Implementation & Expansion Guide

Justice and Mental Health Collaboration Program
Law Enforcement

DESCRIPTION

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

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

About the Implementation & Expansion Guide

The Council of State Governments (CSG) Justice Center has prepared this Implementation & Expansion (I&E) Guide to support grantees in refining and enhancing justice and mental health initiatives to improve outcomes for people who have

mental illnesses and are in the criminal justice system. The guide is not intended to serve as a step-by-step blueprint, but rather to foster discussion on best practices; identify considerations for your collaborative effort; and help you work through key decisions for implementation and expansion strategies.

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

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

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

Contents of the Guide

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

TA Provider Contact Information	
Name:	
Phone:	
Email:	

Contents

SECTION 1: GETTING STARTED AND IDENTIFYING GOALS

Although your TA provider has read the project narrative that you submitted in response to the JMHCP solicitation, there may have been updates or changes since the submission of your original application. This exercise is intended to give your TA provider a sense of your current project goals and your initial technical assistance needs.

EXERCISE 1: BASIC INFORMATION

A. Grantee Information

Grantee Name and Award Number	
Lead Agency *(Who applied for the grant?)*	
Collaborating Partner Agency	
Primary Agency *(Who manages the day-to-day operations of the grant program?)*	
Geographic Location *(City/county/state)*	
Type of Jurisdiction *(Rural/suburban/urban/mix)*	
Population Size of Jurisdiction Served	
Project Title	

Primary Points of Contact

Name 1:		**Name 2:**	
Title/Role:		**Title/Role:**	
Agency:		**Agency:**	
Email:		**Email:**	
Phone:		**Phone:**	

B. Program Focus Area

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

☐ **Police-Mental Health Collaboration**	☐ Crisis Intervention Team (CIT) Program ☐ Co-Responder Model ☐ Mobile Crisis Team ☐ Case Management Approach ☐ Tailored Approach ☐ Jail Diversion Program ☐ Other _____ ***Please see Appendix A for definitions of models/approaches***
☐ **Other**	Please describe:

C. More about Your Initiative

1. Have there been any changes to your proposed plans since you submitted your grant proposal?
If any programmatic, administrative, or financial changes have been made since you submitted your grant proposal, you are required to submit a Grant Adjustment Notice (GAN) through the GAN module in the Grants Management System (GMS). ***Please note that GANs are subject to approval by BJA.***

Answer:

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

Answer:

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

Answer:

4. Does your current grant-funded program/initiative have a mission statement? If yes, please write it in the answer box below.

Answer:

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

Answer:

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

Answer:

D. More about Your Jurisdiction

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

Answer:

2. Is there a designated diversion/receiving/engagement center that is available to receive people whom law enforcement officers divert from correctional facilities or lockup?

Answer:

☐ No

☐ Yes, there is a 24-hour designated diversion/receiving/engagement center

☐ Yes, there is a designated diversion/receiving/engagement center, but it is not open 24 hours

☐ Other; there is a mental health facility/setting that is not specifically designated for diversion purposes

3. Is there a service line for law enforcement to use for communicating with the designated center?

Answer: ☐ Yes (hours of operation: _____) ☐ No

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

Answer:

Please supply your TA provider with a copy of any available assessment reports.

E. Logic Model

Work with your team to articulate the overall program goal(s) and measurable objectives based on your grant proposal narrative. During our next TA call, we will discuss to ensure that everyone agrees with the identified goal(s) and objectives.

Program Goal(s):

Program Objectives:

Resources/Inputs ***To accomplish these goal(s) and objectives, we will need the following resources:***	**Activities** *To accomplish these 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 that these outputs will lead to the following outcomes in* ***1–3 years:***

A FRAMEWORK FOR YOUR POLICE–MENTAL HEALTH COLLABORATION (PMHC)

To assess how well a jurisdiction is safely and compassionately addressing the needs of people who have mental illnesses, police, behavioral health, and other local leaders should ask themselves the below six questions about their police-mental health collaborations. The following sections correspond to those six questions. Each month, you will receive directions from your TA provider on which exercises to complete before the next TA call.

1. • Is our **leadership** committed to the PMHC?
2. • Are we following clear **protocols** to respond to people who have mental illnesses?
3. • Are we providing staff with quality mental health and de-escalation **training**?
4. • Do we have the **resources and service connections** for people who have mental illnesses?
5. • Do we collect and analyze **data**?
6. • Do we have a process for reviewing and improving **performance**?

SECTION 2: DEVELOPING YOUR COLLABORATIVE PLANNING COMMITTEE AND PROJECT TEAM

Strong partnerships between law enforcement and behavioral health care system officials, community-based care providers, and other community leaders are foundational to any successful police-mental health collaboration. A successful PMHC requires leaders from multiple agencies to regularly assess and modify its structure and strategies to ensure that the PMHC is responsive to local needs.

The questions and activities in this section are intended to provide guidance on creating innovative, cross-systems collaboration between law enforcement and mental health agencies. This section can also help you explore various aspects of collaborative decision making that are essential to the success of your initiative.

EXERCISE 2: STAKEHOLDER ENGAGEMENT AND PROGRAM COMMITTEES

A. Interagency Committee

1. Is there an interagency committee already in place that will help guide this project?

Answer: ☐ Yes ☐ No

If yes, please supply your TA provider with a list of members, including the title and role of each member.

B. JMHCP Project Team

1. Is there a project team in place to execute the day-to-day activities necessary to implement or expand your program or initiative?

Answer: ☐ Yes ☐ No

2. Are any local "champions" from the law enforcement agency part of this project team? If not, do you plan to include such champions in the day-to-day oversight of the law enforcement program?

Answer:

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

Select one answer: **1 2 3 4 5**

4. Are any local "champions" from the mental health agency part of this project team? If not, do you plan to include such champions in the day-to-day oversight of the mental health program/involvement?

Answer:

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

Select one answer: **1 2 3 4 5**

C. Identifying Stakeholders *List the stakeholders involved in this project. Use additional sheets if necessary.*					
Field *(E.g., behavioral health, law enforcement, county government, etc.)*	**Name**	**Title**	**Organization**	**Role**	**Level of Support** *(1 = No support; 5 = Very high level of support)*
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**
				Choose an item.	**1 2 3 4 5**

SECTION 3: TRACKING MENTAL HEALTH CALLS FOR SERVICE

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

EXERCISE 3: IDENTIFYING PATTERNS IN MENTAL HEALTH CALLS FOR SERVICE

A. Target Population for Your Program

1. Briefly describe the target population for your program. This will be the population on which you focus your data collection and program evaluation efforts. *(Please include age, sex/gender, community of focus, etc.)*

Answer:

B. Data on Mental Health Calls for Service

1. Is your agency able to analyze data on mental health calls for service in the community?

Answer: ☐ Yes ☐ No ***If YES, please complete the remainder of this table.***	***If NO, what barriers exist to performing this analysis?***

2. What general patterns *(e.g., time of day, day of week, address/location, etc.)* **and individual characteristics** (*e.g., age, race/ethnicity, sex/gender*) **in mental health calls for service have you been able to track or identify, if any?**

General Patterns			Individual Characteristics		
Time of Day	Day of Week	Address/Location	Age	Race/Ethnicity	Sex/Gender

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

Answer: ☐ Yes ☐ No

SECTION 4: APPLYING THE PMHC FRAMEWORK TO YOUR PROGRAM

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

EXERCISE 4: DEFINING YOUR TRAINING PROGRAM

Appropriate mental health and de-escalation training for both law enforcement and behavioral health personnel is an essential component of any PMHC. Proper and routine training, paired with the other changes outlined in this planning guide, can lead to measurable outcomes. When collaborating partners participate in standardized training with qualified and effective trainers, they are better able to understand mental illnesses and their impact on individuals, families, and communities. Through effective training, responding personnel learn how to identify signs and symptoms of mental illnesses and how to use a range of stabilization and de-escalation techniques to address them. They may also learn about disposition options, community resources, and legal requirements.

A. Training Breakdown

Please complete the following chart to indicate who is receiving which kinds of training and for how many hours.

Personnel	Type of Mental Health or De-escalation Training *(E.g., Crisis Intervention Team [CIT] Training, Mental Health First Aid [MHFA], etc.)*	Number of Hours		Percentage of Force Trained	
		Entry-Level Training	In-Service Training	Current	Goal for Grant Period
Law Enforcement Officers					
Law Enforcement Supervisors/Management					
Behavioral Health Care Providers					
911 Call-Takers/Dispatch					
Paramedics/EMTs/Firefighters					
Corrections Officers					
Probation & Parole Officers					
Other:					

Please provide your TA provider with a copy of the training curricula referenced above.

B. Training Delivery

1. Which training described above is being funded by your JMHCP grant?

Answer:

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

Answer: ☐ Yes _____hours ☐ No

3. Is there a training delivery schedule/timetable for all training sessions?

Answer: ☐ Yes ☐ No

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

4. Does the training include any of the following additional topics? *Please select all that apply.*

☐ Cultural competence ☐ Implicit bias

☐ Gender responsivity ☐ Trauma-informed policing

Please supply your TA provider with detailed descriptions for selected items.

5. Who delivers the training listed in Exercise 4A above? *Please select all that apply.*

☐ Law enforcement personnel ☐ Mental health personnel ☐ Family members of people who have mental illnesses

☐ People who have mental illnesses ☐ Advocates Other: _____

6. What instructional methods are used? *Please select all that apply.*

☐ Simulations and/or virtual training ☐ Presentations by advocates

☐ Ride-alongs ☐ Role play

☐ Site visits to facilities Other: _____

7. Is the training being evaluated by participants?

Answer: ☐ Yes ☐ No

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

8. Are you administering pre- and post-tests to evaluate knowledge and skills acquired from the training?

Answer: ☐ Yes ☐ No

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

EXERCISE 5: POLICY, PROCEDURES, AND STAKEHOLDER AGREEMENTS

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

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

Successful PMHC programs have protocols that enable behavioral health and law enforcement professionals to divert people from the criminal justice system to treatment in the least restrictive setting that still meets public safety objectives. Protocols should be defined for all points at which the behavioral health care system can work with law enforcement (including at dispatch, on scene, and for follow-up/case management).

This section will help you assess which protocols are already in place and which need to be developed to support your PMHC efforts.

Protocols for successful PMHC efforts include interagency agreements, such as memoranda of understanding (MOUs), which are effective mechanisms to

- Delineate roles and responsibilities;
- Identify resources to be contributed; and
- Document joint policies and procedures.

A. Interagency Agreements

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

☐ **MOUs** ☐ **Other interagency agreements** ☐ **Joint or collaborative policies and procedures** *(see below)*

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

B. Screening and Guidance for Mental Health Calls for Service

Dispatch

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

Answer: ☐ **Yes** ☐ **No**

3. Do 911 staff use specific screening questions to determine whether a call appears to involve a person who has a mental illness?

Answer: ☐ **Yes** ☐ **No**

4. Are call-takers and dispatchers informed of law enforcement and mental health agency staffing patterns so that they can properly route mental health calls for service?

Answer: ☐ **Yes** ☐ **No**

Crisis Response

5. Do "on-scene" protocols *(ideally in a flowchart format)* **guide collaborative responses to calls for service involving people experiencing a mental health crisis?** *(Examples of on-scene protocols include use of verbal de-escalation vs. use of force, arrest vs. diversion, transfer of custody, determining final disposition, etc.)*

Answer: ☐ **Yes** ☐ **No**

6. Are there policies and procedures in place to guide mental health personnel on how to respond to people who are experiencing a mental health crisis and are diverted from the criminal justice system and referred to services by officers? (*Examples of these policies and procedures include transfer of custody, protocols for emergency evaluations, referral options, follow-up with law enforcement, etc*.)

Answer: ☐ **Yes** ☐ **No**

7. Which personnel currently use screening tools/questions when responding to a potential mental health call for service?

Answer: ☐ **Officers only** ☐ **Mental health personnel only**

☐ **Both officers and mental health personnel** ☐ **Neither officers nor mental health personnel**

8. Are officers able to confer with and receive guidance from mental health personnel about people who have mental illnesses in order to determine appropriate dispositions?

Answer: ☐ **Yes** ☐ **No**

Jail / Lockup

9. Is a mental health screening administered in the correctional facility or lockup?

Answer: ☐ **Yes** ☐ **No**

10. If you answered "yes" to question 9 above, who administers the mental health screening in the correctional facility or lockup?

Answer: ☐ Correctional officer ☐ Nurse ☐ Clinician Other: _____

Please provide your TA provider with copies of all policies, procedures, protocols, screening tools, etc., referenced above.

EXERCISE 6: INFORMATION SHARING AND CONFIDENTIALITY

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

A. Information-Sharing Procedure

1. Are there written policies, MOUs, or other interagency agreements to facilitate and formalize the sharing of information between law enforcement and mental health agencies?

Answer: *Select all that apply*

- ☐ Intra-agency policy and/or protocol
- ☐ Interagency MOU or other agreement
- ☐ Information-sharing agreement
- ☐ Other: _____
- ☐ No

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

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

Answer: ☐ Yes ☐ No

3. What existing barriers to information can impact the success of your program?

Answer:

4. Does your jurisdiction use Health Information Exchange (HIE)? If so, which entities have access?

Answer: *Select all that apply*

- ☐ No
- ☐ Yes, one HIE
- ☐ Yes, a number of separate HIEs
- ☐ Yes, law enforcement partner has access
- ☐ Yes, but law enforcement does not have access
- ☐ Yes, behavioral health partner has access

B. Information Sharing in Practice

1. What information can be shared between behavioral health care providers and law enforcement officers assuming there is no signed authorization or verbal consent from the person who has come into contact with law enforcement?

For each scenario below, please use the drop-down menu to indicate the amount of information that behavioral health care providers can share with law enforcement officers or vice versa. The options are:

- **a. No information** (i.e., no information about the person's behavioral health care or criminal justice involvement can be shared);
- **b. Minimal information** (e.g., acknowledgement that the person has had contact with the behavioral health care or criminal justice system); or
- **c. Maximal information** (i.e., all information that can be shared, as allowed by law, to de-escalate a crisis and determine final disposition or to improve access to behavioral health care in a non-crisis situation).

	To de-escalate a crisis and determine final disposition when:		To improve access to behavioral health care in a non-crisis situation by:	
	The person presents as a threat/danger to self or others	**The person does *not* present as a threat/danger to self or others**	**Identifying high utilizers[1] for case management purposes**	**Collaborating on treatment and recovery needs**
What can behavioral health care providers share with law enforcement officers?	Choose an item.	Choose an item.	Choose an item.	Choose an item.
What can law enforcement officers share with behavioral health care providers?	Choose an item.	Choose an item.	Choose an item.	Choose an item.

[1] I.e., those who have frequent contact with the criminal justice and/or behavioral health care system.

SECTION 5: DATA COLLECTION, PERFORMANCE MEASUREMENT, AND PROGRAM EVALUATION

This section underscores the need to establish a baseline of available behavioral health and law enforcement data that will help show where current efforts are succeeding and where they fall short of desired outcomes, as well as where improvements to data systems are required. This section also outlines measures for tracking progress, which can guide collaborative decision making going forward.

EXERCISE 7: DEVELOPING A DATA-COLLECTION STRATEGY

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

A. Performance Measurement Tool

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

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

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

Answer:

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

Answer:

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

Answer:

B. General Data Collection

What type of data is being collected? *(E.g., number of officers trained, number of mental health calls for service, etc.)*	Who is collecting data? *(Title of position/agency)*	What is the data source? *(E.g., incident report or other form, database, survey, etc.)*

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

Answer:

3. Please list the name of data system(s) being used for your program and which agencies have access to it.

Name of Data System	Agencies with Access

C. Final Dispositions

1. Is your agency able to track final dispositions for mental health calls for service?

Answer: ☐ Yes ☐ No

2. What are the final disposition options available for mental health calls for service? *(Please list.)*

1.		**6.**	
2.		**7.**	
3.		**8.**	
4.		**9.**	
5.		**10.**	

D. Analysis and Evaluation

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

Answer:

2. Who will conduct the data analysis and program evaluation? Is this an internal or external evaluator?

☐ **Internal**

☐ **External**

If the evaluator is external, provide the following additional information:

Name:

Affiliation:

3. What are you planning to measure in the evaluation, beyond the required PMT measures?

Answer:

4. What type of evaluation will you be conducting?

☐ **Formative**

☐ **Process**

☐ **Outcome**

☐ **Impact**

☐ **Other:** _____

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

We also encourage you to share a project evaluation with key stakeholders in your community.

SECTION 6: SUSTAINABILITY

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

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

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

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

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

EXERCISE 8: PLANNING FOR PROGRAM SUSTAINABILITY

A. Clarifying Your Vision

1. What are your vision and goals for the project?
Answer:
2. What results are you trying to achieve after the life of the grant?
Answer:
3. Which activities will lead to those desired results after the life of the grant?
Answer:

B. Funding Sources for Sustainability

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

Answer:

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

Answer:

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

Answer:

C. Stakeholder Engagement

1. Is there a working group/task force of diverse stakeholders focused on developing a sustainability plan?

Answer: ☐ Yes ☐ No

2. List your key partners in sustaining your program after the life of the grant. Please indicate the organization, position titles *(not names)*, and their role. *Please include who will be responsible for securing funding.*

Answer:

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

Answer:

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

- ☐ Program e-mails or newsletters
- ☐ Media outreach
- ☐ Program fact sheet or brochure
- ☐ Special events and conferences
- ☐ Individual meetings with key stakeholders
- ☐ Promotions targeting professional groups and key constituents
- ☐ Hosting program tours
- ☐ Other:

D. Using Data to Drive Sustainability

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

Answer:

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

Answer:

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

Answer:

E. Other Sustainability Strategies

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

Answer:

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

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

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

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

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

Responding to Mental Health Calls for Service

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

- **Crisis Intervention Team (CIT):** CIT is the most commonly used approach by law enforcement agencies. The CIT model originated in the Memphis, Tennessee, Police Agency and is therefore often called the "Memphis Model." CIT is based on the idea that experienced officers who volunteer to participate in the program are best at responding to mental health calls. Agencies select a group of qualified patrol officers (representing approximately 25 percent of the patrol force) who volunteer to take on this responsibility in addition to their normal patrol duties. After completing a 40-hour training course, CIT officers are dispatched to mental health calls or to assist officers who are not qualified in the CIT model. These CIT officers rely upon their expertise to work with mental health providers to determine appropriate dispositions.
- **Co-Responder Team:** In the co-responder team model, a specially trained officer and a mental health crisis worker respond together to mental health calls for service. By drawing upon the combined expertise of the officer and mental health professional, the team is able to link people who have mental illnesses to appropriate services or provide other effective and efficient responses. The most common approach is for the officer and crisis worker to ride

together in the same vehicle for an entire shift, but in some agencies the crisis worker meets the officer at the scene and they handle the call together. Co-responder teams may respond throughout the entire jurisdiction, or they may work in areas with the greatest number of mental health calls.

- **Mobile Crisis Team:** The mobile crisis team is a group of mental health professionals who are available to respond to calls for service at the request of law enforcement officers. The mobile crisis team's goal is to divert people from unnecessary jail bookings and/or emergency rooms. These crisis workers are skilled at helping to stabilize encounters and assume responsibility for securing mental health services for people—including those in crisis who may need further evaluation and treatment. Mobile crisis teams are not necessarily dedicated to assisting only law enforcement officers, but respond to requests directly from community members or their families and friends as well.
- **Case Management Team:** In the case management team approach, officers—often in collaboration with mental health professionals—carry a caseload of consumers. Officers do not treat or diagnose, but rather engage people who have repeated interactions with law enforcement or have a history of violence. Officers work with those people to develop specific solutions to reduce repeat interactions. This approach strives to keep people connected to mental health services and community resources to abide by treatment plans and meet other responsibilities, such as work, school, and training. Some agencies have designated full-time officers or detectives to perform this function, while in other agencies patrol officers can assume this responsibility in addition to other duties.
- **Tailored Approach**: A tailored approach is one in which an agency intentionally selects various response options from multiple PMHC programs to build a comprehensive program. This approach allows the agency to adhere to a consistent policing philosophy while being responsive to community needs. Factors that agencies consider when choosing this approach may include the size of the jurisdiction and the number of officers staffing a given shift. When using a tailored approach, a law enforcement agency begins with the expectation that every patrol officer must be able to respond effectively to mental health calls. Agencies enhance their patrol force with officers or detectives whose primary responsibilities are to liaise with stakeholders to coordinate criminal justice and mental health resources.

APPENDIX B: SUPPORTING RESOURCES

I. POLICE-MENTAL HEALTH COLLABORATION (PMHC) TOOLKIT

BJA launched an online toolkit that is intended to provide support to law enforcement agencies around the country in planning and implementing programs to more appropriately respond to calls for service involving people who have mental illnesses. The PMHC Toolkit was developed in partnership with the CSG Justice Center and gathers promising practices and resources to help law enforcement agencies partner with mental health providers when responding to calls for service involving people who have mental illnesses.

II. POLICE-MENTAL HEALTH COLLABORATION PROGRAM CHECKLISTS

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

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

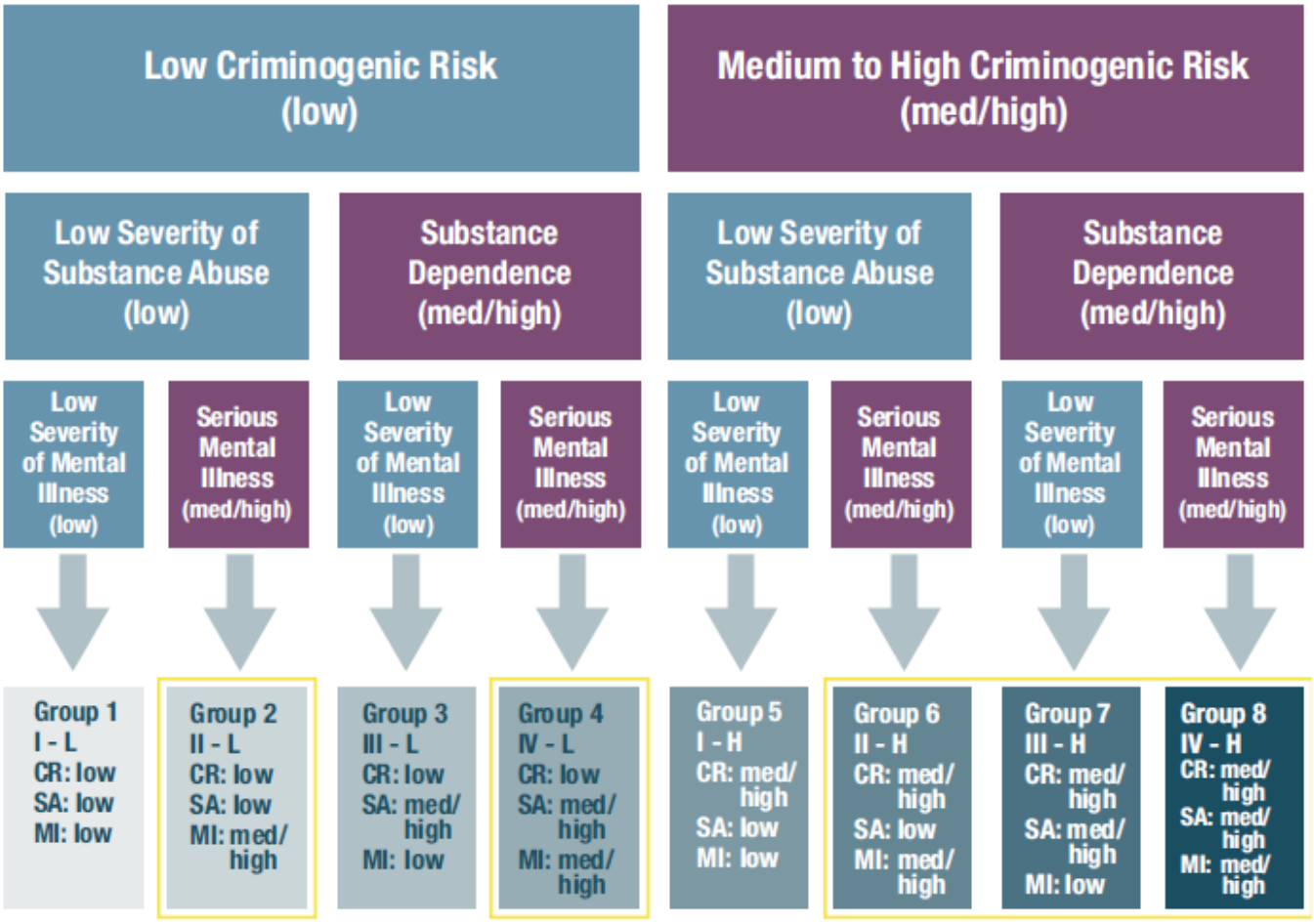
III. LAW ENFORCEMENT/MENTAL HEALTH LEARNING SITES

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

- Houston (TX) Police Department
- Los Angeles (CA) Police Department
- Madison (WI) Police Department
- Portland (ME) Police Department
- Salt Lake City (UT) Police Department
- University of Florida Police Department

IV. CRIMINOGENIC RISK AND BEHAVIORAL HEALTH NEEDS FRAMEWORK

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

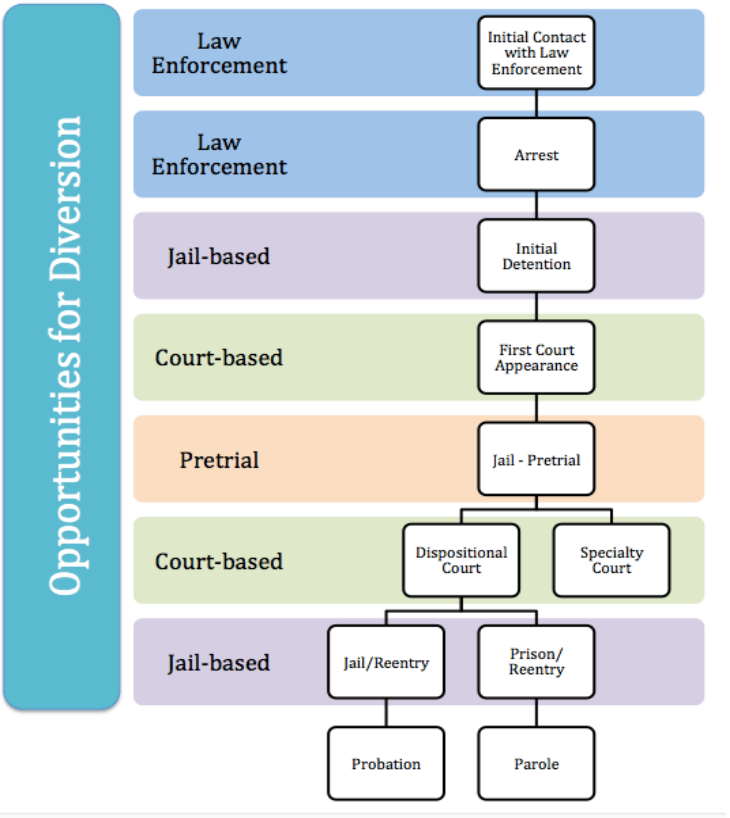


V. DIVERSION TYPOLOGY

The following is an excerpt from a document that is currently being developed by the CSG Justice Center and is still in draft form. This material is being made available to the FY17 JMHCP Law Enforcement Grantees prior to formal publication as a resource to enhance their PMHC efforts.

As opportunities to divert people from the criminal justice system have become increasingly popular over the past several years, it is imperative for there to be a standardized language that is used by the field to discuss common diversion terms. A standardized language—or typology—may eliminate possible confusion when discussing diversion, as well as set up an opportunity to identify and/or develop clear practices for each type of diversion program.

Typically, diversion approaches are divided into two main types: pre-booking and post-booking. This reflects the main time in which diversion opportunities can occur: either before or after an individual is booked into a facility. The diagram to the right illustrates the various points in the criminal justice continuum at which there are opportunities for diversion, and the list below presents specific examples of diversion practices and approaches at the point of law enforcement contact.



LAW ENFORCEMENT DIVERSION PRACTICES & APPROACHES

- Case management teams
- Civil citations
- Co-responder teams
- Crisis Intervention Team (CIT)
- Law Enforcement Assisted Diversion (LEAD)
- Mobile crisis teams
- Police Assisted Addiction and Recovery Initiative (PAARI)
- Police-Mental Health Collaboration (PMHC)
- Police substance use collaboration (also known as law enforcement deflection)
- Pre-Arrest Diversion-Adult Civil Citation (PAD-ACC)
- Specialized police responses
- Stop, Triage, Engage, Educate, and Rehabilitate (STEER)