

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Joan Mikula
Commissioner

JAIL/ARREST DIVERSION GRANT PROGRAM

FY2018 MID-YEAR REPORT

December 2017



PREFACE

There is a longstanding recognition that persons with mental illness are over-represented in the criminal justice system. While some arrests are necessary and appropriate, there are others in which individuals with mental illness might more appropriately be diverted into mental health and other treatment services in lieu of arrest and/or incarceration. The concept of “jail diversion” as it relates to the criminal justice system has many meanings. Different diversion programs target different points along the criminal justice continuum and a jail diversion program (JDP) may relate to programs that provide alternatives to incarceration or those that avoid arrest and courts altogether.

Law enforcement-based jail diversion programs seek to redirect individuals with behavioral health disorders from the criminal justice system into treatment when appropriate and safe to do so at the point prior to arrest. In addition, these programs seek to enhance public safety by identifying strategies that can be safe and effective in handling acute situations in which police are called regarding a person who is in an emotional crisis. This report provides information regarding Department of Mental Health (DMH) funded police-based jail diversion programs and summarizes the DMH supported mental health and law enforcement collaborative jail diversion initiatives in Massachusetts to date.

NATURE OF THE PROBLEM

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

- People with mental illness and substance use disorders are over-represented in the criminal justice system compared to their prevalence in the general population.
- National research has found that around 7% to 10% of all police calls involve a person with a mental disorder. Some of our local police departments in Massachusetts have reported percentages twice as high as these averages. National research has also found that up to 31% of individuals in US jails suffer from serious mental illness.
- A portion of individuals with serious mental illness cycle in and out of the mental health, substance use and criminal justice systems and may, for a variety of reasons, receive minimal treatment.
- The *Technical Assistance Policy Analysis Gains Center* 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) generally, except in rare circumstances, present no greater risk to the community than people in the general population.

Nationally, research is ongoing to evaluate data on jail diversion efforts to address these problems. Ongoing efforts to support service delivery models that look at challenges at the intersection of mental illness and the criminal justice system are important to ensure that individuals with mental illness are directed to appropriate treatment.

We know that mental illness is not - in and of itself - associated with criminal behavior. Therefore, decreasing symptoms of mental illness as an overall and sole target may not be sufficient to reduce criminal recidivism or time spent in jail. Thus, jail diversion programs must consider broader goals of also decreasing criminal justice penetration for persons with mental illness and substance use

disorders who may not otherwise have criminal tendencies. Jail diversion programs can alleviate jail overcrowding, reduce unnecessary prosecution and court costs, and reduce incarceration costs. Additionally, we are learning that such programs can also decrease unnecessary visits to overburdened emergency rooms.

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. Law enforcement / Emergency services
2. Booking / Initial court hearings
3. Jails / Courts, (e.g. specialty courts: drug, veteran, and mental health)
4. Re-entry
5. Community corrections / Community support

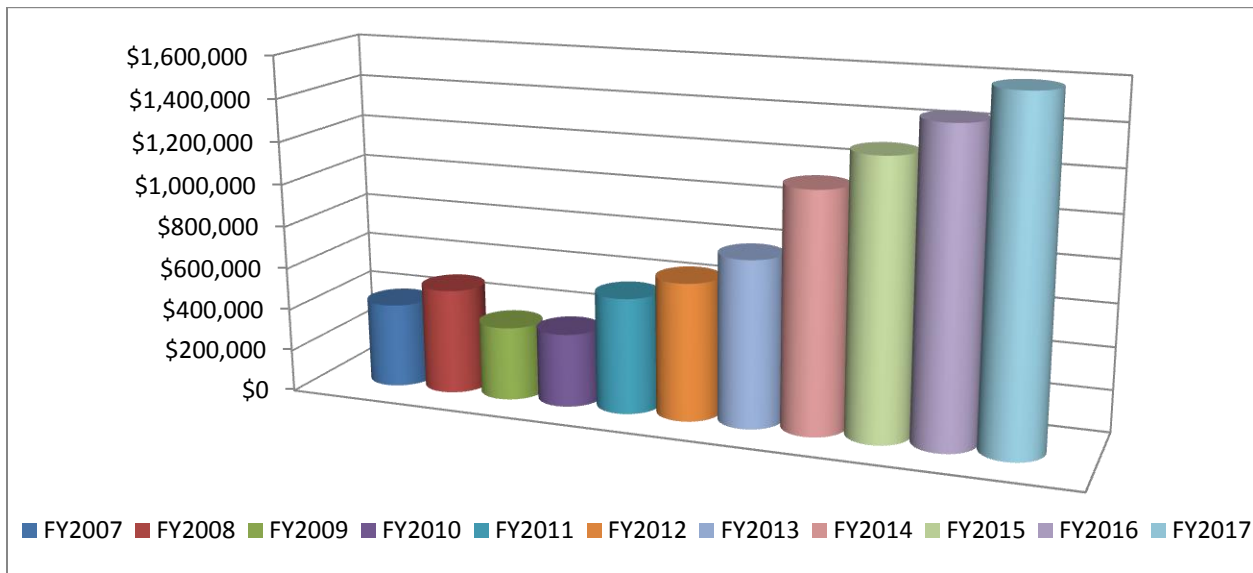
Jail diversion programs typically target one of the five “intercept” categories. Nationally, diversion programs are being developed at multiple points across the criminal and juvenile justice continuum in hopes of alleviating the disproportionate number of people with mental illness and/or co-occurring substance use disorders from entering the criminal and juvenile justice systems.

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 the first intercept, Law enforcement / Emergency services, where 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).

IN MASSACHUSETTS:

The Department of Mental Health has provided grant funding for local Police-Based Jail Diversion Programs (JDP's) 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.

A ten year look-back of DMH's Jail Diversion Funding Levels appears in the chart below:



The initial state funding to DMH for police-based jail diversion programs was appropriated in FY2007 at \$400K for grant and programmatic expenditures. The available funds for the DMH Jail Diversion portfolio in FY2017 totaled \$1,597,075.

Through Fiscal Year 2017, this Grant Program has offered applicants support for essentially 4 different Jail Diversion Program Models: Co-Response, Crisis Intervention Teams (CIT), Innovative program models, and Crisis Intervention Team Training & Technical Assistance Centers (CIT-TTAC's).

The Co-Response Model has been a popular request of grant applicants and has even been adapted to use as a shared resource among several contiguous towns and regions. This model is a mental-health based diversion model that pairs a

clinician, often a clinician affiliated with the local Emergency Services Program (ESP) with police to co-respond to calls with mental health elements. The clinician in this model can be embedded into the police department during their work hours. Calls in which clinicians participate deliberately involve individuals experiencing emotional distress and/or psychiatric symptoms and may also have co-occurring substance use issues.

Since 2008, many grant applicants have been increasingly adopting the Crisis Intervention Team (CIT) model of Police-Based Jail Diversion programs in addition to those who prefer the Co-Responder model.

Developed in Memphis, Tennessee, the CIT model is internationally recognized as one of the leading police-based models to help individuals with mental illness that come into police contact. It creates a specialized law enforcement “team” that partners with mental health providers to increase police response capability in calls involving behavioral health issues. Officers are trained to identify and safely respond to individuals experiencing emotional disturbance, mental illness, and substance use. They receive rigorous 40-hour training on identification of mental illness, de-escalation techniques and local resources available to officers for referral.

Police departments adopting a CIT program are recommended to train a minimum of 20% of their patrol and command personnel and offer this training and designation on a voluntary basis. It is also recommended that personnel from each shift are CIT trained so that this specialized intervention is always available.

This model goes beyond the training required of the individual CIT officers. It also 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 abuse crisis, and formalized diversion efforts between community partners and law enforcement. Arrangements can be made with local providers for “drop off” sites for police to bring individuals in crisis, thereby diverting individuals into the least restrictive treatment setting for the individual, and avoiding unnecessary emergency room visits and arrests. Such sites may also serve as another resource for individuals who have recovered from an overdose.

Innovative jail diversion programs combine components of different models noted in this document (e.g., Police Response or Mental Health Professionals and Police Based Response) with other elements to develop a community-specific program effective at identifying individuals with mental illness and diverting them from arrest. The “Innovative” program label was coined by DMH in a FY2011 Request for Response that sought to address those diversion activities that develop independently within a community and may not fit neatly into one of the above defined models. Examples of Innovative programming include:

- police training to respond to incidents involving mental and behavioral health issues;
- use of a program coordinator to work with police to develop mechanisms of diversions from arrest, training and data collection;
- development of police policies and approaches to support diversion of individuals with co-occurring disorders from criminal justice involvement into treatment; and/or
- development of opportunities for local community problem-solving conferences to help leverage resources to assist individuals who may present repeated challenges to law enforcement, first responders and mental health service providers

A Crisis Intervention Team Training & Technical Assistance Center (CIT-TTAC) is a model supported by DMH and introduced in FY2014 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.

Overall, DMH’s approach in Massachusetts has emphasized statewide expansion of program development and support for pre-arrest diversion. This first diversion intercept avoids the creation of criminal or delinquency records and the

consequences for people in having such records. 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.

In addition to an immediate cost savings to the adult and juvenile justice systems, pre-arrest diversion programs offer a more humane response to people with mental illness (many of whom have co-occurring substance use disorders and trauma histories) who might otherwise become incarcerated. Jail diversion efforts and techniques may also affect adult and juvenile detention rates, reduce costs of incarceration and unnecessary prosecutions, and improve public safety by linking individuals to needed treatment and focusing on a broad range of needs.

YEAR TO DATE

In FY 2018, the DMH Jail Diversion Program will be expanded further. With new funds, the program is enhancing its impact by offering new types of support for various police-based diversion activities across the Commonwealth that will engage more and more new communities in this worthy effort.

The \$2M Budget investment in FY18 for DMH's Massachusetts Jail/Arrest Diversion Grant Program supports the Legislature's and this Administration's goal of expanding state support to public safety personnel to consistently provide safe, effective crisis response services to its citizens with behavioral health challenges. To accomplish this goal, training opportunities and ongoing support with implementation and maintenance of gains must be readily available and feasible for any and all public safety departments in Massachusetts that are seeking to refine their practices relative to behavioral health crisis response.

With the expansion of funding in FY2018, DMH is able to finance more first-responder training on behavioral health topics, offer support to more communities, increase the consistency of training content, and increase the flexibility for the means and pace that a local community may seek such support. This Grant Program is now projected to double the number of police officers CIT

trained each year in Massachusetts and offer both additional training and reimbursement opportunities for departments to have their officers certified in Mental Health First Aid (MHFA). DMH will be able to increase the overall number of communities impacted, resulting in improved response by police to individuals in behavioral health crises across the Commonwealth.

Additionally, DMH can provide support for addressing systemic challenges in local communities by increasing grant opportunities for partner organizations and supporting more collaboration between law enforcement and their local social service system and behavioral health providers. This grant program is configured to provide many varieties of support to local communities that are interested in diverting individuals appropriately away from the criminal justice system and in to treatment.

Now, in addition to the 4 models eligible for grant support in the past, DMH is offering 5 new types of grant opportunities for a total of 9 program types that local communities and their partners may pursue for DMH support. The new program types include Co-Response Training & Technical Assistance Centers, Trainer/Consultant grants, Training/Backfill reimbursement grants, Community Planning grants, and Drop-Off Center grants.

PROCUREMENT OF NEW FUNDS

In the first quarter of FY2018, DMH staff prepared new procurement documents to include the proposed new project models and their specifications.

Simultaneously, DMH worked with some of its current grantees to build new capacity where possible for CIT training opportunities in its established Training & Technical Assistance Centers. Three such contracts were amended beginning in the second quarter of this fiscal year. Funds added to these contracts totaled \$417,354. Through these contract amendments, additional training classes will meet the anticipated demand of new requests for CIT training across the state.

In the second quarter, DMH also procured a statewide Jail/Arrest Diversion Telephonic Service contract. Funds for this service total \$95,000 for FY2018. This

contract is for a telephonic support service, reachable from a toll-free number that police can offer to the public as part of their diversion intervention. The contractor is a non-profit organization with a track record of providing this type of service. The service functions as a “warm line” that can be offered to the person served or to the person’s family members, friends, or caregivers who may be in need of additional assistance, support and advice relative to getting help with a behavioral health matter, after an encounter with the police. The population to be served includes individuals who are the subject of a police response and also persons that have concerns about the need for mental health services for someone in their life. Law enforcement and other public safety personnel newly trained in CIT or other behavioral health training programs will be provided with this resource and specific instructions on how to access it.

On November 6, 2017, the new Request For Applications (RFA) was published on COMMBUYS. DMH is now accepting new Grant Applications for review. Through this RFA, the Department of Mental Health is seeking applicants interested in obtaining grant funding for the purpose of establishing and/or supporting a Jail/Arrest Diversion project in one or more communities in the Commonwealth of Massachusetts. DMH will establish a pool of Qualified Applicants and, after an initial award period, will be able to make new grant awards on a rolling basis as funds become available.

As of December 8th, DMH has received new grant requests in response to the Request for Applications published on November 6th. The totality of requests thus far has exceeded the amount of funds available for FY2018. DMH will be engaging in a competitive selection process and will also establish a waiting list for qualified applicants so that they can quickly receive an award as soon as funds become available.

MID YEAR STATUS OF FY2018 GRANT OUTLAY

As we near the end of the second quarter of FY2018, DMH presently has obligated funds to its current grantees as follows:

MASSACHUSETTS JAIL/ARREST DIVERSION GRANT PROGRAM

Grants	CITIES/TOWNS	Fiscal Year Started	Program Models	DMH Funding: FY2018
1	Amherst	2015	CIT	18,585
2	Arlington	2010	Co-Response/MHFA	45,000
3	Ashland	2015	Regional Innovative	45,000
4	Barnstable	2015	CIT/MHFA	42,615
5	Bedford	2013	Regional Innovative	45,000
6	Boston (B2)	2010	Co-Response	40,000
7	Boston (B3)	2011	Co-Response	40,000
8	Boston (D4)	2013	Co-Response	40,000
9	Brockton	2011	CIT	45,000
10	Brookline	2015	CIT	44,882
11	Danvers	2012	CIT	45,000
12	Fitchburg	2013	CIT	39,574
13	Framingham	2007	Co-Response	120,000
14	Greenfield	2015	CIT	23,304
15	Holyoke PD/ Fire	2014	CIT	45,000
16	Lynn	2014	Innovative/CIT	45,000
17	Marlborough	2010	Co-Response	45,000
18	Pepperell	2017	Regional Innovative	30,000
19	Quincy/Norfolk DA	2008	Co-response	80,000
20	Salem	2014	Innovative/CIT	45,000
21	Somerville	2014	CIT	37,315
22	Springfield	2015	CIT	80,000
23	Taunton	2008	CCIT-Training&TA Ctr.	60,000
24	Tewksbury	2017	Co-Response/ CIT	29,800
25	Wakefield	2013	CIT/Innovative	45,000
27	Waltham	2008	CIT	43,000
28	Watertown	2008	Co-Response/CIT	45,000
29	Winthrop	2017	CIT	30,000
30	Worcester	2012	CIT	45,000
31	Somerville CIT-TTAC	2014/2018	CIT-Training&TA Ctr.	256,370
32	Brookline CIT-TTAC	2017/2018	CIT-Training&TA Ctr.	218,252
33	*BHN CIT-TTAC (non-profit)	2014/2018	CIT-Training&TA Ctr.	200,732
34	*NAMI (non-profit)	2018	Telephonic Consultation Access	95,000
NOW OUT FOR BID				1,487,646

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.

PROGRAM 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 JDP's:

- There have been 214 officers trained. (*Based upon first Five months of FY2018)
 - 144 Officers were trained in 40 hour CIT (Crisis Intervention Team)
 - 25 Dispatchers were trained in an 8 hour CIT specialty course
 - 45 officers were trained in MHFA (Mental Health First Aid)
- There have been nearly 8,600 hours of training provided by JDP grant funding with Forty Seven (47) municipalities participating (*Based upon first Five months of FY2018)
- JDP Grantees with Training & Technical Assistance Center programs have provided over 400 hours of technical assistance to police departments and other law enforcement organizations. (*Based upon first Five months of FY2018)
- JDP Grantees with operational police-based programs have reported responses to 2,812 incidents thus far, for which they collected data relative to their Jail/Arrest Diversion program. (*Based upon first Four months)
 - Of these reported incident responses about 68% 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.
 - 32% of reported incident responses involved a criminal complaint. In over 95% of these incidents, where the person responded to could have been criminally charged, officers were able to divert the person from criminal charges. Over 500 unnecessary arrests were avoided

and nearly 250 unnecessary Emergency Room visits were avoided according to grantees reporting data in this time period.

POTENTIAL SAVINGS ACHIEVED

Projecting 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. In the short term, national data shows that diversion programs initially shift costs from criminal justice to the mental health system. Typically more intensive services are needed when someone is in crisis, but longer term savings get realized over time as treatment need and costs decrease as well as decreases in future criminal justice involvement.

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 room utilization when those levels of intervention are not necessary. Specifically, significant savings to hospital Emergency Rooms would be realized through pre-arrest, police-based diversion programs by decreasing unnecessary visits to Emergency Rooms (an estimated savings \$3,000 to \$4,000 each visit –not including police time away from their shift). Further savings are realized to 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 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. National data suggests that jail diversion programs can alleviate jail and emergency room overcrowding, reduce the costs of incarceration, shrink court dockets, and decrease unnecessary prosecution.

DMH has been collecting data from our grantees with police-based programs on the diversions from Hospital Emergency Room visits that they have been able to effectuate. This provides an opportunity to order to better estimate the cost savings achieved by this particular grant program. These and other savings are estimated in the below table:

MASSACHUSETTS JAIL/ARREST DIVERSION GRANT PROGRAM			
Diversion From	Number of Events	Est. Cost per Event	Estimated Potential Savings (7-1-17 - 10-31-17)
Emergency Room Visit	248	\$3,500	\$868,000
Arrest	519	\$2,000	\$1,038,000
Custody In Jail (est.)	270 (est.)	\$130 per day at 4 days	\$140,400
Estimated Cost Savings in First 4 months of FY2018:			\$2,046,400

*Costs not factored into this estimated savings include court fees, public defender and district attorney salaries, police costs for court appearances, potential for reduced injury and related costs, and other miscellaneous cost.

CONCLUSION

The prevalence of individuals with mental illness and co-occurring substance use disorders in jails and prisons is higher than that of the general population. Nationally, alternatives to incarceration have gained momentum as a humane and cost effective strategy to reduce criminal justice costs and improve access to health care without compromising public safety. Early identification of individuals with mental 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 potential for cost savings. Thus, based on our experience with police-based jail diversion initiatives to date, the following points are worth noting:

1. Resources allocated to police-based and other jail diversion activities are providing safe, successful, and cost-effective strategies for individuals with mental illness at risk of contact with the criminal justice system.

2. DMH police-based diversion programming has allowed the development of standard approaches to diversion, development of a data collection mechanism and ongoing evaluation of interventions provided.
3. The Commonwealth of Massachusetts continues to realize multiple benefits since the creation 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.
4. The FY18 procurement of new Grant funds will expand the types of models and activities eligible to receive grant support; increase both the availability of training opportunities as well as the likelihood of lasting, positive impact from training received; it will support law enforcement and others to identify and provide solutions for local behavioral health service system gaps that will lead to the full implementation of training competencies and recommended diversion practices by the public safety personnel in our communities.