Department of Mental Health
Pre-Arrest Law Enforcement Based
Jail Diversion Programs
2015

FACT SHEET

Nature of the Problem

- People with mental illness and substance abuse disorders are overrepresented in the criminal justice system
    - 7 – 10% of all police calls involve a person with a mental disorder
    - 15% to 31% of individuals in US jails and prisons have a mental illness
    - Individuals who cycle in and out of the mental health, substance abuse and criminal justice systems and often receive fragmented treatment and are at risk of re-arrest, often for non-violent offenses

- The need for targeted services to divert people, when appropriate and safe, from the criminal justice system and toward needed community based treatment is seen as a national priority

How jail diversion works

- The primary goal of any police-based jail diversion program (JDP) is to reduce or eliminate the time people with mental and substance abuse disorders spend incarcerated and criminal charges by redirecting them from the criminal justice system to community based treatment and supports.
- Jail diversion programs aim to decrease criminal recidivism, enhance public safety and improve access to care for those who need it.

National pre-arrest jail diversion models:

- Police Based Crisis Intervention Team (CIT): Involves police-based specialized mental health response, with specially trained officers, coordinated interagency partnerships, and enhanced policies related to working with individuals in emotional crisis
- Mental Health-Police Based Response (Co-Responder Model). Clinician placed within police department to co-respond to calls that have mental health components
- Specialized officer training (e.g., Mental Health First Aid) and hybrid models

Funding history for MA DMH Pre-Arrest Jail Diversion Programs

- The Framingham JDP initiated with grant funding in April 2003, with State support starting in FY07.

Information continued on other side

- Since 2007, state support through the Department of Mental Health for Pre-Arrest Jail Diversion Programs has expanded to just over $1.4M annually as of FY2015.
- Program models for police-based diversion have expanded along with the funding
- Currently Police Departments that receive DMH funding for Police Programs Include over 24 towns and communities in Massachusetts, as well as hubs for regional training that extend to neighboring areas through CIT-Training and Technical Assistance Centers.
- Plans are underway to expand programs further in FY2015

Findings from the Pre-Arrest JDP Experience in Massachusetts

- Major positive impact on communities that have JDP programs
- Over 2,100 diversion events occurred between July 1, 2011 and June 30, 2013
- Of those call outs where arrests could have occurred between 73-92% have been diverted from arrest to treatment in FY2012 and FY2013 In FY2012 and FY2013 over 7,000 hours of mental health training was provided to 476 officers through DMH-supported Crisis Intervention Team and Mental Health First Aid Training.
- Proactive prevention through the JDPs allows for specialized wellness checks, access to school resource officers, and other interventions so that the community avoids subsequent costly encounters with police.

Potential Savings from Jail Diversion Programming

- In the short term, national data shows diversion shifts costs from the criminal justice to the community treatment system, but projected analyses show that police-based jail diversion can avoid costs both of unnecessary emergency room visits and arrests.
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- National data has shown that rigorous, specialized police training programs reduce injury to all parties and decrease costs associated with police officers being out with injury.
- Jail diversion programs alleviate jail over-crowding, reduce the costs of treatment during incarceration, shrink court dockets and decrease unnecessary prosecution.

***Resources Used*:**
1. DMH Jail Diversion Database;
2. The National *GAINS TAPA Center* (Technical Assistance and Policy Analysis); 1 in 31: The Long Reach of American Corrections in Massachusetts by The PEW Center on the States (2009).
3. CMHS National GAINS Center. (2007). Practical advice on jail diversion: Ten years of learnings on jail diversion from the CMHS National GAINS Center, Delmar, New York
4. Reuland M, Schwarzfeld M, Draper L. Law enforcement responses to people with mental illness: A guide to research-informed policy and practice. Council of State Governments Justice Center, New York, New York. 2009, available at http://www.ojp.usdoj.gov/BJA/pdf/CSG_le-research.pdf;

Police-Based Jail Diversion Funding supported by DMH as of FY15

City / Town / Provider	Grant/Funding start date	Diversion model
1. Amherst	FY2015	CIT
2. Arlington	FY2010	Co-response/MHFA
3. Ashland (+ Sherborn, Holliston, & Hopkinton)	FY2015	Innovative/MHFA
4. Barnstable	FY2015	CIT/MHFA
5. Bedford	FY2013	Innovative/MHFA
6. Boston-B2	FY2010	Co-response
7. Boston-D4	FY2011	Co-response
8. Boston-C11	FY2013	Co-response
9. Brockton	FY2011	CIT
10. Brookline	FY2015	CIT
11. Danvers	FY2012 & FY2014	CIT/MHFA
12. Egremont	FY2013	CIT
13. Fitchburg	FY2013	MHFA/CIT
14. Framingham	FY2008	Co-response
15. Greenfield	FY2015	CIT
16. Holyoke	FY2014	CIT/MHFA
17. Lynn	FY2014	Innovative/MHFA
18. Marlboro	FY2010	Co-response
19. Northampton	FY2011	CIT
20. Quincy	FY2008	Co-response
21. Salem	FY2014	CIT and p/t co-response
22. Somerville	FY2012 (2/1/12)	CIT/MHFA
23. Somerville (for Greater Boston & parts of Middlesex County)	FY2014	CIT-TTAC*
24. Springfield	FY2015	CIT Training
25. Taunton	FY2008	CIT-like model
26. Wakefield	FY2013	CIT/innovative
27. Waltham	FY2008	Co-response/MHFA
28. Watertown	FY2008	Co-response
29. Westfield	FY2014	CIT
30. Worcester	FY2012 (2/1/12)	Co-response/MHFA/CIT
31. Behavioral Health Network in western MA (Holyoke, Westfield, Chicopee)	FY2014	CIT-TTAC*