

JUSTICE & MENTAL HEALTH COLLABORATION PROGRAM

The Justice and Mental Health Collaboration Program (JMHCPC) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian tribes. It is designed to improve responses to people with mental illnesses who are involved in the criminal justice system. JMHCPC funding requires collaboration with a mental health agency.

SUCCESS BY THE NUMBERS

- Since 2006, JMHCPC funded **568 awardees** across **49 states**, Washington, DC, and two U.S. territories (including American Samoa and Guam)
- **\$164.3 million** awarded, with individual awards ranging from \$100,000 to \$750,000
- **140 law enforcement** agencies have used JMHCPC funding to establish models (co-responder teams, mobile crisis teams, crisis intervention teams, etc.) that reduce encounters with people who have mental illnesses and connect them to services.
 - Since the creation of the law enforcement strategic planning grants in 2017, **34 sites** have received funding to train **law enforcement** and related staff members.
 - The program supports **9 Law Enforcement-Mental Health Peer to Peer Learning Sites** who serve as peer resources to grantees and communities across the country. In 2021, new sites will be added through a competitive selection process. The current learning sites are:
 - Arlington (MA) Police Department
 - Houston (TX) Police Department
 - Los Angeles (CA) Police Department
 - Madison County (TN) Sheriff's Office
 - Madison (WI) Police Department
 - Portland (ME) Police Department
 - Salt Lake City (UT) Police Department
 - Tucson (AZ) Police Department
 - University of Florida Police Department

FUNDING AMOUNTS

FY06	\$5 million
FY07	\$5 million
FY08	\$6.5 million
FY09	\$10 million
FY10	\$12 million
FY11	\$9.9 million
FY12	\$9 million
FY13	\$8.8 million
FY14	\$8.2 million
FY15	\$8.5 million
FY16	\$10 million
FY17	\$12 million
FY18	\$30 million
FY19	\$31 million
FY20	\$33 million
FY21	\$35 million

SITE-BASED PROJECTS: A CLOSER LOOK

JOHNSON COUNTY, KS

Leveraging JMHCPC grants, as well as other sources of funding, the county has implemented a number of reforms to their crisis system, including launching a mental health crisis line and dispatching Crisis Intervention Team-trained officers to 911 calls. They also established co-responder teams and built a crisis stabilization unit (CSU). One year after the co-responder team pilot launched, both repeat calls for service and hospital transport time dropped, resulting in nearly \$200,000 in savings. Since then, the county has expanded to 11 teams across 14 police jurisdictions. In 2020, these teams responded to over 1,600 calls and diverted 35 percent of the calls from the jail, emergency department visits, or EMS transports. Meanwhile, the CSU has triaged 11,678 clients since it opened. Of these people, 7,160 would not have accessed services without the CSU, 3,578 Individuals would have previously been transferred to hospitals, and 442 would have been booked into jail.¹

DESCHUTES COUNTY, OR

The county opened a CSU in June 2020 and was able to expand the hours of operation for the CSU by leveraging JMHCPC funding. Eventually the CSU will be able to operate 24 hours a day. But even in the first few months of operation from June 2020 to August 2020, the CSU was already able to serve 189 people. The average drop-off time for officers was also 3 minutes.²

1. Timothy DeWeese, executive director, Johnson County, Kansas Mental Health Center, correspondence with authors, March 2021.

2. Holly Harris, program manager of Crisis Services in Deschutes County, Oregon, email message to authors, August 2020. See also Rachel Lee, "4 Tips to Successfully Open a Crisis Stabilization Unit," The Council of State Governments (CSG) Justice Center, September 8, 2020, accessed November 4, 2020, <https://csjjusticecenter.org/4-tips-to-successfully-open-a-crisis-stabilization-unit/>.



Justice Center
THE COUNCIL OF STATE GOVERNMENTS



JMHCP: SUPPORT TO THE FIELD

In addition to directly supporting grantees, JMHCP also provides resources and hands-on consulting to all communities whether or not they are grantees. Below are examples of that support.

SYSTEMS WIDE

- The [Center for Justice and Mental Health Partnerships](#) offers free consultation to any community that requests help to support their efforts in diverting people away from the criminal justice system and safely connecting them to treatment and supports. Assistance is tailored to meet the needs of the jurisdiction and includes virtual and in-person consultation, connection with subject matter experts, peer to peer learning, and virtual events.
- A brief on [telehealth and telecommunication approaches](#) outlines how justice system professionals can use technology to expand access to treatment, conduct court proceedings via video, connect people remotely to diversion and reentry programs, and implement other strategies that improve outcomes for people with behavioral health needs in the justice system.

INTERCEPTS 0 AND 1: Law Enforcement and Community- Based Supports and Crisis Services

- The [Police-Mental Health Collaboration \(PMHC\) framework](#) is intended to help jurisdictions advance comprehensive, agency-wide responses to people with mental health needs in partnership with behavioral health systems. The framework is accompanied by the [PMHC self-assessment tool](#), which walks agencies through a series of questions to assess the status of their efforts and generates a unique action plan to strengthen that work.
- The publications, [How to Reduce Repeat Encounters: A Brief for Law Enforcement Executives](#) and [Developing and Implementing Your Co-Responder Program](#), are two in a series of briefs to help communities quickly access information on how to implement key, evidence-based PMHC interventions.
- Appropriately and effectively sharing information between behavioral health and law enforcement is key to successful PMHCs. However, many communities struggle to share information as they navigate federal and state privacy laws and ethical considerations. [Sharing Behavioral Health Information within Police-Mental Health Collaborations](#) is a set of online resources that summarizes lessons learned from two dozen communities and outlines practical information-sharing strategies.

INTERCEPT 2: Initial Detention and Court Hearings

- A brief on [systems-wide behavioral health diversion interventions](#) and accompanying court and jail fact sheets outline key components and implementation steps toward developing effective diversion strategies.
- Delays in court cases can result in an ineffective use of limited resources and can keep people in jail for longer periods, separated from important community-based treatment and supports. Informed by lessons learned through a national learning collaborative, a brief on [improving case processing and outcomes for people with behavioral health needs](#) outlines key strategies to address case delays and improve how courts handle cases involving people with behavioral health needs.

INTERCEPT 3: Courts and Correctional Facilities

- The [Stepping Up Strategy Lab](#) is an interactive tool that features examples from nearly 120 communities across the country working to reduce the number of people with serious mental illnesses in their jails. The tool was created to help policymakers identify strategies they can adopt in their local communities to improve outcomes for this vulnerable population.
- [Understanding and Managing Risks for People with Behavioral Health Needs: FAQs for Local Prosecutors](#) provides quick answers to common questions prosecutors raise about people with behavioral health needs, including how to maximize connections to community-based treatment while protecting public safety.

INTERCEPT 4: Reentry

- Improving access to safe and affordable housing is integral to any efforts to reduce peoples' involvement in the criminal justice system and establishing stability in the community. But connecting people to housing at the point of reentry is often one of the most significant challenges justice systems face. [The Role of Probation and Parole in Making Housing a Priority for People with Behavioral Health Needs](#) is a brief that highlights what probation and parole can do to address this challenge.

INTERCEPT 5: Community Corrections

- Probation mental health caseloads, also called specialized caseloads, are implemented to help ensure that people with behavioral health conditions can successfully complete community supervision. This includes implementing smaller caseloads and less restrictive supervision requirements to account for the possibility that symptoms of behavioral health needs (such as relapse) can lead to technical violations or new arrests. Communities with specialized caseloads can see fewer arrests, fewer days in jail, and improved mental health outcomes for people on probation. This brief provides [five key practices](#) for successful implementation of these programs.