

BUREAU OF JUSTICE ASSISTANCE

FY 2023 JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM (JMHCP) AND CONNECT & PROTECT (C&P)

New Grantee Orientation Webinar Part 1 JMHCP and C&P Grant and Training and Technical Assistance (TTA) Overview

November 7, 2023



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

Agenda

Welcome and Introductions

Overview of Behavioral Health Diversion

Overview of JMHCP and Connect & Protect

Questions and Answers

JMHCP and C&P Breakout Groups



Speakers

- **Brooke Mount**, Ph.D., *Senior Policy Advisor, Bureau of Justice Assistance, U.S. Department of Justice*
- **Ernest Stevens**, *Deputy Division Director, Behavioral Health, The Council of State Governments Justice Center*
- **Allison Upton**, Psy.D., *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*

What is the Office of Justice Programs?

- The Office of Justice Programs (OJP) provides grant funding, training, research, and statistics to the criminal justice community.
- OJP is one of three grant-making components of the Department of Justice along with the **Office on Violence Against Women (OVW)** and the **Office of Community Oriented Policing Services (COPS)**.

BJA – Bureau of Justice Assistance



BJS – Bureau of Justice Statistics



NIJ – National Institute of Justice



OVC – Office for Victims of Crime



OJJDP – Office of Juvenile Justice and Delinquency Prevention



SMART – Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking



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.



<https://bja.ojp.gov/>



Karhlton F. Moore, BJA Director

How BJA Supports the Field



Fund

Invest diverse funding streams to accomplish goals.



Educate

Research, develop, and deliver what works.



Equip

Create tools and products to build capacity and improve outcomes.



Partner

Consult, connect, and convene.

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

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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.”

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

General Population

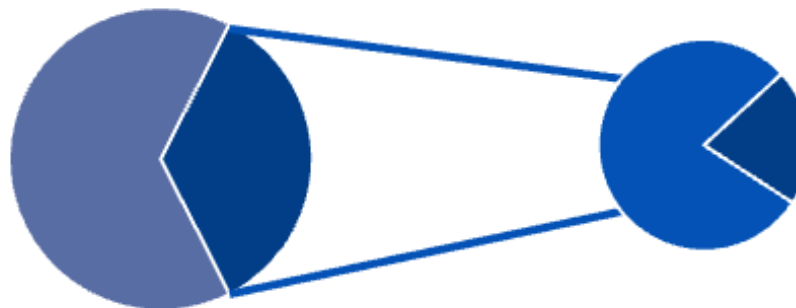
5.2% Serious Mental Illness



Jail Population

35% Serious Mental Illness

79% Co-occurring Substance "Abuse"



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

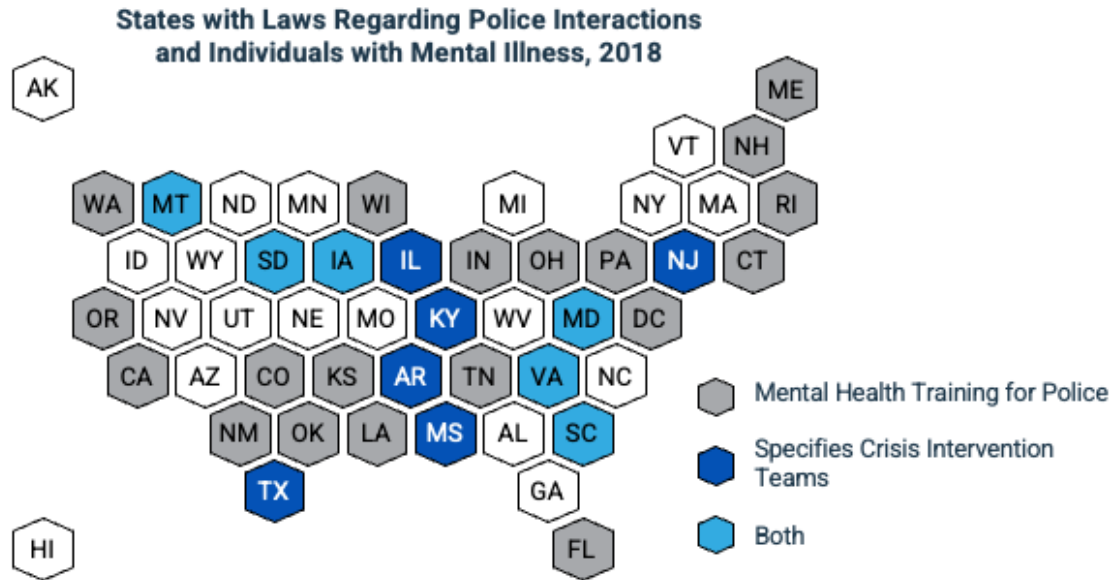
Treatment	State prisoners		Federal prisoners	
	Percent	Standard error	Percent	Standard error
Any treatment program since admission^a	33.1%	1.62%	46.2%	2.84%
Alcohol use only	3.1	0.40	3.3	0.72
Drug use only	7.4	0.55	9.8	1.56
Alcohol and drug use	22.6	1.14	32.9	2.60
Type of treatment program since admission				
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

^aDetails 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.

^bDetails 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.

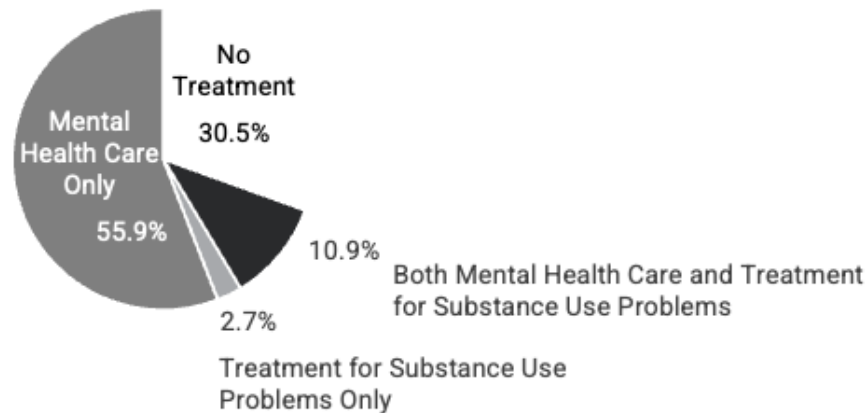
Training for law enforcement officers on interacting with people who have MHD varies from state to state.



Only 12 states with laws regarding the establishment of, or guidelines for, Crisis Intervention Teams (CIT) as of 2018

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)



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).

Complex Needs for People with Behavioral Health Challenges

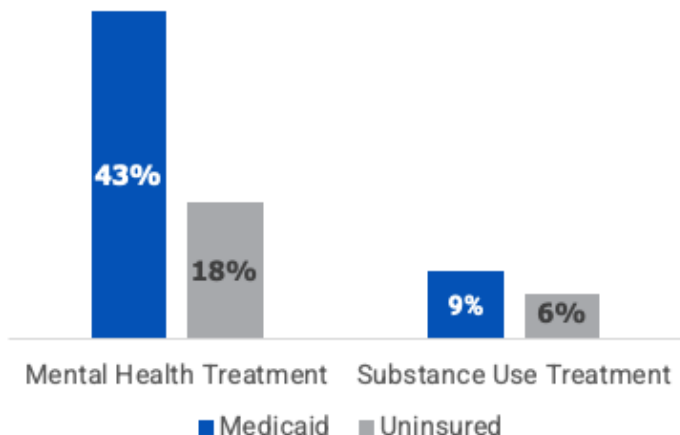


Common Challenges:

- Multiple complex health needs
- Coordination across systems
- Addressing behavioral health and criminogenic risk and needs simultaneously

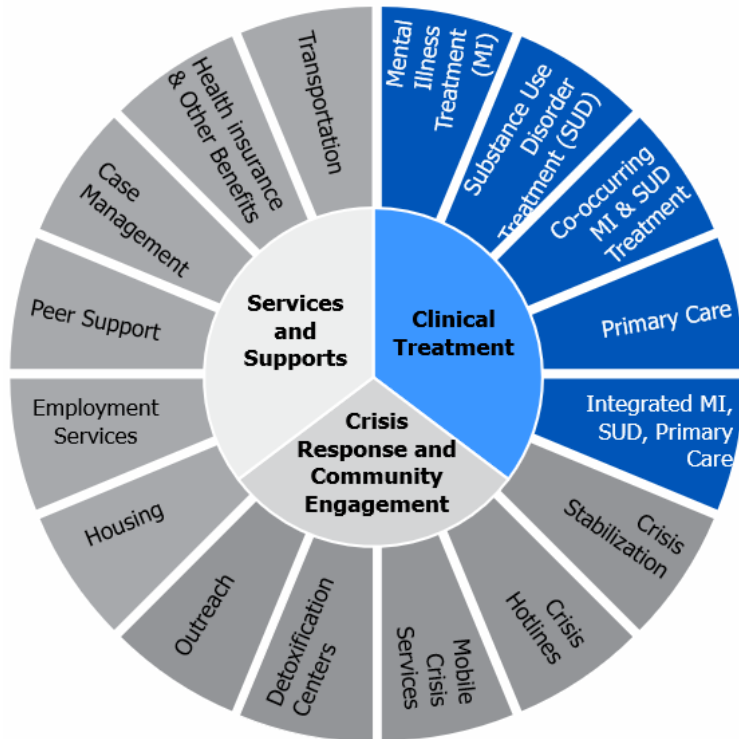
Community-based treatment capacity is limited.

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.

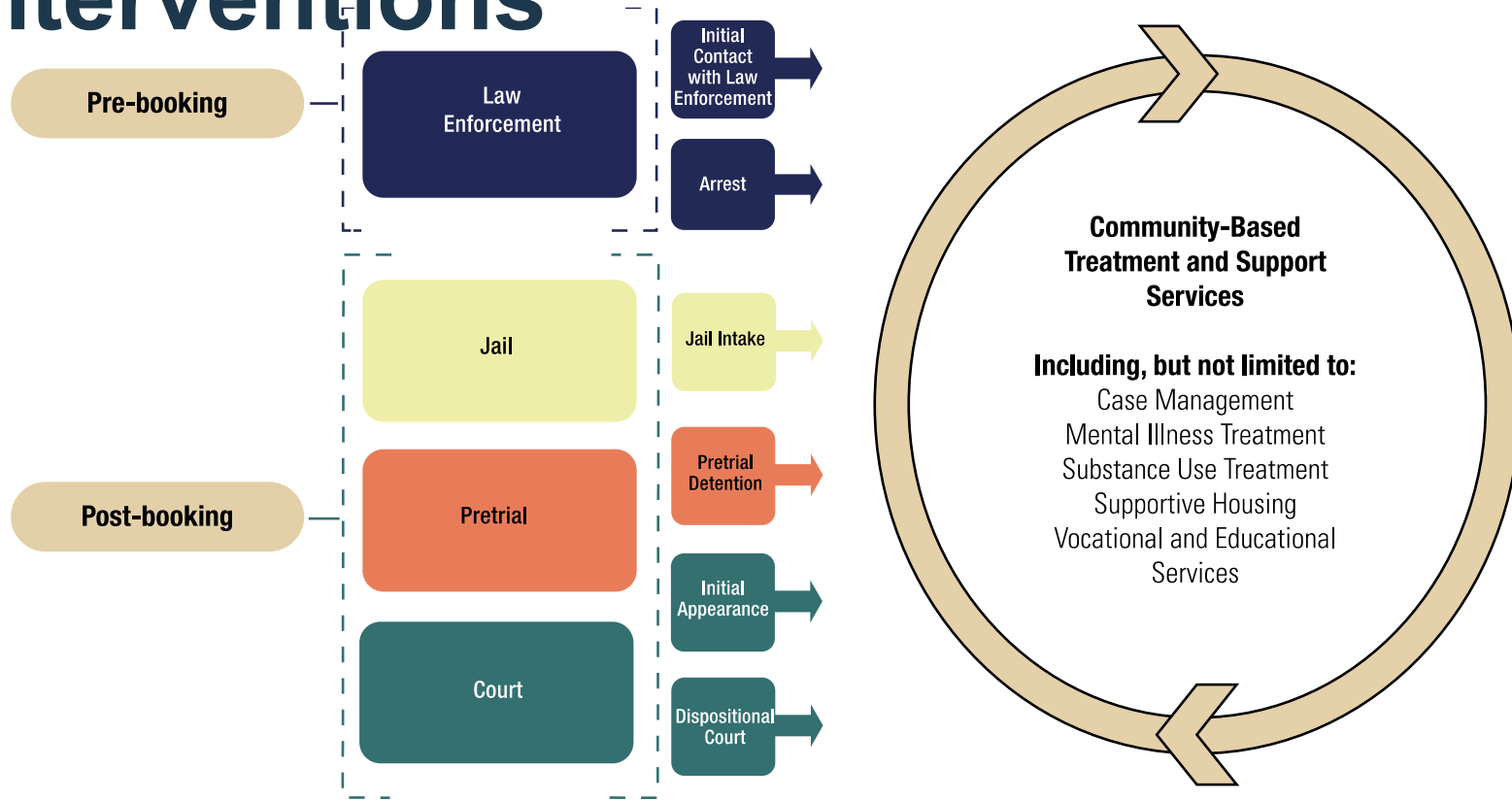
Complex needs require a range of service offerings.



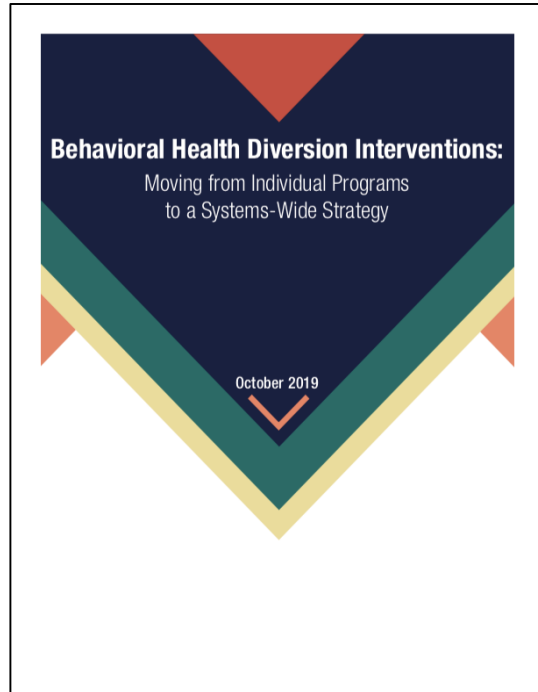
Common Challenges

- 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

Continuum of Diversion Interventions



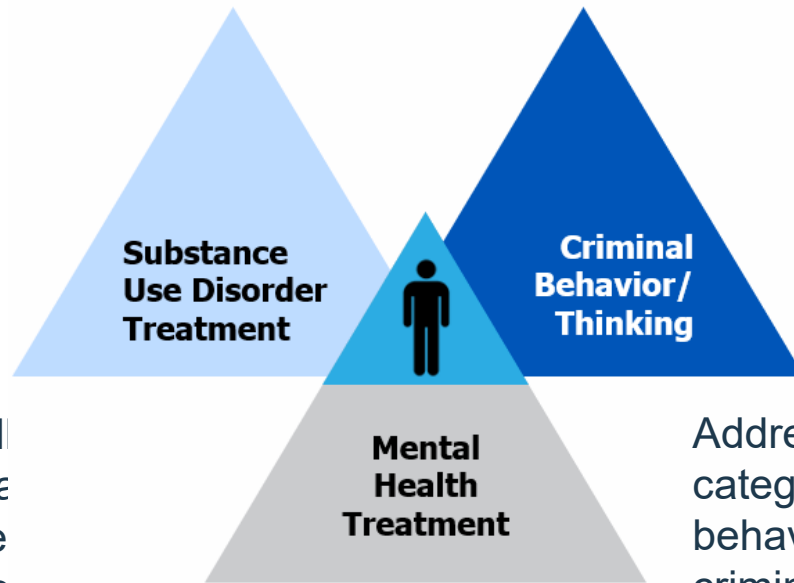
Behavioral Health Diversion Interventions



- 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.
- <https://csgjusticecenter.org/mental-health/publications/behavioral-health-diversion-interventions-moving-from-individual-programs-to-a-systems-wide-strategy/>

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

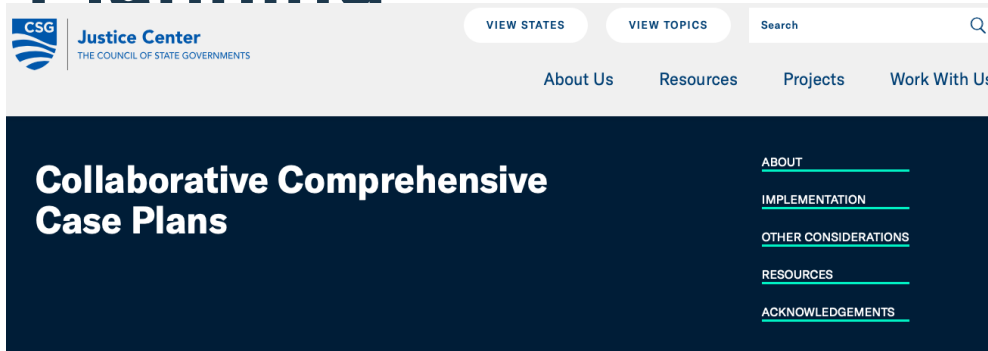
Core Treatment Competencies Required for Behavioral Health and Recidivism-Reduction Improvements



Addressed individual 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



The screenshot shows the CSG Justice Center website. The header includes the CSG logo, the text 'Justice Center THE COUNCIL OF STATE GOVERNMENTS', and navigation links for 'VIEW STATES', 'VIEW TOPICS', 'Search', 'About Us', 'Resources', 'Projects', and 'Work With Us'. The main content area features the title 'Collaborative Comprehensive Case Plans' and a sidebar with links for 'ABOUT', 'IMPLEMENTATION', 'OTHER CONSIDERATIONS', 'RESOURCES', and 'ACKNOWLEDGEMENTS'.

LEAD CASE PLANNER: BEHAVIORAL HEALTH TREATMENT PROVIDER

LEAD CASE PLANNER: COMMUNITY SUPERVISION AGENCY

LEAD CASE PLANNER: CORRECTIONAL AGENCY

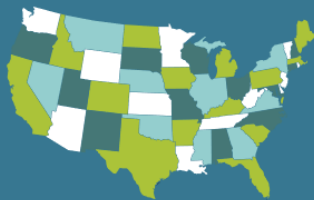
- Online tool that helps behavioral health and criminal justice professionals integrate the risk/needs information gathered from assessments into case plans that engage the person reentering the community
- <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/>

STEPPING UP

8 Years and Counting



More than **570** counties across **45** states have joined Stepping Up to reduce the prevalence of mental illnesses in jails.

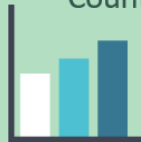


48% of Americans live in a Stepping Up county.



Communities are reducing their jail populations through cross-system alternative crisis responses, diversion, and more equitable access to services.

40+ Innovator Counties are blazing the trail in data collection.



5 states have launched statewide Stepping Up initiatives.



Police-Mental Health Collaboration (PMHC) Framework

APRIL 2019

Police-Mental Health Collaborations

A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs

Introduction



Law enforcement agencies across the country are being challenged by a growing number of calls for service involving people who have mental health needs. Increasingly, officers are called on to be the first—and often the only—responders to calls involving people experiencing a mental health crisis. These calls can be among the most complex and time-consuming for officers to resolve, redirecting them from addressing other public safety concerns and violent crime. They can also draw intense public scrutiny and can be potentially dangerous for officers and people who have mental health needs. When these calls cease into 911/ dispatch, the appropriate community-based resources are often lacking to make referrals, and more understanding is needed to relay accurate information to officers. As such, there is increasing urgency to ensure that officers and 911 dispatchers have the training, tools, and support to safely connect people to needed mental health services.

To respond to these challenges, police departments are increasingly seeking help from the behavioral health system.¹ This trend is promising, as historically, law enforcement and the behavioral health system have not always closely collaborated. Absent these collaborations, officers often lack awareness of, or do not know how to access, a community's array of available services and alternatives to arrest, such as crisis stabilization services, mental health hotlines, and other community-based resources. And even when officers are fully informed, service capacity is typically insufficient to meet the community's need. As a result, officers experience frustration and trauma as they encounter the same familiar faces over and over again, only to witness the health of those individuals deteriorate over time.

Police Departments Can't Do it Alone

Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.

Understanding a need for greater collaboration, many law enforcement and behavioral health agencies have begun taking important steps to improve responses to people who have mental health needs. These efforts have led to improvements in practices, such as providing mental health training to law enforcement workforces and including mental health, crisis intervention, and stabilization training as part of some states' law enforcement training standards. (Stabilization training refers to tactics used to diffuse and minimize any harmful or potentially dangerous behavior an individual might exhibit during a call for service.) Some of these communities also designate officers to serve as part of specialized teams to respond to mental health-related calls for service. But while these steps are commendable and signify widespread

Justice Center
the think tank for state communities

- 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 agencywide 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>.

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?



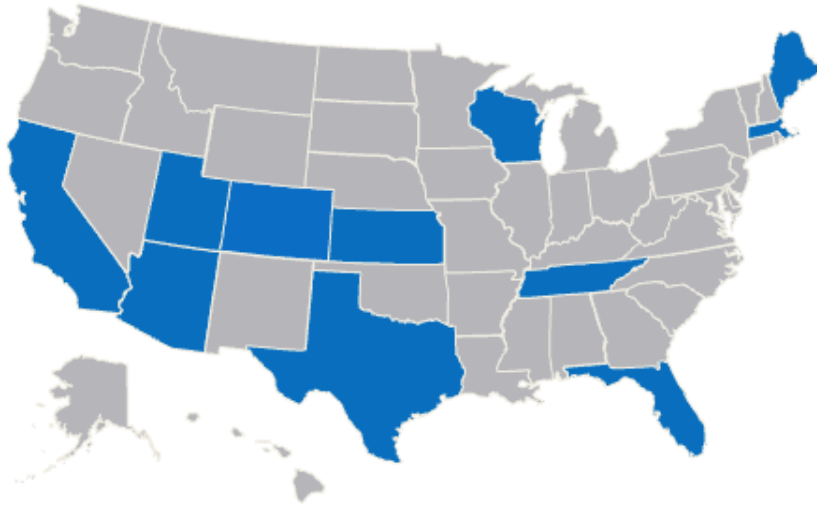
6. Do we have a formalized process for reviewing and **improving performance** that we regularly review and implement?

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 2017–2023, 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:

7. Arlington (MA) Police Department
8. Madison County (TN) Sheriff's Office
9. Tucson (AZ) Police Department

2020 Cohort:

10. Wichita (KS) Police Department
11. Harris County (TX) Sheriff's Office
12. Bexar County (TX) Sheriff's Office
13. Yavapai (AZ) Police Department
14. Miami-Dade County (FL) Police Department

2023 Cohort:

15. Denver (CO) Police Department

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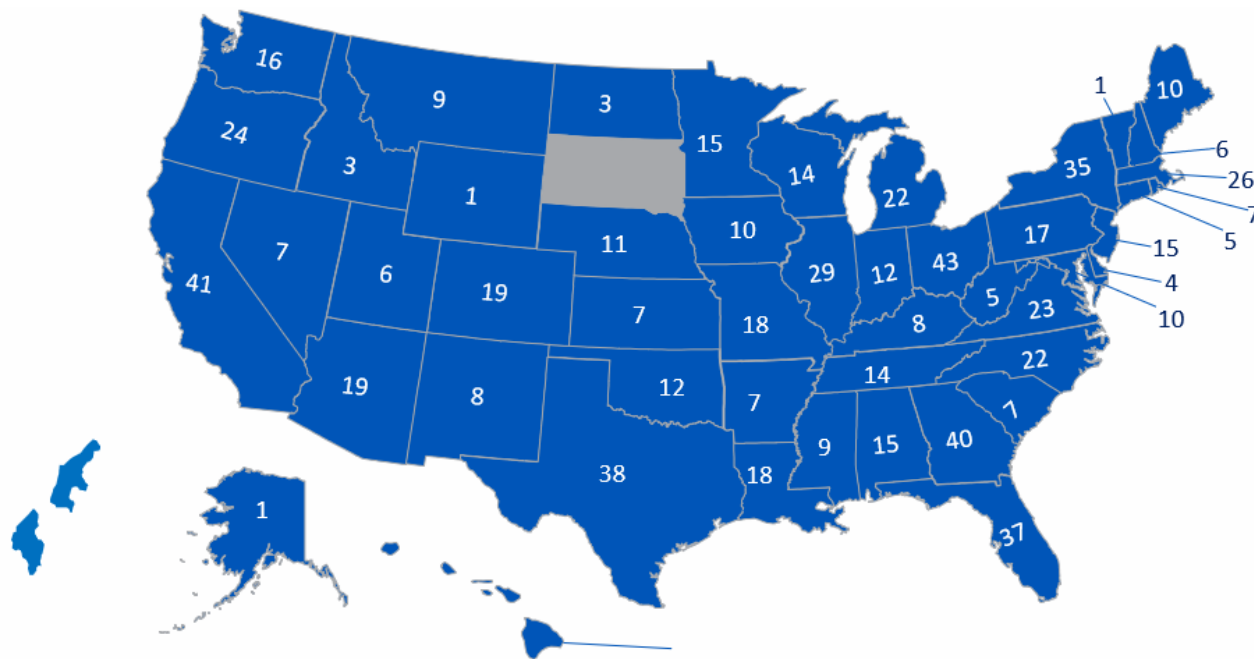


Overview of JMHCP

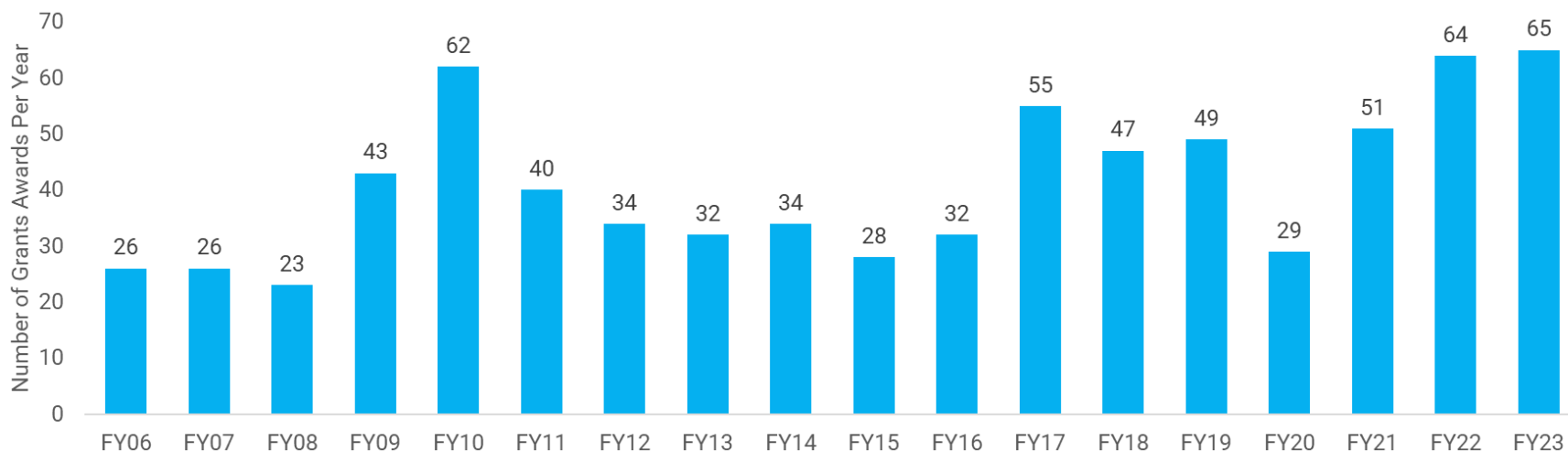
The Justice and Mental Health Collaboration Program (JMHCP) funds cross-system collaboration programs to reduce criminal justice (CJ) system involvement and improve outcomes for individuals with mental health disorders (MHDs) or co-occurring mental health and substance use disorders (MHSUDs) who have come into contact with the CJ system or are leaving a custodial setting.

Over 774 Awardees across the Nation

- Representing 4 states, three U.S. territories and the District of Columbia
- **\$251.2 million** awarded



JMHCP Grant Program: \$217.9 Million Awarded



FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
\$4.9 M	\$4.9 M	\$6.5 M	\$10 M	\$12 M	\$9.9 M	\$9.0 M	\$8.4 M	\$8.3M	\$8.5M	\$7.25 M	\$8.7 M	\$23.52 M	\$23.83 M	\$18.6 M	\$25.31 M	\$28.3 M	\$33.8 M

FY23 JMHCP Awardees

- Connect and Protect Law Enforcement Behavioral Health Responses
- Justice and Mental Health Collaboration Program

33 Awards
\$17.0M

32 Awards
\$16.8M

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 lasts 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.

JMHCP and C&P Grant Requirements

- 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 the CSG Justice Center's technical assistance coach have 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 the following:

- Design and implement a crisis response program based on current best practice to assist law enforcement officers to improve encounters with individuals who have MHDs or co-occurring MHSUDs.
- Plan and deliver a crisis response program, through coordination between law enforcement and a mental health agency, that includes 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

Program objectives include the following:

- Engage residents through outreach and education to improve public health and 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.

Connect and Protect Objectives

Program objectives include the following:

- Increase public safety and public health agencies' capacity to develop and sustain the program by collecting data to inform practices, create stakeholder groups, develop policy, and encourage ongoing professional development.
- Seek guidance through BJA's 15 law enforcement-mental health learning sites; then, incorporate and build upon successful strategies for PMHCs.

Justice and Mental Health Collaboration Program (JMHCPC) Objectives

Program objectives include the following:

- Enhance, expand, and operate mental health drop-off crisis stabilization treatment centers that provide 24/7 support for law enforcement, criminal justice agencies, and people who come in contact with the CJ 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 health care services, telehealth, competency restoration, community transition, and other supports such as connections to housing.

JMHCP Objectives

Program objectives include the following:

- Increase the community's workforce capacity for certified mental health peer support specialists and increase the availability of wraparound services to support people with MHDs or MHSUDs.
- Build or expand capacity to identify, treat, and support the recovery of individuals at the intersection of justice and mental health at the state, tribal, and local levels.

JMHCP Objectives

Program objectives include the following:

- Build or expand existing justice and mental health collaboration programs across people and places at any point in 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 MHDs including people with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) or MHSUDs at risk of recidivism.

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C&P Breakout Group

- Atlantic City City Hall, NJ
- Central Texas Mental Health Mental Retardation (MHMR) Center
- City of Bessemer, AL
- City of Buckeye, AZ
- City of Cleveland, OH
- City of Eugene, OR
- City of Gresham, OR
- City of Harrisonburg, VA
- City of Jonesboro, AR
- City of Lincoln, NE
- City of Little Rock, AR
- City of Lowell, MA
- City of Missoula, MT
- City of Mobile, AL
- City of Norwalk, CT
- City of Petaluma, CA
- City of Seguin, TX
- Collin County MHMR Center, TX
- County of Lewis & Clarke, MT
- County of New Castle, DE
- County of Palm Beach, FL
- County of Rutherford, TN
- County of Santa Cruz, CA
- County of Washtenaw, MI
- Georgia Pines Community Service Board
- Government of District of Columbia
- Miami-Dade County Police Department, FL
- Mid-America Regional Council, MO
- Mount Olive Township, NJ
- Town of Boontown Hall, NC
- Town of South Kingstown, RI
- Washington County, WI
- Washington State Department of Corrections