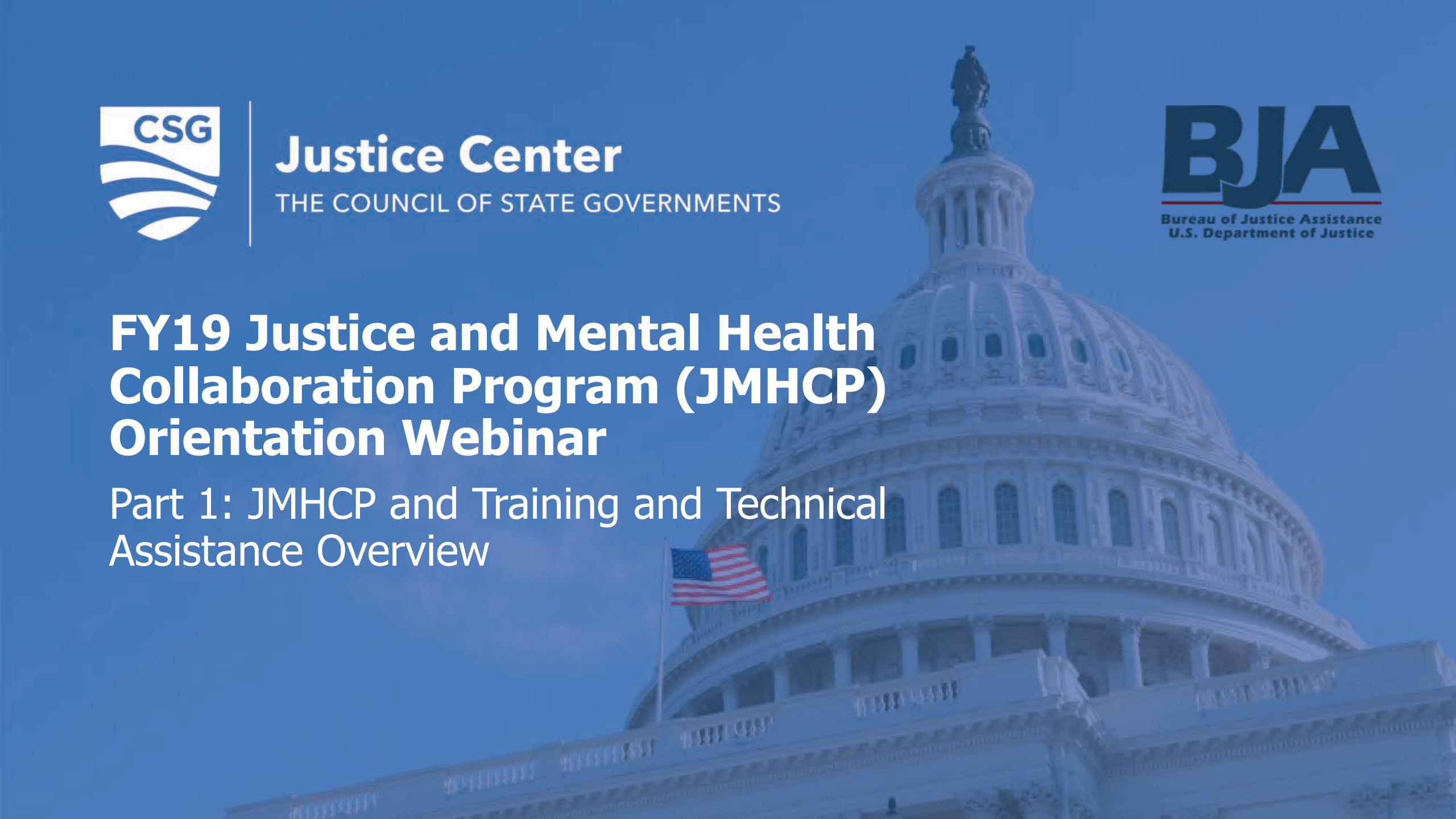


Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Bureau of Justice Assistance
U.S. Department of Justice

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

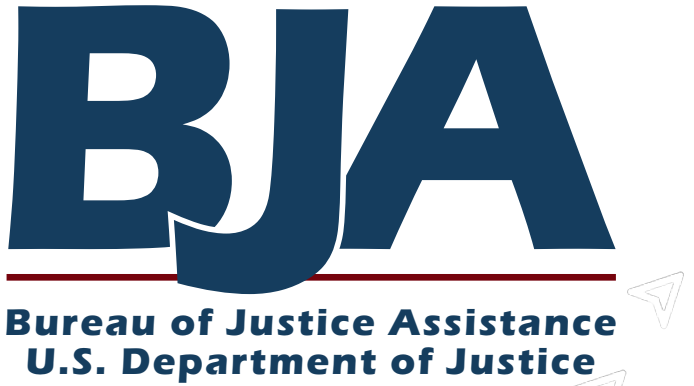
V. Questions and Answers

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

The Council of State Governments Justice Center

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

rtv6 abc THE INDY CHANNEL

Sheriff: Mental health is number one problem

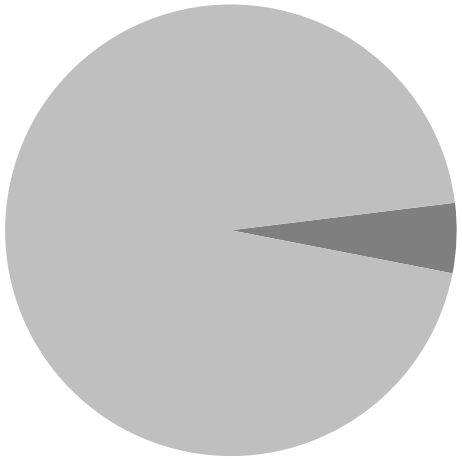
The Washington Post

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

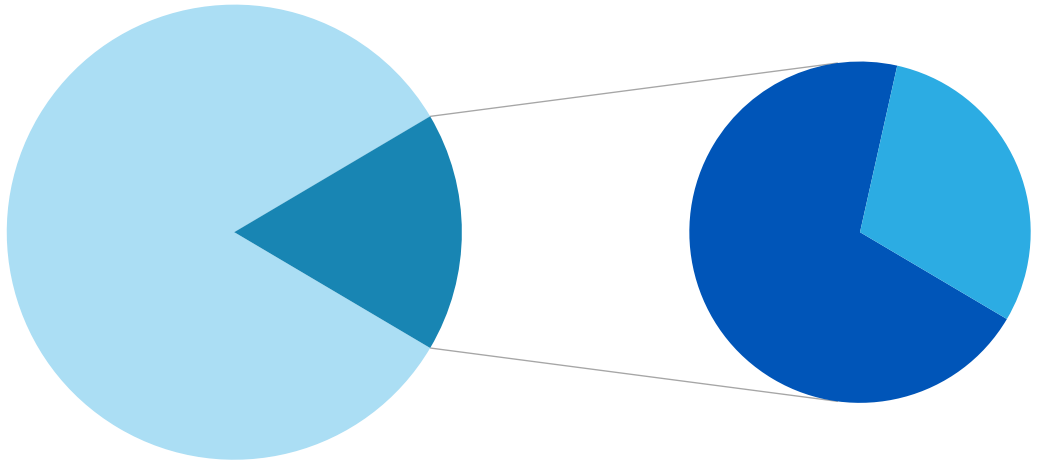
4% Serious Mental Illness



Jail Population

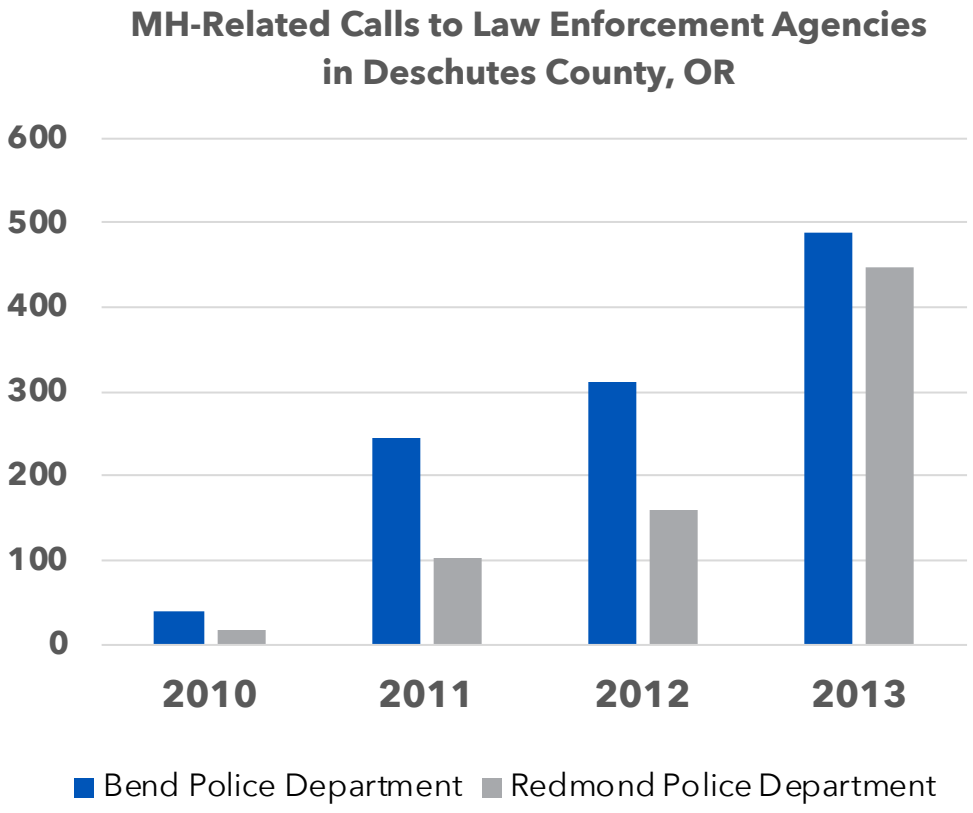
17% Serious Mental Illness

72% Co-occurring Substance Abuse



Source: H. J. Steadman, F. C. Osher, P. C. Robbins, B. Case, and S. Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 6 (60), 761–765, 2009; Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health, 2016* (HHS Publication No. SMA 16-4984, NSDUH Series H-51), http://www.samhsa.gov/data/; Karen M. Abram and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.

Growing Police Encounters and Calls for Service Involving People in Crisis



Source: City of Bend (Oregon) Police Department

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

Source: Duncan Chappell, *Policing and the Mentally Ill: International Perspectives*, (CRC Press: Boca Raton, FL, 2013).

In Madison, Wisconsin, **behavioral health calls** for service take **twice as long to resolve:**

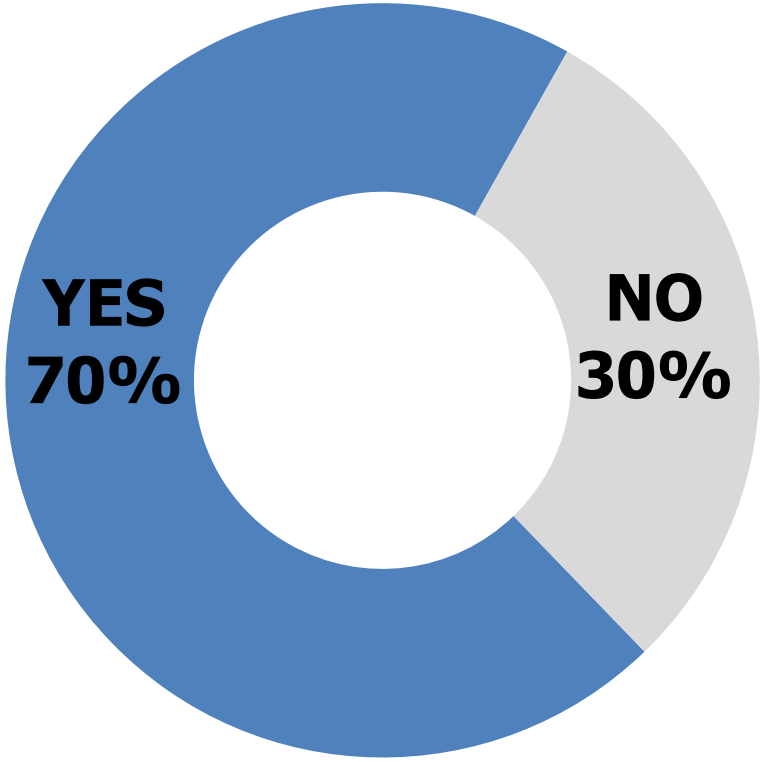
- All CFS = 1.5 hours
- BH = 3 hours

Source: Madison (Wisconsin) Police Department

Judicial Decision-Making Can Contribute to Higher Mental Illness Prevalence in Jails

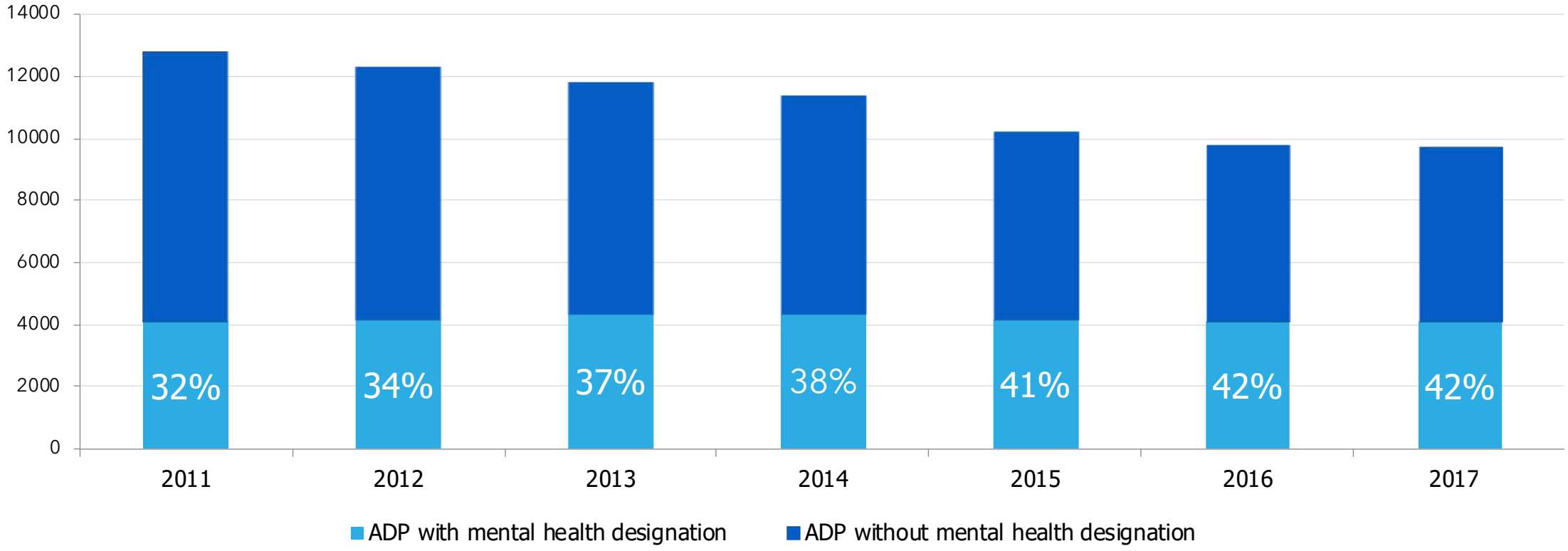
North Dakota judges were asked:

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?



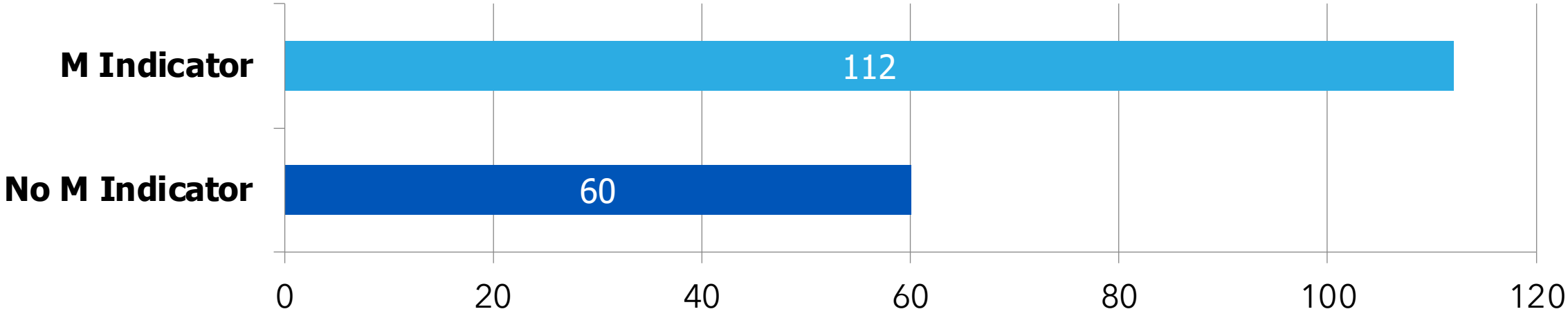
Source: The Council of State Governments Justice Center electronic survey of North Dakota judges, March 2016.

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



Source: The Council of State Governments Justice Center, Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems. March 2013.

People with Mental Illnesses Often Stay Longer in Jail



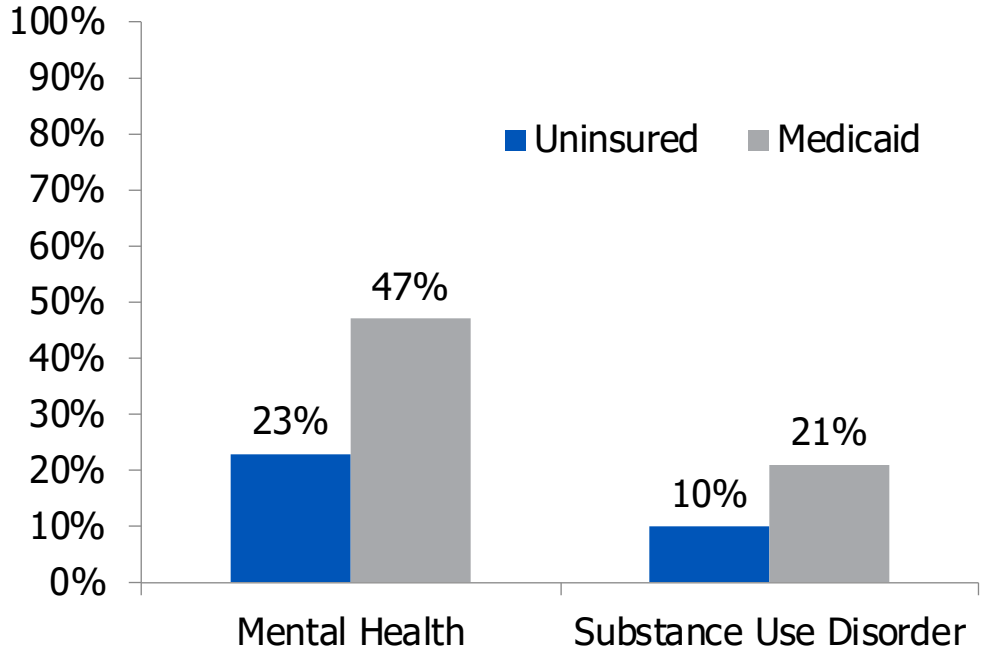
Days in NYC's Riker's Island, 2008

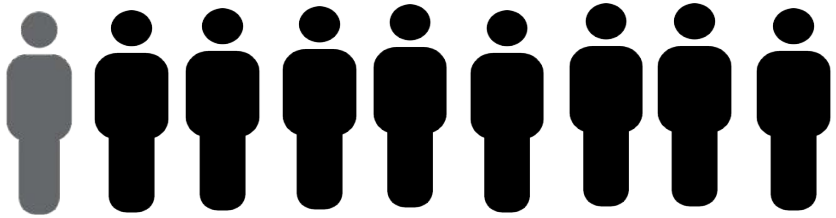
An "M indicator" is assigned to individuals who have been incarcerated in NYC jails for at least 24 hours and have received treatment for mental illnesses during their confinement.

Source: Emily Turner, *Improving Outcomes for People with Mental Illnesses Involved in the Criminal Justice System* (New York: CSG Justice Center, 2012).

Community-Based Treatment Capacity is Limited

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

Source: (Left) Kaiser Family Foundation, *Medicaid's Role in Behavioral Health* (Menlo Park, CA: Kaiser Family Foundation, 2017). (Right): *Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017), https://www. samhsa.gov/data/.

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

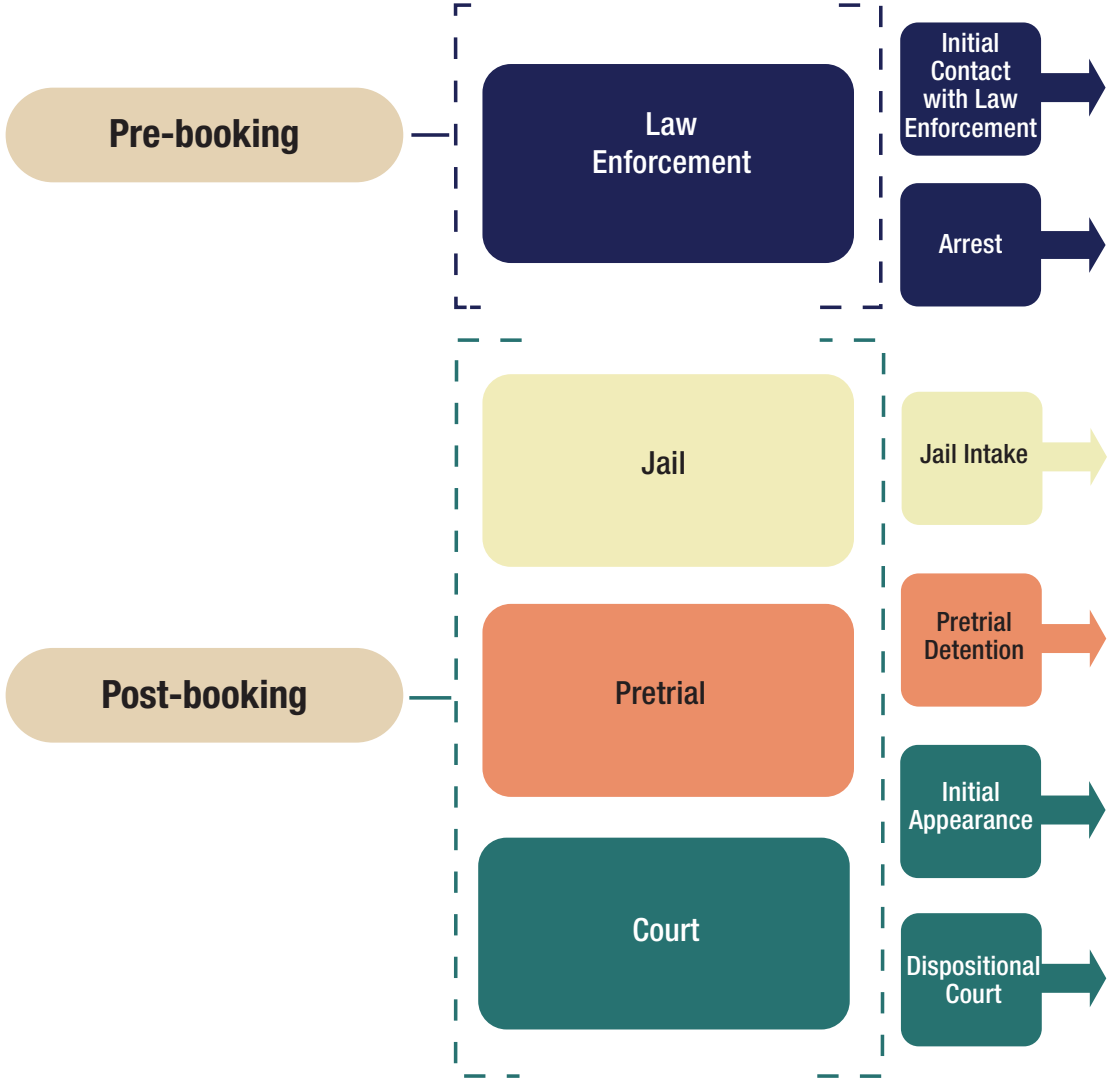
Why Is it Important?

- 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"?

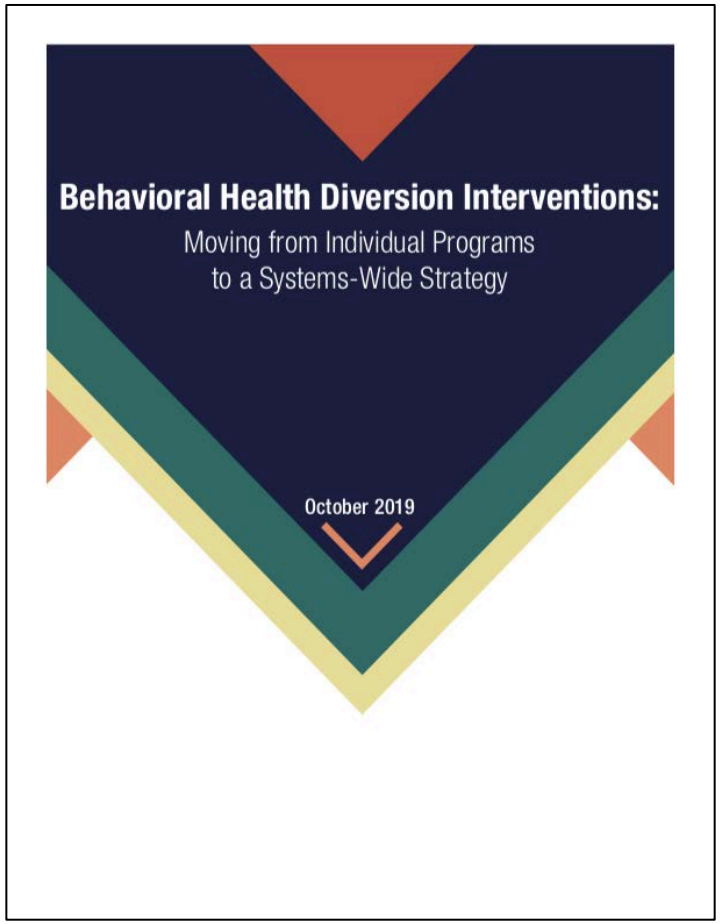
Behavioral Health Diversion and Reentry Strategies

- 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



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

Read more at https://csgjusticecenter.org/mental-health/publications/behavioral-health-diversion-interventions-moving-from-individual-programs-to-a-systems-wide-strategy/

Police-Mental Health Collaboration (PMHC) Framework

APRIL 2019

Police-Mental Health Collaborations

A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs

Introduction

Law enforcement agencies across the country are being challenged by a growing number of calls for service involving people who have mental health needs. Increasingly, officers are called on to be the first—and often the only—responders to calls involving people experiencing a mental health crisis. These calls can be among the most complex and time-consuming for officers to resolve, redirecting them from addressing other public safety concerns and violent crime. They can also draw intense public scrutiny and can be potentially dangerous for officers and people who have mental health needs. When these calls come into 911/dispatch, the appropriate community-based resources are often lacking to make referrals, and more understanding is needed to relay accurate information to officers. As such, there is increasing urgency to ensure that officers and 911 dispatchers have the training, tools, and support to safely connect people to needed mental health services.[1]

To respond to these challenges, police departments are increasingly seeking help from the behavioral health system.[2] This trend is promising, as historically, law enforcement and the behavioral health system have not always closely collaborated. Absent these collaborations, officers often lack awareness of, or do not know how to access, a community's array of available services and alternatives to arrest, such as crisis stabilization services, mental health hotlines, and other community-based resources. And even when officers are fully informed, service capacity is typically insufficient to meet the community's need. As a result, officers experience frustration and trauma as they encounter the same familiar faces over and over again, only to witness the health of these individuals deteriorate over time.

Police Departments Can't Do it Alone

Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.

Understanding a need for greater collaboration, many law enforcement and behavioral health agencies have begun taking important steps to improve responses to people who have mental health needs. These efforts have led to improvements in practices, such as providing mental health training to law enforcement workforces and including mental health, crisis intervention, and stabilization training as part of some states' law enforcement training standards. (Stabilization training refers to tactics used to defuse and minimize any harmful or potentially dangerous behavior an individual might exhibit during a call for service.) Some of these communities also designate officers to serve as part of specialized teams to respond to mental health-related calls for service. But while these steps are commendable and signify widespread

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- 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

Read more at https://csgjusticecenter.org/law-enforcement/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/.

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?

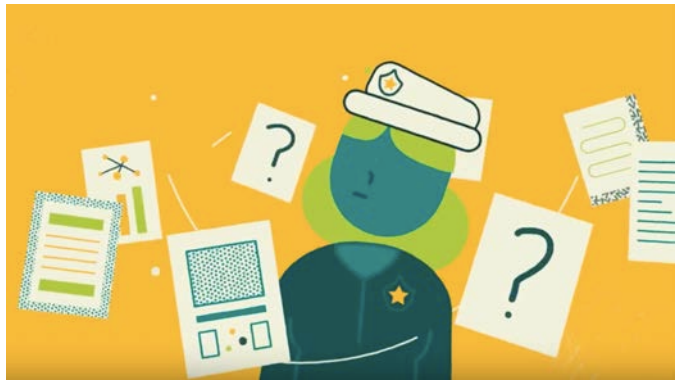
6. Do we have a formalized process for reviewing and **improving performance?**

The Stepping Up Initiative

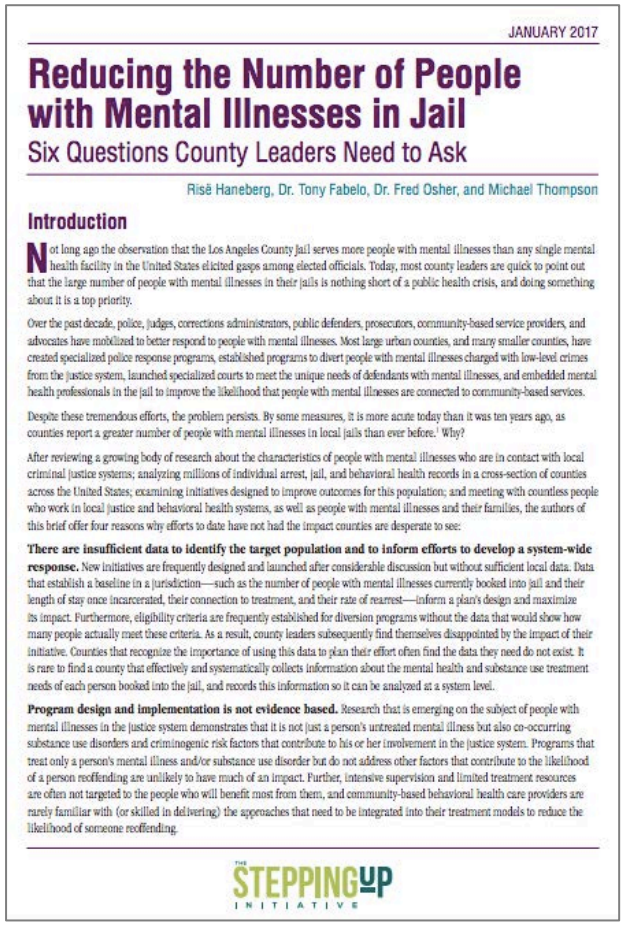
Stepping Up is a national movement to provide counties with tools to develop cross-systems, data-driven strategies to measurably reduce the number of people with mental illnesses in jails.

THE STEPPING UP INITIATIVE

- 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



THE STEPPING UP INITIATIVE



JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County Jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.[1] Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of rearrest—inform a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

THE STEPPING UP INITIATIVE

1. Is our leadership committed?
2. Do we conduct timely screening and assessments?
3. Do we have baseline data?
4. Have we conducted a comprehensive process analysis & inventory of services?
5. Have we prioritized policy, practice, and funding improvements?
6. Do we track progress?

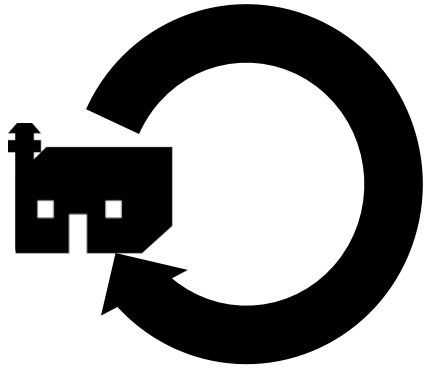
THE STEPPING UP INITIATIVE

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

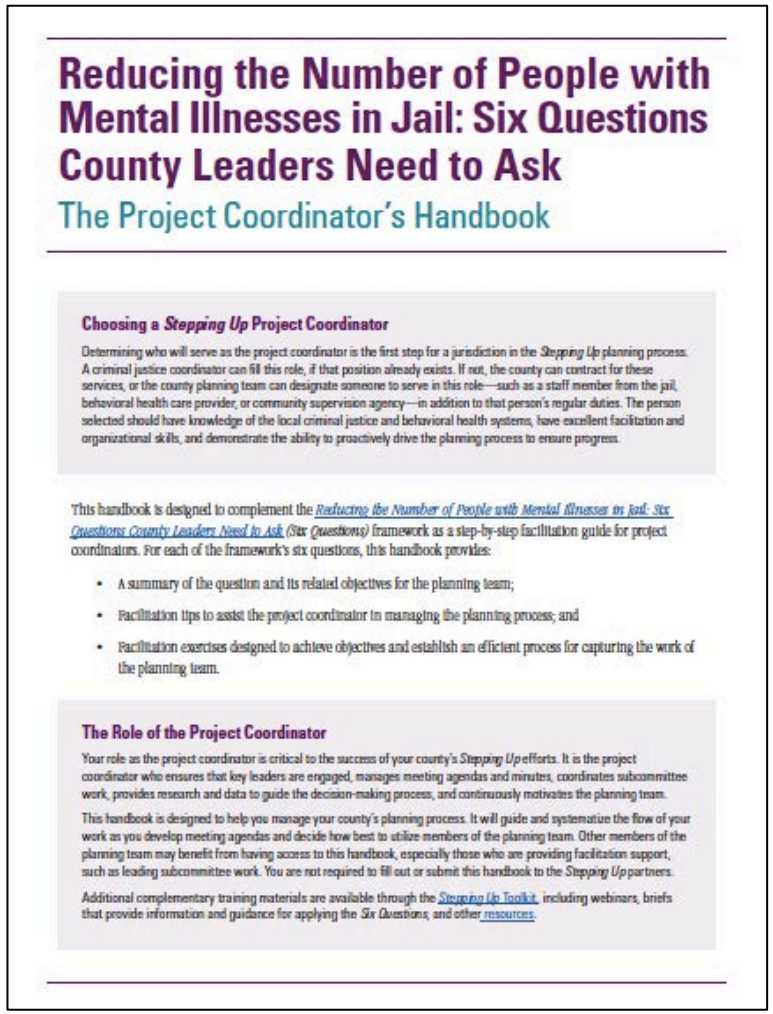
3. Increase connection to treatment for people who have mental illnesses



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

Choosing a *Stepping Up* Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the *Stepping Up* planning process. A criminal justice coordinator can fill this role, if that position already exists. If not, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organizational skills, and demonstrate the ability to proactively drive the planning process to ensure progress.

This handbook is designed to complement the *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (*Six Questions*) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning team;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve objectives and establish an efficient process for capturing the work of the planning team.

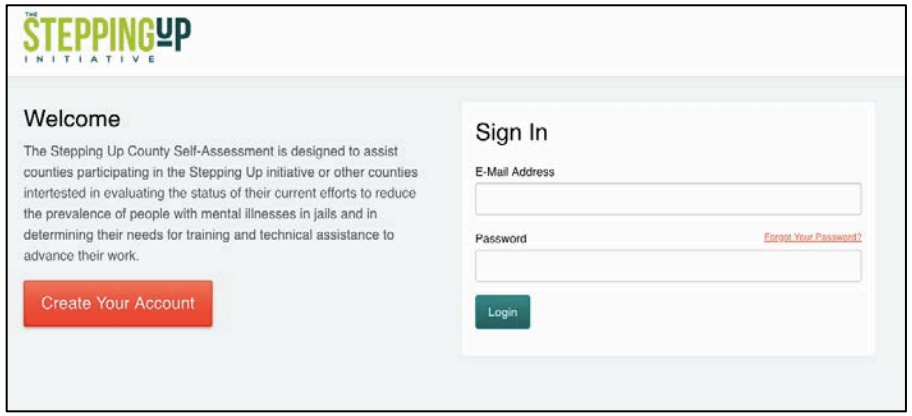
The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's *Stepping Up* efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the *Stepping Up* partners.

Additional complementary training materials are available through the Stepping Up Toolkit, including webinars, briefs that provide information and guidance for applying the *Six Questions*, and other resources.

Online County Self-Assessment



THE STEPPING UP INITIATIVE

Welcome

The Stepping Up County Self-Assessment is designed to assist counties participating in the Stepping Up initiative or other counties intertested 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.

Create Your Account

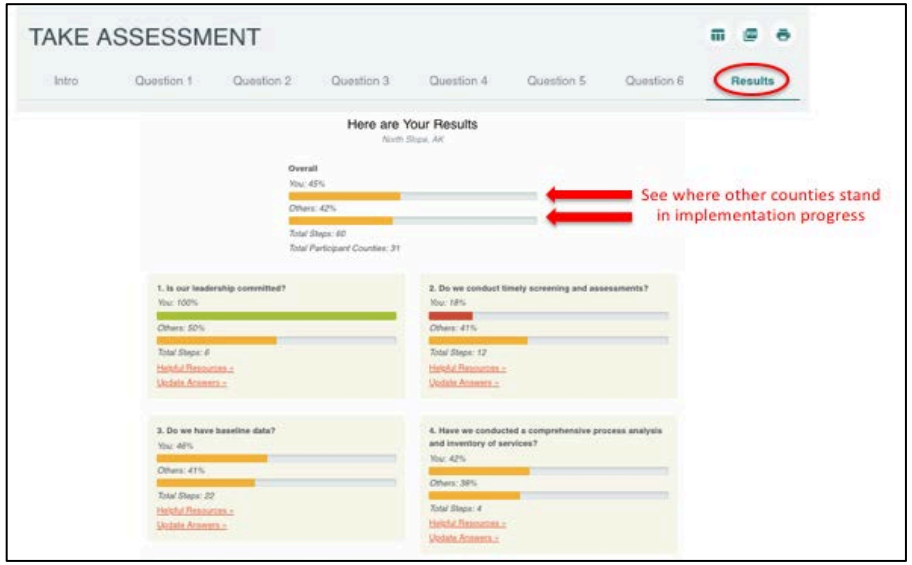
Sign In

E-Mail Address

Password

Forgot Your Password?

Login



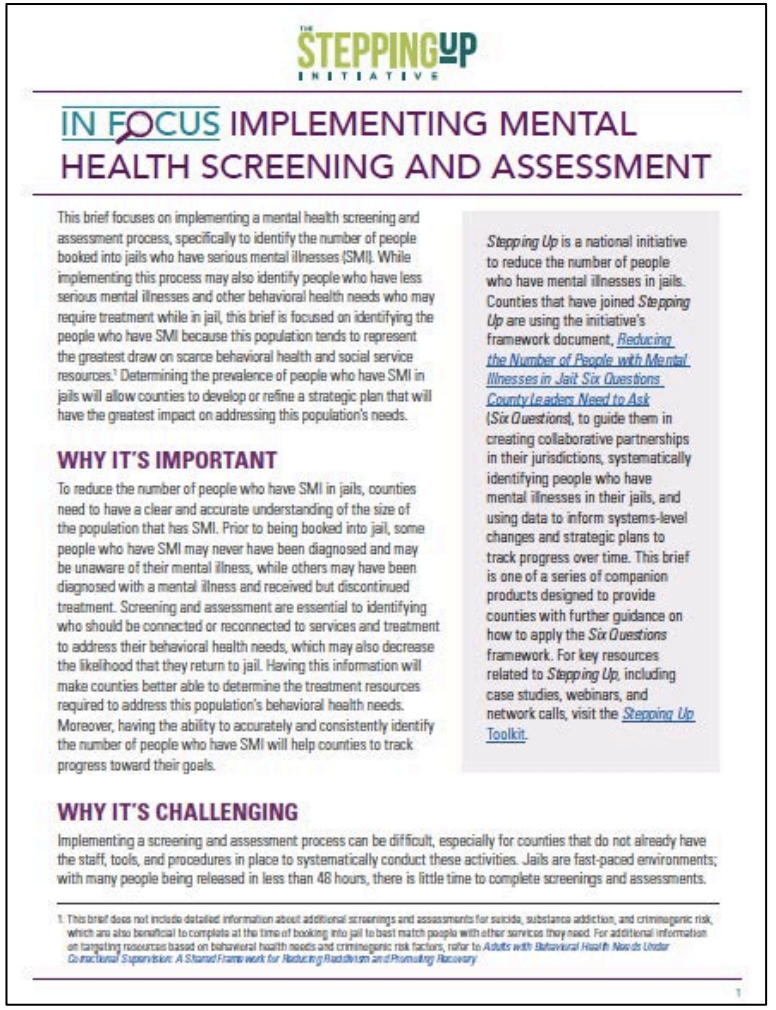
TAKE ASSESSMENT

Intro | Question 1 | Question 2 | Question 3 | Question 4 | Question 5 | Question 6 | Results

Here are Your Results

See where other counties stand in implementation progress

Series of Briefs



THE STEPPING UP INITIATIVE

IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jails who have serious mental illnesses (SMI). While implementing this 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 because this population tends to represent the greatest draw on scarce behavioral health and social service resources.[1] Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plan that will have the greatest impact on addressing this population's needs.

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined *Stepping Up* are using the initiative's framework document, *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (*Six Questions*), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the *Six Questions* framework. For key resources related to *Stepping Up*, including case studies, webinars, and network calls, visit the Stepping Up Toolkit.

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to 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 treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties 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 procedures in place to systematically conduct these activities. Jails are fast-paced environments; with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

1. This brief does not include detailed information about additional screenings and assessments for suicide, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to best match people with other services they need. For additional information on targeting resources based on behavioral health needs and criminogenic risk factors, refer to *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*.

CSG Justice Center

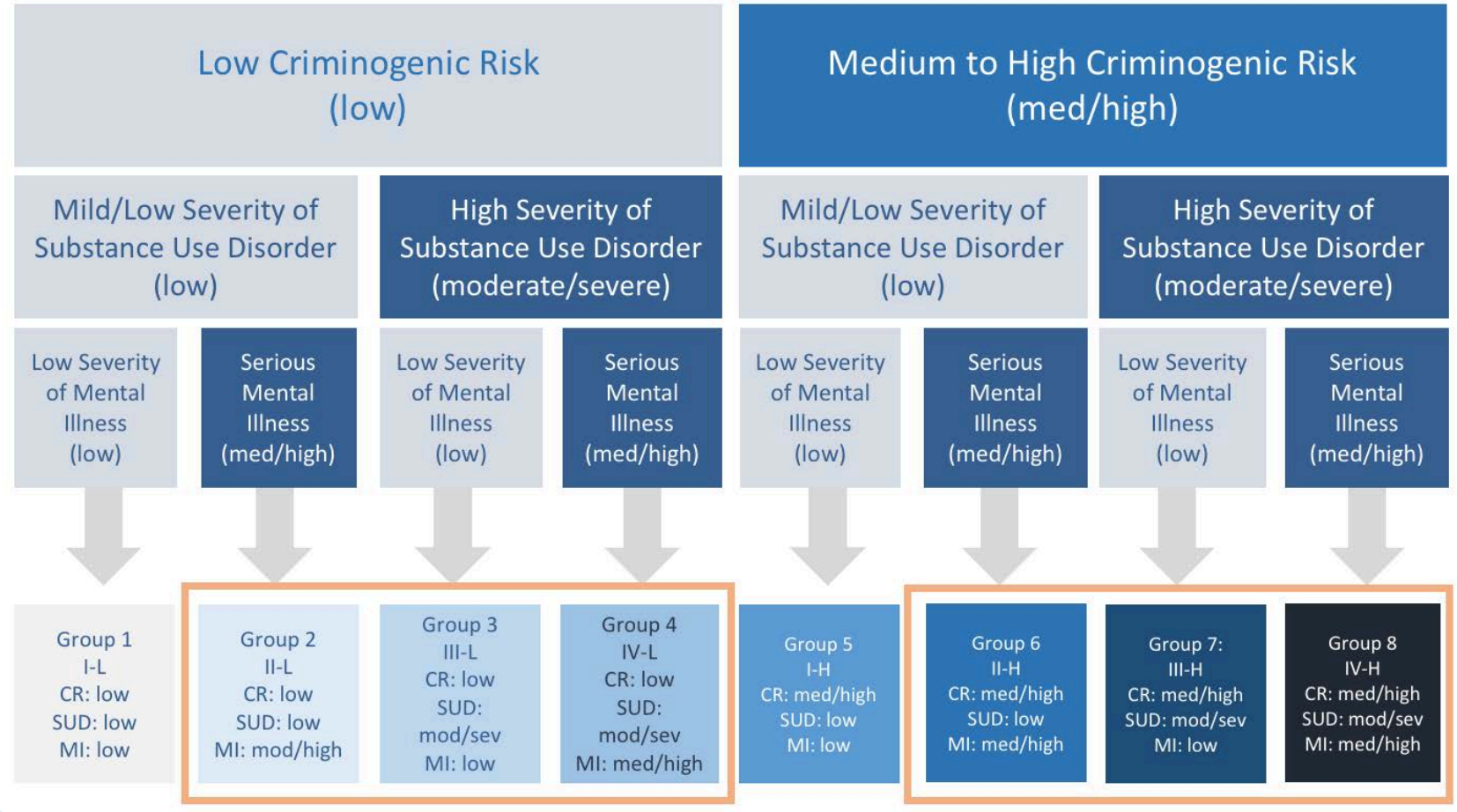
Primary Systems-Level Challenges

- 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



Web-Based Tool to Support Case Planning for Diversion and Reentry

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/

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Agenda

I. Welcome and Introductions

II. Overview of Behavioral Health Diversion and Reentry Strategies

III. Overview of JMHCP

IV. Technical Assistance

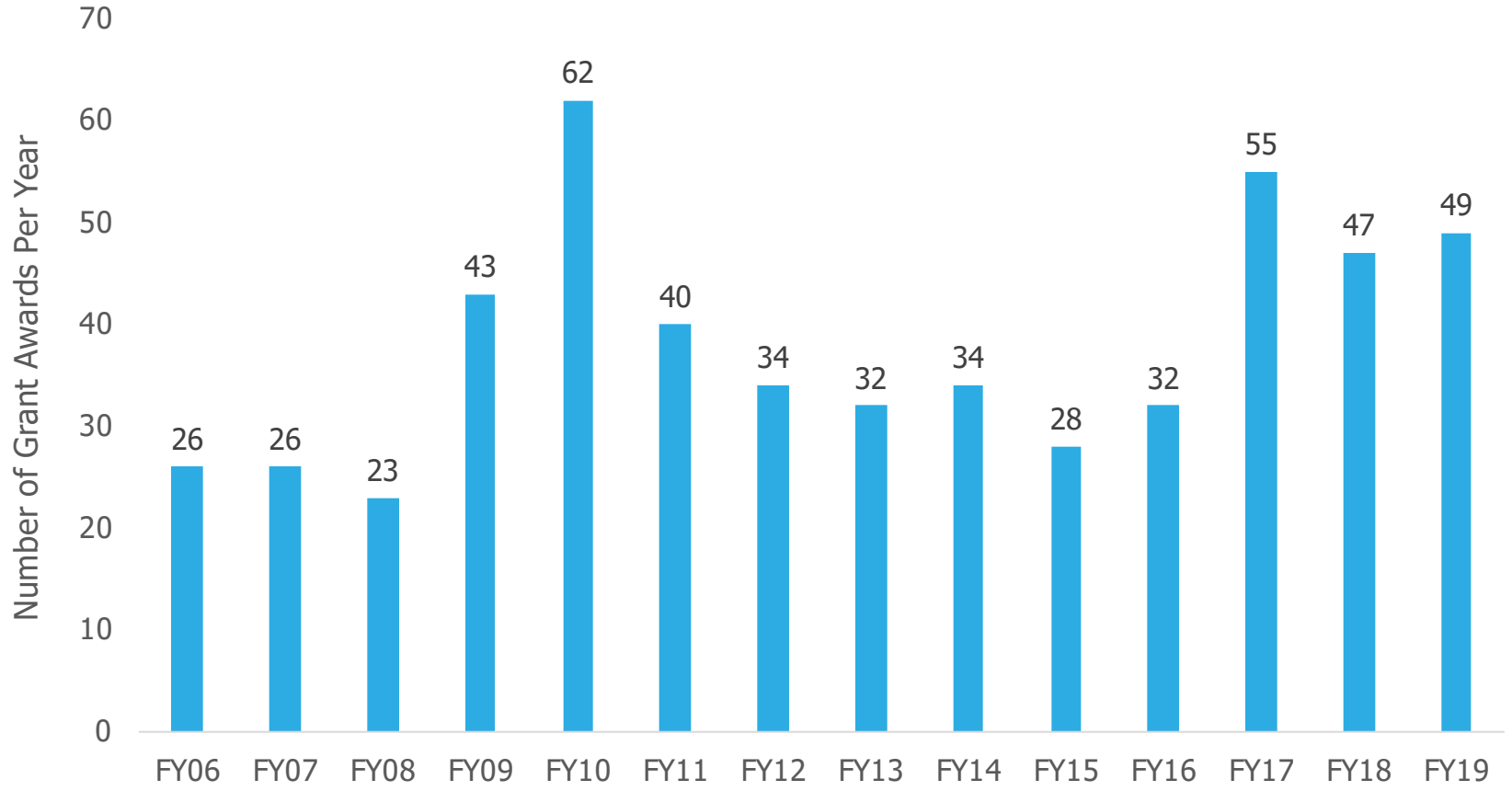
V. Questions and Answers

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 .

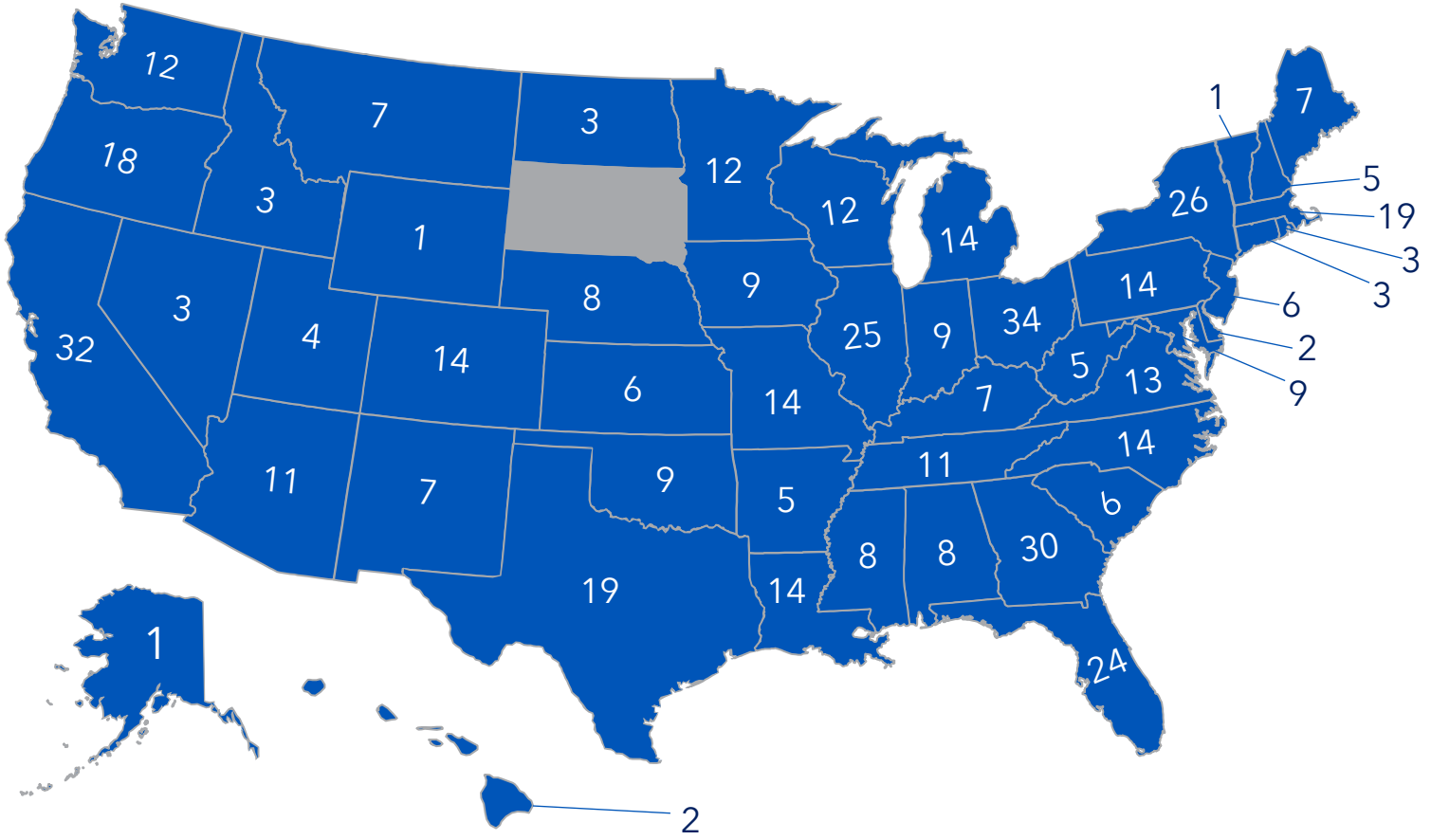
JMHCP Grant Program: $145.7 Million Awarded



FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19
$4.9M	$4.9M	$6.5M	$10M	$12M	$9.9M	$9M	$8.4M	$8.3M	$8.5M	$7.25M	$8.7M	$23.52 M	$23.83 M

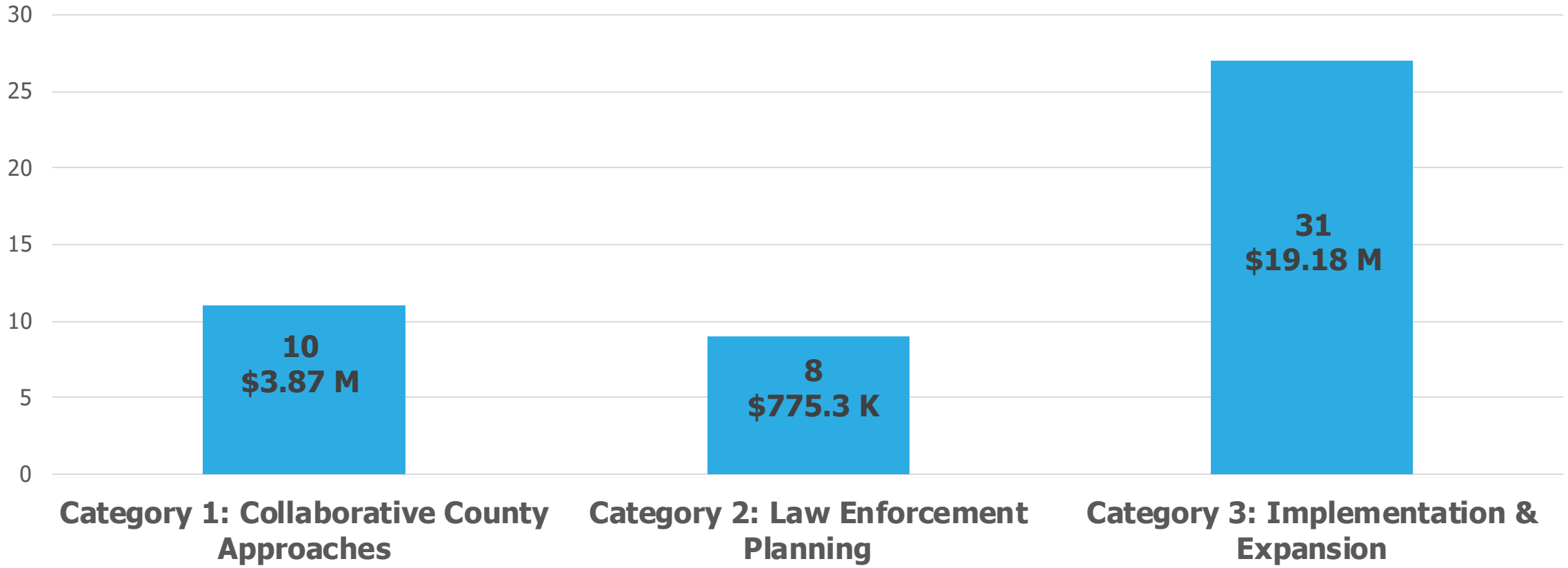
531 Awardees across the Nation

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



CSG Justice Center

FY19 JMHCP Awardees



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/.

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

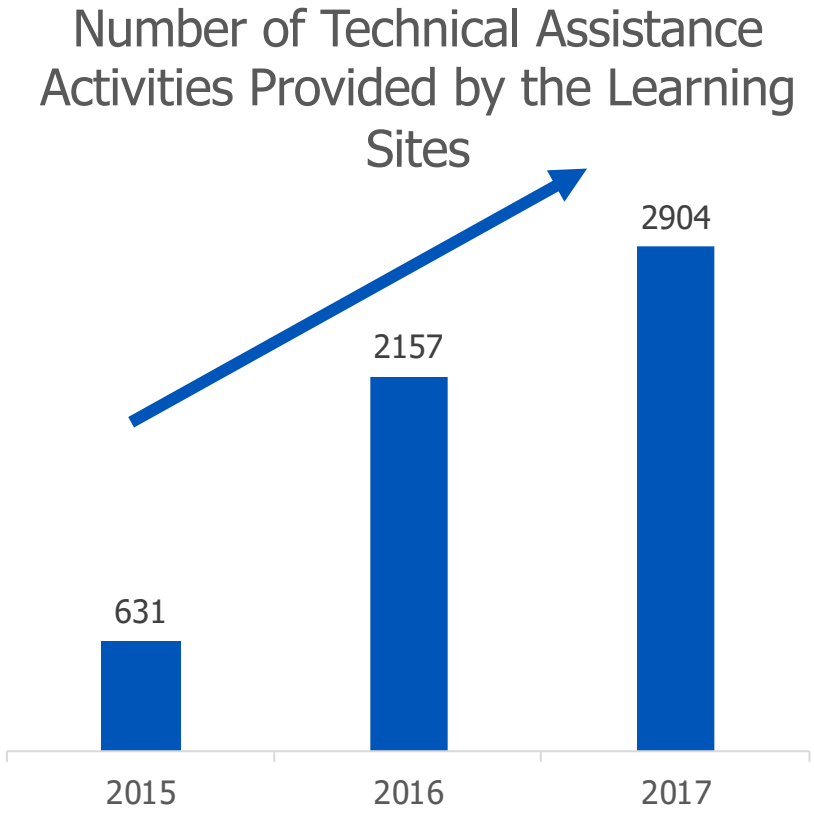
- Organize, with technical assistance, a team of at least 2 collaborative project partners—1 law enforcement and 1 mental health partner representative—to travel to and engage in peer-to-peer learning with 1 of 10 BJA-established Law Enforcement-Mental Health learning sites as part of the strategic planning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

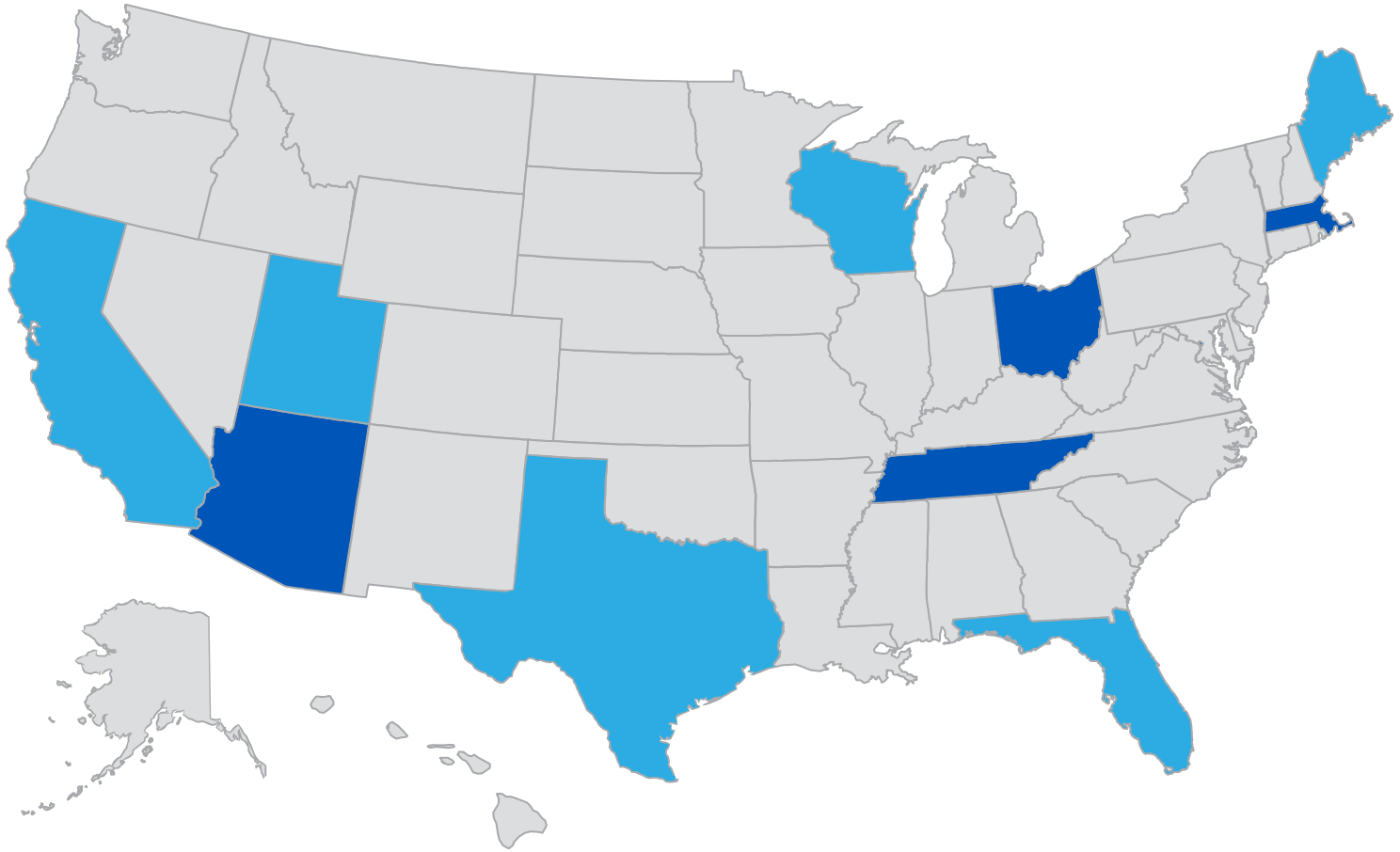
A peer-to-peer learning program supported by BJA and the CSG Justice Center

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.



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

Category 3: Planning Deliverables

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-jmhcp-category-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.

Category 3: Allowable Activities

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.

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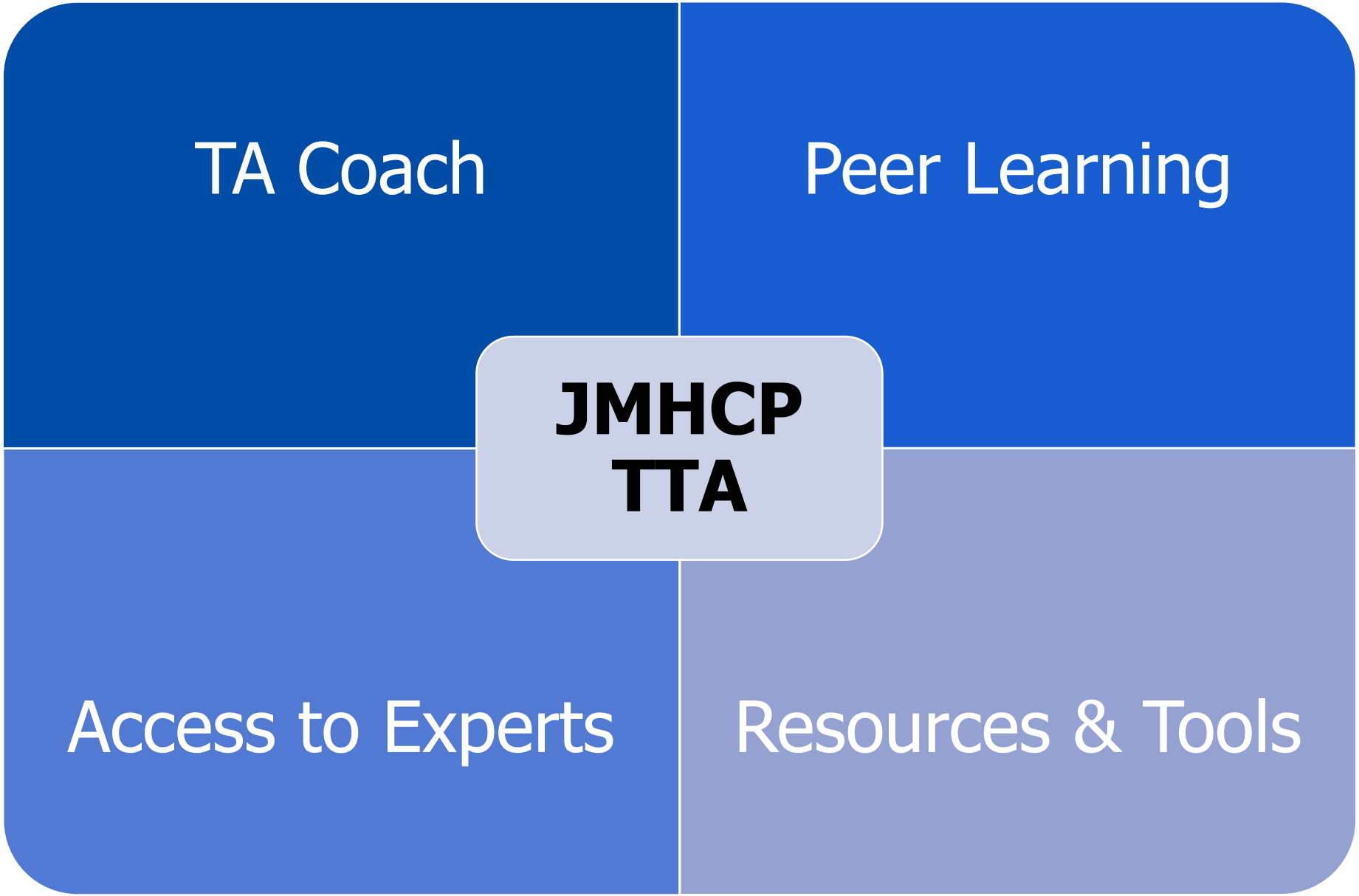

TA Coach
Peer Learning
JMHCP
TTA
Access to Experts
Resources & Tools


Monthly Calls
P&I Guides
Resources
Peer Learning
Learning Commun-ities
Site Visits
TA Coach

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

THE STEPPINGUP INITIATIVE

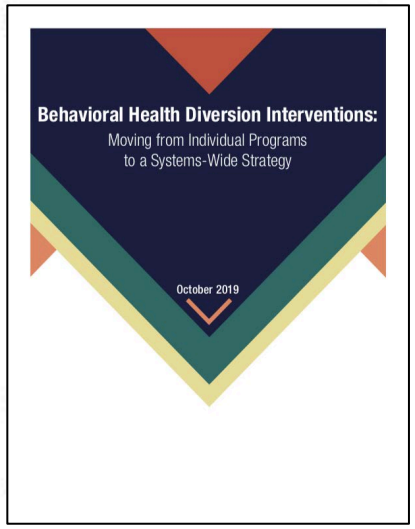
Stepping Up Innovator Counties

Category 1

PMHC
Police-Mental Health Collaboration

Law Enforcement – Mental Health Learning Sites

Category 2



Criminal Justice – Mental Health Learning Sites

Category 3

CSG Justice Center

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

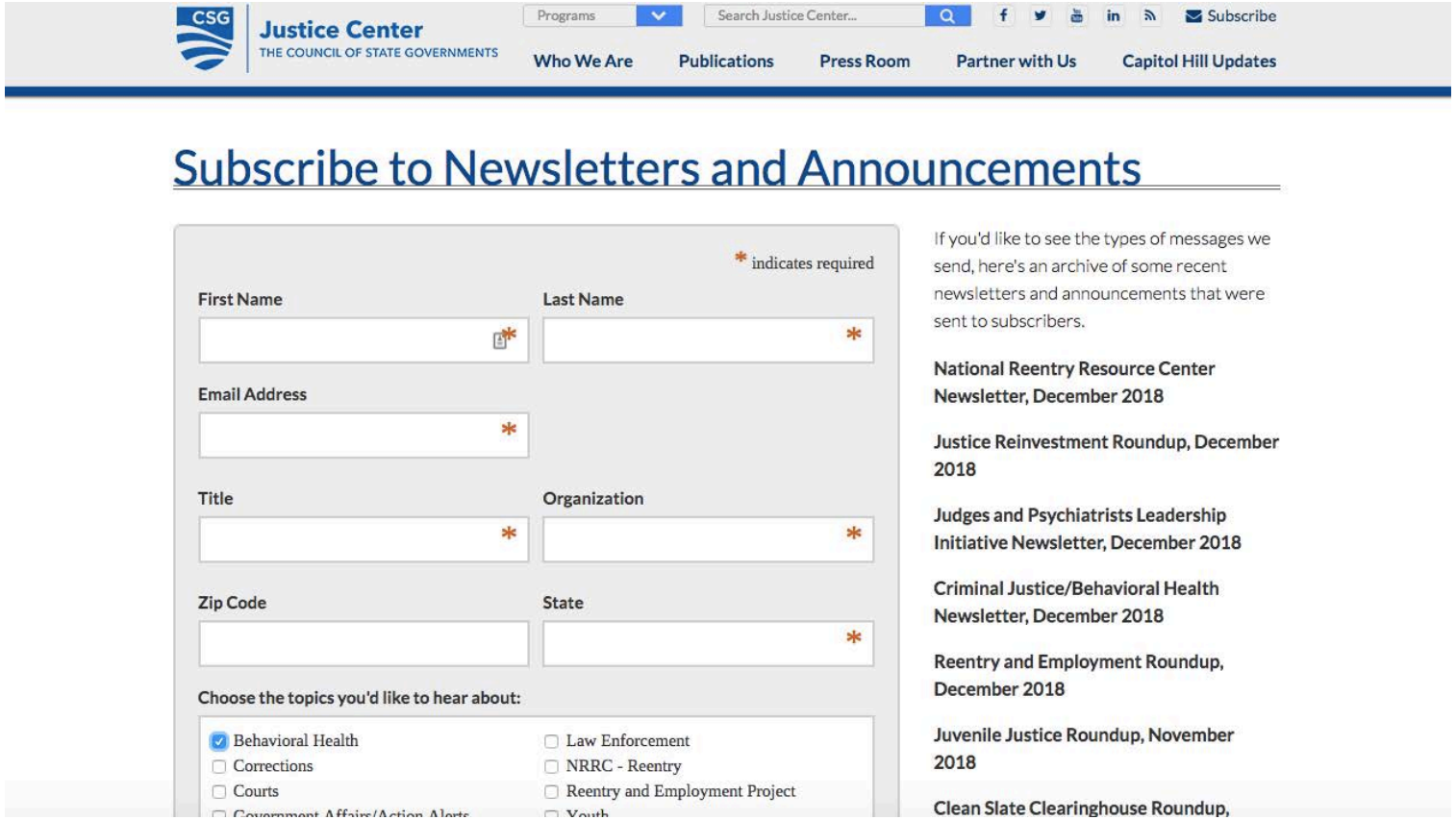
Example Category 3: Franklin County, MA

- 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



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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/
- Law Enforcement Mental Health Learning Sites: https://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/
- Criminal Justice Mental Health Learning Sites: http://csgjusticecenter.org/mental-health/learning-sites/

Resources

- Judges' and Psychiatrists' Leadership Initiative: https://csgjusticecenter.org/courts/judges-leadership-initiative/
- Behavioral Health Framework: https://csgjusticecenter.org/mental-health-projects/behavioral-health-framework/
- Collaborative Comprehensive Case Plans: https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/

Contact Information

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