FY2017 Justice & Mental Health Collaboration Program
Grant Application Assistance Webinar

Richard Cho, Director, Behavioral Health, Council of State Governments Justice Center
Maria Fryer, Justice System and Corrections Policy Advisor: Substance Abuse and Mental Health, Bureau of Justice Assistance
Sarah Wurzburg, Grantee Technical Assistance Manager, Behavioral Health, Council of State Governments Justice Center

Wednesday, February 1, 2017
Welcome and Introductions

• Richard Cho, Ph.D., Director, Behavioral Health, Council of State Governments (CSG) Justice Center

• Maria Fryer, Justice Systems and Corrections Policy Advisor, Substance Abuse and Mental Health, Bureau of Justice Assistance

• Sarah Wurzburg, Grantee Technical Assistance Manager, Behavioral Health, Council of State Governments (CSG) Justice Center
National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by the best available evidence
Justice and Mental Health Collaboration Program Funding

• Mentally Ill Offender Treatment and Crime Reduction Act Public Law 108-414 signed into law in 2004 with bipartisan support
• Authorized JMHCP: $50 million for criminal justice-mental health initiatives
• Reauthorized for five years in 2008 (Public Law 108-416)
• December 2016 the 21st Century Cures Act provided funding for JMHCP and MH Courts
Overview of JMHCP

The Justice and Mental Health Collaboration Program (JMHCP) supports innovative cross-system collaboration to improve responses and outcomes for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system.
JMHCP Grant Program: $92.4 Mil Awarded

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Grant Awards Per Year</th>
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<tbody>
<tr>
<td>FY2006</td>
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<td>FY2007</td>
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<td>FY2015</td>
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<td>FY2016</td>
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<table>
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<th>Year</th>
<th>Award Amount (M)</th>
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<td>FY2014</td>
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<td>FY2015</td>
<td>$8.5M</td>
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<td>FY2016</td>
<td>$7.25M</td>
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JMHCP Grantee Categories

Number of Grantees per Category

- Category 1 (County): 11
- Corrections: 30
- Law Enforcement: 57
- Juvenile: 75
- Courts: 85
- General Mental Health: 109

Grantee Categories
379 Awardees from Across the Nation

Representing 47 states and two U.S. territories, American Samoa and Guam
Bureau of Justice Assistance

• **Mission:** to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities.

The JMHCP has supported over $92.4 million in reentry investments across the country.

https://www.bja.gov/
JMHCP Grant Application Webinar

- Welcome and Introductions
- Overview of JMHCP
- JMHCP Grant Categories
- Question & Answer
New Focus: Diversion & Systems Planning

• For FY 2017, BJA has revised the goals of JMHCP to:
  – increase early identification and front-end diversion of people with mental health and co-occurring substance use disorders identified at early intercept points within the justice system.
  – move away from facilitating small-scale programming, which meets the needs of a limited target population, and move toward support for systemic reviews and changes.

• This will allow state, local, and tribal justice systems to more comprehensively respond to people with mental illnesses and co-occurring substance use disorders
# Growing Awareness of National Crisis

<table>
<thead>
<tr>
<th>Source</th>
<th>Story</th>
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<tbody>
<tr>
<td>The Columbus Dispatch</td>
<td>Mentally ill inmates at Franklin County Jail stay longer</td>
</tr>
<tr>
<td>The Washington Post</td>
<td>Baltimore police cuffed, stunned and shot people in mental health crisis</td>
</tr>
<tr>
<td>The Badger Herald</td>
<td>MPD announces new initiative to fight opioid epidemic</td>
</tr>
<tr>
<td>Southeast Missourian Gazette</td>
<td>Nearly a third of county inmates require drugs for mental illness</td>
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<tr>
<td>BDN Maine</td>
<td>Mentally ill Mainers are still warehoused, but now it’s in jail</td>
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<tr>
<td>rtv6 The INDYchannel</td>
<td>Johnson County Sheriff: Mental health is number one problem</td>
</tr>
<tr>
<td>USA Today</td>
<td>Police departments struggle to get cops mental health training</td>
</tr>
<tr>
<td>The Emporia Gazette</td>
<td>Jail violence increasing due to mental illnesses</td>
</tr>
</tbody>
</table>
Addressing a National Crisis of Too Many People with Mental Illnesses in Jails
• **Police-Mental Health Collaboration (PMHC) Toolkit**
  – Supports law enforcement agencies in planning and implementing effective public-safety responses to people who have mental illnesses

• **One Mind Campaign**
  – Seeks to ensure successful interactions between police officers and persons affected by mental illness.
  – [http://www.theiACP.org/oneMindCampaign](http://www.theiACP.org/oneMindCampaign)
Goals, Objectives, and Deliverables

• Universal screening and assessment.
• Enhanced comprehensive law enforcement diversion strategies.
• Appropriate resource allocation and program placement for treatment and supervision based on risk level and needs.
• Assessing and adjusting treatment capacity, evidence-base, and quality to meet the needs of justice-involved individuals with mental illnesses and co-occurring substance use disorders.
• Measuring progress.
Target Population Requirements

- Current research points toward the “Risk-Need-Responsivity” (RNR) model for how corrections and judicial authorities should be identifying and prioritizing individuals to receive appropriate interventions.

- When prioritizing individuals with behavioral health needs involved with the justice system for scarce programming and treatment resources, priority should be given to those at higher risk for recidivism and higher criminogenic need as determined by validated actuarial risk and need assessment.
Target Population Continued

• Have been diagnosed as having a mental illness or **co-occurring mental health and substance use disorders** or manifest obvious signs of mental illness or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court;

• Have been **unanimously approved for participation** in a program funded under this solicitation by (as appropriate) the relevant prosecuting attorney, defense attorney, probation or corrections official, judge, and a representative from the relevant mental health agency, having been determined by each of these relevant individuals to **not pose a risk of violence** to any person in the program, or the public, if selected to participate in the program; and

• Have **not been charged with or convicted** of any sex offense (as defined at 42 U.S.C. §16911) or any offense relating to the sexual exploitation of children, or murder or assault with intent to commit murder.
Court-Based Program Requirements

- In determining eligibility, the relevant prosecuting attorney, defense attorney, probation or corrections official, judge, and mental health or substance abuse agency representative shall take into account:
  - (1) whether the participation of the defendant in the program would pose a substantial risk of violence to the community
  - (2) the criminal history of the defendant and the nature and severity of the offense for which the defendant is charged,
  - (3) the views of any relevant victims to the offense,
  - (4) the extent to which the defendant would benefit from participation in the program,
  - (5) the extent to which the community would realize cost savings because of the defendant's participation in the program, and
  - (6) whether the defendant satisfies the eligibility criteria for program participation unanimously established by the relevant prosecuting attorney, defense attorney, probation or corrections official, judge and mental health or substance abuse agency representative.
JMHCP Grant Application Webinar

Introductions

Overview of JMHCP

JMHCP Grant Categories

Question & Answer
Grant Categories

• **Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail:** grantees will demonstrate a systemwide coordinated approach to safely reduce the prevalence of individuals with mental disorders in local jails.
  – _Grant Amount:_ Up to $200,000, _Project Period:_ 24 months

• **Category 2: Strategic Planning for Law Enforcement and Mental Health Collaboration:** grantees will design their community’s law enforcement mental health collaboration strategy to improve responses to, and connections to services for, people with mental health and co-occurring disorders by conducting a comprehensive agency assessment of policy and practice, developing an agency training plan, building and maintaining a data collection system, and partnering with mental health and the community.
  – _Grant Amount:_ Up to $75,000, _Project Period:_ 12 months

• **Category 3: Implementation and Expansion:** grantees will implement targeted mental health and justice system interventions to address the needs of individuals with mental disorders or expand upon (or improve) well-established mental health and justice system collaboration strategies to address the needs of individuals with mental health disorders and to improve public safety.
  – _Grant Amount:_ Up to $300,000, _Project Period:_ 24 months
Category 1: Collaborative County

• Support a targeted analysis of the prevalence of people with mental disorders in the local jail,
• a review of existing community resources, and identification and
• initial implementation of policy and practice changes to minimize contact or deeper involvement of individuals with mental disorders and co-occurring substance use disorders in the criminal justice system.
Category 1 Priorities

• All grantees **must** establish a team (or utilize a pre-existing team) of county leaders, stakeholders, and decisionmakers from multiple agencies to engage in the planning process.

*Priority Considerations:*

• Large urban counties seeking to implement universal screening and assessment of all people booked into the jail for mental health disorders, risk, and need using an appropriate validated risk assessment tool to inform pretrial decision making.

• Rural counties in partnership with neighboring counties or the state to ensure that all people booked into jail are screened for risk and need and that the information gathered will be used to inform pretrial decision making.
Category 1: Planning Phase

• Make use of an outside facilitator to assist in planning team meetings.
• Engage a research partner/evaluator to ensure outcomes are being evaluated effectively.
• Gather, consolidate and analyze existing local data.
• Clarify and document how individuals with mental disorders move through the local justice system and identify and gather relevant sources of data for analyses to identify policy options to safely reduce the prevalence of individuals, especially high utilizers, with mental disorders in jail through diversion, alternative sentencing, or other strategies.
Category 1: Implementation Phase

- Improve the administration of screening and/or assessment tools needed to identify MH, SUD, and criminogenic risk/needs among adults entering jail.
- Develop or reform policies and practices for the use of risk/need assessment data, including how it is shared among agencies, and how it is used in making pretrial decisions that are responsive to the individual risks and needs, enhancing diversion opportunities as well as continuity of care upon release back to the community.
- Use assessment data to measure the prevalence of individuals with mental disorders or co-occurring substance use disorders in jail.
- Inventory the policies, programs, and services currently in use that may minimize contact or deeper involvement for individuals with mental disorders in the criminal justice system, and identify gaps.
- Develop and implement a plan to change policies and/or realign existing programs and services to minimize contact or deeper involvement of individuals with MH/CODs in the criminal justice system.
- Develop alternatives to hospital and jail admissions for high utilizers that provide treatment, stabilization, and other appropriate supports in the least restrictive, yet appropriate environment, such as receiving centers, intensive case management, or other specialized responses.
Updated Category 2: Planning for Law Enforcement

• Demonstrate a commitment on the part of law enforcement, mental health agencies, and local government leaders by conducting a strategic planning process to select a law enforcement mental health collaboration (Crisis Intervention Team; CIT, Co-Responder Model, etc.) that will be expected to improve responses to people with MI/CODs

• For more information about police–mental health collaboration options, please visit PMHC Toolkit.
Category 2

- Teams consisting of police, local government, and mental health organization leadership will receive intensive technical assistance,
- mandatory in-person strategic planning session, to conduct a comprehensive assessment of current policies, practices, and resources available to respond to this population.
- Agencies and their partners will select and design the best model approach for growing an agency and community-wide strategy to improve police and community responses to people with MH/CODs
- The main grant deliverable includes an action plan encompassing such elements as
  - the commitment of leadership;
  - collaboration with behavioral health agencies;
  - written policies and procedures;
  - necessary police and mental health resource allocations;
  - training curricula and practices;
  - staffing and performance evaluations; and
  - the use of data for performance and outcomes measurement.
Category 2: Use of Funds

- Personnel costs related to a police–mental health coordinator position to lead and coordinate a review and planning process.
- Consultant services to assist with improving data and performance measurement systems/processes; revising policies and procedures; improving staff performance evaluations; or delivering trainings.
- Conducting a local evaluation of an existing police–mental health collaboration, such as a Crisis Intervention Team or Mobile Crisis Team. Priority consideration will be given to grantees that include evaluation as a program component.
- Meeting expenses related to planning.
- Travel costs to attend the Mandatory Strategic Planning Session.
- Travel costs related to visiting approved law enforcement–mental health learning sites for peer-to-peer learning or approved conferences to further develop the strategy (e.g., JMHCP, CIT, etc.).
Category 3: Implementation and Expansion

- Implement an already initiated plan or expand upon (or improve) a well-established collaboration plan between justice and mental health partners.
- Grants can support law enforcement response programs; court-based initiatives such as mental health courts, pretrial services, and diversion/alternative prosecution and sentencing programs; treatment accountability services; specialized training for justice and treatment professionals; corrections/community corrections initiatives; transitional and reentry services; treatment; and non-treatment recovery support services coordination and delivery including case management, housing placement and supportive housing, job training and placement, education, primary and mental health care, and family supportive services.
Planning & Implementation Guide

• Grantees will receive intensive technical assistance and access up to $100,000 of the total grant award in order to complete and submit a required P&I Guide.

• Program budget approval and coordination with a technical assistance coordinator is required to complete and submit a Planning and Implementation Guide.

• Law enforcement agencies that apply under Category 3 must demonstrate a track record of collaboration or partnership with community mental health agencies.
Category 3: Allowable Uses

a. Training for criminal justice, mental health, and substance use treatment personnel
b. Enhance Access to Community-Based Healthcare Services and Coverage
c. Law Enforcement Responses
d. Diversion and Alternative Sentencing
e. Correctional Facility Grants
f. Community Supervision Strategies
g. Case Management and Direct Services
References for Applicants

• Program Evaluation
• Risk-Need-Responsivity Principle
• Screening and Assessment Tools
• Providing Interventions that Address Criminogenic Need
• Mental Health Treatment Services
• Housing, Supported Employment, and Supported Education
Priority Considerations

• For Category 1: Large Urban Counties or Rural Counties in Partnership with Neighboring Counties or States
• For Category 1: Counties with a Demonstrated Commitment to Reducing the Prevalence of People with Mental Illness in Jail
• Program Evaluation
• Provision of Services for Justice System-Involved Females
• Information sharing between criminal justice agencies and community behavioral health services
Target Population Requirements

• Grant funds must be used to support a target population that includes adults or juveniles who:
  – Have been diagnosed as having a mental illness or co-occurring mental health and substance abuse disorders; and
  – Have faced, are facing, or could face criminal charges for a misdemeanor or felony that is a nonviolent offense.
  – An individual’s past criminal history has no effect on present eligibility for JMHCP programs.
Budget

• The budget narrative should thoroughly and clearly describe every category of expense listed in the Budget Detail Worksheet.

• OJP expects proposed budgets to be complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities).
Budget Requirements

All Applicants
• Include funding to support attendance to a grantee orientation meeting.
  – Plan for up to four staff to attend the meeting and participants should include a representative from the criminal justice partner, a representative from the mental health partner, and staff responsible for the management of the grant.
  – For cost estimates, plan for this to be a 2-day meeting in Washington, D.C.
• Include the amount and source of matching funding

Categories 1 and 2:
• Additional travel costs should be included to attend a BJA-sponsored strategic planning meeting. Plan for at least three staff to attend a 3-day meeting in Washington, DC.

Categories 1 and 3:
• Applicants must set aside an adequate amount of funding to implement a data collection plan.
• Applicants should structure their budgets to accommodate only a percentage of funds being available during the planning stage with the remainder to be released upon approval of a Planning and Implementation Guide.
Review Criteria

• Statement of the Problem/Description of the Issue (20%)
• Project Design and Implementation (40%)
• Capabilities and Competencies (20%)
• Plan for Collecting the Data required for this Solicitation’s Performance Measures (10%)
• Plan for Measuring Program Success to Inform Plans for Sustainment (5%)
• Budget: complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities).
  – Budget narratives should demonstrate generally how applicants will maximize cost effectiveness of grant expenditures. Budget narratives should demonstrate cost effectiveness in relation to potential alternatives and the goals of the project. (5%)
TECHNICAL ASSISTANCE PROVIDED TO JMHCPE GRANTEES
Technical Assistance Activities

- Monthly phone calls
- Peer Learning Opportunities
- Site Visits
- Resource Sharing
- Webinars
- Expert Trainings
Grantee Orientation and Strategic Planning Meetings

2015 JMHCP & SCA National Conferences

Justice and Mental Health Collaboration in Action
practical strategies to deliver results
December 14-18, 2015 + Marriott Wardman Park + Washington, DC

Follow on Social:
#SecondChanceAct  #JMHCNP  @CSGJC

View PowerPoint presentations from the conference

U.S. Attorney General Loretta E. Lynch, White House Senior Advisor Valerie Jarrett, and actor and activist Tim Robbins were among the top officials, leaders, and celebrities who came together to champion effective criminal justice strategies at the annual Second Chance Act (SCA) and Justice and Mental Health Collaboration Program (JMHCP) conference in
Introductions

Overview of JMHCP

JMHCP Grant Categories

Question & Answer
QUESTIONS AND ANSWERS
Contact Information for Grant Application

• For technical assistance with submitting an application, contact the Grants.gov Customer Support Hotline at 800-518-4726 or 606-545-5035, or via email to support@grants.gov. The Grants.gov Support Hotline operates 24 hours a day, 7 days a week, except on federal holidays.

• For assistance with any unforeseen Grants.gov technical issues beyond an applicant’s control that prevent it from submitting its application by the deadline, or any other requirement of this solicitation,
  – contact the National Criminal Justice Reference Service (NCJRS) Response Center:
  – toll-free at 800-851-3420; via TTY at 301-240-6310 (hearing impaired only);
  – email grants@ncjrs.gov; fax to 301-240-5830; or
  – The NCJRS Response Center hours of operation are 10:00 a.m. to 6:00 p.m. eastern time, Monday through Friday, and 10:00 a.m. to 8:00 p.m. eastern time on the solicitation close date.
Contact Information

- Richard Cho, Ph.D., Director, Behavioral Health, rcho@csg.org

- Maria Fryer, Policy Advisor, Maria Fryer Maria.Fryer@usdoj.gov

- Sarah Wurzburg, Grantee Technical Assistance Manager, swurzburg@csg.org
Thank You

Join our distribution list to receive CSG Justice Center project updates!

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For more information, contact Olivia Randi, orandi@csg.org.

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