Building Alliances between the Mental Health and Criminal Justice Systems to Prevent Unnecessary Arrests:

Position Paper

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Executive Summary

Introduction

There is growing evidence that keeping individuals with mental illness out of the criminal justice system by engaging them in treatment and providing appropriate supports reduces both human and economic costs. Other states are working to expand programs to divert individuals with mental illness from the criminal justice system statewide. The goal of this paper is to suggest sustainable approaches for statewide implementation of programs to prevent or divert individuals from becoming involved in the criminal justice system when their mental health crises cause problematic but non-violent behaviors. NAMI-Massachusetts and the Association for Behavioral Healthcare secured funding from the Healthcare Foundation of Central Massachusetts to undertake this project.

Background

People with serious mental illnesses frequently go without the treatment and services they need, putting them at increased risk for use of emergency rooms, hospitalization and criminal justice involvement. Once people with mental illnesses become involved with the criminal justice system, the likelihood increases that they will remain involved. The result, for many, is years of cycling among prisons, jails, shelters and emergency rooms. This results in a high human cost for people with mental illness and their families, as well as considerable burden on the police, courts, probation and jails. Massachusetts Sheriffs estimate that 42% of jail inmates present with a mental illness, and 26% have a major mental illness.[1] Massachusetts faces a growing financial burden to support its correctional system. Over the past 10 years, adjusted for inflation, the budgets of county Sheriffs have grown more than 20%, and were cut only minimally in FY2010.

Proven Diversion Options

Numerous diversion programs have demonstrated success in keeping people with mental illnesses out of, or "diverting" them from the criminal justice system at different points. *Psychiatric Crisis Intervention Services* offer assessment and stabilizing services as an alternative to emergency rooms or jail - with referral to inpatient care when needed. *Specialized Policing Responses* can involve specialized training for police in de-escalating situations involving mental illness or partnering with mental health clinicians who ride with police when they go on emotional disturbance calls. After arrest, *courts or specialized mental health courts* can refer people with mental illness who have committed misdemeanors or less serious felonies to treatment as part of, or as an alternative to, further court involvement.

In Massachusetts, the Department of Mental Health (DMH) funds a police training program and 6 ride-along programs, most of which also raise additional funds. Two foundations are financing mental health

courts and three veterans' mental health courts are being created as part of a federal grant. The ride-along programs and one mental health court have each estimated cost savings in reduced emergency department and jail time that exceed the program costs. Most rigorous studies of diversion programs calculate the costs of all services used by people who are diverted. They indicate that the greatest savings are realized from serving the highest cost individuals, and savings are generated in the long-term, beginning the second year after diversion. [2,3]

Several States are on Their Way to Implementing Diversion Statewide

Ohio and Florida, for example, have set goals for developing diversion options statewide. They have each delivered Crisis Intervention Team (CIT) training to more than 3,000 officers; emphasized creating strong local linkages between community providers, police and courts; and established an organization to assist local communities in planning and implementing diversion initiatives. Both have strong judicial leadership and have established many mental health courts. Their comprehensive and extensive efforts have generated significant positive outcomes and local support. California, Idaho, Georgia, and Washington are just a few examples of other states with considerable diversion activity.

Development of Diversion Options in Massachusetts

Massachusetts has a number of important efforts to divert people with mental illness from the criminal justice system, but they are not part of a unified statewide strategy aimed at comprehensive implementation, they lack sustainable funding and they are not widely known outside of their communities. In addition, Massachusetts' police training system is poorly resourced and decentralized, making it challenging to improve police training on mental illness.

However, Massachusetts has important elements necessary for diversion, including near universal health care coverage that ensures individuals in need of mental health treatment can access services; psychiatric crisis intervention services with mobile capacity for DMH and Medicaid clients; mental health clinics to advise courts; and a strong network of community based mental health treatment and rehabilitation services.

Recommendations

Massachusetts should set a goal to reduce arrests of people in mental health crisis by improving police response and fostering their collaboration with Emergency Service Programs so that all Massachusetts residents have ways to access mental health treatment rather than arrest or jail when this is appropriate and safe. Massachusetts' investments in near universal healthcare and ESPs mean that limited additional resources will be needed to improve police training and strengthen local collaborations between ESPs, police and other local service agencies. Creating such diversion capacity in local police departments and their communities will avoid unnecessary arrests and court involvement as well as reducing overuse of emergency room and inpatient psychiatric care.

1. **Increase Financial Support for Local Collaborators**

   Massachusetts should invest $15M over 5 years to support local collaborations and develop specialized police capacity.

   - Create a grant program in the Executive Office of Public Safety for local police/ESP collaborations that can support the development of local collaborations and a specialized cadre

of police officers with intensive training in de-escalation techniques;

- Provide technical assistance and information to support local planning and training efforts; and
- Document the impact of these interventions on arrest rates and associated cost savings.

2. **Increase Investment in Police Training.**
   - Develop a state of the art curriculum for approaching emotional disturbance calls and working with ESPs that combines the best practices from community policing and tested mental health training programs such as Crisis Intervention Teams, Mental Health First Aid, and the Massachusetts Mental Health Diversion & Integration Program; and
   - Ensure that all police officers receive training in the new curriculum either in the police academy or in continuing education, and that the training is periodically refreshed and updated.
3. **Engage in Collaborative Planning to Expand Court Diversion Options.**

   Massachusetts should also set a goal to create statewide access to court diversion options for people with mental illness who have been arrested for misdemeanors or less serious felonies. Investments in court diversion programs can significantly reduce the burden on the criminal justice system. However, the information needed for the court system to develop a strategic plan for expansion is not currently available.
   - The Court system should partner with DMH and MassHealth to request a planning grant from the Bureau of Justice Assistance that would support the work needed to develop a strategic plan for expanding court diversion options for people with mental illness;
   - The planning grant should be used to collect data from the Court, DMH and MassHealth to identify individuals with mental illness involved in the court system whose infractions make them eligible for diversion;
   - The planning team should review the results of mental health courts in Massachusetts and options from other states, including expanded use of alternative sentencing or other strategies, to determining the options most suitable and effective for Massachusetts; and
   - The agencies should develop an implementation plan and seek a Bureau of Justice Assistance Implementation grant to support it.
4. **Expand Access to Emergency Service Programs (ESP).**
   - Require commercial insurance plans to cover psychiatric emergency programs so that all Massachusetts residents experiencing a mental health crisis have access to cost-effective, community-based, psychiatric crisis intervention.
5. **Maintain a strong and healthy community mental health system.**

Conclusion

Having a mental illness is not a crime. While Massachusetts has some of the building blocks for decriminalizing mental illness, it is far from ensuring that police, courts, and probation understand mental illness and have ready access and strong relationships with the providers of services to stabilize crises, treat and rehabilitate. Selected communities have addressed this challenge, educated themselves, persisted in generating funding, and developed enduring alliances to work on behalf of individuals with mental illness that are at risk of criminal justice involvement. The same opportunities should be available to people with mental illness in all the communities of the Commonwealth.

Building Alliances Between the Mental Health and Criminal Justice Systems to Prevent Unnecessary Arrests:

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Introduction

There is growing evidence that keeping individuals with mental illness out of the criminal justice system by engaging them in treatment and providing appropriate supports reduces both human and economic costs. Other states are working to expand programs to divert individuals with mental illness from the criminal justice system statewide. The goal of this paper is to suggest sustainable approaches for statewide implementation of programs to prevent or divert individuals from becoming involved in the criminal justice system when their mental health crises cause problematic but non-violent behaviors. NAMI-Massachusetts and the Association for Behavioral Healthcare secured funding from the Healthcare Foundation of Central Massachusetts to support this project.

About Mental Illness

Mental disorders are common and widespread. An estimated 54 million Americans suffer from some form of mental disorder in a given year.

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines. Some of the more common mental disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal.

In this paper, we use the term, "Serious Mental Illness" (SMI) to refer to mental health problems causing significant disturbances in a person's ability to take care of themselves, hold a job and fulfill family responsibilities.

With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.

Mental Health America

Background

Forty years ago, in response to concerns that psychiatric inpatients were cruelly confined and mistreated, and due to the availability of new and effective psychotropic drugs, states across the country began closing the vast majority of public psychiatric hospitals. A humane community mental health system was developed to treat these individuals, but was never resourced to meet the full extent of the need. Therefore, people with serious mental illnesses frequently go without the treatment and services they need. They are at increased risk for use of emergency rooms, hospitalization and criminal justice involvement.

Risks for People with Mental Illness and Police

When someone acts out as a result of symptoms of mental illness, law enforcement officers are often the first-line responders; they are the ones at the end of the 911 line. Family members frequently call police for help getting a person in psychiatric crisis to the emergency room. Seven to ten percent of police

contacts involve emotional disturbance[4] and law enforcement officers report that they spend more time in the disposition of these calls than on other types of calls. The Boston Police Department responded to 20,000 such calls in 2009 and police officers were involved in 840 mental health related incidents.[5] The frequency and complexity of such calls can make police less available to respond to other public safety problems.

The majority of arrests of people with mental illness involve non-violent charges such as crimes against the public order or property offenses.[6] A 2006 study of Massachusetts Department of Mental Health clients found that approximately 28% were arrested at some point over a ten-year period, primarily for such non-violent charges.[7] However, most arrests involve people with less serious mental illnesses. In Massachusetts, there were over 150,000 arrests for non-violent property crimes in 2006.[8] Assuming that people with mental illness are arrested in proportions similar to their police contact, 11,000 to 15,000 of these arrests could involve people with mental illness.

Sometimes emotional disturbance calls result in potentially violent situations. Police are well trained to take control of such situations. However, this approach can often make a person experiencing a mental health crisis feel threatened and try to protect him or herself by acting aggressive or using a weapon.

One young man was arrested because he slightly injured a police officer that the family had called to transport their son to the emergency department so he could be admitted to a psychiatric hospital. Though their son was ultimately not sent to jail, the experience was traumatic and costly. The family incurred $4,500 for a criminal lawyer and had to go to court four times. The police and courts spent much more time than would have been taken by a trip to the emergency room.

In July, 2002, as reported in the Boston Globe, Cambridge police were called to the home of a 59 year-old man whom the police knew to have a mental illness. When the man came to his door in a threatening manner, the police reacted in accord with their training, by trying to take over the situation. They closed off the house and attempted to negotiate a peaceful resolution. That tactic failed, however, and they then broke down the door. At least four officers went into the house and challenged the confused man in his kitchen. Neither high-velocity beanbags nor pepper spray stopped him, and he finally came at the police with a hatchet. Ultimately he was shot and killed by an officer who had four years of experience but no specialized training in dealing with suspects with psychiatric disorders. This "death was the third time in three months that an armed and mentally ill suspect was shot and killed by Massachusetts law enforcement officials."

Rarely, but tragically, an encounter between a law enforcement officer and a person with mental illness can lead to violence, resulting in injury or death to officers, the individual himself or even innocent bystanders.

Studies show that between ten and fifteen percent of police shootings are "suicide-by-cop" incidents, in which the victim is suicidal and deliberately provokes the officer to shoot.[9] These incidents have significant emotional costs for all who are involved as well as financial costs for police forces: injuries take officers off the beat, increase medical costs, and can result in liability lawsuits.

Mental health crises can often be effectively de-escalated by calming the situation and restoring the individual's sense of safety. However, without training and community resources for stabilizing psychiatric crises available on a 24/7 basis, police are not prepared to handle mental health crises differently.

Prisons have become *de facto* Mental Health Institutions

Due to the frequency of arrests of people with mental illness, the three largest prisons in the country each house more inmates with mental illness than any psychiatric hospital, making them the largest *de facto* mental health institutions in the country.[10] Bureau of Justice Statistics (BJS) surveys of prisoners found that 24% of state prison inmates had a recent history of mental illness, and nearly half had symptoms indicative of major depressive disorder, mania, or psychosis.[11] Women who are imprisoned have a higher rate of mental health problems, estimated to range between 21 and 42 percent.[12] These rates are three to six times higher than the rates found in the general population. Prisoners with a mental disorder usually also have a co-occurring substance use disorder: the BJS study found that 72% of state prison inmates with a mental health disorder also had a substance use problem.[13] Massachusetts Sheriffs estimate that 42% of those entering their jails present with a mental illness, and 26% have a major mental illness.[14]

Massachusetts faces a growing financial burden to support its correctional system. Over the past 10 years, adjusted for inflation, the Department of Corrections budget has grown more than 12%, the budgets of county Sheriffs have grown more than 20%, and the Probation budget has increased more than 160%. In FY2010, these agencies faced budget cuts of 2% to 8%, much smaller than double digit cuts faced by most other agencies.[15] In addition, Massachusetts has worked over the past several years to develop appropriate resources and protocols for preventing suicides of inmates, which have been occurring at a higher rate than the national average.[16] Protocols, including increased monitoring by staff and development of alternative spaces for holding prisoners at risk of suicide, all require additional public investment.

Once people with mental illnesses become involved with the criminal justice system, the likelihood increases that they will remain involved. The result, for many, is years of cycling among prisons, jails, shelters and emergency rooms. This cycle is costly in human and financial terms for people with mental illness and their families; their communities, whose police forces are tied up handling situations for which many officers are inadequately trained and prepared; and the criminal justice system, which is not equipped to provide needed care.

Health care costs are also high when individuals with mental illness interact with police.

Even when police help transport individuals in mental health crisis to a source of health care, costs are likely to be high. Police generally transport people to emergency rooms, which often have a hard time managing this type of problem. Emergency department admissions are costly, averaging $3,500.[17] Some individuals are then admitted for psychiatric inpatient care, which is even more expensive.

Decriminalizing Mental Illness: Proven Diversion Options

Public resources can be better spent by providing timely mental health treatment and maintaining public safety. "Decriminalizing" mental illness means keeping people who have committed misdemeanors or less serious felonies and who need mental health treatment out of court and jails and ensuring that they get the care they need. Decriminalization does not mean eliminating consequences for problem behavior. People committing violent offenses would not be eligible for diversion.

Provision of assertive, appropriate and comprehensive treatment for people with mental illness - often reinforced by the authority of the court - can prevent the cycle of untreated mental illness resulting in arrests and jail from or reduce the likelihood of the cycle continuing. Decriminalization can be achieved in a variety of ways; all require effective collaboration between police, judicial and correctional systems and social service, health and mental health organizations and people with mental illness and their families. Numerous diversion programs of different models in Massachusetts and other states have demonstrated success in keeping people with mental illnesses out of, or "diverting" them from the criminal justice system. Diversion is possible at many points:

Psychiatric Crisis Intervention

Psychiatric assessment and stabilizing services that can provide referral to community-based and inpatient psychiatric care when needed. This offers an alternative for families and police who would otherwise transport people in psychiatric crisis to an emergency room or – if the person's behavior escalates and becomes dangerous – jail. These services can reduce both use of expensive psychiatric hospitalization and jails. Massachusetts has created Emergency Service Programs that cover all the communities in the Commonwealth to provide services for Medicaid (MassHealth) enrollees and DMH clients.

Pre-arrest Jail Diversion: Specialized Policing Responses (SPR)

When police departments have specialized resources to address emotional disturbance calls and well developed connections with community treatment resources, arrests, emergency room visits and hospitalization can be significantly reduced, preventing people from becoming involved in the legal system. Different police departments have selected among different models based on their needs, environment, resources and preferences.

Police with Special Training

- ***Crisis Intervention Teams (CIT):*** a team of police officers who have volunteered to complete an intensive (40 hour) training is dispatched to calls involving emotional disturbance. They must have access to a psychiatric crisis stabilization program where an individual in crisis can be transported for ongoing stabilization and referral to community services. A variant of this model has been operating in the City of Taunton for over ten years. Thirty hours of training are provided twice yearly for police and other first responders in the community, and a police/community team meets monthly to make comprehensive plans for people with mental illness and other special needs at various points of potential or actual criminal justice involvement. A NAMI chapter recently raised funds to implement CIT training for Berkshire County police departments and DMH is offering funds for one police department to implement this program.

- A study of the Memphis CIT program (where the program originated) found that the CIT team had an arrest rate of 2%, much lower than Community Service Officers in Birmingham (13%) and regular officers in Chicago (16%).[18]
- In Florida, where over 3,000 officers across the state have been trained in CIT, police shootings involving people with mental illness have decreased from 13 per year to 1 to 2 in the past two years and in that time there have been no police injuries.[19]

Despite these favorable findings, and wide adoption and acceptance by many police departments, the Memphis CIT Model has not been studied enough to identify what elements are necessary to its success.[20]

- ***Mental Health First Aid:*** a 12 hour training program for police and other first responders to help them better recognize the signs of mental health crisis, how to avoid exacerbating the situation and how to get help from mental health providers. DMH has offered funding for two police departments to implement this program.
  - A study conducted five to six months after the training was delivered found that this program improved helping behavior, generated greater confidence in providing help to others, and provided other positive benefits to those who were trained.[21]
- ***Massachusetts Mental Health Diversion & Integration Program (MMHDIP):*** a program of the Law and Psychiatry Program at the University of Massachusetts Medical School. Supported by a number of private and public funding sources, MMDIP works with local law enforcement, courts and health and human service providers, helping them create partnerships that can identify resources and gaps in their communities. The MMDIP has also trained police officers in Boston, Worcester and other communities.

Combined police and mental health response – in MA this is called Jail Diversion

These programs are police-based, pre-arrest, co-responder diversion programs that prevent individuals with a major mental illness from being arrested when community-based mental health treatment is more appropriate. The programs bring recovery-oriented, strength-based, and mobile community crisis services into the Police Department as fully integrated members of the police team. A clinician or clinicians are sited in the Police Department and ride-along with officers dispatched to probable emotional disturbance calls. The police/clinician team diverts individuals with mental illness, substance abuse or behavioral issues from the criminal justice system into the community mental health and substance abuse system for more appropriate treatment and case management. Framingham initiated a Jail Diversion program which has now been in operation for 8 years, supported by DMH and Foundation funds. DMH supported 5 other ride-along programs, but funding was cut in 2009, jeopardizing some programs' viability. DMH also recently ceased to fund 2 programs in communities with fewer DMH clients and funded a program to serve Boston.

- During the first full year of Framingham's Jail Diversion Program, (2004), the ride-along clinician was involved in a total of 469 interventions involving emotional disturbance, of which 212 were actual jail diversion events, an average of 39 interventions per month. A total of 80 arrests were diverted, meaning that the police officer chose not to arrest an individual because a treatment option was made available at the time of the intervention. Twenty-nine arrests were made. Prior to the JDP, 76% of such calls would have been taken to the emergency room. In its first year, only 26% of calls were taken to the emergency room.[22]
- In FY2009, the six DMH funded jail diversion programs in Massachusetts assisted police in approximately 1,350 events, of which approximately a quarter could have resulted in arrest. On average, 76% to 96% of such calls, approximately 300, were successfully diverted from arrest.

Available information indicates that these outcomes were achieved without any known compromise to public safety. [23]

Court Related Diversion Options

When people with serious mental health problems are arrested, they can still be referred to treatment as part of, or as an alternative to, further court involvement if they have committed misdemeanors or less serious felonies. Statutes that allow special court treatment for people who have mental illness address the infrequent occasions when the person is not competent to stand trial or mental illness affects the degree of criminal responsibility. Post-arrest diversions are appropriate for a much wider group of people with mental health than these statutes address. After an arrest, courts must authorize any diversion options. Massachusetts has a law (Mass General Law Chapter 111E) that allows judges to stay court proceedings for persons accused of certain classes of crimes who are determined to be drug dependent and order them into treatment. Upon successful participation in treatment, charges may be dismissed.[24] This option can be exercised by any judge adjudicating eligible crimes. While Massachusetts does not have specific statutes authorizing this type of diversion with mental health has contributed to illegal activity, Massachusetts has developed mental health courts on both a pre-adjudication and post-adjudication basis.

Pre-adjudication Diversion

Such programs might be instituted in jails, based on screening individuals for mental health problems and review of their prior criminal history, or initiated in court at arraignment. A mental health case manager would assess the person's needs and assist them to access services. Probation officers would monitor compliance with the conditions of diversion, and in some cases charges could be dismissed if all conditions are fulfilled. A foundation funded mental health court operating in the Boston Municipal Court serves approximately 80 individuals per year on a pre-adjudication basis.[25]

- Evaluations of such programs have shown decreases in jail days, re-arrests and decreases in homelessness.

Post-adjudication Diversion

At the time of adjudication, if incarceration is not mandatory, judges can consider an individual's mental health problems in sentencing. Participation in treatment and related services can be set as a condition of probation. Some courts establish a special mental health session, where the compliance of individuals with conditions of probation is regularly reviewed by the judge. Establishing mental health sessions generally requires training for all court personnel, including judges, clerks, prosecutors, defense attorneys, and probation officers, and the assignment of a mental health case manager to conduct assessments, make referrals, and help coordinate services. Studies have shown positive results in terms of lower rates of re-arrest, decreased jail time, fewer new offenses, and reductions in violent offenses. A foundation funded mental health court was recently established in the Springfield District Court, and a federal grant has established a special court for veterans with mental health problems and will create such courts in two additional jurisdictions.

- In its first year of operation, the Springfield mental health court worked with 22 individuals of whom 9 completed 3 consecutive months of taking their medication as prescribed and maintaining sobriety, attending 90% of their appointments for mental health or substance abuse services, and attending all court sessions as required for graduation. Two failed to graduate and the remainder remained in the program at year end. Of the nine graduates, seven have not been rearrested.[26]

Costs and Savings of Diversion Programs

The evidence is clear that the diversion programs described above can substantially reduce the burden on police, courts, probation and jails and also reduce use of costly emergency room and hospital psychiatric interventions. These savings can easily cover the direct costs of the diversion programs operating in Massachusetts.

- DMH has estimated Massachusetts emergency rooms visits at $3,500; ambulance rides at $500; booking costs at $2,000 per event; and jail costs at $130/day with an average of a 4 day stay for a total of $520. This excludes court costs including fees, public defender and district attorney salaries, police costs for court appearances, and other miscellaneous costs. Using these figures, DMH estimates that at least 200 diversions were accomplished by its ride-along programs, saving $1.3 million in ER and jail related costs. This far exceeds DMH's investment of approximately $400,000.[27]
- The Springfield Mental Health Court also achieved savings that exceeded its costs. In its first year of operation, several graduates had suspended sentences totaling 1095 days. They would have served this time if not for their participation. At $95 per day in Hampden County House of Correction costs, this saved a total of $104,025, exceeding the $75,000 cost of the mental health court's grant funded budget. [28]

It is important to note that savings to the police, jails and court do not necessarily reduce costs; the benefits rather come from making resources available to meet other needs. Therefore, savings are not necessarily quickly available to cover the costs of diversion. However, a comprehensive program brought to scale can have a significant impact on public safety costs capable of motivating further investment in diversion.

- Miami-Dade County with has a population of over 2.5 million, has over 3,000 police officers with CIT training, a crisis stabilization system that offers sites to which police officers can bring people in need of immediate care, as well as a variety of post-arrest programs, and a short term residential facility, for specific populations.[29] As a result of this extensive array of diversion and treatment programming, the jail population in Miami-Dade County has experienced a larger decline than any other in the country.[30]
- An Alachua County Florida Forensic Diversion Team has served over 400 individuals with mental illness since its inception in 2008. Of those who have been out of the program for 12 months or more, over half have not re-offended and almost two-thirds have had a reduction in jail days. During this time, Alachua's jail population increased from 850 to as much as 1000. The county believes that this increase would have been much greater without the team's success in preventing recidivism.[31]

Diversion programs also result in increased use of mental health and substance abuse treatment and community supports such as housing programs. Several studies have included these costs in their analysis of costs and benefits. These studies found mixed results for the first year of diversion, with some showing cost savings for diverted groups, and others showing that the costs of treatment exceed the costs for regular court processing. This population often has significant unmet needs and can require a period of fairly intensive treatment and provision of housing and other supportive services whose costs are not negligible. These studies suggest that treatment costs will be somewhat reduced and the benefits of reduced jail and re-arrests begin to accumulate in the second year, resulting in

overall savings. They also show savings to be greater for individuals with more serious crimes, because estimated savings from their potential jail time and re-arrest are higher.[32, 33]

In Massachusetts the costs of mental health services covered by Medicaid or other insurance should not be considered as a cost of diversion, since every resident is required to have health coverage and expected to use medically necessary services. Excluding services covered by insurance would considerably reduce the costs related to diversion and make the overall financial equation more favorable. Insurers, however, should understand that diverted individuals may be high cost service users for the first year, but are not likely to maintain utilization at elevated levels in the long term and may ultimately generate savings from reduced use of emergency and inpatient care.

Several States are on Their Way to Implementing Diversion Statewide

Ohio and Florida are two states which have widely implemented police, jail and court based initiatives with considerable leadership and support at the state level.

Ohio

- Thirty-five communities, including all the large cities, have strongly embraced the CIT approach. As of January, 2009, more than 3,000 officers from over 175 police departments had received CIT training.
- A Criminal Justice Coordinating Center of Excellence (CCOE) funded by the state Department of Mental Health promotes jail diversion alternatives for people with mental illness.
- Mental health consumers and families are active participants in these efforts through the statewide NAMI organization. NAMI receives financial support from the CCOE and the state Attorney General's Office to support community partnerships, CIT expansion, and work closely with the CCOE.

Ohio's Supreme Court has taken the lead in creating and expanding mental health courts throughout the state, demonstrating a highly collaborative and inclusive approach.

- As of March 2009, Ohio had 130 specialized dockets in municipal, juvenile, common pleas and other courts. These included drug, mental health, domestic violence and other courts. There were 20 municipal mental health courts and nine juvenile mental health courts as well as five common pleas mental health courts.
- Ohio's Supreme Court has an Advisory Committee on Mental Illness and the Courts, which includes over 50 representatives from the Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Rehabilitation and Correction and the Office of Criminal Justice Services as well as judges, law enforcement personnel, mediation experts, housing and treatment providers, consumer advocacy groups, and others.
- The Advisory Committee encourages the creation of task force in each county to work on issues of the mentally ill in the county criminal justice system and provides them with guidance, resources, and information.

- While they encourage each county to start a mental health specialty docket, the Advisory Committee has "also found that the collaboration that results when all these groups get together goes far beyond the courtroom."[34]

Florida

Florida has dedicated a $3.8 million pool of state funding within the Department of Children and Family Services for Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grants (CJMHSA) to counties. A maximum of $100,000 is available for 1 year planning grants and a maximum of $1 million can be requested for 3 year implementation grants. The goal of this grant program is to redirect limited treatment dollars to target effective front-end services to divert people with mental illnesses from the criminal justice system and to reduce the need for expanding costly forensic treatment facilities. Over time, money now spent for these "back end" services would be reallocated to community treatment services.[35]

Counties must provide 100% match (often done with in-kind resources), resulting in a total investment of $7.6 million in diversion programming. Grants also require community-wide collaboration including representation from community providers, police, courts and jails.

- More than half of Florida counties have received such grants. "Despite a very constrained economy and in many cases budget cuts to health and social services, local counties have deemed the CJMHSA Reinvestment Grant a priority in their communities." [36]

Florida has a technical assistance center to support local efforts. The Legislature designated the University of South Florida's Florida Mental Health Institute to serve as The Criminal Justice, Mental Health and Substance Abuse Technical Assistance (TA) Center. It receives state and Foundation funding to:

- assist counties in projecting and monitoring the effect of a grant-funded intervention on the criminal justice system and jail,
- act as a clearinghouse for disseminating information on best practices and other information relevant to criminal justice, juvenile justice, mental health and substance abuse,
- compile and make available data profiles for each of Florida's counties that integrate the county's arrested population from Department of Law Enforcement data with mental health and substance abuse services found in statewide Medicaid claims data, and the statewide Integrated Data System maintained by the Florida Department of Children and Families.

Florida Partners in Crisis (FLPIC) is a unique organization with the goal of promoting collaboration across the mental health, addiction treatment and criminal justice systems to support recovery and reduce contact between the justice system and people with mental illnesses and substance use disorders. FLPIC is a statewide membership organization whose members and Board of Directors include "judges, law enforcement and correctional officials, prosecutors, public defenders, mental health and addiction providers, hospital administrators, people recovering from mental illnesses and/or substance use disorders and their families and loved ones."[37]FLPIC promotes education and fosters awareness of effective treatments for mental illnesses and substance use disorders; advocates for appropriate resources for services; encourages community collaboration;[38] and, with support from several foundations, is developing a judicial education program and a resource guide (a "bench book") to help court personnel when they deal with individuals who have behavioral health problems.

Other states also have established numerous police diversion programs and mental health courts and benefit from state leadership addressing mental health in the criminal justice system drawn from the mental health, court, and public safety systems.

- California has a Council on Mentally Ill Offenders and a Judicial Council Task Force for Criminal Justice Collaboration on Mental Health Issues, 18 mental health courts and 8 specialized law enforcement programs.
- New York has special programs to track individuals with serious mental illness in both the criminal justice and mental health system and to monitor their mental health care.
- Idaho has 25 mental health courts.
- Georgia has set a goal for statewide CIT training and currently has 7 such programs and 8 mental health courts.

Development of Diversion Options in Massachusetts

As described above, Massachusetts has a number of important efforts to divert people with mental illness from the criminal justice system, but they are not part of a unified statewide strategy aimed at comprehensive implementation. (See Appendix A for a more complete description of these programs.) These efforts are beginning to provide some information about effectiveness and outcomes and have created important local expertise. However, all of these efforts are limited, lack sustainable funding and they are not widely known outside of their communities.

Assets

Massachusetts has two important assets that can provide a strong foundation for substantially reducing the criminalization of mental illness. First, near universal health care coverage ensures that individuals in need of mental health treatment can access services. Second, psychiatric crisis intervention services with mobile capacity for DMH and Medicaid clients cover the entire state and provide resources police can call upon to help them address mental health crises. Psychiatric emergency capacity is the most costly element of a diversion program because of the requirement for 24/7 coverage, short-term residential crisis intervention, and day-time mobile capacity. In many states, creating this capacity specifically for a diversion initiative makes the diversion program much more expensive. Massachusetts is far ahead of many other states by having made this investment in statewide emergency psychiatric coverage. DMH has begun to build upon this foundation by collaborating with MassHealth and the MA Association of Chiefs of Police to make police aware of emergency service teams and how to use them.

Massachusetts also has other assets that can contribute to the ability to divert individuals with mental illness from the criminal justice system. Forensic mental health clinics are available to advise court personnel on mental health issue and there is a capable network of community based mental health treatment and rehabilitation services.

In addition, a number of Massachusetts stakeholders have demonstrated an interest in innovative programming for people with mental illness and have resources to offer.

- Houses of Correction administered by county sheriffs are not currently the primary site for diversion initiatives in Massachusetts, but many sheriffs have active jail treatment and rehabilitation programs as well as re-entry programs. They are well aware of the mental health

problems among their inmates and can be important partners in identifying and offering services for those detained in their facilities. Their larger county jurisdiction may provide a structure for multi-community initiatives. They are likely to benefit directly from a reduced caseload when arrests are diverted.

- The Massachusetts Mental Health Diversion and Integration Program is one source of expertise in mental health and criminal justice and Northeastern University's School of Criminology and Criminal Justice is another. They have the potential to collaborate on research, training and technical assistance for planning and implementation of diversion initiatives.
- Massachusetts has established a number of drug courts, considerably more than mental health courts. In 2009, there were 21 drug courts in eight of Massachusetts 14 counties that had been operating for at least two years and one additional drug court that was being planned.[39] These courts may have helpful experience relevant to inform planning, implementing and sustaining mental health courts.

Limitations

Other important elements necessary for reducing the criminalization of mental illness are limited in Massachusetts.

Police Training Resources

Massachusetts has limited police training resources. A legislative study[40]recently found Massachusetts to rank last in the country with regard to the amount of state resources devoted to training municipal police. Massachusetts allots only half of what the second lowest spending state spends per uniformed officer. These resources are also fragmented. The Massachusetts Municipal Police Training Committee (MPTC), an appointed body with representatives of major police, court and corrections organizations, determines minimum standards for training of all police recruits and ongoing training for working officers. The Municipal Police Training Committee operates a police academy and offers continuing education. However, the police departments of Boston, Worcester, Springfield and Lawrence all operate their own training academies.

The MPTC is committed to a community policing model that prepares police to address mental health problems and other special needs they will encounter. These are reflected in its police academy curriculum and in its standards for ongoing police training. However, the MPTC does not draw upon the tested mental health training models we have described and does not include people with mental illness or family members of people with mental illness as part of the training process.

Erosion of the Community Mental Health System

Though Massachusetts has an extensive and comprehensive system of community mental health care, it is being severely challenged by stagnant rates and budget cuts in mental health services. A number of major outpatient clinics have cut back on services and this may make it more difficult for diverted individuals to get mental health services on a timely basis.

Cross-System Statewide Leadership

Decriminalizing mental illness in Massachusetts by diverting individuals experiencing mental health crises from the police and court systems into treatment must be implemented on a local basis by local police departments and community providers, and court by court. However, ensuring that these local efforts expand across the state requires combined leadership at the state level from the Department of

Mental Health, the Massachusetts Judicial Branch, and leaders of the state's police departments and Sheriffs. Relationships between DMH and state representatives of police and courts are at the beginning stages.

Recommendations

Massachusetts should set a goal to reduce arrests of people in mental health crisis by improving police response and fostering their collaboration with Emergency Service Programs (ESP) so that all Massachusetts residents have ways to access mental health treatment as an alternative to arrest or jail when appropriate and safe. Massachusetts' investments in near universal healthcare and ESPs mean that limited additional resources will be needed to strengthen local collaborations between ESPs, police and other local service agencies and improve police training. Creating such diversion capacity in local police departments and their communities will avoid unnecessary arrests and court involvement as well as reducing overuse of emergency room and inpatient psychiatric care. The following section summarizes our recommendations. A full discussion of each recommendation follows.

Overview of Recommendations

1. **Increase Financial Support for Local Collaborators**

   Massachusetts should invest $15M over 5 years to support local collaborations and develop specialized police capacity.

   - Create a grant program in the Executive Office of Public Safety for local police/ESP collaborations that can support the development of local collaborations and a specialized cadre of police officers with intensive training in de-escalation techniques;
   - Provide technical assistance and information to support local planning and training efforts; and
   - Document the impact of these interventions on arrest rates and associated cost savings.

2. **Increase Investment in Police Training.**

   - Develop a state of the art curriculum for approaching emotional disturbance calls and working with ESPs that combines the best practices from community policing and tested mental health training programs such as CIT, MH First Aid, and MMDIP; and
   - Ensure that all police officers receive training in the new curriculum either in the police academy or in continuing education, and that the training is periodically refreshed and updated.

3. **Engage in Collaborative Planning to Expand Court Diversion Options.**

   Massachusetts should also set a goal to create statewide access to court diversion options for people with mental illness who have been arrested for misdemeanors or less serious felonies. Investments in court diversion programs can significantly reduce the burden on the criminal justice system. However, the information needed for the court system to develop a strategic plan for expansion is not currently available.

   - The Court system should partner with DMH and MassHealth to request a planning grant from the Bureau of Justice Assistance that would support the work needed to develop a strategic plan for expanding court diversion options for people with mental illness;

- The planning grant should be used to collect data from the Court, DMH and MassHealth to identify individuals with mental illness involved in the court system whose infractions make them eligible for diversion;
- The planning team should review the results of mental health courts in Massachusetts and options from other states, including expanded use of alternative sentencing or other strategies, to determining the options most suitable and effective for Massachusetts; and
- The agencies should develop an implementation plan and seek a Bureau of Justice Assistance Implementation grant to support it.

4. **Expand Access to Emergency Service Programs (ESP).**
    - Require commercial insurance plans to cover psychiatric emergency programs so that all Massachusetts residents experiencing a mental health crisis have access to cost-effective, community-based, psychiatric crisis intervention.
5. **Maintain a strong and healthy community mental health system.**

1. Increase Financial Support for Local Collaborations

The Governor and Legislature should allocate $15M over 5 years to the Executive Office of Public Safety to support grants to local communities, technical assistance to them, and data collection on their results. The grants should focus on developing local collaborations and training police to become specialists in handling emotional disturbance calls. While training itself can be costly and police departments have to invest in developing procedures for scheduling and dispatching specialty officers, this model does not require the ongoing funding of extra personnel that clinician/police teams do. At the end of the five year period, there should be more information on where savings have been achieved that can help to plan for a sustainable source of funding for further expansion.

Grant Program for Local Collaborations and Specialized Police Training

The grants should require local collaborations between police, ESPs and other community agencies and grantees should contribute matching in-kind resources State leaders of the Department of Mental Health, the Massachusetts Judicial Branch, and the Executive Office of Public Safety should administer these funds with advice from NAMI, the Association for Behavioral Healthcare (ABH), and representatives of police departments and Sheriffs. Grants should support the building of local coalitions to facilitate diverted individuals' access to the local service system, development of protocols for coordination between ESPs and police, development of police protocols for scheduling and dispatching that target specialized police capacity where needed, and specialized intensive police training in proven curricula such as CIT, Mental Health First Aid, or MMDIP.

Technical Assistance for Local Collaborations

A portion of these funds should support technical assistance to help local collaborators plan grant proposals and implement them. The technical assistance should include:

- Compiling information from DMH, Medicaid (MassHealth), Police, Jails and Courts to support state planning efforts and provide profiles of the needs of local jurisdictions to support their planning and proposal writing efforts;
- Track funding opportunities available to support local diversion initiatives and assist communities in developing proposals;
- Disseminate planning and implementation tools developed in-state and across the country; and

- Promote information sharing between different Massachusetts jurisdictions.

Document the Results of Diversion Programs

Grants should include requirements for standardized measurement of significant aspects of grant implementation and of participants' outcomes. This information is necessary to better understand the true impact of diverting arrests, for determining what savings are generated, and for quality improvement. Solid data on the value of these activities is necessary both to document the value of the program and manage it properly.

2. Increased Investment in Police Training

The state should redress its dramatic underinvestment in police training by expanding resources. A fixed portion should be designated for ongoing training on this topic.

Police Best Practice Curriculum for Addressing Mental Health Crises

The public safety response to mental health crises and emotional disturbance calls warrants and would benefit from developing a state of the art curriculum for response to emotional disturbance calls. A portion of increased police training funds should be used to develop the new curriculum. A broad spectrum of public safety and mental health representatives should convene to combine best practices in community policing and tested programs such as CIT, Mental Health First Aid, and MMDIP to develop a curriculum reflecting practices that safeguard people in crisis, public safety officers, and the general public The curriculum should define the appropriate roles and responsibilities of police and ESPs. This effort should include the Department of Mental Health, MassHealth, the Massachusetts Municipal Police Training Committee, the Massachusetts Association of Chiefs of Police, the MA Sheriff's Association, the Supreme Judicial Court, the Chief Probation Officer, other relevant court and corrections officials as well as representatives of community providers and mental health consumers and families. The curriculum and any other training programs addressing emotional disturbance topics should always include consumers and family members as presenters.

Train All Officers in the New Curriculum

The new curriculum should be incorporated into the training offered by all police academies in the state. and the MA Municipal Police Training Committee (MPTC) should make it a required element of annual continuing education for working officers until all officers have received the training. The MPTC should provide this training or subcontract with another training organization best qualified to deliver it.

3. Engage in Collaborative Planning to Expand Court Diversion Options

The planning effort should involve the Court system working with DMH and MassHealth to better understand the potential population who could be diverted. This requires using available court and health care data, as well as collecting additional information to identify people in the court system who have mental health problems, their criminal history, their current charges, their risk factors, and their needs. Cost studies have shown that the greatest savings come from serving individuals with more serious criminal charges (low level felonies), more serious mental health conditions, and unstable living situations. For these groups, long term savings from avoiding multiple arrests and court arraignments, multiple detoxification stays, and psychiatric hospital stays have the greatest potential to pay for the cost of stabilizing their housing and engaging them in treatment and rehabilitation. The Boston Municipal Court likely is already generating this kind of savings by serving a high need population including a high

proportion of DMH clients as well as a number of long-term homeless individuals that have frequent contact with police.

On a statewide level, the Commonwealth lacks an easy way to identify high cost individuals and where they are most concentrated because the data to identify these individuals comes from multiple unrelated information systems. The Bureau of Justice Assistance offers planning grants and implementation grants that require a moderate state match and collaboration between criminal justice and service delivery agencies. A planning grant would allow the Commonwealth to develop methods for combining data from the police, courts, and health system so that high cost individuals can be identified, their needs better understood, and an appropriate intervention designed. An implementation grant would support the intervention and help generate data on outcomes and cost savings. The existing resources of Court Clinics can provide the expertise needed to make the determination of whether a mental illness is present. A BJA implementation grant would support implementation of the plan.

4. Expand Access to Emergency Service Programs (ESP).

Currently Medicaid (MassHealth) enrollees, DMH clients and uninsured individuals in psychiatric crisis have access to ESP services. While commercial insurers can contract with ESPs, this is quite uncommon. Police can have a difficult time determining the type of insurance coverage an individual carries and this can create a barrier to use of ESPs; alternatively, ESPs will be asked to deliver services they will not be reimbursed for. ESPs are cost-effective in comparison to emergency rooms. Massachusetts should require its commercial carriers to cover this service and pay for it at a fair rate so that all residents have access to this service and police and ESPs can develop consistent protocols for all people in psychiatric crisis.

5. Maintain a Strong and Healthy Community Mental Health System

Diversion programs cannot succeed without a viable community mental health system to deliver treatment and support. Overall capacity must be maintained, and when an extra level of effort is required to serve individuals in diversion programs, providers should be compensated for it.

Conclusion

Having a mental illness is not a crime. While Massachusetts has some of the building blocks for decriminalizing mental illness, it is far from ensuring that police, courts, and probation understand mental illness and have ready access and strong relationships with the providers of services to stabilize crises, treat and rehabilitate. Selected communities have addressed this challenge, educated themselves, persisted in generating funding, and developed enduring alliances to work on behalf of individuals with mental illness who are at risk of criminal justice involvement. The same opportunities should be available to people with mental illness in all the communities of the Commonwealth. It is time to build the necessary alliances at the state level and for the state to promote and foster them at the local level. Systematically combining a relatively small amount of state resources with federal and foundation grants and in-kind local resources will make these alliances possible. Careful accounting of savings will justify the value of sustaining them. The benefits will be profound.

Appendix A: Description of Massachusetts Diversion Programs

Massachusetts Behavioral Health Emergency Services Program

The primary goal of the Emergency Services Program (ESP), sometimes referred to as "Crisis Teams," is to provide psychiatric crisis stabilization in the community to avoid psychiatric hospitalization whenever possible. However, these programs are also poised to play a significant role in keeping individuals with mental illnesses out of the criminal justice system. ESPs serve individuals on MassHealth (Medicaid), DMH clients with Serious Mental Illness (SMI), and the uninsured when they experience a mental health crisis. This target population includes most of Massachusetts residents who have the most serious mental illnesses. Each program has a site where they can assess the individual and provide stabilizing services or arrange for a psychiatric hospitalization. Until 8:00 pm, they can meet individuals in their homes or other community locations for assessment and stabilization.

Calling an ESP instead of 911 or police eliminates a police contact and the attendant potential for the situation to escalate. It may also eliminate a hospital admission because the ESP is prepared to provide psychiatric crisis intervention, referral to community mental health services, or a temporary respite.

There are new efforts to inform police about ESPs and foster collaboration with them. The Massachusetts Behavioral Health Partnership (MBHP), a Medicaid managed care organization that oversees the ESPs on behalf of DMH and MassHealth, is currently required to disseminate information on ESPs to first responders across the state. With DMH and the MA Chiefs of Police Association, it will offer a statewide forum in spring 2011, where first responders will share best practices for working with ESPs. MBHP is also looking for other opportunities to reach police and make them aware of ESPs and how to work with them.

In addition, some of the 21 local ESPs have reached out to the police departments in their catchment areas to discuss the services they offer and ways that they can collaborate. Not unexpectedly, response of police departments is highly variable. In some communities, police and ESPs are actively collaborating.

The Boston Emergency Service Team (BEST) is the ESP for the city of Boston. BEST is working with the Boston Police Department (BPD), which received a small Bureau of Justice Assistance grant to train police on working with BEST and thus strengthen their collaboration. It will allow the BEST Program to respond to police calls on a priority basis, postponing response to less serious requests. BEST also trains BPD's two-person team that focuses on street outreach to the homeless, and provides them with clinical support. As part of the grant, BEST and the BPD will develop an e-learning curriculum about psychiatric emergency services and how police should access them that may be of use to other ESPs and police departments.

A few individual police departments have pursued specialized and intensive training on mental health. Below are the trainings we are aware of. There may be additional examples that we are not aware of.

- ***Taunton's Community Crisis Intervention Team.*** For over ten years, the Taunton Police Department and neighboring departments have participated in a variation on CIT that they call Community Crisis Intervention Teams (CCIT). The department offers a three-day training for police officers, other first responders and treatment providers. This training, which is offered

free of charge bi-annually, has now trained a third of Taunton officers, a number of officers from 12 surrounding and more far flung communities, 58 court personnel, 10 school staff, 18 hospital workers, two fire department workers, six corrections personnel and three clergy. Participants indicate that this process breaks the ice between different groups that must collaborate; helps each understand the roles, responsibilities and limitations of other groups; and establishes relationships that facilitate access to services. The department is so committed to the program that it covers the costs of freeing officers to participate in training and to deliver parts of the training. In addition, a program director, currently funded through a DMH contract, facilitates a monthly case conference that brings together a wide variety of stakeholders who develop plans to help families and/or individuals with mental health or other special needs who are involved with or at risk of involvement with the criminal justice system. Because of the wide network of stakeholders involved with these efforts, the CCIT is able to develop diversionary alternatives at a number of different points in the criminal justice process.

- ***Berkshire County CIT.*** NAMI in Berkshire County recently raised funds and secured a grant to support CIT training for a number of police departments in the County. The first session trained 17 officers and a second was held in March 2011. A broad-based group of police, court, sheriff, and community representatives have begun meeting to plan and support this effort. Despite this early success and widespread interest, sustaining this program is straining NAMI's volunteer resources.
- ***DMH Funding for Police Training.*** DMH has issued a Request for Proposals to police departments with sufficient funding for one CIT training program and two Mental Health First Aid training efforts. The initial response has been disappointing, perhaps because police departments may not be aware of or familiar with DMH, or lacked technical assistance to apply for grants.

Jail Diversion Programs

Eight years ago, Advocates, Inc. and the Framingham Police Department initiated a ride-along program with an Advocates clinician sited at the Police Department at the times when emotional disturbance calls were most likely to come in (evening shifts). Originally funded by local grants, the program has since received state funding through the Department of Mental Health, which also funded four other ride-along programs beginning in FY07. In FY'09, funding for all programs other than Framingham was reduced by 50 percent.[41] As of late 2010, the Watertown program and the Milford programs were defunded entirely as DMH reallocated funds to focus on communities with the largest number of DMH clients. Boston's BEST team recently won a DMH award to place a clinician at the Roxbury Police District to ride along on calls. The Milford program closed, and the remaining programs were seeking alternative/additional sources of funding in order to remain viable. The Framingham program continues to operate with strong support from all stakeholders and has expanded to Marlboro with support from the Health Foundation of Central Massachusetts.

Both police and the participating mental health clinicians believe that the clinicians are capable of de-escalating mental health crises in a way that a police officer cannot. They point out that the 40 hours of training offered by CIT programs cannot prepare a police officer to perform at the level of a Masters trained mental health professional with several years of experience and supervision who has familiarity and immediate access to referral sources for the appropriate level of care. Another advantage is that posting a mental health professional in a police department is highly effective in slowly building trust and

generating acceptance from police officers. Without such relationships in place, officers may be reluctant to handle mental health crises in new ways, such as making referrals to ESPs.

Mental Health Courts

Court Mental Health Clinics

DMH funds juvenile and adult court clinics in each county court system. The primary responsibility of these courts is to determine competence to stand trial, criminal responsibility, and to aid in sentencing. However, they also consult to judges and other court personnel about mental health issues, perform assessments, recommend treatments and identify appropriate community resources. The court's ready access to experienced forensic mental health clinicians is an important resource that can help the court to make well informed decisions about people who have mental illnesses.

District and Boston Municipal Courts

The Massachusetts court system is complex, with a number of different divisions. The District Courts and the Boston Municipal Courts are most likely to see individuals who have committed misdemeanors or less serious felonies, and therefore may be appropriate candidates for diversion. Judges are able to consider issues of mental illness in any case, can seek consultation from the Court Clinic, and can impose conditions of probation that include treatment for mental health or combined mental health and substance use disorders. There is no good way to determine how many judges actually do this.

There are also a few examples of organized mental health sessions in the Massachusetts court systems.

- ***Mental Health Diversion Initiative (Boston Municipal Court).*** This Sidney Baer Foundation funded program provides a mental health court case manager who links participants to services and coordinates with the MH Probation officer. Serving approximately 80 clients annually, most participants (70%) are DMH eligible. Many participants are seen on a pre-adjudication basis, and the court accepts referrals from police and other parts of the Boston Municipal Court for individuals who coming into contact with police in the South End and Downtown police areas.
- ***Recovery with Justice (Springfield District Court)***. Funded by a three-year grant from the Blue Cross Blue Shield of Massachusetts Foundation, this newly established post-adjudication court has received 35 referrals, serves 14 participants and has completed four graduations.
- ***Mission Direct VET (Worcester District Court)***. This program has a multi-year federal grant from the Substance Abuse and Mental Health Services Administration for veterans with mental health problems. Currently enrolling 20 participants, it is due to be expanded to Lowell court and to another court, to be determined. This court combines court supervision with a tested and manualized mental health treatment model delivered by a community provider. The court supervises through attendance at a regular mental health session and the monitoring by probation officers. The court initially found that there were not as many veterans from recent wars as expected, and has expanded criteria to accept veterans from any era.
- ***West Roxbury Mental Health Court (closed)***. The Boston Municipal Court received a SAMHSA grant to establish a mental health court in West Roxbury. Funding for this court was prematurely ended by the federal government, and despite efforts to find funding to sustain it, the court was unable to continue.

Appendix B: Potential Funding Sources to Create Diversion Programs

Department of Justice

Mentally Ill Offender Treatment Crime Reduction Act (MIOTCRA)

- Justice Mental Health Collaboration Program requires 20% match
- Planning grants 6 months $50K

Planning & implementation grants 2 years ($250K)
Expansion grants 2 years $250 K

- Grants require a joint application from a state or county mental health agency and a corresponding unit of government responsible for criminal and/or juvenile justice activities.

Second Chance Act

- Criminal justice and treatment collaborations for people with substance use and co-occurring disorders

Edward Byrne Memorial Justice Assistance Grants

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Mental Health Block Grant
- Periodic grant programs for mental health, criminal justice and drug courts

National Foundations

- Bristol-Myers Squibb Foundation, which "engages partners to develop, execute, evaluate and promote innovative programs to improve . . . mental health and well-being in the U.S." http://www.bms.com/foundation/pages/home.aspx
- Lilly Foundation, which sponsors "efforts designed to find solutions to difficult challenges that represent barriers to improved health." www.lilly.com/responsibility/foundation
- Sidney R. Baer Foundation, (available only to Boston projects) "supports the efforts of organizations working to stimulate education, research, and direct care in the mental health field." http://www.baerfoundation.com/

Appendix C: Contact Information

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