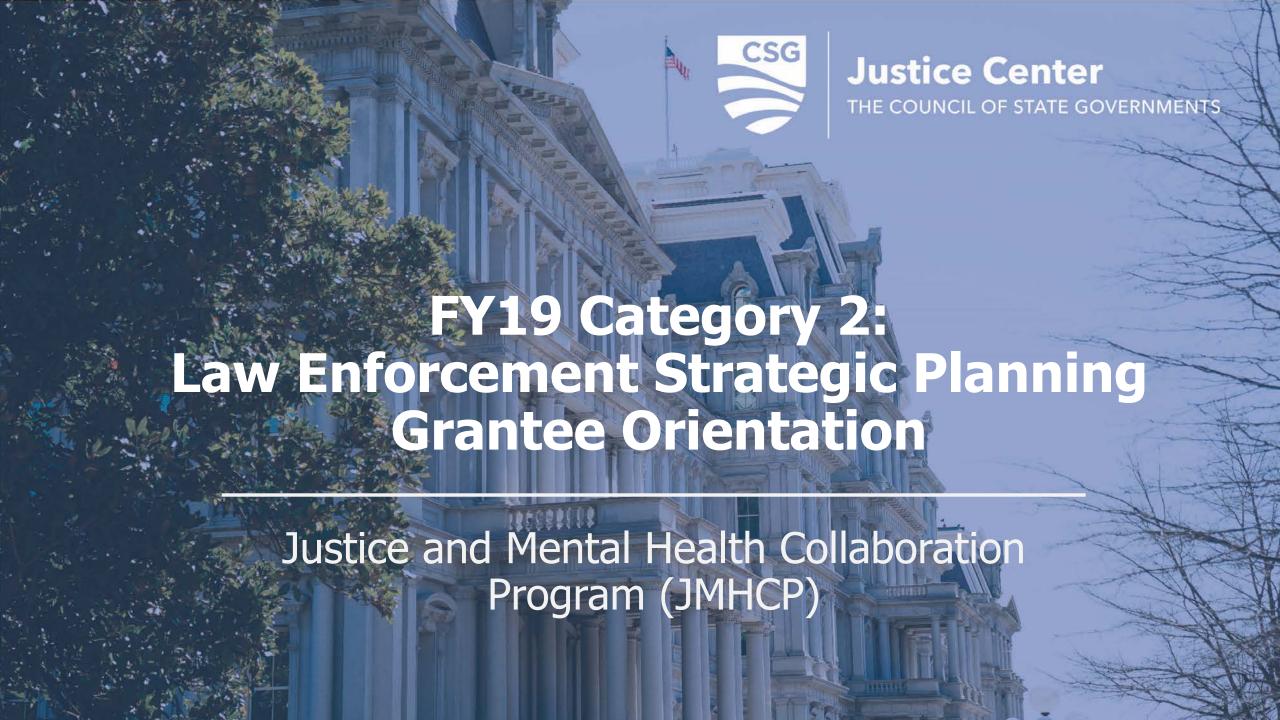


December 4, 2019



Speakers

- I. Maria Fryer, Justice System and Corrections Policy Advisor for Substance Abuse and Mental Health, Bureau of Justice Assistance, U.S. Department of Justice
- II. Rebecca Rose, Senior Policy Advisor, Bureau of Justice Assistance, U.S. Department of Justice
- III. Laura Fabius, *Policy Analyst, Law Enforcement, Behavioral Health, Council of State Governments Justice Center*
- IV. Olivia Randi, *Policy Analyst, Law Enforcement, Behavioral Health, Council of State Governments Justice Center*
- V. Carol Caraballo, Vice President of Behavioral Health Services, Miami-Dade County (FL)



Presentation Outline

- I. Introductions
- II. Grant overview and the Police-Mental Health Collaboration Framework
- III. Technical assistance
- IV. Featured Grantee: Miami-Dade County
- V. Q&A



Presentation Outline

- I. Introductions
- II. Grant overview and the Police-Mental Health Collaboration Framework
- III. Technical assistance
- IV. Featured Grantee: Miami-Dade County
- V. Q&A



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.

Justice and Mental Health Collaboration Program

JMHCP supports innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system.









The U.S. Department of Justice Bureau of Justice Assistance

Mission: The Bureau of Justice Assistance is a component of the Office of Justice Programs and helps to make American communities safer by strengthening the nation's criminal justice system. Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization.





JMHCP Supporting Law Enforcement

 116 law enforcement **agencies** have used JMHCP funding to establish Police-Mental Health Collaboration (PMHC) models



 Since 2017, 24 sites have received funding to train law enforcement and related staff members.



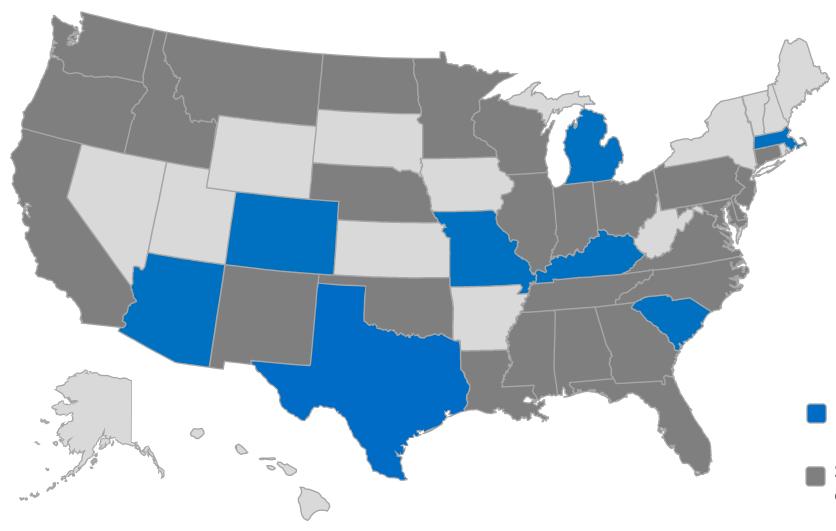


Presentation Outline

- I. Introductions
- II. Grant overview and the Police-Mental Health Collaboration Framework
- III. Technical assistance
- IV. Featured Grantee: Miami-Dade County
- V. Q&A



JMHCP FY19 Category 2 Law Enforcement Planning Grantees



8 Awards Total

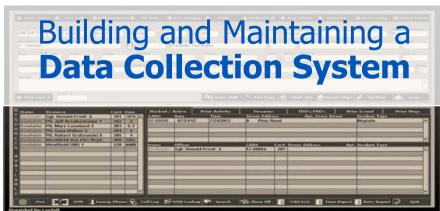
FY19 Category 2 Awards

- 1. Phoenix Police Department, AZ
- 2. Division of Criminal Justice, **CO**
- 3. Warren County, **KY**
- 4. Boston Police Department, MA
- 5. City of Muskegon, MI
- 6. City of Saint Louis Metropolitan Police Department, **MO**
- 7. Clemson University, **SC**
- 8. City of Lubbock, **TX**
- States with FY19 category 2 law enforcement planning grantees
- States with current FY14-FY18 law enforcement grantees



Four Areas of Focus









Police-Mental Health Collaboration Framework

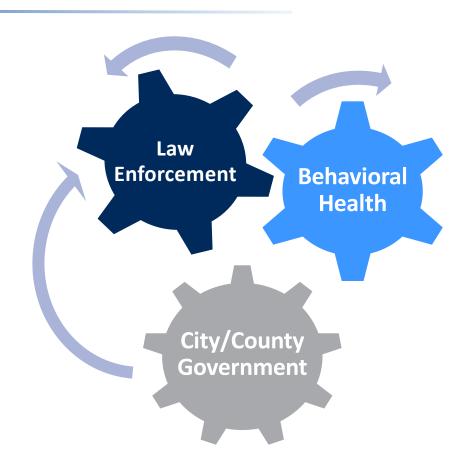
APRIL 2019 **Police-Mental Health Collaborations** A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs Introduction aw enforcement agencies across the country are being challenged by a growing number of calls for service involving people who have mental 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 sofiety concerns and violent crime. They can also draw intense public scruttur and can be notentially 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 easure that officers and 911 dispatchers have the training, tools, and support to safely connect people to To respond to these challenges, notice departments are increasinally seeking belofrom the behavioral health system. This trend is promising as historically, law enforcement and the behavioral health system have not always closely collaborated. Absent these collaborations, officers often lack swareness 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 casactiv is twically insufficient to meet the community's need As a result, officers experience frustration and trauma as they encounter the same fundiar 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 began 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 teatning 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 stress are commendable and signify widespecia

- 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
- 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?



Four Key Outcomes to Measure a PMHC's Success

1. Increased connections to resources

2. Reduced repeat encounters with law enforcement

3. Minimized arrest

4. Reduced use of force in encounters with people who have mental health needs

Sample data points

- Police process measures, e.g. number of officers trained
- **Police operational measures**, e.g. including number of calls for service involving people who have mental illnesses, repeat calls for service, etc.
- Frequency of police disposition decisions, e.g. resolved at scene, referral to mental health resources, etc.
- **Use force and injury measures**, e.g. frequency, type of force; number of injuries or fatalities to officers, consumers, and third parties, etc.





1. Leadership Commitment

- ✓ Law enforcement leadership **supports** the collaboration
- ✓ Strong community partnerships and participation in an interagency workgroup
- ✓ A designated chairperson or project coordinator is assigned to oversee the PMHC
- ✓ A commitment to dedicated funding and resource allocation for the PMHC
- ✓ Ongoing recognition, internally and externally, of the initiative







2. Policies and Procedures

- ✓ Comprehensive process review of an individual through the system
- ✓ Selected PMHC response models based on assessed community need
- ✓ Comprehensive, clearly written policies and procedures
- ✓ Information-sharing agreements are in place
- ✓ Leaders regularly review, and all personnel are aware, of policies and procedures





3. Quality Training

- ✓ All staff receive knowledge and skills training
- ✓ Training is aligned with staff roles and experience
- ✓ Training is provided through multiple instructional methods:
 - Simulations and/or virtual training
 - > Role play
 - Site visits
- ✓ Training is delivered by various instructors:
 - Law enforcement personnel
 - Mental health personnel
 - People with lived experience
- ✓ Training is evaluated through pre- and post-testing





4. Services and Supports



- ✓ Inventory of existing services to address crises and longer-term interventions
- ✓ Assessment of services and resources
- ✓ Prioritized behavioral health resources and increased funding

Source: Adapted from Substance Abuse and Mental Health Services Administration, "Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies" HHS Publication No. (SMA)-14-4848 (Rockville, MD: Substance Abuse and Mental Health Services Administration,





5. Data Collection and Analysis

Data Collection

- Measure service demands
- Measure time consumed

Data Analysis

- Assess gaps
- Determine Needs

Decision Making

- Allocate Funds
- Develop Programming

- ✓ Workgroup has established specific metrics to track as indicators of progress
- ✓ Baseline data is established on the key outcomes
- ✓ Clear processes for collecting and tracking data
- ✓ Process to identify people with frequent arrests and repeat encounters
- ✓ Data-sharing agreements are in place
- ✓ Consistent mechanism or system to track data





6. Performance Review

Establish a process to review and continually improve PMHC efforts:

- **✓** Routine data-driven performance assessments
- ✓ Shared accountability and coordination across law enforcement and behavioral health agencies
- ✓ Leaders use performance measures and outcomes to identify breakdowns and modify policies and procedures

Presentation Outline

- I. Introductions
- II. Grant overview and the Police-Mental Health Collaboration Framework
- III. Technical assistance
- IV. Featured Grantee: Miami-Dade County
- V. Q&A



JMHCP Technical Assistance Activities



Monthly check-in calls



Connection to resources



Web-Based Learning Communities



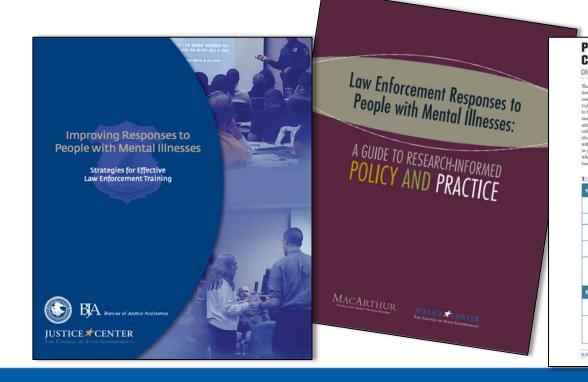
Peer-to-peer learning



Planning guide

Publications to Guide Law Enforcement

Since 2009, the CSG Justice Center has released various publications to guide law enforcement-mental health responses.





Making presentations to community groups: Promoting the program through partner/stakeholder agencies; and
 Working with local media to inform the public of the program.

Mental health care provider

Your agency participates in a multi-disciplinary committee of key stakeholders focused on Sahoration between the criminal systice and mental health systems.

POLICE-MENTAL HEALTH **COLLABORATION PROGRAMS:**



and potentially dangerous for officers, and often draw intense public scrutiny. The research is clear: People with mental illnesses who are referred to behavioral health treatment by law enforcement officers experience fewer subsequent health agency leaders across the country are increasingly partnering to develop Police-Mental Health Collaboration (PMHC) programs as part of a comprehensive approach to improve outcomes for this population, but also to belo communities prioritize resources to have the greatest impact on public safety.

Crisis Intervention Teams (CIT) of specially trained officers are the most prevalent type of PMHC program, but police: mental health co-responder models, mobile crisis teams, and case management models also are used-sometimes in combination-by many agencies. The success of any model is dependent on the extent to which it is embraced by agency leaders and supported by adequate resources.

reserum corresponds to best practices, is built on strong collaboration between law enforcement and behavioral health agencies, and staves to improve outcomes for people with mental illnesses. This review can be augmented with the Law Enforcement Program Managers' checklist, which addresses in more detail the criteria below

CONSIDER THE FOUR KEY CRITERIA FOR LAW ENFORCEMENT LEADERS TO PROMOTE AN **EFFECTIVE PMHC PROGRAM IN THEIR COMMUNITY**

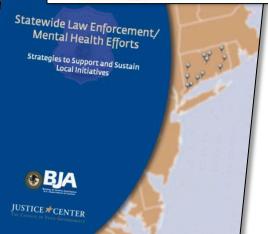
- ☐ Law enforcement leaders send a clear message, both internally and publicly, that collaborating with the behavioral health agency on an PMHC program. when making budget, staffing and policy decisions.
- ☐ A single law enforcement agency representative (ideally senior level) is responsible for overseeing/ managing the PMHC program.
- ☐ This PMHC program manager has the authority to implement strategies that promote agency wide buy-in and is the liaison with collaborative
- enforcement agency's written policies/procedures and PMHC program responsibilities are addressed in staff job descriptions, performance evaluations and awards.

Criteria 2: Work with the behavioral health agency to improve coordinated responses and information-shari practices that support PMHC programs

- ☐ Interagency agreements, such as memoranda of understanding facilitate the coordination of PMINC
 - The PMHC program manager meets regularly with his or her behavioral health care counterparts to resolve challenges or conflicting organizational

JUSTICE CENTER | @BJA







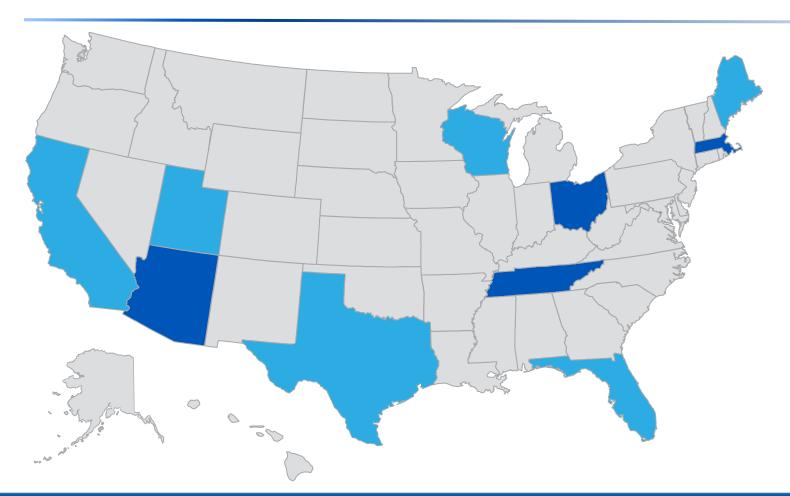
PMHC Toolkit



A comprehensive online reference that provides resources for law enforcement agencies to partner with mental health providers to effectively respond to calls for service, improve outcomes for people with mental illnesses, and advance the safety of all. www.bja.gov/pmhc



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



Planning Guide Justice and Mental Health Collaboration Program Law Enforcement

Informed by a Police-Mental Health Collaboration Framework

Monthly Exercises:

Correspond to PMHC Framework Document (6 questions)
To be done collaboratively
Reviewed during check-ins with TA provider



Logic Models

Logic Model

Please take the time to work with your team to articulate overall program goal/s and measurable objectives based on your narrative. During our next meeting, we will discuss to ensure everyone agrees with identified goal/s and objectives

Program Goal/s:

Program Objective/s:

Resources	/Input
-----------	--------

To accomplish goal/s and objectives we will need the following resources

Activities

To accomplish goal/s and objectives, we will complete the following activities

Outputs

Once activities have been accomplished they will produce the following results by the end of the 12-month grant period.

Outcomes

We expect these outputs will lead to following changes in **1-3 years.**



Learning Community Goals



Connect to subject matter experts



Brainstorm ideas to enhance programming





The Law Enforcement Learning Community will provide additional support and resources to grantees in addressing key areas known to be challenging for PMHC programs.

Learning Community Structure

- Five webinar/web meeting sessions throughout the grant period.
- Brief presentation and discussion.
- **Grantee representatives:** 1-2 representatives from the law enforcement partner AND 1-2 representatives from the behavioral health partner.
- Presenters: Law Enforcement Learning Sites, past JMHCP grantees, and other subject matter experts.
- Everyone is encouraged to ask questions, share ideas, and offer advice.
- Between sessions, grantees are asked to consider a plan of action to incorporate or improve elements from the previous topic into their program.



Learning Community Topics



Strategic Planning



☐ ☐ ☐ ☐ Information Sharing



Data Collection and Analysis



Funding and Sustainability



Strategic Planning

The process of defining goals and objectives, and formulating a plan to attain them.

Includes assessing...

- the current state of law enforcement response to people with mental illnesses and who are in mental health crisis,
- strengths
- challenges
- how to most effectively use and leverage available resources, and
- what improvements can be made



□[‡] Information Sharing

One of the challenges to collaboration is the sharing of individual's information between law enforcement and mental health providers.

An information-sharing strategy may include:

- Interagency agreements/MOUs
- CJ-BH staff case management meetings
- Universal release forms
- Embedded clinician

October 2019

Sharing Behavioral Health Information

Tips and Strategies for Police-Mental Health Collaborations

Wheher its positioning a law enforcement officer to respond appropriately to a call fit service or determining whether are everyoned regress has reduced just lookings, sharing information is both a critical and challenging part of successful plotice-mental health collaborations (PRISO). While the health insurance Portability and Accountability Act (IRDA) and its regulations are the most eft-cited parties to information sharing; PRISO may host struggle to develop appropriate processes and technology to facilitate information collection and sharing. Further, behavioral health professionals are trained to protect individual privacy about mental health or addition treatment and may also understandably hesitate about sharing this information with law enforcement.

However, as the value of these octilaborations becomes more appaient, communities of all sizes have figured out ways to appropriately share behavioral health information to apport that "Polish" above provide principal consistence are desorted patients). Some of these strategies are sample, the posting of the unselectment exceptions. "Of them to the behavioral "Others involve throughful design of training programs or database architecture. This effect provides practical strategies communities can use to safely and legally share behavioral health information to improve outcomes for people in their communities.

Tips from the field

Many jurisdictions have developed strategies to facilitate appropriate information sharing among behavioral health and law enforcement agencies. The following tips are based on their experiences:

- Effective collaboration builds on cooperation an trust between agencies.
- It is possible to share information legally.
- Remember the principle of sharing the minir necessary health information.
- Think about engaging people with lived experiences in establishing strategies.

For specific examples of information-sharing strategie some of these jurisdictions have implemented, visit osiglusticecenter.org/law-enforcement/informationsharing.

Police-Mental Health Collaboration Strategies

- Take it en together. Weiking hydre in understand privacy law and devolop shared goals can facilisate treating relationships smoog partners that ensure the right information is smallable for those who need a when they need it. Consider engagement strategies for different content of partners. Some are best served by regular working meetings, such as law enforcement and mental health agencies that work together every day on thand chiera. For others, such as community groups or the judiciary, regular but less frequent outreach can help create a shared understanding of quals, current strategies, and challenges.
- Clarify serminology for shared understanding: Taking the time to clarify potentially ambiguous terms is an important step in accurated sharing behaviourab health information. Forms the "Feet Health shee different memings to offices and treatment proteines simularly, officers may be surprised by low clinicians and administrators define different types of behavioral health mode and what constitutes motested behavioral forestands (PRIII).
- Provide training on relevant legal basics: Managers and staff from both criminal justice and behavioral health partners should be familiar with relevant federal and state privacy laws, as well as local rules and agency policies and procedures that are relevant for their role Appropriate staff abouth also needed training on security rules for handling begults information.
- 1. Firm one in the legal framework for sharing protected beath information, see: The Count of Editio-Government Auditor Control. Action of Government (Auditor Control Auditor Control Audi
- Protected health information under HPAA is information about a person's health that is both individually stands.





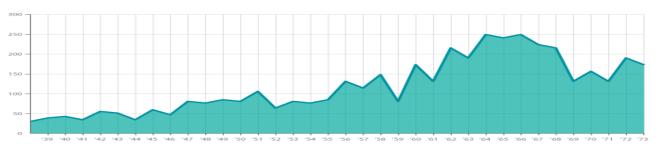




Data Collection and Analysis

Reliable data is essential for:

- recording your program activities and performance,
- ensuring that scarce resources are effectively managed,
- demonstrating to government decision-makers that the program is effective,
- requesting funding through annual budgets or grants, and
- garnering the support of mental health providers and other community stakeholders.





Funding and Sustainability

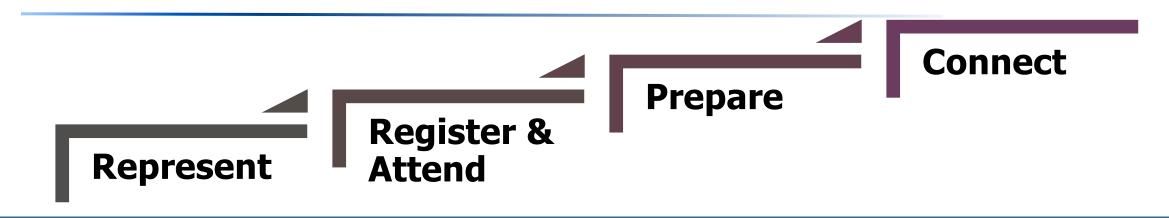
Securing funds for your PMHC programming is one of the most challenging components to supporting sustainability.

Factors that can increase the chances of funding and sustainability include:

- ✓ program evaluation,
- ✓ public relation campaigns, and
- ✓ stakeholder engagement.



Next Steps



Next Session

Strategic Planning February 19th 2020

Presenters:

David D'Amora, Director, Special Projects Council of State Governments Justice Center



Presentation Outline

- I. Introductions
- II. Grant overview and the Police-Mental Health Collaboration Framework
- III. Technical assistance
- IV. Featured Grantee: Miami-Dade County
- V. Q&A



MIAMI-DADE COUNTY



Presentation Outline

- I. Introductions
- II. Grant overview and the Police-Mental Health Collaboration Framework
- III. Technical assistance
- IV. Featured Grantee: Miami-Dade County
- V. Q&A



FY19 Category 2 Grantees:

Phoenix Police Department, AZ

Division of Criminal Justice, CO

Warren County, KY

Boston Police Department, MA

City of Muskegon, MI

City of Saint Louis Metropolitan Police Department, MO

Clemson University, SC

City of Lubbock, **TX**







Contact information

Deputy Division Director, Law Enforcement

Terence Lynn (646) 383-575

tlynn@csg.org

TTA Providers

Laura Fabius (646) 356-0054

<u>lfabius@csg.org</u>

Olivia Randi (301) 915-9711

orandi@csg.org



Next Steps

- 1. If you have yet to do so, please respond back to "Congratulations Email" sent by TA provider with dates to schedule first initial call.
- Schedule first call with TA provider and respond back to TA provider with names, titles, organizations and email addresses of everyone expected to be on first call.
 *Calendar Invite will be sent by TA Provider.
- 3. Contact Laura Fabius or Olivia Randi with any questions and or comments.
- 4. Register for the next Learning Community meeting.

Next Session
Strategic Planning
February 19th 2020



Thank You!

Join our distribution list to receive updates and announcements:

www.csgjusticecenter.org/subscribe

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

© 2019 The Council of State Governments Justice Center

