

PROGRAM BRIEF

JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM

The Justice and Mental Health Collaboration Program (JMHCPC) promotes innovative cross-system collaboration. Awards from \$100,000 to \$750,000 are available for planning, training, partnerships, technology, and other activities. Visit www.bja.gov to learn about funding opportunities.

What is JMHCPC?

The goal of the Justice and Mental Health Collaboration Program is to support cross-system collaboration among law enforcement and behavioral health providers to improve responses and outcomes for people who have mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system. The program promotes officer and public safety through the coordination of system resources for people who are accessing multiple services, including hospital emergency

departments, jails, and mental health crisis services. JMHCPC also promotes cross-discipline training for justice and treatment professionals; and facilitates communication, collaboration, and the delivery of support services among justice professionals and treatment and related service providers. For fiscal year (FY) 2018, the Bureau of Justice Assistance (BJA) is providing support for systemwide improvements in policies and practices at the local and state levels.

Since FY 2006, BJA has awarded more than \$98 million to 435 jurisdictions.

JMHCPC Grant Award Categories and Examples of Grantees

Category 1: Collaborative County Approaches to Reduce the Prevalence of Individuals with Serious Mental Illness in Jails	
The objectives are to increase and maintain jail capacity for people being held for violent offenses and to develop a systemwide, coordinated approach to safely reduce the prevalence of low-risk individuals with MI and CMISA in local jails.	A large urban county in Georgia received a planning grant to establish a coordinated, data-driven effort to reduce the prevalence of people who have mental illnesses in the local jails. The large size of the jurisdiction made it difficult to organize across the many systems. Program coordinators used grant funds to establish an organized, cross-system planning team through which they created a detailed system analysis that examined process flow, output data, and system capacity, culminating in being able to systematically prioritize policy and funding recommendations to county leadership.
Category 2: Strategic Planning for Police and Mental Health Collaboration	
The objectives are to free up law enforcement time to focus on responding to violent crime and to improve officer and public safety during calls for service involving people with MI and CMISA.	An Ohio grantee used grant funds to complete a strategic plan aimed at improving law enforcement responses for people who have mental health needs. During the planning process, collaboration among local police, behavioral health providers, and a research partner helped the planning team develop a strong planning and implementation process guide. Collaboratively, the team discussed the data they needed to collect, what elements of the planning phase could be sustained locally, and what additional grant funding they could seek to implement additional efforts and initiatives. These partners agreed to continue meeting regularly and keep their collaboration in place in the absence of formal funding and after the JMHCPC grant ended.
Category 3: Implementation and Expansion	
The objective is to increase public safety and reduce recidivism among high-risk people with MI and CMISA. Category 3 grants can support law enforcement, prosecution, court-based programs, and corrections-based programs.	A Minnesota grantee used grant funds to reduce the number of people who have mental illnesses in their criminal justice system. The project increased Crisis Intervention Team (CIT) training, as well as linked incarcerated people with treatment programs upon release. An existing Integrated Access Team performed criminogenic risk screening, assessed mental health and substance abuse needs, and assisted with health care applications and support as well as mental health discharge planning for individuals held in short-term detention (typically 3-13 days) at the jail.

How Can JMHCP Help You?

JMHCP provides grants and technical assistance to states, local governments, and federally recognized Indian tribes. Projects must be jointly administered by a criminal or juvenile justice agency and a mental health agency. In FY 2017, JMHCP grantees achieved the following successes:

- Fifty-four percent of mental health calls for service were responded to by a specialty trained officer.
- A total of 5,436 new participants were served from October 2016 to September 2017.
- A total of 18,062 people were diverted from the criminal justice system into the appropriate treatment/diversion programs, compared to 494 who were arrested (for the JMHCP programs that provide direct services).
- As of September 2017, 23 jurisdictions received JMHCP funding to train their law enforcement and other staff members.

JMHCP Partners

Criminal Justice Agencies

Partner with mental health agencies to increase access to appropriate community-based treatment.

- Promote universal screening and assessment for mental illness and substance abuse (along with criminogenic risk and needs) and use of validated assessments to inform decisions.
- Train staff and officers on recognizing and responding to indications of mental health and criminogenic needs.
- Strengthen health and community partnerships to promote connections to health care services.

Researchers estimate that 16.9 percent of people admitted to jails have serious mental illnesses—rates three times higher for men and six times higher for women than those found in the general population.¹

Mental Health Agencies

Partner with criminal justice agencies to provide treatment and alternatives to incarceration.

- Employ case plans and referrals in coordination with supervision agencies.
- Deliver evidence-based treatment models tailored to meet assessed needs.
- Assess and enhance treatment capacity and quality and level of treatment.

Policymakers

Promote development and implementation of systemwide changes.

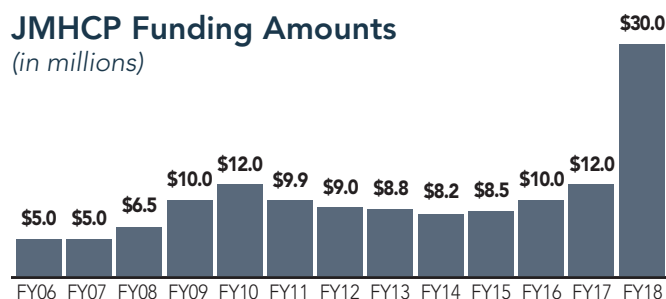
- Establish leadership structures and processes for strengthening and sustaining cross-system collaboration.
- Identify policy options to address gaps in services or areas for program improvement.
- Expand diversion and reentry programming to minimize contact or deeper involvement by people who have MI or CMISA in the criminal justice system.

Researchers

- Support JMHCP-awarded agencies with data analysis and evaluations to inform programs and policies.
- Analyze local data and document how people who have MI or CMISA move through the justice system.
- Conduct a local evaluation of an existing, collaborative criminal justice-mental health program.

JMHCP Funding Amounts

(in millions)



Endnote

1. Henry J. Steadman, et al., "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60 (200): 761–765.

ABOUT BJA

BJA helps to make American communities safer by strengthening the nation's criminal justice system: Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting-edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization. To learn more about BJA, visit www.bja.gov or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is a component of the Department of Justice's Office of Justice Programs.