



Nationwide Justice Trends: Behavioral and Mental Health Byrne JAG Purpose Area

The Edward Byrne Memorial Justice Assistance Grant program (Byrne JAG) is the nation's cornerstone public safety grant program. Under the law, states and localities may invest the funds across the entire justice system under eight broad purpose areas, including **behavioral and mental health**, defined as:

"Mental health programs and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams."¹

In practice, states and territories have used or plan to use Byrne JAG funds to implement and support a broad range of activities, including, but not limited to:

- Improving collaborative efforts with behavioral health and the criminal justice stakeholders;
- Mental health assessments;
- Co-occurring disorders;
- Substance use disorder treatment efforts.
- Crisis intervention teams (CIT);
- Methamphetamine and opioid-specific substance use disorder treatment efforts;
- Medically assisted treatment (MAT) in facilities and naloxone for first responders; and
- Trauma-informed responses to behavioral and mental health.

NCJA provides training and technical assistance (TTA) to the state administering agencies (SAAs) in each state and territory responsible for planning how Byrne JAG funds will be allocated. This brief provides a high level **overview of trends and agency needs** in the behavioral and mental health purpose area that states may find valuable as they conduct Byrne JAG strategic planning.

National Behavioral and Mental Health Trends

A scan of national trends in criminal justice behavioral and mental health programming identified several current areas of focus. These include:



Individuals within the criminal justice system often come into contact with other systems such as the behavioral health system. Because of this, [data sharing and integration](#)¹ between criminal justice agencies and behavioral and mental health providers is crucial to meet the needs of the individual and the system.



In order to safely and effectively respond to those with behavioral health issues, communities are increasingly using [co-response models or mobile crisis units](#).² These programs have been shown to improve safety, increase access to behavioral healthcare, decrease repeat encounters with the criminal justice system, reduce costs and improve community relations.

1. To learn about the Byrne JAG program and the eight purpose areas, see NCJA's '[Investing Byrne JAG](https://www.ncja.org/investing-byrne-jag)' webpage. (<https://www.ncja.org/investing-byrne-jag>)



Recently incarcerated individuals are [42 times more likely](#)³ to die of an opioid overdose than the general public. They are also more likely to have trouble finding housing and employment.

Coordinated reentry care, such as the [Clackamas County Transition Center](#)⁴ in Oregon or [specialized reentry care teams](#)⁵, can be especially important in bridging these gaps.

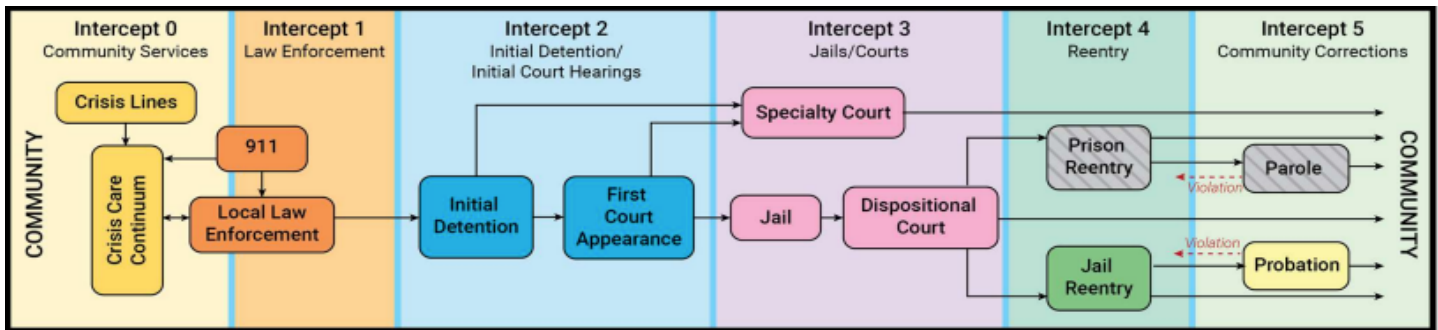


The expansion of health care and [Medicaid eligibility for justice-involved individuals](#)⁶ has allowed many incarcerated and recently incarcerated individuals to access behavioral health treatment.



The [Sequential Intercept Model \(SIM\)](#)⁷ details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system and helps communities identify resources and gaps.

Example of the Sequential Intercept Model



(Source: Policy Research Associates)

National Behavioral and Mental Health Needs

Behavioral and Mental Health providers also face policy, training and programmatic needs, many of which may be addressed with Byrne JAG funding, including:

- [Telehealth and technology capabilities](#)⁸ for service—increased access to telehealth technology can expand the service area for providers, reduce the travel and time burden for people seeking treatment and improve providers’ ability to respond to crises in real time.
- Preparation for potential [reform shift in crisis management](#)⁹—as the crisis response model becomes adopted more widely there will be a need for increased training across the law enforcement and mental health provider professions.
- Personal Protective Equipment (PPE)¹⁰—as care for justice-involved individuals shifts from law enforcement to behavioral and mental healthcare settings, these providers will need access to equipment to protect them from the spread of COVID-19 and other diseases.
- [The expansion of Medicaid](#)¹¹ to aid in delivery of telehealth and to treat people returning to their communities after incarceration will require a range of training and policy investments; and
- [Collaboration efforts of spending resources](#)¹²—reducing silos in funding requires lengthy planning and collaborative efforts amongst the full spectrum of stakeholders.



Looking for Assistance?

With support from the Bureau of Justice Assistance (BJA) the NCJA Training and Technical Assistance team provides Byrne JAG support to all state and territories free of charge. SAAs interested in training or guidance in completing a Byrne JAG strategic plan, accessing resources and information on promising practices, or opportunities to connect with and learn from their peers should visit www.ncja.org or email strategicplanning@ncja.org.

Endnotes

- 1 CSG Justice Center. (2021, May). Checklist for Building and Maintaining a Data Warehouse: Integrating Criminal Justice and Behavioral Health Data. https://csgjusticecenter.org/wp-content/uploads/2021/05/CSGJC_Integrating-Criminal-Justice-and-Health-Data-Checklist_508.pdf
- 2 Learning. (n.d.). Bureau of Justice Assistance. Retrieved September 29, 2021, from <https://bjaj.org/program/pmhc/learning#gowafd>
- 3 Shabbar I. Ranapurwala, Meghan E. Shanahan, Apostolos A. Alexandridis, Scott K. Proescholdbell, Rebecca B. Naumann, Daniel Edwards Jr, and Stephen W. Marshall, 2018: Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015. *American Journal of Public Health* 108, 1207_1213, <https://doi.org/10.2105/AJPH.2018.304514>
- 4 Clackamas County Transition Center. (n.d.). Clackamas County Sheriff's Office. Retrieved September 29, 2021, from <https://www.clackamas.us/sheriff/transitioncenter.html>
- 5 Who We Are. (n.d.). Kentucky Reentry. Retrieved September 29, 2021, from <https://www.kentuckyreentry.org/who-we-are/>
- 6 Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System. (2020, November 18). The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/medicaid-role-health-people-involved-justice-system>
- 7 The Sequential Intercept Model (SIM). (n.d.). SAMHSA. Retrieved September 29, 2021, from <https://www.samhsa.gov/criminal-jvenile-justice/sim-overview>
- 8 Lewis, M. (n.d.). Technology and Mental Health. Global Alliance for Behavioral Health and Social Justice. Retrieved September 29, 2021, from <https://www.bhjustice.org/technology-and-mental-health>
- 9 The Brookings Institution. (2020, November). Innovative solutions to address the mental health crisis: Shifting away from police as first responders. <https://www.brookings.edu/research/innovative-solutions-to-address-the-mental-health-crisis-shifting-away-from-police-as-first-responders/>
- 10 Cunningham, S. (2020, November 29). Personal Protective Equipment & the Behavioral Health Workforce. MMHPI. <https://mmhpi.org/topics/policy-research/personal-protective-equipment-and-the-behavioral-health-workforce/>
- 11 The Commonwealth Fund. (2020, November 18).
- 12 Wickman, A. (2015, August 20). From Silo to System | The Justice Management Institute. Justice Management Institute. <http://www.jmijustice.org/blog/silo-to-system/>

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