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
- Demetrius Thomas, Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center
- Sarah Wurzburg, 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 assistance to local criminal justice programs that improve and reinforce the nation’s criminal justice system. BJA’s goals are to reduce and prevent crime, violence, and drug abuse and to improve the way in which the criminal justice system functions. In order to achieve such goals, BJA programs illustrate the coordination and cooperation of local, state, and federal governments. BJA works closely with programs that bolster law enforcement operations, expand drug courts, and provide benefits to safety officers.

Visit the [BJA website](#) to learn more.
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
Justice and Mental Health Collaboration Program Statutory Authority

- Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (MIOTCRA), (Public Law 108-414)
- Authorized JMHCP: $50 million for criminal justice-mental health initiatives
- Reauthorized for 5 years - Mentally Ill Offender Treatment and Crime Reduction Act of 2008 (Public Law 108-416)
- Amended by the 21st Century Cures Act in 2016 (Public Law 114-255), which provided for JMHCP and mental health courts
- Additional authority is provided by the Consolidated Appropriations Act, 2020
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**
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 Use Disorder

General Population

4% Serious Mental Illness

Jail Population

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

Police Encounters for Service Involving People in Crisis

Across the country, there are inconsistent standards for mental health and de-escalation trainings

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

- In Gresham, OR when CIT trained Officers respond to mental health call, there are significant less arrest.
  - When a GSCT Clinician responds, even fewer are arrested (only 2%)
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?

- **YES** 70%
- **NO** 30%

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

Source: New York City Department of Corrections, Mayor’s Management Report, 2017.
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
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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

Community-Based Treatment and Support Services

Including, but not limited to:
- Case Management
- Mental Illness Treatment
- Substance Use Treatment
- Supportive Housing
- Vocational and Educational Services

Pre-booking
- Law Enforcement
- Arrest

Post-booking
- Jail
- Jail Intake
- Pretrial Detention
- Pretrial
- Initial Appearance
- Court
- Dispositional Court
Behavioral Health Diversion Interventions

• Leaders are seeking opportunities to build bridges across systems to create community-wide strategies that have the greatest impact

• Outlines overarching elements needed to create a holistic and effective diversion response strategy

Police-Mental Health Collaboration (PMHC) Framework

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

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?**
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
Stepping Up is a national movement to provide counties with tools to develop cross-systems, data-driven strategies to measurably reduce the number of people with mental illnesses in jails.
• Calls for a paradigm shift:
  • Move beyond programs and pilots to scaled impact and measurable reductions in prevalence

• No-nonsense, data-driven public management:
  • Systematic identification of mental illnesses in jails
  • Quantification of the problem
  • Scaled implementation of strategies proven to produce results
  • Tracking progress and adjusting efforts based on a core set of outcomes
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
Is our leadership committed?

Do we conduct timely screening and assessments?

Do we have baseline data?

Have we conducted a comprehensive process analysis & inventory of services?

Have we prioritized policy, practice, and funding improvements?

Do we track progress?
Primary Systems-Level Challenges

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

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

- Low Criminogenic Risk (low)
  - Mild/Low Severity of Substance Use Disorder (low)
  - Low Severity of Mental Illness (low)
  - Group 1: I-L
    - CR: low
    - SUD: low
    - MI: low
  - Group 2: II-L
    - CR: low
    - SUD: low
    - MI: mod/high
  - Group 3: III-L
    - CR: low
    - SUD: mod/erv
    - MI: low
  - Group 4: IV-L
    - CR: low
    - SUD: mod/erv
    - MI: mod/high

- Medium to High Criminogenic Risk (med/high)
  - High Severity of Substance Use Disorder (moderate/severe)
  - Low Severity of Mental Illness (low)
  - Group 5: I-H
    - CR: low
    - SUD: low
    - MI: low
  - Group 6: II-H
    - CR: med/high
    - SUD: low
    - MI: med/high
  - Group 7: III-H
    - CR: med/high
    - SUD: mod/erv
    - MI: med/high
  - Group 8: IV-H
    - CR: med/high
    - SUD: mod/erv
    - MI: med/high

- High Severity of Substance Use Disorder (moderate/severe)
  - Low Severity of Mental Illness (low)
  - Group 5: I-H
    - CR: low
    - SUD: low
    - MI: low
  - Group 6: II-H
    - CR: med/high
    - SUD: low
    - MI: med/high
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    - SUD: mod/erv
    - MI: med/high
  - Group 8: IV-H
    - CR: med/high
    - SUD: mod/erv
    - MI: med/high
Web-Based Tool to Support Case Planning

• Online tool that helps behavioral health and criminal justice professionals integrate the risk/needs information gathered from assessments into case plans that engage the person reentering the community.

Lead Case Planners:

- Are any agency or provider who takes the lead in case planning and management, such as a probation or parole agency, behavioral health treatment provider, or correctional agency.
- Oversee the case planning process and engage the appropriate people from each partnering agency, as well as each participant and their support system.
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Overview of JMHCP

The Justice and Mental Health Collaboration Program (JMHCP)

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

• This program supports public safety efforts through partnerships with social services and other organizations that will enhance responses to people with MI and CMISA.
JMHCP Grant Program: $164.3 Million Awarded

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568 Awardees across the Nation

- Representing 49 states and two U.S. territories
- $164.3 million awarded
FY20 JMHCP Awardees

Purpose Area 1: Embedding Clinicians in Law Enforcement Agencies
16
$9.36 M

Purpose Area 2: Support for Mental Health Centers
9
$6.64 M

Purpose Area 3: Mitigating Threats of Targeted Violence
4
$2.61 M
Objectives and Deliverables

- Through a two-phase process consisting of planning and implementation activities during, grantees will develop a systemwide coordinated approach to safely reduce the prevalence of low-risk individuals with MI and CMISA in local jails.
- The planning phase can be for up to 12 months and the implementation phase will begin once the grantee has met the requirements of the planning phase and will continue for the remaining time of the grant.
Objectives and Deliverables

- Grantees should structure their budgets to allocate a portion of the budget (up to $100,000 of the total grant award) to complete Phase 1: Planning within 12 months of receiving final OJP approval of the projected budget.
- Program budget approval is after BJA and CSG’s Justice Center’s technical assistance coach has approved the Planning and Implementation Guide.
- Period of performance duration: Up to 36 months
Grant Purpose Areas

Purpose Area 1: Embedding Clinicians in Law Enforcement Agencies

• Allows for social workers and/or mental health professionals to be place (embedded) in the law enforcement agencies to assist officers during encounters with people in mental health crisis. Grantees under this purpose area can use funding to pay for salaries as well as other expenses such as training and other coordination activities to ensure implementation of the collaborative program.
Purpose Area 2: Support for Mental Health Centers

- Funds operational expenses for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community reentry supports.
Grant Purpose Areas

Purpose Area 3: Mitigating Threats of Targeted Violence

- Supports law enforcement and prosecutors to respond to and mitigate threats of targeted violence. Funds under this purpose area can be used by state and local prosecutors and investigators to seek assistance from mental health professionals and threat assessment experts to identify and disrupt individuals who are mobilizing toward violence.
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Planning & Implementation (P&I) Guide

1. Goals
2. Collaborative Partnerships
3. Target Population
4. Evidence-based Services and Supports
5. Data Collection, Performance Measurement, and Program Evaluation
6. Sustainability
7. Technical Assistance Plan
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 continuously reviewed and updated.
- 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.
FY2020 Learning Communities

1. Purpose Area 1- Embedding Clinicians in Law Enforcement Agencies
2. Purpose Area 2- Community Mental Health Centers
3. Purpose Area 3- Mitigating Threats of Targeted Violence
4. “High Utilizers”
5. Data Collection, Information Sharing, and Evaluation
Monthly Behavioral Health Newsletter
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Questions and Answers
JMHCP Orientation Webinars

- **JMHCP Orientation Webinar Part 2**
  
  December 1\(^{st}\) 3:00 p.m. – 4:30 p.m. ET

- **JMHCP Grantee Purpose Area-Specific Orientation Webinars**
  
  - Each of the three purpose areas will have an orientation webinar in December
  - Your TA Coach will provide the information on the purpose area orientation webinar for your grant team to attend
  - This will provide some additional purpose area specific information and an opportunity to learn more about the other grantees
Resources

- Collaborative Comprehensive Case Plans: https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/
- Police Mental Health Collaboration Toolkit: https://pmhctoolkit.bja.gov/
- Stepping Up Initiative: https://csgjusticecenter.org/mental-health/county-improvement-project/stepping-up/
Contact Information

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Thank You!

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