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JAIL AND ARREST DIVERSION GRANT PROGRAM

FY 2021 ANNUAL REPORT

February 2022



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Executive Summary

This report summarizes the Department of Mental Health's (DMH) activities on the police-based Jail and Arrest Diversion Initiative from Fiscal Year (FY21), which ran from July 1, 2020, to June 30, 2021. Chapter 41 of the Acts of 2019, and Line item 5046-0000 for DMH's FY 2021 budget requires this 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."

The Commonwealth's Jail and Arrest Diversion Initiative is a grant program provided by the Department of Mental Health (DMH) to local communities, law enforcement, and behavioral



health providers. These Grant-funded projects collectively contribute to the overarching goal of strengthening law enforcement responses to individuals experiencing a behavioral health crisis. Since 2007, DMH has collaborated with law enforcement and community-based agencies to develop local Jail and Arrest Diversion Projects.

Pictured here: Framingham Police Co-Response Team Members

In Fiscal Year 2021, DMH awarded \$4,853,120 in Jail and Arrest Diversion Initiative grant funding to 69 distinct grant projects at an estimated total cost savings of \$14,621,400. Of the 69 projects, there were 7 new projects in FY21.

FY21 DMH grant awards ranged in amounts up to \$298,000 per project for diversion activities across four broad categories:

1. The development and delivery of best practice training models for behavioral health crises response for police departments and first responders (e.g., Mental Health First Aid, Crisis Intervention Team).
2. The training and backfill reimbursement of shifts and associated costs for departments to send staff to behavioral health trainings.
3. Embedding a civilian with clinical training to a police department's operations to co-respond with police officers to individuals in a behavioral health crisis.
4. Supporting innovative strategies to facilitate immediate referrals - for individuals in crisis- by specially trained police officers to behavioral health providers (e.g., Drop off centers, community planning grants)

Background on Jail and Arrest Diversion

The concept of 'diversion' from the criminal justice system has multiple applications. Different diversion programs target different points along the criminal justice continuum. Jail and arrest diversion programs (JDP) seek to create alternatives to arrests and incarceration by intervening early during a crisis.

The following factors drive demand for jail and arrest diversion programs:

⇒ Individuals with mental illness and substance use disorders are over-represented in the criminal justice system compared to their representation in the general population. National research has found that up to 31% of individuals in US jails have a severe mental illness (Jennifer Bronson, 2021).

⇒ In 2015, police were involved in 124 incidents resulting in incidents that involved the shooting of people experiencing a mental health crisis across the United States. In 36% of those cases, the officers were called to help the person get medical treatment (The Washington Post, 2021).

⇒ National research has found that 7% to 10% of all police calls involve a person with a mental illness. Widely considered an underrepresentation, police departments report percentages over twice this (Watson, Compton, & Draine, 2017).

⇒ A subset of individuals with severe 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 (Reingle Gonzalez & Connell, 2014).

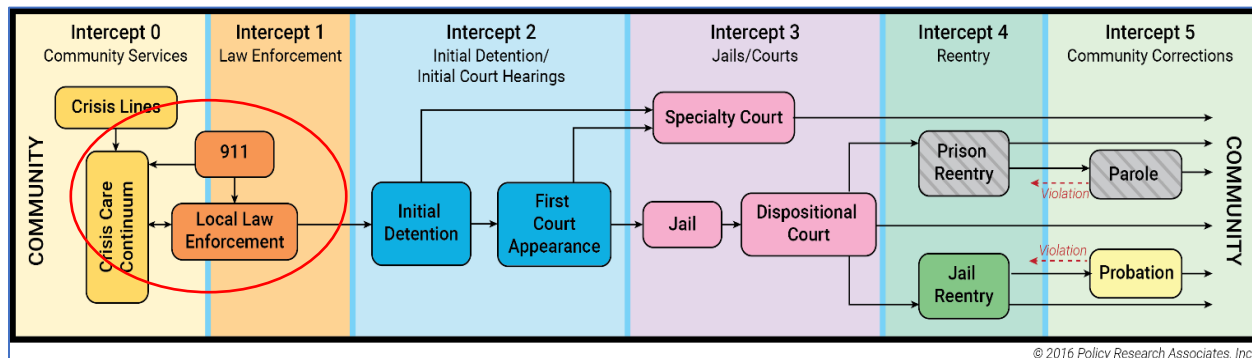
⇒ There is an opportunity to reduce the stigma associated with mental illness, which is not in and of itself associated with criminal behavior (Rozel & Mulvey, 2017).

⇒ Studies suggest that individuals with severe mental illness are especially vulnerable to being victimized in a psychiatric or substance-related crisis (Pandiani, 2007).

The Continuum of Criminal Justice & Behavioral Health Interventions

In Massachusetts, jail and arrest diversion models operate at all intercepts on the Sequential Intercept Model (SIM)TM. The SIM maps how individuals with mental illness and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans (Munetz & Griffin, 2006).

The Sequential Intercept Model



As circled on the SIM model above, jail and arrest diversion programs supported by the Department of Mental Health focus on intercepts '0: Community Services' and '1: Law Enforcement'. Specifically, at intercept 0, police and behavioral health organizations foster relationships and train together to respond to individuals experiencing a crisis. At intercept 1, police dispatchers are trained, co-response clinicians are embedded, and multi-agency groups collaborate to identify, strategize, and develop support plans for frequent emergency service utilizers or 'friendly faces.'

Jail and Arrest Diversion Efforts in Massachusetts



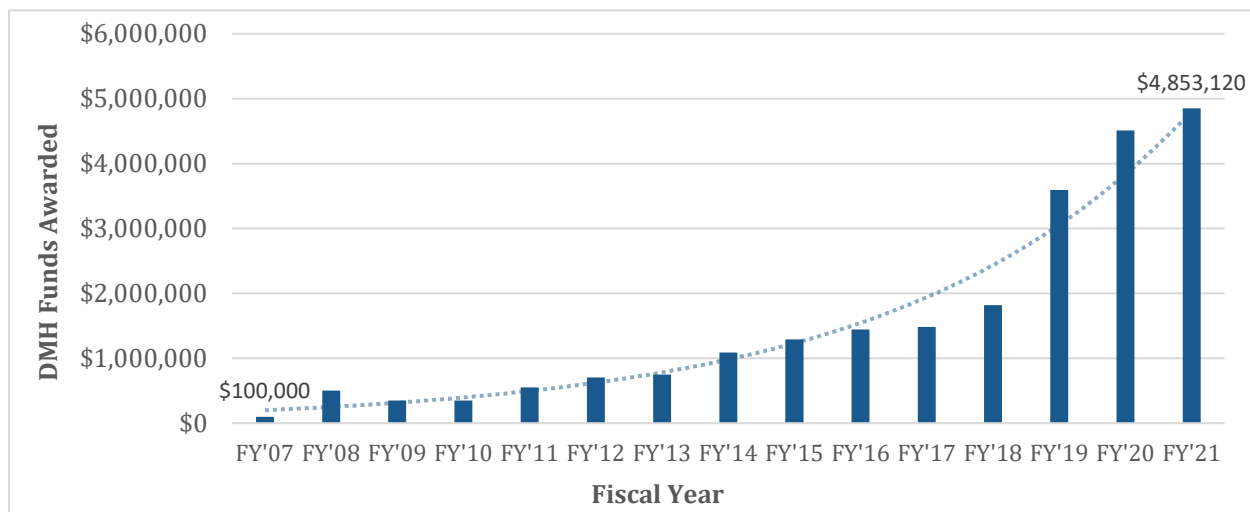
Utilizing police officer discretion, jail and arrest diversion models across the Commonwealth effectively and safely redirect individuals away from unnecessary arrests, thereby avoiding further penetration into the criminal justice system. Police and community-based diversion programs are critical to achieving the best outcomes for individuals who benefit from diversion from arrest and diversion from needless transports to the emergency department. The presence of co-response clinicians alongside police on the scene supports crisis de-escalation, assessment of individuals' needs, and the development of a treatment plan.

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Pictured above: Members of the Tewksbury co-response Program. Tewksbury police chief Tim Sheehan; co-response clinician Matt Page-Shelton; family service officer Kimberly O'Keefe; and Maria Ruggiero, program director, Substance Abuse Prevention Collaborative, receiving their DMH Exemplary Performance in Law Enforcement Award for the department's handling of opioid and mental health calls.

The Department of Mental Health's approach has emphasized the development of best practices and has supported projects in collaboration with local communities that best understand their own needs. As of FY21, DMH has funded eight Crisis Intervention and Co-Response Training and Technical Assistance Centers (TTAC's) to serve as drivers for pre-arrest diversion model replication across the state. DMH supports public safety personnel by facilitating expanded access to training, skills development, and strategies for resolving crisis calls safely. Subject-matter expertise and information curated by the TTAC's is shared to help officers minimize risk, increase confidence in their abilities, and minimize injuries to all when responding to crisis calls.

Massachusetts Jail and Arrest Diversion Funding Levels by Fiscal Year



DMH Jail and Arrest Project: Grant Type and Description

During FY21, DMH offered support for a wide range of diversion project types for local law enforcement, behavioral health partners, and communities to consider. Formal training models supported through this grant program include Crisis Intervention Team training (40 hours), Mental Health First Aid (MHFA)[™] for first responders (8 hours), and specialized curriculum for co-response clinicians, embedded in police departments. The following project types and descriptions provide more detail on grant categories:

✔ CIT Grants

The purpose is to initiate a new Crisis Intervention Team (CIT) model within sizeable urban police departments and regional groups of small police agencies. These are typically multi-year projects. The CIT model creates a specialized law enforcement team that partner with mental health providers to enhance police responses to individuals in crisis. When fully implemented in a police department, the CIT model includes the development of a multi-

agency community-based infrastructure, creating formal policies, and formalized diversion efforts between community partners and law enforcement.

✓ **CIT Technical Assistance Center (CIT-TTAC) Grants**

The purpose is to provide regional centers that provide training, technical assistance, and support services to police departments adopting the CIT model. DMH-funded TTAC's deliver regularly scheduled standardized CIT curriculum and offer several other behavioral health training opportunities throughout the year for law enforcement and first responders. CIT TTAC's also offer follow-up consultation to police departments during and after the development of their CIT programs.

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✓ **Co-Response Grants**

The purpose is to support the embedding of specially trained mental health clinicians in law enforcement operations. These are multi-year projects that support municipalities hiring their own clinicians or sub-contracting with a behavioral health partner organization. DMH Co-Response grants support individual department requests for clinical staff, as well as regional adaptations in smaller police agencies where departments share access to clinical staff. In Co-Response programs, the clinician participates in ride-alongs where they may participate in an intervention during a police encounter, conducts clinical follow-up after a police encounter, provides formal and informal training to law enforcement, and coordinates regular meetings for program stakeholders.

✓ **Co-Response Technical Assistance Center (CR-TTAC) Grants**

The purpose is to provide regional centers that offer training, technical assistance, and support services to co-response clinicians and their police partners. DMH funded CR-TTAC's deliver training, co-response model orientation, policy and procedure development, and technical assistance with recruiting personnel on behalf of participating police agencies. CR-TTAC regularly offers training in Mental Health First Aid™ for law enforcement, and specialized topics for co-response clinicians. Mental Health First Aid is an 8-hour manualized curriculum delivered by certified instructors across the Commonwealth. Training materials are presented using hands-on activities and develop participants' skills for responding to individuals in crisis. MFHA for law enforcement is ideally co-taught by a police officer and a clinician.

✓ **Component JDP Grants:**

The purpose is to provide support to local municipalities seeking to implement specially tailored diversion programming according to the needs of their communities. These are typically multi-year projects that support a community to address behavioral health needs encountered by law enforcement, with a particular blend of Jail Diversion model components drawn from more than one distinct project type. Component grants often support

communities seeking a combination of training, consultation, CIT start-up, and support for a co-response clinician.

✓ **Training/ Shift Backfill Grants**

The purpose is to support law enforcement agencies seeking support to send their officers to behavioral health training offered by other participants in this grant program or other pertinent specialty training opportunities. These are single-year grants that reimburse the police department for the cost of personnel and shift replacement for their officers to participate in Crisis Intervention Team training (10-20% of department officers), Mental Health First Aid training, and/or attendance at national conferences related to CIT and other approved practices.

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✓ **Trainer/Consultant Grants**

The purpose is to provide direct payment to individuals and organizations providing jail and arrest diversion consultation services. The services funded by these grants are offered statewide or regionally to other grantees seeking support at any stage of development of their CIT program, TTAC, Co-Response program, or Component jail and arrest diversion program. DMH grants in this category also fund individuals and organizations providing subject matter expert consultation, training in CIT topics, certified in providing Mental Health First, or other approved training curriculum.

✓ **Community Planning Grants**

The purpose is to fund police and community groups seeking to host a Sequential Intercept Model (SIM) workshop (or similar process) to identify stakeholders and strengthen relationships amongst community-based treatment providers. Central to these projects' success is forming a Task Force, bringing stakeholder groups together no less than quarterly, creating and executing Memorandums of Understanding (MOU's) between key partners, and identifying or developing local police drop-off centers for individuals they have diverted from arrest.

✓ **Drop-Off Center Grants**

The purpose is to support the creation and operations of police 'Drop-Off' centers. DMH grants in this category fund the enhancement of existing community-based program/service sites by adding capacity at behavioral health service sites to immediately receive individuals brought by police as an arrest diversion, with little or no notice, for general assistance, assessment, de-escalation, stabilization & referral to appropriate follow-up services.

Distribution of DMH FY21 Grants by Program Type

Program Type	# of Grants	% of Total
Co-Response TTAC	1	1.25%
Trainer/ Consultant	1	1.25%
Police Drop Off Center	1	1.25%
Community Planning	1	1.25%
CIT	4	6%
CIT TTAC	7	10%
Component	13	19%
Backfill/Training Reimbursement	13	19%
Co-Response	28	41%
Total	69	100%



Pictured here: Members of the Metro-Boston Crisis Intervention Team Training and Technical Assistance Center and training participants upon completing a 40-hour CIT training program for law enforcement.

Additional Projects

Co-Responder Training

Launched in FY19, a single Co-Response Training and Technical Assistance Center (CR-TTAC) currently serves as the statewide hub for Co-Responder training. The CR-TTAC offers co-response clinicians, and their police partner the opportunity to participate in training developed to support Co-Response operations and strengthen clinical interventions. Upon

hire, new co-response clinicians participate in 6-8 weeks of field training, guided by the CR-TTAC before working independently in a police department.

Co-Response training includes an orientation to the Emergency Services Provider/Crisis Team, assessment and evaluation process, Co-Response policies and procedures, clinical documentation, and police culture. Field training includes several weeks of shadowing experienced Co-Response clinicians in their police departments. CR-TTAC preparation of police departments for a Co-Response program includes a readiness assessment, call data collection, and analysis. The CR-TTAC host's regular information sessions pair new police departments with successful police programs to share information, answers questions, and addresses potential operational challenges.

Center for Police Training and Crisis Intervention

In addition to the CIT TTACs and the CR-TTAC, The Massachusetts Department of Mental Health is developing a statewide Center for Police Training in Crisis Intervention (The Center). The Center will serve as a clearinghouse for cost-effective, evidence-based mental health and substance use crisis intervention training. It will support, coordinate, promote, facilitate, and take inventory of training opportunities provided directly by grant-funded regional Training & Technical Assistance Centers (TTACs) and other related grant-funded projects supported by DMH.

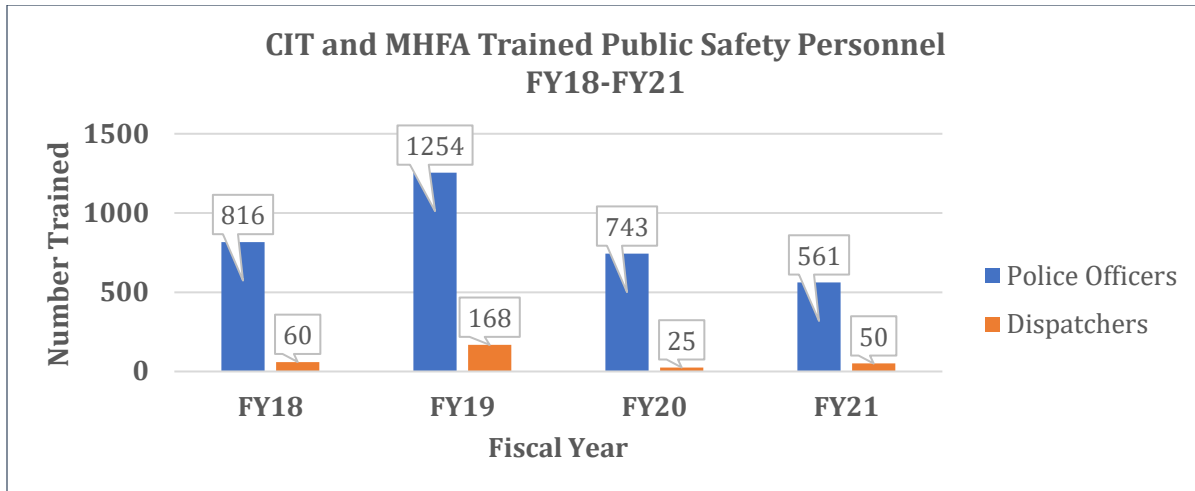
FY21 Jail and Arrest Diversion Outcomes

Data collection and standardized assessment are an essential component of law enforcement-based diversion programs.

As in FY20, throughout FY21 the COVID-19 pandemic continued to impact training availability and delivery methods. Though the total number of training and training hours were planned to increase in FY21 from the FY20 levels, the number of people trained in person decreased.

Efforts to provide comparable training remotely continued at the regional training centers in FY21, but MHFA and CIT training outcomes cannot be accomplished entirely remotely. Dispatchers, in particular, appear to have been underrepresented at training during FY 20 and FY21. Concentrated efforts will be made in FY22 to engage public safety dispatchers and call-takers in training offered through the CIT and CR-TTAC's.

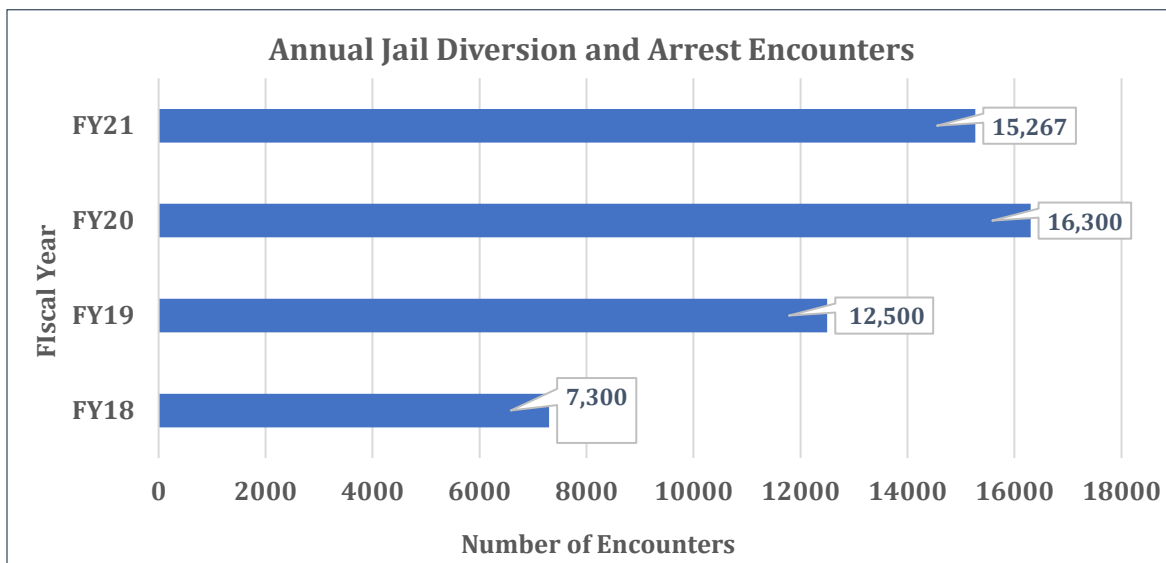
The chart below shows a four-year summary of officer and dispatcher CIT, MHFA training participation rates.



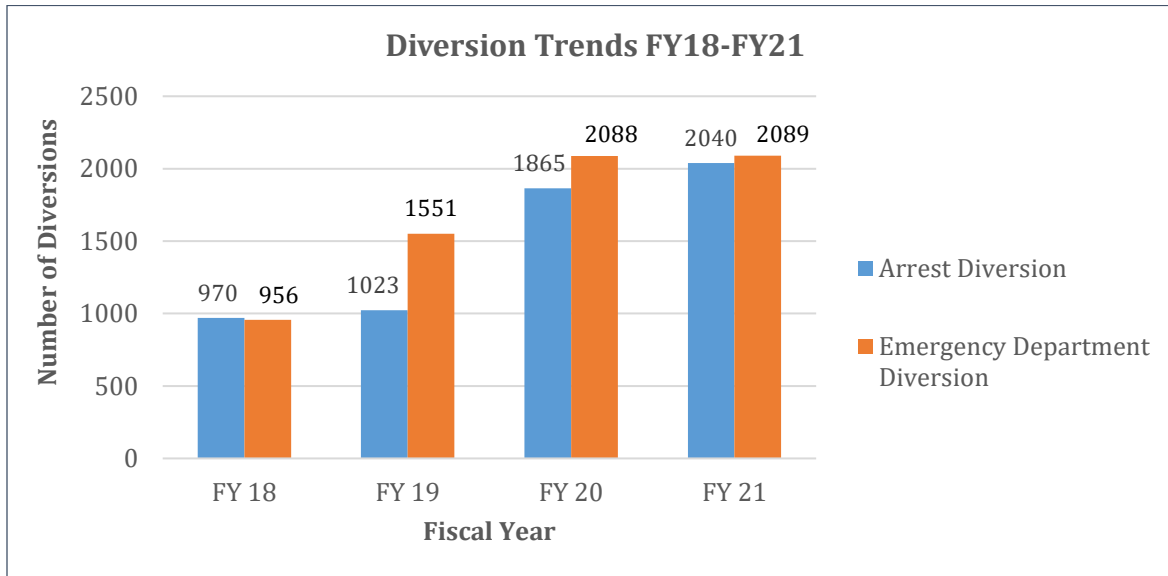
On the field operations side, DMH also collects data on the number of training practices implemented by police departments, the number of successful diversions from arrest and emergency departments and contributing factors/circumstances associated with diversion outcomes. During FY21, DMH has been actively assessing and evaluating the diversion data we have received, the quality of the data, and the impact. DMH has successfully implemented the launch of a public data viewing platform which became operational during FY21. A link to the online dashboard can be found here: <https://www.mass.gov/info-details/jail-diversion-dashboard>

Summary of Police Based Jail and Arrest Outcomes

This chart represents the annual number of interventions performed by police-based jail and arrests DMH grant-funded programs for four years; FY18-FY21.



The following graph shows the FY18-FY21 annual number of diversions from arrests and emergency department visits according to grantee reporting data.



Technical Assistance Services Provided

Through DMH funding, jail and arrest diversion technical assistance is provided to police departments and community stakeholders across the Commonwealth. Consultation includes identifying the suitable diversion model, initiating, and launching a new diversion project, adopting policies and procedures, and applying for grant support. Technical assistance is provided by the regional TTACs (Training and Technical Assistance Centers) and the DMH Jail and Arrest Diversion Initiative team members.

During FY21, approximately 755 hours of technical assistance and consultation were provided to law enforcement and community stakeholders through the Co-Response and Crisis Intervention Team TTAC's staff.

Statewide Impact of Jail Diversion Grants

Municipal police departments and campus police personnel are impacted directly by receiving a grant from DMH and indirectly by accessing training supported by the Massachusetts Jail and Arrest Diversion Program. Additionally, police departments can utilize any available Drop-Off Centers, regardless of whether or not they receive direct DMH grant support. Due to the expansion of regional TTAC's and Co-Responder training, many more communities and clinicians are availing themselves of DMH-sponsored CIT, MHFA, and Co-Responder training, at no additional cost.

Estimated Cost Savings Achieved in FY2021

Significant cost savings are realized by jail and arrest diversion programs, resulting in criminal justice savings associated with the 'booking' process, officer report writing, and court processing. Health care system cost savings are achieved by reducing unnecessary emergency department visits or hospitalizations. Individuals who receive a response from well-trained CIT officers or assistance from a Co-Responder team are less likely to be arrested for minor offenses and more likely to be connected to community-based treatment. Calculating the exact cost savings of jail and arrest 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 realized.

Quantifying the cost savings resulting from the DMH Jail and Arrest Diversion Initiative is a complex endeavor that can only be reflected as the best estimate. That said, we have established a solid benchmark for Massachusetts that calculates the average costs associated with Emergency Department visits at an average of \$2,700 per day.

Estimated Cost of an Emergency Department Visit

On average, emergency department level of care for mental health assessment/treatment incurs a cost of \$2,700 per day for an individual (Consumer Health Ratings, 2021).

It is not always appropriate to divert a person from an emergency room if this level of care is clinically indicated. Instead, the goal is to safely assess the individual needs at the moment and determine the best course of action. Emergency Departments are sometimes used as a destination of last resort when other community-based options are not available, particularly for law enforcement. In such instances, a diversion is more desirable and can achieve significant healthcare cost savings. Emergency Department diversions preserve these scarce resources for those in urgent need and can avoid a counter-productive and frustrating wait in an emergency room for the individual served.

Estimated Public Safety Costs per Arrest

On average, the cost of police and court activity incurred is calculated at a rate of \$2,990 per arrest (Urban Institute, 2021).

High costs to the criminal justice system begin at the point of arrest and continue to accrue as a person moves further into that system. Although there may be a legal condition or circumstance that would justify an arrest, the training, and resources that jail diversion

Estimated Incarceration Costs per Incident

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

projects afford police can reduce the need to take that route. Additionally, if effective de-escalation techniques are employed or alternative resources can be offered at the earliest stages of a police encounter, individuals will be better served and less likely to need higher levels of care or a punitive response.

FY 21 Estimated Cost Savings Chart

The following chart shows the estimated cost savings across the diversion opportunities: Diversion from Arrest, Diversion from Incarceration, and Diversion from Emergency Departments when appropriate.

# of Arrest Diversions	# Incarceration Diversions	#Emergency Department Diversions
2040 reported diversions x \$2,990 (per incident)	510 estimated diversions x \$5,650 (per incident)	2,089 reported diversions x \$2,700 (per incident)
\$6,099,600	\$2,881,500	\$5,640,300

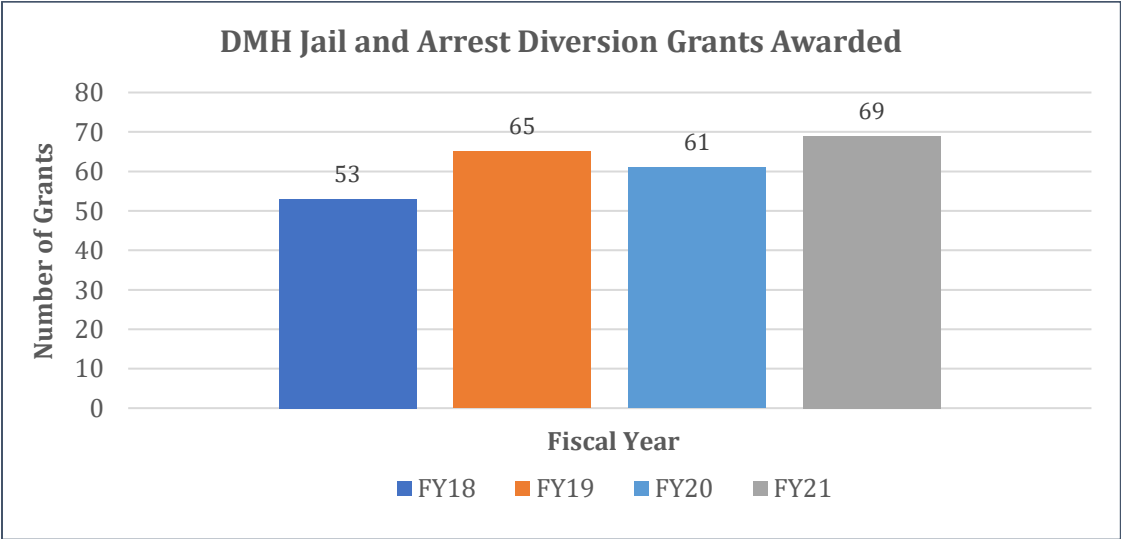
FY21 Estimated Total Cost Savings: \$14,621,400

Rationale for Continued Expansion

During FY21, the DMH Jail/Arrest Diversion Initiative continued to provide grants and technical assistance to law enforcement agencies and surpassed the number of those awarded in FY20. DMH has also received a considerable increase in the number of jail and arrest diversion grant requests from law enforcement and community-based organizations. Across the country, demand for urgent behavioral health services soared due to the COVID-19 pandemic. For example, the CDC reported a 24 percent increase in emergency room visits by children under 11 and a 30 percent increase in adolescents seeking care for a mental health crisis (Leeb, et al., 2020).

In FY21, despite the difficulties posed by the COVID-19 pandemic, law enforcement in Massachusetts utilized DMH grants for CIT training, MHFA training, launching Co-Response programs, and other innovative strategies to good effect. While a small portion of the pool of grant funding 'turn over' annually, most of the FY21 funds support multi-year projects, and projects that continue to grow and expand, requiring additional funds to support their growth.

The graph below charts the growth of grant awards over the past four years, FY18-FY21, demonstrating that despite the challenges of COVID-19, demand for DMH grants increased and continues to climb.



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

⇒ The Commonwealth's annual investment in jail diversion projects (by a conservative estimate) has a cost-benefit of more than \$3 in savings for every \$1 spent. The return on investment is facilitated through health care and public safety system cost savings.

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⇒ DMH has compiled substantial evidence that local jail and arrest diversion projects supported by this grant program have tangible and positive impacts on police responses to individuals with behavioral health conditions in the community.

⇒ Law enforcement agencies benefit by training personnel to deliver improved responses and interventions, resulting in arrest and emergency department diversions, less use of force, and improved community relations (Ellis, 2014).

⇒ The Jail and Arrest Diversion Initiative complements other significant initiatives in the Commonwealth, such as Criminal Justice Reform, 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 International Association of Chiefs of Police (One Mind Campaign, 2021) and Massachusetts Chiefs of Police Association, police departments across the state are highly motivated to train most of their uniformed personnel in MHFA and the CIT Internationals' recommended 20% of officers, trained in CIT. DMH data reveals that larger departments are training far more, creating increased demand and utilization of the CIT and CR-TTAC, jail diversion grants, and technical assistance from the Commonwealth.

⇒ During FY21, the Department of Mental Health regularly received requests for additional funds to expand existing projects as well as new requests from communities that are planning to launch additional jail and arrest diversion projects. At DMH, we see that our law enforcement partners' interest and enthusiasm for this initiative continue to grow.

⇒ In addition, the prevention, intervention, and postvention work done by JDP initiatives provides clinical assessment and support at the point of contact with referral to necessary resources. This approach maximizes the appropriation of resources that are specific and commensurate to need.

Conclusion

We have a tremendous opportunity to build on the successful collaborations and partnerships across the state, to meet the demand for jail diversion programs. The DMH Jail and Arrest grants have been distributed across the state and fund various innovative projects. Given the statewide and national attention on law enforcement and their training needs, the Massachusetts Jail & Arrest Diversion Initiative has never been more needed.

The outcomes highlighted here demonstrate that jail diversion projects effectively establish more robust community supports, increase law enforcement's skills with behavioral health crisis calls, improve outcomes for the public served, facilitate better health, and improve well-being for the communities served. These projects also reduce the overall cost to the Commonwealth's public safety and health care systems.

Given the continued impact of the COVID-19 pandemic in FY21, some jail diversion grant activities had to be limited. Yet, despite this, the skills, knowledge, and skills gained by participating police departments continued to have an increasingly positive impact on community policing. In FY22, the emphasis will be on resuming in-person activities, including in-person training, stakeholder meetings, and conferences. Law enforcement has been eager to continue their projects with DMH during the pandemic. Despite the pandemic challenges this year, the number of grants awarded has increased to the highest level to date.

The Department of Mental Health sees the Massachusetts Jail and Arrest Diversion Initiative as a highly effective and valued asset to the Commonwealth. Encompassing a wide array of services inclusive of training, behavioral health interventions, and improving police encounters for people in crisis, we believe that these grant-funded programs have been an essential contributor to meeting the evolving needs of our communities.

Vendor Name	Project Type	Grant Allocation
Advocates, Inc.	Co-Response TTAC	\$250,000
Amherst, Town of	CIT	\$18,107
Arlington, Town of	Co-Response	\$45,000
Ashland, Town of	Co-Response, Regional	\$90,000
Aspire Health Alliance	CIT-TTAC	\$60,000
Barnstable, Town of	Component JDP	\$50,000
Bedford, Town of	Co-Response, Regional	\$45,000
Behavioral Health Network, Inc.	Police Drop-Off Center	\$228,800
Behavioral Health Network, Inc.	CIT TTAC	\$212,798
Beverly, City of	Co-Response, Regional	\$90,000
Boston, City of	Co-Response	\$106,071
Boston, City of	CIT TTAC	\$43,000
Braintree, Town of	Co-Response, Regional	\$85,000
Bridgewater, Town of	Co-Response, Regional	\$57,500
Brockton, City of	Component JDP	\$50,000
Brookline, City of	CIT TTAC	\$238,012
Chelsea, City of	Backfill & Training Reimbursement	\$20,000
Chelsea, City of *	Co-Response	\$30,000
Chicopee, City of	Backfill & Training Reimbursement	\$15,000
Danvers, Town of	Co-Response & CIT	\$45,000
Dennis, Town of	Component JDP	\$15,000
Everett, City of	Component JDP	\$80,000
Fall River, City of	CIT	\$59,640
Framingham, City of	Co-Response	\$120,000
Fitchburg, City of	Component JDP	\$49,365
Franklin, Town of	Co-Response- Regional	\$90,000
Greenfield, City of	CIT	\$15,000
Holyoke, City of	Component JDP	\$100,000
Hudson, Town of	Co-Response- Regional	\$90,000
Longmeadow, Town of	Backfill & Training Reimbursement	\$10,000
Lowell, City of *	Co-Response	\$30,000
Lynn, City of	Co-Response	\$45,000
Malden, City of	Component JDP	\$30,000
Marlborough, City of	Co-Response	\$45,000
Mass State Police *	Backfill & Training Reimbursement	\$20,388
Medford, City of	Component JDP	\$60,000
NAMI Massachusetts	Trainer/Consultant	\$65,500
NAMI, Inc.	Statewide I & R Service	\$71,250
Natick, Town of	Co-Response	\$57,551
North Reading, Town of	Backfill & Training Reimbursement	\$15,000
Northampton, City of *	Co-Response	\$25,000
Northbridge, Town of	Component, Regional	\$59,884

Open Sky *	CIT TTAC	\$116,000
Pepperell, Town of	Co-Response, Regional	\$74,585
Quincy, City of	Co-Response	\$80,000
Randolph, Town of *	Co-Response	\$30,000
Revere, City of	Backfill & Training Reimbursement	\$44,191
Salem, City of	Co-Response & CIT	\$45,000
Somerville, City of	CIT	\$37,315
Somerville, City of	CIT TTAC	\$298,280
South Hadley, Town of	Backfill & Training Reimbursement	\$12,620
Southbridge, Town of	Backfill & Training Reimbursement	\$10,000
Spencer, Town of	Backfill & Training Reimbursement	\$12,400
Springfield, City of	CIT	\$100,000
Stoneham, Town of	Backfill & Training Reimbursement	\$10,000
Stoneham, Town of *	Co-Response- Regional	\$45,000
Sturbridge, Town of	Backfill & Training Reimbursement	\$15,000
Taunton, City of	CCIT-TTAC	\$138,400
Tewksbury, Town of	Co-Response, Regional	\$90,000
Wakefield, Town of	Co-Response & CIT	\$45,000
Waltham, City of	Co-Response	\$43,000
Ware, Town of	Backfill & Training Reimbursement	\$20,000
Watertown, Town of	Co-Response	\$45,000
Westborough, Town of	Co-Response- Regional	\$90,000
Weymouth, Town of	Co-Response- Regional	\$85,000
Wilbraham, Town of	Backfill & Training Reimbursement	\$7,000
Winthrop, Town of	Component JDP	\$89,581
Worcester, City of	CIT	\$45,000
Yarmouth, Town of	Component JDP	\$60,000

**denotes a new grant (FY21)*

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