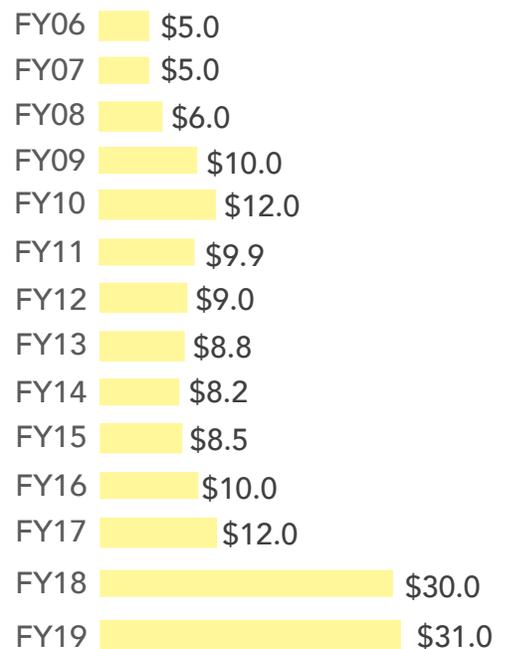# JUSTICE & MENTAL HEALTH COLLABORATION PROGRAM

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, funded **482 awardees** across **49 states**, Washington, DC, and two U.S. territories (including American Samoa and Guam)
- **$121.87 million** awarded, with individual awards ranging from $100,000 to $750,000
- **116 law enforcement** agencies have used JMHCP funding to establish police-mental health collaboration (PMHC) 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, **24 sites** have received funding to train law enforcement and related staff members.
  - Program supports **10 Law Enforcement-Mental Health (LE-MH) Peer to Peer Learning Sites**:
    - Arlington (MA) Police Department
    - Gallia, Jackson, Meigs Counties (OH) Sheriffs' Offices
    - 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
- Law enforcement agencies can request no cost technical assistance to design or implement PMHC models, including visiting one of **LE-MH Learning Sites** through le-mh-learningsites@csgjusticecenter.org.

FUNDING AMOUNTS
(IN MILLIONS)

Fiscal Year	Amount
FY06	$5.0
FY07	$5.0
FY08	$6.0
FY09	$10.0
FY10	$12.0
FY11	$9.9
FY12	$9.0
FY13	$8.8
FY14	$8.2
FY15	$8.5
FY16	$10.0
FY17	$12.0
FY18	$30.0
FY19	$31.0

SITE-BASED PROJECTS: A CLOSER LOOK

DOUGLAS COUNTY, KS
Leveraged JMHCP grants to launch a system-wide approach, including crisis intervention training (CIT), a co-responder team, pre-arrest diversion, jail screening and assessment, and a behavioral health campus to provide crisis services, problem-solving beds, and supportive housing.

County data show a 56 percent reduction in jail booking for people with serious mental illnesses from 2014 to 2018.

FRANKLIN COUNTY, OH
Received JMHCP funding in 2014, 2015, and 2016 to launch CIT, a co-responder team, and jail screening and assessment; and embed mental health professionals at the jail and probation agency and jail navigators to assist with reentry planning.

The county is on target to reduce the average daily jail population by 30 percent and the length of stay disparity between people in custody with and without mental health issues by 50 percent by 2020.

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JMHCP SITES: INTERVENTIONS, DESCRIPTIONS, & APPROACHES
Intercept 0-1: Community Services, Law Enforcement

Below is a list of some of the interventions that jurisdictions can use at different intercepts (also known as points) along their criminal justice system.[1] This list is not exhaustive and, while interventions are only listed at one intercept, many can be implemented at various points in the system.

Intervention	Description	Program Rationale[2]	Example Site[3]
CASE MANAGEMENT FOR "HIGH UTILIZERS"	Officers—often in collaboration with mental health professionals—connect people with mental health needs who have repeated interactions with law enforcement to mental health services and community resources.	Case management teams are designed to address the needs of people who frequently utilize multiple systems. Clinician and officer teams (or sometimes just clinicians) provide outreach and follow-up care to . . . people to provide engagement, linkage to services, and monitoring.[4]	**SITE**: Houston (TX) Police Department **STATUS**: LE-MH Learning Site **DATA**: In 2018, 110 people received services through Chronic Consumer Stabilization Initiative (CCSI)—a clinical case management program. Compared to the year prior to CCSI, this resulted in a **53% reduction in emergency detention orders** (cost savings of $79, 450).[5]
CO-RESPONDER TEAMS	Specially-trained officers and mental health crisis workers respond to mental health calls for service together and link people who have mental illnesses to appropriate services.	Co-responder teams improve collaboration between police and mental health providers and may reduce officer time on scene, emergency department transports, and repeat calls for service.[6]	**SITE**: Arlington Police (MA) Department **STATUS**: LE-MH Learning Site **DATA**: In 2018, **65% of co-response calls resulted in de-escalation** (along with follow-up and/or referral to a provider). Ten percent of the cases resulted in voluntary emergency room (ER) visits and 25% in involuntary evaluation.
CRISIS STABILIZATION UNITS (CSUs)	CSUs provide short-term access to emergency psychiatric services for people experiencing crises, and often provide constant supervision throughout a person's stay.	Crisis centers offer an alternative to jail or crowded emergency departments by being accessible, providing quick intake and drop-off procedures for law enforcement, and specializing in care for people with mental illnesses and/or substance abuse.[7]	**SITE**: Johnson County (KS) **STATUS**: JMHCP 2010 and 2013 Stepping Up Innovator Site **DATA**: Established in 2014, Johnson County offers 24/7/365 crisis stabilization services to people in need of assistance for a mental health or substance use crisis. From April 2014 to July 2019, they **served 9,427 people**; 5,545 of whom would have not accessed services, 3,021 of whom would have gone to the ER, and 417 to jail.
CRISIS INTERVENTION TEAMS (CIT)	Agencies provide mental health training to patrol officers. Some agencies also create teams of these specially trained officers to respond to mental health calls.	CIT improves officer knowledge, attitudes, and confidence in responding safely and effectively to mental health crisis calls ... CIT also increases linkages to services for people with mental illnesses.[8]	**SITE**: Tucson Police Department **STATUS**: LE-MH Learning Site **DATA**: The Mental Health Support Team, implemented in 2013, **significantly decreased the need for SWAT deployments** for "suicidal barricaded subjects," which costs the city roughly $15,000 per incident.[9] The number of SWAT calls decreased from an average of 14 per year in 2012-2013 to an average of 2.8 per year in 2014-2018.[10]
MOBILE CRISIS TEAMS	Mental health professionals who respond to calls for service, sometimes at the request of law enforcement and divert people from unnecessary jail bookings and/or emergency rooms.	Research has shown that mobile crisis teams can increase use of community-based mental health services and increase hospitalization after receiving emergency department-based services.[11]	**SITE**: Salt Lake City Police Department **STATUS**: LE-MH Learning Site **DATA**: Salt Lake City's Mobile Crisis Outreach Team (MCOT) averages about 380 contacts per month, 39% of which are the result of calls or referrals from law enforcement. In 2017, **90% of those in contact with MCOT were diverted** from inpatient and emergency room visits.[12]

1 Policy Research Associates, *The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders* (New York: Policy Research Associates, 2018), https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf.
2 Bureau of Justice Assistance, "Research to Improve Law Enforcement Responses to Persons with Mental Illnesses and Intellectual/Developmental Disabilities" (webinar, Vera Institute of Justice, New York, July 2019).
3 Most of the "supporting data" reported herein has been provided by the designated jurisdiction as of September 2019.
4 Michael T. Compton and Amy C. Watson, "Research to Improve Law Enforcement Responses to Persons with Mental Illnesses and Intellectual/Developmental Disabilities" (PowerPoint presentation, 2019).
5 Email correspondence between the CSG Justice Center and the Houston Police Department, December 4, 2019.
6 Michael T. Compton and Amy C. Watson, "Research to Improve Law Enforcement Responses to Persons with Mental Illnesses and Intellectual/Developmental Disabilities" (PowerPoint presentation, 2019); and Stephen Puntis, et al., "A Systematic Review of Co-Responder Models of Police Mental Health 'Street' Triage," BMC Psychiatry 18, no. 1 (2018): 256.
7 Treatment Advocacy Center, "Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness, A National Survey," 2019.
8 Amy C. Watson, M.T. Compton, and J.N. Draine, "The Crisis Intervention Team (CIT) Model: An Evidence‐Based Policing Practice?" Behavioral Sciences & the Law 35, no's 5-6 (2017): 431-441; and Michael T. Compton and Amy C. Watson, "Research to Improve Law Enforcement Responses to Persons with Mental Illnesses and Intellectual/Developmental Disabilities" (PowerPoint presentation, 2019).
9 ME Balfour, JM Winsky, and JM Isely, "The Tucson Mental Health Investigative Support Team (MHIST) Model: A prevention focused approach to crisis and public safety" Psychiatric Services. 2017;68(2):211–212.
10 Email correspondence between the CSG Justice Center and the Tucson Police Department, December 6, 2019.
11 Hayne Dyches, et al, "The Impact of Mobile Crisis Services on the Use of Community-Based Mental Health Services," Research on Social Work Practice 12 no. 6 (2002): 731-751.
12 Salt Lake County Behavioral Health DBHS, "Governance and Oversight Narrative," https://dsamh.utah.gov/pdf/contracts_and_monitoring/FY19_Area_Plans/Salt%20Lake.pdf.