The Justice and Mental Health Collaboration Program (JMHCP) 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. JMHCP funding requires collaboration with a mental health agency.

SUCCESS BY THE NUMBERS

- Since 2006, JMHCP funded 568 awardees across 49 states, Washington, DC, and two U.S. territories (including American Samoa and Guam).
- $164.3 million has been awarded, and in 2021, maximum award amounts are $550,000.
- 140 law enforcement agencies have used JMHCP 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.
- The program supports 14 Law Enforcement-Mental Health Learning Sites who serve as peer resources to grantees and communities across the country. The current learning sites are:
  - Arlington Police Department (MA)
  - Bexar County Sheriff’s Office (TX)
  - Harris County Sheriff’s Department (TX)
  - Houston Police Department (TX)
  - Los Angeles Police Department (CA)
  - Madison County Sheriff’s Office (TN)
  - Madison Police Department (WI)
  - Miami-Dade County Police Department (FL)
  - Salt Lake City Police Department (UT)
  - University of Florida Police Department
  - Wichita Police Department (KS)
  - Yavapai County Sheriff’s Office (AZ)
  - Portland Police Department (ME)
- Launched in 2021, the Connect and Protect: Law Enforcement and Behavioral Health Response Program is a new funding opportunity available under the JMHCP program. Awards will help communities improve collaborative law enforcement responses to people with behavioral health needs. This program aims to reduce unnecessary law enforcement contact, connect people to needed treatment and supports, and improve public safety.

FUNDING AMOUNTS

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SITE-BASED PROJECTS: A CLOSER LOOK

**VILLAGE OF ORLAND PARK, ILLINOIS**

In October 2020, the Village of Orland Park, Illinois, Police Department (a recipient of a Justice and Mental Health Collaboration Program grant) began a Mobile Crisis Response Unit (MCRU) to respond to mental health calls. The MCRU includes both a mental health crisis and a public safety worker, and it is available 24 hours a day, 7 days a week. From October 30, 2020, through December 31, 2020, the department responded to 61 mental health calls. Of those 61 calls, the MCRU was on the scene for nearly half. Fifty-six percent of these calls were also resolved at the scene, with only 3 percent resulting in arrest and 13 percent resulting in emergency room visits. These numbers represent declines from the previous 2 reporting periods; for example, from April to June and July to September 2020, 76 percent (of 38 calls) and 68 percent (of 33 calls), respectively, led to hospital visits. Based on this initial success, the police department is already working to expand the program into 5 neighboring jurisdictions.1

**DESCHUTES COUNTY, OREGON**

The county opened a crisis stabilization unit (CSU) in June 2020 and was able to expand its hours of operation by leveraging JMHCP 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

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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.
- Collecting, matching, and storing behavioral health and criminal justice data is one of the most significant challenges that jurisdictions face. This checklist and accompanying brief help jurisdictions to develop central data warehouses that can be used to store data and guide system wide improvements.

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.
- A Matter of Public Health and Safety: How States Can Support Local Crisis Systems details five actions state policymakers can take to fund and sustain local crisis systems and provides case examples of how local crisis systems in two jurisdictions have achieved cost savings and positive outcomes.

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.

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