FY19 Justice and Mental Health Collaboration Program (JMHCP) Orientation Webinar

Part 1: JMHCP and Training and Technical Assistance Overview
Agenda

I. Welcome and Introductions

II. Overview of Behavioral Health Diversion and Reentry Strategies

III. Overview of JMHCP

IV. Technical Assistance

V. Questions and Answers
Speakers

• Ayesha Delany-Brumsey, PhD, Director, Behavioral Health, *The Council of State Governments Justice Center*

• Maria Fryer, Justice Systems and Mental Health Policy Advisor, *Bureau of Justice Assistance, U.S. Department of Justice*

• Allison Upton, PsyD, Project Manager, Behavioral Health, *The Council of State Governments Justice Center*

• Sarah Wurzburg, Deputy Program Director, Behavioral Health, *The Council of State Governments Justice Center*
The U.S. Department of Justice Bureau of Justice Assistance

**Mission:** BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities.

[www.bja.gov](http://www.bja.gov)
We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.
How We Work

• We bring people together
• We drive the criminal justice field forward with original research
• We build momentum for policy change
• We provide expert assistance
Our Areas of Focus

Corrections

Courts

Law Enforcement

Substance Abuse

Youth

Mental Health
Justice and Mental Health Collaboration Program Funding

- Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), Public Law 108-414, signed into law in 2004 with bipartisan support
- Authorized JMHCP: $50 million for criminal justice-mental health initiatives
- Reauthorized for 5 years in 2008 (Public Law 108-416)
- Funded and reauthorized by the 21st Century Cures Act in 2016, which provided for JMHCP and mental health courts
Growing Awareness of a National Crisis

The Columbus Dispatch
Mentally-ill inmates at Franklin County jail stay longer

USA Today
Police departments struggle to get cops mental health training

rtv6abc
Sheriff: Mental health is number one problem

The Washington Post
Baltimore police cuffed, stunned and shot people in mental health crisis
People with Mental Illnesses are Overrepresented in Jails—Most Have Co-occurring Substance Abuse

General Population

- 4% Serious Mental Illness

Jail Population

- 17% Serious Mental Illness
- 72% Co-occurring Substance Abuse

Growing Police Encounters and Calls for Service Involving People in Crisis

One Florida county found that **1 in 10 calls** for service involve a person with a **severe mental illness**.

In Madison, Wisconsin, **behavioral health calls** for service take **twice as long to resolve**:
- All CFS = 1.5 hours
- BH = 3 hours

---

**MH-Related Calls to Law Enforcement Agencies in Deschutes County, OR**

<table>
<thead>
<tr>
<th>Year</th>
<th>Bend Police Department</th>
<th>Redmond Police Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>2011</td>
<td>120</td>
<td>100</td>
</tr>
<tr>
<td>2012</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>2013</td>
<td>400</td>
<td>400</td>
</tr>
</tbody>
</table>


Source: City of Bend (Oregon) Police Department

Source: Madison (Wisconsin) Police Department
Judicial Decision-Making Can Contribute to Higher Mental Illness Prevalence in Jails

North Dakota judges were asked:

Have you ever sentenced someone to prison in order to connect him/her with needed mental health, alcohol or drug addiction programming, or other treatment even when he/she is not considered high risk?

Proportion of NYC Department of Corrections Average Daily Population (ADP) with Identified Mental Health Need

People with Mental Illnesses Often Stay Longer in Jail

An “M indicator” is assigned to individuals who have been incarcerated in NYC jails for at least 24 hours and have received treatment for mental illnesses during their confinement.

Source: Emily Turner, Improving Outcomes for People with Mental Illnesses Involved in the Criminal Justice System (New York: CSG Justice Center, 2012).
Americans with Behavioral Health Disorders Face Significant Treatment Gap (2015)

1 in 10 people who needed substance use disorder (SUD) treatment received it in a specialty SUD facility

Agenda

I. Welcome and Introductions

II. Overview of Behavioral Health Diversion and Reentry Strategies

III. Overview of JMHCP

IV. Technical Assistance

V. Questions and Answers
Why Is it Important?

- What has JMHCP taught us so far?
- What law enforcement approach should we adopt?
- What tools can help us identify people?
- How do we build a better crisis system?
- What do we do to support “high utilizers”? 
Behavioral Health Diversion and Reentry Strategies

• Diversion strategies that address system enhancements
• Opportunities for diversion at multiple intercept points
• For people who are not eligible for diversion, providing reentry services that include connection to behavioral health services in the community
Continuum of Diversion Interventions

Pre-booking
- Law Enforcement
- Arrest

Post-booking
- Jail
- Pretrial
- Court

Community-Based Treatment and Support Services
- Including, but not limited to:
  - Case Management
  - Mental Illness Treatment
  - Substance Use Treatment
  - Supportive Housing
  - Vocational and Educational Services
Behavioral Health Diversion Interventions

- Leaders are seeking opportunities to build bridges across systems to create community-wide strategies that have the greatest impact
- Outlines overarching elements needed to create a holistic and effective diversion response strategy

Police-Mental Health Collaboration (PMHC) Framework

- Draws upon experience of most advanced PMHCs in the nation
- Articulates the core components of a comprehensive and robust PMHC that produce improvements in community-wide outcomes
- Shifts the focus away from stand-alone training or small-scale programs/teams toward agency-wide collaborative responses and metrics-driven performance management


JMHCP Orientation Webinar: Part 1 - Overview
A Common Framework for 18,000+ Law Enforcement Agencies

Written for law enforcement executives, with the expectation that they can manage

↑ up to elected/appointed leaders
↔ horizontally to behavioral health partners
↓ down to program-level staff and all agency personnel
Six Questions for Law Enforcement Leaders

1. Is our leadership committed?

2. Do we have clear policies and procedures to respond to people who have mental health needs?

3. Do we provide staff with quality mental health and stabilization training?

4. Does the community have a full array of mental health services and supports for people who have mental health needs?

5. Do we collect and analyze data to measure our progress?

6. Do we have a formalized process for reviewing and improving performance?
The Stepping Up Initiative

Stepping Up is a national movement to provide counties with tools to develop cross-systems, data-driven strategies to measurably reduce the number of people with mental illnesses in jails.
• **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
Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Paul Heintz, Dr. Tony Fabri, Dr. Fereidun Daher, and Michael Thompson

January 2017

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
Additional Guides to Implement the Six Questions Framework

**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

**Online County Self-Assessment**

Welcome
The Stepping Up County Self-Assessment is designed to assist counties participating in the Stepping Up Initiative or other counties interested in evaluating the status of their current efforts to reduce the prevalence of people with mental illnesses in jails and in determining their needs for training and technical assistance to advance their work.

**Series of Briefs**

**IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT**

This brief focuses on implementing a mental health screening and assessment process, specifically in identifying the number of people booked into jails who have serious mental illnesses (SMI). While implementing the process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI. Once this population is identified, the county can add additional stressors and other individuals into the formalized mental health screening and assessment process. Stepping Up can assist counties who have SMI in jail and will allow counties to develop a strategic plan that will have the greatest impact on addressing the population’s needs.

**WHY IT’S IMPORTANT**

To reduce the number of people who have SMI in jail, counties need to have a clear and explicit understanding of the size of the problem. Prior to being booked into jail, some people who have SMI may never have been diagnosed or may have avoided mental illness treatment, while others may have been engaged in mental health services and received medical or behavioral treatment. Screening and assessment can assist in identifying who should be connected to needed services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the interventions and resources required to address this population’s behavioral health needs. Moreover, having the ability to accurately and consistently identify this number of people who have SMI will help support efforts to track progress toward their goals.

**WHY IT’S CHALLENGING**

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and processes in place to systematically conduct these activities. This brief and additional guidance and training materials through the Stepping Up Initiative, including webinars, tools, and other resources, provides information and guidance on how to address this gap and other resources.

---

*JMHCP Orientation Webinar: Part 1 - Overview*
Primary Systems-Level Challenges

• Quantifying needs using data
  • Systematic identification of people with behavioral health needs using validated tools and standard definitions of mental illness and substance abuse
• Identifying system improvements and treatment gaps using data
• Specifying gaps in community-based services and treatment based on data on connections to care
• Developing multiple diversion opportunities and a community-based crisis response system
• Working to identify “high utilizers” of multiple systems and support targeted interventions across systems
Primary Practice-Level Challenges

• Targeting interventions based on behavioral health needs and criminogenic risk
  • Assessing serious mental illnesses, substance abuse, and criminogenic risk factors in courts and correctional facilities
• Incorporating assessment information into case plans
  • Utilizing the assessment information for BOTH behavioral health and criminogenic risk in case plans
• Implementing evidence-based practices (EBPs)
  • Developing quality assurance for screening, assessment, and EBPs
• Using Data to Support Changes in Practices
Criminogenic Risk/Behavioral Health Needs Framework

Low Criminogenic Risk (low)
- Mild/Low Severity of Substance Use Disorder (low)
- Low Severity of Mental Illness (low)
  - Group 1: I-L
    - CR: low
    - SUD: low
    - MI: low
  - Group 2: II-L
    - CR: low
    - SUD: low
    - MI: mod/high

Medium to High Criminogenic Risk (med/high)
- High Severity of Substance Use Disorder (moderate/severe)
- Serious Mental Illness (med/high)
  - Group 3: III-L
    - CR: low
    - SUD: mod/serv
    - MI: low
  - Group 4: IV-L
    - CR: low
    - SUD: mod/serv
    - MI: med/high

Low Criminogenic Risk (low)
- Mild/Low Severity of Substance Use Disorder (low)
- Low Severity of Mental Illness (low)
  - Group 5: I-H
    - CR: low
    - SUD: low
    - MI: med/high

Medium to High Criminogenic Risk (med/high)
- High Severity of Substance Use Disorder (moderate/severe)
- Serious Mental Illness (med/high)
  - Group 6: II-H
    - CR: med/serv
    - SUD: low
    - MI: med/high
  - Group 7: III-H
    - CR: med/serv
    - SUD: mod/serv
    - MI: low
  - Group 8: IV-H
    - CR: med/serv
    - SUD: mod/serv
    - MI: med/high
Web-Based Tool to Support Case Planning for Diversion and Reentry

Collaborative Comprehensive Case Plans

Addressing Criminogenic Risk and Behavioral Health Needs

Note: This site provides tools and resources to assist in developing and implementing collaborative case plans, including the “Developing Collaborative Comprehensive Case Plans” webinar, which offers tips on how to get the most out of this site.

The Criminogenic Risk and Behavioral Health Needs framework introduced state leaders and policymakers to the concept of prioritizing supervision and treatment resources for people based on their criminogenic risk and needs, as well as their behavioral health needs. Since then, the framework has been used as a foundational tool by federal grantees of the Second Chance Act (SCA) and the Justice and Mental Health Collaboration Program (JMHCP).

What are Collaborative Comprehensive Case Plans?  How are Collaborative Comprehensive Case Plans Implemented?  What Other Resources Should Be Considered?
Lead Case Planner

1. Interagency Collaboration and Information-Sharing
2. Staff Training
3. Screening and Assessment
4. Case Conference Procedures
5. Participant Engagement
6. Prioritized Needs and Goals
7. Responsivity
8. Legal Information
9. Participant Strengths
10. Gender Considerations

Source: https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/
Agenda

I. Welcome and Introductions

II. Overview of Behavioral Health Diversion and Reentry Strategies

III. Overview of JMHCP

IV. Technical Assistance

V. Questions and Answers
Overview of JMHCP

The Justice and Mental Health Collaboration Program (JMHCP)

• Supports cross-system collaboration to improve responses and outcomes for people with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come in contact with the justice system; and

• Supports officer and public safety and violence reduction through social service and other partnerships that will enhance and increase law enforcement responses to people with MI and CMISA.
JMHCP Grant Program: $145.7 Million Awarded

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Grants</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY06</td>
<td>26</td>
<td>$4.9M</td>
</tr>
<tr>
<td>FY07</td>
<td>26</td>
<td>$4.9M</td>
</tr>
<tr>
<td>FY08</td>
<td>23</td>
<td>$6.5M</td>
</tr>
<tr>
<td>FY09</td>
<td>43</td>
<td>$10M</td>
</tr>
<tr>
<td>FY10</td>
<td>62</td>
<td>$9.9M</td>
</tr>
<tr>
<td>FY11</td>
<td>40</td>
<td>$9M</td>
</tr>
<tr>
<td>FY12</td>
<td>34</td>
<td>$8.4M</td>
</tr>
<tr>
<td>FY13</td>
<td>32</td>
<td>$8.3M</td>
</tr>
<tr>
<td>FY14</td>
<td>34</td>
<td>$8.5M</td>
</tr>
<tr>
<td>FY15</td>
<td>28</td>
<td>$7.25M</td>
</tr>
<tr>
<td>FY16</td>
<td>32</td>
<td>$8.7M</td>
</tr>
<tr>
<td>FY17</td>
<td>55</td>
<td>$23.52M</td>
</tr>
<tr>
<td>FY18</td>
<td>47</td>
<td>$23.83M</td>
</tr>
<tr>
<td>FY19</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>
531 Awardees across the Nation

Representing 49 states and two U.S. territories, American Samoa, Guam, and tribal nations
FY19 JMHCP Awardees

Category 1: Collaborative County Approaches
- 10
- $3.87 M

Category 2: Law Enforcement Planning
- 8
- $775.3 K

Category 3: Implementation & Expansion
- 31
- $19.18 M
Grant Categories

Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Serious Mental Illness in Jails

- Through a two-phase process consisting of planning and implementation, grantees will develop a systemwide coordinated approach to safely reduce the prevalence of low-risk individuals with MI and CMISA in local jails.

- The application must address what activities will be funded under both the planning and implementation phases of the grant award period.
Grant Categories

Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Serious Mental Illness in Jails

- **Grant Amount**: Up to $300,000 for jurisdictions with populations fewer than 100,000, up to $400,000 for jurisdictions with populations between 100,000 and 499,999, and up to $500,000 for jurisdictions with populations of 500,000 or more

- **Project Period**: 24 months
Grant Categories

Category 2: Strategic Planning for Law Enforcement and Mental Health Collaboration

• Grantees will design their collaboration strategy to
  1. Effectively utilize law enforcement’s and community service provider’s time by planning new approaches or enhanced responses to calls for service regarding people with MI; and
  2. Improve officer and citizen safety during calls for service involving people with MI and CMISA.

• Grant Amount: Up to $100,000
• Project Period: 24 months
Grant Categories

Category 3: Implementation and Expansion

• In order to increase public safety and reduce recidivism among high-risk people with MI and CMISA, Category 3 funds law enforcement, prosecution, court-based, corrections, and/or parole and probation initiatives.

• The grant application will address activities to be funded under two phases of the grant award period: planning and implementation.

• **Grant Amount**: Up to $750,000

• **Project Period**: 36 months
Category 1: Collaborative County Deliverables

**Phase 1 - Planning**: Up to $100,000 of grant funds may be used to follow and document the steps laid out in the Category 1 Planning and Implementation (P&I) Guide at [https://csgjusticecenter.org/mental-health/posts/fy2018-planning-and-implementation-guide-forjmhcp-category-1-grantees/](https://csgjusticecenter.org/mental-health/posts/fy2018-planning-and-implementation-guide-forjmhcp-category-1-grantees/).
Category 1: Collaborative County Deliverables

- BJA will provide no-cost, customized training and technical assistance to support this phase. This phase is estimated to require 8 months of the grant period to complete (to begin after the Office of Justice Programs [OJP] provides final budget approval).

- At the conclusion of **Phase 1**, the grantee will have a BJA-approved P&I Guide that will assist it in addressing the unique nature of its justice and mental health issues.
Category 1: Allowable Activities

• Establish a team (or utilize a pre-existing team) of county leaders, relevant stakeholders, and decision-makers from multiple agencies to engage in the planning process.

• Develop a plan to conduct timely screening and assessments for MI, CMISA, and risk of recidivism.

• Establish baseline measures of four key outcomes: the number of people with MI and CMISA booked into jail, their average length of stay, the percentage of people connected to treatment, and their recidivism rates.
Category 1: Allowable Activities

- Conduct a comprehensive process analysis and inventory of services to determine existing policies, practices, programs, and treatments, and identify service capacity and gaps as well as evidence-based programs and practices.
- Prioritize policy, practice, and funding improvements and estimate the impact of new strategies.
Category 1: Allowable Activities

- Establish a process for tracking the impact of the plan on the four key outcomes. Applicants may consider engaging a research partner/evaluator to ensure that outcomes are being evaluated effectively.
- Design a data-integration/data-matching system between jails and community service providers to better understand patterns of people considered “high utilizers” of multiple crisis systems.
Category 1: Collaborative County Deliverables

**Phase 2 - Implementation**: Upon BJA approval of the P&I Guide developed in Phase 1, the grantee will be authorized to spend the remaining grant funds on directly related implementation activities.
Category 2: Allowable Activities

• Establish an interagency workgroup including law enforcement, behavioral health, and all other major stakeholders (e.g., 911 and dispatch, hospitals, courts, corrections, and housing).

• Designate a law enforcement agency project coordinator in a position of authority to review data on performance and adherence to policies and procedures, ensure that day-to-day operations are in line with the PMHC mission, and coordinate partner outreach.
Category 2: Allowable Activities

- Review (and revise as needed) existing protocols to respond to people who have MI and CMISA, including interagency agreements, screening and guidance for mental health calls for service, and information sharing.

- Review (and revise as needed) existing officer mental health training to manage and defuse encounters with people exhibiting MI and CMISA. Include call-takers/dispatch training and provide options to inform and aid responding officers through the use of such options as premise-alert forms (see http://papremisealert.com/us/wpcontent/uploads/Microsoft-Word-Premise-Alert-Form-8-13.doc.pdf).
Category 2: Allowable Activities

- Assess existing behavioral care resources (e.g., crisis hotlines, mobile outreach, crisis facilities, outpatient treatment, etc.), identify gaps in services, and prioritize behavioral health resources for the PMHC strategy.

- Assess ability to track mental health-related calls for service and dispositions (e.g., repeat calls for the same individuals, duration of calls for service) and develop additional capacity to analyze and track.
Category 2: Allowable Activities

- Design data-integration/data-matching systems between law enforcement and community service providers to better understand patterns of people considered “high utilizers” of multiple services such as health care, housing, and EMS to improve and increase coordination, response, and community capacity.
Category 2: Allowable Activities

- Organize, with technical assistance, a team of at least 2 collaborative project partners—1 law enforcement and 1 mental health partner representative—to travel to and engage in peer-to-peer learning with 1 of 10 BJA-established Law Enforcement-Mental Health learning sites as part of the strategic planning process.

- Develop a process for reviewing and improving performance data to promote additional PMHC capacity and long-term sustainability.
Law Enforcement-Mental Health Learning Sites

A peer-to-peer learning program supported by BJA and the CSG Justice Center

Since 2010, 6 learning sites have supported jurisdictions across the nation in exploring strategies to improve law enforcement responses to people who have mental health needs.

In 2017, 4 additional sites were added to meet demands from the field and increase the range of strategies and agency features.

Number of Technical Assistance Activities Provided by the Learning Sites:

- 2015: 631
- 2016: 2157
- 2017: 2904
Law Enforcement-Mental Health Learning Sites

2010 Cohort:
1. Houston (TX) Police Department
2. Los Angeles (CA) Police Department
3. Madison (WI) Police Department
4. Portland (ME) Police Department
5. Salt Lake City (UT) Police Department
6. University of Florida Police Department

2017 Cohort:
1. Arlington (MA) Police Department
2. Jackson County (OH) Sheriff’s Office
3. Madison County (TN) Sheriff’s Office
4. Tucson (AZ) Police Department
Phase 1 - Planning: Up to $150,000 of grant funds may be used to follow and document the steps laid out in the Category 3 P&I Guide at https://csgjusticecenter.org/mental-health/posts/implementation-guide-for-jmhcpcategory-3grantees/.
Category 3: Planning Deliverables

- BJA will provide no-cost, customized training and technical assistance to support this phase. This phase is estimated to require 6 months of the grant period to complete (beginning after the grantee receives OJP budget approval).

- At the conclusion of Phase 1, the grantee will have a P&I Guide that will assist it in completing the project.
Category 3: Implementation and Expansion Deliverables

**Phase 2 - Implementation**: After BJA approves the P&I Guide developed by the grantee during Phase 1, remaining grant funds may be used to support the following activities:
Category 3: Allowable Activities

1. Training for criminal justice, mental health, and substance misuse treatment personnel
   - Specialized and comprehensive training for law enforcement personnel, through state academies and local departments, on procedures to identify and respond appropriately to incidents in which individuals with MI are involved, such as Crisis Intervention Team training or other PMHC response models
   - Training staff, including supervising officers, to provide highly specialized and skilled evidence-based services targeting mental health and criminogenic needs
Category 3: Allowable Activities

- Cross-system training of criminal justice personnel and community-based mental health and substance abuse treatment providers
  - Training should facilitate collaboration and enhance the competency of personnel working with individuals in the criminal justice system who have MI.
  - Training areas may include behavioral health and criminogenic risk and needs, case management, trauma-informed care, crisis responses, and integrated treatment and supervision strategies.
2. Screening, assessment, and information-sharing processes to identify individuals with MI or CMISA in order to appropriately inform decision-making, prioritize limited resources, and identify needed capacity

   • A criminogenic risk/need assessment must be completed for all program participants.
Category 3: Allowable Activities

3. Developing specialized caseloads for people on community supervision with more significant mental health needs and higher risk of reoffending

• For law enforcement, this could include implementing or enhancing a crisis or receiving center for individuals in the custody of law enforcement to assess for MI or CMISA treatment needs.
Category 3: Allowable Activities

4. **Case management and service coordination** including evidence-based treatment models that are tailored to meet the assessed mental health, substance abuse, and criminogenic needs of the target population; case management and service coordination; or evidence-based or promising mental health treatment practices shown to improve clinical outcomes for people with serious mental illnesses.
Category 3: Allowable Activities

5. **Information sharing** within and across criminal justice and behavioral health treatment agencies to make eligibility determinations and ensure direct connections to treatment services in the community

• For a law enforcement agency, this could include developing or enhancing computerized information systems to provide timely information to law enforcement staff, which can foster the systematic analysis of incidents involving people with MI and CMISA.
Agenda

I. Welcome and Introductions

II. Overview of Behavioral Health Diversion and Reentry Strategies

III. Overview of JMHCP

IV. Technical Assistance

V. Questions and Answers
JMHCP TTA

TA Coach

Peer Learning

Access to Experts

Resources & Tools
How can your technical assistance (TA) coach help?

• **Regarding the planning and implementation of your grant and other “content” questions**, contact the CSG Justice Center and your TA coach.

• They can answer questions about
  • Planning, Planning & Implementation, or Implementation & Expansion Guides;
  • Systems-level stakeholder engagement and involvement; and
  • Getting started and identifying goals.
How can your TA coach help?

- Defining or refining your systems goals and/or target population
- Identifying systems enhancements and evidence-based services and supports
- Data collection, performance measurement, and program evaluation
- Sustainability
- Supporting resources, publications, webinars, and training opportunities
Development of TA Plans

• Each TA coach will work with the grantees to develop a training and technical assistance plan
• This will lay out goals for TA that will be reviewed quarterly and updated every 6 months
• The site will identify TA needs with the TA coach and they will work toward meeting the TA goals
• This is all focused on moving the grantee forward to meet their grant milestones
JMHCP Grantee Tools and Peer Learning

Category 1: Stepping Up Innovator Counties

Category 2: Law Enforcement – Mental Health Learning Sites

Category 3: Criminal Justice – Mental Health Learning Sites
FY2019 Learning Communities

- Category 2 Law Enforcement and Mental Health Collaboration
- Gender-Responsive Services for Women
- “High Utilizers”
- Information Sharing and Evaluation
- Trauma-Informed Care
Example Category 1: Hinds County, MS

• Standardized screening for MI and substance abuse
• Mental Health Screening Form III
• Texas Christian University Drug Screen V administered universally at booking

3-month data results:
• 43% screened positive for serious mental illness (SMI)
• Average length of stay for people with SMI was 47 days (vs. 38 for people without SMI)
• 9% were connected to care upon release
Example Category 2: City of Cedar Rapids, IA

- Delayed response time for Mobile Crisis Outreach (MCO) team
- Information sharing and data collection
  - Calls for service
  - Disposition information
  - Performance/outcome measures
- Learning community on data collection and analysis
- Peer connection to Burbank
- Team captured 8 months of data
- Presented MCO data to leadership and sustained program
Example Category 3: Franklin County, MA

- Individuals with CMISA in the Franklin County House of Corrections (FCHC) receive integrated treatment and direct aftercare services
- Began working with women and moved them to FCHC through this expansion

2017 data (152 people):
- 98% had health insurance prior to release
- 56% had outpatient therapy appointments at release
- 20% were released on medication-assisted treatment
- 25% were connected to residential long-term recovery programs
Monthly Behavioral Health Newsletter

Subscribe to Newsletters and Announcements

If you’d like to see the types of messages we send, here’s an archive of some recent newsletters and announcements that were sent to subscribers.

- National Reentry Resource Center Newsletter, December 2018
- Justice Reinvestment Roundup, December 2018
- Judges and Psychiatrists Leadership Initiative Newsletter, December 2018
- Criminal Justice/Behavioral Health Newsletter, December 2018
- Reentry and Employment Roundup, December 2018
- Juvenile Justice Roundup, November 2018
- Clean Slate Clearinghouse Roundup.
Agenda

I. Welcome and Introductions

II. Overview of Behavioral Health Diversion and Reentry Strategies

III. Overview of JMHCP

IV. Technical Assistance

V. Questions and Answers
Questions and Answers
JMHCP Category Orientation Webinars

• **JMHCP Orientation Webinar Part 2**
  November 13th 2-3:30 p.m. ET

• **Category 1 – Collaborative County:**
  December 10th 2-3:30 p.m. ET

• **Category 2 – Law Enforcement Strategic Planning:**
  December 4 2-3:30 p.m. ET

• **Category 3 – Planning, Implementation, & Expansion:**
  December 3rd 2-3:30 p.m. ET
Resources

- Stepping Up Initiative: https://csgjusticecenter.org/mental-health/county-improvement-project/stepping-up/
- Police Mental Health Collaboration Toolkit: https://pmhctoolkit.bja.gov/
Resources

• Judges’ and Psychiatrists’ Leadership Initiative: https://csgjusticecenter.org/courts/judges-leadership-initiative/


• Collaborative Comprehensive Case Plans: https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/
Contact Information

• Maria Fryer, *Justice Systems and Mental Health Policy Advisor for Substance Abuse and Mental Health, Bureau of Justice Assistance, U.S. Department of Justice*
  Maria.Fryer@usdoj.gov

• Allison Upton, PsyD, *Project Manager, Behavioral Health, The Council of State Governments Justice Center*
  aupton@csg.org

• Sarah Wurzburg, *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*
  swurzburg@csg.org
Join our distribution list to receive updates and announcements:

www.csgjusticecenter.org/subscribe