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**JAIL & ARREST DIVERSION  
GRANT PROGRAM**

**FY 2023 ANNUAL REPORT**

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**MASSACHUSETTS DEPARTMENT  
OF MENTAL HEALTH**

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>BACKGROUND ON JAIL AND ARREST DIVERSION.....</b>	<b>3</b>
<b>JAIL AND ARREST DIVERSION STRATEGIES IN MASSACHUSETTS .....</b>	<b>4</b>
<b>JAIL AND ARREST DIVERSION INITIATIVE FUNDING .....</b>	<b>4</b>
DMH JAIL AND ARREST DIVERSION INITIATIVES .....	5
<i>Crisis Intervention Team (CIT).....</i>	5
<i>CIT Training &amp; Technical Assistance Centers.....</i>	5
<i>Co-Response Training and Technical Assistance Centers.....</i>	6
<b>FY23 DMH GRANT AWARDS BY TYPE.....</b>	<b>6</b>
<b>DATA COLLECTION AND ANALYSIS .....</b>	<b>7</b>
<b>FY23 JAIL AND ARREST DIVERSION TRAINING SUMMARY .....</b>	<b>7</b>
JAIL AND ARREST DIVERSION TRAINING FOR LAW ENFORCEMENT FY21-FY23 .....	8
<b>SUMMARY OF POLICE-BASED JAIL AND ARREST INITIATIVES FY23 .....</b>	<b>8</b>
TOTAL INTERVENTIONS PERFORMED BY GRANTEES FY19-FY23.....	8
DIVERSION OUTCOMES BY GRANTEES FY19-FY23 .....	9
TECHNICAL ASSISTANCE SERVICES PROVIDED .....	9
<b>STATEWIDE IMPACT OF JAIL DIVERSION GRANTS .....</b>	<b>9</b>
<b>CRISIS INTERVENTION TEAM TRAINING CERTIFICATION .....</b>	<b>10</b>
<b>ESTIMATED COST SAVINGS ACHIEVED IN FISCAL YEAR 2023 .....</b>	<b>10</b>
FY23 ESTIMATED COST SAVINGS CHART.....	11
<b>RATIONALE FOR CONTINUED EXPANSION .....</b>	<b>12</b>
<b>CONCLUSION .....</b>	<b>13</b>
<b>REFERENCES.....</b>	<b>14</b>
<b>APPENDIX I: LIST OF DMH GRANT AWARDEES IN FY23 .....</b>	<b>15</b>
<b>APPENDIX II: DMH JAIL AND ARREST PROJECTS: GRANT TYPES AND DESCRIPTIONS.....</b>	<b>19</b>

## Executive Summary

This report summarizes the Department of Mental Health's (DMH) activities on the police-based Jail and Arrest Diversion Initiatives from July 1st, 2022, to June 30th, 2023. Chapter 41 of the Acts of 2019 and Line item 5046-0000 requires DMH to report on "(i) the number of crisis intervention team and jail diversion efforts; (ii) the amount of funding per grant, delineated by city, town or provider; (iii) potential savings achieved; (iv) recommendations for expansion; and (v) outcomes measured."



DMH's Jail and Arrest Diversion Initiatives grant program strengthens law enforcement responses to behavioral health crises. Launched in 2007, the program partners with local communities and providers to develop diversion projects.

***In Fiscal Year 2023, DMH awarded \$14,113,350 in grant funding through the Jail and Arrest Diversion Initiatives.***

In fiscal year 2023, 114 grant projects were funded for diversion activities across three categories.

1. Co-Response - embedding a clinician in police department operations to ride along with police officers and co-respond to individuals in a behavioral health crisis.
2. Developing, providing, and coordinating behavioral health training models for police and first responders through Training and Technical Assistance Centers (TTAC).
3. The development and delivery of best practice training models for behavioral health crisis response for police departments- e.g., Crisis Intervention Team (CIT).

## Background on Jail and Arrest Diversion

Diversion from the criminal justice system can take multiple forms. These programs aim to intervene at various stages of the criminal justice process. Jail and Arrest Diversion programs (JDP) provide alternatives to incarceration or arrest for people who are going through a behavioral health crisis and come in contact with law enforcement.

- People with untreated mental illness are 16 times more likely to die in a violent confrontation 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).

## Jail and Arrest Diversion Strategies in Massachusetts

Massachusetts police-based diversion programs help redirect individuals from unnecessary arrests and avoid unnecessary transports to the emergency department (Broadway & Covington, 2018). Co-Response clinicians support crisis de-escalation, assessment of individual needs, and the development of a treatment plan. A Crisis Intervention Team (CIT) offers guidance for specialized teams in police departments, including a CIT Coordinator and policies.

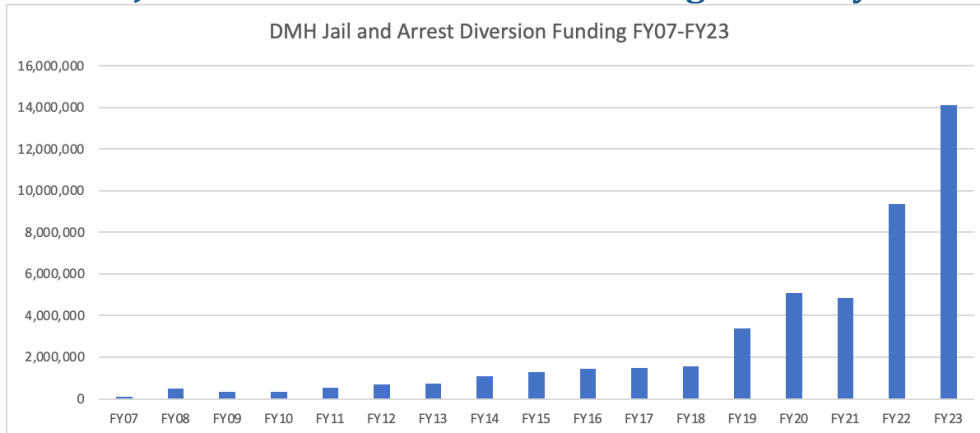
The Department of Mental Health has always prioritized the development of best practices and collaboration with local communities to understand their needs better. In FY23, DMH funded nine regional Crisis Intervention and Co-Response Training and Technical Assistance Centers (TTACs) to improve pre-arrest diversion models throughout the state. DMH also supports public safety personnel by providing access to training, skill development, and effective strategies for crisis call resolution. The TTACs offer expert guidance, support, and resources to help officers reduce the use of force, increase their confidence, and minimize injuries when responding to crisis calls.



## Jail and Arrest Diversion Initiative Funding

The Department of Mental Health has extensive experience in training law enforcement officers on various topics related to mental illness, mental health services, and crisis de-escalation. Since 2007, DMH has funded police-based jail and arrest diversion programs. These programs were developed after the first Co-Response model was created at the Framingham Police Department in 2003. DMH Arrest and Jail Diversion Initiatives grant program provides funding directly to municipalities and behavioral health providers for diversion projects in partnership with local law enforcement agencies. DMH had allocated \$100,000 for police-based jail diversion in the Commonwealth during FY07. As of FY23, a total amount of \$14,113,350 was granted to 114 grantees.

## 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 support best practice training models such as Crisis Intervention Team (40 hours), Integrating Communications and Tactics (I-CAT-16 hours), and specialized curriculum for Co-Response clinicians and law enforcement partners.

#### **Crisis Intervention Team (CIT)**

Since 2008, DMH grant recipients have adopted the Crisis Intervention Team (CIT) model. CIT is a police-led, collaborative response to behavioral health crises designed to improve outcomes and safety. After becoming CIT-trained, patrol officers can recognize and de-escalate situations involving individuals experiencing a behavioral health crisis and refer them to appropriate services instead of conducting an arrest. CIT emphasizes the importance of partnerships between the police and behavioral health service providers.



#### **CIT Training & Technical Assistance Centers**

CIT-TTAC supports local law enforcement agencies by providing behavioral health training and developing Crisis Intervention Team (CIT) programs. CIT-TTACs partner with surrounding towns and police departments to provide a variety of training including a 40-hour CIT curriculum, advanced training for public safety personnel, community partnerships, and technical assistance. The goal is to create accessible hubs for CIT development and assist local law enforcement in implementing a robust CIT program.

## Co-Response Training and Technical Assistance Centers

DMH began supporting the CR-TTAC model in 2018 as a hub for Co-Responder program development, operations, and training. The centers provide advanced training for Co-Response clinicians and police partners and assist in the onboarding and implementation of Co-Response programs throughout the Commonwealth.



In FY22, William James College (WJC) received DMH funding to launch the first Co-Response Training and Technical Assistance Center (CR-TTAC) in an educational institution. The CR-TTAC offers a 10-credit graduate-level Crisis Response and Behavioral Health Certificate, technical assistance, webinars, research, and a community of practice. **The training includes the use of innovative simulation technology, known as *MILO***

**(Multiple Interactive Learning Objectives)**. In FY23, WJC expanded student enrollment to support two cohorts in the Certificate Program, convened a Co-Response Research Symposium, developed a Community of Practice, and offered technical assistance, monthly webinars, and crisis intervention skills-specific training.

## FY23 DMH Grant Awards by Type

Program Type	# of Grants	% of Total
Co-Response TTAC	2	2%
Behavioral Health Integrated Partnership (BHIP)	2	2%
Police Drop-Off Center	3	3%
Trainer/ Consultant	5	4%
Crisis Intervention Team TTAC	7	6%
Crisis Intervention Team	8	7%
Backfill /Training Reimbursement	16	14%
Component	21	18%
Co-Response Program	50	44%
<b>Total</b>	<b>114</b>	<b>100%</b>

## 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 remains dedicated to prioritizing the collection and analysis of outcome data for jail/arrest programs funded by the department. Given the increased grant funding, ensuring data collection and standardized reporting is imperative for quality control in law enforcement-based diversion programs. In FY22, much of the programmatic growth was not reflected in the collected data due to database access limitations. In FY 23, DMH initiated an effort to analyze program data for diversion outcomes across all programs, regardless of model. As part of this endeavor, we performed a needs assessment and identified the need to enhance the data-gathering system to avoid missing values and unrecorded interventions. As a result, we have enhanced and expanded the DMH Jail and Arrest Diversion database, showcasing our commitment to data-driven models with transparent outcomes. Following several months of meticulous development, training, and implementation, the upgraded database, officially launched on May 1st, 2023, is now an online, real-time, secure system facilitating immediate data submission. DMH hosts a public data viewing platform; the online dashboard can be found here: [DMH Jail Diversion Programs Homepage](#).

## FY23 Jail and Arrest Diversion Training Summary

In FY 23, the Training and Technical Assistance Centers (TTACs) provided 116 training sessions and over 39,242 hours of training. A total of 718 officers attended CIT (Crisis Intervention Team) training (40-hour curriculum) in FY 23, and 350 officers attended MHFA (Mental Health First Aid) training for Public Safety. Over 1,060 officers were trained in either MHFA or CIT. The TTACs held 38 CIT trainings, 25 MHFA trainings, and 13 Specialty CIT trainings. In FY23, The William James Center for Crisis Response successfully completed its intensive 9-month Certificate Program in FY 23 and graduated 24 students. Additionally, the center offered webinars regularly, which were attended by more than 740 participants, launched a Co-Response Community of Practice, and hosted the country's first Co-Response Research Symposium in March 2023, which had over 90 attendees.

Combined, the TTACs impacted 141 Massachusetts communities along with an additional 21 campus police and 11 dispatch agencies, totaling 173 public safety agencies. At least 41 new law enforcement agencies benefited from the TTAC's services in FY23. The chart below summarizes FY21 to FY23 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 chart 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.

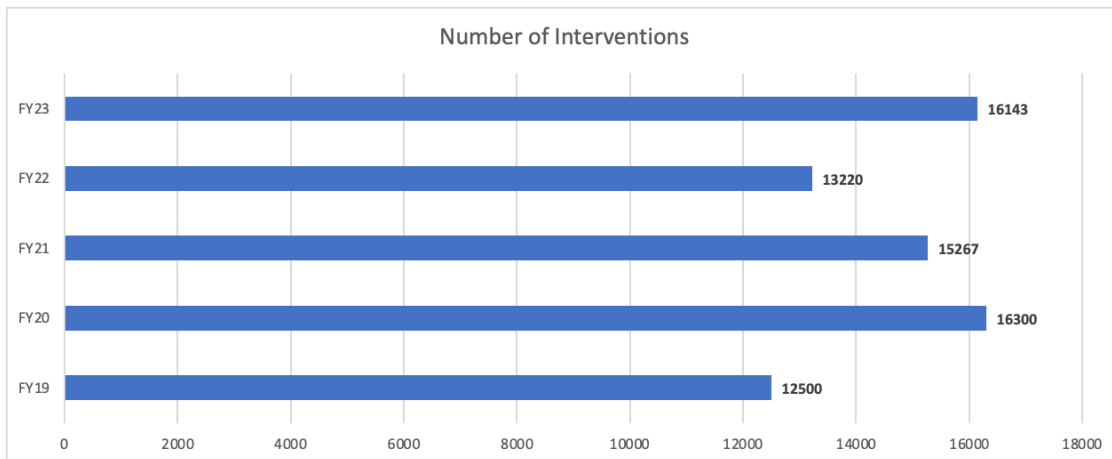
### *Jail and Arrest Diversion Training for Law Enforcement FY21-FY23*

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

### **Summary of Police-Based Jail and Arrest Initiatives FY23**

The graph below shows the number of interventions by police-based jail and DMH grant-funded programs for five years (FY19-FY23). In FY23, there were 16,143 interventions recorded. Note that between July 2022 and April 2023, cases were recorded with the former data entry system as the new data entry process was being developed. In May and June 2023, the new data entry system was fully implemented, reflecting a much-enhanced data collection, recording in average nearly twice as many cases when compared to the same time frame of FY22.

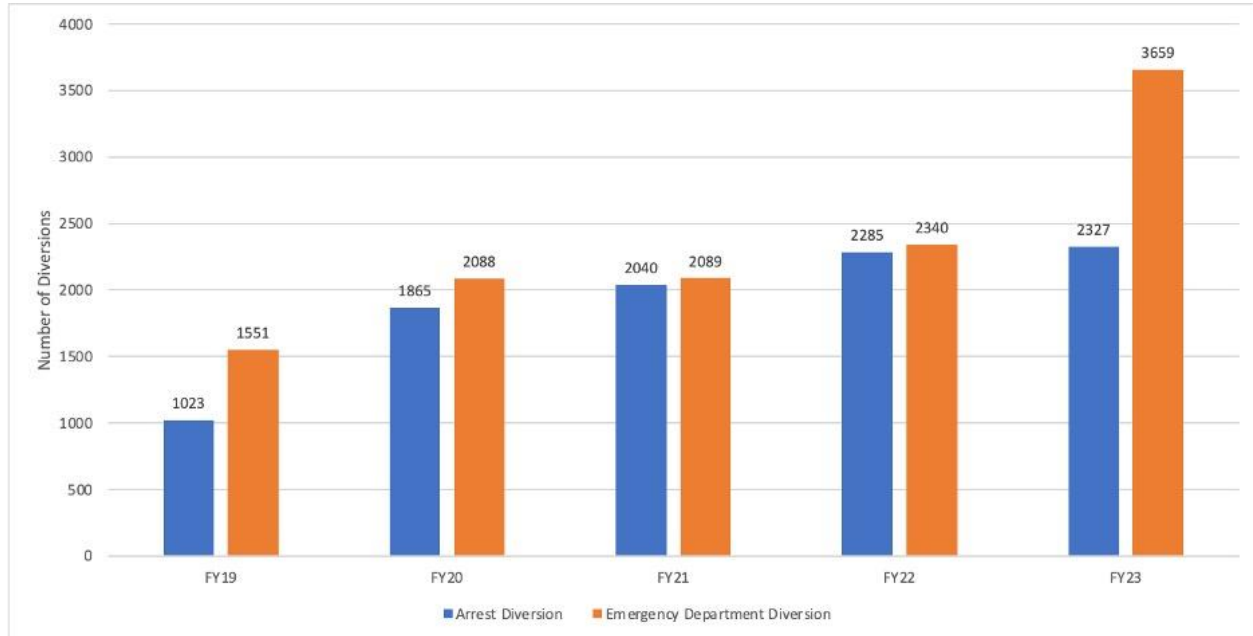
### *Total Interventions Performed by Grantees FY19-FY23*





### ***Diversion Outcomes by Grantees FY19-FY23***

The following chart shows the FY19-FY23 recorded number of diversions from arrests and emergency department visits by year.



### ***Technical Assistance Services Provided***

DMH's Jail and Arrest Diversion Initiatives grant program not only provides funding directly to municipalities and behavioral health providers for diversion projects but also funds technical assistance for law enforcement and their behavioral health partners across the state. In FY23, DMH funded nine regional Crisis Intervention and Co-Response Training and Technical Assistance Centers (TTACs) to improve pre-arrest diversion models throughout the state. These centers offer consultation to launch new diversion programs, create policies and procedures, and offer extensive training programming to law enforcement and their behavioral health partners. During FY23, over 450 hours of technical assistance, consultation, and coaching were provided to law enforcement and behavioral health providers utilizing the Co-Response and Crisis Intervention Team TTAC's staff.

### **Statewide Impact of Jail Diversion Grants**

Receiving a grant from DMH directly and positively impacts Massachusetts municipal police departments and state police personnel. The grants enable greater access to training and technical assistance on Jail and Arrest Diversion statewide. As a result of expanded CIT and Co-Response TTACs, more communities and clinicians can now take advantage of Crisis Intervention Teams, advanced de-escalation training, and Co-Response-related education and training at no additional cost.

## Crisis Intervention Team Training Certification

In Spring 2023, DMH initiated a statewide certification process for Massachusetts law enforcement officers who attend the forty-hour Crisis Intervention Team course through the Training and Technical Assistance Centers (TTACs). After vetting it with key stakeholders, a web-based, twenty-five-question Knowledge Check test was developed based on the core curriculum subjects offered in the TTAC training.

Similarly, officers were required to demonstrate that they have practical de-escalation skills through de-escalation scenarios where they were observed and graded by a clinician and officer on six distinct facets of de-escalation. Together, a pilot certification was launched in May 2023 and implemented in July 2023. During this period, 121 Officers took the Knowledge Check, and 115 passed the Knowledge Check on the first try to become CIT certified. During the pilot phase, all participants demonstrated the requisite de-escalation skills.

## Estimated Cost Savings Achieved in Fiscal Year 2023

Using jail and arrest diversion programs is crucial for fiscal efficiency and operational effectiveness. Prioritizing immediate stabilization over unnecessary arrests or Emergency Department visits significantly reduces criminal justice and healthcare costs. Savings occur at various stages, from the initial arrest to court-related procedures. Working with a Crisis Intervention Team (CIT) or Co-Response clinicians is key to lowering arrests for minor offenses and promoting on-scene stabilization or community-based treatment.

Precisely assessing nationwide cost savings from jail and arrest diversion programs presents challenges, with analyses often segregating healthcare and criminal justice costs and neglecting long-term expenses and intangible benefits, such as injury reduction and decreased work absenteeism. Nonetheless, this report includes estimated cost savings derived from information on law enforcement, incarceration, and emergency room expenditures. While diverting patients from the Emergency Department may be viable in specific cases, the primary objective remains a secure assessment, provision of assistance, and determination of the optimal course of action. In such instances, diversions significantly curtail healthcare costs and minimize potential harm. Efficient resource allocation for urgent cases is achieved through Emergency Department diversions, averting prolonged wait times.

DMH allocates funding to initiatives providing on-the-scene clinical support and specialized training for law enforcement, enhancing their capacity to divert individuals from arrests towards community-based treatment. This strategy serves to mitigate escalating costs by offering alternative resources at an earlier stage during 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).

***FY23 Estimated Cost Savings Chart***

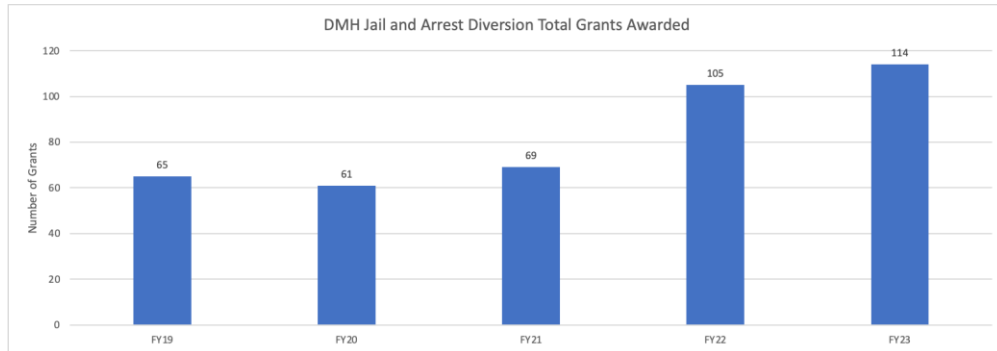
The chart shows the estimated cost savings by diversion activities based on recorded cases: Diversion from Arrest, Diversion from Incarceration, and Diversion from Emergency Departments.

# of Arrest Diversions	# Incarceration Diversions	#Emergency Department Diversions
2327 estimated diversions x \$7,169 (per incident)	582 estimated diversions x \$5,650 (per incident)	3659 estimated diversions x \$2,188 (per incident)
<b>\$16,682,263</b>	<b>\$3,286,888</b>	<b>\$8,005,892</b>

**FY23 Total Estimated Cost Savings = \$27,975,043**

## Rationale for Continued Expansion

During the fiscal year 2023, 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 by 8% over FY23, which represents 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 FY23, despite the lingering obstacles posed by the COVID-19 pandemic, law enforcement in Massachusetts utilized DMH funding for CIT training, launching Co-Response programs, participating in the Certificate Program, receiving consultation from Training and Technical Assistance Centers, and other innovative strategies.

The Commonwealth has several compelling reasons to continue expanding the capacity and reach of this grant program:

- DMH has gathered significant evidence that diversion programs for people with behavioral health issues lead to positive changes in police responses.
- Law enforcement agencies can improve community relations, reduce the use of force, and divert arrests and emergency department visits by training personnel to deliver better responses and interventions.
- The Commonwealth's annual investment in jail diversion projects (by a conservative estimate) has a cost-benefit of almost \$2 in savings for every \$1 spent. Healthcare and criminal justice system cost savings facilitate the return on investment.
- The Jail and Arrest Diversion Initiatives complement other significant initiatives in the Commonwealth, such as Criminal Justice Reform, Police Reform, Specialty Court Expansion, and the Community Justice Project. The latter brings local service resources together with law enforcement to improve systemic responses to people in behavioral health crises.
- Police departments across Massachusetts are being encouraged by the International Association of Chiefs of Police and Massachusetts Chiefs of Police Association to train a significant portion of their uniformed personnel in advanced de-escalation techniques.

In addition, a recommended minimum of 20% of personnel should be trained in CIT (Crisis Intervention Team) tactics.

- Larger departments are training in higher numbers, leading to increased demand for CIT and CR-TTACs, jail diversion grants, and technical assistance from the Commonwealth.
- Increased crisis training and Co-Responder presence are strongly advocated for on law enforcement calls involving individuals in a mental health crisis.
- During FY23, the Department of Mental Health received and approved requests for funding to expand existing projects and from new communities to plan and launch diversion programs to reduce jail and arrest rates.

## Conclusion

There is a significant opportunity to expand on successful collaborations and partnerships across the state to meet the increasing demand for jail diversion programs. The DMH Jail and Arrest grants are distributed across the Commonwealth to fund existing, and new innovative projects. The Massachusetts Jail & Arrest Diversion Initiatives have never been more critical, given the statewide and national focus on law enforcement, use of force, and their training needs. Moreover, there are rising calls for clinical input into policing matters and service requests.

The outcomes presented here show that jail diversion initiatives effectively establish more robust community support systems, enhance law enforcement's capabilities in handling behavioral health crisis calls, improve results for the general public, promote better health, and uplift the communities' well-being. These projects also reduce the overall cost of the Commonwealth's public safety and healthcare systems. Law enforcement officials are enthusiastic about continuing and improving their initiatives with funding from the Department of Mental Health, and the number of grants awarded has reached an all-time high.

The Massachusetts Jail and Arrest Diversion Initiatives are considered highly effective and valued assets to the Commonwealth by the Department of Mental Health. It serves as a model for other states to follow. Furthermore, our goals for FY23 include continuing to support evidence-based interventions, guiding best practices, and expanding financial and operational assistance for JDP throughout the Commonwealth.

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## Appendix I: List of DMH Grant Awardees in FY23

Vendor Name	DMH Grant FY23	Project Type
Abbott Solutions for Justice, LLC	\$109,200.00	Trainer/Consultant
Acton, Town of	\$86,500.00	Co-Response
Advocates, Inc.	\$335,000.00	Co-Response TTAC
Amherst, Town of	\$23,962.00	CIT
Arlington, Town of	\$45,000.00	Co-Response
Ashfield, Town of*	\$183,333.00	Co-Response-Regional (Buckland, Colrain, Conway, Goshen, Hawley, Heath, Monroe, Plainfield, Rowe, Shelburne)
Ashland, Town of	\$30,000.00	Co-Response
Ashburnham, Town of	\$10,000.00	Backfill & Training Reimbursement
Barnstable, Town of	\$92,000.00	CIT
Barnstable, Town of	\$99,000.00	Co-Response
Bedford, Town of	\$180,000.00	Co-Response, Regional (Concord, Carlisle, Lexington, Lincoln, Maynard)
Behavioral Health Network, Inc.	\$121,495.00	Police Drop-Off Center
Behavioral Health Network, Inc.	\$212,798.00	CIT TTAC
Belchertown, Town of	\$8,200.00	Component JDP
Belmont, Town of	\$99,997.00	Co-Response
Beverly, City of	\$200,000.00	Co-Response, Regional (Gloucester, Manchester-by-the Sea, Essex, Ipswich, Rockport)
Boston, City of	\$100,000.00	Backfill & Training Reimbursement
Boston, City of	\$106,575.00	Co-Response
Boston, City of	\$167,000.00	CIT TTAC
Boston College	\$254,950.00	Trainer/Consultant/Research
Braintree, Town of	\$200,000.00	Co-Response
Braintree, Town of	\$60,000.00	Backfill & Training Reimbursement
Braintree, Town of	\$274,308.00	CIT TTAC
Bridgewater, Town of	\$25,000.00	Co-Response, Regional (E. Bridgewater, W. Bridgewater, BSU, Whitman, Middleborough)
Brockton, City of	\$96,500.00	Component JDP
Brookline, Town of	\$301,039.00	CIT TTAC
Canton, Town of*	\$60,000.00	Component
Chelsea, City of	\$15,000.00	Backfill & Training Reimbursement
Chelsea, City of	\$119,000.00	Co-Response
Chicopee, City of*	\$50,000.00	Co-Response
Chicopee, City of	\$36,000.00	Backfill & Training Reimbursement

Clinical and Support Options, Inc.	\$112,500.00	Police Drop off center (Franklin County)
Clinical and Support Options, Inc.	\$112,500.00	Police Drop off center (Hampshire County)
Danvers, Town of	\$64,238.00	Co-Response and CIT, Regional (Topsfield)
Deerfield, Town of	\$59,100.00	CIT
Dennis, Town of	\$118,000.00	Component JDP
Easthampton, City of	\$90,000.00	Co-Response-Regional (Hadley)
Eliot Community Human Services	\$122,250.00	Co-Response (supervisor)
Erving, Town of	\$198,000.00	Component, Regional (Bernardston, Gill, Northfield, Leverett, Wendell, Warwick)
Everett, City of	\$90,000.00	Component JDP
Fall River, City of	\$59,640.00	CIT
Fitchburg, City of	\$65,000.00	Component JDP
Framingham, City of	\$215,200.00	Co-Response
Franklin, Town of	\$99,997.00	Co-Response
Grafton, Town of	\$75,000.00	Co-Response- Regional (Millbury and Sutton)
Greenfield, City of	\$100,000.00	CIT
Greenfield, City of	\$82,600.00	Co-Response
Holliston, Town of	\$40,000.00	Co-Response-Regional (Sherborn, Hopkinton)
Holyoke, City of	\$100,000.00	Component JDP
Hudson, Town of	\$75,000.00	Co-Response- Regional (Sudbury)
Leominster, City of	\$96,610.00	CIT
Longmeadow, Town of	\$12,200.00	Backfill & Training Reimbursement
Lowell, City of	\$57,183.00	Co-Response
Lowell, City of	\$40,000.00	Backfill & Training Reimbursement
Lynn, City of*	\$280,000.00	BHIP
Lynn, City of	\$91,188.00	Co-Response
Malden, City of	\$110,000.00	Component JDP
MAMH*	\$368,297.00	Trainer/Consultant/Researcher
Mansfield, Town of	\$99,997.00	Co-Response
Marblehead, Town of	\$81,000.00	Component JDP
Marlborough, City of	\$45,000.00	Co-Response
Marshfield, Town of*	\$60,000.00	Co-Response Regional (Duxbury, Norwell)
Mass State Police	\$50,985.00	Backfill & Training Reimbursement
Mass State Police	\$110,985.00	Co-Response
Medford, City of	\$284,500.00	Component JDP
Milford, Town of*	\$270,000.00	BHIP



Montague, Town of	\$23,550.00	Backfill & Training Reimbursement
NAMI Massachusetts	\$334,000.00	Trainer/Consultant
Natick, Town of	\$100,000.00	Co-Response
New Bedford, City of	\$245,000.00	Component JPD
Norfolk, Town of*	\$100,000.00	Co-Response Regional (Wrentham, Plainville)
Norfolk DA's Office	\$100,000.00	Co-Response
North Reading, Town of	\$27,000.00	Backfill & Training Reimbursement
Northampton, City of	\$188,770.00	Co-Response
Northbridge, Town of	\$202,000.00	Component, Regional (Uxbridge, Millville, Blackstone, Sutton, Douglas, Millbury, Grafton)
Norwood, Town of	\$87,945.00	Co-Response
Open Sky	\$300,000.00	CIT TTAC
Pepperell, Town of	\$340,000.00	Component, Regional (Ashby, Ayer, Boxborough, Dunstable, Groton, Littleton, Shirley, Townsend, Westford)
Randolph, Town of	\$200,000.00	Co-Response
Randolph, Town of	\$100,000.00	Backfill & Training Reimbursement
Raynham, Town of	\$200,000.00	Component JDP-Regional (Norton)
Revere, City of	\$34,000.00	Backfill & Training Reimbursement
Rowley, Town of*	\$174,000.00	Component, Regional (Boxford, Newbury, Georgetown, Groveland)
Salem, City of	\$105,132.00	Co-Response & CIT
SEG Consulting	\$37,100.00	Trainer/Consultant
Sharon, Town of*	\$70,000.00	Co-Response Regional (Westwood)
Shrewsbury, Town of	\$99,999.00	Co-Response
Somerville, City of	\$298,280.00	CIT TTAC
Somerville, City of	\$37,315.00	CIT
Southborough, Town of*	\$70,000.00	Co-Response Regional (Northborough)
South Hadley, Town of	\$23,100.00	Component
South Hadley, Town of	\$72,500.00	Co-Response Regional (Granby, Belchertown)
Southbridge, Town of	\$25,000.00	Backfill & Training Reimbursement
Springfield, City of*	\$110,000.00	Co-Response
Stoneham, Town of	\$20,000.00	Backfill & Training Reimbursement
Stoneham, Town of	\$135,000.00	Co-Response- Regional (Melrose)
Stow, Town of	\$99,997.00	Co-Response-Regional (Harvard)
Sturbridge, Town of	\$100,000.00	Component JDP
Taunton, City of	\$289,293.00	Component JDP

Tewksbury, Town of	\$400,000.00	Co-Response, Regional (Billerica, Chelmsford, Dracut)
Tewksbury, Town of	\$300,000.00	CIT TTAC
Wakefield, Town of	\$100,000.00	Co-Response & CIT
Walpole, Town of	\$50,000.00	Co-Response
Waltham, City of	\$43,000.00	Co-Response
Ware, Town of	\$20,000.00	Backfill & Training Reimbursement
Watertown, City of	\$45,000.00	Co-Response
Westborough, Town of	\$99,997.00	Co-Response- Regional (Southborough, Northborough)
Westfield, City of*	\$137,045.00	Co-Response
Wilbraham, Town of	\$10,000.00	Backfill & Training Reimbursement
William James College	\$630,919.00	Co-Response TTAC
Winthrop, Town of	\$89,581.00	Component JDP
Worcester, City of	\$80,000.00	CIT
Yarmouth, Town of	\$120,000.00	Component JDP

\*Denotes a new grant (FY23)

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

During FY23, 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.
- ✓ **Drop-Off Center Grants:** In FY23, DMH grants funded the operation of police Drop-Off centers. These centers received individuals brought by police for assessment, de-escalation,

stabilization & referral to appropriate follow-up services. The Drop-Off Center Grant category was phased out on January 1st, 2023, due to the launch of the Community Behavioral Health Centers statewide.

✓ **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.