Introduction

State Administering Agencies (SAAs) support behavioral health services and initiatives in a variety of different ways, whether through the Byrne Justice Assistance Grant (Byrne JAG), the Byrne State Crisis Intervention Program (Byrne SCIP), or through other federal or state funding. For instance, Byrne JAG funding must be tied to nine broad-ranging program areas, including one program area devoted to mental and behavioral health, and another dedicated to state crisis intervention programming. Byrne SCIP funding can also support many kinds of behavioral health initiatives as well, including specialized court-based programs and deflection and diversion programs that work to reduce contact with the criminal justice system and provide connections to behavioral health services and programming.

In administering Byrne JAG, Byrne SCIP and other federal and state funds, it is important to engage behavioral health representatives and stakeholders to help inform priorities and programming. The Byrne SCIP program requires the inclusion of a behavioral health representative as part of the state’s Byrne SCIP Crisis Intervention Advisory Board, whereas for Byrne JAG, engaging a behavioral health representative throughout the strategic planning process is highly encouraged. This brief provides SAAs with guidance on identifying and engaging potential behavioral health partners in their planning efforts.
The behavioral health system refers to the landscape of providers, services and responses in a particular state or county that are available to address issues regarding mental health and wellness, crisis response and substance misuse. The system includes treatment, assessments, mobile crisis response, and other relevant services and programming. Sometimes, you may hear this system divided into two components: mental health services and substance use services, but the entire behavioral health system addresses both mental health and substance misuse.

A behavioral health crisis is any situation where a person’s mental health or substance misuse puts them at risk of hurting themselves or others or interferes with their ability to care for themselves. A crisis is generally defined by the individual and therefore, these individuals need timely and inclusive access to crisis care.

THE CHALLENGE AND OPPORTUNITY OF SUPPORTING NEW BEHAVIORAL HEALTH SERVICES

Historically, behavioral health systems in the United States have been under-resourced. As a result, many state and local systems lack sufficient behavioral health services, such as crisis response services, leaving law enforcement and the courts as primary responders to mental health crisis situations, even when no crime is involved. While justice systems have innovated current programs and been creative with resources, states and communities have recognized the disadvantages of a criminal justice response to behavioral health crisis situations. Crisis response is a significant burden on law enforcement. Additionally, law enforcement involvement may escalate a situation and people in crisis can be injured in police interactions or jailed for minor crimes without receiving services that would help them on the path to recovery.

The current best practice emphasizes shifting some responsibility for crisis response from the justice system to the behavioral health system, ensuring that people in crisis primarily interact with behavioral health professionals. State behavioral health systems often have limited capacity, so expanding services like crisis lines, mobile crisis response teams and crisis receiving and stabilization facilities is critical. Recent federal and state investments in behavioral health and crisis response services—including through Byrne SCIP—ease this transition from justice system response to behavioral health system response and highlight the importance of engaging with behavioral health partners.

While shared responsibility between criminal justice and behavioral health systems can be safer and more effective, it does present some challenges.

1. States and communities need to build capacity to respond to people in behavioral health crisis quickly and effectively to fill the gap; Byrne JAG and Byrne SCIP funds can play a key role in building these services.

2. It is vital to build trust between justice and behavioral health systems so that law enforcement, courts and other justice professionals feel confident in new behavioral health services, programming and support.

3. The two systems must work collaboratively to ensure the best outcomes when behavioral health crises require a law enforcement response.
IDENTIFYING BEHAVIORAL HEALTH PARTNERS

Every state’s behavioral health system is unique. SAAs need to explore their state’s system to choose behavioral health partners that will help address priorities. Reaching out to several agencies and organizations will help SAAs understand their state system and identify the best partners.

SAAs should consider the following potential partners:

**State mental health authorities:**

Every state has a state agency or department responsible for overseeing and evaluating behavioral health services. Some of these agencies directly deliver services, while others oversee local agencies or contract providers. A list of state agencies and directors is on the [National Association of State Mental Health Program Directors](https://www.natassoc.org) website.

**988 state programs:**

988 is a national phone number for people experiencing a mental health or substance use crisis. A vital component of the crisis response and behavioral health system, 988 provides crisis services via telephone and connects people to more intensive services. While 988 is a national service, calls are routed to a crisis line in each state. State 988 programs can provide information about crisis service needs within the state and may benefit from additional funding.

**County mental health agencies:**

In many states, mental health services are primarily delivered at the county or regional level. If an SAA plans to direct funds to services, or to services in a particular region, it will be important to work with county mental health agencies. Each state mental health authority maintains a directory of county agencies.

**Existing mental health-criminal justice coalitions:**

Many states have existing coalitions, workgroups or advisory committees with many partners working on the challenge of behavioral health crises and the related intersection with the criminal justice system. SAAs can reach out to their Supreme Court, state mental health authority, state association of chiefs of police or mental health advocacy organization to determine whether such a group exists in their state. This group may have already built trust across systems and may have valuable information about the need for services.

**Mental health advocacy organizations:**

Advocacy organizations, which typically represent people living with mental illness or their families, are experts at navigating the behavioral health system. They also frequently have partnerships across systems. SAAs may find the state chapters of the [National Alliance on Mental Illness](https://www.nami.org) or [Mental Health America](https://www.mhanational.org) valuable resources for navigating the behavioral health system in their state.
BUILDING A FOUNDATION FOR SUCCESSFUL PARTNERSHIPS

Identifying a behavioral health representative is just one aspect of building a partnership to facilitate an improved behavioral health system in a state. Here are a few steps the SAA can take:

**Review best practices in mental health crisis services.**
The federal Substance Abuse and Mental Health Services Administration (SAMHSA) offers a best practices toolkit; the toolkit’s [executive summary](#) describes best practices in behavioral health crisis response. For case study examples, the National Center for Policing Innovation recently published an e-guide for law enforcement describing several [innovations in crisis response](#), available through the Community Oriented Policing Services (COPS) Office Training Portal.

**Explore your state’s behavioral health system.**
Each state system is different, and stakeholders have an array of perspectives and insights. SAAs will learn the most by reaching out to a variety of potential partners.

**Build trust across systems.**
As SAAs engage with stakeholders for Byrne JAG and Byrne SCIP planning, the goal is to build trust through regular information-sharing and shared decision-making. There may be confusion or mistrust between behavioral health and justice systems that may take time to overcome, but working with all partners to build strong partnerships will go a long way to meeting statewide goals.

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KEY TAKEAWAYS

- SAAs can use Byrne JAG and Byrne SCIP funds to support behavioral health services and initiatives in a variety of ways. SAAs administering Byrne JAG funds should consider partnering with a behavioral health system representative, while SAAs administering Byrne SCIP funds are required to include a behavioral health system representative on their advisory committee.

- Historically, law enforcement and the justice system have been the default responders to behavioral health crisis situations. However, current best practice emphasizes shifting primary responsibility for crisis response to the behavioral health system.

- Every state’s behavioral health system is unique. Reaching out to several agencies and organizations will help SAAs understand their state’s system and identify the best partners.

- In addition to identifying behavioral health system representatives, SAAs should consider the need for long-term partnership to build trust across systems.

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