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JAIL/ARREST DIVERSION GRANT PROGRAM

FY2019 ANNUAL REPORT

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BACKGROUND ON DMH JAIL DIVERSION PROGRAM EFFORTS

Persons with mental illness are over-represented in the criminal justice system. Since 2007, the Massachusetts Department of Mental Health (DMH) has collaborated with local law enforcement agencies to develop local Jail Diversion Projects to better serve this population.

The concept of “diversion” as it relates to the criminal justice system has many meanings. Different diversion programs by various entities target different points along the criminal justice continuum. Many jail diversion program (JDP) initiatives lead to the creation of alternatives to incarceration or to actions that avoid arrest and courts altogether. In short, diversion initiatives and activities often result in diversion into and linkage with treatment.

This report provides information about the Department of Mental Health’s (DMH) police-based jail diversion programs from July 1, 2018 to June 30, 2019. The report summarizes the collaborative jail diversion initiatives between behavioral health and law enforcement stakeholders that have taken place in Massachusetts.

The need for jail diversion programs stems from several factors, including:

- People with mental illness and substance use disorders are over-represented in the criminal justice system compared to their prevalence in the general population.ⁱ
- National research has found that 7% to 10% of all police calls involve a person with a mental disorder, though, some local police departments in Massachusetts have reported percentages twice these averages. National research has found that up to 31% of individuals in US jails suffer from serious mental illness.ⁱⁱ
- A portion of individuals with serious mental illness cycle in and out of the mental health, substance use disorder and the criminal justice system and may, for a variety of reasons, receive minimal treatment in the process.
- The *Technical Assistance Policy Analysis Gains Center*ⁱⁱⁱ notes that people whose mental illness is untreated can sometimes act in ways that the general public considers to be frightening or threatening. When effective treatment is available, people with mental disorders (in the absence of substance use disorder) generally, except in rare circumstances, present no greater risk to the community than people in the general population.

Mental illness is not in and of itself associated with criminal behavior. Most people suffering from a mental illness are more likely to be a victim than a perpetrator of crime.^{iv} For people with behavioral health conditions that do commit crimes, the link from the crime to their mental condition can vary from a very strong one to a weak or non-existent one. Jail diversion programs must consider broader goals of decreasing criminal justice penetration by people with mental illness and substance use disorders, regardless of whether the behavioral health condition is the driver of the criminal behavior.

Jail diversion programs that generate alternatives to arrest and successful diversions into treatment can alleviate jail overcrowding, reduce unnecessary prosecution and court costs, and reduce incarceration costs.^v Additionally, such programs can also decrease unnecessary visits to emergency departments and produce a number of intangible benefits to individuals encountering police, their family and friends.^{vi}

HOW JAIL DIVERSION WORKS

A framework known as the Sequential Intercept Model™ helps clarify how and where to best intervene with people with mental illness in the criminal justice system. There are multiple points within five categories (or intercepts) where targeted interventions can affect individuals' movement into or within the criminal justice system. The five main intercepts are generally described as:

1. First Responders: Law enforcement / Emergency services
2. Initial Custody: Booking / Preliminary court hearings
3. Pre-Trial & Post Adjudication- Jails / Probation / Courts, (e.g. specialty courts: drug, veteran, and mental health)
4. Community Re-entry from Correctional Facilities / Parole
5. Community Corrections Centers / Community support services

DMH supported jail diversion programs typically target number "1" of the five intercept categories on the list above.

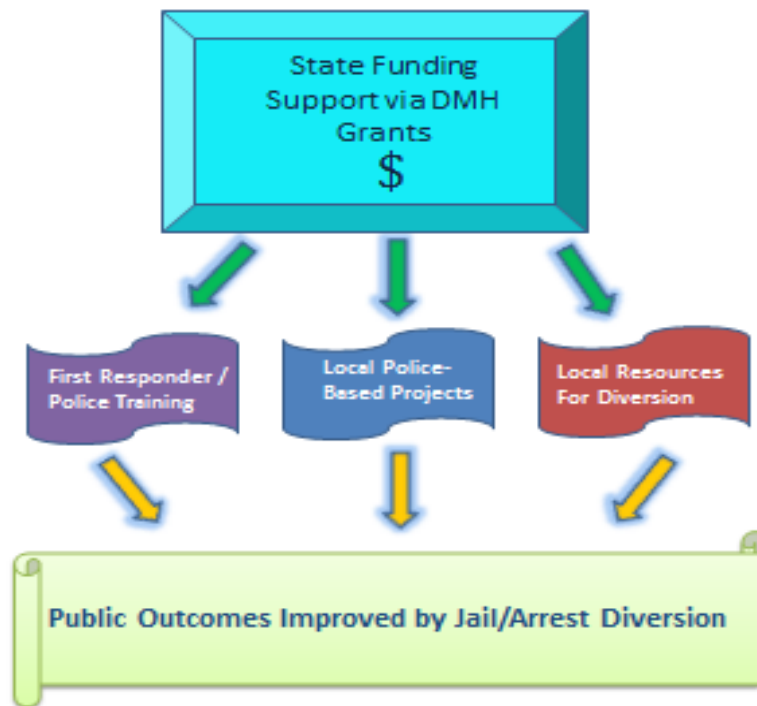
Diversions occurring at the first intercept, law enforcement and emergency services, effectively redirect individuals away from the entire criminal justice system, thereby avoiding contact with the multiple layers of subsequent criminal justice settings. Police-based diversion programs target this first intercept, where the highest benefit to the person and the highest cost savings may be realized (e.g., avoidance of costs associated with booking, court processing, etc., unnecessary emergency room visits or hospitalizations through linkages to alternative points of care).

Overall, DMH's approach in Massachusetts has emphasized statewide expansion of local program development and support for pre-arrest diversion models. DMH supports public safety personnel by providing training on techniques and information that can help minimize risk to all parties and increase officer confidence in making referrals to services when responding to a behavioral health crisis situation.

NUMBER OF CRISIS INTERVENTION TEAM AND JAIL DIVERSION EFFORTS IN MASSACHUSETTS:

The Department of Mental Health has provided funding for local Police-Based Jail Diversion Programs (JDP) since July 2007 and tracked early grass roots implementation of a Co-Response Jail Diversion program in Framingham beginning in 2003. For many years prior to that, DMH provided training to law enforcement officers on topics related to mental illness, mental health services, and crisis de-escalation. The DMH Jail Diversion Grant Program has predominantly funded municipalities, but also a few

behavioral health providers to develop local projects that led to the diversion of persons with behavioral health conditions away from the criminal justice system and into services and treatment.



FUNDING

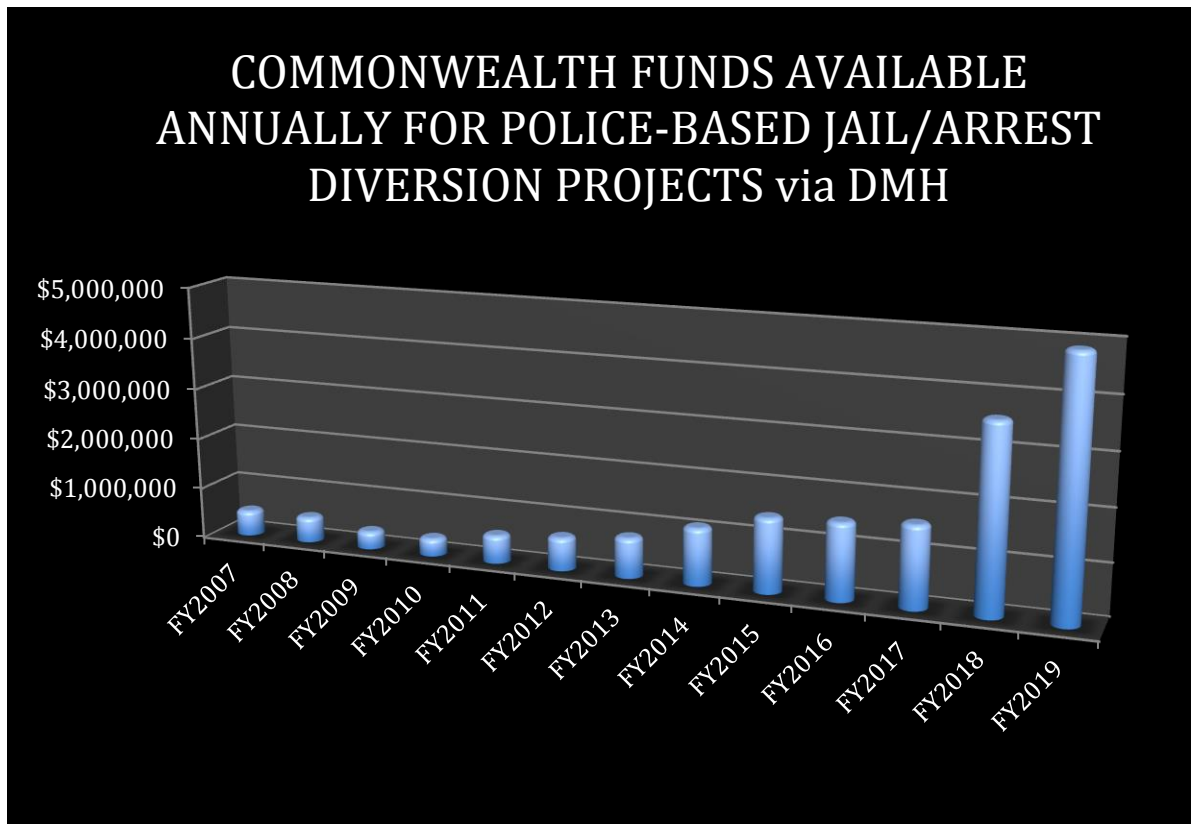
The Commonwealth first appropriated funding for police-based jail diversion projects in Fiscal Year 2007 at the level of \$400K. The available funds for the DMH Jail Diversion grant portfolio gradually rose over the next ten years to \$1,597,075 by Fiscal Year 2017.

Through Fiscal Year 2017, this Grant Program funded 4 different Jail Diversion Program Models: Co-Response Projects, Crisis Intervention Teams (CIT) Projects, Innovative (now “Component”) models and Crisis Intervention Team Training & Technical Assistance Centers (CIT-TTAC’s).

In Fiscal Year 2018, the DMH Jail Diversion Program was expanded with a substantial funding increase. DMH increased its statewide impact by offering grant support for new types of police-based diversion projects and more opportunities for new communities to adopt either a new or existing project type. By the end of Fiscal Year 2018, the number of active grants had risen from a start of 32 to a finish of 53 grant funded projects.

In Fiscal Year 2019, the DMH Jail Diversion Program was expanded with another funding increase of \$1.0 million. By the end of Fiscal Year 2019, the number of active grants under this program rose from a start of 54 to a finish of 65 grant supported projects.

A twelve year look at the Commonwealth's Behavioral Health Jail Diversion Project Funding Levels available through DMH appears in the chart below:



NEW PROJECTS

New funds in Fiscal Year 2018 increased the overall number of communities impacted by diversion projects and training.

Expanding on the project models eligible for grant support in the past DMH now offers nine different project types for local communities and their partners. The new project types include Co-Response Training and Technical Assistance Centers, Trainer/Consultant grants, Training/Backfill reimbursement grants, Community Planning grants, and Drop-Off Center grants.

PROJECTS

Brief description of each project type available under this program as of Fiscal Year 2018 and to date:

- ✓ **CIT Grants** (\$40K - \$100K per grant)
Purpose is to initiate a new Crisis Intervention Team model for use within a large, single police department or a region of small police departments. Often a multi-year grant but can be a single year as well.
- ✓ **CIT Technical Assistance Center (CIT-TTAC) Grants** (\$90K – \$300K per grant)
Purpose is to provide regional centers that provide both training and support services to police departments that adopt a CIT model. The centers provide a set number of courses per year for a set number of slots, and also provide follow-up technical consultation to participating police departments.
- ✓ **Co-Response Grants** (\$30K – 90K per grant)
These are multi-year grants to support municipalities to hire or sub-contract for a behavioral health clinician that would be added to the workforce within the police department (or departments if the program is regional). In addition to duties within the station, the clinician is also available to police for ride-alongs on shifts with the highest volume calls that have behavioral health needs.
- ✓ **Co-Response Technical Assistance Center (CR-TTAC) Grants** (\$90K – \$250K per grant)
Purpose is to provide regional centers that provide training and support services to co-response clinicians and their police colleagues in departments that adopt a Co-response model. The centers provide training opportunities, orientation services as well as assistance with recruitment of personnel on behalf of participating police departments.
- ✓ **Component JDP Grants:** (\$20K – 120K per grant)
These are multi-year grants to support municipalities to implement a Jail/Arrest Diversion program that is tailored to the local need/readiness of that community. For instance, a community may request support for a combination of training, consultation, CIT start-up and/or support for a co-responder.
- ✓ **Training/Backfill Grants** (\$20K – \$120K per grant)
These are one year grants for streamlined reimbursement for backfill costs and training fees (if applicable) for local police departments to send personnel to DMH-sponsored Crisis Intervention Training (10-20 officers), Mental Health First Aid trainings, and/or national conferences related to CIT or other approved practices.
- ✓ **Trainer/Consultant Grants** (\$2K – 80K)
Purpose is to provide direct payment to individuals and/or organizations that can provide professional consultation services, statewide or regionally, to police departments at any stage of development of their CIT program, TTAC, Co-Response program, or Component Jail/Arrest Diversion program. These grants can also fund individuals who can provide subject matter expert training on a CIT training topic(s) or can provide certified training on Mental Health First Aid or other related trainings.
- ✓ **Community Planning Grants** (\$12K per grant)

These are one-year grants to local police departments that would like to host a Sequential Intercept Mapping (SIM) session (or similar process) in order to reach out to and coordinate with their local providers/organizations to create a stakeholder group (task force). Stakeholder groups will meet no less than quarterly and are hosted by the grantee to create and execute MOU's with key local partners, and identify/develop local destinations to drop-off arrest diverted individuals.

✓ **Drop-Off Center Grants** (\$120K - \$250K per grant)

Drop-Off center grants are intended to enhance a pre-existing program/service site in order to add capacity/capability to readily receive individuals brought by police as an arrest diversion with little or no notice and with immediate to mid-term needs for assistance, assessment, de-escalation, stabilization & referral to appropriate follow-up.

MODELS OF POLICE TRAINING PROVIDED

Training models supported through this grant program include Crisis Intervention Team (CIT) training (40 hours), Mental Health First Aid (MHFA)[™] for first responders (8 hours), and specialized training for Co-Responder Clinicians working in police departments (variable).

Crisis Intervention Team (CIT):

Since 2008, grant applicants have been increasingly adopting the Crisis Intervention Team (CIT) model of Police-Based Jail Diversion programs in addition to those who opt for the Co-Responder model. The CIT model creates a specialized law enforcement “team” that partners with mental health providers to increase police response capability in calls involving behavioral health issues. When fully implemented in a police department, the CIT model involves the development of a local multi-agency community infrastructure, creation of formal policies for response to individuals in a mental health and/or substance use crisis, and formalized diversion efforts between community partners and law enforcement

CIT Training & Technical Assistance Centers:

A Crisis Intervention Team Training & Technical Assistance Center (CIT-TTAC) is a model supported by DMH and introduced in Fiscal Year 2014 to create hubs for CIT development across a region. Each CIT-TTAC partners with surrounding towns and police departments to provide consolidated CIT training, specialized trainings for other public safety personnel, development of community partnerships, development of organizational affiliations, mentoring of new programs/grantees, and technical assistance with the development of relevant policies, procedures and protocols. The overarching goal of

a CIT-TTAC is to assist local law enforcement agencies with the full development and implementation of a CIT program in their department.

Mental Health First Aid:

The Mental Health First Aid (MHFA) program is a manualized training format delivered to participants by certified instructors. The material presented is skills-based, experiential and is provided in an eight-hour block. Training for law enforcement is ideally taught by an officer/clinician instructor pair.

Mental Health First Aid trainings may be purchased and hosted by any organization. For DMH grant program participants in Massachusetts, MHFA for First Responders is available from both our CIT and Co-Response Training and Technical Assistance Centers. These trainings are also available periodically from individual police departments that host trainings with grant support and to individual police departments that acquire backfill reimbursement grants for this purpose.

Co-Responder Training:

Launched in 2018, the first **Co-Response Training and Technical Assistance Center (CR-TTAC)** is serving as the new hub for the Jail Diversion Co-Responder Model training in Massachusetts. The CR-TTAC offers a unique opportunity for co-responder clinicians and police personnel to attend pertinent trainings to better serve their community.

New co-responding clinicians are given 6-8 weeks of field training before working independently in a police department. The training includes time with Psychiatric Emergency Services; review of JDP policies, procedures, documentation, and police culture; and shadowing of seasoned co-responding clinicians in other police departments.

In order to prepare new police departments to host a co-response program, a readiness assessment is completed to identify the number of mental health calls they have been on in the last month, the number of those calls that resulted in a transport to the ED, and how many of those calls they would have used a clinician to assist them with. The data from these readiness assessments is combined with call data to determine best hours for the clinician to work. Additionally, the CR-TTAC hosts an information session for members of the department to attend where they are hearing both patrol officers and ranking members of departments who have currently successful JDP programs, discuss the utility of having a clinician embedded in their department.

CENTER FOR POLICE TRAINING IN CRISIS INTERVENTION

The Massachusetts Department of Mental Health is developing a Center For Police Training In Crisis Intervention (The Center). The Center will be available to municipal police and other public safety personnel throughout the Commonwealth. Chapter 208 of the Acts of 2018 established within DMH a Center For Police Training In Crisis Intervention, subject to appropriation. An appropriation of \$500,000

for The Center was made in the Fiscal 2020 Budget. DMH, with input from the Community Policing and Behavioral Health Advisory Council (also established in the Acts of 2018) has initiated a hiring process for The Center's director and has taken steps to procure the Center via a competitive bidding process. DMH expects a Request For Response (RFR) for The Center to be issued in January of 2020.

The Center will be a source and a clearinghouse for cost-effective, evidence-based mental health and substance use and crisis intervention training programs for law enforcement agencies and other public safety personnel. It will support, coordinate, promote, facilitate and take inventory of training opportunities that are provided directly by grant-funded regional Training & Technical Assistance Centers (TTACs) and other related grant-funded projects supported by DMH. It is anticipated that the center will be operational by April, 2020.

OUTCOME DATA

Data collection and outcome measures are a programmatic priority to ensure the ability to evaluate outcomes related to expenditures. Data collection and standardized outcome assessments have been an important component of DMH-supported law enforcement-based diversion programs.

DMH goals include the ability to evaluate data related to diversion outcomes for all programs regardless of model. Data collection efforts continue to evolve and change as the number and type of programs has expanded.

Fiscal Year 2017- summary data for Jail/Arrest Diversion Programs:

- There were 629 officers trained.
 - 408 officers CIT trained (Crisis Intervention Team)
 - 221 officers MHFA trained (Mental Health First Aid)
- There were nearly 20,650 hours of training provided by JDP grant funding.
- Over 5,000 incidents and behavioral health crises were responded to by police departments that received DMH JDP grants.
 - Over 4,000 of these were non-criminal incidents involving psychiatric situations, follow-ups, wellness checks and general disturbance calls.
 - For the 1,000 incidents where the person responded to could have been criminally charged, over 85% of the time, officers were able to divert the person from criminal charges.

Fiscal Year 2018- summary data for Jail/Arrest Diversion Programs:

- There were 816 officers trained.
 - 501 Officers were trained in 40-hour CIT (Crisis Intervention Team)
 - 60 Dispatchers were trained in an 8-hour CIT specialty course
 - 315 officers were trained in MHFA (Mental Health First Aid)
- There were 24,524 hours of training provided by JDP grant funding with 47 municipalities participating.
- JDP Grantees with Training & Technical Assistance Center programs have provided an estimated 1,460 hours of technical assistance to police departments and other law enforcement organizations.
- JDP Grantees with operational police-based programs have reported responses to over 7,300 incidents for which they collected data relative to their Jail/Arrest Diversion program.
 - Of these reported incident responses, about 84% involved a behavioral health concern with no criminal complaint being made. These were non-criminal incidents involving psychiatric situations, follow-ups, wellness checks and general disturbance calls.
 - 16% of reported incident responses involved a criminal complaint. In over 92% of these incidents where the person responded to could have been criminally charged, officers were able to divert the person from criminal charges. Over 970 unnecessary arrests were avoided and nearly 956 unnecessary emergency room visits were avoided according to grantees reporting data in this time period.

Fiscal Year 2019- summary data for Jail/Arrest Diversion Programs:

- There were 1,254 officers trained.
 - 712 Officers were trained in 40-hour CIT (Crisis Intervention Team)
 - 168 Dispatchers were trained in an 8-hour CIT specialty course
 - 542 Officers were trained in MHFA (Mental Health First Aid)
- There were 39,866 hours of training provided by JDP grant funding with 136 municipalities participating by sending officers to these trainings.
- JDP Grantees with Training & Technical Assistance Center programs have provided an estimated 2,013 hours of technical assistance to police departments and other law enforcement organizations.

- JDP Grantees with operational police-based programs have reported responses to over 12,500 incidents for which they collected data relative to their Jail/Arrest Diversion program.
 - Of these reported incident responses, about 86% involved a behavioral health concern with no criminal complaint being made. These were non-criminal incidents involving psychiatric situations, follow-ups, wellness checks and general disturbance calls.
 - 14% of reported incident responses involved a criminal complaint. In over 61% of these incidents where the person responded to could have been criminally charged, officers were able to divert the person from criminal charges. Over 1,023 unnecessary arrests were avoided and nearly 1,551 unnecessary emergency room visits were avoided according to grantees reporting data in this time period.

AMOUNT OF FUNDING PER GRANT- FY2019

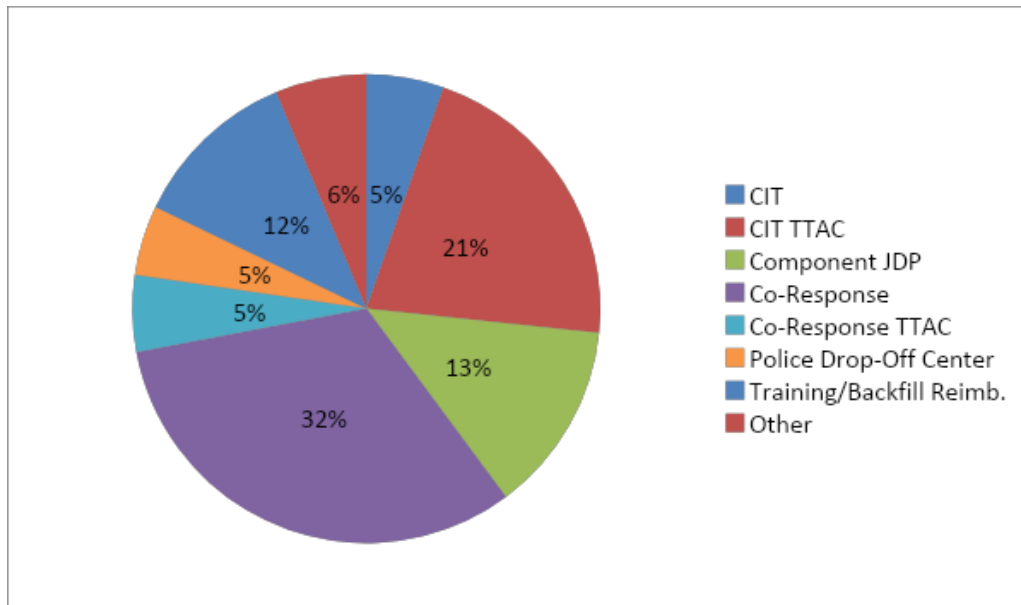
At the completion of Fiscal Year 2019, DMH presently had obligated funds to its municipal and other grantees as follows:



FY19 GRANTEE LISTING- Massachusetts Jail/Arrest Diversion Program

Recipient	Project Type	Award	Recipient	Project Type	Award
Amherst, Town of	OT	\$17,484	Ashland, Town of	Co-Response, Regional	\$90,000
Fall River, City of	OT	\$54,563	Bedford, Town of	Co-Response, Regional	\$45,000
Greenfield, City of	OT	\$20,000	Beverly, City of	Co-Response, Regional	\$90,000
Somerville, City of	OT	\$37,315	Braintree, Town of	Co-Response, Regional	\$85,000
Springfield, City of	OT	\$80,000	Bridgewater, Town of	Co-Response, Regional	\$45,000
Worcester, City of	OT	\$45,000	Franklin, Town of	Co-Response, Regional	\$90,000
Behavioral Health Network, Inc	CIT TTAC	\$212,798	Hudson, Town of	Co-Response, Regional	\$52,501
Brookline, Town of	CIT TTAC	\$238,012	Pepperell, Town of	Co-Response, Regional	\$84,817
Somerville, City of	CIT TTAC	\$298,280	Tewksbury, Town of	Co-Response, Regional	\$75,000
Worcester, City of	CIT TTAC	\$60,000	Westborough, Town of	Co-Response, Regional	\$45,000
South Shore Mental Health	OT- TTAC	\$60,000	Weymouth, Town of	Co-Response, Regional	\$53,000
Taunton, City of	COI- TTAC	\$138,400	NAMI Massachusetts	JDP Trainer/Consultant	\$155,000
Barnstable, Town of	Component JDP	\$50,000	Behavioral Health Network, Inc.	Police Drop-Off Center	\$228,800
Brockton, City of	Component JDP	\$46,971	NAMI Massachusetts	Statewide I & R Service	\$142,500
Everett, City of	Component JDP	\$112,628	Belchertown, Town of	Training/Backfill Reimb.	\$16,500
Fitchburg, City of	Component JDP	\$49,365	Boston, City of	Training/Backfill Reimb.	\$121,000
Holyoke, City of	Component JDP	\$85,000	Brookline, Town of	Training/Backfill Reimb.	\$66,846
Medford, City of	Component JDP	\$83,524	Chelsea, City of	Training/Backfill Reimb.	\$36,400
Winthrop, Town of	Component JDP	\$76,581	Chicopee, City of	Training/Backfill Reimb.	\$36,968
Yarmouth, Town of	Component JDP	\$60,000	Duxbury, Town of	Training/Backfill Reimb.	\$5,360
Northbridge, Town of	Component, Regional	\$82,875	Granby, Town of	Training/Backfill Reimb.	\$25,000
Advocates, Inc. (Framingham)	Co-Response	\$120,000	Longmeadow, Town of	Training/Backfill Reimb.	\$25,000
Arlington, Town of	Co-Response	\$45,000	North Reading, Town of	Training/Backfill Reimb.	\$33,756
Boston, City of	Co-Response	\$100,833	Revere, City of	Training/Backfill Reimb.	\$19,349
Lynn, City of	Co-Response	\$45,000	Southbridge, City of	Training/Backfill Reimb.	\$21,000
Marlborough, City of	Co-Response	\$45,000	Spencer, Town of	Training/Backfill Reimb.	\$12,757
Natick, Town of	Co-Response	\$35,771	Stoneham, Town of	Training/Backfill Reimb.	\$50,000
Norfolk County DA (Quincy)	Co-Response	\$80,000	Sturbridge, Town of	Training/Backfill Reimb.	\$3,000
Waltham, City of	Co-Response	\$43,000	Ware, Town of	Training/Backfill Reimb.	\$30,000
Watertown, Town of	Co-Response	\$45,000	Westfield, City of	Training/Backfill Reimb.	\$20,281
Danvers, Town of	Co-Response & OT	\$45,000	Westwood, Town of	Training/Backfill Reimb.	\$15,415
Salem, Town of	Co-Response & OT	\$45,000			
Wakefield, Town of	Co-Response & OT	\$45,000			
Advocates, Inc.	Co-Response TTAC	\$250,000	Total FY19 Awards		\$4,673,650

FY19 Spending Percentage on Grant Project Type



DMH will monitor the evolving needs for future grant support from communities across the state by tracking the number of applications for each project type, the number of communities participating, and the scope and scale of projects proposed. Based upon this information, DMH will be able to make additional recommendations for new expansion needs in upcoming years.

POTENTIAL SAVINGS ACHIEVED IN FY2019

Calculating the exact cost savings of jail diversion programs is challenging as treatment and criminal justice costs are often examined separately and cost estimates do not include an analysis of long-term savings or expenditures or more intangible savings that can be achieved. In the short term, national data shows that diversion programs initially shift some costs from criminal justice to the mental health system. Typically more intensive human services are needed when someone is in crisis, but longer term savings are realized over time as treatment makes a beneficial impact. This can also lead to a decrease in future criminal justice involvement for some individuals.

As part of a cost-avoidance projection, some have begun to look at savings obtained if police are able to divert individuals both from arrest and from emergency department utilization when those levels of intervention are not necessary. Specifically, the costs of an arrest and subsequent court-related costs are estimated at an average of \$5,650 per arrest. This estimate includes the cost of police time making the arrest, transporting to detention and court, booking and reports, lock-up facility costs, police department administrative and overhead costs, Trial Court costs such as personnel, administration and overhead, District Attorney costs and Public Defender costs, averaged per case.

In addition, a portion of individuals arrested will also incur costs for short-term incarceration and probation. Significant savings to the healthcare system would be realized through pre-arrest, police-based diversion programs when they result in decreasing unnecessary visits to emergency departments (an estimated savings of \$1,850 per visit –not including police time away from their shift). This includes the cost of an ambulance trip, the personnel, medical, administrative and overhead costs of the emergency room and the cost of an emergency mental health evaluation, averaged per case. Further savings are realized by local communities and municipalities through improved coordination between services, potentially reduced injury by increased officer training and skills development, and collaboration with clinical providers who can work with individuals over time so that police are freed up to respond to public safety matters. Savings may also be realized downstream if appropriately targeted mental health services are provided and costly cycling-between-systems lessens.

DMH has been collecting data from our grantees with police-based programs on successful diversions from arrest and unnecessary emergency department visits. This provides an opportunity to better estimate the cost savings achieved by this particular grant program. Potential savings are conservatively estimated below:

MASSACHUSETTS JAIL/ARREST DIVERSION GRANT PROGRAM			
Diversion From:	Number of Events Reported To DMH	Est. Average Cost per Event	Estimated Potential Savings
Emergency Department Visit & ESP eval.	1401	\$1,830	\$2,563,830
Arrest & Court Costs (ave.)	1023	\$5,650	\$5,779,950
Custody In Jail (4 days est.)	341	\$600	\$204,600
Probation (40 days est.)	341	\$200	\$68,200
Estimated Cost Savings for FY2019:			\$8,616,580

*Costs not factored into this estimated savings include police costs for court appearances, potential for reduced injury and related costs, and other miscellaneous costs. Also, diversion data totals received by DMH are under-reported as not all grantees or non-grantees in Massachusetts are required to report their diversion counts to DMH.

RATIONALE FOR EXPANSION:

- Through data collection and narrative reporting from current grantees, DMH has compiled strong evidence that local projects supported by this grant program are making real and positive impacts on individuals with behavioral health challenges and their communities. Law enforcement agencies are benefitting by equipping personnel to make improved responses and interventions, which lead to better outcomes and fewer injuries.
- The Commonwealth's investment in funds, by a conservative estimate, is proving to have a cost benefit of nearly \$2 for every \$1 spent on this program.
- This program complements other major initiatives undertaken by the Commonwealth, such as Criminal Justice Reform, Specialty Court Expansion, and The Community Justice Project, organized by the Executive Office of the Trial Court, which focuses on bringing local service resources together with law enforcement to improve systemic responses to people in behavioral health crisis.
- The Massachusetts Community Policing and Behavioral Health Advisory Council is in the process of recommending standards be set for all law enforcement organizations in the state. Such recommendations will include a percentage of departments that should adopt a behavioral health training model and also a percentage of the personnel in an organization that should receive extensive training, according to the model adopted. The Council will also consider a recommended timeframe within which all law enforcement agencies in Massachusetts reach the recommended standards. Delivery of and support for such training is now available from projects in this grant program. .
- The Massachusetts Association of Chiefs of Police has urged its membership to take the "One Mind" Pledge, a campaign organized by the International Association of Chiefs of Police.

CONCLUSION

Early identification of individuals with behavioral health needs at each level of contact with the criminal justice system can improve their access to care and improve long-term treatment outcomes. Effects of these types of interventions are increasingly showing promise here in Massachusetts, with benefits to society and the individuals, as well as the potential for cost savings. DMH police-based diversion programming allows for the development of standard approaches to diversion, data collection and ongoing evaluation of interventions provided. The Commonwealth of Massachusetts continues to realize multiple benefits since the proliferation of Police-based jail diversion programs, especially related to improved collaborations between police, courts, jails and prisons, human services agencies and emergency service programs, as well as overall improved individual outcomes without compromising public safety.

ⁱ Prins S. J. (2014). Prevalence of mental illnesses in US State prisons: a systematic review. *Psychiatric services (Washington, D.C.)*, 65(7), 862–872. doi:10.1176/appi.ps.201300166

ⁱⁱ Treatment Advocacy Center: <https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695>

ⁱⁱⁱ <https://www.centerforebp.case.edu/resources/tools/national-gains-center>

^{iv} Ghiasi N, Singh J. Psychiatric Illness And Criminality. [Updated 2019 Jan 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537064/>

^v A Second Look at ALLEVIATING JAIL CROWDING A SYSTEMS PERSPECTIVE: <https://www.ncjrs.gov/pdffiles1/bja/182507.pdf>

^{vi} National Association of State Mental Health Program Directors: A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness (2018) https://www.nasmhpd.org/sites/default/files/TACPaper5_ComprehensiveCrisisSystem_508C.pdf