

Annual Report

Justice and Mental Health Collaboration Program (JMHCP) Fiscal Year 2013



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Overview

The Justice and Mental Health Collaboration Program (JMHCP) is a grant program designed to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems while improving access to effective treatment for people with mental illnesses who are involved with the criminal justice system. This report presents an overview of the grant activities of JMHCP grantees over the course of Federal fiscal year 2013 (FY 2013). The descriptive analysis presented in this report is based on quarterly performance data submitted in the Performance Measurement Tool (PMT) by grantees with open and active awards from October 2012 to September 2013.

Justice and Mental Health Collaboration Program

JMHCP was created in 2004 to improve criminal justice services provided to people with mental illness. The program was authorized by the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) and is administered by the Bureau of Justice Assistance (BJA) to do the following:

- Encourages early intervention for people with mental illnesses or co-occurring mental health and substance abuse disorders.
- Maximizes diversion opportunities for multisystem-involved individuals with mental illnesses or co-occurring mental health and substance abuse disorders.
- Promotes training for justice and treatment professionals.
- Facilitates communication, collaboration, and the delivery of support services among justice professionals, treatment and related service providers, and government partners.

JMHCP awards offer financial and technical assistance to a variety of grantees, including state and local courts and state, local, and Indian tribal governments. This funding assists them with the development, implementation, and expansion of programs. Grants can be used for a broad range of activities, including training practitioners on evidence-based strategies for people with mental illness who come into contact with the criminal justice system; fostering collaborative relationships between law enforcement, treatment providers, and other stakeholders; and increasing the number and availability of alternative sentencing programs.

There are three categories of JMHCP grant awards: Planning, Planning and Implementation, and Expansion. Planning grant recipients focus on developing a collaborative plan with various agencies, including law enforcement, mental health agencies, and substance abuse treatment services. Specific milestones of collaborative planning may include identifying and establishing partnerships as well as having collaborative agencies sign Memorandums of Understanding (MOU) and commit to provide resources for program implementation. Expansion grants are awarded to agencies that have already begun implementing their collaborative plan and are enhancing or expanding the services provided. Activities under this category include increasing the capacity of mental health courts or alternative sentencing programs and expanding ancillary services such as education, housing, and employment. Planning and Implementation grants are hybrid awards that combine both a planning and an implementation element. Grantees first complete the planning phase, completing all of the same activities as Planning grantees. At the completion of this stage, grantees submit a Planning and Implementation Guide for approval to Council of State Governments Justice Center and BJA staff to demonstrate that they have successfully completed all necessary planning activities.¹ After signoff, funds for the implementation phase of the project are released, and grantees complete similar activities as Expansion grantees. However, Expansion

¹ For additional information about the Planning and Implementation Guide, please contact the Council of State Governments.

grantees already have fully functioning programs in place, and they generally are adding components or expanding capacity in some way to meet unmet needs.

A total of 123 grantees were active in the October–December 2012 reporting period, the majority of whom have Planning and Implementation awards (Table 1). The number of active grantees steadily decreased over the course of FY 2013 due to grant closures.

Table 1. Active JMHCP Grantees: October 2012–September 2013

| Grant Type | Number of Active Awards ² | | | |
|-----------------------------|--------------------------------------|--------------------|--------------------|--------------------|
| | Oct.–Dec. 2012 | Jan.–March 2013 | April–June 2013 | July–Sept. 2013 |
| Planning | 16 | 16 | 13 | 11 |
| Planning and Implementation | 84 | 80 | 66 | 63 |
| Expansion | 23 | 23 | 21 | 20 |
| Total | 123 | 119 | 100 | 94 |

Grant Activity³

Although there are three distinct types of awards, there is substantial overlap in the data provided by each type of grantee to BJA's PMT system. Generally, with a specific reporting period, grantees are performing either planning or implementation/expansion activities. As noted above, Planning and Implementation awards have two distinct phases. During the planning phase of a Planning and Implementation award, grant recipients are performing the same tasks and activities as recipients of Planning awards and respond to the same PMT questions. After completing all planning activity and receiving approval from BJA staff to move into the implementation phase of a Planning and Implementation award, grant recipients perform implementation activities similar to those of recipients of Expansion awards and respond to the same PMT questions. As such, all planning data will be analyzed together, regardless of whether or not the grantee is the recipient of a Planning or a Planning and Implementation award. Likewise, all implementation questions will be analyzed together, regardless of whether or not the grantee is the recipient of a Planning and Implementation or an Expansion award.

Planning Phase Activities

Grantees in the planning stage of their project focus on designing a strategic, collaborative plan to identify and treat people involved with the justice system who have mental illnesses or co-occurring mental health and substance abuse disorders. A key objective in the planning phase is the development of an effective collaboration, with support from all levels of government; justice, mental health, and substance abuse treatment services; transportation and housing service providers; and community members and advocates.

During FY 2013, a total of 97 grantees conducted planning phase activities.⁴ These include grantees who received Planning as well as Planning and Implementation awards. As seen in the following summary measures, grantees completed many of the target activities for the planning stage.

- A significant majority of grant recipients (80 percent) are developing programs based on a specific methodology or practice.
- 96 grantees (99 percent) have a task force or planning committee in place to help guide program implementation.

² See Appendix A for a listing of active grantees by award type.

³ For more information about how grant activity measures were defined and calculated, see Appendix B.

⁴ Three grantees received both Planning and Planning and Implementation awards. These grantees are only counted once in this total.

- 94 grantees (97 percent) have compiled a list of mental health, substance abuse, and other service providers and resources for their jurisdiction.
- 94 grantees (97 percent) have identified and selected a target population for their initiative.
- Grantees report intending to implement a number of intervention types, including law enforcement officer and mental health services cross-training (54 percent), jail diversion program (41 percent), mental health court (29 percent), specialized probation supervision (24 percent), and other services (48 percent). The most commonly described other service was comprehensive, collaborative programming to address co-occurring disorders. Fifty-six percent of grantees indicated that they are planning to offer more than one type of intervention.
- 68 grantees (70 percent) plan to use a validated risk/needs assessment tool.
- 79 grantees (81 percent) plan to collect both outcome and process data.
- A majority of grantees (62 percent) indicate that they will seek further funding support from JMHCP in the future.

FY 2013 grantees conducting planning phase activities were largely successful at identifying and developing the resources, information, and collaborative relationships necessary to successfully implement a JMHCP program at either the completion of the planning phase (Planning and Implementation awards) or later (Planning awards).

Implementation/Expansion Phase Activities

In this phase, grantees focus on implementing or expanding upon their established collaboration plans. Funds can be used to support both law enforcement–based response programs and direct service programs. Direct service programs include court-based diversion programs, in-facility corrections programs, community corrections programs, and reentry programs. Grantees can offer more than one kind of programming (e.g., law enforcement and court-based diversion). During FY 2013, most grantees provided court-based diversion programs (Table 2).

Table 2. Implementation/Expansion Phase: October 2012–September 2013

| Program Type | Number of Active Grants | | | |
|-------------------------|-------------------------|--------------------|--------------------|--------------------|
| | Oct.–Dec. 2012 | Jan.–March 2013 | April–June 2013 | July–Sept. 2013 |
| Law Enforcement | 19 | 18 | 14 | 11 |
| Direct Service | 103 | 100 | 83 | 78 |
| Court-based | 60 | 59 | 46 | 44 |
| In-facility corrections | 8 | 8 | 7 | 6 |
| Community corrections | 16 | 16 | 15 | 14 |
| Reentry | 19 | 17 | 15 | 14 |
| Total ⁵ | 122 | 118 | 97 | 89 |

Law Enforcement Programs

Law enforcement programs focus on improving the response of law enforcement personnel to people with mental illness (Figures 1–4). Activities include training law enforcement personnel in procedures to identify and respond appropriately to incidents involving people with mental illness or mental health

⁵ Totals in Table 2 are not expected to match those in Table 1, since grantees can offer multiple types of programs. In addition, while the average grantee PMT completion rate is generally high (95.5 percent), not all grantees completed reporting in each quarter of FY 2013.

needs, as well as enhancing existing information systems to more effectively support law enforcement responses to mental health-related incidents.

Figure 1. Number of Law Enforcement Personnel Trained⁶

During FY 2013, a total of 1,865 law enforcement officers and staff were trained through JMHCP funding to provide a specialized response to people with mental illness. In the first three quarters of FY 2013, there was a steady increase in the number of personnel trained. However, this number dropped substantially in the final quarter of FY 2013. Of the three grantees (City of Philadelphia, PA; City of Knoxville, TN; and County of Cumberland, NJ) that trained 78 percent (615) of the personnel in April–June 2013, only two were active. Neither reported training more than 32 people in July–September.

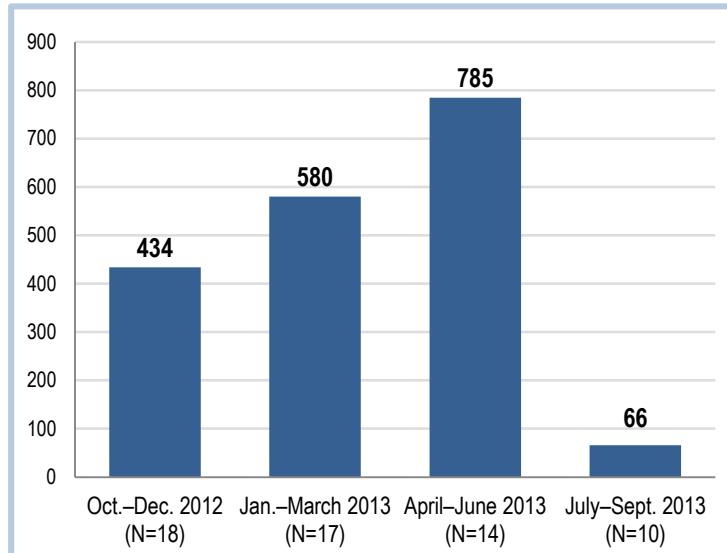
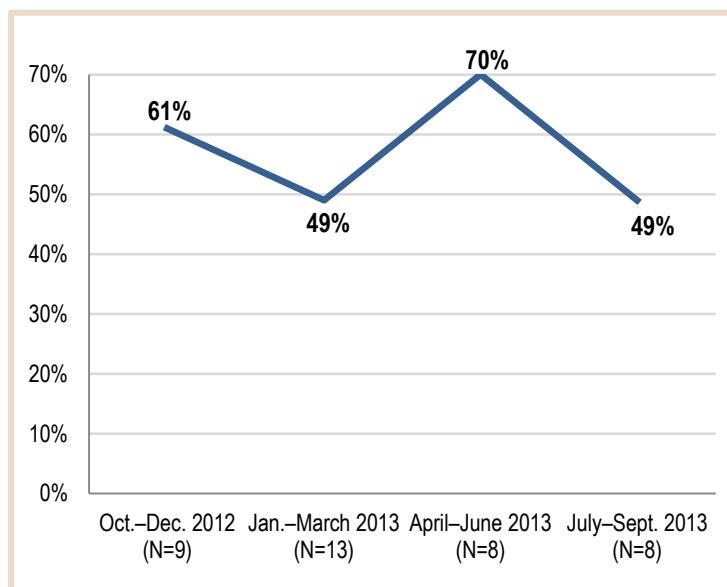


Figure 2. Percentage of Calls for Mental Illness–Related Events Responded to by a Trained Officer

The percentage of calls for mental illness–related events responded to by a specially trained law enforcement officer varied during FY 2013. More than 12,000 calls for mental illness–related events were received in FY 2013. On average, 57 percent of calls for mental illness–related events were responded to by a specially trained officer. The highest response rate (70 percent) was seen in April–June 2013.



⁶ In all figures, “N” is used to indicate the number of grantees reporting on the specific measure in each reporting period.

Figure 3. Percentage of People Diverted from Justice System Involvement

Across the four quarters of FY 2013, between 30 percent and 43 percent of the people with mental illness who were responded to by a specially trained law enforcement officer were diverted from justice system involvement. People were considered diverted if they were taken to a mental health facility, an emergency room, or an appropriate community agency rather than into custody. On average, 37 percent of people involved in a mental health crisis were diverted from justice system involvement.

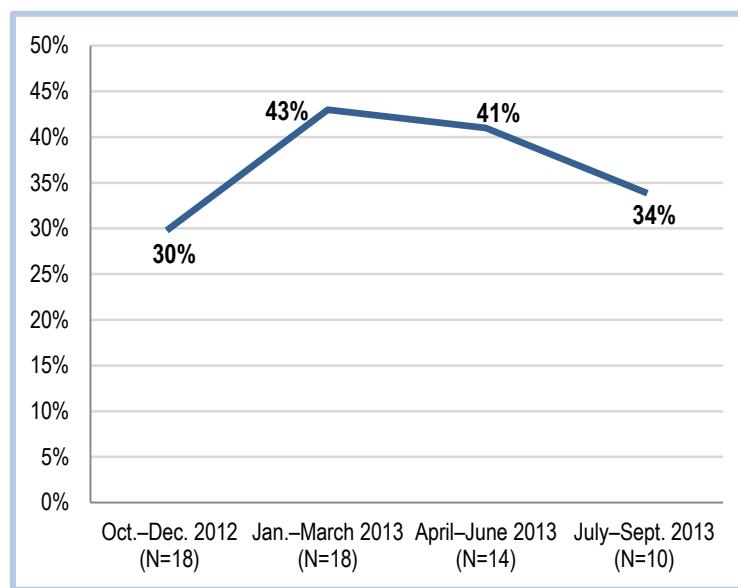
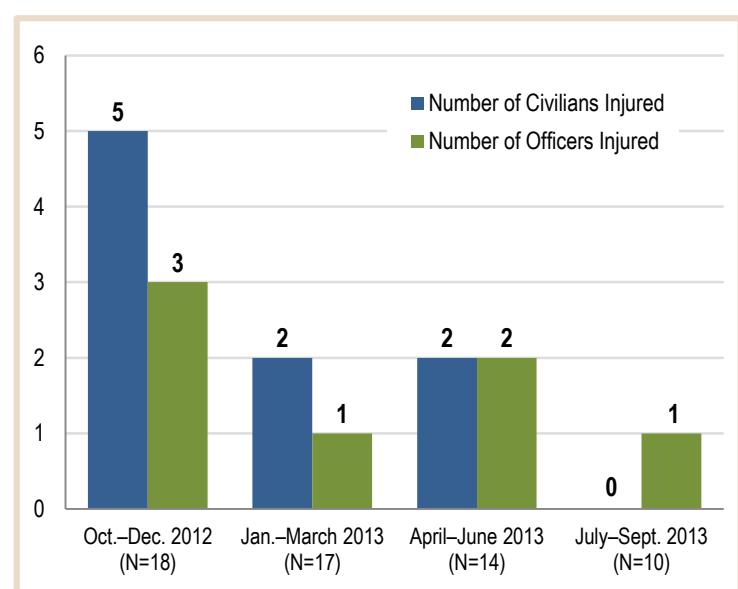


Figure 4. Number of Officers and Civilians Injured

Overall, few injuries to either law enforcement officers or civilians were reported during FY 2013. A total of 9 civilians and 7 officers were injured in the course of one or more mental health-related events. The most injuries were reported between October and December 2012. There is less than a 1 percent chance that someone will be injured (either civilian or police) when responding to a mental health-related event.⁷



⁷ In FY 2013, a total of 938,214 calls were made, with 12,831 of those calls related to mental health issues. The probability of someone being hurt (either police or civilian) is very low. In FY2013, 0.125 percent of mental health-related phone calls resulted in a civilian or a police officer being injured.

Direct Service Programs

Direct service programs focus on providing necessary treatment services to people involved with the justice system who have mental illnesses or co-occurring mental health and substance abuse disorders (Figures 5–10). Types of programs funded through JMHCP include mental health courts as well as pretrial, transitional, and reentry services. Grantees offering direct service programs also often provide training to program staff and partners on mental health and criminal justice issues.

Figure 5. Number of Staff and Partners Trained

During FY 2013, a total of 5,303 staff and partners were trained on mental health and criminal justice issues. The largest number of staff and partners (32 percent) were trained in January–March 2013. The number trained fluctuates across quarters due to the nature of the training offered. A number of JMHCP grantees are offering infrequent but large trainings. For example, the City of Knoxville, TN, trained 335 people in April–June 2013 but did not offer any other training during the rest of the year.

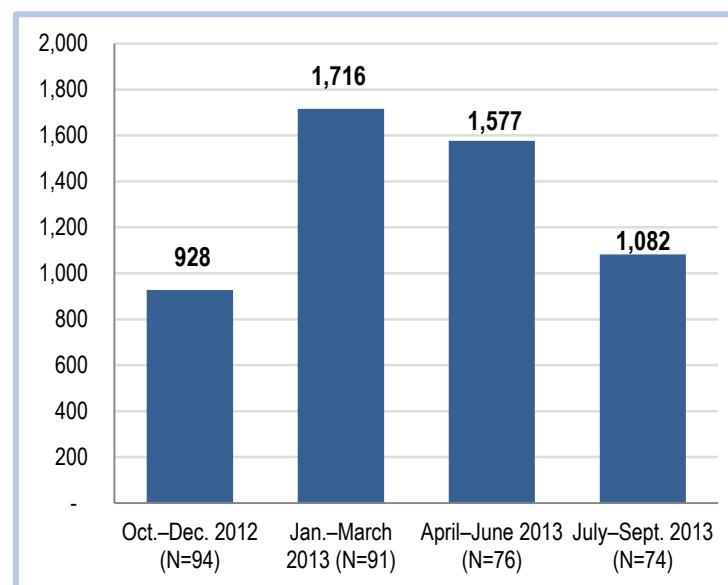
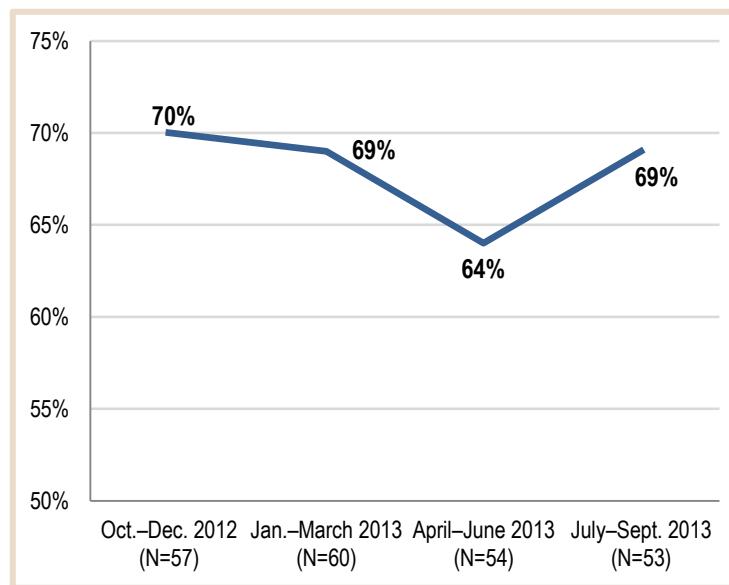


Figure 6. Percentage of Moderate- and High-Risk Program Participants

In accordance with the principles of risk, need, and responsivity, to reduce recidivism risk, JMHCP-funded programs should focus on serving people who are at moderate or high risk of reoffending.⁸ Risk level should be established using an actuarial risk assessment tool. The percentage of moderate- and high-risk program participants ranged between 64 percent and 70 percent throughout FY 2013. On average, about 68 percent of all program participants were either moderate or high risk.



⁸ Bonta, J., & Andrews, D.A. (2007). *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa, Ontario: Public Safety Canada.

Figure 7. Number of Participants Receiving Mental Health Services

More than 9,000 people received mental health treatment services through JMHCP funding during FY 2013. These services are intended to address and improve the mental health challenges of program participants. Relatively minor fluctuations were seen over the course of the year. This is likely due to fewer active grantees over time.

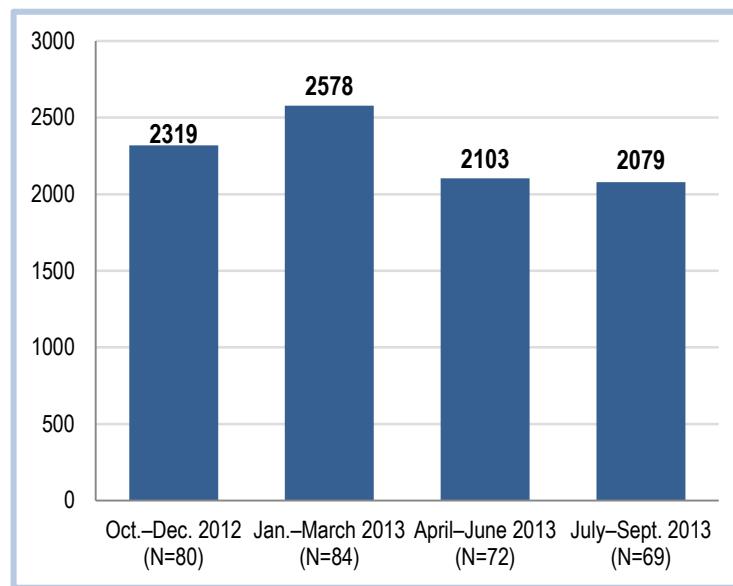


Figure 8. Number of Participants Receiving Substance Abuse Services

Overall, 3,963 people received substance abuse services through JMHCP funding in FY 2013. These services are intended to specifically target the challenges faced by program participants related to their abuse of drugs and/or alcohol. As in Figure 7, relatively minor fluctuations were seen over the course of the fiscal year.

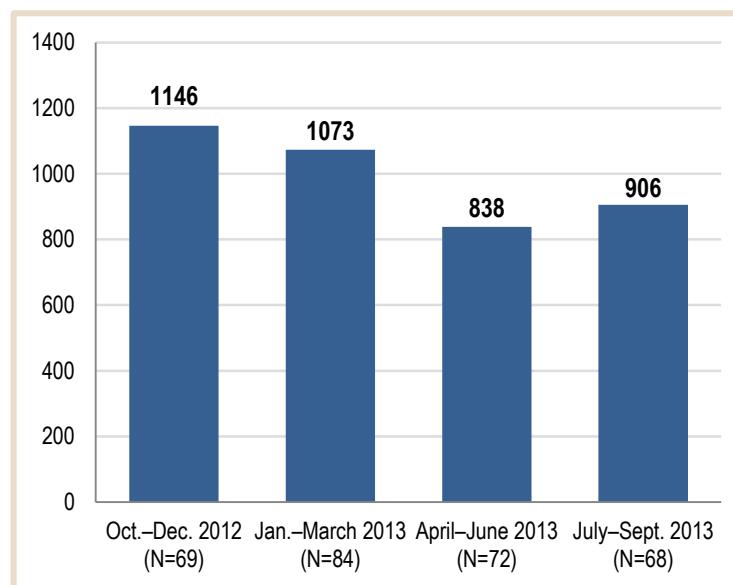


Figure 9. Number of Participants Receiving Co-occurring Services

Co-occurring services address mental health and substance abuse-related issues simultaneously. A total of 5,229 people received co-occurring services through JMHCP funding during FY 2013. As in Figures 7 and 8, relatively minor fluctuations were seen over the course of the fiscal year.

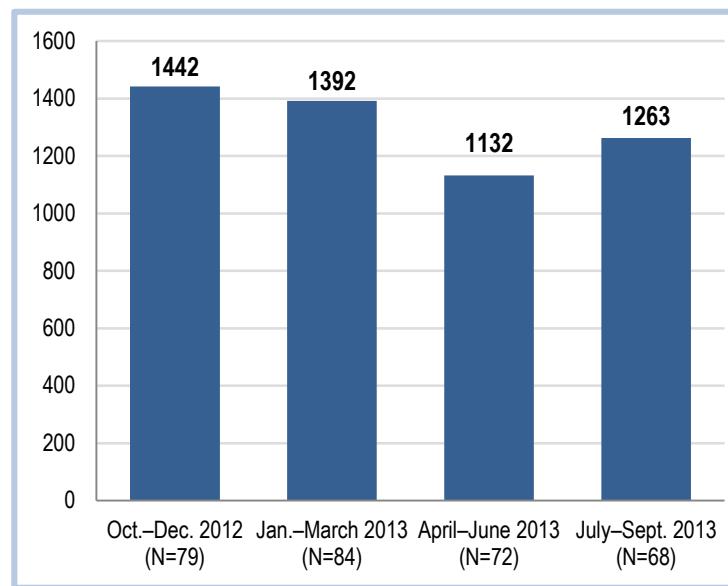
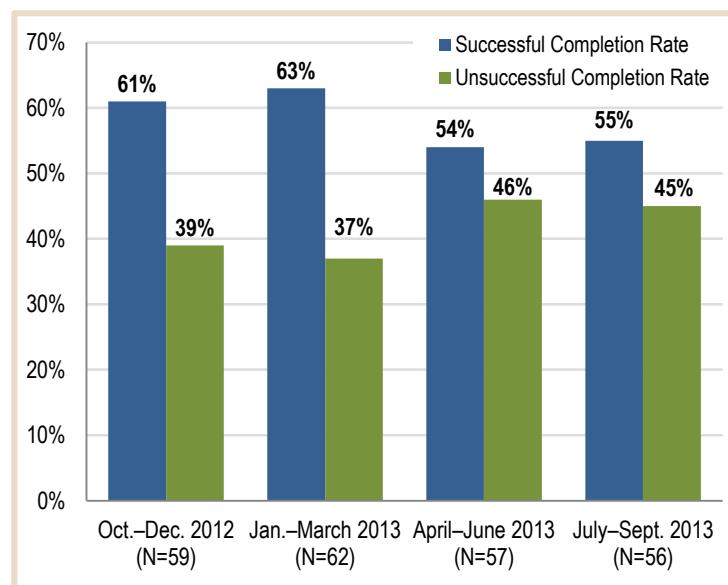


Figure 10. Average Completion Rate

A total of 4,384 participants left JMHCP-funded programs during FY 2013. Of these people, 2,558 left after successfully completing program requirements and 1,826 left without doing so. The average successful completion rate across FY 2013 was 58 percent. The highest successful completion rate was in January–March 2013 (63 percent) and the lowest in April–June 2013 (54 percent).



Conclusions

Grantees are conducting a wide variety of JMHCP grant-funded activities and providing a range of services, and overall they are succeeding in implementing their initiatives. In FY 2013, JMHCP grantees achieved these milestones:

- Provided training on mental illness and criminal justice issues to more than 1,800 law enforcement and 5,300 program personnel.
- Offered mental health, substance abuse, and co-occurring treatment services to more than 17,000 program participants.⁹
- Saw a majority (58 percent) of program participants successfully complete program requirements.

With continued funding, training, and technical assistance, JMHCP grantees can further increase their use of diversion and alternative dispositions for people with mental illness, improve access to effective treatment for people involved with the justice system who have mental health issues, and enhance existing collaborations between justice system stakeholders.

⁹ This figure combines the data presented in Figures 7, 8, and 9 into a cumulative total.

Appendix A. Active Grant Awards

| Grant Type | Grantee Name | State | Award Number | Award Amount |
|------------------------------------|-------------------------------------------------------------|-------|-----------------|--------------|
| Planning Grants | American Samoa Government | AmSa | 2011-MO-BX-0035 | \$50,000 |
| | Clayton County Superior Court | GA | 2012-MO-BX-0015 | \$49,995 |
| | Commonwealth of Massachusetts Department of Mental Health | MA | 2012-MO-BX-0009 | \$49,999 |
| | Craighead County ² | AR | 2011-MO-BX-0034 | \$38,438 |
| | Department of Juvenile Services | MD | 2012-MO-BX-0014 | \$50,000 |
| | Georgia Department of Juvenile Justice | GA | 2012-MO-BX-0012 | \$49,880 |
| | Gila River Indian Community ¹ | AZ | 2009-MO-BX-0017 | \$49,977 |
| | Hocking County Juvenile Court | OH | 2012-MO-BX-0013 | \$50,000 |
| | Idaho Supreme Court | ID | 2010-MO-BX-0046 | \$50,000 |
| | Little Traverse Bay Bands of Odawa Indians | MI | 2011-MO-BX-0032 | \$50,000 |
| | Maine Judicial Branch ¹ | ME | 2011-MO-BX-0028 | \$49,963 |
| | Norfolk Community Services Board | VA | 2011-MO-BX-0031 | \$50,000 |
| | Rhode Island Department of Corrections ¹ | RI | 2011-MO-BX-0027 | \$49,614 |
| | Somerset County Commissioners | PA | 2012-MO-BX-0010 | \$50,000 |
| | Teton County ² | WY | 2011-MO-BX-0029 | \$39,045 |
| | Wood County | OH | 2012-MO-BX-0011 | \$50,000 |
| | | | | |
| Planning and Implementation Grants | 16th Judicial District Attorney's Office | LA | 2011-MO-BX-0006 | \$250,000 |
| | Alcohol, Drug, and Mental Health Board of Franklin County | OH | 2012-MO-BX-0024 | \$246,546 |
| | Anderson County Government | TN | 2011-MO-BX-0011 | \$250,000 |
| | Arizona Department of Corrections | AZ | 2011-MO-BX-0008 | \$249,998 |
| | Auglaize County Sheriff's Office | OH | 2010-MO-BX-0055 | \$223,128 |
| | Citrus County Board of County Commissioners ¹ | FL | 2009-MO-BX-0008 | \$235,647 |
| | County of Durham ¹ | NC | 2010-MO-BX-0023 | \$250,000 |
| | City of Hattiesburg ¹ | MS | 2009-MO-BX-0033 | \$228,300 |
| | City of Knoxville | TN | 2010-MO-BX-0022 | \$250,000 |
| | City of New York Office of the Criminal Justice Coordinator | NY | 2012-MO-BX-0029 | \$250,000 |
| | City of Philadelphia | PA | 2010-MO-BX-0050 | \$249,469 |
| | City of Richmond ¹ | VA | 2010-MO-BX-0056 | \$249,360 |
| | Clackamas County | OR | 2011-MO-BX-0009 | \$250,000 |
| | Clermont County ADAMHS Board ¹ | OH | 2010-MO-BX-0024 | \$223,280 |
| | Contra Costa County | CA | 2012-MO-BX-0021 | \$250,000 |
| | Cook County Sheriff's Office ¹ | IL | 2009-MO-BX-0012 | \$250,000 |
| | County of Beaver | PA | 2012-MO-BX-0020 | \$250,000 |
| | County of Cumberland ² | NJ | 2010-MO-BX-0017 | \$247,049 |
| | County of Greene | MO | 2010-MO-BX-0021 | \$200,000 |
| | County of Hillsborough | NH | 2011-MO-BX-0001 | \$250,000 |
| | County of Kankakee | IL | 2010-MO-BX-0018 | \$242,122 |
| | County of Kewaunee ² | WI | 2010-MO-BX-0054 | \$212,286 |

| | | | |
|-------------------------------------------------------------------|----|-----------------|-----------|
| County of Wayne | MI | 2011-MO-BX-0023 | \$250,000 |
| Curry County Human Services | OR | 2012-MO-BX-0032 | \$125,000 |
| Dauphin County ¹ | PA | 2009-MO-BX-0016 | \$250,000 |
| Davis County Corporation | UT | 2011-MO-BX-0007 | \$250,000 |
| Douglas County Sheriff's Office ³ | KS | 2010-MO-BX-0020 | \$229,945 |
| County of Douglas | OR | 2011-MO-BX-0017 | \$250,000 |
| EI Paso County ¹ | TX | 2010-MO-BX-0057 | \$250,000 |
| First Judicial District of Pennsylvania | PA | 2011-MO-BX-0015 | \$250,000 |
| Floyd County Fiscal Court | KY | 2011-MO-BX-0004 | \$250,000 |
| Grafton County ¹ | NH | 2010-MO-BX-0049 | \$227,122 |
| Idaho Supreme Court | ID | 2009-MO-BX-0044 | \$250,000 |
| City of Indianapolis ⁴ | IN | 2009-MO-BX-0023 | \$250,000 |
| Iowa Division of Criminal and Juvenile Justice Planning | IA | 2010-MO-BX-0019 | \$249,912 |
| Iowa Division of Criminal and Juvenile Justice Planning | IA | 2011-MO-BX-0012 | \$249,986 |
| Jackson County | OR | 2011-MO-BX-0018 | \$225,000 |
| Jefferson County | CO | 2011-MO-BX-0020 | \$250,000 |
| Johnson County | KS | 2010-MO-BX-0052 | \$249,761 |
| Jones County Board of Supervisors | MS | 2012-MO-BX-0016 | \$249,743 |
| Judiciary of the State of Rhode Island ³ | RI | 2010-MO-BX-0059 | \$166,100 |
| Kentucky Administrative Office of the Courts ¹ | KY | 2009-MO-BX-0030 | \$249,932 |
| Lake County Board of County Commissioners | FL | 2012-MO-BX-0025 | \$250,000 |
| Lauderdale County | MS | 2011-MO-BX-0026 | \$250,000 |
| Logan County Juvenile Court | OH | 2012-MO-BX-0031 | \$250,000 |
| City of Los Angeles | CA | 2012-MO-BX-0030 | \$250,000 |
| Macon County Court Services Department | IL | 2010-MO-BX-0015 | \$250,000 |
| Maricopa County Adult Probation Department | AZ | 2012-MO-BX-0023 | \$250,000 |
| Marion County | OR | 2012-MO-BX-0017 | \$250,000 |
| Milwaukee County Department of Health and Human Services | WI | 2009-MO-BX-0025 | \$250,000 |
| Minnesota Department of Corrections | MN | 2010-MO-BX-0016 | \$250,000 |
| New York City Administration for Children's Services ² | NY | 2010-MO-BX-0001 | \$248,536 |
| New York City Department of Health and Mental Hygiene | NY | 2011-MO-BX-0021 | \$250,000 |
| New York State Division of Criminal Justice Services | NY | 2012-MO-BX-0019 | \$250,000 |
| New York State Unified Court System | NY | 2011-MO-BX-0022 | \$249,942 |
| Omaha Tribe of Nebraska | NE | 2011-MO-BX-0024 | \$250,000 |
| Oregon Criminal Justice Commission ¹ | OR | 2009-MO-BX-0036 | \$250,000 |
| Outagamie County | WI | 2011-MO-BX-0005 | \$250,000 |
| Palm Beach County Board of County Commissioners ¹ | FL | 2009-MO-BX-0035 | \$249,942 |

| | | | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------|-----------------|-----------|
| Palm Beach County Board of County Commissioners | FL | 2012-MO-BX-0028 | \$249,955 | |
| Penobscot County | ME | 2012-MO-BX-0018 | \$250,000 | |
| Pickens County Government | GA | 2011-MO-BX-0019 | \$250,000 | |
| Pueblo of Laguna | NM | 2011-MO-BX-0016 | \$187,500 | |
| Rio Arriba County | NM | 2012-MO-BX-0033 | \$249,835 | |
| Rockland County District Attorney's Office | NY | 2012-MO-BX-0022 | \$250,000 | |
| San Francisco Sheriff's Department | CA | 2011-MO-BX-0025 | \$249,662 | |
| San Francisco Superior Court | CA | 2012-MO-BX-0027 | \$249,907 | |
| Seminole County | FL | 2011-MO-BX-0010 | \$249,924 | |
| Sidney Municipal Court | OH | 2011-MO-BX-0013 | \$250,000 | |
| Skagit County ¹ | WA | 2009-MO-BX-0034 | \$249,843 | |
| South Carolina Department of Juvenile Justice | SC | 2010-MO-BX-0060 | \$249,639 | |
| Southwest Behavioral Health Center | UT | 2012-MO-BX-0034 | \$250,000 | |
| St. Louis County ³ | MO | 2009-MO-BX-0009 | \$198,158 | |
| St. Mary's County Circuit Court | MD | 2010-MO-BX-0014 | \$249,817 | |
| State of Hawaii Department of Public Safety | HI | 2008-MO-BX-0006 | \$250,000 | |
| State of New Mexico Children Youth and Families Department | NM | 2012-MO-BX-0026 | \$250,000 | |
| State of Ohio Department of Rehabilitation and Correction | OH | 2010-MO-BX-0058 | \$244,378 | |
| Superior Court of California, County of Santa Clara | CA | 2011-MO-BX-0002 | \$250,000 | |
| Tennessee Department of Mental Health and Substance Abuse Services ¹ | TN | 2009-MO-BX-0029 | \$196,750 | |
| Vermont Office of the Court Administrator | VT | 2009-MO-BX-0042 | \$250,000 | |
| Washington State Department of Corrections | WA | 2010-MO-BX-0032 | \$250,000 | |
| Winnebago County | IL | 2011-MO-BX-0003 | \$250,000 | |
| Worcester County Health Department | MD | 2011-MO-BX-0014 | \$249,553 | |
| Yellowstone County Sheriff Office | MT | 2010-MO-BX-0061 | \$250,000 | |
| <hr/> | | | | |
| Expansion Grants | Billings Municipal Court | MT | 2012-MO-BX-0008 | \$200,000 |
| | Boston Police Department | MA | 2010-MO-BX-0011 | \$175,000 |
| | City of Escondido | CA | 2010-MO-BX-0010 | \$200,000 |
| | City of Portland ¹ | ME | 2010-MO-BX-0029 | \$184,940 |
| | Colorado Judicial Department | CO | 2012-MO-BX-0001 | \$200,000 |
| | County of DuPage | IL | 2010-MO-BX-0009 | \$198,904 |
| | County of Wayne | MI | 2012-MO-BX-0006 | \$200,000 |
| | Department of Behavioral Health and Developmental Services ² | VA | 2010-MO-BX-0028 | \$200,000 |
| | Judiciary Courts of the State of Hawaii | HI | 2011-MO-BX-0038 | \$200,000 |
| | Louisville Jefferson County Metro Government | KY | 2010-MO-BX-0030 | \$200,000 |

| | | | |
|-------------------------------------------------------------------|----|-----------------|-----------|
| Maricopa County Adult Probation Department | AZ | 2010-MO-BX-0008 | \$200,000 |
| Milford Police Department | MA | 2011-MO-BX-0036 | \$199,475 |
| Missoula County | MT | 2011-MO-BX-0040 | \$200,000 |
| Montgomery County | OH | 2012-MO-BX-0005 | \$200,000 |
| New York State Unified Court System | NY | 2008-MO-BX-0005 | \$199,252 |
| New York State Unified Court System | NY | 2012-MO-BX-0004 | \$165,240 |
| New York State Unified Court System | NY | 2012-MO-BX-0003 | \$145,941 |
| Oklahoma Department of Mental Health and Substance Abuse Services | OK | 2012-MO-BX-0002 | \$200,000 |
| Orange County Government ¹ | FL | 2010-MO-BX-0025 | \$200,000 |
| Pima County | AZ | 2012-MO-BX-0007 | \$200,000 |
| South Carolina Department of Mental Health | SC | 2011-MO-BX-0037 | \$141,520 |
| Supreme Court of Appeals of West Virginia | WV | 2010-MO-BX-0006 | \$200,000 |
| Tulsa County | OK | 2011-MO-BX-0039 | \$200,000 |

¹ This grant was only active for two reporting periods during FY 2013—October to December 2012 and January to March 2013. These grants ended on March 31, 2013.

² This grant was only active for three reporting periods during FY 2013—October to December 2012, January to March 2013, and April to June 2013. These grants ended on June 30, 2013.

³ This grant was only active for one reporting period during FY 2013—October to December 2012. The grant ended on December 31, 2012.

⁴ This grant was only active for one reporting period during FY 2013—October to December 2012. The grant ended on November 30, 2012.

Appendix B. Key Performance Measures

| Measure | Data Elements Used | Explanation |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Planning Phase |
| Program Methodology | <p>Does your program follow a specific methodology or practice?</p> <p>% = Total "Yes"/Number of grantees</p> | This measure identifies whether or not grantees are following a specific methodology or practice. It is recommended that grantees use an evidence-based model to inform their program development. |
| Task Force | <p>Is there a task force or planning committee in place to help guide program implementation?</p> <p>% = Total "Yes"/Number of grantees</p> | This measure identifies whether or not grantees have a task force or planning committee in place to help guide program implementation. This type of cross-collaboration is strongly encouraged. |
| List of Providers and Resources | <p>Do you have a list of mental health, substance abuse, and other service providers and resources for your jurisdiction?</p> <p>% = Total "Yes"/Number of grantees</p> | This measure identifies whether or not grantees have created or have access to a list of relevant providers and resources within their jurisdiction. This list is necessary to foster collaborative relationships with appropriate local service providers. |
| Target Population | <p>Have you selected a target population for the initiative?</p> <p>% = Total "Yes"/Number of grantees</p> | This measure shows whether or not grantees have identified the target population for their initiative. This population will receive selected services using JMHCP grant funds. |
| Intervention Types | <p>Which of the following intervention types do you intend to implement?</p> <ul style="list-style-type: none"> A. Law enforcement officer and mental health cross-training B. Jail diversion program C. Mental health court D. Specialized probation supervisions E. Other <p>% = Total "Yes" by Type/ Number of grantees</p> | This measure identifies the types of interventions that grantees intend on implementing. Grantees can choose to offer multiple interventions services within their program. |
| Risk/Needs Assessment Tool | <p>Do you plan to use a validated risk/needs assessment tool?</p> <p>% = Total "Yes"/Number of grantees</p> | This measure identifies whether or not grantees plan to use a validated assessment tool with their target population. In accordance with best practices and the risk, need, and responsivity principles, grantees are encouraged to use validated assessment tool in order to appropriately triage program participants, concentrating service on moderate- and high-risk people. |
| Data Collection | <p>What kind of data will you collect?</p> <ul style="list-style-type: none"> A. Process data B. Outcome data C. Both D. None of the above <p>% = (A+B)/Number of grantees</p> | This measure identifies whether or not grantees plan to seek future JMHCP funds. Grantee responses help to determine need for future funds as well as grantee attempts at sustainability planning. |

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| Future Funding | Will you seek further funding support from JMHCP in the future? % = Total "Yes"/Number of grantees | This measure identifies whether or not grantees plan to seek future JMHCP funds. Grantee responses help to determine need for future funds as well as grantee attempts at sustainability planning. |
| Implementation/Expansion Phase | | |
| | <i>Law Enforcement Activities</i> | |
| Number of Law Enforcement Personnel Trained to Provide a Specialized Response to People with Mental Illness | During the reporting period, how many officers and staff were trained in specialized police-based responses to people with mental illness? | This measure counts the number of law enforcement personnel who were trained during the reporting period to provide a specialized police-based response to people with mental illness. With JMHCP's focus on training personnel, it is expected that grantees will frequently be conducting trainings. |
| Percentage of Calls for Mental Illness–Related Events that were Responded to by a Specially Trained Officer | How many total calls for police services were received during the reporting period? A. Of these, how many were for mental illness–related events? B. Of these, how many did a specially trained officer respond to? % = B/A | This measure calculates the percentage of calls for mental illness–related events that were responded to by a specially trained officer. It is hoped that a majority of mental illness–related events were responded to by an officer who has been specially trained. |
| Percentage of People Involved in a Mental Health Crisis Who Were Diverted from the Justice System | What was the disposition of people involved in a mental health crisis that had a law enforcement response? A. Arrested and/or taken into custody B. Left on site C. Taken to an emergency room or other medical facility D. Taken to a mental health facility E. Taken to a non-medical or non-mental health–specific community agency or organization % = (C+D+E)/ (A+B+C+D+E) | This measure calculates the percentage of people involved in a mental health crisis who were diverted from criminal justice system involvement. It is expected that a majority of people in need will be diverted to receive appropriate treatment and care rather than being incarcerated. |
| Number of Officers Injured While Responding to Events Involving People with Mental Illness | How many officers were injured during the reporting period while responding to events involving people with mental illness? | This measure counts the total number of officers who were injured while responding to mental health–related events. With increased training, this value should decrease over time. |
| Number of Civilians Injured in One or More Mental Health–Related Events | How many civilians were injured during the reporting period in one or more mental health–related events? | This measure counts the total number of civilians who were injured during the course of a mental health–related event. With increased training, this value should decrease over time. |
| <i>Direct Services Programs</i> | | |
| Number of Staff Members and Partners Trained to Provide a Specialized Response to People with Mental Illness | How many staff members and partners received specialized cross-training in responding to mental illness and criminal justice incidents during the reporting period? | This measure counts the number of new program personnel who were trained in the reporting period to provide a specialized training when responding to mental illness and criminal justice incidents. It is expected that grantees will frequently be conducting trainings. |

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| Percentage of Moderate- and High-Risk Program Participants | <p>How many of the people who received a risk assessment during the reporting period were assessed as follows:</p> <p>A. Low risk B. Moderate risk C. High risk</p> $\% = (B+C)/(A+B+C)$ | This measure calculates the percentage of program participants who were assessed as being moderate or high risk. Per the risk, need, and responsibility principles, programs should be focused on providing services to moderate- and high-risk offenders. |
| Number of Participants Receiving Treatment for Mental Illness | How many people did you treat for mental illness during the reporting period? | This measure counts the total number of program participants who received treatment services to address mental health challenges. |
| Number of Participants Receiving Treatment for Substance Abuse | How many people did you treat for substance abuse during the reporting period? | This measure counts the total number of program participants who received treatment services to address difficulties with drug and/or alcohol abuse. |
| Number of Participants Receiving Treatment for Co-occurring Disorders | How many people did you treat for co-occurring disorders during the reporting period? | This measure counts the total number of participants who received treatment services for co-occurring substance abuse and mental health disorders. |
| Average Completion Rate | <p>A. During the reporting period, how many participants successfully completed the program?</p> <p>B. Please enter the number of people who did not complete the program for the categories below.</p> <ul style="list-style-type: none"> a. Court or criminal involvement b. Lack of engagement c. Absconding d. Relocating or case transfer e. Death or serious illness $\text{Successful \%} = A/(A+(a+b+c+d+e))$ $\text{Unsuccessful \%} = (a+b+c+d+e)/(A+(a+b+c+d+e))$ | This measure calculates the rate of successful and unsuccessful completion among participants exiting the program. This measure only includes grantees who reported having one or more participants exit the program, either successfully or unsuccessfully, during the relevant reporting period. |