Supporting Behavioral Health and Crisis Response Initiatives
Innovation Lab Final Report

1. Introduction

Creative processes like brainstorming can drive the creation of new ideas and the development of innovations. The National Criminal Justice Association (NCJA)'s Innovation Labs bring together State Administering Agency (SAA) staff and criminal justice stakeholders from across the country to brainstorm solutions to common challenges, discuss promising practices and develop recommendations. Each lab covers a different topic, but the following goals apply to the innovation lab approach in general:

- Peer-to-peer learning among participants
- Identification of best/promising practices on trending/innovative programming in a specific area of focus
- Tangible ideas and implementation planning
- Resource development for innovative implementation
- Development of recommendations for other SAAs
- Action planning for future implementation

2. Purpose

The Byrne Justice Assistance Grant (Byrne JAG) is a flexible grant that allows for spending across nine broad program areas. These comprehensive program areas enable states to address their most pressing public safety challenges. Additionally, the Byrne State Crisis Intervention Program (Byrne SCIP) provides funding for states to support crisis response within communities and the justice system. The Bipartisan Safer Communities Act (BSCA), in addition to creating the Byrne SCIP program, amended the Byrne JAG program, allowing for a ninth program area—the implementation of state crisis intervention programming. The purpose of the *Supporting Behavioral Health and Crisis Response Initiatives* Innovation Lab was for states to brainstorm and create tangible steps around increasing support for behavioral health and crisis response initiatives.

3. Process

Through NCJA's Innovation Labs, SAAs engage in peer-to-peer learning in small cohorts focused on an identified area of need. Labs include four to six SAAs, as well as NCJA staff and subject matter experts (when needed), who engage monthly on a topic of mutual interest over roughly six months. Each topic addressed is relevant to the role of the SAA and important to ensure Byrne JAG funding and other relevant funding is being used strategically. Given the time commitment of this lab, it is important that members are not only committed but engaged.

In recent years, many SAAs have increased support for behavioral health and crisis response initiatives using Byrne JAG funding. The recent addition of the ninth Byrne JAG program area for state crisis intervention programming, coupled with the creation of the Byrne SCIP funding source administered by SAAs, increased conversations and interest from SAAs related to supporting behavioral health and crisis response initiatives. To determine the topic of this lab, NCJA polled members of the previous innovation lab, *Supporting Innovations in the Law Enforcement Program Area*, as well as SAAs who attended the previous lab's convening. This polling identified *Supporting Behavioral Health and Crisis Response Initiatives* as the topic of greatest interest.

Lab participants were reflective of six states who represented diversity in size, demographics, political priorities and region. These states are as follows:
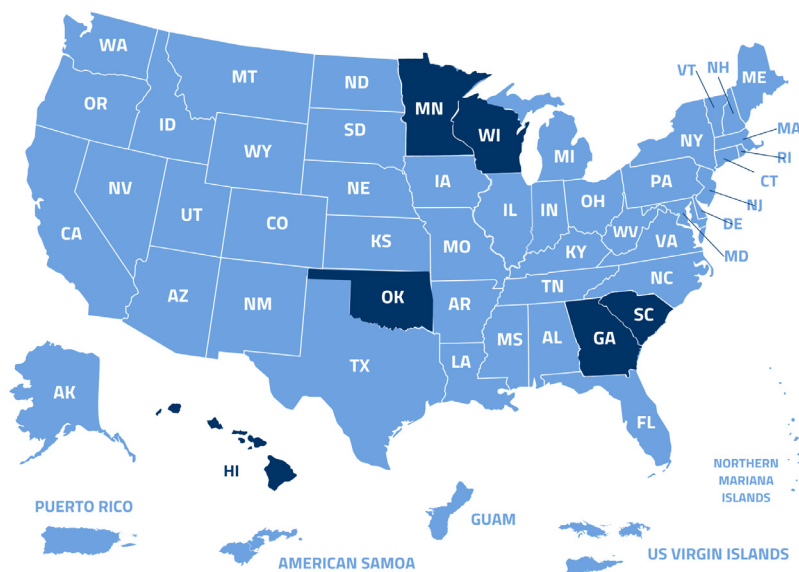
- *Georgia*
- *Hawaii*
- *Minnesota*
- *Oklahoma*
- *South Carolina*
- *Wisconsin*

Innovation labs are participant-driven and NCJA staff-supported, which means they rely on peer-to-peer engagement and participation. Dr. Abigail Tucker, Psy.D. also provided subject matter expertise and facilitation support throughout the lab. The lab structure consisted of five unique sessions. The sessions were intended to build on one another and help provide a roadmap from obstacle to solution to action. This innovation lab contained the following sessions:

Session 1 provided a general overview of the lab topic and concept. During this session, lab members learned more about their fellow participants through introductions and peer-to-peer discussions, while collectively determining goals and objectives for the remaining lab sessions.

Session 2 focused on identifying and sharing best and promising practices within behavioral health and crisis response. Current trends and successful programs were shared, and participants discussed best practices and examples from their states.

Session 3 revolved around participants identifying key stakeholders and strategies for effective engagement. The session included sharing successful engagement stories, building on the previous session's discussion.

Session 4 provided a space for lab members to reflect on the promising practices heard in previous sessions and discuss prominent challenges faced in implementing behavioral health and crisis response initiatives. Participants continued to brainstorm solutions, contributing to the development of group recommendations.

Session 5 closed out the innovation lab by consolidating participants' insights, challenges and solutions into a concrete plan. The session culminated in identifying final recommendations to be shared with other SAAs.

4. Observations and Overview of Sessions

Session 1: Kickoff

In the first session, lab members came together to learn more about each other and discuss the goals and objectives of the lab. Participants identified a desire to hear ideas from other states, learn from peers and enhance their states' current efforts as goals for participating in the innovation lab. Additionally, during the lab, members discussed the following questions:

- × What does behavioral health and crisis response spending in your state look like?
- × What is your biggest challenge when supporting behavioral health and crisis response initiatives within your state?

Lab members identified varying degrees of support for behavioral health and crisis response initiatives in their states, with some states focusing entirely on initiatives related to law enforcement and others slowly increasing support for behavioral health. Furthermore, states reported that the new funding source available to SAAs, Byrne SCIP, allows an opportunity to expand support for behavioral health initiatives. They highlighted ideas related to crisis intervention, wellness programs for law enforcement, probation and parole, support for trauma-informed initiatives, community programs and enhanced stakeholder engagement efforts.

Session 1 Takeaways

Participating states support limited behavioral health initiatives with Byrne JAG funding, primarily spending Byrne JAG dollars within the law enforcement program area.	Participants shared experiences and goals regarding improving and implementing behavioral health initiatives, expressing enthusiasm for learning and adopting new practices.
States are in the early stages of utilizing Byrne SCIP dollars and are hoping to utilize this funding for projects related to behavioral health and crisis response.	Many states highlighted increased buy-in from state leadership in supporting behavioral health and crisis response programming.

Session 2: Promising Practices and Trends in Behavioral Health and Crisis Response

During Session 2, Dr. Abigail Tucker, Psy.D. (SHE Consulting, LLC) presented information on the history and current state of behavioral health, both nationally and state-specific, and explored a framework approach to best practices in behavioral health and crisis response. The session began with inviting lab members to reflect on the following questions:

× What is a behavioral health program your state funds that you would like to expand?

× Are there state programs that you don't fund with Byrne JAG that you are interested in supporting?

Dr. Tucker highlighted several national behavioral health statistics, including that 1 in 5 adults live with a mental illness and the increasing behavioral health crisis among youth. Participants discussed behavioral health needs in their individual states and looked at prevalence, access to care and the suicide mortality rate.

Dr. Tucker also highlighted the history of the current state of the behavioral health and justice system landscape, including deinstitutionalization, trans-institutionalization and stigma. Behavioral health and the justice system pose huge gaps and the need for increased access to care and support is an ongoing issue with a third of incarcerated persons in prisons and close to half of those in jails presenting with a mental health disorder.

Participants discussed best practices in behavioral health and crisis response and looked at best practice examples happening in their states. The best practices framework, informed by the Sequential Intercept Model (SIM), includes:

1. Prevention, which includes identifying and assessing care before the crisis. This can include education and training; increasing access by reducing disparities and leveraging technology; public health campaigns; and conducting culturally and linguistically sensitive outreach and engagement.

2. Re-direction, which includes diversion and alternative responses. This can include prebooking options such as co-responder models, law enforcement assisted diversion and alternative secure transport. This could also include post booking options such as DA-led diversion, specialty courts and jail-based deflection mental health courts.

3. Connection to care can include collaborating with local treatment providers serving the justice-involved population; supporting community corrections and reentry; and embedding case managers throughout the system in law enforcement agencies, district attorney's offices, public defender offices and courts.

States then highlighted their own state-specific behavioral health initiatives. Some of the initiatives included crisis responses teams, needs assessments and partnerships with law enforcement. States also continued to share some barriers to funding behavioral health initiatives such as reaching rural communities, stigma related to mental health and lack of coordination among stakeholders.

Session 2 Takeaways

Mental health and death by suicide (youth and adults) continue to be prevalent nationwide.

Buy-in from law enforcement and other traditional stakeholders is key to the success of behavioral health initiatives.

The SIM framework for best practices supporting behavioral health and crisis response initiatives includes prevention (SIM 0-1), re-direction (SIM 1-3) and connection to care (SIM 2-5) and is a helpful planning tool.

Byrne JAG funds can address needs and gaps within behavioral health and crisis response; however, it is difficult to shift funding from other types of initiatives to support behavioral health projects.

Session 3: Behavioral Health and Crisis Response Stakeholder Engagement

During Session 3, Dr. Tucker highlighted strategies for successfully engaging stakeholders using the concept of "Unleashing Superpowers," informed by the Model for Managing Complex Change by T. Knoster (1991). These included strategies such as:

> ×   Creating a vision for the "why" that is clear, compelling and addresses complexities.
>
> ×   Creating consensus because without it, initiatives will lack the buy-in to overcome challenges.
>
> ×   Determining what tools and skills are needed to respond to the vision successfully.
>
> ×   Creating incentives that will fuel the fire. This can go beyond payment.
>
> ×   Managing resources efficiently and effectively.
>
> ×   Drafting a clear, dynamic and actionable strategic plan.

Barriers to stakeholder engagement such as confidentiality and privacy concerns, differing goals and priorities, and resource constraints were also shared. States discussed encountering resistance because of capacity, noting that inviting someone to the table doesn't mean they will have time to attend, especially if they are not receiving compensation. Additionally, if certain stakeholders have not been invited to the table historically, they may be reluctant to participate and unsure of their role.

Utilizing a stakeholder matrix (Appendix) as a guide, participants were invited to share which stakeholders in their states were already at the table and who they could actively engage. Participants were asked to think of innovative and successful partnerships that they have experienced within their states and some challenges they have faced with engagement. Participants were proud of engaging with local harm reduction groups, surgeons and diversion stakeholders. Participants shared examples of implementing ride-along initiatives or similar programs to build understanding across roles as well as inviting law enforcement and county jail staff to observe the work at a detox facility, which helped to foster cross-sector understanding and collaboration.

Session 3 Takeaways

Behavioral health agencies and criminal justice partners often have different primary goals and missions. While criminal justice agencies focus on public safety and law enforcement, behavioral health agencies are focused on treatment and rehabilitation. Some partners may be more resistant than others to engage for a variety of factors and reasons.	Get the word out about your agency and actively create opportunities to add to the pool of stakeholders. Use third party stakeholders to get the message out about what you are trying to accomplish.
	Engage both traditional stakeholders AND non-traditional stakeholders.
	Think outside of "traditional" behavioral health providers. For example, trauma surgeons and other medical and emergency room staff can be helpful stakeholders.

Session 4: Reflections on Promising Practices and Overcoming Challenges

Session 4 began by asking participants to reflect on the following questions: "Why do you do this work?" and "What is your vision?" Participants shared a variety of core visions including:

- × System integration through improving inter-system communication to align goals.
- × Program effectiveness through focusing on funding programs with measurable and direct impacts
- × Assessing impact by tracking the number of individuals served to ensure programs reach and benefit the intended audience.

During the session, participants continued to share challenges in supporting behavioral health and crisis response initiatives. Two identified areas of improvement were collaboration with law enforcement and mental health services and stakeholder inclusion to ensure representation. The need to diversify funding streams and engage smaller community-based organizations was also noted.

Recommendations began to emerge as participants discussed the need for early, clear and consistent communication and shifting the focus to shared objectives and expectations, including clear definitions. Additional insight came from discussions around using SIM mapping as a tool for effective planning and trust building, integrating new funding opportunities into existing strategies and relying on strategic planning to bring stakeholders toward a unified vision.

Session 4 Takeaways

Review and update strategic plans several times a year to ensure the plans align with current goals and community needs. Use SIM mapping as a tool to inform your strategic plan.	Regularly engage stakeholders and bring them together in-person to keep goals relevant and relationships strong. Diversify funding and explore beyond the usual funding areas.	Take a solution-focused approach with stakeholders, encouraging open conversations and setting clear expectations.

Session 5: Developing a Future Plan

In the fifth and final session of the innovation lab, participants reflected on the strengths they bring to the work. They highlighted having a fresh perspective, the ability to find middle ground and think outside of the box, passion for the work, understanding different perspectives, agency knowledge and strategic thinking as strengths.

Dr. Tucker provided a recap of the previous sessions and allowed lab members to name their top takeaways from the sessions, encouraging participants to talk about the innovation lab experience. Some of these takeaways included:

- × The lab allowed the opportunity to hear from other states and learn they share similar challenges and have similar goals.
- × Lab members appreciated learning how to collaborate with and empower new stakeholders.

- × Participants expressed gaining new ideas every time they are involved in discussions facilitated by NCJA.
- × Lab members reflected on exploring how their strengths can help them to move work forward.

Finally, the group discussed the recommendations that emerged from all the sessions to pare down the list and find consensus. They particularly highlighted recommendations related to collaboration and stakeholder engagement and continued to brainstorm ideas related to capacity building and overcoming resistance to change.

Session 5 Takeaways

Creating consensus to the vision with clear goals and objectives will help to push the work forward.

It is important to tell the story of the work and unify stakeholders with "the why."

Stakeholder engagement through early engagement and continued communication is an integral component of supporting behavioral health initiatives.

5. Conclusion

The Supporting Behavioral Health and Crisis Response Initiatives Innovation Lab brought together six states over the course of five sessions to discuss best and promising practices, challenges, solutions and program implementation for innovating within Byrne JAG and Byrne SCIP behavioral health and crisis response funding. Each session built upon the previous ones, with lab members moving from sharing experiences to developing solutions. States differed in terms of geographic location, size and planning process; however, they all shared the desire to innovate. States shared challenges that included collaboration across sectors, funding streams, and stakeholder engagement. Lab members heard from NCJA staff, Dr. Abigail Tucker and from each other regarding ways to support behavioral health and crisis response initiatives.

Overall Lab Takeaways

During all five sessions, lab members shared experiences and brainstormed together. Overall lab takeaways include:

- **Understand the current behavioral health landscape, nationally and statewide.** Delving into the data related not only to prevalence rates of mental health and suicide but also access to treatment and impacts on the justice system can help states understand what goals should be and what kinds of initiatives to support.

- **Learn more about best practices.** A best practice framework should consider prevention, redirection and connection to care. The SIM is a strategic tool policymakers and criminal justice planners can use to identify key points for intercepting and linking individuals with behavioral health treatment needs and can help highlight which kinds of initiatives to support. Read more about the SIM.

- **Leverage the power of convening.** SAAs possess the important power to convene and connect stakeholders. These convenings are important for facilitating conversations and breaking down silos.

- **Don't underestimate the power of conversations.** Get to know your existing stakeholders through a behavioral health lens, paying close attention to who isn't at the table. Using matrixes and other resources may be helpful in identifying which stakeholders are missing and in creating a plan to engage them.

- **Create clear definitions.** Definitions of behavioral health or crisis may differ by state, agency or stakeholder. As you engage with stakeholders, make sure everyone is speaking the same language and defining terms in the same way. This may require work to come up with a group definition. Definitions are also important in solicitations.

- **Use approachable language when facilitating conversations about funding opportunities and strategies.** Language is important and using too much jargon or niche language may turn some stakeholders and potential applicants away.

- **Understand the why, internally and externally**. If the goal is to support more behavioral health and crisis response initiatives using the SAA's office, it is important for staff to understand why.

- **Think about outcomes early in the process.** How is success defined? Don't just limit success to quantitative information. Telling the story of impact is important as well to highlight the benefits of supporting behavioral health and crisis response initiatives.

- **Set a vision collaboratively, intentionally and strategically.**

- **Tell the story of the SAA.** An unfamiliarity with the work of the SAA may discourage applications and make it hard to engage with stakeholders. NCJA's marketing toolkit may be a helpful resource to get started. Created in conjunction with SAAs, the toolkit is designed to help SAAs communicate their role and who they serve to key stakeholders, legislators and other partners. The toolkit includes stock language, one-pagers, templates and communications strategies as well as customizable social media posts and imagery.

- **To encourage more applications (and more innovation), think differently about marketing grant opportunities.** This may include holding pre-award publication convenings, using social media and getting the word out through community partners.

NCJA's Innovation Labs encourage brainstorming and problem solving through peer-to-peer engagement. Through participating in the *Supporting Behavioral Health and Crisis Response Initiatives* Innovation Lab, participants were able to discuss their experiences and challenges and develop tangible steps to reach their goals. Interested in joining an NCJA Innovation Lab? Please contact strategicplanning@ncja.org.

6. Acknowledgements

Appendix

NCJA INNOVATION LABS
Supporting Behavioral Health and Crisis Response Initiatives

Stakeholders - Who is already at the table & who is missing?

	Behavioral Health Provider	Substance Use Provider	Public Safety & CJ Partners	Advocacy Groups	Public Health and State Health Regulatory Bodies	Victim's Rights Advocacy	Other (specify):	Other (specify):	Other (specify):
At the Table Already									
Likely willing to be at the table, pending an invitation									
Needs to be at the table but may need coaching to join									
Unaware of their essential role and need for education & an invitation									
We need this voice at the table, but I don't know who they are or where to start educating or inviting them.									