



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

FY21 Justice and Mental Health Collaboration Program (JMHCP) TTA New Grantee General Orientation Webinar

Part 1: JMHCP and Training and Technical
Assistance Overview

Thursday, February 10, 2022



BJA

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

Agenda

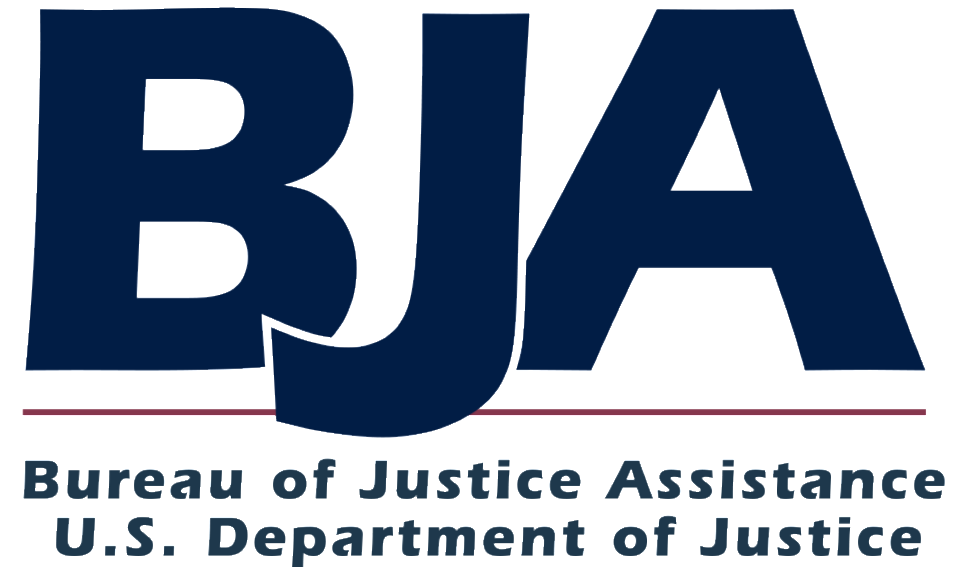
- I. Welcome and Introductions
- II. Overview of Behavioral Health Diversion and Reentry Strategies
- III. Overview of JMHCP
- IV. Technical Assistance (TA)
- V. Questions and Answers

Speakers

- Ayesha Delany-Brumsey, PhD, *Director, Behavioral Health, The Council of State Governments Justice Center*
- Maria Fryer, Justice Systems and Mental Health Policy Advisor, Substance Abuse and Mental Health, Bureau of Justice Assistance, U.S. Department of Justice
- Demetrius Thomas, *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*
- Allison Upton, *Project Manager, Behavioral Health, The Council of State Governments Justice Center*

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

Mission: BJA strengthens the nation's criminal justice system through grant funding, training, technical assistance, education, and promising tools. This program furthers the Department's mission protecting civil rights addressing inequities, advancing reform, advancing juvenile justice reform, science and innovation serving victims of crime and keeping the country safe.



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
- Awards made under 34 U.S.C. 10651 (Public Law 116-260)

Growing Awareness of a National Crisis



Since 2015, nearly a quarter of all people killed by police officers in America have a known mental illness.



"The police have become the responders of last resort, and the jails become the mental hospitals of last resort."



1 in 4 police encounters involve people with mental health concerns.

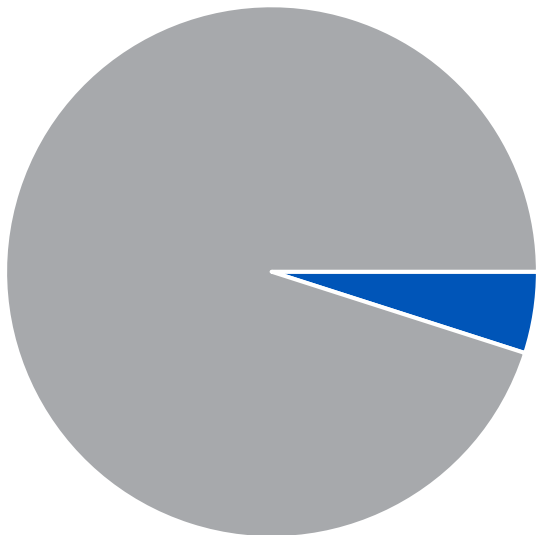


Henrico Police Chief: "I've always said we should not be in the mental health field because any time we deal with mental health, we're bringing a gun, we're bringing a taser...and there's always the potential for something to go wrong."

People with “mental illnesses” are overrepresented in jails—most have co-occurring substance use disorders.

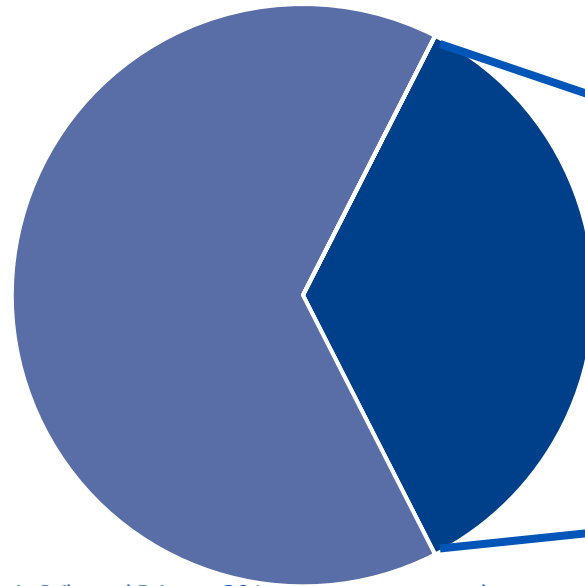
General Population

5.2% Serious “Mental Illness”

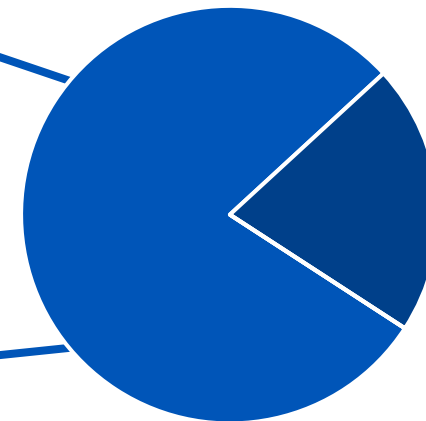


Jail Population

35% Serious “Mental Illness”



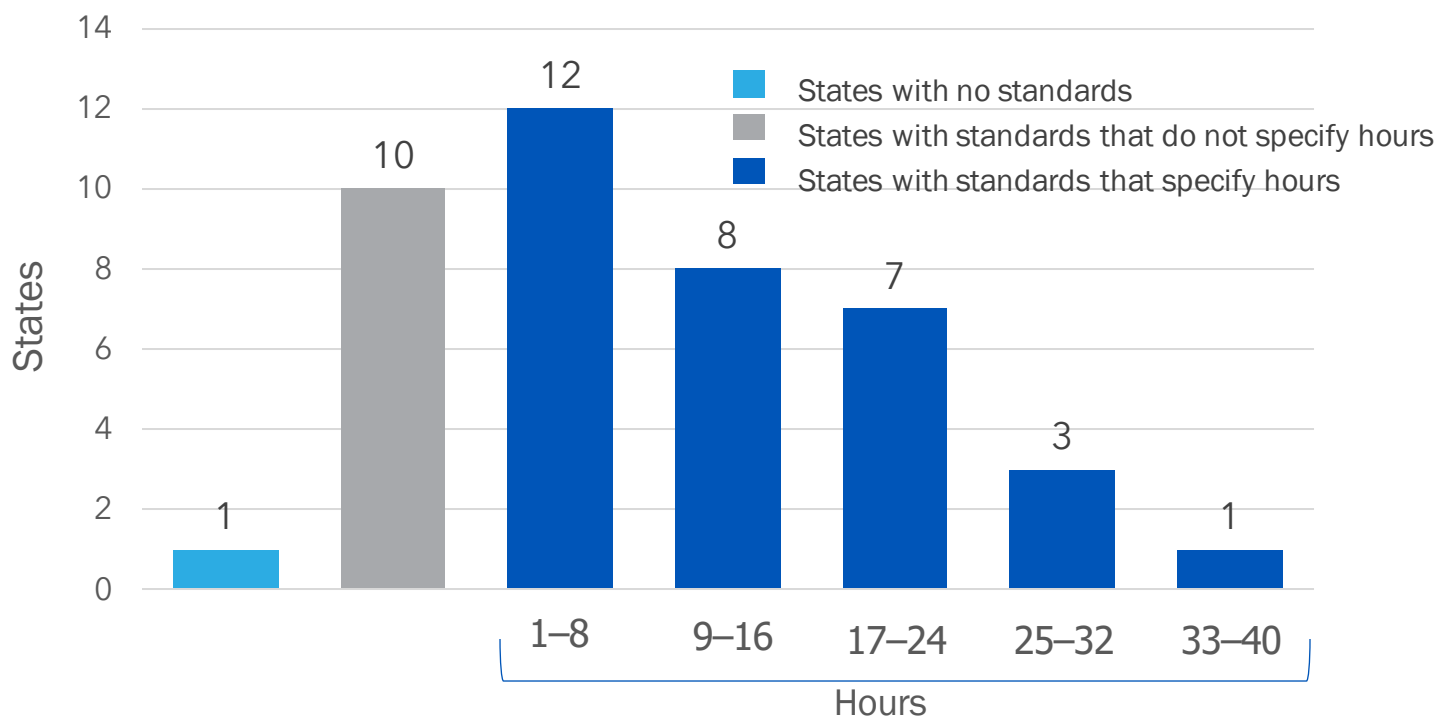
79% Co-occurring Substance “Abuse”



Treatment Advocacy Center, *Serious Mental Illness (SMI) Prevalence in Jails and Prisons*, 2016, www.treatmentadvocacycenter.org; Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health, 2020* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55), <http://www.samhsa.gov/data/>; Karen K. Fabian & D. Aufderheide, “Co-occurring disorders in the incarcerated population: Treatment needs” *Corrections Today* (2021): 20–26.

Police Encounters for Service Involving People in Crisis

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



Martha Plotkin and Talia Peckerman, *The Variability in Law Enforcement State Standards: A 42-State Survey on Mental Health and Crisis De-escalation Training* (New York: The Council of State Governments Justice Center, 2017).

In Gresham, OR, when **CIT-trained officers** respond to mental health calls, there are **significantly fewer arrests**.

- When a **GSCT clinician** responds, **even fewer are arrested** (only 2 percent)

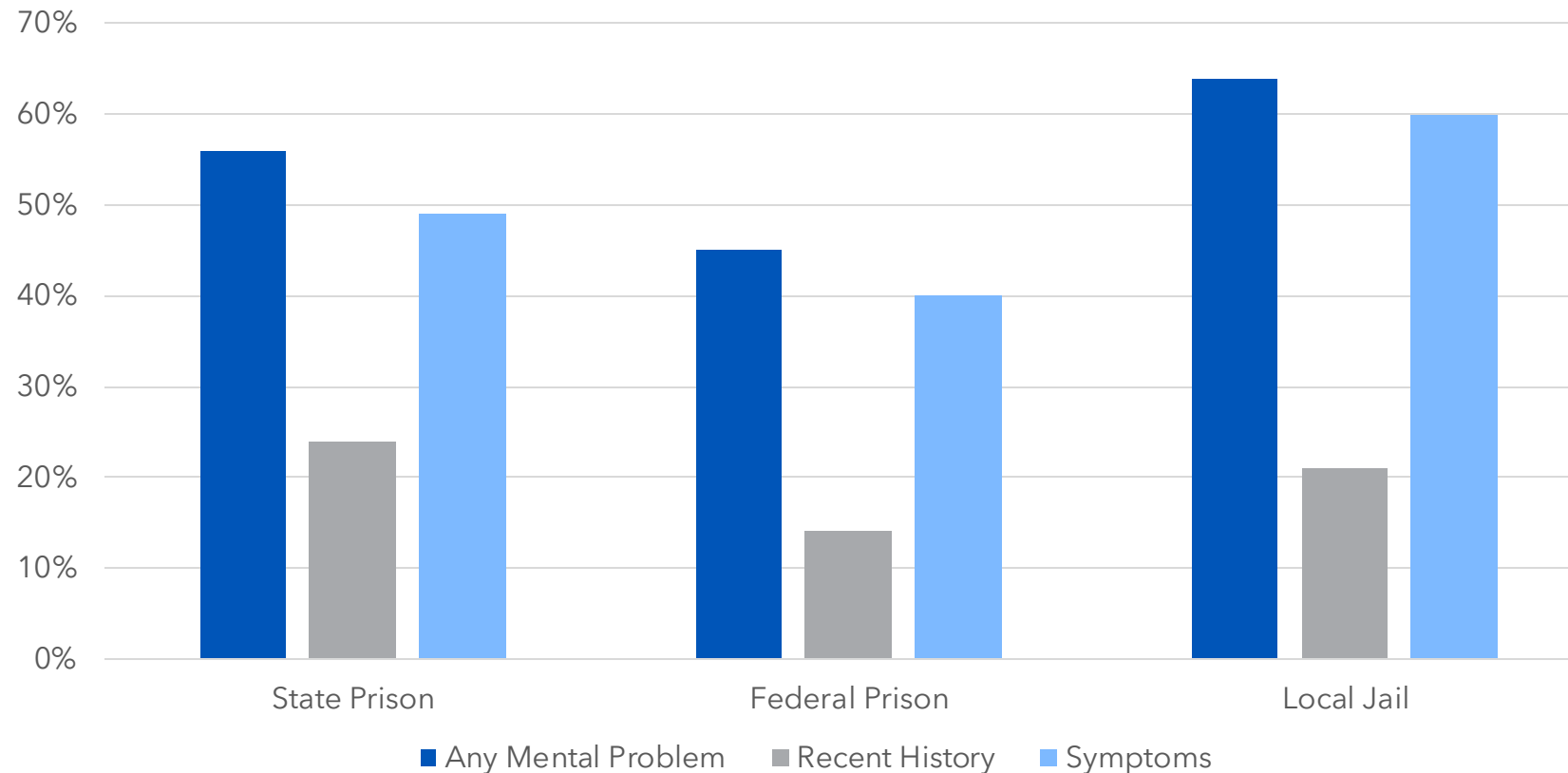
Justice & Mental Health Collaboration Program: Outcomes
Associated with the Creation of the Gresham Service Coordination Team (October 2020).

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

- All CFS = 1.5 hours
- BH = 3 hours

Madison (Wisconsin) Police Department.

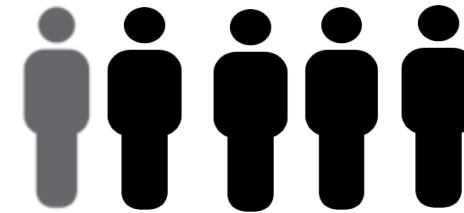
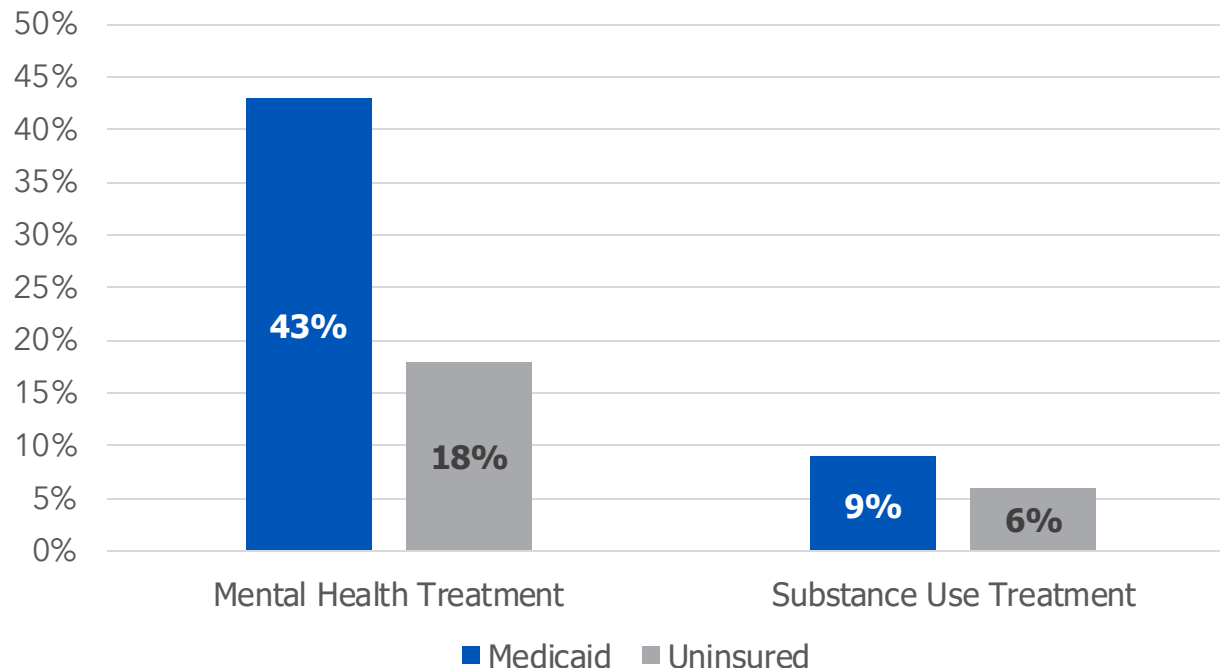
Prevalence of Mental Health Problems Among Individuals in the Criminal Justice System



U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Special Report, Mental Health Problems of Prison and Jail Inmates, 2006.

Community-based treatment capacity is limited.

Americans with Behavioral Health Disorders Face Significant Treatment Gap (2019)



1 in 5 people who needed substance use disorder (SUD) treatment but did not receive it at a specialty facility did not know where to go for treatment.

(Left) Kaiser Family Foundation, *Medicaid's Role in Behavioral Health* (Menlo Park, CA: Kaiser Family Foundation, Updated in 2019, Original Source Printed in 2015). (Right): E. Park-Lee et al., *Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health*, NSDUH Data Review (2017), <https://www.samhsa.gov/data/>.

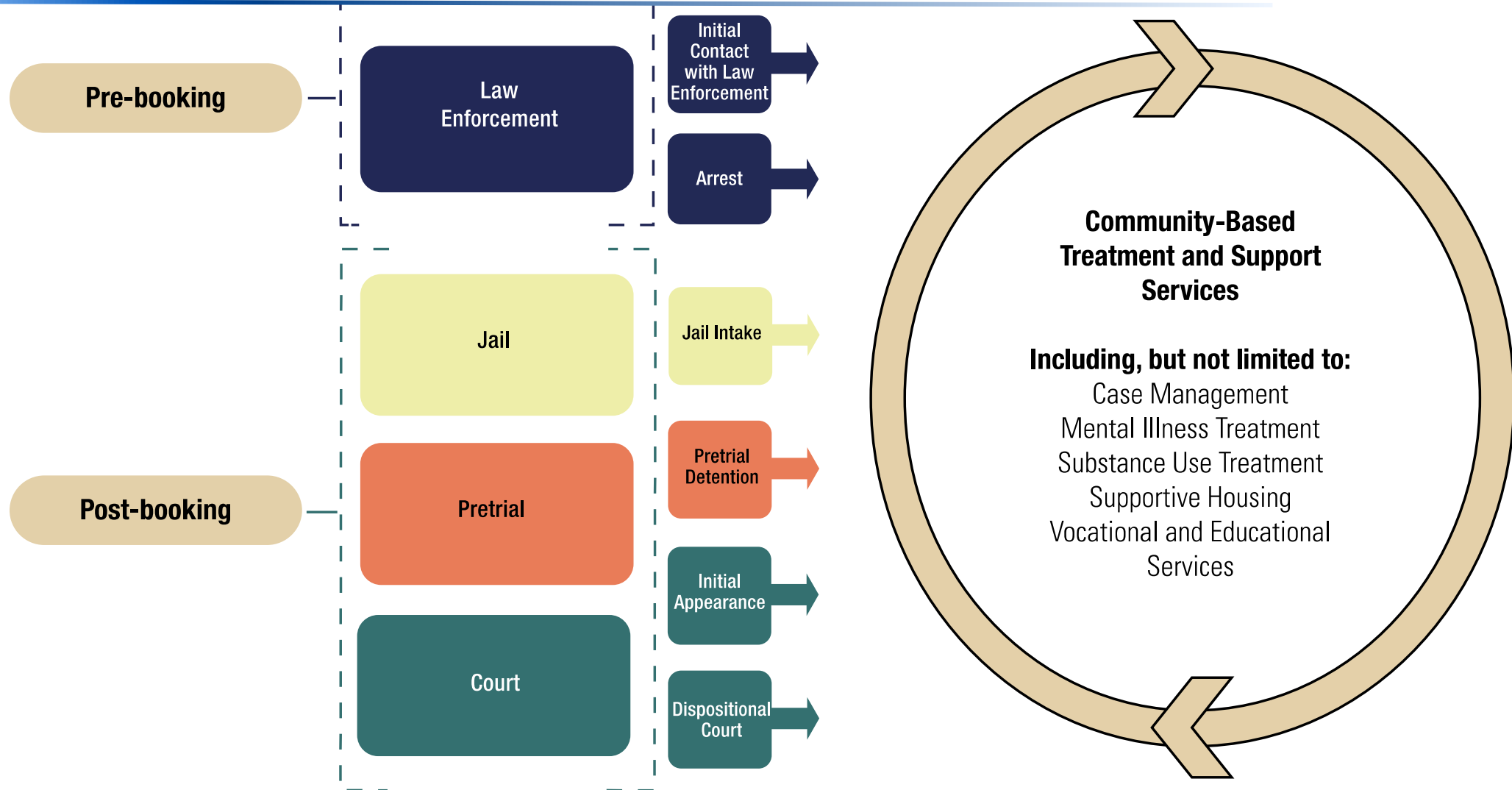
Why Is It Important?

- 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”?

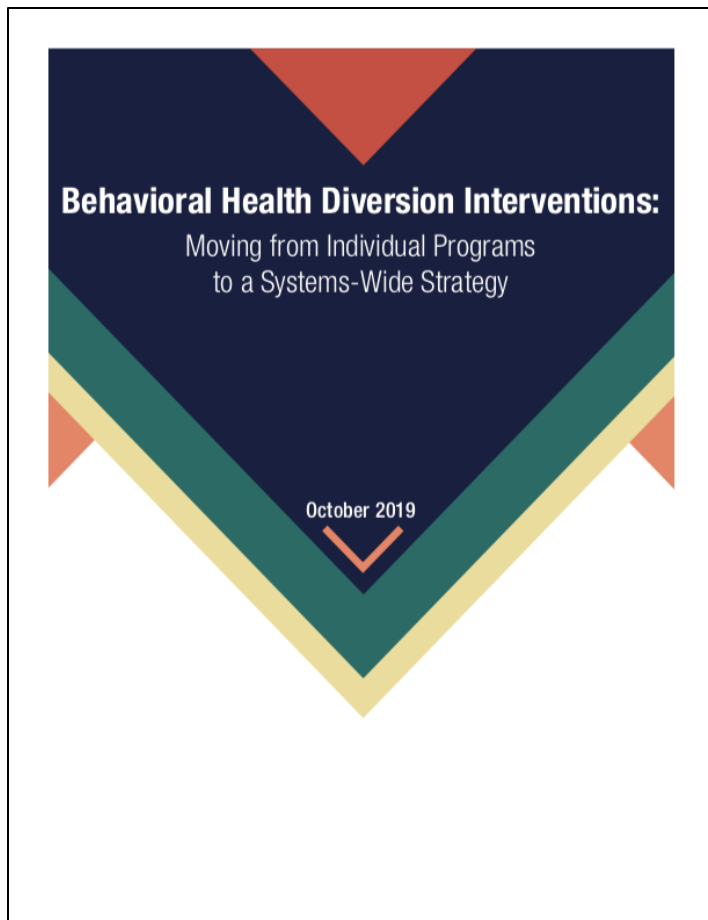
Behavioral Health Diversion and Reentry Strategies

- 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



- Draws upon experience of most advanced PMHCs in the nation
- Articulates the core components of a comprehensive and robust PMHC that produces 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

Watch a webinar on law enforcement for people who have mental illnesses 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/>.

More information on the Police Mental Health Collaboration Toolkit can be found here <https://bja.ojp.gov/program/pmhc>.

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 ongoing 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 that is accessible to most?



5. How do we **collect and analyze data** to measure our progress?



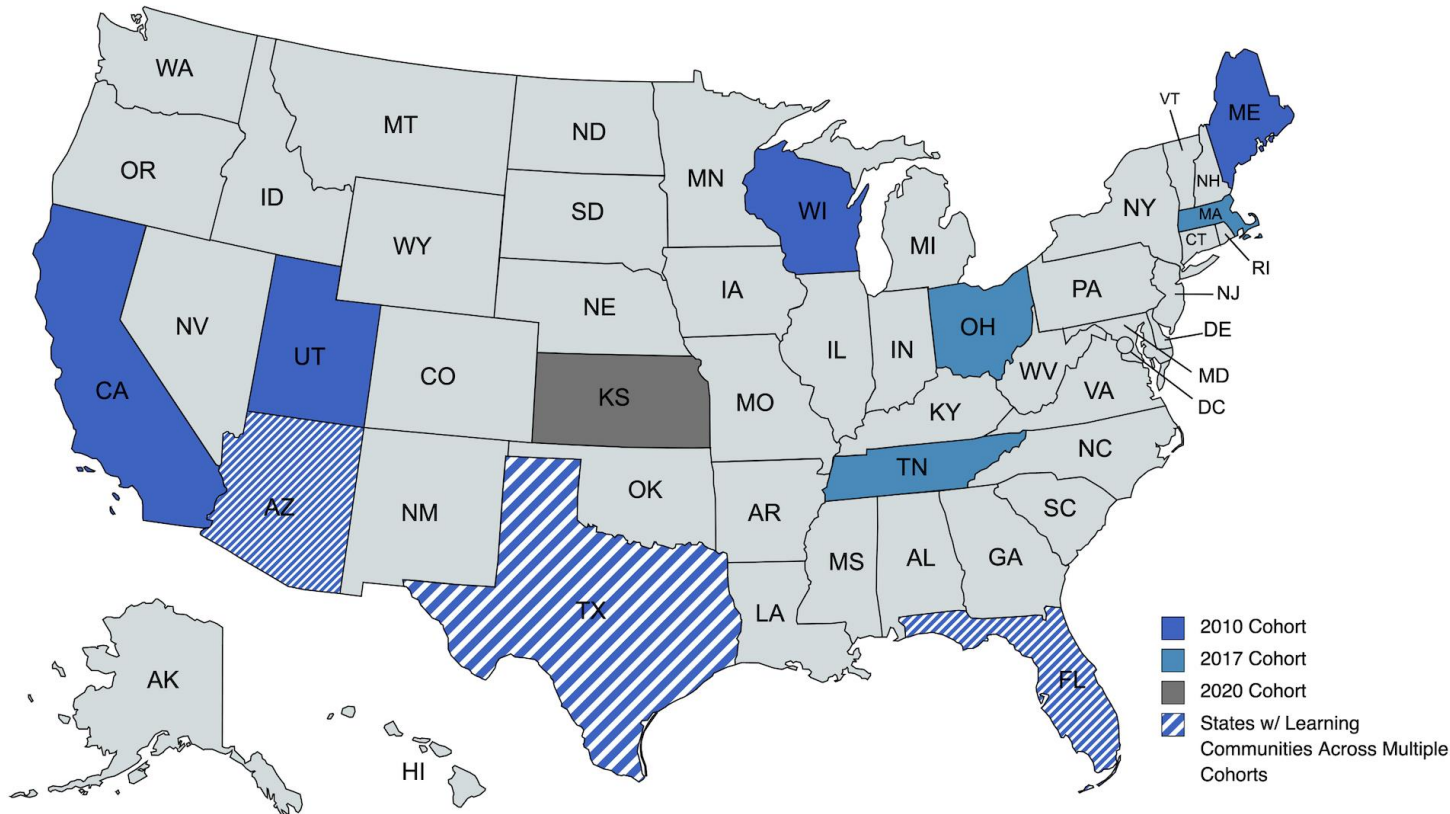
6. Do we have a formalized process for reviewing and **improving performance** that we regularly review and implement?

Law Enforcement-Mental Health Learning Sites

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

- Since 2010, Law Enforcement Mental Health Learning Sites have supported jurisdictions across the nation in exploring strategies to improve law enforcement responses to people who have mental health needs.
- In 2017-2021, additional sites were added to meet demands from the field and increase the range of strategies and agency features.
- Technical assistance activities provided by the learning sites include calls, emails, site visits, trainings, presentations, etc.

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 (FL) Police Department

2017 Cohort:

1. Arlington (MA) Police Department
2. Madison County (TN) Sheriff's Office
3. Tucson (AZ) Police Department

2021 Cohort:

1. Wichita (KS) Police Department
2. Harris County (TX) Sheriff's Office
3. Bexar County (TX) Sheriff's Office
4. Yavapai (AZ) Police Department
5. Miami-Dade County (FL) Police Department

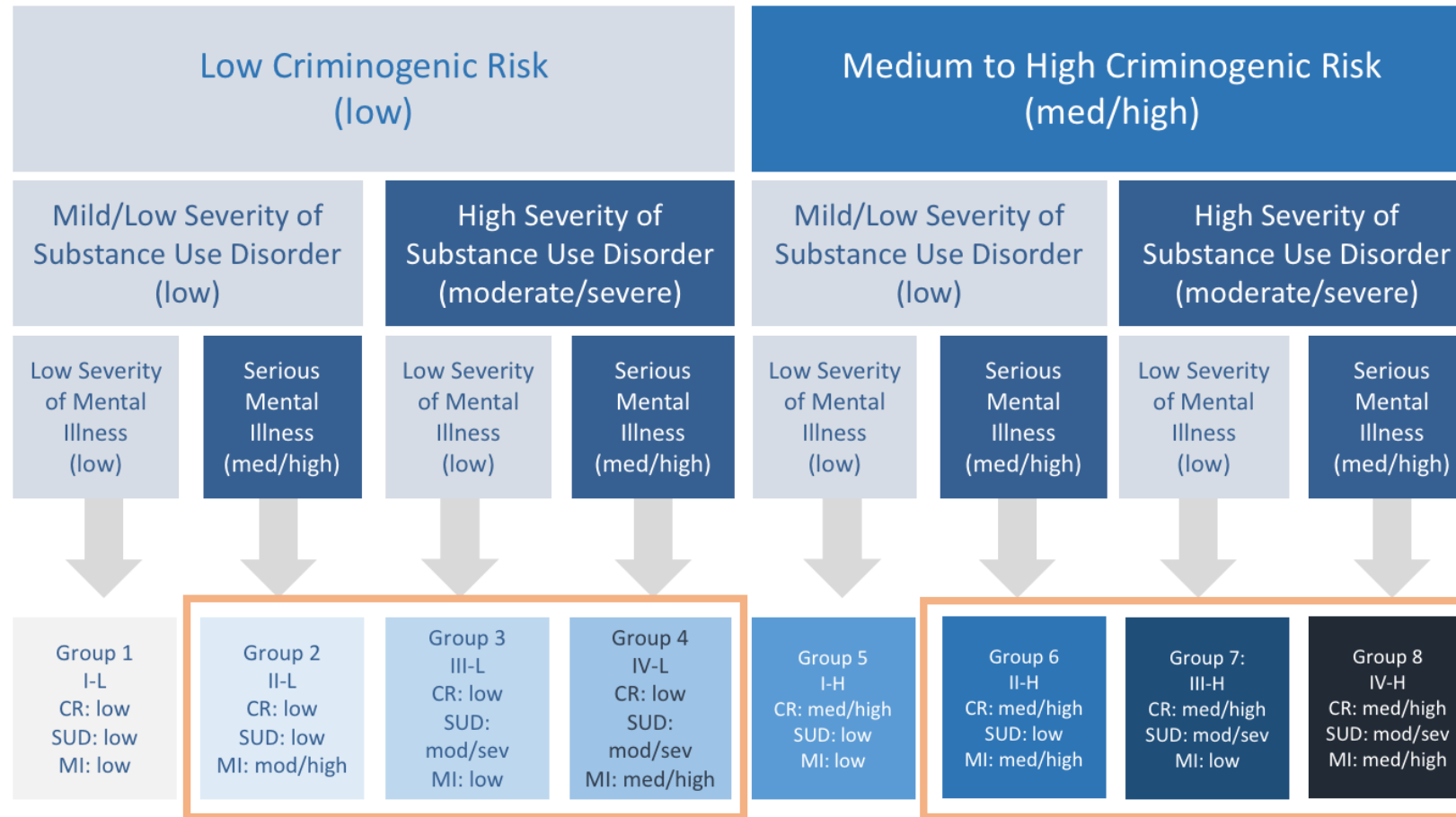
Primary Systems-Level Challenges

- Quantifying needs using data
 - Systematic identification of people with behavioral health needs using validated tools and standard definitions of mental health conditions and substance use disorder
- 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

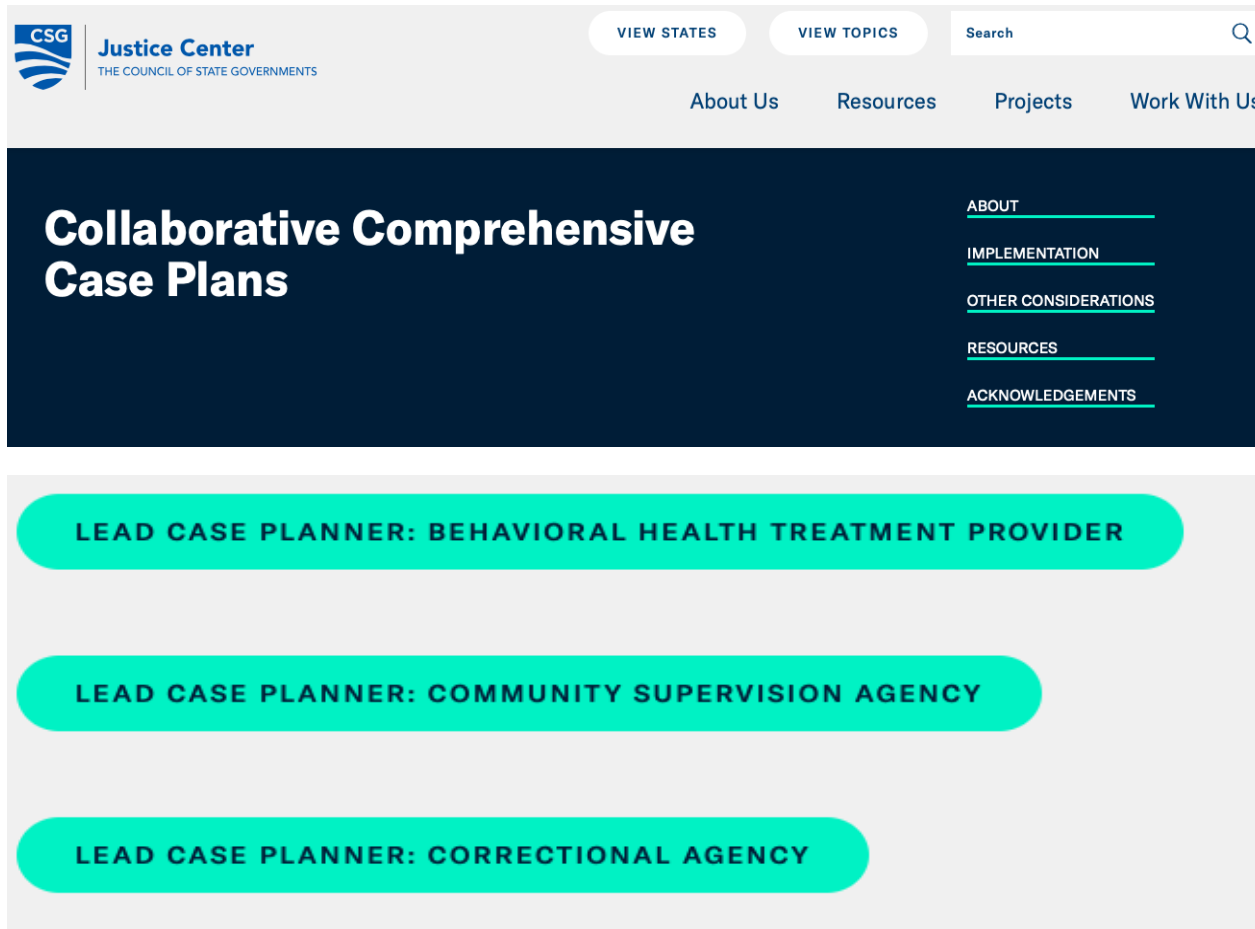
Primary Practice-Level Challenges

- Targeting interventions based on behavioral health needs and criminogenic risk
 - Assessing serious mental health conditions, substance use disorder, 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



- 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
- <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/>

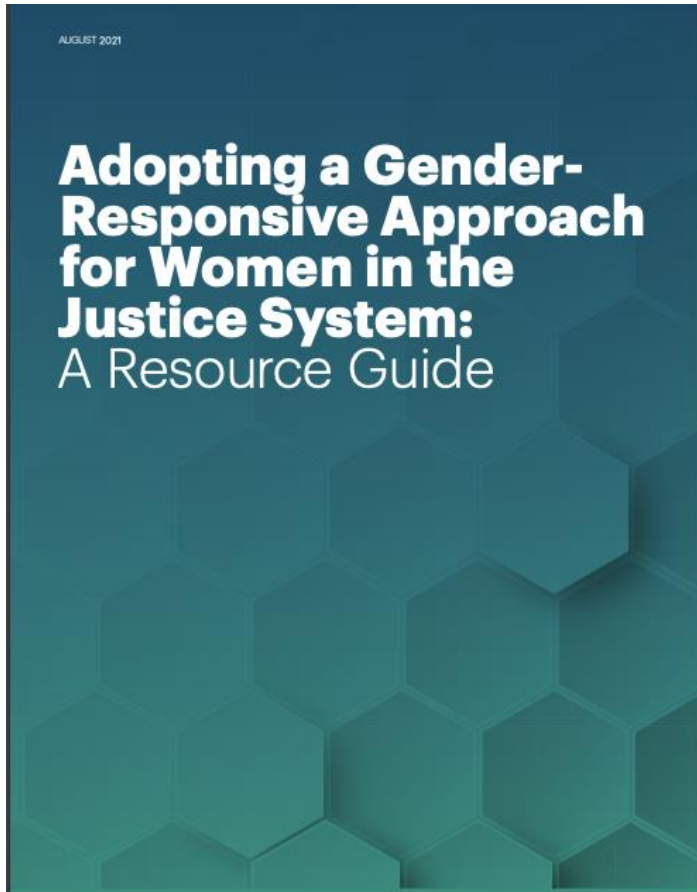
Example of Lead Case Planner

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



Adopting a Gender-Responsive Approach for Women in the Justice System: A Resource Guide



- Designed to help behavioral health and criminal justice program providers develop gender-responsive programs
- Focuses on six (6) topics that are fundamental in developing effective programs for women in the justice system
- Has separate and specific fact sheets on gender-responsive criminogenic risk and needs assessment, case management, and programming that provide additional, in-depth information

Justice and Mental Health Collaboration Program Implementation Science Checklist Series

Justice and Mental Health Collaboration Program
Implementation Science Checklist Series

1

Step 1

Initiate or Strengthen
Stakeholder Collaboration

The checklist below on stakeholder collaboration is the first in the series of eight and is designed to assist jurisdictions in building or maintaining collaborative groups that identify, build support for, and oversee the implementation of evidence-based practices (EBPs). The **interagency workgroup** referenced in the checklist is the larger group of people in the county that has a vested interest in a given EBP, such as a criminal justice and behavioral health council or advisory council, and the workgroup oversees implementation of an EBP. The **implementation team** designs and develops the initiative. This team solves problems during each step of implementation and ensures that any challenges are addressed. Sometimes the implementation team can be a subcommittee of the interagency workgroup, and sometimes this team must be developed for the specific purpose of planning and implementing EBPs.

Identify or convene the interagency workgroup.
1. Is there a representative group (interagency workgroup) of criminal justice and behavioral health stakeholders from leadership levels of agencies in the jurisdiction?

- ☐ Identify leaders and key staff for the workgroup.
- ☐ Identify stakeholders with decision-making authority from each agency involved in implementing the EBP.
- ☐ Identify people with lived experience in the justice system and/or people with mental illnesses and/or co-occurring substance use disorders for participation in the interagency workgroup.

Obtain leadership commitment.
2. Is our leadership committed to implementing EBPs?

- ☐ Specify resources, such as staffing, budget, etc., from each participating agency to support successful implementation of the EBP.
- ☐ Identify possible funding sources necessary for implementing the EBP, such as federal grants, state grants, Medicaid, private foundation funding, and state or county funding.
- ☐ Identify the political support needed for agency leadership to engage in implementation.
- ☐ Solidify agency leadership's support by having them sign an MOU (memorandum of understanding).

Continued on next page.

- Implementation science is a research-based approach to program implementation
- Designed with eight distinct checklists to help program providers assess their evidence-based practices to help ensure proper implementation and program fidelity

Integrating Criminal Justice and Behavioral Health Data



- Designed to help programs assess their current information technology infrastructure and guide the development of a cross-system data warehouse
- Identify key considerations when working with a data warehouse vendor
- Proper data collection is essential to help pinpoint where to target resources and interventions

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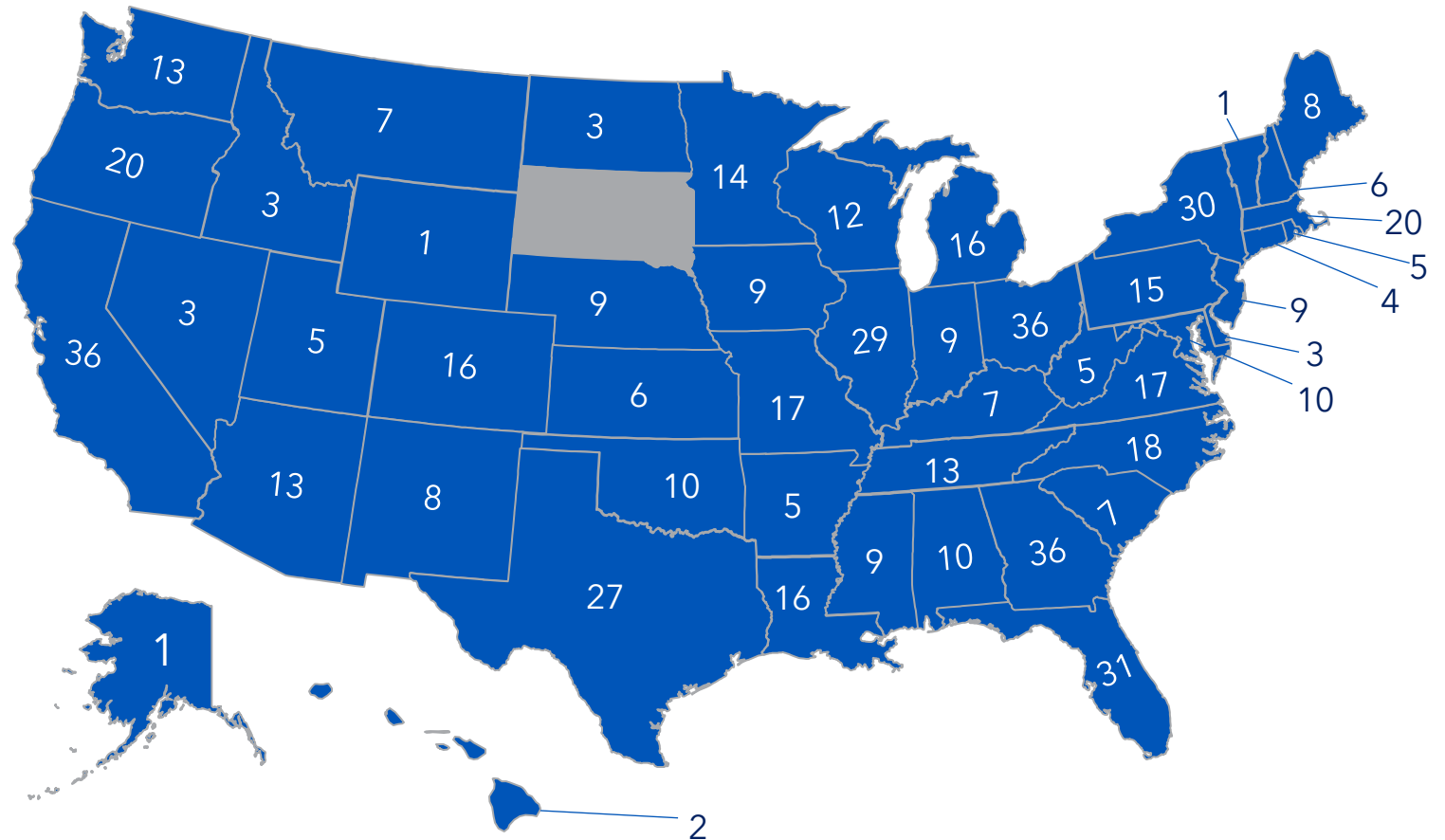
Overview of JMHCP

The Justice and Mental Health Collaboration Program (JMHCP)

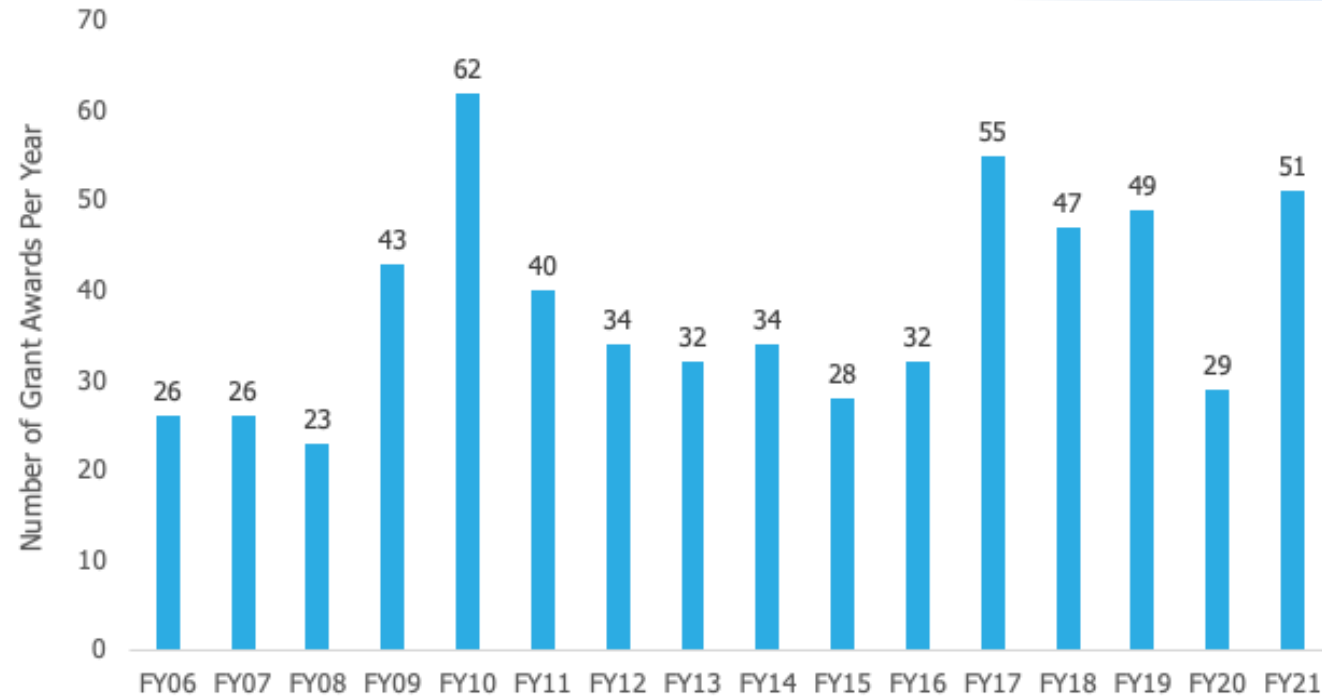
- Supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental and behavioral health conditions or mental health conditions and substance use disorder who come into contact with the justice system
- This program supports public safety efforts through partnerships with social services and other organizations that will enhance responses to people with MHD and MHSUD.

Over 600 Awardees across the Nation

- Representing 49 states and two U.S. territories
- **\$189.6 million** awarded



JMHCP Grant Program: \$189.6 Million Awarded



FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21
\$4.9M	\$4.9M	\$6.5M	\$10M	\$12M	\$9.9M	\$9M	\$8.4M	\$8.3M	\$8.5M	\$7.25M	\$8.7M	\$23.52M	\$23.83M	18.6M	\$25.31M

FY21 JMHCP Awardees

**28 awards
\$14 M**

Connect and Protect: Law Enforcement Behavioral Health Responses

**23 awards
\$11.3 M**

Justice and Mental Health Collaboration Program

Objectives and Deliverables

- Through a two-phase process consisting of planning and implementation activities, grantees will develop a coordinated approach to implementing or enhancing a response and/or services for individuals with MHD and MHSUD involved in the system.
- The planning phase is 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 remainder 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 occurs after BJA and CSG Justice Center's technical assistance coach has approved the Planning and Implementation Guide.
- Period of performance duration: Up to 36 months

Eligible Program Participants

- Preliminary qualified "offenders" (see 34 USC § 10651(a)(9))
- Violent qualified "offenders"—those who have oversight of the program have some authority when determining whether a person who has a violent offense can participate in a respective program (see 34 USC § 10651 (9)(A)(ii)(I-II), 9(A)(iii), and 9 (B)(i-vi))
- A person who has been charged with or convicted of any sex offense (as defined in section 20911 of 34 USC) or any offense relating to the sexual exploitation of children; or murder or assault with intent to commit murder **cannot** (emphasis added) participate in the program (see (9 (A)(iv)(I-II)).

Grant Track Specifics—Connect and Protect

Program objectives include:

- Design and adopt best practices in crisis response to assist law enforcement officers during encounters with people with MHD and MHSUD.
- Plan and deliver a law enforcement agency response program—in coordination with a mental health agency—advocacy and services to improve or enhance the response.
- Pay salaries, as well as other expenses, such as training (overtime) and coordination activities, to design and implement a police-mental health collaboration program (PMHC).

Grant Track Specifics—Connect and Protect

Program objectives include:

- Conduct an evaluation of the PMHC and community satisfaction.
- Engage citizens through officer outreach and education to improve public safety.
- Build positive community relations and trust through public communication strategies.
- Enhance officer knowledge and skills in responding to community members with MHD and MHSUD.
- Increase public safety agency capacity to develop and sustain the program by collecting data to inform practices, stakeholder groups, policy development, and ongoing professional development.

Grant-Track Specifics—Justice and Mental Health Collaboration Program

Program objectives include:

- Enhance, expand, and operate mental health drop-off crisis stabilization treatment centers that support law enforcement, criminal justice agencies, and people who are involved in the justice system.
 - These centers can provide, but are not limited to, the following services: screening and assessment, crisis care, residential treatment, assisted outpatient mental health treatment, primary care services, telehealth, competency restoration, community transition, and reentry advocacy.

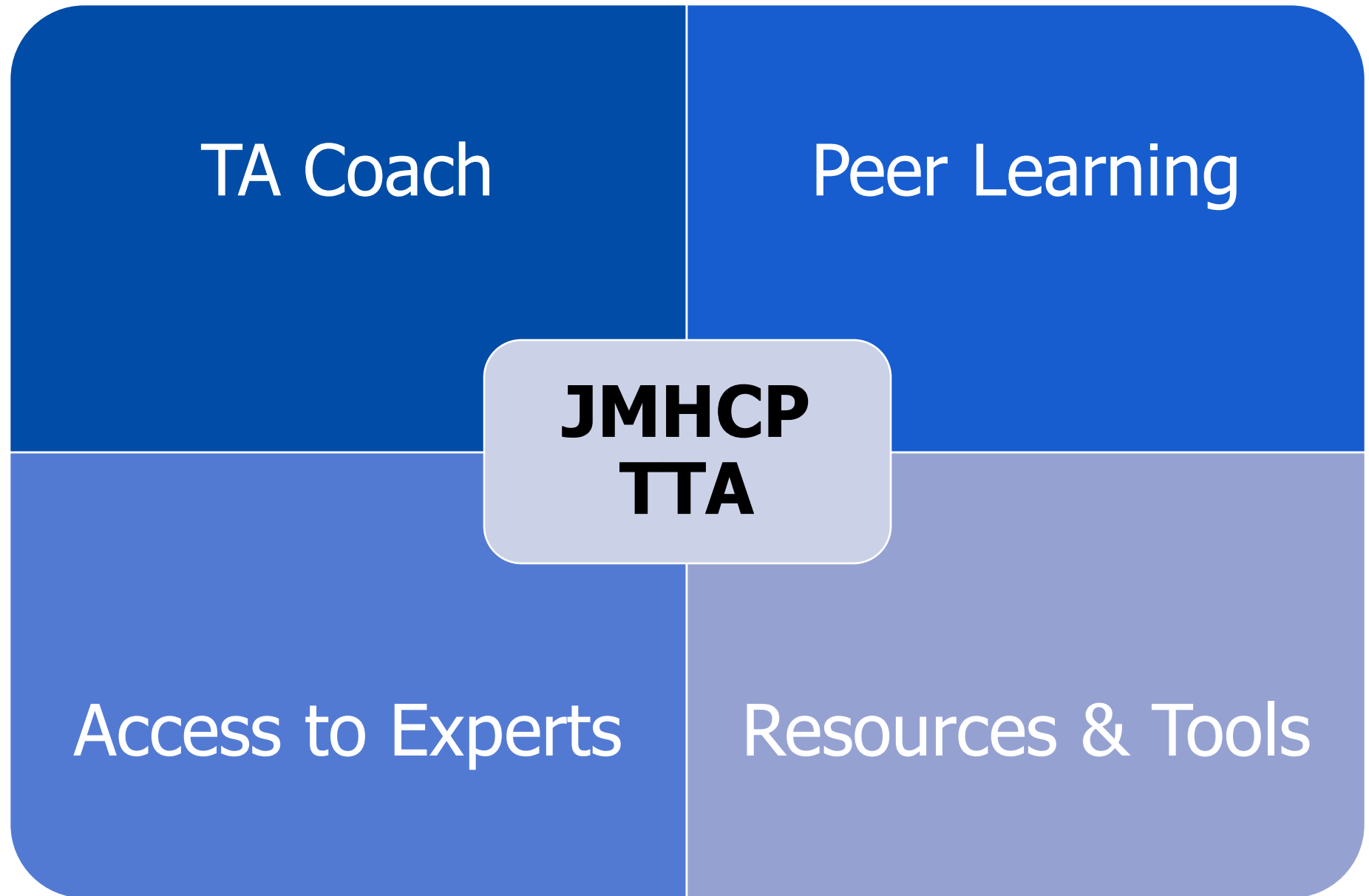
Grant Track Specifics—Justice and Mental Health Collaboration Program

Program objectives include:

- Increase community capacity for mental health advocacy and wraparound services shown to support people with severe mental illness who are involved in the criminal justice system.
- Provide programmatic support and capacity building for criminal justice professionals—such as jails, courts, and prosecutors—and community supervision to target individuals with severe mental health needs at risk of recidivism.

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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 grantee will identify TA needs with the TA coach, and the grantee will work with the TA coach to meet the TA goals.
- This is all focused on moving the grantee forward to meet their grant milestones.

FY21 Communities of Practice (CoPs)




1. Intercept 0
2. Intercept 1
3. Gender-Responsive Services for Women
4. Data and Information Sharing
5. Addressing the Needs of Rural Communities

Monthly Behavioral Health Newsletter



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THE COUNCIL OF STATE GOVERNMENTS

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Questions and Answers

JMHCP Orientation Webinars

- ***General Orientation Webinar Part 2***
Thurs., Feb. 17 12:30–2:00 p.m. ET
- ***Upcoming TA Coach First Call – Mar.***
- ***Upcoming Grantee Specific-Track Orientation Webinars – Mar.***

Resources

- Collaborative Comprehensive Case Plans: <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>
- 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/>
- Stepping Up Initiative: <https://csgjusticecenter.org/mental-health/county-improvement-project/stepping-up/>

Resources

- Adopting a Gender-Responsive Approach for Women in the Justice System: A Resource Guide: [Adopting a Gender-Responsive Approach for Women in the Justice System: A Resource Guide - CSG Justice Center - CSG Justice Center](#)
- Justice and Mental Health Collaboration Program Implementation Science Checklist Series: [Justice and Mental Health Collaboration Program Implementation Science Checklist Series - CSG Justice Center - CSG Justice Center](#)
- Integrating Criminal Justice and Behavioral Health Data: [Integrating Criminal Justice and Behavioral Health Data - CSG Justice Center - CSG Justice Center](#)
- Selecting a Data Warehouse Vendor for Criminal Justice-Behavioral Health Partnerships: [Selecting a Data Warehouse Vendor for Criminal Justice-Behavioral Health Partnerships - CSG Justice Center - CSG Justice Center](#)

Contact Information

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Thank You!

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<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Demetrius Thomas at
dthomas@csg.org

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