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**JAIL & ARREST DIVERSION
GRANT PROGRAM**

FY 2024 ANNUAL REPORT

January 2025

**MASSACHUSETTS DEPARTMENT OF
MENTAL HEALTH**

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Executive Summary

In accordance with Line item 5046-0000 of Chapter 140 of the Acts of 2024, this document presents a comprehensive analysis of the Department of Mental Health's (DMH) police-based Jail and Arrest Diversion Initiatives for Fiscal Year 2024. The report covers operations from July 1st, 2023, through June 30th, 2024, detailing: the scope and distribution of crisis intervention teams and jail diversion programs; grant allocations across municipalities and service providers; cost-effectiveness measures; program impact metrics; and strategic recommendations for future growth. This assessment fulfills the legislative mandate to evaluate the initiatives' reach, financial stewardship, and operational effectiveness.



Through strategic community partnerships and targeted grant funding, DMH's Jail and Arrest Diversion Initiatives transform how law enforcement addresses behavioral health crises. Since its inception in 2007, the program has fostered innovative collaborations between police departments and mental health providers, creating pathways for intervention and treatment rather than arrest.

In Fiscal Year 2024, DMH awarded \$16,668,784 in grant funding through the Jail and Arrest Diversion Initiatives.

In fiscal year 2024, 117 grant projects were funded for diversion activities across three categories.

1. **Co-Response Teams:** Mental health clinicians are integrated directly into police operations, accompanying officers on calls involving behavioral health crises. This partnership enables real-time clinical assessment and intervention at the scene.

2. Crisis Intervention Team (CIT) Implementation: Police departments receive support to adopt and maintain the internationally recognized CIT model, ensuring officers are equipped with advanced skills for de-escalation and crisis resolution.
3. Component JDP Grants: Support local municipalities in implementing customized arrest diversion strategies that address their community's specific needs. Depending on the community's requirements, DMH-funded programs provide training, technical assistance, and a Co-Response clinician.
4. Training and Technical Assistance Centers (TTAC): These specialized centers develop and deliver comprehensive behavioral health education for both CIT programs and Co-Response models. TTACs provide essential training, implementation support, and ongoing technical assistance to ensure program effectiveness.
5. Trainer/Consultant/Researcher Grants: Support individuals and organizations offering jail and arrest diversion consultation services. DMH grants in this category fund those who provide law enforcement with subject matter expertise, specialized training curriculum, and advanced research.

Background on Jail and Arrest Diversion

The Jail and Arrest Diversion programs (JDP) create multiple intervention points to redirect individuals experiencing behavioral health crises away from the criminal justice system. By engaging at crucial moments during police encounters, these programs offer alternatives to arrest and incarceration, connecting individuals with appropriate behavioral health services and support. This approach transforms traditional law enforcement responses into opportunities for treatment and recovery.

- Individuals with untreated mental illness face an increased risk of harm in interactions with law enforcement (Treatment Advocacy Center, 2015).
- It is estimated that 20% of police calls for service are in response to someone in a mental health and/or substance use crisis, although local estimates are much higher (Abramson, 2021; Wood et al., 2017).
- According to the Bureau of Justice Statistics, two million arrests (16.9%) in the United States each year involve people with serious mental illness (Leifman, 2019).
- Approximately 20-25% of incarcerated people have a history of mental health conditions, resulting in the need for mental health care and treatment of those persons in jail and prison environments (Prins, 2014; Timmer & Nowotny, 2021).
- Approximately 37% of people in state prisons and 44% in local jails have a history of mental health conditions, highlighting the significant need for mental health care within these settings as well as prior to incarceration (National Alliance on Mental Illness, n.d.).

Jail and Arrest Diversion Strategies in Massachusetts

Massachusetts' police diversion programs aim to reduce arrests and unnecessary trips to the emergency department by redirecting individuals in crisis to appropriate services. Co-Response clinicians are key to these efforts, assisting with de-escalation, evaluating the needs of those involved, and crafting adequate interventions. Additionally, Crisis Intervention Teams (CIT) provide specialized training and guidance for law enforcement, including creating the role of a CIT Coordinator and implementing specific mental health policies within departments.



The Department of Mental Health (DMH) focuses on fostering partnerships with local communities to improve responses to mental health crises. For FY24, DMH provided funding for nine regional Crisis Intervention and Co-Response Training and Technical Assistance Centers, aimed at strengthening pre-arrest diversion programs statewide. Additionally, DMH equips law enforcement with the necessary training and resources to handle crises more effectively, helping to decrease the use of force, enhance officer preparedness, and reduce injury risks during crisis response efforts.

The Center for Police Training in Crisis Intervention (The Center) serves municipal police and public safety personnel throughout the Commonwealth. It functions as a hub for cost-effective, evidence-based mental health, substance use, and crisis intervention training programs for law enforcement and public safety professionals. It is structured to support, coordinate, promote, and facilitate training opportunities provided by regional TTACs and other DMH-funded projects, while maintaining an inventory of available training resources.

The Center is involved with the planning and development of training content focused on recognizing the signs and symptoms of mental illness and substance misuse, mental health treatments, co-occurring disorders, responding to mental health or substance use crises, and best practices in community policing. As of the end of FY24, the Center anticipated the launch of the Department of Mental Health Jail Diversion Programs (DMH-JDP) Learning Management System (LMS) at the start of FY25. The LMS, in line with Mass. General Laws c.19 § 25 (2018), was successfully launched as planned in early FY25, providing easy access to the Center's recommended training materials and other valuable educational resources.

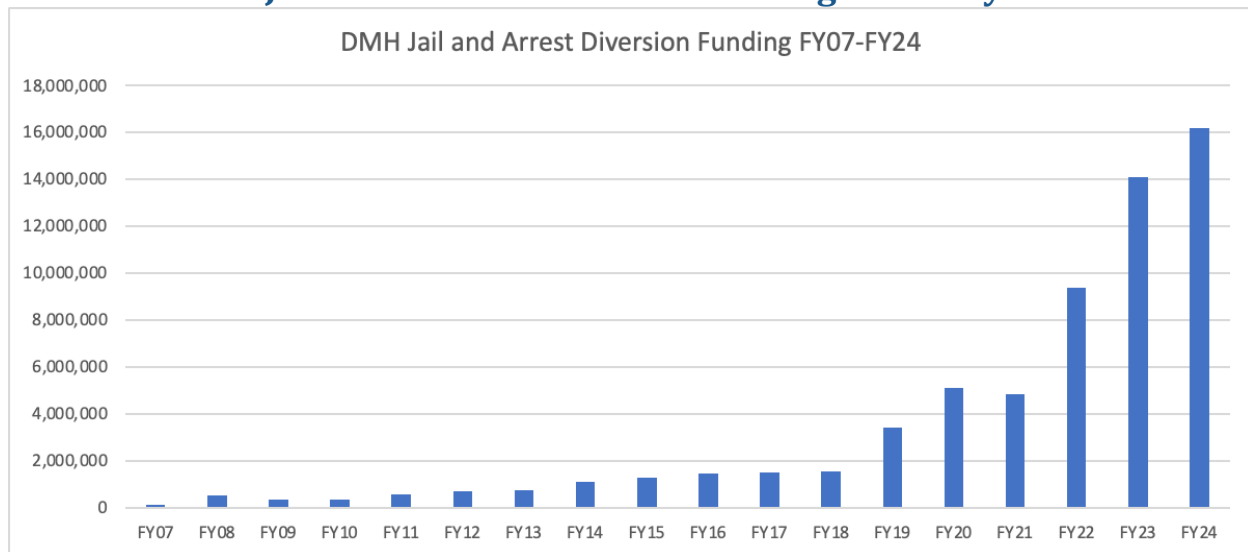
Jail and Arrest Diversion Initiative Funding

DMH maintains a longstanding commitment to enhancing law enforcement's capacity to effectively respond to mental health crises. Through comprehensive training programs, DMH equips officers with essential skills in mental health awareness, crisis intervention, and de-escalation techniques. Over the years, DMH has expanded its police-based jail and arrest diversion initiatives, diversifying program models to meet evolving needs. These initiatives represent a critical intersection between law enforcement and mental health services, promoting alternatives to arrest for individuals experiencing mental health crises.

The DMH Arrest and Jail Diversion Initiatives grant program provides direct funding to municipalities and behavioral health providers, fostering collaborative partnerships with local law enforcement agencies. Since the program's inception, with an initial investment of \$100,000 in FY2007, it has expanded significantly, now reaching 117 grantees with annual funding totaling \$16,668,784 in FY2024.

These initiatives have transformed how law enforcement agencies across the Commonwealth respond to mental health-related calls, reducing unnecessary arrests, improving access to mental health services, and enhancing community safety through preventive intervention. As the program grows, it continues to strengthen partnerships between mental health providers and law enforcement, creating better outcomes for individuals in crisis and advancing community well-being.

Massachusetts Jail and Arrest Diversion Funding Levels by Fiscal Year



This chart represents the funds allocated, by fiscal year, to train police officers and hire embedded clinicians for police departments. Training requires one-time costs, while the hiring of clinicians requires annualized costs.

DMH Jail and Arrest Diversion Initiatives

DMH grants continue to support evidence-based training models, including Crisis Intervention Team (CIT) training (40 hours), Integrating Communications, Assessment, and Tactics (ICAT) (16 hours), and specialized curriculum tailored for Co-Response clinicians and their law enforcement partners. These training initiatives are continuously refined and delivered to ensure best practices in crisis response and intervention techniques.



Crisis Intervention Team (CIT)

Since 2008, DMH grant recipients have successfully implemented the Crisis Intervention Team (CIT) model. CIT remains a police-led, collaborative approach to behavioral health crises, designed to enhance safety and improve outcomes. CIT-trained officers are equipped to recognize and de-escalate situations involving individuals experiencing behavioral health crises, connecting them with appropriate services rather than

defaulting to arrest. Officers must complete comprehensive knowledge and skills assessments to receive their certification through JDP Training and Technical Assistance Centers. The model continues to emphasize crucial partnerships between law enforcement and behavioral health service providers, fostering a comprehensive community response system.

CIT Training & Technical Assistance Centers

CIT-TTACs support local law enforcement agencies by providing behavioral health training and developing CIT programs. These centers partner with surrounding towns and police departments to deliver comprehensive training, including the 40-hour CIT curriculum, advanced training for public safety personnel, community partnerships, and technical assistance. All CIT-TTACs have successfully integrated standardized certification processes into their operations, ensuring consistent quality and documented completion of training requirements across the Commonwealth. The centers continue to serve as accessible hubs for CIT development, assisting local law enforcement in implementing robust CIT programs.



Co-Response Training and Technical Assistance Centers

In 2018, the Department of Mental Health (DMH) began supporting the Co-Response Training and Technical Assistance Center (CR-TTAC) model as a hub for developing, operating, and training Co-Responder programs. These centers provide advanced training for Co-Response clinicians and law enforcement partners, and they play a key role in launching and implementing Co-Response programs across the Commonwealth.

Starting in FY22, William James College (WJC) leveraged DMH funding to launch the first-ever CR-TTAC within an academic setting. This center offers a 10-credit graduate-level certificate program in Crisis Response and Behavioral Health, as well as providing technical support, webinars, research opportunities, and a growing Community of Practice. The program incorporates innovative simulation technology, MILO (Multiple Interactive Learning Objectives), to enhance the training experience.

By FY24, WJC increased its enrollment capacity to accommodate two cohorts in the certificate program, organized a Co-Response Research Symposium, expanded the Community of Practice, and delivered continuous technical support, monthly webinars, and targeted crisis intervention training sessions. The program continues to look forward to expansion with a focus on developing a 5-day Co-Response Intensive Training to continue to enrich learning experiences in the coming year.

FY24 DMH Grant Awards by Type

Program Type	# of Grants	% of Total
Co-Response TTAC	1	0.87%
Behavioral Health Integrated Partnership (BHIP)	2	1.74%
Trainer/ Consultant/ Researcher	4	3.48%
Crisis Intervention Team TTAC	8	7.22%
Crisis Intervention Team	7	6.09%



Backfill /Training Reimbursement	16	12.9%
Component	30	25.09%
Co-Response Program	49	42.61%
Total	117	100%

Data Collection and Analysis

Pre-arrest Jail Diversion Programs (JDP) have rapidly expanded both in the number of communities served and the scope of interventions provided. DMH collects data on jail and arrest activities resulting in diversion from unnecessary arrest, diversion from overcrowded emergency departments, successful de-escalation, and the contributing factors that impact diversion outcomes.

DMH maintains its commitment to prioritizing the collection and analysis of outcome data for jail/arrest programs funded by the department. In FY24, this commitment was demonstrated through the full implementation of a comprehensive new data management infrastructure. The new online, real-time, secure system for intervention tracking has dramatically improved data collection, as evidenced by the significant increase in documented interventions across programs. Building on this success, DMH has also introduced enhanced systems for quarterly reporting, resulting in substantially higher submission rates from active programs. Additionally, a new standardized data monitoring system for CIT certification has been implemented across all TTACs, ensuring consistent tracking of training outcomes.

These systematic improvements reflect DMH's dedication to data-driven models with transparent outcomes. The enhanced data collection infrastructure provides a more accurate picture of program activities and impacts across the Commonwealth.

FY24 Jail and Arrest Diversion Training Summary

In FY 24, the TTACs provided 119 training sessions and over 41,560 hours of training. A total of 695 officers attended CIT (Crisis Intervention Team) training (40-hour curriculum) in FY 24, and 304 officers attended MHFA (Mental Health First Aid) training for Public Safety. Around 1,000 officers were trained in either MHFA or CIT. Nearly all the law enforcement officers who attended CIT were certified as CIT officers through the Commonwealth's knowledge check and demonstration of practical de-escalation skills. The TTACs held 36 CIT trainings, 22 MHFA trainings, and 24 Specialty CIT trainings. In FY24, The William James Center for Crisis Response and Behavioral Health (CRBH) successfully completed its intensive 9-month Certificate Program in FY 24 and graduated 24 students. Additionally, the CRBH offered webinars regularly, which were attended by more than 265 participants, and hosted a Co-Response Research Symposium in March 2024, which had over 110 attendees.

Combined, the TTACs impacted 174 Massachusetts communities along with an additional 22 campus police and 29 dispatch agencies, totaling **225 public safety agencies**. At least 85 new law enforcement and community agencies benefited from the TTAC's services in FY24, and an impressive total of 299 agencies participated in the various training offerings. The table below summarizes FY21 to FY24 of TTAC training impacts, including overall number of law enforcement officers trained in specialized behavioral health trainings, while highlighting police trained in Mental Health First Aid and Crisis Intervention Teams. The table also displays the number of dispatchers trained in CIT, not included in the total police trained column. Finally, the chart tallies the number of public safety departments engaged and the overall number of TTAC training hours, a metric of TTAC productivity.

Jail and Arrest Diversion Training for Law Enforcement FY21-FY24

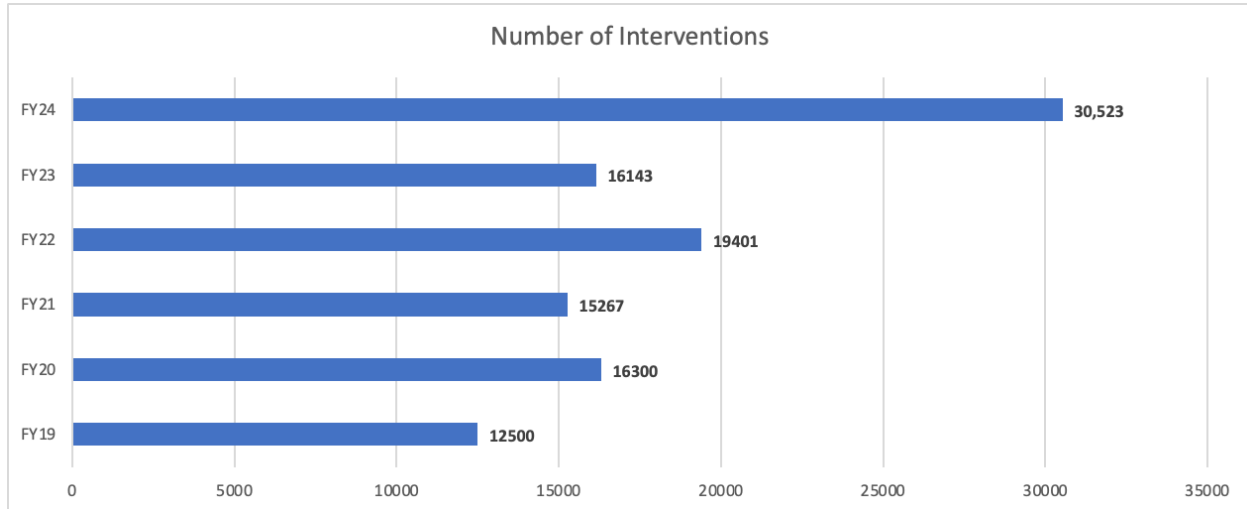
	2021	2022	2023	2024
Total Number of TTAC Trainings	53	83	116	119
Total Number of Police Trained	834	1,468	1,528	1,489
Crisis Intervention Teams (CIT)	399	747	718	675
Dispatcher (CIT for Dispatch)	50	121	134	122
Mental Health First Aid (MHFA)	162	447	350	304
Total Number of Engaged Departments	114	168	173	211
Total Number of Training Hours	19,241	37,036	39,242	41,564

Summary of Police-Based Jail and Arrest Initiatives FY24

The graph below shows the number of interventions by police-based jail and DMH grant-funded programs for five years (FY19-FY24). In FY24, there were 30,523 interventions recorded, nearly double the interventions documented in FY23. This significant increase reflects both the expansion of jail diversion programs and initiatives, as well as the implementation of a new data entry system. The new database allowed for more comprehensive and accurate tracking of interventions, ensuring that all activities were systematically recorded for the first time throughout the fiscal year.

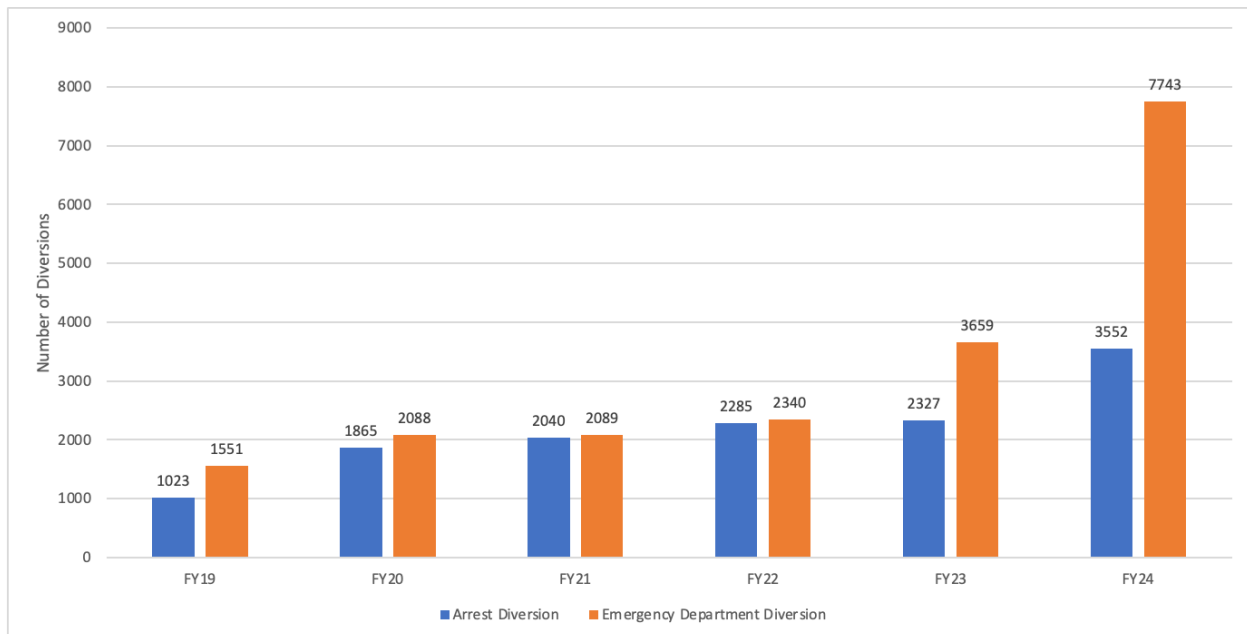
The new system was specifically designed to streamline the data entry process, making it more accessible for JDP team members. Combined with comprehensive training and widespread adoption across all DMH-funded jail diversion programs, this purpose-built solution has dramatically improved data collection. The FY24 data provides a more accurate picture of program activity, demonstrating how responding to user feedback and implementing targeted solutions can lead to more complete reporting.

Total Interventions Performed by Grantees FY19-FY24



Diversion Outcomes by Grantees FY19-FY24

The following chart shows the FY19-FY24 recorded number of diversions from arrests and emergency department visits by year. In FY24, data indicates a notable rise in emergency department diversions, likely attributable to the expansion and enhanced training of programs statewide, as well as the implementation of a more accessible data collection system that enables more comprehensive tracking and documentation of these interventions.



Technical Assistance Services Provided

The DMH's Jail and Arrest Diversion Initiatives grant program not only provides financial support to municipalities and behavioral health organizations for diversion projects but also strengthens statewide efforts in this area. In FY24, the program funded nine regional Crisis Intervention and Co-Response Training and Technical Assistance Centers to enhance pre-arrest diversion strategies throughout the state. These centers assist with launching new diversion programs, developing policies, and delivering comprehensive training for law enforcement and their behavioral health partners. The TTACs provided nearly 410 hours of technical assistance to police departments across the Commonwealth, covering a range of topics such as developing Crisis Intervention Team (CIT) and Co-Response programs, managing recurrent cases (both individual and by typology), applying for DMH and other grants, and implementing effective diversion strategies.

Statewide Impact of Jail Diversion Grants

Receiving a DMH grant offers substantial advantages to police departments throughout Massachusetts. These grants expand access to statewide training and technical support for Jail and Arrest Diversion initiatives. With the growth of CIT and Co-Response TTACs, more communities and clinicians can now utilize Crisis Intervention Teams, advanced de-escalation strategies, and Co-Response training programs, all at no additional cost.

While Jail Diversion Grants were initially designed to decrease unnecessary arrests and improve law enforcement's responses to behavioral health crisis, these programs do much more. In addition to decreasing emergency department use, co-response programs in particular are viewed as an important extension of the behavioral health system. Not only do these co-responders work with law enforcement at the point of 911 crisis, the clinicians serve as a point of contact for the community, including CBHC's, and can also provide follow-up to ensure the best possible outcome.

Crisis Intervention Team Training Certification

The start of FY24 marked a significant milestone in the certification of Massachusetts law enforcement officers in crisis intervention techniques. Officers who completed the forty-hour CIT course through the TTACs entered the first full cycle of the statewide certification process. This certification process ensures that officers attending the CIT course are officially recognized for their training in crisis intervention.

The certification process includes an online, 25-question Knowledge Check test, designed around the core topics covered in the TTAC training. In addition, officers must demonstrate their practical de-escalation skills by participating in de-escalation scenarios, where a clinician and an officer observe and assess them on six specific aspects of de-escalation.

During FY24, 675 Officers took the Knowledge Check to become CIT certified. All participants demonstrated the requisite de-escalation skills, leading to a total of 675 CIT certified officers in FY24.

Crisis Intervention Team Statewide Curriculum Revision

In the fall of 2023, DMH and their CIT Training and CIT-TTACs began a review process of the statewide CIT curriculum. As the curriculum was over five years old, it needed to be refreshed with current information relevant to teach law enforcement about both behavioral health disorders and best practice for intervention and de-escalation. The goal of this project was to continue to homogenize CIT training, to make subject content and training offerings very similar throughout the Commonwealth. After receiving feedback from TTAC Directors, clinicians, law enforcement officers, and other subject matter experts throughout FY24, the revision of the CIT Curriculum outline was established towards the end of the FY. The revision project was completed in early September 2024 when the Massachusetts CIT Standardized Curriculum was distributed.

Estimated Cost Savings Achieved in Fiscal Year 2024

The implementation of jail and arrest diversion programs continues to demonstrate both fiscal efficiency and operational effectiveness. By emphasizing immediate stabilization over unnecessary arrests or Emergency Department visits, these programs generate significant cost savings across criminal justice and healthcare systems. The cost benefits cascade through multiple stages, from avoiding initial arrests to eliminating subsequent court proceedings. The collaboration between CIT and Co-Response clinicians remains instrumental in reducing arrests for minor offenses while promoting on-scene stabilization and community-based treatment alternatives.

While comprehensively quantifying nationwide cost savings from jail and arrest diversion programs remains complex due to the interconnected nature of healthcare and criminal justice costs, along with challenges in measuring long-term impacts and intangible benefits (such as reduced injuries and workplace absenteeism), this report includes estimated cost savings based on current law enforcement, incarceration, and emergency room expenditures. Emergency Department diversions, when appropriate, continue to play a vital role in cost containment and harm reduction. These diversions not only reduce healthcare expenses but also ensure more efficient resource allocation for urgent cases by preventing unnecessary wait times.

DMH's sustained investment in programs that provide on-scene clinical support and specialized law enforcement training enhances the capability of first responders to redirect individuals from arrests toward community-based treatment options. This proactive approach effectively manages costs by introducing alternative resources during the earliest stages of police encounters.

Estimated Public Safety Costs per Arrest

On average, the cost of police and court activity incurred is calculated at a rate of \$7,169 per arrest (Hunt et al., 2017; Hunt et al., 2019; RAND, 2023).

These projections encompass law enforcement personnel's collective time and expenses, including police officers, judges, public defenders, prosecutors, and support staff, addressing reported crimes. Law enforcement activities, such as responding to scenes, managing crime scenes, investigations, paperwork, interrogations, arrests, and court appearances, contribute to these estimates. Costs include equipment, supplies, fuel, administrative staff, and utilities.

Estimated Incarceration Costs per Incident

On average, the cost of incarceration resulting from an arrest/incident incurs an average cost of \$5,650 (Vera Institute of Justice, 2015).

Since only a subset of all arrests results in pretrial incarceration, we have applied the multiplier of 25% to the overall number of arrest diversions to derive the cost savings estimate. In Massachusetts, incarceration expenses average \$143.72 per day. This encompasses court-related transportation/security, correctional officer and personnel costs, facility maintenance, medical/mental health care, meals, clothing, supplies, and inmate necessities.

Estimated Health Care Costs per ED Visit

On average, the Emergency Department level of care for mental health assessment/treatment incurs a cost of \$2,188 per day for an individual (Consumer Health Ratings, 2023).

FY24 Estimated Cost Savings Chart

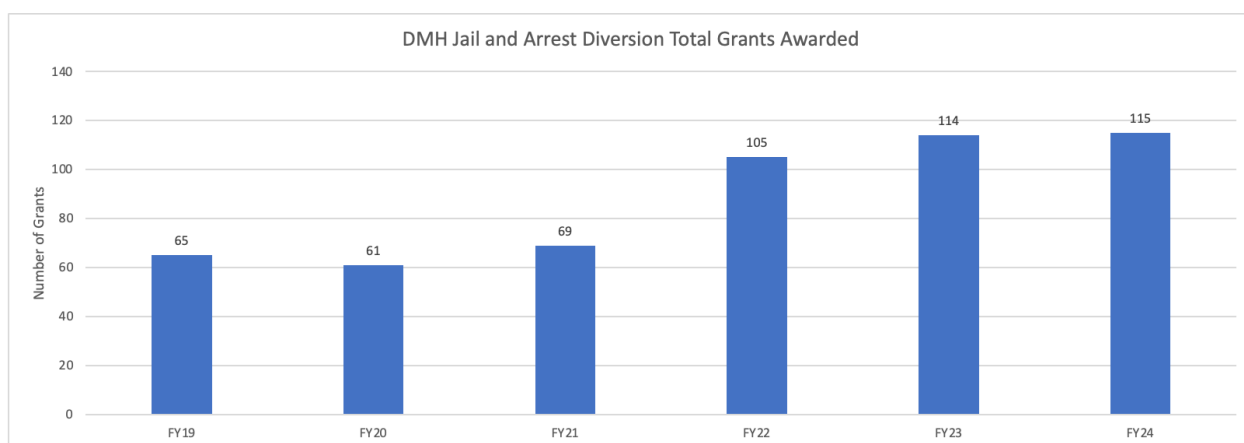
The chart shows the estimated cost savings by diversion activities based on recorded cases: Diversion from Arrest, Diversion from Incarceration, and Diversion from Emergency Departments.

# of Arrest Diversions	# Incarceration Diversions	#Emergency Department Diversions
3552 estimated diversions x \$7,169 (per incident)	888 estimated diversions x \$5,650 (per incident)	7743 estimated diversions x \$2,188 (per incident)
\$25,464,288	\$5,017,200	\$16,941,684

FY24 Total Estimated Cost Savings = \$47,423,172

Rationale for Continued Expansion

During the fiscal year 2024, the Department of Mental Health received an unprecedented number of applications for grant funding and technical assistance through the Jail and Arrest Diversion Initiatives. The requests were submitted by law enforcement, educational institutions, and community-based organizations across the state for jail and arrest diversion models. The funding requests increased in FY24, representing the robust and continued demand across the Commonwealth. The graph below shows the past 5-year increase in demand for DMH Jail/Arrest Diversion grants.



In FY24, law enforcement agencies across Massachusetts continued to maximize DMH funding through CIT training, Co-Response program implementation, participation in the Certificate Program, utilization of Training and Technical Assistance Centers, and other innovative approaches.

The Commonwealth maintains compelling reasons to further expand the capacity and reach of this grant program:

- DMH's extensive data collection demonstrates that diversion programs for individuals with behavioral health issues consistently yield positive outcomes in police responses.
- Law enforcement agencies continue to enhance community relations, reduce use of force incidents, and successfully divert arrests and emergency department visits through personnel training in improved response and intervention strategies.
- The Commonwealth's annual investment in jail diversion projects maintains a conservative cost-benefit estimate of almost \$3 in savings for every \$1 spent, with returns facilitated through healthcare and criminal justice system cost reductions.
- The Jail and Arrest Diversion Initiatives remain aligned with and complement other major Commonwealth efforts, including the expansion of Community Behavioral Health Centers (CBHCs), which enhance coordination of local service resources with law enforcement to strengthen systemic responses to behavioral health crises.
- The International Association of Chiefs of Police and Massachusetts Chiefs of Police Association continue to advocate for Massachusetts police departments to train a substantial portion of their uniformed personnel in advanced de-escalation

techniques, maintaining the recommended minimum of 20% personnel trained in CIT (Crisis Intervention Team) tactics.

- Many departments are maintaining momentum in training higher numbers of personnel, sustaining increased demand for CIT and CR-TTACs, jail diversion grants, and technical assistance from the Commonwealth.
- Support for increased crisis training and Co-Responder presence on law enforcement calls involving individuals in mental health crises remains strong and continues to grow.
- During FY24, the Department of Mental Health continued to receive and approve funding requests both for existing project expansions and from new communities seeking to initiate diversion programs aimed at reducing jail and arrest rates.

Conclusion

The opportunity to expand successful collaborations and partnerships across the Commonwealth continues to grow, meeting the increasing demand for jail diversion programs. DMH Jail and Arrest grants are strategically distributed throughout Massachusetts to support both existing and innovative new projects. The Massachusetts Jail & Arrest Diversion Initiatives remain critically important, particularly given the ongoing statewide and national focus on law enforcement, use of force, and training requirements. The demand for clinical integration in policing responses and service delivery continues to rise.

The outcomes presented in this report demonstrate that jail diversion initiatives effectively strengthen community support systems, enhance law enforcement's capacity to respond to behavioral health crisis calls, improve public safety outcomes, promote better health outcomes, and enhance overall community well-being. These programs continue to generate cost savings across the Commonwealth's public safety and healthcare systems. Law enforcement agencies maintain strong enthusiasm for continuing and improving their initiatives through Department of Mental Health funding, with grant participation reaching unprecedented levels.

The Massachusetts Jail and Arrest Diversion Initiatives continue to be recognized as highly effective and valuable assets to the Commonwealth by the Department of Mental Health, serving as a model for other states. Looking ahead to FY25, our goals include sustaining support for evidence-based interventions, advancing best practices, and expanding assistance for JDP throughout the Commonwealth. A key priority is ensuring full implementation of the mental health and crisis intervention training requirements for law enforcement officers as outlined in Chapter 208 of the Acts of 2018, strengthening our commitment to comprehensive crisis response capabilities across Massachusetts.

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Appendix I: List of DMH Grant Awardees in FY24

Vendor Name	FY24 Amount	Project Type
Abbott Solutions for Justice	\$109,200.00	Trainer/Consultant
Abington, Town of	\$48,000.00	Component
Acton, Town of	\$86,500.00	Co-response
Agawam, Town of	\$53,223.00	Co-Response
Amherst, Town of	\$23,962.00	CIT
Andover, Town of	\$85,500.00	Co-Response
Arlington, Town of	\$80,000.00	Co-Response
Ashfield, Town of	\$202,099.00	Co-response-Regional (Buckland, Colrain, Conway, Goshen, Hawley, Heath, Monroe, Plainfield, Rowe, Shelburne)
Ashburnham, Town of	\$15,000.00	Backfill & Training Reimbursement
Ashland, Town of	\$100,000.00	Co-Response
Attleboro, City of	\$60,000.00	Component
Barnstable, Town of	\$103,236.00	CIT
Barnstable, Town of	\$106,757.00	Co-Response
Bedford, Town of	\$147,000.00	Co-Response, Regional (Concord, Carlisle, Lexington, Lincoln, Maynard)
Belchertown, Town of	\$24,812.00	Component JDP
Belmont, Town of	\$99,999.00	Co-Response
Beverly, City of	\$200,000.00	Co-Response, Regional (Gloucester, Manchester-by-the Sea, Essex, Ipswich, Rockport)
Beverly, City of	\$53,000.00	CIT-TTAC
Boston, City of	\$183,000.00	Backfill & Training Reimbursement

Boston, City of	\$107,220.00	Co-Response
Boston, City of	\$279,303.00	CIT TTAC
Boston College	\$348,846.00	Trainer/Consultant/Research
Bourne, Town of	\$112,572.00	Component
Braintree, Town of	\$194,000.00	Co-Response
Braintree, Town of	\$60,000.00	Backfill & Training Reimbursement
Braintree, Town of	\$290,808.00	CIT TTAC
Bridgewater, Town of	\$202,308.00	Co-Response, Regional (E. Bridgewater, W. Bridgewater, BSU, Whitman, Middleborough)
Brockton, City of	\$341,700.00	Component JDP
Brookline, Town of	\$301,039.00	CIT TTAC
Cambridge, City of	\$82,000.00	Co-Response
Canton, Town of	\$120,325.00	Component
Chelsea, City of	\$10,400.00	Backfill & Training Reimbursement
Chelsea, City of	\$119,000.00	Co-Response
Danvers, Town of	\$87,748.00	Component, Regional (Topsfield)
Deerfield, Town of	\$59,100.00	CIT
Dennis, Town of	\$118,920.00	Component JDP
Easthampton, City of	\$90,000.00	Co-response-Regional (Hadley)
Eliot Community Human Services	\$32,600.00	Co-response (supervisor)
Erving, Town of	\$195,353.00	Component, Regional (Bernardston, Gill, Northfield, Leverett, Wendell, Warwick)
Everett, City of	\$105,500.00	Component JDP
Fall River, City of	\$59,640.00	CIT

Fitchburg, City of	\$59,000.00	Component JDP
Framingham, City of	\$200,000.00	Co-response
Franklin, Town of	\$100,000.00	Co-Response
Grafton, Town of	\$99,999.00	Co-Response- Regional (Millbury and Sutton)
Greenfield, City of	\$100,000.00	CIT
Greenfield, City of	\$200,000.00	Co-response
Holliston, Town of	\$100,000.00	Co-response-Regional (Sherborn, Hopkinton)
Hudson, Town of	\$99,999.00	Co-Response- Regional (Sudbury)
Leominster, City of	\$94,970.00	CIT
Longmeadow, Town of	\$12,200.00	Backfill & Training Reimbursement
Longmeadow, Town of	\$82,057.00	Co-Response-Regional (East Longmeadow)
Lowell, City of	\$74,726.00	Co-Response
Lowell, City of	\$15,000.00	Training/Backfill
Lynn, City of	\$438,220.00	BHIP
Lynn, City of	\$91,188.80	Co-Response
Lynnfield, Town of	\$45,000.00	Component, Regional (Swampscott)
Malden, City of	\$110,000.00	Component JDP
Mansfield, Town of	\$100,000.00	Co-Response
Marblehead, Town of	\$120,603.00	Component JDP
Marlborough, City of	\$90,000.00	Co-Response
Marshfield, Town of	\$99,999.00	Co-Response Regional (Duxbury, Norwell)
Mashpee, Town of	\$40,000.00	Component
Mass State Police	\$486,083.00	Co-Response & Backfill & Training Reimbursement

Medford, City of	\$315,000.00	Component JDP
Melrose, City of	\$66,000.00	Backfill & Training Reimbursement
Milford, Town of	\$480,990.00	BHIP
Montague, Town of	\$13,990.00	Backfill & Training Reimbursement
NAMI Massachusetts	\$334,000.00	Trainer/Consultant
Natick, Town of	\$100,000.00	Co-Response
Norfolk, Town of	\$60,000.00	Co-Response Regional (Wrentham, Plainville)
Northampton, City of	\$204,455.00	Co-Response
Northbridge, Town of	\$347,884.00	Component, Regional (Uxbridge, Millville, Blackstone, Sutton, Douglas, Millbury, Grafton)
Norwood, Town of	\$107,220.00	Co-Response
Open Sky	\$325,000.00	CIT TTAC
Pembroke, Town of	\$87,530.00	Co-Response, Regional (Hanover)
Pembroke, Town of	\$25,200.00	Backfill & Training Reimbursement
Pepperell, Town of	\$391,992.00	Component, Regional (Ashby, Ayer, Boxborough, Dunstable, Groton, Littleton, Shirley, Townsend, Westford)
Randolph, Town of	\$220,000.00	Co-Response
Randolph, Town of	\$100,000.00	Backfill & Training Reimbursement
Raynham, Town of	\$200,000.00	Component JDP-Regional (Norton)
Revere, City of	\$48,720.00	Backfill & Training Reimbursement
Rowley, Town of	\$200,000.00	Component, Regional (Boxford, Newbury, Georgetown, Groveland)
Salem, City of	\$105,132.00	CIT & Co-Response
SEG Consulting	\$38,060.00	Trainer/Consultant

Sharon, Town of	\$83,000.00	Co-Response Regional (Westwood)
Sherborn, Town of	\$336,730.00	CIT TTAC
Shrewsbury, Town of	\$99,999.00	Co-Response
Somerville, City of	\$39,398.00	Component
Somerville, City of	\$298,280.00	CIT TTAC
Southborough, Town of	\$100,000.00	Co-Response Regional (Northborough)
South Hadley, Town of	\$23,100.00	Component
South Hadley, Town of	\$98,770.00	Co-response-Regional (Granby, Belchertown)
South Hadley, Town of	\$304,493.00	CIT-TTAC
Spencer, Town of	\$15,000.00	Backfill & Training Reimbursement
Springfield, City of	\$367,474.00	Co-Response
Stoneham, Town of	\$20,000.00	Backfill & Training Reimbursement
Stoneham, Town of	\$135,000.00	Co-Response- Regional (Melrose)
Stoughton, Town of	\$60,000.00	Co-Response
Stow, Town of	\$99,999.00	Co-response-Regional (Harvard)
Sturbridge, Town of	\$9,550.00	Backfill & Training Reimbursement
Sturbridge, Town of	\$113,250.00	Component JDP
Sunderland, Town of	\$85,770.00	Component, Regional (Hatfield, Whately)
Taunton, City of	\$289,293.00	Component JDP
Tewksbury, Town of	\$400,000.00	Co-Response, Regional (Billerica, Chelmsford, Dracut)
Wakefield, Town of	\$100,000.00	Component
Walpole, Town of	\$106,470.00	Co-Response
Waltham, City of	\$48,816.00	Component

Watertown, City of	\$79,000.00	Co-Response
Westborough, Town of	\$99,999.00	Co-Response
Westfield, City of	\$233,234.00	Co-Response
Wilbraham, Town of	\$10,000.00	Backfill & Training Reimbursement
William James College	\$778,500.00	CR-TTAC
Winthrop, Town of	\$120,000.00	Component JDP
Worcester, City of	\$198,321.00	CIT
Yarmouth, Town of	\$185,450.00	Component JDP

Appendix II: DMH Jail and Arrest Projects: Grant Types and Descriptions

During FY24, DMH provided several types of diversion projects for local law enforcement, behavioral health organizations, and their respective communities to consider. Below are summaries of the project types:

- ✓ **Behavioral Health Interdisciplinary Program (BHIP) Grants:** Support municipalities or regional clusters to expand mobile crisis response for individuals with co-occurring substance use disorder and mental health conditions. This will be done through a specialized behavioral health team consisting of a program coordinator, behavioral health clinician, EMT, and SUD outreach worker. Large metropolitan areas will be prioritized.
- ✓ **Crisis Intervention Team (CIT) Grants:** Support police departments in developing CIT programs. Police departments develop a CIT program by sending an appropriate number or percentage of officers who are interested and selected to attend CIT training for certification, having a CIT policy, a CIT coordinator within their department, regular communication and meetings with stakeholders regarding their CIT initiative inclusive of behavioral health providers, a police administration that is aware of and in charge of the CIT program, and preferably a mental health CIT coordinator.
- ✓ **CIT Technical Assistance Center (CIT-TTAC) Grants:** Support regional centers offering training and support to police departments that adopt the CIT model. DMH-funded TTACs offer standardized CIT curricula and follow-up consultation during program development.
- ✓ **Co-Response Grants:** Support crisis clinicians being embedded in law enforcement operations. Clinicians play a critical role in crisis intervention and mental health support, participate in ride-alongs, and respond alongside law enforcement to 911 calls for service. Co-Response clinicians de-escalate crises, cross-train their law enforcement partners, collect call data, and coordinate scheduled meetings for program leadership and stakeholders.
- ✓ **Co-Response Technical Assistance Center (CR-TTAC) Grants:** Support graduate-level education, evidence-based training, and technical assistance to Co-Response practitioners and law enforcement statewide. CR-TTACs offer advanced training, scenario-based experiences, webinars, scenario-based curricula, and specialized topics.
- ✓ **Component JDP Grants:** Support local municipalities in implementing customized arrest diversion strategies that address their community's specific needs. Depending on the

community's requirements, DMH-funded programs provide training, technical assistance, and a Co-Response clinician.

✓ **Training/Backfill Grants:** Support law enforcement agencies in providing advanced and specialized training to their personnel. The grants cover the reimbursement for participating in DMH-sponsored Crisis Intervention Team training, William James College Graduate Certificate in Crisis Response and Behavioral Health, attendance at national conferences related to CIT and Co-Response, and other specialized behavioral health training.

✓ **Trainer/Consultant/Researcher Grants:** Support individuals and organizations offering jail and arrest diversion consultation services. DMH grants in this category fund those who provide law enforcement with subject matter expertise, specialized training curriculum, and advanced research.

Appendix III: JDP Impact Narratives (highlights)

XXX PD (CIT and Co-Response):

This Police Department had received numerous calls about an unhoused female who was camping in the center of town and amassing belongings. She was sleeping in a small park downtown because she believed it was safest. She had a pleasant temperament but struggled with paranoid delusions. She professed to be religious and believed the devil would get her if she was living indoors. She was clean and well-kept but appeared gaunt and frail. She would not allow others to help her obtain services or funds. The PD's Community Impact Unit (CIU – CIT officers and co-responder) intervened by having her religious sect's clergy come speak to her but that still did not get her off the streets. The Police Department's CIU checked in on her several times per week and she came to trust them, and they learned that she was using an alias. Once she was identified by her legal name, the CIT officer found her family member in the Midwest. It turned out that the unhoused woman was an heiress. The program also learned that she was diabetic and not getting treatment and the family was looking for her for over a year. Because of her ongoing symptoms and risk to herself, she was sent to the ER on a section 12. A family member flew here and the client went inpatient. She was treated at a local psychiatric hospital until the sister could obtain guardianship. Later it was learned that she had driven here from the south and had been hospitalized twice along the way because of her acute psychiatric needs. When she made it to Massachusetts, she was living in her car which was later stolen, along with all her identification. Today she lives in an Assisted Living facility near her sister.

XXX Police Department (CIT):

Earlier this year at approx. 4 a.m., the Police Department's midnight shift responded to an armed male on top of a tall structure. This male was contemplating suicide by either jumping off, suicide by gun, or suicide by cop. He was standing on the very edge. The patrol shift spoke to this male for over 1.5 hours. The suspect gave up the loaded firearm and retreated from the ledge. He was taken in custody and brought to the hospital under Section 12. No criminal charges were filed. It is believed the time, patience, and empathy that was shown to this person was a direct result of the CIT program and working with in-house clinicians.