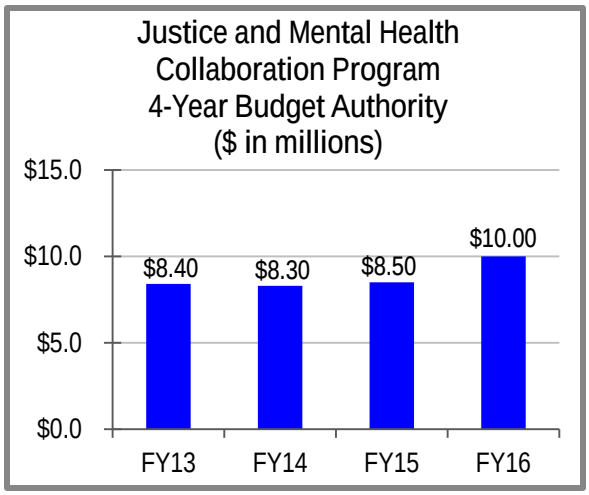
Justice and Mental Health Collaborative Grant Program Accomplishments

Introduction

In 2004, Congress first authorized the Justice and Mental Health Collaboration Program (JMHCP) through the Mentally Ill Offender Treatment and Crime Reduction Act.[1] JMHCP seeks to increase public safety by facilitating collaboration among the criminal justice and mental health and substance use disorder treatment systems. The program encourages early intervention for these multisystem-involved people; maximizes diversion opportunities; promotes cross-training for justice and treatment professionals; and facilitates communication, collaboration, and the delivery of support services among justice professionals, treatment and related service providers, and government partners.[2]



The Bureau of Justice Assistance (BJA) has funded four separate categories of JMHCP grants since October 2011. The first three types of grants include Planning, Planning and Implementation, and Expansion. However, BJA stopped making Planning grants in 2013 and implemented a new category, Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail. Collaborative County Approach grantees create coordinated responses aimed at system-level reduction in the prevalence of people with mental health disorders who are in jail (Table 1).

Grant Type	FY Funded[3]	Number of Awards	Number of Closed Awards	Total Funds Awarded
Planning *Awarded for designing a strategic collaborative plan.*	2011–2014	26	21	$ 1,251,447
Planning and Implementation *Awarded for designing and implementing new programs.*	2011–2015	94	46	$22,771,661
Expansion *Awarded for expanding or improving well-established programs.*	2011–2015	43	12	$ 8,413,790
Collaborative County Approaches *Awarded for conducting analysis of county-wide systems to identify strategies to reduce the prevalence of people with mental disorders in local jails.*	2015	5	0	$ 690,720
	TOTAL	168	79	$33,127,618

[1] https://csgjusticecenter.org/wp-content/uploads/2014/08/MIOTCRA_Fact_Sheet.pdf

[2] https://www.bja.gov/JMHCP16

[3] Only grants in the report (FY2011–2015) are included in this table, though these grant types may have been funded in the past or will continue to be funded in the future.

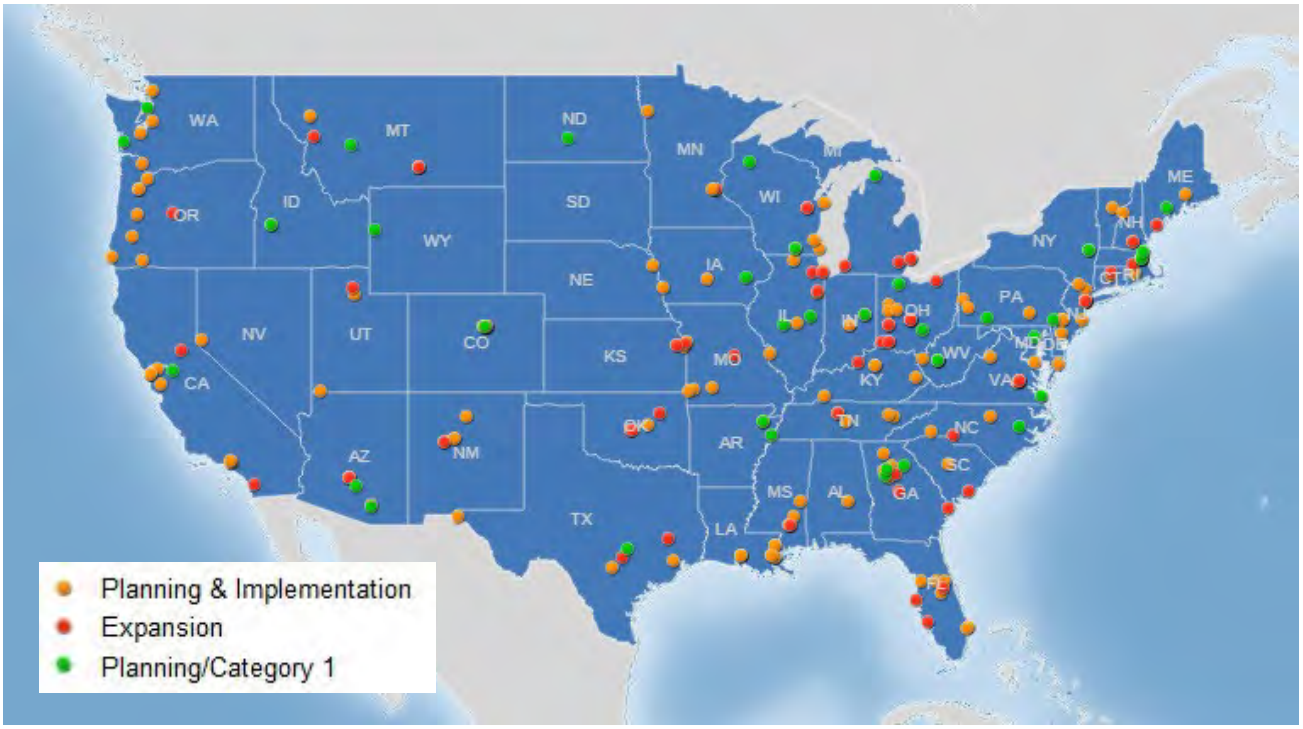
Historically, JMHCP has funded individual programs, such as specialized law enforcement–based programs, diversion and alternative sentencing, court-based programs, correctional programs, community supervision and reentry services, cross-training for criminal justice and mental health/substance use treatment professionals, and case management and direct services. Although it is still currently funding individual programs, JMHCP has added a new goal: to create systematic change in the way that justice systems operate. This means evolving and expanding routine business practices in county and state criminal justice systems, to include universal screening and assessment, enhanced comprehensive diversion programs, and appropriate program placement for treatment and supervision based on risk level and need.[4]

A major component of JMHCP is tracking grantee progress and performance in working toward goals and objectives. This tracking is accomplished through BJA's Performance Measurement Tool (PMT). Through the PMT, BJA is able to collect quarterly grantee-reported data to enhance public accountability and to demonstrate JMHCP's effectiveness and efficiency. This fact sheet presents PMT data for all JMHCP grantees from the start of PMT collection (October 2011) through March 2016.

Program Accomplishments

Figure 1 shows which type of grants each state has received from 2012 to December 31, 2015.

Figure 1. Grants Received by States[5]



- Hawaii and American Samoa have also received JMHCP grants. Hawaii has received two grants (Planning and Implementation and Expansion), and American Samoa has received one (Planning).
- A total of 17,854 participants have been served in JMHCP from 2012 to December 31, 2015.[6]

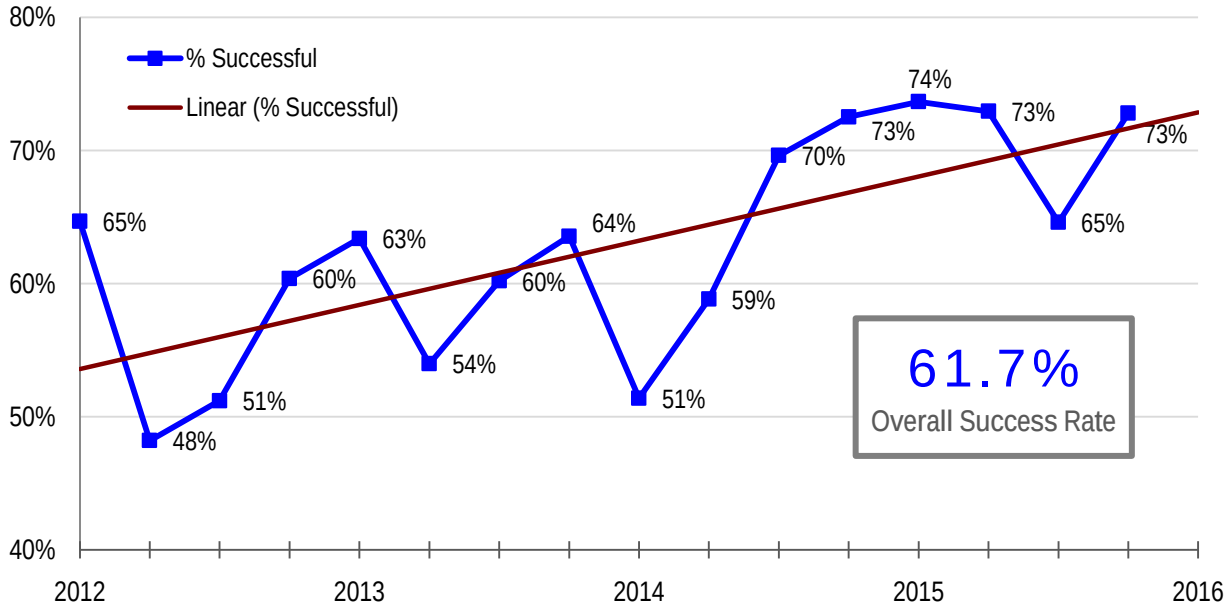
[4] JMCHP funding is divided among three types of programs: (1) participants and treatment, (2) training for police and mental health professionals, and (3) countywide approaches.

[5] Category 1 grantees report into the PMT under "Planning" grantees. This will be updated once planning grants have all closed out.

[6] There has been a change in program focus. JMHCP has shifted the focus from funding treatment services to making systemwide reforms at the county level. This includes increasing specialized police-based responses to mental health crises and promoting cross-discipline training for justice and behavioral health professionals.

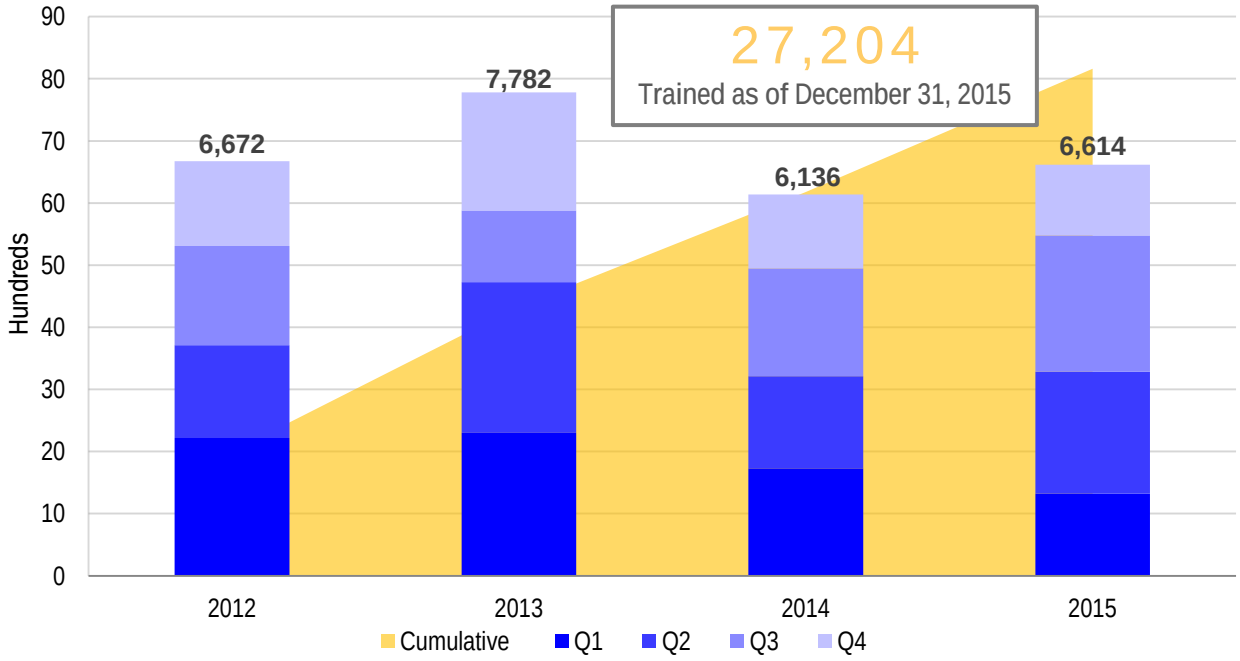
Figure 2 shows how many participants left JMHCP successfully or unsuccessfully. Successful exit means that a participant completed all program requirements, and unsuccessful exit means that a participant did not complete all program requirements and had to leave the program.

Figure 2. Success Rate of JMHCP Participants



- A total of 9,970 successful participants left JMHCP since grantees starting reporting in the PMT, compared with 6,200 participants who left the program unsuccessfully. This is an overall success rate of almost 62 percent.

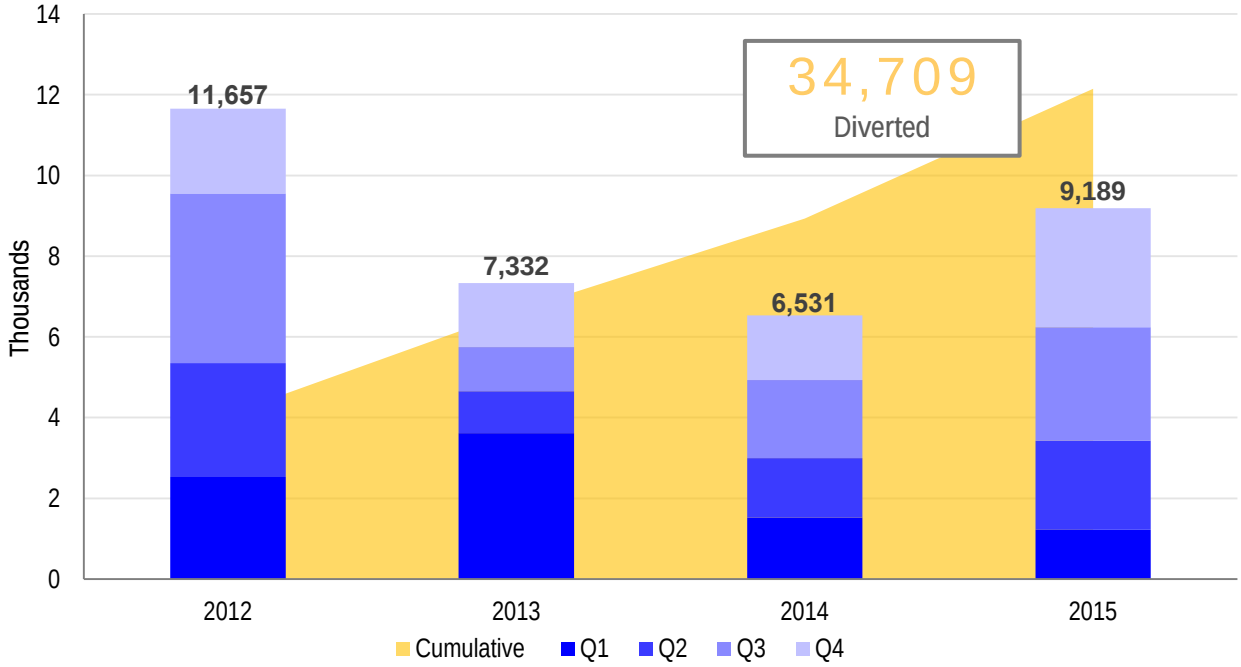
Figure 3. Number of Law Enforcement and Staff Members Trained



- JMHCP grantees can receive funding to use toward training their law enforcement and other staff members. As of December 31, 2015, 27,204 law enforcement and staff members have been trained (Figure 3).
- A total of 27,204 law enforcement and mental health/treatment staff have been cross-trained. This enables all sides to better understand and respond to people in the community who have mental

health disorders, or to those already involved in the justice system, better ensuring diversion opportunities, if appropriate; linkages to treatment (including treatment that addresses people's criminogenic risks); and trauma-informed care.

Figure 4. Number of People Diverted from the Criminal Justice System



- As of December 31, 2015, 34,709 people have been diverted from the criminal justice system into the appropriate treatment/diversion programs (Figure 4).

Program Services

Successful diversion and reentry programs and services can help decrease a person's likelihood of recidivating.[7] JMHCP grantees offer a range of services to help facilitate successful diversion of program participants from the criminal justice system, as well as reentry from the system into the community, including employment, education, housing, mental health treatment, substance use treatment, and integrated treatment for co-occurring disorders (Figures 5 and 6). All treatment services can be offered either directly by the agency receiving a JMHCP grant award or through referral to an external service provider.

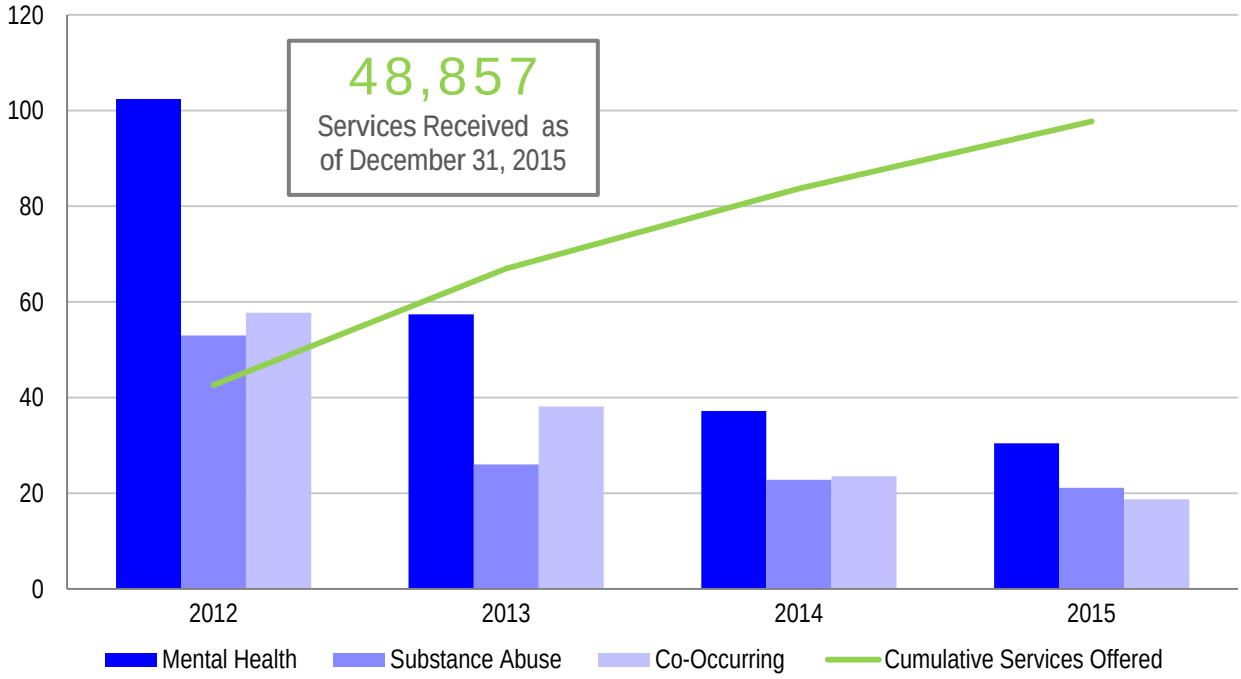
Mental Health, Substance Use, and Co-Occurring Disorders Services

Justice-involved people experience higher rates of mental health disorders, substance use issues, and co-occurring mental health and substance use disorders than the general population.[8] Most JMHCP grantees are able to either refer participants to the proper treatment organizations or directly provide their participants with treatment services for mental health, substance use, or co-occurring disorders.

[7] For more information on the state of empirical evidence for each program service area, visit *What Works in Reentry Clearinghouse* on the Council of State Governments Web site: https://whatworks.csgjusticecenter.org/

[8] James, D. J., and Glaze, L. E. (2006). Mental health problems of prison and jail inmates. *Bureau of Justice Statistics Special Report.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from: https://www.bjs.gov/content/pub/pdf/mhppji.pdf. Accessed February 17, 2017.

Figure 5. Number of Participants Receiving Treatment Services

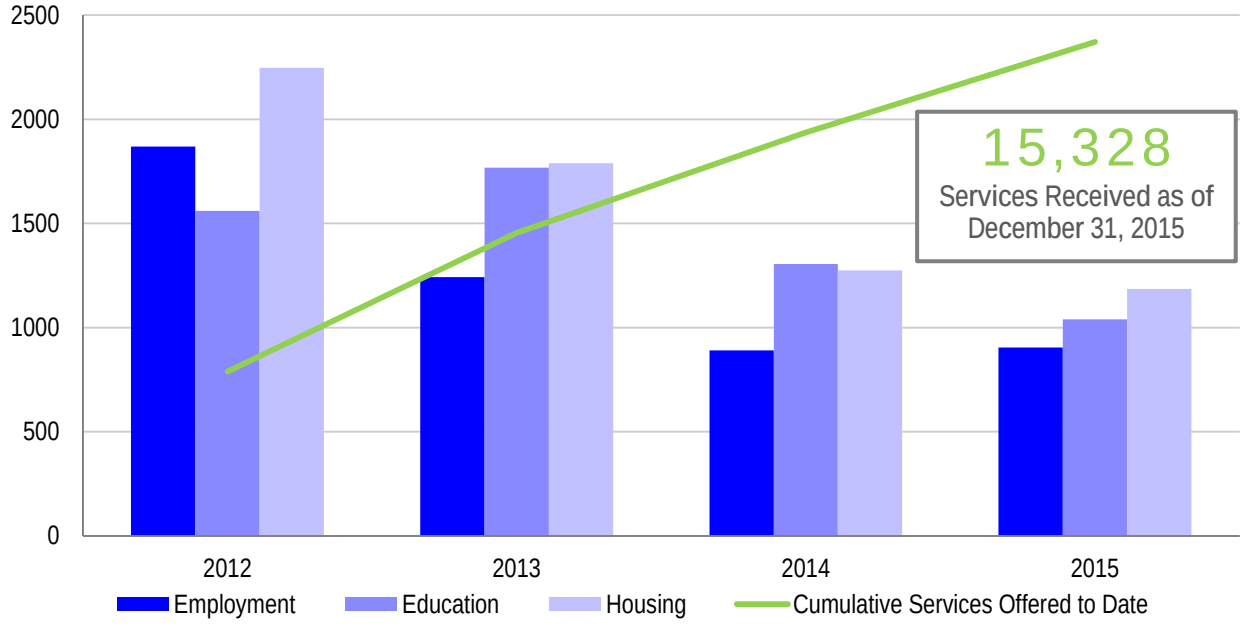


- Between January 2012 and December 31, 2015, 11,097 participants in JMHCP were referred to receive mental health services with treatment providers, and 11,649 participants received direct services from their JMHC program.
- A total of 6,729 participants were referred to treatment centers for substance use disorders, and 5,565 participants received direct treatment for substance use disorders.
- A total of 6,885 participants were referred to receive co-occurring disorder treatment services, and 6,932 participants received direct treatment services.
- As indicated in Figure 1, the decline in the number of participants receiving treatment services overall by year is a reflection on the JMHCP's evolution to move from a focus on offering treatment services to a focus on systemwide reform, enhanced training (especially for law enforcement), improved diversion opportunities, and increased program evaluation.

Employment, Education, and Housing Services

Employment services can help justice-involved people with substance use disorders find employment opportunities, obtain employment, and stay employed through job assistance and job training. Programs that offer educational services help participants obtain their GED, vocational certificate, or higher-education degree, and housing services help participants and their families locate and obtain affordable housing. Participants who obtain and maintain employment and housing and increase their education level have a better chance of being successfully diverted from the justice system, if appropriate, and of successfully transitioning back into their communities.

Figure 6. Number of Participants Receiving Employment, Housing, and Educational Services



- Between January 2012 and December 31, 2015, 2,971 participants were referred to programs that offered employment services, and 1,937 participants were able to receive direct employment services through their JMHCP. Of those participants receiving direct employment services, 1,861 obtained employment (96.1 percent).
- A total of 2,058 participants were referred to programs that offered educational services, and 1,865 participants received direct educational services. Of those participants who received direct services, 432 received their GED, high school diploma, vocational certificate, or higher-education degree (23.2 percent).
- Grantees referred 3,776 participants for housing services and provided 2,721 participants with direct services. Grantees noted that out of those participants who received housing services, 3,575 (55 percent) obtained housing.

Conclusion

From 2012 through the end of 2015, JMHCP grantees have provided services for training, employment, education, and housing as well as treatment services for mental health, substance use, and co-occurring disorders to 64,185 participants through referrals and direct services. However, the provision of services is only the first step to addressing their needs. Further reforms are required to divert them from the criminal justice system and/or to minimize their involvement with the criminal justice system wherever appropriate, by offering meaningful access to treatment in the community. This approach has the potential to not only reduce criminal justice involvement and reduce recidivism, but also to bring significant cost savings to the criminal justice system while improving public health and public safety outcomes.

New cohorts of JMHCP grantees are establishing systemwide reforms at the county level toward these ends, as well as enhancing police-based responses to people in mental health crises, fostering cross-system training, and enhancing the evidence base of programs by investing in program evaluation. These services, reforms, research, and trainings have contributed to increasing public safety by successfully diverting and reintegrating program participants into their communities. With continued funding, JMHCP can persist in facilitating successful reintegration of formerly incarcerated people and increase the diversion of those with mental health disorders and/or co-occurring disorders who have not entered the justice system, leading to enhanced public health and safety.