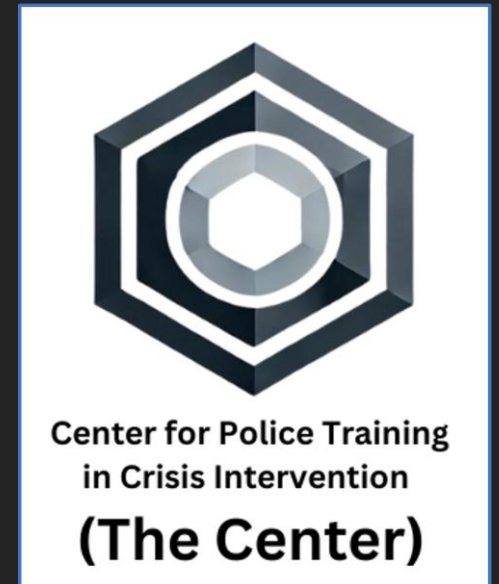


Jail Diversion Programs -
The Center
for Police Training
in Crisis Intervention
Research Initiatives



JDP categories

Co-response (embedded clinicians)

Crisis Intervention Team (CIT)

Components programs

Training and curriculum development

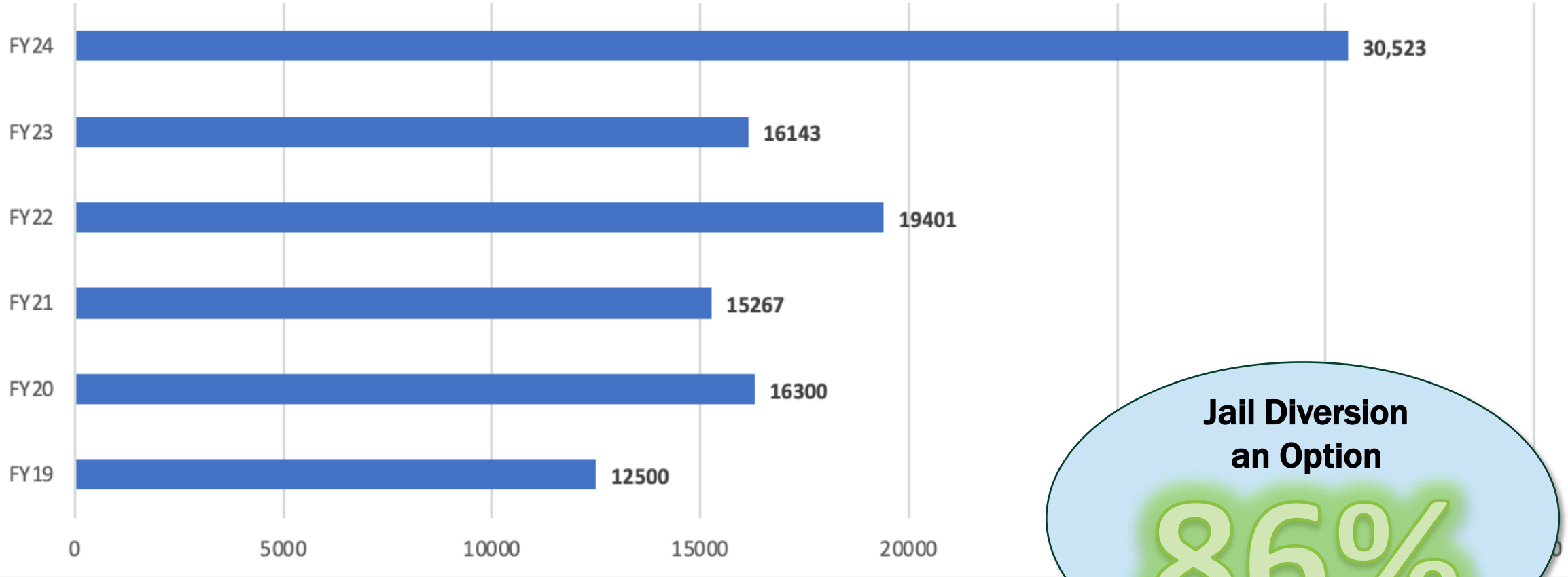
Training and Technical Assistance Centers (TTACs)

Behavioral Health Intervention Program (BHIP)



CIT
and
Co-response
(Overview)

Number of Interventions



**Jail Diversion
an Option**

86%



CENTER
FOR POLICE TRAINING
IN CRISIS INTERVENTION



Data collection
&
Clearinghouse

Training &
Implementation

Research

Community
Focus

Research at The Center: Building the Evidence Base

80K+

Crisis Records

Statewide real-time database tracking

165+

Police Departments

Contributing data across Massachusetts

6

Publications

Peer-reviewed research impact

The only statewide real-time database of police-led behavioral health crisis incidents – operating as both operational system and research laboratory

Diversion Outcomes

Who gets diverted from jail and ED, under what conditions

Workforce & Training

How clinician background affects crisis response

Program Ethics

Ethical factors shaping harm and benefit

Clinical Presentation

Symptoms, substance use, criminal history impacts

Model Innovation

Next generation crisis response, including N-PACT

What Drives Emergency Department Diversion

The Study

10,904 behavioral health crisis incidents analyzed across Massachusetts

Logistic regression + machine learning

AUC of 0.91 — high predictive accuracy



Key Findings

- **Co-response clinicians** significantly increased diversion rates
- **CIT-trained officers** more likely to divert from ED
- **Overnight incidents** harder to divert — fewer community resources
- **Psychotic presentations** strongly predicted ED transport
- **Self-referrals** more successfully diverted

These findings tell us where to invest: *clinician staffing, CIT training, and after-hours resources* are the levers that actually move the needle.

Clinician Training Makes a Measurable Difference


The Study

2,066 **crisis calls with co-responders**

Analyzed 2,066 calls involving 130 co-responders across 98 cities

Key Findings

- Trained clinicians **more likely** to prevent ED/jail
- More likely to initiate **emergency mental health commitments** (when necessary)
- Untrained clinicians often on **overnight shifts** with limited support

 **Why It Matters:** Clinician outcomes vary. Hiring decisions have real consequences, underscoring the need for clear qualifications, oversight, and training.

Are Diversion Programs Making the Right Choices?

Analysis of **3,324 diversion decisions** in Massachusetts revealed key patterns.

Nearly **three quarters** of diversion decisions were appropriate

- Use of adequate de-escalation led to treatment over arrest.
- Some violent crime cases saw diversion, even when arrest seemed safer for the community.
- Active substance use or overnight calls often increased arrest.

High diversion numbers don't guarantee success. This research highlights the critical distinction: ensuring the **right people** are diverted matters for public safety and individuals in crisis.

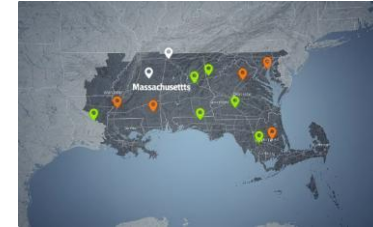
Model Innovation and What Comes Next



Program Ethics
Research identifies factors for ethical police-led diversion, influencing program design.



Model Fidelity
Investigating crisis response model implementation, effectiveness, and best practices.



Active Research
Statewide diversion models
Role of psychosis
ACEs and youth placement



Thank you and
Questions?

