

Annual Report

Justice and Mental Health Collaboration Program (JMHCPC)

Fiscal Year 2013



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Contents

Overview	1
Justice and Mental Health Collaboration Program	1
Grant Activity	2
Planning Phase Activities	2
Implementation/Expansion Phase Activities	3
Law Enforcement Programs	3
Direct Service Programs	6
Conclusions.....	9
Appendix A. Active Grant Awards.....	10
Appendix B. Key Performance Measures.....	14

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.

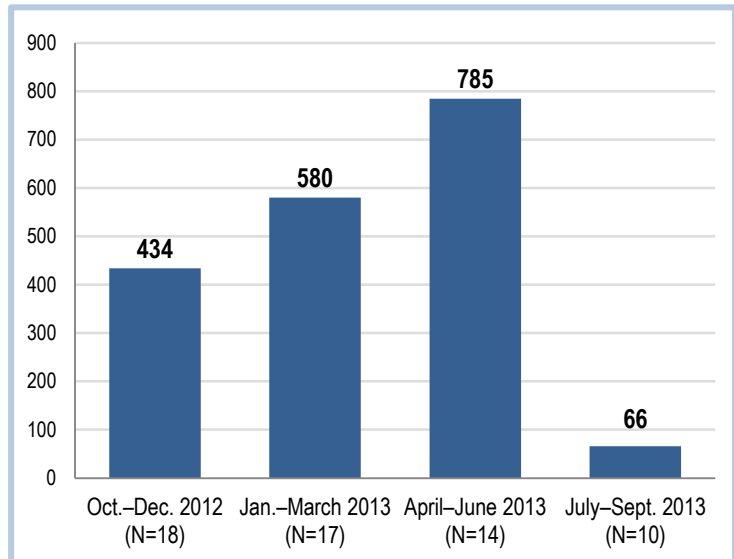
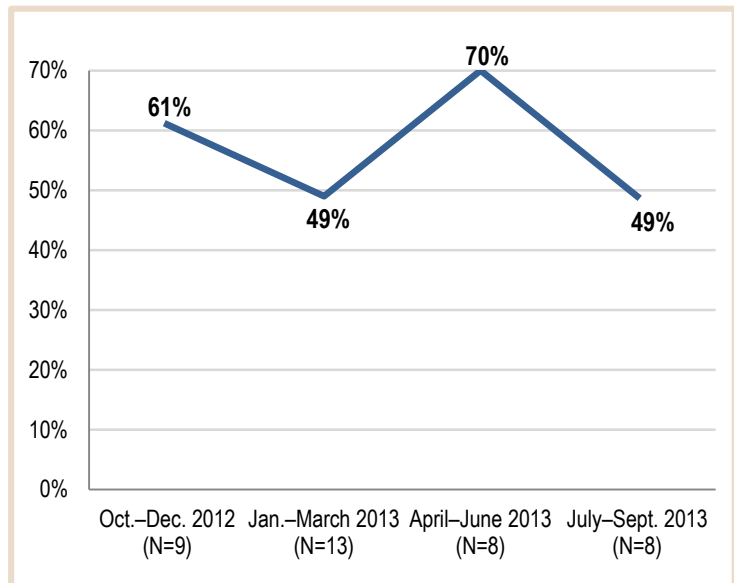


Figure 2. Percentage of Calls for Mental Illness–Related Events Responded to by a Trained Officer

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.

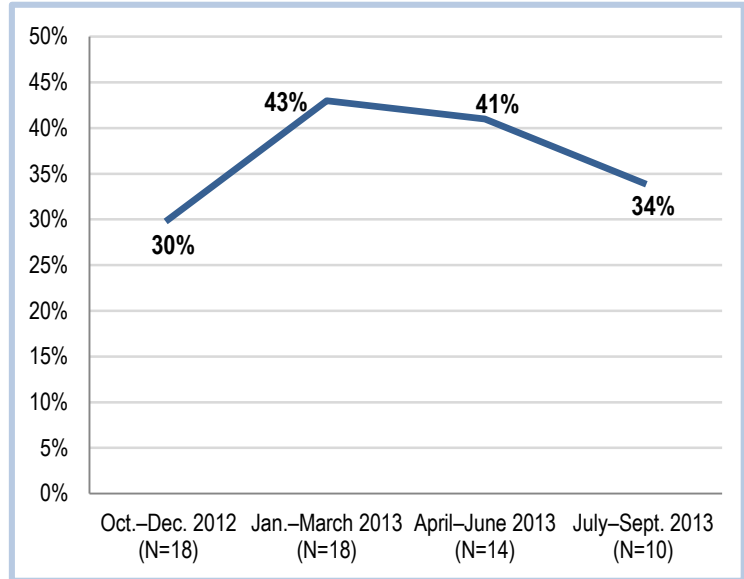
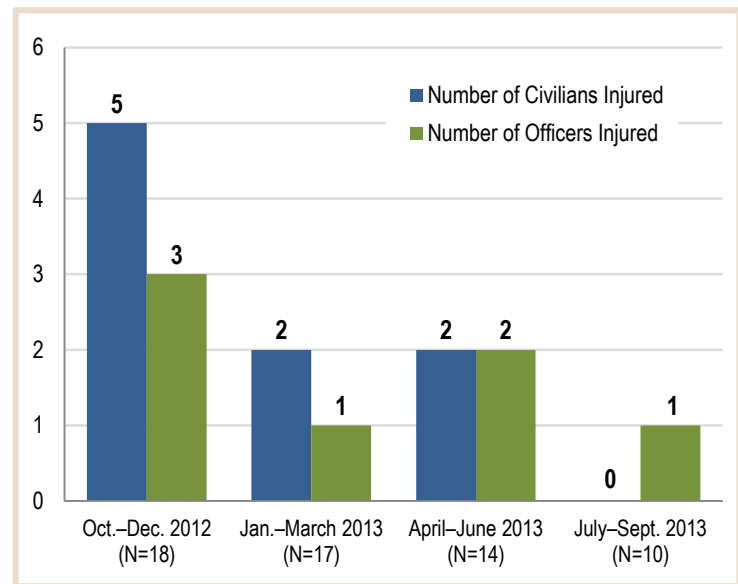


Figure 4. Number of Officers and Civilians Injured

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.

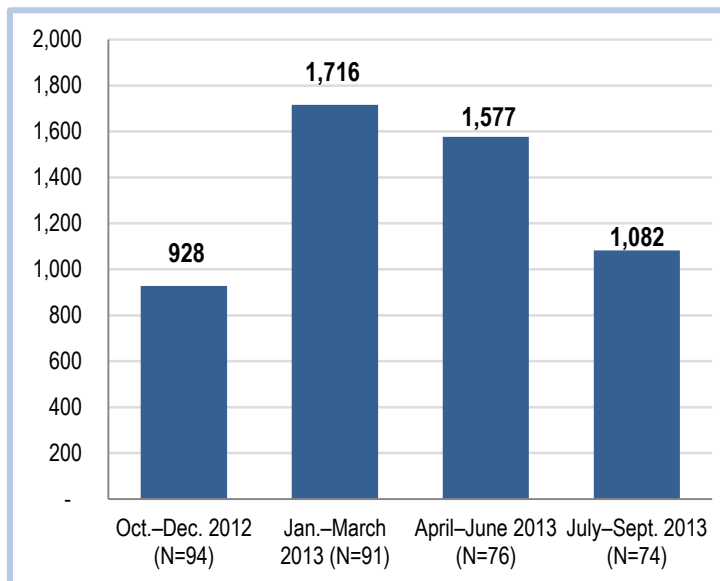
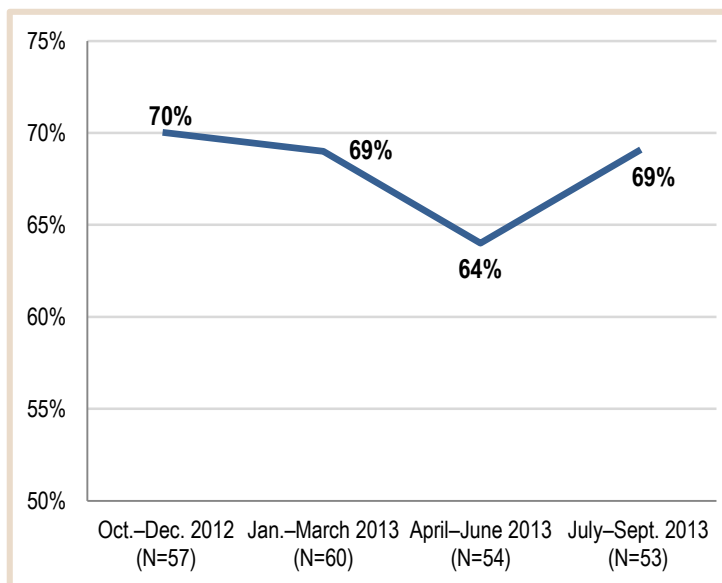


Figure 6. Percentage of Moderate- and High-Risk Program Participants

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.

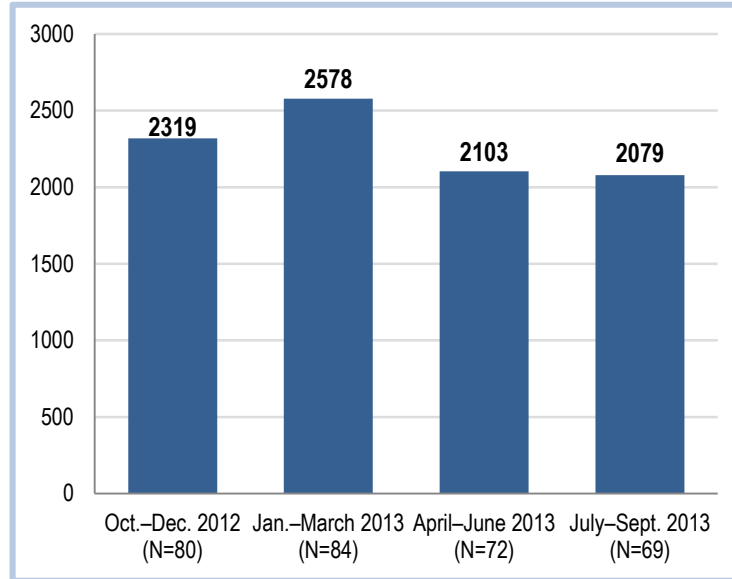


Figure 8. Number of Participants Receiving Substance Abuse Services

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.

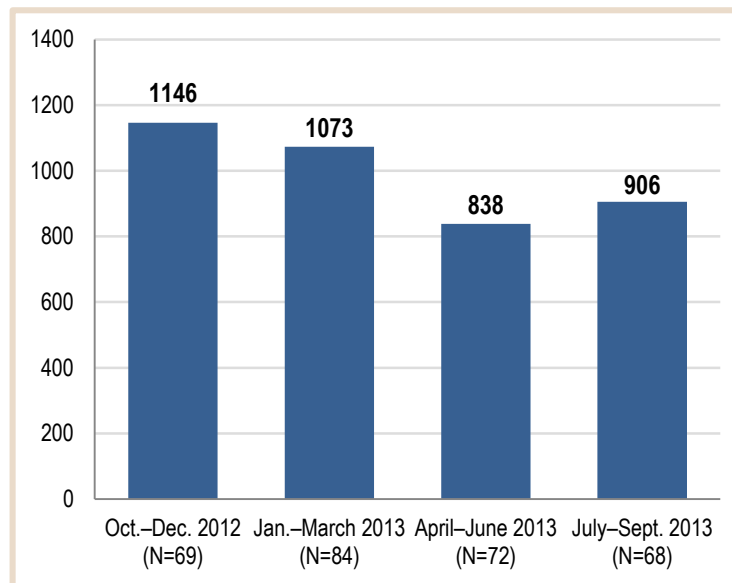


Figure 9. Number of Participants Receiving Co-occurring Services

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.

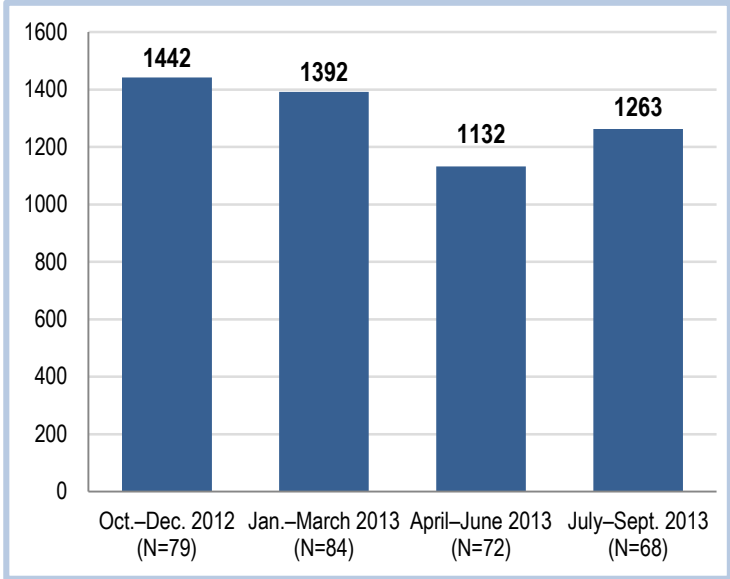
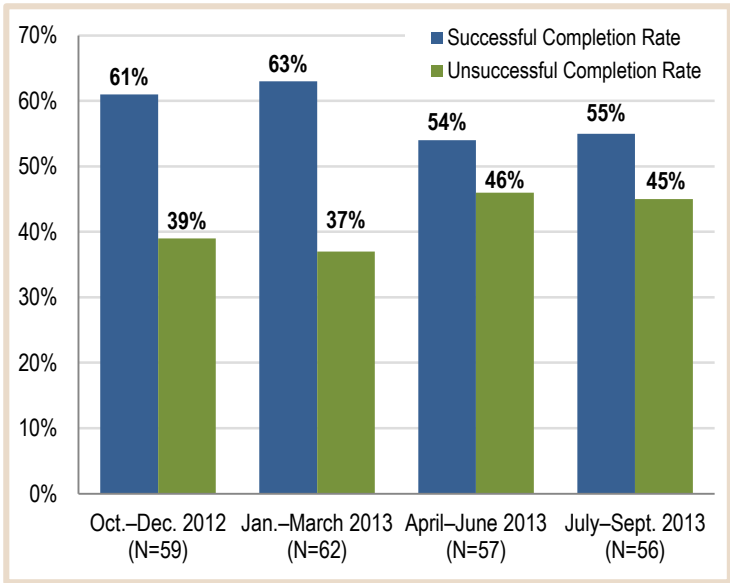


Figure 10. Average Completion Rate

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
<i>Planning Grants</i>	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
<i>Planning and Implementation Grants</i>	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
El 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
<i>Expansion Grants</i>	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	Does your program follow a specific methodology or practice? % = Total "Yes"/Number of grantees	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	Is there a task force or planning committee in place to help guide program implementation? % = Total "Yes"/Number of grantees	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	Do you have a list of mental health, substance abuse, and other service providers and resources for your jurisdiction? % = Total "Yes"/Number of grantees	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	Have you selected a target population for the initiative? % = Total "Yes"/Number of grantees	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	Which of the following intervention types do you intend to implement? A. Law enforcement officer and mental health cross-training B. Jail diversion program C. Mental health court D. Specialized probation supervisions E. Other % = Total "Yes" by Type/ Number of grantees	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	Do you plan to use a validated risk/needs assessment tool? % = Total "Yes"/Number of grantees	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	What kind of data will you collect? A. Process data B. Outcome data C. Both D. None of the above % = (A+B)/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.

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.
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Implementation/Expansion Phase

Law Enforcement Activities

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.

Direct Services Programs

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 responsivity 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> <p>a. Court or criminal involvement b. Lack of engagement c. Absconding d. Relocating or case transfer e. Death or serious illness</p> <p>Successful % = $A/(A+(a+b+c+d+e))$ Unsuccessful % = $(a+b+c+d+e)/(A+(a+b+c+d+e))$</p>	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.