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JAIL/ARREST DIVERSION GRANT PROGRAM

FY2020 ANNUAL REPORT

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Introduction

This report provides information about the activities at the Department of Mental Health (DMH) on the police-based jail diversion initiative from July 1, 2019 to June 30, 2020. From Chapter 41 of the Acts of 2019, Line item 5046-0000 for DMH's FY 2020 budget requires DMH to report on "the: (i) 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."

Since 2007, DMH has been implementing and refining a statewide behavioral health jail diversion initiative to promote the decriminalization of mental illness and to improve treatment and support for individuals with serious mental illness. This initiative is designed to improve outcomes for individuals when they encounter police and other first responders during a behavioral health crisis. It exemplifies a successful partnership that has spanned many years across state and municipal government, behavioral health providers and stakeholders. There are other diversion programs sponsored by other sectors of federal, state and local government. For DMH and its partners, the diversion program we refer to is The Massachusetts Jail and Arrest Diversion Initiative.

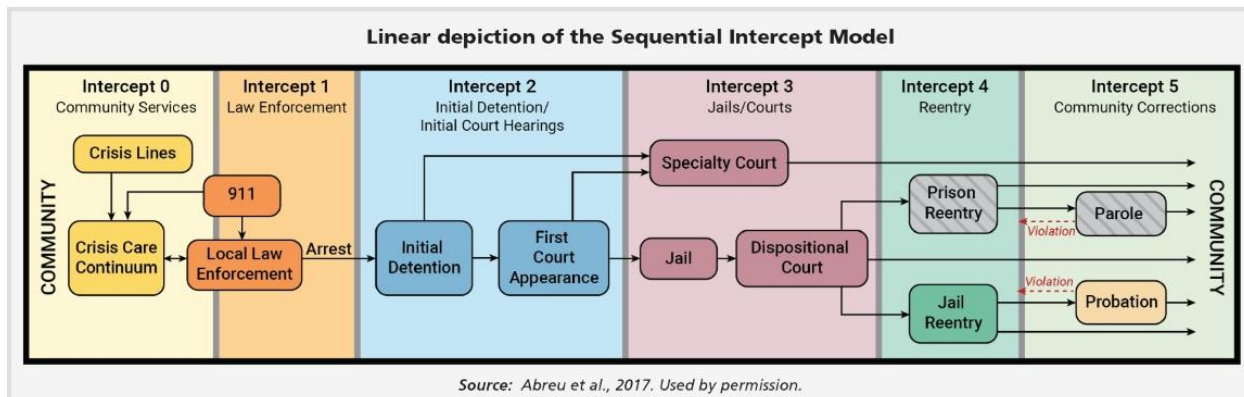
The Massachusetts Jail and Arrest Diversion Initiative is a grant program offered by DMH to local communities and behavioral health providers. The grant projects collectively contribute to the overarching statewide goal of improving outcomes when law enforcement and individuals with behavioral health challenges intersect.

In Fiscal Year 2020, DMH expended a total of \$3,915,661 on The Massachusetts Jail and Arrest Diversion Initiative. Grant project amounts ranged from \$7,500 to \$298,000. A total of 61 distinct grant projects were funded in FY2020. Through this initiative, DMH provided grant support for projects to further statewide goals in four general categories, including:

- The development, provision, and coordination of behavioral health training models for police and other first responders
- Obtaining and maintaining training in best practices for behavioral health crises response for police departments
- Adding a civilian with clinical training to a police department's workforce that can co-respond with police officers to individuals in a behavioral health crisis
- Supporting additional resources for behavioral health providers to serve individuals brought directly to them by specially trained police during a crisis

Increased training opportunities and the use of alternative resources for law enforcement play a crucial role in modern community policing in the United States. DMH uses the Sequential Intercept Model (SIM) as a foundational framework to design initiatives that promote the decriminalization of people with behavioral health conditions. Within this framework, six distinct points of intercept, starting at 0, have been identified along the criminal justice system continuum: (0) Community Services, (1) Law

Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.



The focus of DMH Jail & Arrest Diversion grant projects is placed at either intercept 0 or 1 of the Sequential Intercept Map. The grant projects focus on the workforce operating in Intercept 1, (911 and Law Enforcement), providing effective trainings, intervention options, resources and tools to help address the clinical and substance use needs that are presented when on a crisis call. The reasoning behind this is that if positive outcomes can be maximized and financial costs kept down at the earliest linear point, this is the most beneficial for the individual, for law enforcement, and for society.

General Categories of Jail Diversion Grant Support

Training: DMH supports projects that assist police departments with workforce training to improve their response to behavioral health crisis situations. This includes grants for training development, training delivery, and providing financial support to cover shifts for those being trained.

These grant projects consist of evidenced based training models and specialized approaches to help law enforcement better serve their communities. MHFA (Mental Health First Aid for First Responders) is an 8-hour introductory course on diagnostic guidelines and individual needs. Critical Incident Team (CIT) is a more advanced, 40-hour course, which covers a wide array of trainings focusing on topics like autism, domestic violence, specialty courts, veteran needs, hoarding issues, psychiatric medications and trauma-informed approaches, among others. Specialty training for clinicians operating as police co-responders and for police officers working in tandem with clinicians is another area of trainings available through grant projects. There is a need for advanced trainings in these areas to include more specialized approaches. For example, educating first responders on the distinction between psychosis as a result of a psychiatric issue vs. substance-induced psychosis, is critical for deploying the correct type of intervention.

Other grant projects actively sustain the training outcomes once achieved and keep training curriculums and presentations up to date and relevant, providing technical assistance to police departments who are employing JDAI strategies. The function of monitoring and cultivating ongoing local jail diversion projects is performed by DMH and its grant partners such as regional Training & Technical Assistance Centers and the new Statewide Center for Law Enforcement Behavioral Health Training. For police departments with questions about their project implementation, policy development, or training needs, local consultation is available from their regional center.

Fiscal Support for Training: Through Training and Backfill Reimbursement grant opportunities, DMH strives to provide a cost-neutral training opportunity for all police departments that participate. Providing trainings at no net cost is of great assistance to a department as it removes budget related barriers that can limit access.

Fiscal Support for Co-Responders: Co-Response projects implement a model that embeds a behavioral health clinician in a police department, or a clinician who is shared among several neighboring police departments. The clinician may respond with law enforcement to calls that involve behavioral health issues/crises. This model may also include follow-up case management, where a clinician returns to the residence of an individual or family with a law enforcement member to assist with connecting a person to services. This model presents a coordinated public safety/human services response to individuals in the community, bridging first responder services and mental health services. Pairing police with clinicians in the field maximizes their mutual knowledge and leads to more effective and appropriate interventions in situations where behavioral health may be a factor.

Fiscal Support for Providers of Police Drop Off Centers: A drop-off center project provides funding to a police department or region that partners with a behavioral health provider to set up and staff a 24/7 center that provides immediate access to assessment, stabilization and care coordination services for individuals in need of care but who may not require psychiatric hospitalization. This type of grant project addresses multiple areas of need, including a location for police to access services for individuals after business hours when other options are limited. It avoids the delays that may be associated with an Emergency Department assessment at a medical facility when this level of care is unnecessary. Use of this alternative may lessen disruption to the individual and family. A more immediate connection to community resources can often be achieved this way.

Grant Project Types

The DMH Jail/Arrest Diversion Initiative provides applicants with several project design options to choose from. This menu offers flexibility for their grant project to address the local need from different angles. Below are the types of grant projects currently possible, with a brief description:

✓ **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 though can be a single year.

✓ **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 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 to work within the police department (or departments if the program is regional). In addition to providing consultation and follow up visits, the clinician is also available to police for ride-along and dispatched calls on shifts with the highest number of behavioral health related calls.

✓ **Co-Response Technical Assistance Center (CR-TTAC) Grants** (\$90K – \$250K per grant)

These grants provide regional centers with 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 Jail Diversion 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 or program coordinator.

✓ **Training/Backfill Grants** (\$20K – \$120K per grant)

These are one-year grants that simply reimburse grantees for backfill costs and training fees (if applicable) to support local police departments to send personnel to DMH-sponsored CIT 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)

The 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 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 Memoranda of Understanding agreements 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, and referral to appropriate follow-up.

JAIL DIVERSION GRANTEE & FUNDING DETAIL



FY20 GRANTEE LISTING- Massachusetts Jail/Arrest Diversion Program

Recipient	Project Type	Award	Recipient	Project Type	Award
Amherst	CIT	\$16,243	Ashland	Co-Response, Regional	\$90,000
Fall River	CIT	\$59,640	Bedford	Co-Response, Regional	\$45,000
Greenfield	CIT	\$20,000	Beverly	Co-Response, Regional	\$90,000
Somerville	CIT	\$37,315	Braintree	Co-Response, Regional	\$85,000
Springfield	CIT	\$80,000	Bridgewater	Co-Response, Regional	\$45,000
Worcester	CIT	\$45,000	Franklin	Co-Response, Regional	\$90,000
Behavioral Health Network, Inc	CIT TTAC	\$268,191	Hudson	Co-Response, Regional	\$90,000
Brookline	CIT TTAC	\$238,012	Pepperell	Co-Response, Regional	\$73,483
Somerville	CIT TTAC	\$298,280	Tewksbury	Co-Response, Regional	\$75,000
Aspire	CIT-TTAC	\$60,000	Westborough	Co-Response, Regional	\$90,000
Taunton	CCIT-TTAC	\$138,400	Weymouth	Co-Response, Regional	\$85,000
Barnstable	Component JDP	\$50,000	NAMI Massachusetts	JDP Trainer/Consultant	\$131,000
Brockton	Component JDP	\$46,971	Behavioral Health Network, Inc.	Police Drop-Off Center	\$228,800
Everett	Component JDP	\$80,000	NAMI Massachusetts	Statewide I & R Service	\$123,500
Fitchburg	Component JDP	\$49,355	Boston	Training/Backfill Reimb.	\$40,000
Holyoke	Component JDP	\$100,000	Brookline	Training/Backfill Reimb.	\$20,000
Medford	Component JDP	\$60,000	Chelsea	Training/Backfill Reimb.	\$36,400
Winthrop	Component JDP	\$76,581	Chicopee	Training/Backfill Reimb.	\$36,968
Yarmouth	Component JDP	\$60,000	Longmeadow	Training/Backfill Reimb.	\$15,000
Northbridge	Component, Regional	\$59,884	Revere	Training/Backfill Reimb.	\$30,000
Advocates, Inc. (Framingham)	Co-Response	\$120,000	Southbridge	Training/Backfill Reimb.	\$15,000
Arlington	Co-Response	\$45,000	Spencer	Training/Backfill Reimb.	\$28,000
Boston	Co-Response	\$103,413	Stoneham	Training/Backfill Reimb.	\$20,000
Lynn	Co-Response	\$45,000	Sturbridge	Training/Backfill Reimb.	\$15,000
Marlborough	Co-Response	\$45,000	Ware	Training/Backfill Reimb.	\$7,500
Natick	Co-Response	\$57,551	Wilbraham	Training/Backfill Reimb.	\$10,000
Norfolk County DA (Quincy)	Co-Response	\$80,000	Mass State Police	Training/Backfill Reimb.	\$42,759
Waltham	Co-Response	\$43,000	Behavioral Health Network, Inc.	Center for Training	\$140,000
Watertown	Co-Response	\$45,000			
Danvers	Co-Response & CIT	\$45,000			
Salem	Co-Response & CIT	\$45,000			
Wakefield	Co-Response & CIT	\$45,000			
Advocates, Inc.	Co-Response TTAC	\$250,000			

Statewide Center for Police Training In Crisis Intervention

Chapter 208 of the Acts of 2018, the Criminal Justice Reform Bill, created a “center for police training in crisis intervention” that addresses the need for a centralized, statewide entity that is responsible for behavioral health training in crisis intervention for law enforcement. The law states:

“...Subject to appropriation, within the department of mental health, there shall be a center for police training in crisis intervention, in this section hereinafter referred to as the center. The center shall serve as a source for cost-effective, evidence-based mental health and substance use crisis response training programs for municipal police and other public safety personnel throughout the commonwealth. The center shall conduct activities as the advisory council, pursuant to subsection (e), directs, which shall include: (i) supporting the establishment and availability of community policing and behavioral health training curricula for law enforcement personnel, particularly in interventions that provide alternatives to arrest and incarceration; (ii) serving as a clearinghouse for best practices in police interactions with individuals suffering from mental illness and substance use disorders; (iii) developing and implementing crisis intervention training curricula for all veteran and new recruit officers; (iv) providing technical assistance to cities and towns by establishing collaborative partnerships between law enforcement and human services providers that maximize referrals to treatment services; and (v) establishing metrics for success and evaluation of outcomes of these programs...”

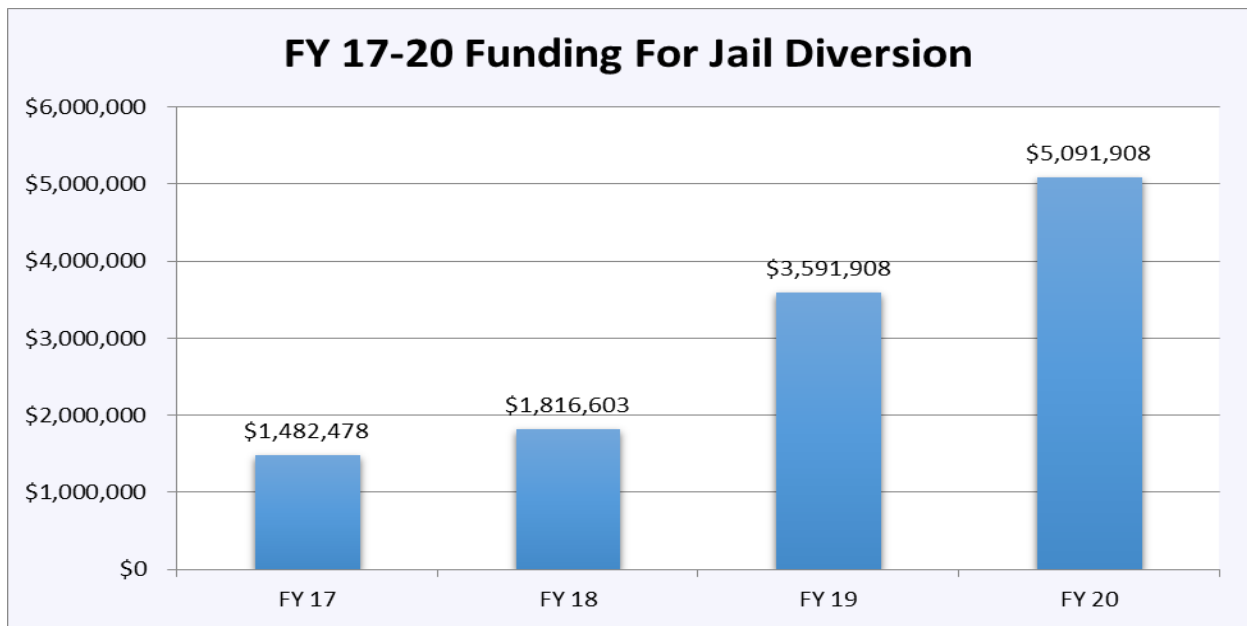
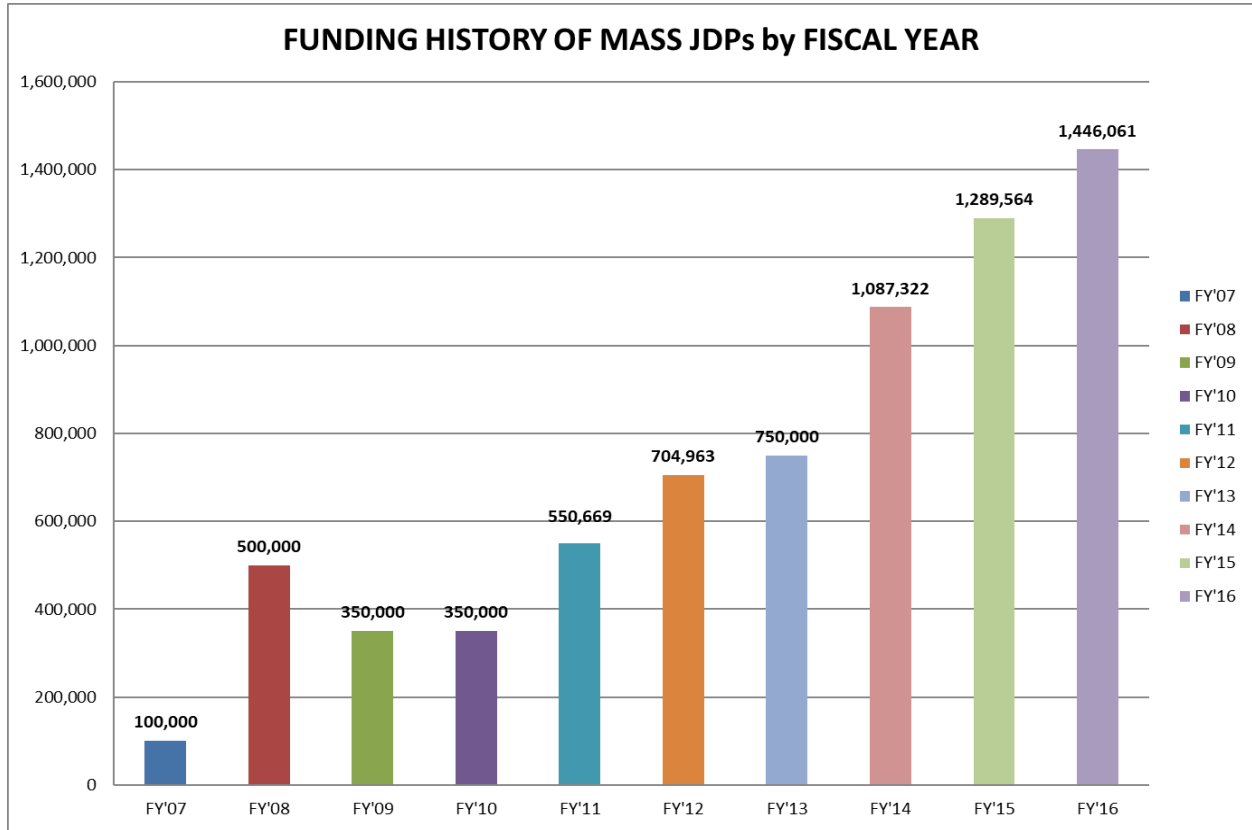
In FY 2019, funding for this Center was appropriated by the Legislature and DMH subsequently initiated a procurement process for a provider of the Center. DMH awarded a new contract for the Center to Behavioral Health Network, Inc. of Springfield in March 2020 and start-up activities were launched in the following month.

At the conclusion of FY2020, the Center was in the initial start-up phase. The new provider’s start-up activities continued at the start of FY2021 but faced additional challenges due to the COVID-19 pandemic. The Center began to perform a portion of its operations beginning in the summer of 2020, however at time of this report, the host organization for the Center notified DMH that they would not be able to continue to operate the Center, and DMH accepted an early termination of their contract. DMH is temporarily covering the functions of the Center while the contract is being put immediately back out for bid.

When fully operational, the Center will serve as a resource for all law enforcement personnel around the state seeking training in behavioral health topics and evidenced based models of intervention and diversionary program operations. The Center will also support the regional Training and Technical Assistance Centers, who directly provide CIT, MHFA, and Co-responder trainings locally. The Center will be available to assist police departments with questions about available training and diversion models and their implementation, as well as inform them about financial resources that may be available.

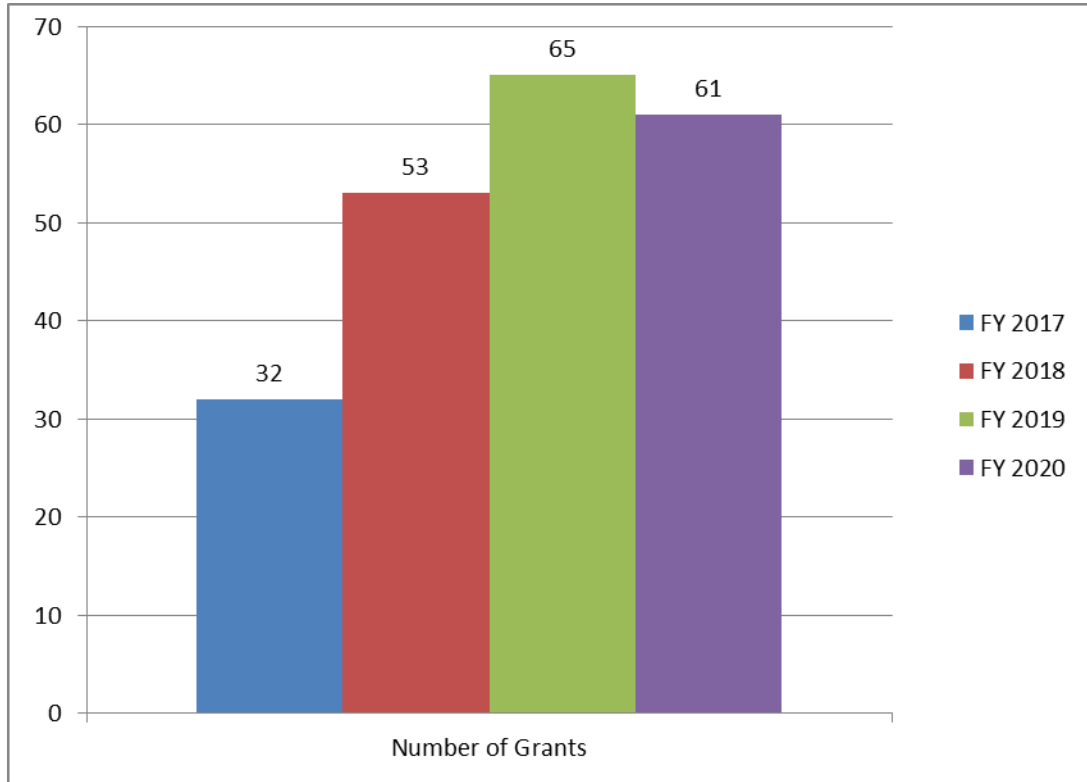
FUNDING GROWTH

DMH has been implementing this Jail/Arrest Diversion Initiative since 2007. Since that time, the scope, the scale and the funding capacity has evolved. Below are some figures charting this growth:



NUMBER OF GRANTS FUNDED (FY17-FY20)

Through Fiscal Year 2020, this grant program funded a variety of jail diversion program models: Co-Response projects, Crisis Intervention Team (CIT) projects, Component Jail Diversion models, Crisis Intervention Team Training & Technical Assistance Centers (CIT-TTAC's), a Drop-Off Center, etc. The Overall number of grants decreased slightly in FY20 due to contingency budget holds that restrained the awarding process.



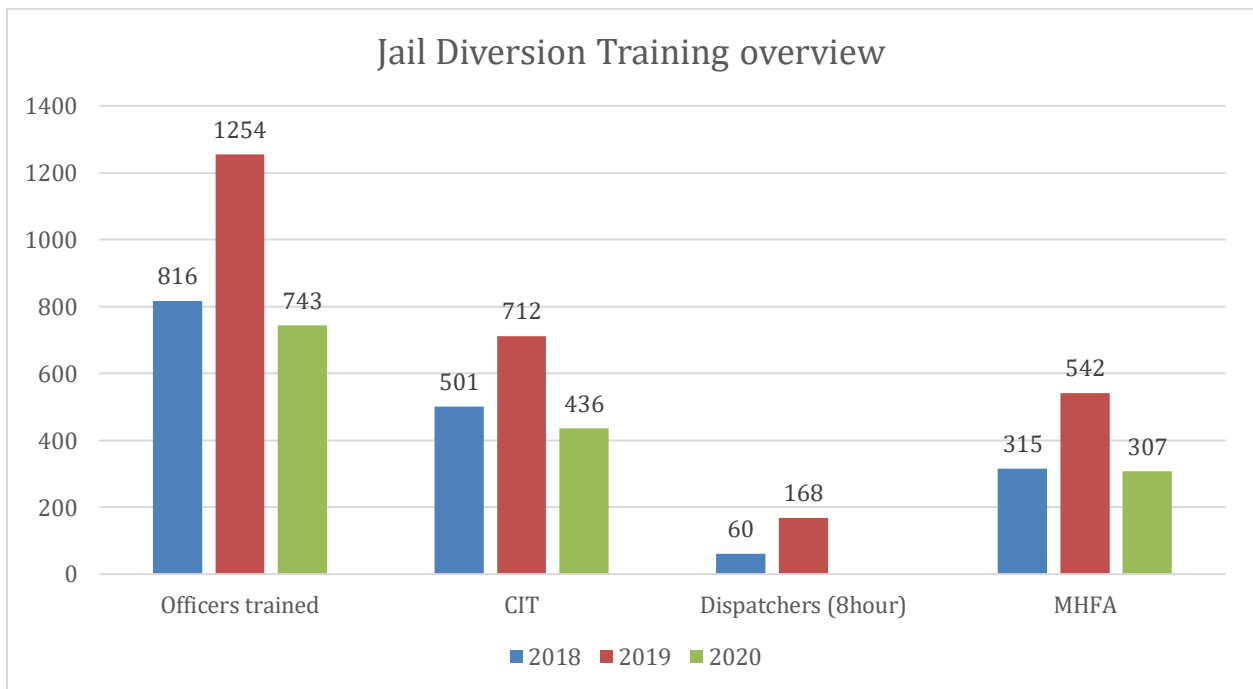
OUTCOME DATA

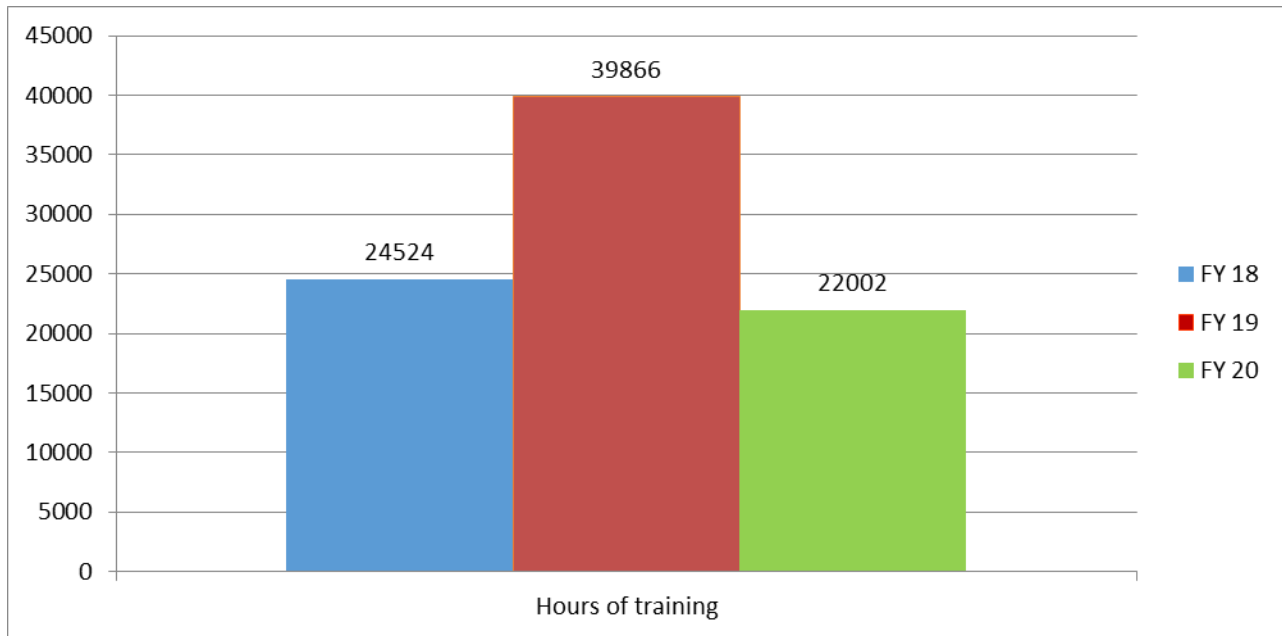
Data collection and outcome measures are a programmatic priority to ensure the ability to evaluate outcomes related to expenditures. Data collection and standardized outcome assessments have been an important component of DMH-supported law enforcement-based diversion programs.

DMH collects data from the jail diversion grantees to measure the quantity of trainings conducted, the number of attendees and the number of participating departments. On the field operations side, DMH also collects data on the number of training practices implemented by police departments, the number of successful diversions and, contributing factors/circumstances that associate with outcomes.

DMH has been actively assessing and evaluating the jail diversion data collected, the quality of the data, and the impact of the data. By exhibiting the impact of the data and reflecting it back to the departments, communities and interested parties, the jail diversion outcomes that have been accomplished this year and over the past decade and a half can be better demonstrated, as well as areas of need and growth highlighted. DMH is planning to make the data that has been collected thus far accessible to all communities and requesting parties to the extent permissible. A public data viewing platform is now in development and is expected to be operational in May 2021.

The following chart highlights key outcome data from jail diversion grant projects over the past three years:





Though the total number of trainings and training hours were planned to increase in FY20 from the FY19 levels, however the onset of COVID-19 pandemic resulted in the cancellation of most of the trainings that were scheduled from March 2020 through June of 2020. Efforts to provide comparable trainings remotely were undertaken by the regional training centers during this period but CIT training cannot be accomplished by entirely remote methods. Alternative training opportunities were conducted but did not produce comparable numbers in hours that would have otherwise been achieved with in-person trainings.

Summary of Police Based Jail Diversion Data for FY18-FY20

Jail diversion grantees with operational police-based programs have reported responses (for which they collected data) relative to their Jail/Arrest Diversion Program:

- In FY18 to over 7,300 incidents
- In FY19 to over 12,500 incidents
- In FY20 to over 16,300 incidents

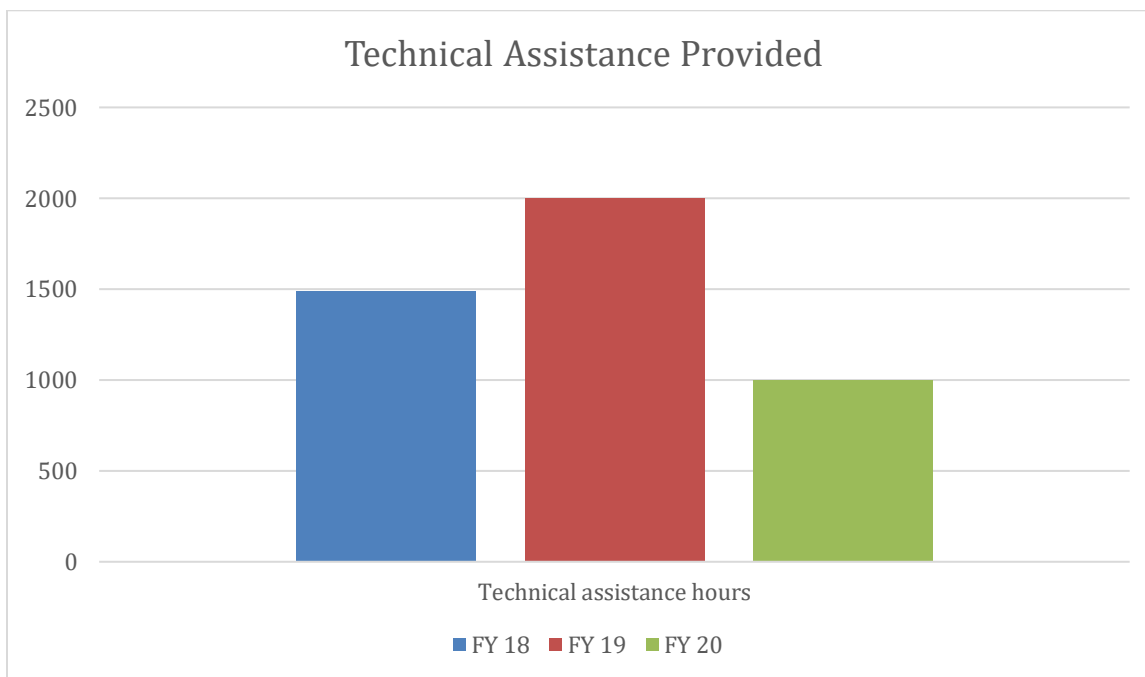
Of those reported incident responses, the following percentages involved a behavioral health concern with no criminal complaint being made:

- In FY18, 84%
- In FY19, 86%
- In FY20, 87%

The following number of diversions from arrests and emergency room visits were documented, according to grantee reporting data in this time period:

- In FY18, 970 unnecessary arrests and 956 unnecessary emergency room visits avoided
- In FY19, 1,023 unnecessary arrests and 1,551 unnecessary emergency room visits avoided
- In FY20, 1,865 unnecessary arrests and 2,088 unnecessary emergency room visits avoided

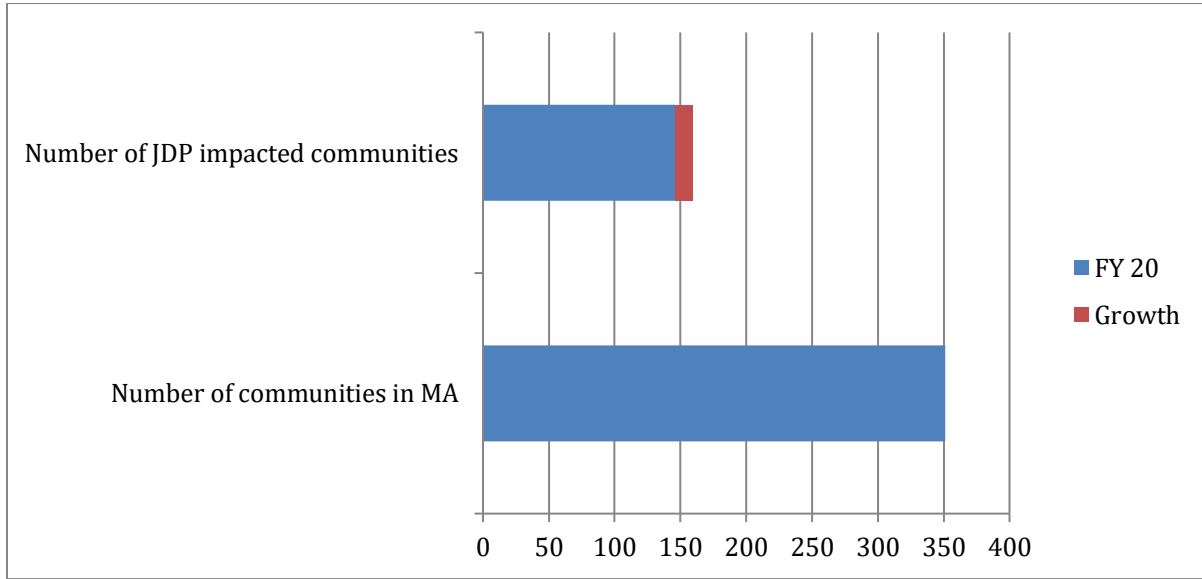
Technical assistance is provided to police departments across the Commonwealth on questions such as, what specific diversion model to adopt, how to initiate a diversion project for the first time, how to adapt internal policies to be consistent with diversion project’s implementation, how to apply for grants, etc. Technical assistance is provided by the TTACs (Training and Technical Assistance Centers) and by DMH.



Statewide Impact of Jail Diversion Grants

Municipal police departments as well as campus police at educational institutions can be impacted directly by receiving a grant from DMH, and indirectly, by police departments that are invited to trainings by grantees of the Massachusetts Jail/Arrest Diversion Program. Additionally, police departments may utilize a Drop-Off Center grant program whether or not they receive direct DMH grant support. In these ways, many more communities are indirectly impacted by availing themselves of CIT and MHFA trainings at no additional cost. The chart below is inclusive of all communities that have been impacted directly and indirectly in FY2020. New communities added during FY2020 are highlighted in red.

NUMBER OF COMMUNITIES IMPACTED IN FY2020



*****13 Universities/Colleges were also trained in FY 20*****

*****COVID-19 NOTE:** COMPARED TO FY 2019, 75% of the trainings were held in FY 20 and 56% of participant hours took place in FY 20 (39,000+ than were planned. Typically, in a fiscal year, a large proportion of trainings are scheduled in the spring. The final numbers are noteworthy considering COVID-19 restrictions given the overall training timeline. ***

POTENTIAL SAVINGS ACHIEVED IN FY2020

Calculating the exact cost savings of jail diversion programs is challenging. Health care and criminal justice costs are often examined separately and cost estimates do not include an analysis of long-term expenditures or intangible savings that can be achieved. Quantifying the cost savings resulting from the DMH Jail/Arrest Diversion Initiative in Massachusetts is a complex endeavor that can only be reflected as a best estimate. In one aspect, there is solid benchmark information available locally that establishes the average cost associated with Emergency Department visits. However, the goal in every case is not necessarily to divert a person from an emergency room when this intervention may be the correct one. Rather, the goal is to accurately assess the individual needs in the moment and provide the right intervention. Emergency Departments are sometimes used as a destination of last resort in cases when other options are not available. In such instances, an appropriate diversion from this is desirable and can bring significant medical cost savings. Such diversions can also be a time saver for police, for medical facilities, and can avoid a counter-productive wait in an emergency room for the person in crisis.

Significant costs to the criminal justice system begin at the point of arrest and will continue to accrue as a person moves further through that system. Although there is often a clear legal imperative that requires an arrest, the training and resources that jail diversion projects make available to police can

prevent and reduce some of those legal imperatives if effective de-escalation techniques can be employed or if alternative resources can be offered in the earliest stages of a police encounter.

COST SAVINGS CHART

(*****COVID-19 NOTE:** COVID-19 restrictions have impacted these diversion counts for the second half of fiscal year 2020)

Number of arrest diversions	Number of incarceration diversions	Number of unnecessary ED diversions
<ul style="list-style-type: none">• 1865 reported diversions x \$2,990 (per incident)• \$5,576,350	<ul style="list-style-type: none">• 466 estimated diversions x \$5,650 (per incident)• \$2,632,900	<ul style="list-style-type: none">• 2,088 reported diversions x \$2,700 (per incident)• \$5,637,600

Total Estimated Savings Achieved in FY2020:

\$13,846,850

Below are descriptions of cost centers that are acknowledged when estimating the savings achieved by jail diversion projects when they successfully divert a person from an unnecessary medical visit, an unnecessary arrest, and/or an avoidable process through the criminal justice system.

Cost of an Emergency Department visit:

- On average, emergency room level of care for psychiatric reasons incurs a cost of \$2,700 per day for an individual.
- 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. Savings may also be realized downstream if appropriately targeted mental health services are provided and costly cycling between systems is lessened.
- Proactive interventions, established by jail diversion initiatives and supported by grant funding, can assist in addressing needs earlier, before a situation rises to a crisis level. When the right interventions are applied in the right place and at the right time, an unnecessary path toward hospitalization can be safely avoided.

Public Safety costs stemming from an arrest:

On average the cost of police and court activity incurred is calculated at a rate of \$2,990 per arrest.

Police costs

- Police costs can include the cost of officer time making the arrest, overtime associated with the arrest (if applicable), report writing, transportation to detention and court, booking and additional reports, pre-arraignment lock-up facility costs, police department administrative and overhead costs.

Court costs

- Court costs can include court filing fees, appeal fees and any surcharges incurred. Administrative staff, supplies, and issuance of official documents.
- Fees for a constable or sheriff for serving court documents, fees for witness subpoenas or other court documentation, costs associated with publishing notices related to a court action.
- Trial costs such as forensic testing costs, examination or testimony fees, jury costs and appeal bonds filings are also among the many costs that may accrue within the court process.
- Other court-related costs such as local courthouse personnel, administration and overhead costs to the court department, District Attorney costs and Public Defender costs, will also be incurred. Probation costs are also be incurred as when applicable.

Incarceration costs

On average the cost of a pre-trial incarceration resulting from an arrest incurs a cost of \$5,650 per arrest. Since only a subset of all arrests result in a pre-trial incarceration, we have applied the multiplier of 25% to the overall number of arrest diversions to derive this estimate of cost savings from this initiative.

- The cost of incarceration in the Commonwealth of Massachusetts is calculated at an average daily cost of \$143.72.
- Incarceration costs include transportation/security for court appearances, correctional officer costs and other personnel, facility maintenance, medical and mental health care, meals, clothing, supplies and other necessities for inmates.

RATIONALE FOR EXPANSION

The DMH Jail/Arrest Diversion Initiative is in a strong position to grow and include more communities across the Commonwealth. While a small portion of the pool of grant funding “turns over” each year, most of these funds support multi-year projects and/or projects that gain momentum and require additional funds to support their growth. The Commonwealth has several compelling reasons to consider expanding the capacity of this grant program with additional funding:

- Through data collection and narrative reports from current grantees, DMH has compiled strong evidence that local projects supported by this grant program are making real and positive impacts on police practices and on individuals with behavioral health challenges and their communities. Law enforcement agencies are benefitting by training personnel to conduct improved responses and interventions, which lead to better outcomes, better public relations and fewer injuries.
- The Commonwealth’s investment in funds for jail diversion projects in a typical year (by a conservative estimate) has a cost benefit of nearly \$3 in savings for every \$1 spent. This savings is realized on both the health care and public safety sides of the equation.
- This initiative complements other major initiatives engaged by the Commonwealth, such as Criminal Justice Reform initiatives, Police 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).
- At the urging of the Massachusetts Chiefs of Police Association and others, Police departments are highly motivated to make significant efforts to train most of their uniformed personnel in MHFA and a percentage (around 20%) in CIT. Many departments are training far above this percentage creating a growing demand from municipalities for jail diversion project resources and support from the Commonwealth.
- There is advocacy by the public for increased training and awareness for law enforcement in recognition of the signs and symptoms of mental illness, substance use issues, overdose prevention, de-escalation techniques, and cultural competence.
- Throughout Fiscal Year 2020, the Department of Mental Health has received numerous requests for funds to expand existing projects and requests from communities to start new jail diversion projects. Given the current climate, increased demand, and attention on law enforcement training, DMH believes that meeting more of these funding needs now would benefit the Commonwealth.
- There is an abundance of police departments that have proposed and/or submitted project proposals to DMH in late FY2019, in FY2020 and now in FY2021. This demonstrates a strong willingness of police departments to increase the number and percentage of their workforce to

be trained in best practices. In total, DMH has received over \$3,000,000 in additional project requests by the time of this report. Over \$500,000 in new awards will be made in FY2021 with new funds received this year and DMH hopes to expand funding by another \$2,000,000 in the next fiscal year. The additional funding in FY2021 has helped to address some of the waiting project requests that have accumulated. This expansion will continue into FY2022 until these new funds are fully distributed. Above and beyond that funding expansion, DMH still has more new requests for new co-response projects by communities around the state than the Department can fund.

CONCLUSION

There is a tremendous opportunity to build on the successful systems and the many collaborations and partnerships across the state in order to meet the demand for jail diversion programs. The current appropriations have been distributed to effectively and most broadly cover as many areas/agencies/communities as possible (see pg. 8). With the present statewide and national attention on law enforcement and their training needs, the Massachusetts Jail & Arrest Diversion Initiative has never been more pertinent. In place for well over a decade, the Department of Mental Health's grant program has been at the forefront of promoting the ideal of what communities expect of their law enforcement personnel when encountering situations at the juncture of mental health and the criminal justice system.

The information collected shows that jail diversion projects are an effective way to establish stronger community supports, increase law enforcement's acumen with behavioral health situations, improve outcomes for the public served and greater health, and improve wellbeing for the communities impacted. Such projects also reduce the overall cost to the Commonwealth.

Though the second half of Fiscal year 2020 was substantially impacted by the COVID-19 pandemic and some jail diversion grant activities had to be limited, the skills, knowledge and resources gained by participating police departments over the years have continued to positively impact community policing. There will be a resumption of activities, including in-person training, stakeholder meetings and learning conferences in the future. Meanwhile, many jail diversion project activities and functions have continued. Many law enforcement partners have been eager to continue their projects with DMH during the pandemic and despite the challenges this has presented to us all. The Department of Mental Health sees the Massachusetts Jail/Arrest Diversion Initiative as a highly effective and valued asset to the Commonwealth. Encompassing a wide array of services inclusive of trainings, behavioral health interventions, and improving police encounters for people in crisis, we believe that these grant funded programs have been an important contributor to meeting the evolving needs of our communities.