national law enforcement/mental health learning sites. Located across the country, these learning sites represent a diverse cross-section of perspectives and program examples, and are dedicated to helping other jurisdictions improve their responses to people with mental illnesses. The six learning sites host site visits from interested colleagues and other local and state government officials, answer questions from the field, and work with CSG Justice Center staff to develop materials for practitioners and their community partners. Learn more about the six Law Enforcement/Mental Health Learning Sites:

- Houston (TX) Police Department
- Los Angeles (CA) Police Department
- Madison (WI) Police Department
- Portland (ME) Police Department
- Salt Lake City (UT) Police Department
- University of Florida Police Department
With mounting research that demonstrates the value of science-based tools to predict a person’s likelihood of reoffending, criminal justice practitioners are increasingly using these tools to focus limited resources on the people who are most likely to reoffend. At the same time, mental health and substance use practitioners are trying to prioritize their scarce treatment resources for people with the most serious behavioral health needs. A person who screens positive for mental illness and/or substance use should be connected to appropriate treatment at the soonest opportunity; however, when that person is also assessed as being at a moderate to high risk of reoffending, connection to treatment is an even higher priority, along with interventions such as supervision and cognitive behavioral therapy to reduce the risk of recidivism. The framework depicted below outlines a structure for state and local agencies to consider how information about risk of reoffending and substance use and mental health treatment needs can be considered in combination to prioritize interventions to have the greatest impact on recidivism. For more information, read Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery.