Agenda

I.   Welcome and Introductions

II. Overview of Behavioral Health Diversion

III. Overview of JMHCP and Connect & Protect

IV. Questions and Answers

V.   JMHCP and C&P Breakout Groups
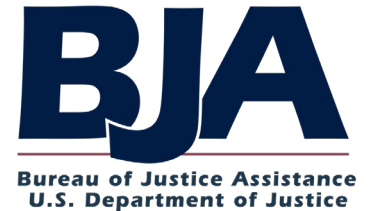
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Speakers

- Ayesha Delany-Brumsey, *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*

- Ernest Stevens, *Deputy Division Director, Behavioral Health, The Council of State Governments Justice Center*

- Demetrius Thomas, *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*

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Speakers (cont.)

- Allison Upton, *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*

- Sarah Wurzburg, *Deputy Division Director, Behavioral Health, The Council of State Governments Justice Center*

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

Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.

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.

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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

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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)

- Justice and Mental Health Collaboration Reauthorization Act of 2022 (S.3846) was passed through the Senate

Growing Awareness of a National Crisis

"More than 2 million people with serious mental illness were booked in jail." And nearly a quarter of fatal shootings by police in recent years have involved people with mental illness.

1 in 5 fatal shootings involve someone experiencing a mental health crisis, and most were armed.

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

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."

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People with mental health conditions are overrepresented in jails—most have co-occurring substance use disorders.
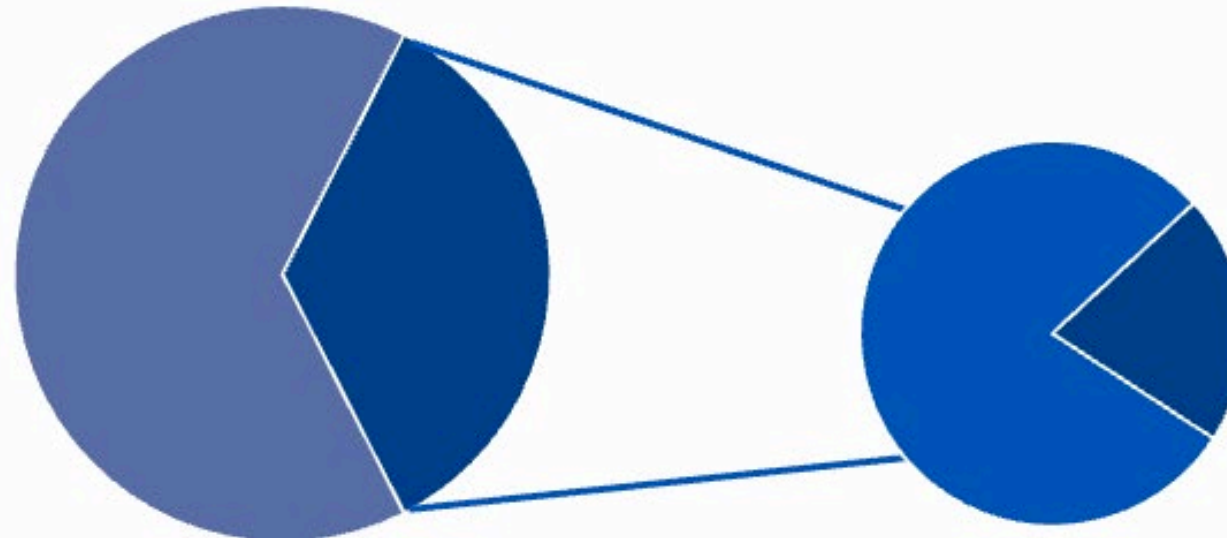

General Population

5.2% Serious "Mental Illness"
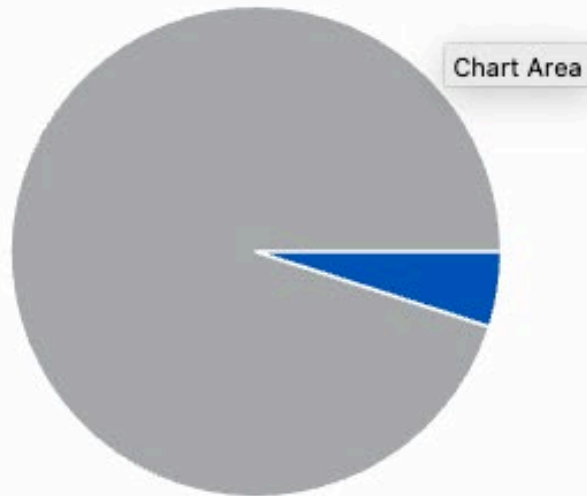
Jail Population

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.

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Criminal Justice Involvement and Substance Use Treatment

TABLE 7

Alcohol or drug treatment among state and federal prisoners who met the criteria for substance use disorder, 2016

| Treatment	State prisoners		Federal prisoners	
	Percent	Standard error	Percent	Standard error
Any treatment program since admission[a]	33.1%	1.62%	46.2%	2.84%
Alcohol use only	3.1	0.40	3.3	0.72
Drug use only	7.4	0.55	9.8	1.56
Alcohol and drug use	22.6	1.14	32.9	2.60
Type of treatment program since admission				
Treatment[b]	19.7%	1.30%	28.4%	2.56%
Residential facility/unit	12.1	1.20	14.7	2.59
Counseling by a professional	10.1	0.57	17.9	1.83
Detoxification unit	1.7	0.21	1.6	0.39
Maintenance drug	0.9	0.15	1.1	0.38
Other programs[b]	32.7	1.24	41.4	2.76
Self-help group/peer counseling	27.0	1.10	25.0	1.96
Education program	23.5	1.07	36.8	2.74
Estimated number of prisoners who met the criteria for substance use disorder	397,500	15,700	31,600	2,400

[a]Details may not sum to totals because prisoners may have reported that they received treatment but not whether it was for alcohol use only, drug use only, or for alcohol and drug use.

[b]Details may not sum to totals because prisoners could report participating in more than one type of treatment or program.

Source: Bureau of Justice Statistics, Survey of Prison Inmates, 2016.

J. Bronson et al., *Alcohol and Drug Use and Treatment Reported by Prisoners* (Washington, DC: Bureau of Justice Statistics, 2021).

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Training for law enforcement officers on interacting with people who have MHD varies from state to state.

States with Laws Regarding Police Interactions and Individuals with Mental Illness, 2018
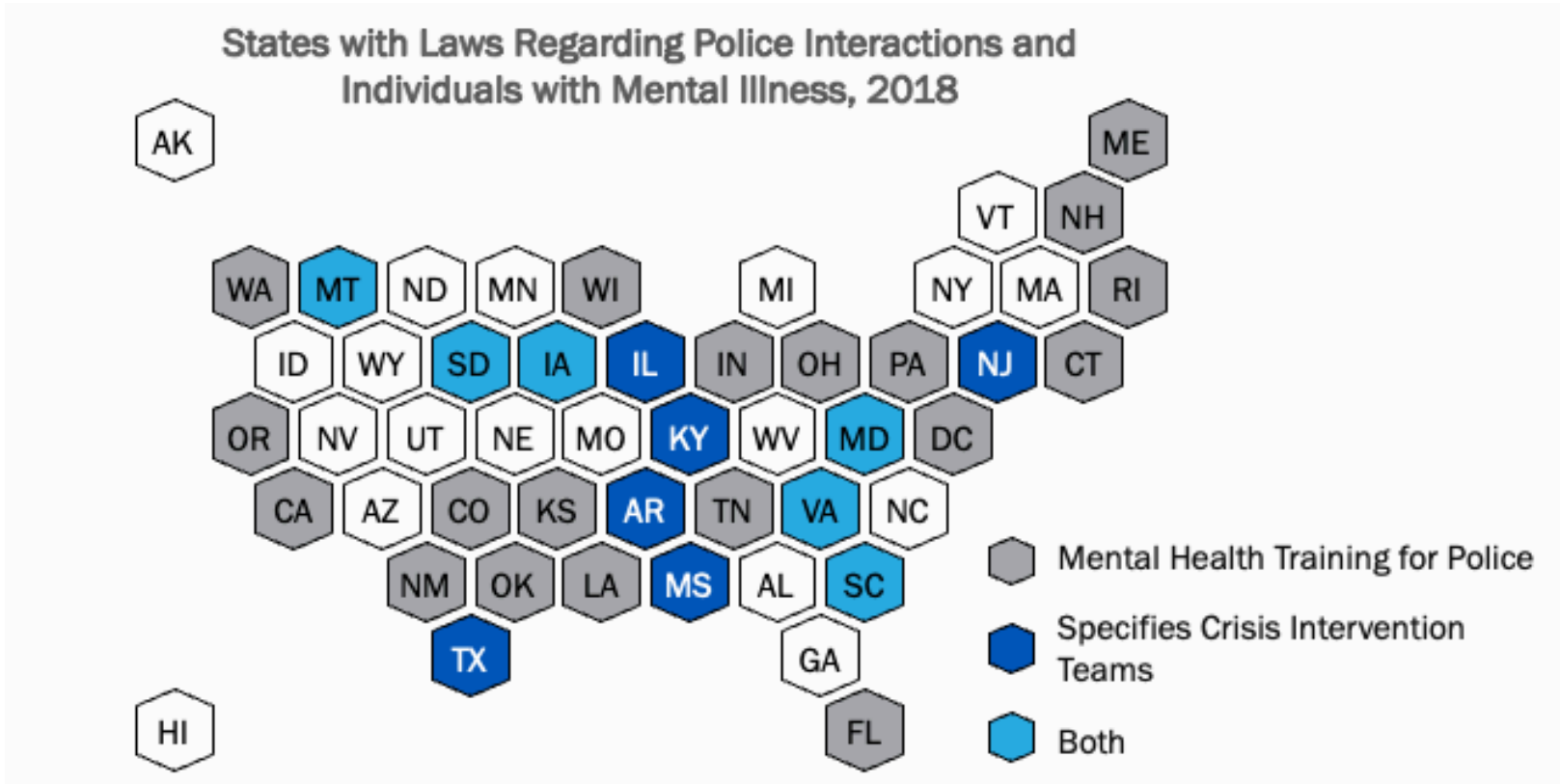
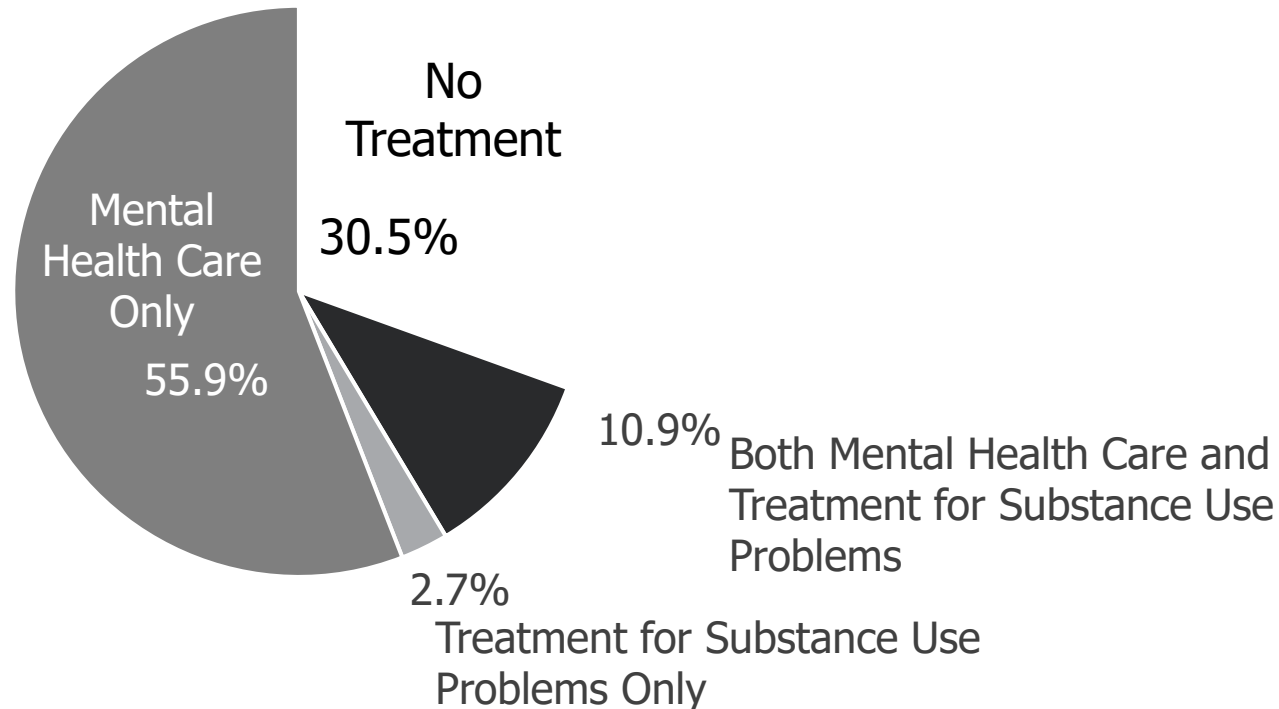Only 12 states with laws regarding the establishment of, or guidelines for, Crisis Intervention Teams (CIT) as of 2018.

Legend:
- Mental Health Training for Police
- Specifies Crisis Intervention Teams
- Both

"Law Enforcement Overview," National Conference of State Legislatures, accessed August 27, 2019, http://www.ncsl.org/research/civil-and-criminal-justice/law-enforcement.aspx.

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In 2018, about 1 in 3 adults with a co-occurring serious MHD and MHSUD did not receive care for either.

Past Year Mental Health Care and Treatment for Adults Aged 18 or Older with Both Serious Mental Illness (SMI) and Substance Use Disorder (SUD)

No Treatment
30.5%

Mental Health Care Only
55.9%

10.9% Both Mental Health Care and Treatment for Substance Use Problems

2.7% Treatment for Substance Use Problems Only

3.2 million adults with co-occurring SMI and SUD

Substance Abuse and Mental Health Services Administration, *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019).

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# Complex Needs for People with Behavioral Health Challenges
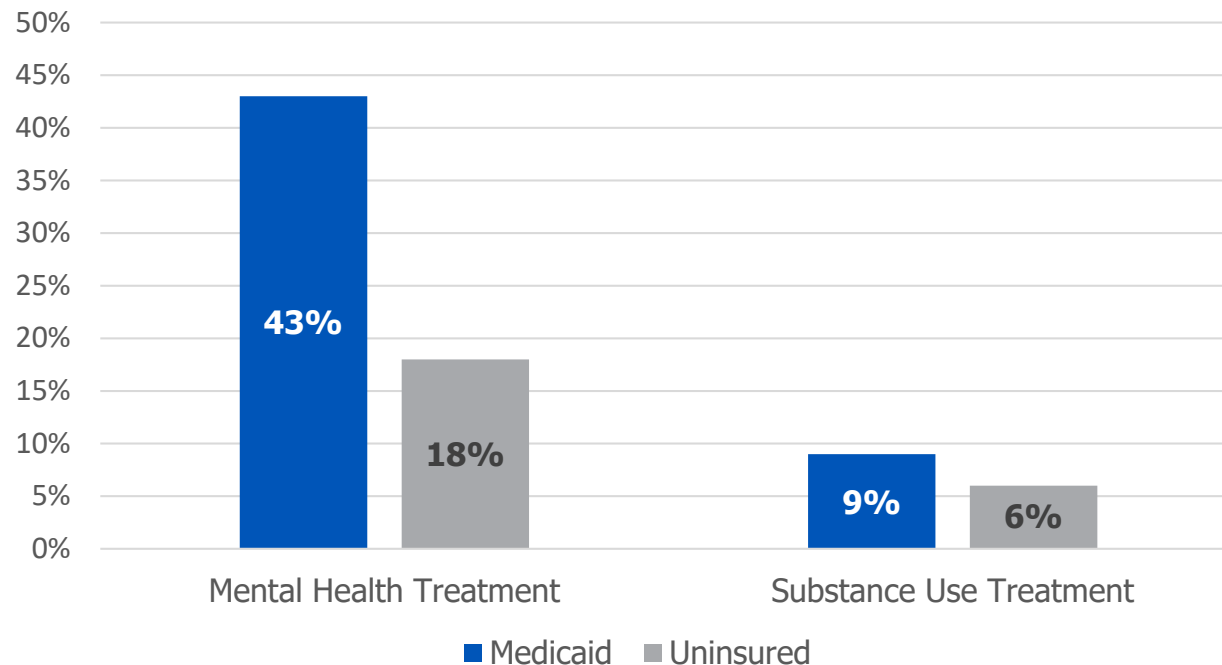

Common Challenges:

- Multiple complex health needs

- Coordination across systems

- Addressing behavioral health and criminogenic risk and needs simultaneously

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# Community-based treatment capacity is limited.

Americans with Behavioral Health Disorders Face Significant Treatment Gap (2019)
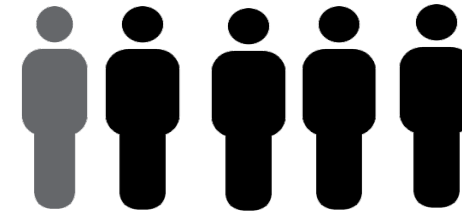
1 in 5 people who needed substance use disorder (SUD) treatment but did not receive it at a specialty facility did not know where to go for treatment.

(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/.
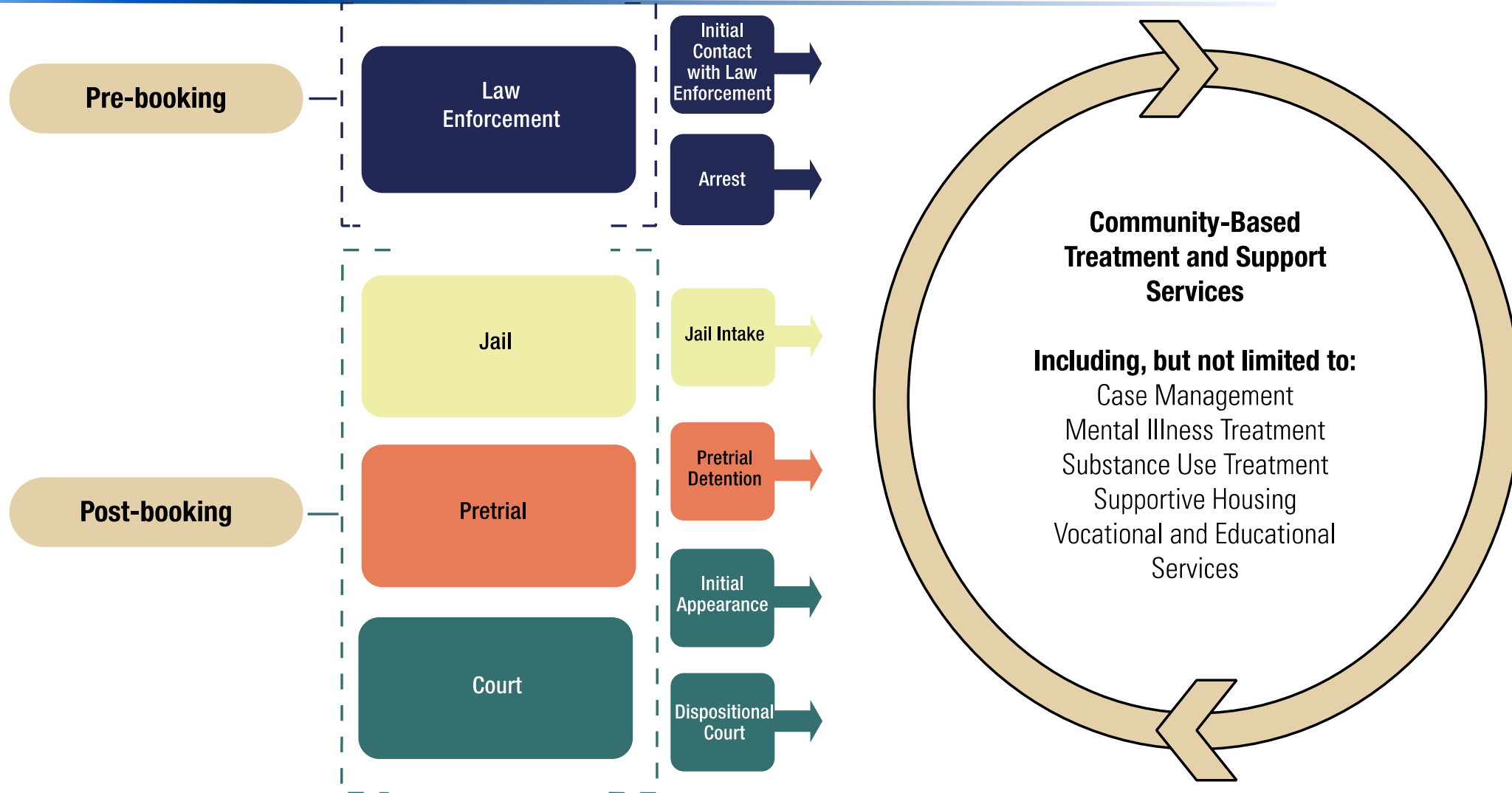
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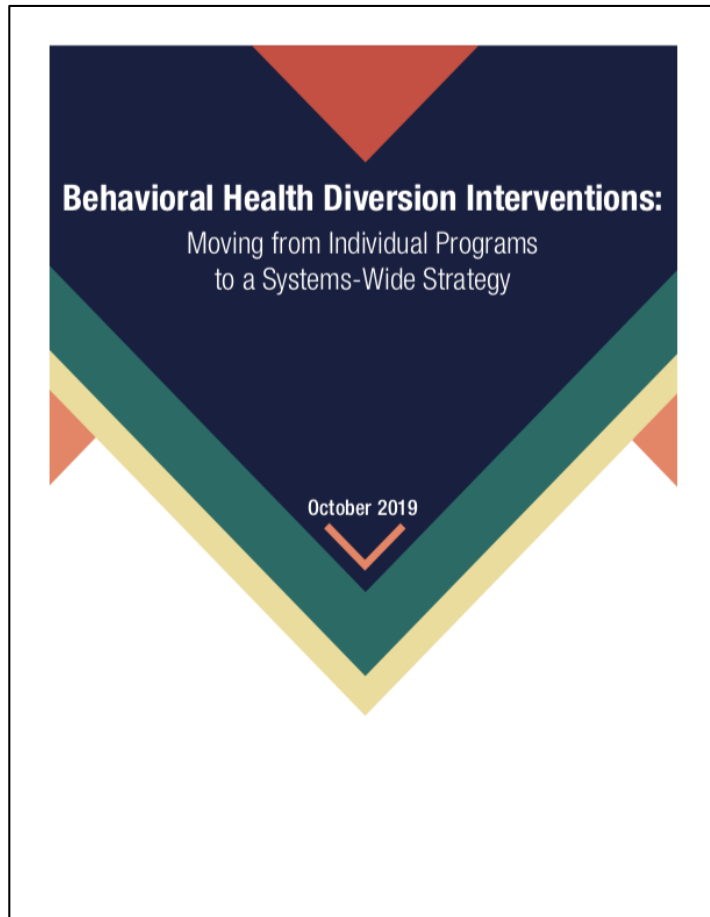# Complex needs require a range of service offerings.
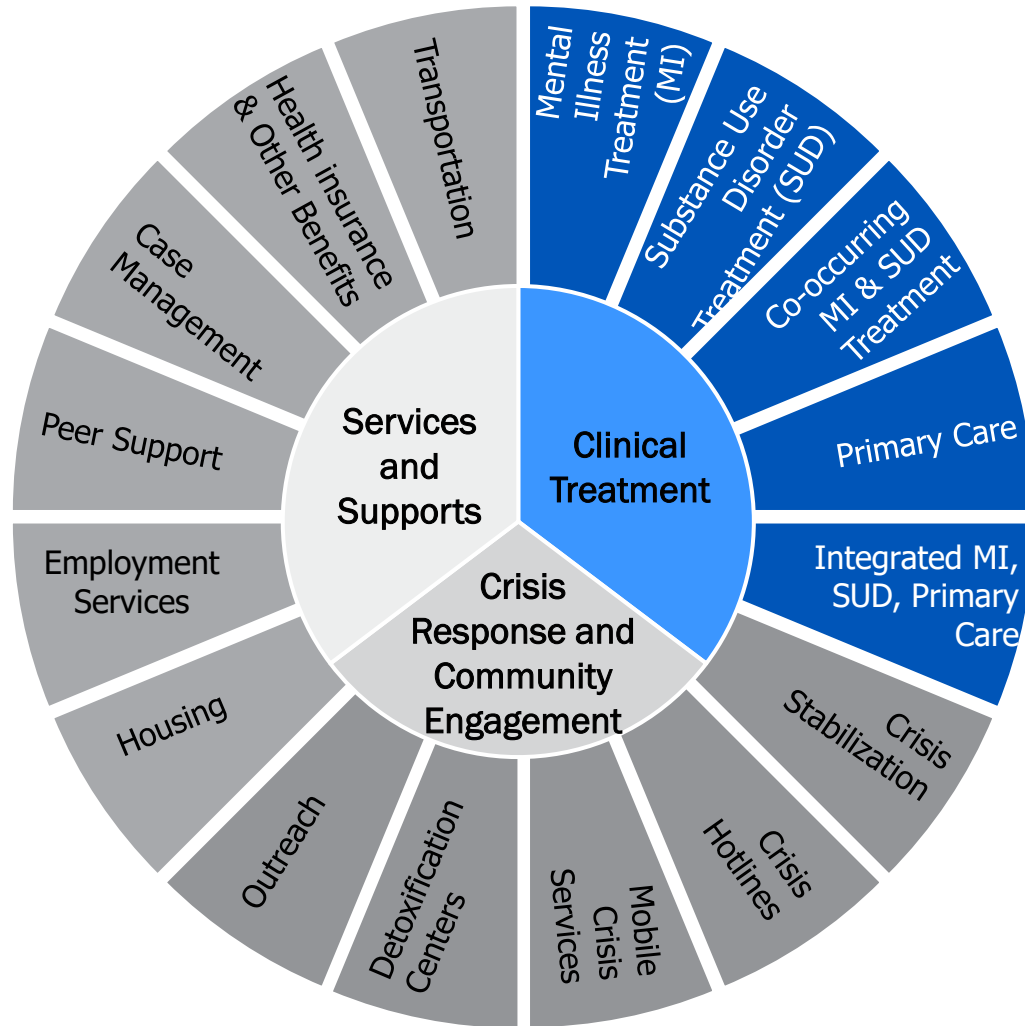
Common Challenges:

- Multiple systems providing different services

- Coordination across multiple systems

- Lack of integrated treatment

- Lack of trauma-informed treatment

- Underdeveloped crisis systems

- Transportation to access services

- Housing with support services

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Continuum of Diversion Interventions

Pre-booking

Law Enforcement

Initial Contact with Law Enforcement →

Arrest →

Post-booking

Jail

Jail Intake →

Pretrial

Pretrial Detention →

Court

Initial Appearance →

Dispositional Court →

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

Behavioral Health Diversion Interventions

Behavioral Health Diversion Interventions:
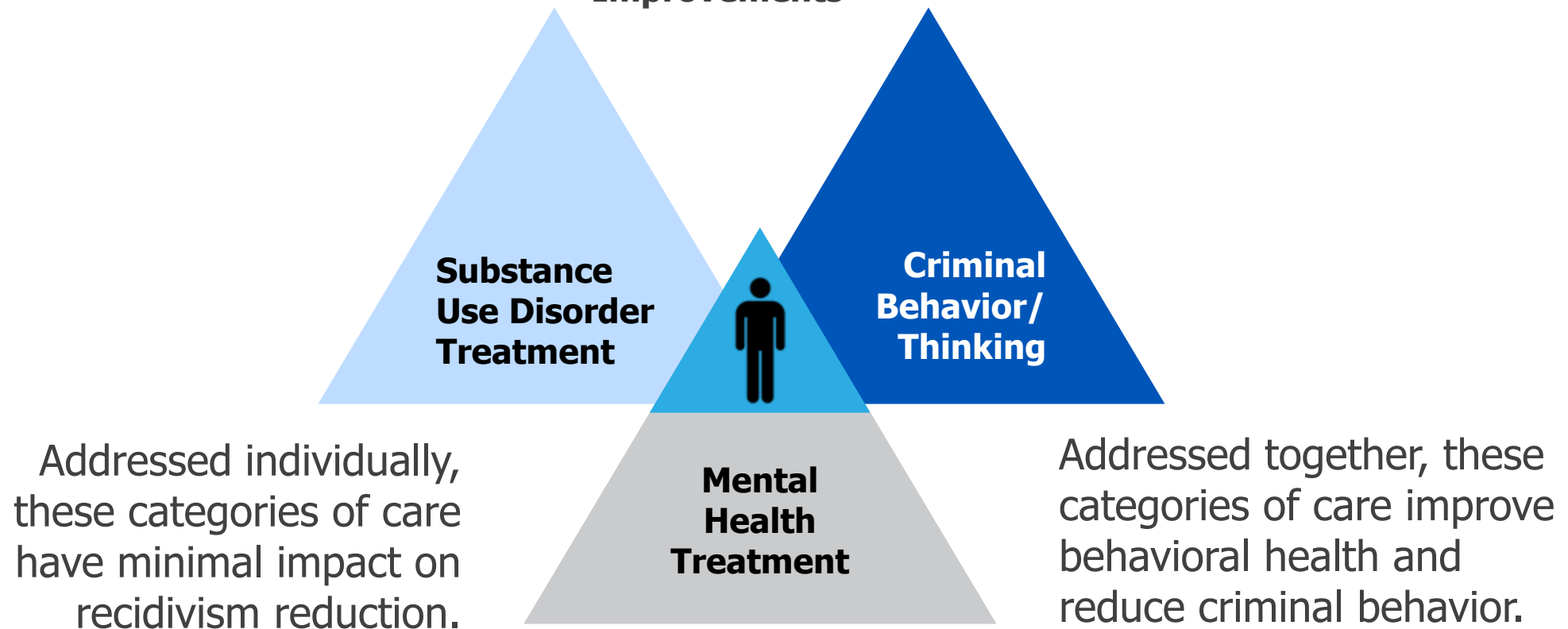Moving from Individual Programs to a Systems-Wide Strategy

October 2019

- 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/

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Effective behavioral health treatment addresses both criminogenic and behavioral health needs.

Core Treatment Competencies Required for Behavioral Health and Recidivism-Reduction Improvements

Substance Use Disorder Treatment

Criminal Behavior/ Thinking

Mental Health Treatment

Addressed individually, these categories of care have minimal impact on recidivism reduction.

Addressed together, these categories of care improve behavioral health and reduce criminal behavior.

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/

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

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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?

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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.

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Law Enforcement-Mental Health Learning Sites
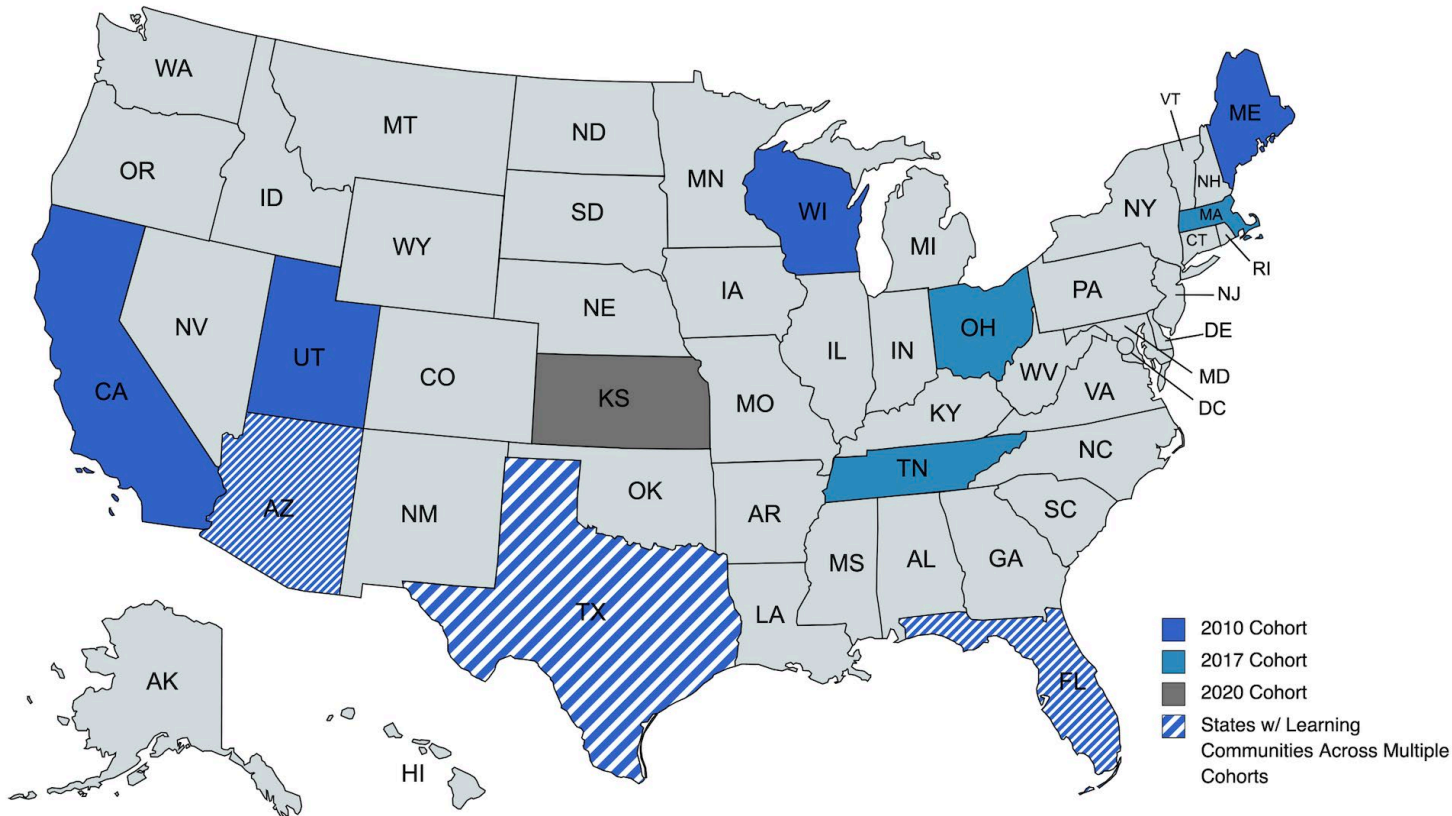
2010 Cohort:
1. Houston (TX) Police Department
2. Los Angeles (CA) Police Department
3. Madison (WI) Police Department
4. Portland (ME) Police Department
5. Salt Lake City (UT) Police Department
6. University of Florida (FL) Police Department

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

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.

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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 650 Awardees across the Nation

- Representing 49 states and two U.S. territories
- **$217.9 million** awarded

FY22 JMHCP Orientation Webinar: Part 1
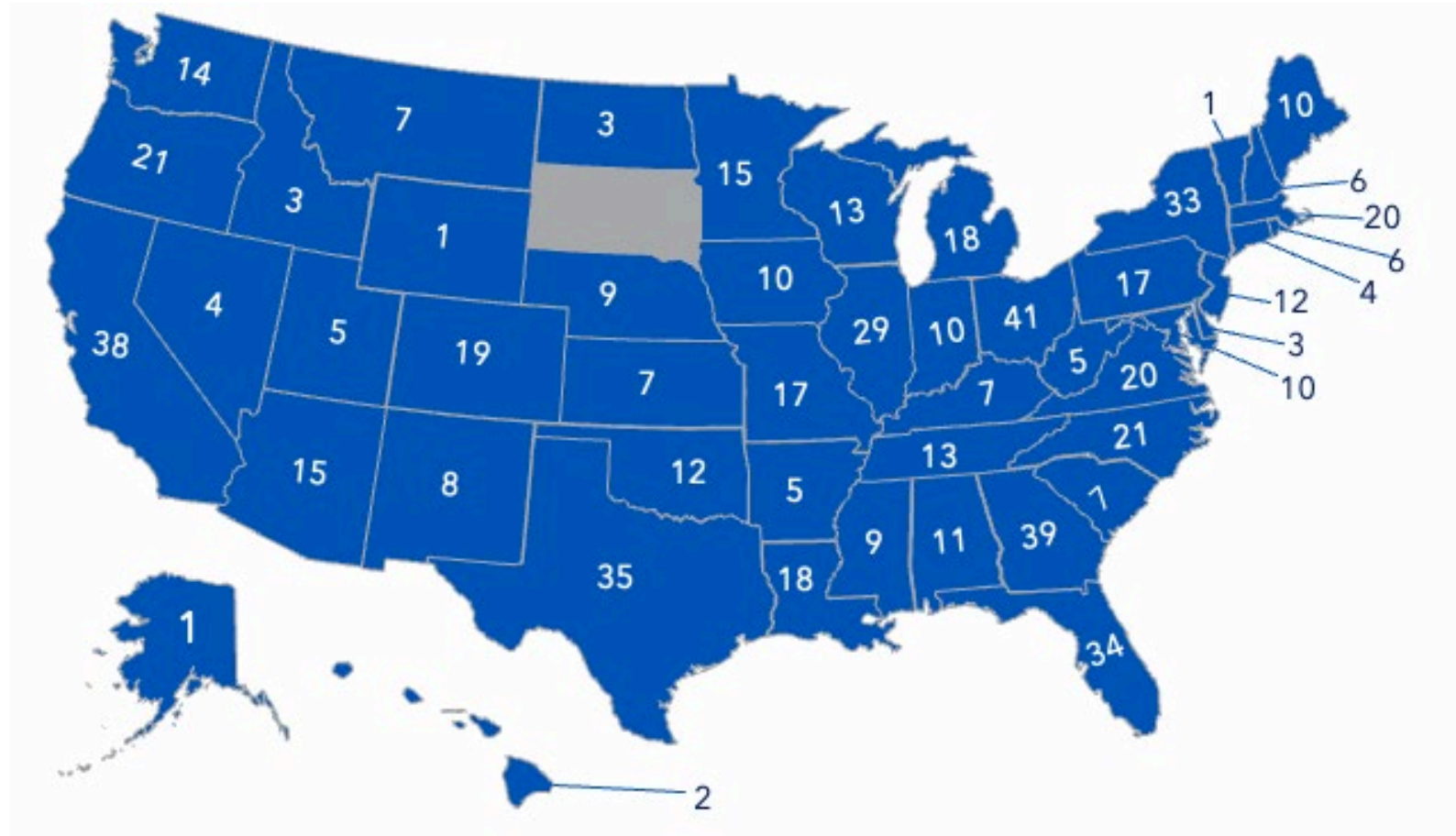
JMHCP Grant Program: $217.9 Million Awarded
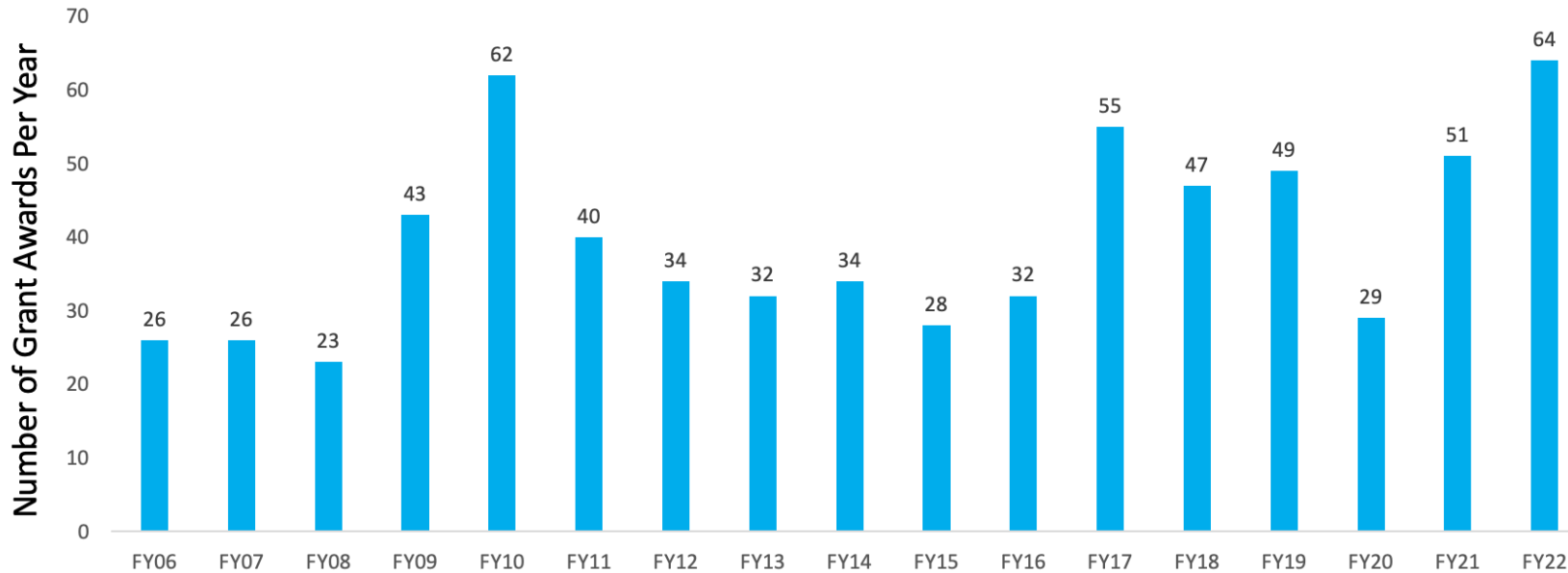
FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22
$4.9 M	$4.9 M	$6.5 M	$10 M	$12 M	$9.9 M	$9M	$8.4 M	$8.3 M	$8.5 M	$7.25M	$8.7 M	$23.52 M	$23.83 M	$18.6 M	$25.31 M	$28.3 M

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FY22 JMHCP Awardees

32 awards
$15.4 M

Connect and Protect: Law Enforcement Behavioral Health Responses

28 awards
$12.9 M

Justice and Mental Health Collaboration Program

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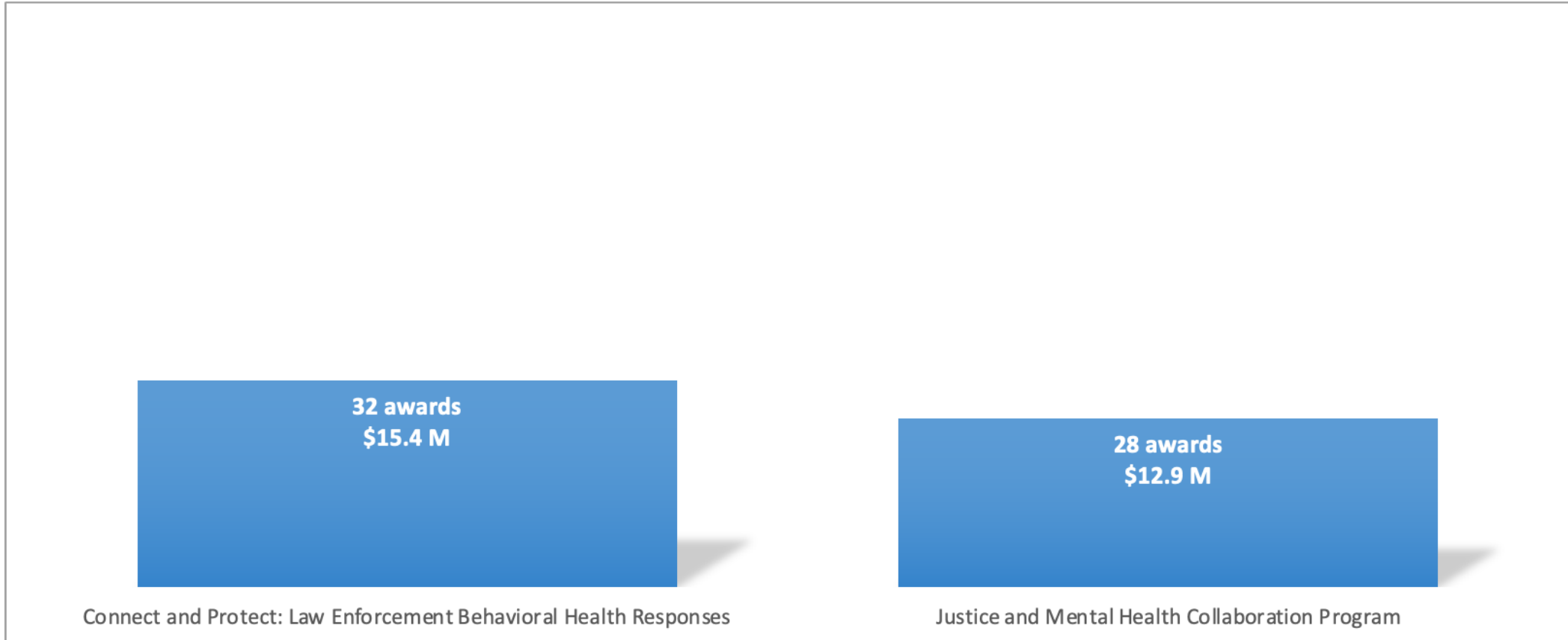
JMHCP and C&P Grant Requirements

- 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 MHDs and MHSUDs involved in the law enforcement or justice 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.

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JMHCP and C&P Grant Requirements (cont.)

- 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

JMHCP 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)).

Connect and Protect Objectives

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).

Connect and Protect Objectives (cont.)

Program objectives include:

- 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 MHDs or co-occurring MHSUDs.

- Increase public safety agency capacity to develop and sustain the program by collecting data to inform practices, create stakeholder groups, develop policy, and encourage ongoing professional development.

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Justice and Mental Health Collaboration Program Objectives

- Enhance, expand, and operate mental health drop-off crisis stabilization treatment centers that provide 24/7, year-round support for law enforcement, criminal justice agencies, and people who come in contact with 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 support such as connections to housing.

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JMHCP Objectives (cont.)

- Increase community workforce and capacity for certified mental health peer support specialists and increase the availability of wraparound services that support people with MHD and MHSUD.

- Build or expand existing mental health collaboration programs across people and places in any part of the criminal justice system, such as jails, courts, and prosecutors, as well as community supervision and/or capacity building for criminal justice professionals to target individuals with MHD and MHSUDs at risk of recidivism.

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C&P Breakout Group

- ALAMOSA, CITY OF
- BATTLE CREEK, CITY OF
- BEXAR, COUNTY OF
- CHAFFEY COMMUNITY COLLEGE DISTRICT
- CHESTERFIELD, COUNTY OF
- CLEMSON UNIVERSITY
- CLEVELAND STATE UNIVERSITY
- CUMBERLAND, COUNTY OF
- ERIE, COUNTY OF
- ESCAMBIA, COUNTY OF
- FALLON PAIUTE SHOSHONE TRIBES OF THE FALLON RESERVATION & COLONY

- HENNEPIN COUNTY
- KNOX, COUNTY OF
- LA CROSSE, CITY OF
- LAW & PUBLIC SAFETY, NEW JERSEY DEPARTMENT OF
- MONTGOMERY, COUNTY OF
- NEW ORLEANS, CITY OF
- NEW YORK, CITY OF
- PATERSON, CITY OF
- PERTH AMBOY, CITY OF INC
- PITTSBURGH, CITY OF
- PROVIDENCE, CITY OF

- ROCKDALE, COUNTY OF
- SCHUYLKILL, COUNTY OF
- SHREVEPORT, CITY OF
- TAMPA, CITY OF
- TROPICAL TEXAS CENTER FOR MH-MR – BROWNSVILLE PD TEAM
- TROPICAL TEXAS CENTER FOR MH-MR – HARLINGEN PD TEAM
- TULSA, CITY OF
- UNIVERSITY OF FLORIDA
- WEST CENTRAL MENTAL HEALTH CENTER, INC.

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