# REPORT TO ADVOCATES, INC.:

## *Analysis of the Framingham Jail Diversion Program*

**December 3, 2004**


PREPARED BY:

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# EXECUTIVE SUMMARY

Dougherty Management, Inc. interviewed 23 stakeholders, including local and state policymakers, analyzed program and cost data and completed a series of process maps, in order to understand the context of the Framingham Jail Diversion Program, the perspectives of program participants and external policymakers, its outcomes, and its costs and benefits. The goal of this process was to develop recommendations regarding potential replication of the program.

## BACKGROUND

Advocates, Inc. developed the Jail Diversion Program (JDP) in April 2003 in response to a need that was felt by the Framingham Police Department (FPD) as well as Advocates own Psychiatric Emergency Services (PES) program. Several concurrent situations in the town encouraged the creation of the JDP: the police found that they were repeatedly re-arresting the same individuals for minor criminal or nuisance offenses, but were unable to address the longer term needs of these individuals; the FPD's SWAT/hostage negotiation team was receiving consultation and training from the Advocates psychiatrist, while the rest of the police force lacked comparable access to mental health consultation; and, finally, in November 2001, an elderly Framingham woman stabbed her husband to death. The Framingham police were very familiar with this couple, to whose home they had been called innumerable times prior to the murder. Inevitably, there was a sense within the department that perhaps the situation might have been handled differently. The Police therefore became interested in having access to social workers who were based within their station.

The JDP began operations in April 2003, with funding from the MetroWest Community Health Care, Carlisle, and Poitras Foundations and the United Way of Tri-County. It bases "clinical responders" at the headquarters of the Framingham Police Department (FPD) for a total of 54 hours per week; in addition, the program's director, who works one day each week as a clinical responder, devotes the remainder of her time to administration, supervision, public relations, linkage with the FPD and with Advocates, and a variety of other program development and management tasks. The JDP is operated by Advocates' Psychiatric Emergency Services program (PES), and PES provides coverage during the hours when clinical responders are not available within the FPD, as well as backup and supervision during hours when clinical responders are on duty. The JDP is the first, and still the only, such program in Massachusetts.

The Framingham JDP represents a pre-arrest model whose goal is to prevent individuals with psychiatric and substance use disorders from entering the criminal justice system. To achieve this goal, the program engages in three primary types of activities:

- *It bases social workers at the police station, enabling them to become integrated into the police team, and comfortable with the police culture.* These clinicians are experienced in crisis work and available to respond with the police to any situation in the community.
- *It offers training.*

- JDP staff train police officers, during their regular in-service program, in how to recognize and more appropriately respond to individuals in crisis who have behavioral disorders; and
- Simultaneously, it trains workers at PES in assisting the police.

➢ *It conducts a monthly Stakeholders' Meeting* at which social service providers in the community meet with police officers to hear about the program's operations and results and to develop and plan for service linkages.

## SUMMARY OF INTERVIEW FINDINGS

We interviewed 23 stakeholders, including staff members of the Police Department and of Advocates, and other professionals in Framingham, as well as state policymakers and the local State Representative. From these interviews, we learned that there is a very high level of consensus that the JDP is a success. Indeed, nearly everyone we talked to, from several police officers to representatives of other agencies, claimed to have seen a need for it and/or to have played a role in developing it.

The JDP brings about a paradigm shift: it signals that police officers and social workers can be partners. The two groups of professionals have a new sense of mutual respect, and also engage in constant cross training. The program was praised for bringing individuals who had previously been known only to the police into the purview of mental health and substance abuse providers. The JDP conserves resources for the FPD, enabling them to focus their efforts where they are most needed. The JDP can get to the root causes of many of the problems that manifest themselves in behaviors the police must respond to. Because the vast majority of individuals with mental illness are now living in the community, police officers regularly find themselves dealing with them under challenging circumstances. PES staff also have more resources and options than they did prior to the program's existence.

## OUTCOMES

During its first full year the JDP was involved in a total of 469 interventions, of which 212 were actual "jail diversion events." (The remainder were consultations, death notifications, well-being checks or other types of interventions.) There were an average of 39 interventions per month. A total of 80 arrests were diverted during the course of the first year, meaning that in these cases the police chose not to arrest an individual with a mental or substance use disorder who committed a crime, because a treatment option was made available at the time of the intervention. More than half (44) of the individuals diverted from arrest were involved in disturbance or nuisance offenses. The JDP's 212 recorded interventions were on behalf of 162 different individuals who ranged in age from under ten years to over 90 years old. Half the interventions involved males and half females. Nearly 53 percent of the incidents involved individuals who had had prior contact with the police. Of the 212 incidents, 63 percent involved people who were depressed; 32 percent involved individuals suffering from delusions; 23 percent involved persons who showed evidence of acute intoxication; and 17.5 percent involved individuals who were disoriented or confused. (Note that these percentages cannot be summed, because one individual may fall into more than one category.) In 52 incidents, nearly a quarter of the total, the subject had recently not adhered to his or her prescribed medication. Criminal activity was involved in 109, or just over half, of the 212 incidents. Fifty-five cases, or 26 percent, involved a suicide threat or attempt.

Nearly two-thirds (64 percent) of all JDP interventions took place at the home of the subject. In 80 cases, the intervention resulted in a diversion from arrest, while in 29 cases the person was arrested. Nearly half, 103, of the incidents resulted in a referral to outpatient behavioral healthcare, while 55 incidents (26 percent) resulted in the subject being transported to the emergency room. (Prior to the existence of the JDP, 89 percent of comparable individuals were taken to the emergency room.) Thus the program is facilitating more appropriate use of health and mental health care. The emergency room (ER) becomes the last recourse rather than the first.

## COSTS AND BENEFITS

The program's budget totals approximately $150,000 per year. Of that amount, about $123,000, or 82 percent, pays for personnel. Most of the remainder is spent on training, with smaller amounts used for supplies, staff transportation and telecommunications. A program like the JDP is comparable to other emergency-related programs; it must have unused capacity in order to be available for immediate response. Thus, evaluating it on a cost–per-hour or cost-per-event basis is somewhat inappropriate.

The FPD provides office space, equipment (a police radio and office supplies as well as identification badges and special shirts and jackets) and access to its computer system for the JDP staff. In return, it gets clinicians who are available at a moment's notice to accompany officers when needed. Much, and probably most, of the cost savings to the FPD involves preventing costs from being incurred.

Prior to the existence of the JDP, when police officers were called to the scene to deal with an individual who had a mental or substance use disorder, they generally had only three potential courses of action available to them: they could take the person to the emergency room for evaluation; arrest and incarcerate him or her; or take no meaningful action at all.

Now, the possibility of a clinician's immediate intervention adds a new option to the mix, and alters the sequence of events. The clinician is often able to calm the client enough that an ambulance is not needed. The clinician can also immediately begin both to seek the PES psychiatrist's approval for hospitalization if that appears necessary and to search for a psychiatric bed. Finally, the JDP worker can communicate with the ER directly from the scene, suggesting a plan of action. While the ER still needs to complete the medical clearance, the process is much abbreviated, benefiting everyone involved. In many cases, the clinician's intervention may eliminate the immediate need for the ER and the hospitalization.

Like bringing someone to an ER, arresting an individual with a psychiatric or substance use disorder is costly because it occupies the time and energy of numerous professionals. The process entails not only arresting and charging the individual, but housing, feeding and monitoring each arrestee; arraignment; assigning an attorney; possibly evaluation by court clinicians; and trial and adjudication. It also runs the risk of harming the individual, for whom the entire process, especially incarceration, may be traumatic.

If the crime is not serious, and the arrest can be diverted, the individual may, for example, be referred for outpatient care. In this way, the individual's needs are met appropriately without recourse to the criminal justice system.

## REASONS FOR THE PROGRAM'S SUCCESS

The willingness of officers in the FPD and the staff of Advocates to listen to one another and respond to one another's concerns has certainly been one of the most important determinants of the JDP's success. The two organizations together developed a program loosely based on the Memphis Crisis Intervention Team model. Rather than feeling tied down by that model, however, they modified it to make it more appropriate to Framingham. Thus, instead of training police officers to respond directly, they placed clinicians within the walls of the police station and in the police cruisers.

There are several key reasons for the program's success: the police have around the clock access to clinicians; the clinicians are fully mobile, and willing to go anywhere in the community; Nextel phones enable instant access between police and social workers; mutual understanding and respect between the two groups of professionals is enhanced through cross-training; one member of the police department's command staff takes responsibility for the program's success; the FPD proceeded on the assumption that the program was an asset to the department and would work; and the personnel are excellent and well suited to their positions.

In sum, the Framingham JDP is meeting its purpose of preventing individuals with behavioral health disorders from being inappropriately arrested, jailed or hospitalized. They are achieving this goal through a program that is integrated into the Police Department. Police and social workers in Framingham now share a mutual respect that enhances the work they do together and separately. Citizens of the town benefit because police are able to maximize public safety while also assuring that those with mental and substance use disorders receive appropriate care.

# REPORT TO ADVOCATES, INC.:
# *ANALYSIS OF THE FRAMINGHAM JAIL DIVERSION PROGRAM*

## INTRODUCTION

Dougherty Management Associates, Inc. is pleased to submit this report to Advocates, Inc. analyzing the Framingham Jail Diversion Program (JDP). In the Request for Proposal, Advocates expressed an interest in learning how and at what cost this program might be replicated elsewhere. In order to accomplish that goal, you wanted to better understand:

1. How and why the program has worked as well as it has;
2. The program's data and its outcomes;
3. The key obstacles to success; and
4. The cost of the program.

To accomplish this task, we reviewed the relevant literature, interviewed 23 stakeholders, analyzed program and cost data and completed a series of process maps. Following a brief description of the methodology used for the project, our report includes: a summary and analysis of our interview findings; a review of the program's outcomes and an analysis of its costs and benefits; and an explanation of the determinants of the JDP's success in its first year. We then discuss what "replication" of the program means and the options that are available for replication. Finally, we suggest the elements that would be necessary for developing new programs, and the obstacles that might be encountered in attempting to do so.

## METHODOLOGY

We began by reviewing the key literature on the subject of police-based mental health crisis response programs, in order to better understand where the Framingham JDP fits within the spectrum of such programs. A series of discussions with Sarah Abbott-Carr, Director of the JDP, then provided us with a basic understanding of the Framingham program. These discussions included an effort jointly conducted with Adrian Bishop to complete a number of flow charts describing aspects of the program. The discussions and flow charts helped us to understand how the program works "on the ground." (See Appendix I) We then completed 23 interviews with stakeholders of the JDP so that we could see the program from a variety of perspectives. Finally, we requested and received program data and cost information that enabled us to analyze the program's activities, outcomes and costs.

# BACKGROUND

Before the Jail Diversion Program began, Framingham police had had a "zero tolerance" policy in the downtown area. They found that they were regularly confronting and re-arresting the same individuals, causing a "revolving door" effect. Thus, officers were spending a great deal of time, and the Police Department was spending a great deal of money, arresting people, booking them, holding them in cells, and processing them through the court. While the Department and its officers felt they were doing the right thing for the community in the sense that they were removing people from the streets who may have committed crimes or who constituted "nuisances" or apparent threats, they also came to believe that there should be a better way to achieve that goal.

During this period, the FPD's SWAT/hostage negotiation team was receiving consultation and training from the Advocates psychiatrist, and finding it very helpful. At the same time, however, the rest of the police force had no comparable access to mental health consultation. The Police Department therefore was interested in having access to social workers who were based within their station.

One final event may have helped set the scene for interest in a program like the JDP: In November 2001, an elderly Framingham woman stabbed her husband to death. The Framingham police were very familiar with this couple, to whose home they had been called innumerable times prior to the murder. Inevitably, there was a sense within the Department that perhaps the situation could have been handled differently.

In sum, then, a number of simultaneous circumstances seem to have encouraged the development of the JDP.

# BRIEF DESCRIPTION OF THE JAIL DIVERSION PROGRAM

The JDP, which began operations in April 2003, is funded by the MetroWest Community Health Care, Carlisle, and Poitras Foundations and the United Way of Tri-County. The program bases clinical staff at the headquarters of the Framingham Police Department (FPD). These individuals, known as "clinical responders," work a total of approximately 54 hours per week, Monday through Saturday afternoons and evenings, including attendance at roll call. The program's director works one day each week as a clinical responder and devotes the remainder of her time to administration, supervision, public relations, linkage with the FPD and with Advocates, and a variety of other program development and management tasks. The JDP is operated by Advocates' Psychiatric Emergency Services program (PES), and PES provides coverage during the hours when clinical responders are not available within the FPD, as well as backup and supervision during hours when clinical responders are on duty. The JDP is the first, and still the only, such program in Massachusetts. During its first full year the JDP was involved in a total of 469 interventions, 207 "consultations" and 262 "evaluations."

The Framingham JDP represents a pre-arrest model whose goal is to prevent individuals with psychiatric and substance use disorders from entering the criminal justice system. To achieve this goal, the program engages in three primary types of activities:

- *It bases social workers at the police station, enabling them to become integrated into the police team, and comfortable with the police culture.* These clinicians are experienced in crisis work and available to respond with the police to any situation in the community;
- *It offers training.*
  - JDP staff train police officers, as part of their regular in-service program, in how to recognize and more appropriately respond to individuals in crisis who have behavioral disorders; and
  - Simultaneously, it offers training to workers at PES in assisting the police.
- *It conducts a monthly Stakeholders' Meeting* at which social service providers in the community meet with police officers (often for the first time in their careers) to hear about the program's operations and results and to develop and plan for service linkages.

# SUMMARY OF INTERVIEW FINDINGS

In order to learn about the JDP from a variety of perspectives, we interviewed numerous stakeholders in the town of Framingham as well as representatives of the relevant state agencies and the local State Representative (now the State Senator-elect). In this section, we summarize those interviews, conveying a sense of how the community views the program. Appendix II lists those we interviewed.

## INDIVIDUALS INTERVIEWED

We spoke with a total of 23 individuals, some in the context of formal, approximately hour-long interviews, and others in less formal settings or by telephone. Most of those we spoke to were suggested to us by JDP or other Advocates staff. They are therefore not necessarily representative of their organizations or of the overall community; rather, they represent the group of stakeholders who have had the most involvement with, and are most affected by, the program. We interviewed:

- The Director of the JDP and the full time JDP responder;
- Eight members of the police department staff (out of a total of 112 officers), including officers at various levels and with varied responsibilities;
- Three members of the staff of Advocates' Psychiatric Emergency Services (PES), which operates, supervises and provides backup for the JDP;
- Representatives of two other large service providers in Framingham, Wayside Youth and Family Support Network (which offers counseling and residential services to children and families) and South Middlesex Opportunity Council, SMOC (which provides extensive shelter, counseling and other services, largely to homeless individuals and those with substance abuse disorders);
- A representative of the local chapter of the National Alliance for the Mentally Ill, who is also an attorney who represents individuals with psychiatric disorders and their families;

- A nurse from the emergency department of MetroWest Medical Center's Framingham Campus;
- Two Regional Forensic Managers for the Massachusetts Department of Mental Health as well as the DMH Acting Assistant Commissioner for Forensic Services;
- Several individuals from the Division of Medical Assistance and the Massachusetts Behavioral Health Partnership (MBHP, also referred to as "the Partnership";
- Framingham's State Representative, who has recently been elected as its State Senator.

## WHAT THEY SAID

In this section we note a number of common themes that emerged from our interviews with these professionals, as well as the highlights of some individuals' remarks.

***Everyone praises the program and nearly everyone claims to have initiated it***

One indication of the level of consensus on the success of the JDP is the fact that not only did everyone we spoke to praise the program, but nearly everyone, from several police officers to representatives of other agencies, claimed to have seen a need for it and/or to have played a role in developing it. It is our assumption that each of these individuals truly did play a part in bringing the program to life, and that that is, in fact, one important reason for its success.

***The program enhances networking and understanding among professionals in town, which is universally valued***

Nearly everyone to whom we spoke mentioned the importance of social workers from various agencies and police officers getting to know one another. Networking is a natural result of both the cross-training that takes place periodically (that is, the police provide training for JDP and PES workers, and JDP/PES staff offer training for the police) and the monthly stakeholders' meetings that have been held since the program's earliest days.

***The program brings individuals who had previously been known only to the police into the purview of mental health and substance abuse providers as well***

Over the years the police had been involved with numerous individuals who might have benefited from referrals to mental health or substance abuse services. But those referrals didn't occur because the police did not quite trust or understand the social service "system" (which might better be known as a "patchwork" of services, since even those who work in it tend to view it more as a disconnected set of programs than as a coherent "system of care.") Moreover, police typically see their role as handling, in the course of each shift, a fast-moving set of incidents; although they would like to help as much as possible, they typically do not have the time to become involved in the mental health care of the individuals they encounter.

***JDP brings about a paradigm shift: Cops and social workers can be partners***

Both social workers and police officers aspire to help people, and to make their communities better places, and yet in most towns they rarely work together. When they do find themselves working together, they usually speak different languages and have such different world views that their interactions may be fraught with tension. In our

interviews respondents from the two groups, in their different ways, emphasized the value of the new relationship that has been established between them as a result of the JDP. As one police officer put it, "It's nice to see cops and social workers as partners," and as a PES staff member said, "there is a feeling that PES is collaborating with the police," and "there's more benefit of the doubt in each direction" now.

PES staff members noted that they now have a better understanding of what police officers do, they believe that the police now respect what clinicians do, and as a result the social workers are less intimidated about asking questions regarding police and court procedures with which they are unfamiliar. Police, similarly, indicated that they feel less intimidated by their lack of knowledge about clinical issues, and therefore more inclined to seek information.

***JDP supplements the resources available to PES***

The JDP offers PES staff a new resource to deploy. Their enhanced access to police support, especially when, for example, there is only one person on duty late at night, increases staff security. Also, when PES was asked to do a "well-being check," (that is, a visit to an individual about whom someone else is concerned, for example) they might formerly have felt the need to send two social workers, which might well have been extremely challenging given staffing levels. Now they can request police support for such visits, and complete them in a more timely and effective way.

Basically, there is a new sense of mutual respect between the two groups of professionals, which encourages them to make better use of one another's expertise.

***There is constant cross training***

The police officers and clinicians are constantly learning from one another. By modeling different ways of behaving toward individuals who have psychiatric and substance use disorders, clinicians are teaching officers how they might approach certain situations differently. There is evidence that the police are in fact adapting their behavior in light of their new knowledge. Similarly, clinicians develop a new respect and admiration for the work that the police do day in and day out, and learn to see the community through their eyes.

***JDP saves police resources***

Nearly every policeman we interviewed mentioned that the JDP saves money for the Framingham Police Department (FPD). Yet, as one said, "you don't see the money it saves" because it's hard to measure prevention. We will return to this topic again in this report.

***JDP frees up officers' time to deal with other problems***

As one officer put it, and others confirmed, police are action oriented; they don't want to get "tied up" with one problem for a long time, so that they are unable to respond to other, potentially more serious, calls. The program saves police officers' time in a variety of ways: police make fewer trips to the hospital emergency room, they spend less time arresting people, they are less likely to find themselves responsible for holding persons with mental illness in cells, and can spend less time at the scene of incipient crises ("babysitting" individuals or families) because the JDP worker often stays behind to help those involved after the crisis has been defused.

***JDP can get to the root cause of problems***

Police officers in all cities and towns are called upon to handle a remarkable variety of problems and emergencies. By virtue of the fact that the vast majority of individuals with mental illness are now living in the community rather than in institutions, police officers regularly find themselves dealing with them under challenging circumstances. But it is not the job of the police to look beyond the immediate situation. It is partly for that reason that, when the community sought a "crack-down" on nuisance and criminal activity, the police often found themselves repeatedly re-arresting the same individuals. The sense that this situation "wasn't working," in the words of one police officer, helped set the stage for the development of the JDP, which has the capacity to sort out the root causes of many problems that manifest themselves in behaviors the police must respond to.

***JDP makes the jobs of police easier***

In the words of one officer, "a weight is lifted off our shoulders" by the JDP. The police now have, as several of them said, another "tool" to use, in addition to their handcuffs, guns and citations. They can turn many different sorts of challenging situations over to people who are better able to handle them. As one officer said, "I don't want to marry a family" that has problems. As another put it, no cop has the time to "sit in the kitchen and listen to someone's delusions for two hours." In fact, they can't do it, because their job is more like an "assembly line," where there is always a new and different situation to manage. The officer responding to an incident can now tell a troubled individual or family that he has brought someone else with him because "I want to help you." This can immediately change the dynamic of the situation.

***Police have learned to respond differently to those with mental and addictive disorders***

Police are now far more likely to see individuals in the community with mental or substance use disorders as being ill, and needing treatment, rather than just as "nuts." Virtually every officer we interviewed used psychiatric terminology in referring to those with mental illness – they referred, for example, to individuals with "psychosis," or who were "paranoid," "suicidal" or "depressed." They also talked about the importance of medications in the lives of those with mental illness. Finally, they understand that they may exacerbate the problem by using flashing lights, sirens and handcuffs. In combination with computer aided dispatch (CAD), which enables an officer to have advance knowledge about the person or address he is heading for, this new attitude encourages the police to take a different approach to troubled individuals.

***If police are willing to take the risk and change, there is a payoff for them***

Like all professionals, police develop methods and habits for doing their work. Using a program like the JDP forces them to modify their practices in ways both small and large. One officer noted that, in order for a clinician to come on a "ride along," he must change where he keeps the equipment he needs. More challenging may be the need to adopt a different posture or approach, to stand back and allow another professional to take charge in some situations. The returns on such an investment in change are discussed throughout this report.

***JDP reduces police exposure to liability risks***

Several officers noted that, in a variety of ways, the presence of the JDP worker reduces the liability of the police. The two professionals together are very good at sensing the likelihood of a threat from a person with behavioral health needs. In addition, the

clinician may serve as a witness in a situation where the officer needs one. The clinician may also serve as a calming influence in a potentially volatile situation. Police, as one interviewee mentioned, are always worried about the possibility of committing "suicide by cop," that is, that the troubled individual will induce the officer to shoot. This same respondent also noted that "empathy can get a copy killed." Thus, the JDP worker helps officers by reducing the likelihood that weapons will be used on either side.

### SUMMARY

In sum, those we interviewed told us that the Framingham JDP has been highly beneficial to the Police Department, the Town and PES itself. It has reduced stress on both the FPD and PES, has allowed resources to be used efficiently, enabled the police to focus on the work they do best, and offered more humane treatment to individuals with behavioral disorders.

## OUTCOMES OF THE JAIL DIVERSION PROGRAM

While we did not interview any clients of the JDP, we do have the program's own data to help us understand whom it serves and what happens to them.

During its first full year the JDP was involved in a total of 469 interventions, of which 212 were actual "jail diversion events." (The remainder were consultations, death notifications, well-being checks or other types of interventions.) On a monthly basis, the total number of interventions ranged from a low of 23 in the program's first month to a peak of 62 in September 2003, with an average of 39 interventions per month. A total of 80 arrests were diverted during the course of the first year, meaning that in these cases the police chose not to arrest an individual with a mental or substance use disorder who committed a crime, because a treatment option was made available at the time of the intervention. More than half (44) of these individuals diverted from arrest were involved in disturbance or nuisance offenses. The program costs approximately $150,000 to operate annually.

### DEMOGRAPHICS

The JDP's 212 recorded interventions were on behalf of 162 different individuals who ranged in age from under ten years to over 90 years old. The group was relatively evenly divided among age groups, as shown in Table 1.

**Table 1**
**Age – Total Individuals**

| Age | # of Individuals | % of Individuals |
|---|---|---|
| <18 | 26 | 16% |
| 18-24 | 25 | 15% |
| 25-35 | 22 | 14% |
| 35-45 | 36 | 22% |
| 45-55 | 25 | 15% |
| >55 | 28 | 17% |
| Total | 162 | 100% |

Of the 212 interventions, half involved males and half females. One hundred twelve incidents, or nearly 53 percent, involved individuals who had had prior contact with the police.

Seventy-one percent of the interventions involved whites, who constitute 80 percent of Framingham's population (according to the 2000 U.S. Census); 12 percent involved Hispanics, who make up 11 percent of the town's population, 8.5 percent involved African Americans, who are 5 percent of the population, 3 percent involved Asians, who are 5 percent of the population, and the race/ethnicity of about 5 percent was unknown or missing. Thus, the race/ethnicity of the JDP's clientele bears a general resemblance to that of the town as a whole, although whites and Asians are under-represented and African Americans are over-represented.

## ACTIVITIES, PSYCHOLOGICAL STATE AND BEHAVIOR OF JDP CLIENTS

Of the 212 incidents, 133 or 63 percent involved people who were depressed; 68 or 32 percent involved individuals suffering from delusions; 49 or 23 percent involved persons who showed evidence of acute intoxication; and 37 or 17.5 percent involved individuals who were disoriented or confused. In 52 incidents, nearly a quarter of the total, the subject had recently not adhered to his or her prescribed medication.

Criminal activity was involved in 109, or just over half, of the 212 incidents. In 30 percent of cases there was a threat of violence, while in 9 percent of cases there was battery or violence toward another person. Ten percent of cases involved destruction of property, and two percent involved theft or another property crime. Fifty-five cases, or 26 percent, involved a suicide threat or attempt. (Note that we cannot sum these percentages because one incident often involves more than one type of activity.)

Table 2 displays the types of "nuisance" activities in which JDP clients engaged, sometimes in combination with more serious criminal activity. Note again that it is not possible to add the column of percentages. It is important to note here that, while only nine percent of clients engaged in "public intoxication," 23 percent of the program's incidents involved individuals evidencing acute intoxication, suggesting that the program is clearly serving a population whose problems include both psychiatric and substance use disorders.

**Table 2**
**Nuisance Activities: Total Cases**

| | |
|---|---|
| Disorderly/Disruptive Behavior | 29% |
| Neglect of Self-Care | 15% |
| Public Intoxication | 9% |
| Interfering with Business | 7% |
| Trespassing | 7% |
| Loitering, Panhandling | 20% |

## LOCATION OF JDP'S INTERVENTIONS

Nearly two-thirds (64 percent) of all JDP interventions took place at the home of the subject, while another 12 percent took place at a business site, and 9 percent took place on the street. The remaining incidents took place at another home, at the subject's place of work, or at assorted other locations. These statistics suggest the very high level of mobility of JDP staff. While PES has always done extensive work in the community, the JDP has expanded its ability to function wherever they are needed.

### RESULTS OF THE INTERVENTIONS

In 80 cases, the intervention resulted in a diversion from arrest, while in 29 cases the person was arrested. Of those who were arrested, 31% were subsequently diverted from custody via placement on an inpatient unit.

Nearly half, 103, of the incidents resulted in a referral to outpatient behavioral healthcare, while 55 incidents (26 percent) ended with the subject being transported to the emergency room. (Prior to the existence of the JDP, 89 percent of comparable individuals were taken to the emergency room.) Thus the program is facilitating more appropriate use of health and mental health care. The emergency room (ER) becomes the last recourse rather than the first.

In only 8 incidents, or 3.8 percent, was the subject injured and those injuries were as a result of their own actions, not the actions of the police. The police used physical force on the subject in 17 incidents, or 8 percent of the total, and drew or threatened to draw a weapon in only two incidents, or less than 1 percent.

While 84 percent of cases had had no arrests or charges filed in the six months prior to their involvement with the JDP, this number went up to 86 percent during the three months following the intervention and 89 percent in the six months following.

### SUMMARY

Since we do not have data on how the police handled comparable situations before the JDP was in place, we cannot determine what has changed. The data we do have and have just presented suggest, however, that the JDP is helping the police to manage individuals who have real needs that might not otherwise have been met. Relatively little force is used in these situations, and it seems likely that the program is enhancing the safety of both police officers and clients. It is also facilitating more appropriate use of health and mental health care. When a determination is made to transport a client to the emergency room, the likelihood is that that is where s/he genuinely needs to be; the ER becomes not the first recourse but the last, as it should be. Similarly, the JDP clinician is able to distinguish individuals who can safely be referred to outpatient care.

## COSTS AND BENEFITS OF THE PROGRAM

Operating the JDP entails costs to the FPD and to Advocates, but it also brings benefits to both, and to the town and the state. Specific cost data were not available from either the MetroWest Medical Center's Emergency Department or the Framingham Police Department that would have enabled us to tabulate the costs or cost savings that they each experience. The hospital was unable to tell us how much it typically costs to serve either those who are brought in through the intervention of the JDP or those who are brought in from other towns or by other means. While we do know MetroWest's mean charge for a visit to the Emergency Department ($917.62 in 2003*), we do not know

* Data provided during a telephone conversation with Kathleen Fuda, Massachusetts Division of Health Care Finance and Policy, November 3, 2004.

whether the typical visit of a JDP client was more or less costly to the hospital than that average, or in how many cases ER visits were diverted from the hospital. We also do not know in how many fewer cases ambulances were used to transport individuals to the ER.

Because they do not "bill" for their services, the police do not keep records that would enable us to extrapolate costs for arrests, transportation, monitoring at the hospital, "room and board" in a jail cell or monitoring of prisoners. Although we recognize the potential value of an analysis of either the costs that the program as a whole saves or the cost saved by a specific incident, the data we have will not permit us to develop such an analysis. Furthermore, we are not convinced that the argument for replicating this program can or should be made primarily on the basis of cost savings.

Thus, in this section, we evaluate the information we have and present our findings and conclusions related to both costs and benefits in a more general sense.

## CASE FINDING

One cost related question has to do with whether, or to what extent, the JDP is "case finding" for, or enhancing access to, the public behavioral healthcare system. That is, some of the individuals the JDP serves have not previously been receiving behavioral health services and are brought into care by the JDP, either through referral to outpatient care or because they are voluntarily or involuntarily hospitalized. Those (relatively few) who are found to be eligible for Medicaid, DMH or DPH (substance abuse) services may represent additional short term costs to the public behavioral healthcare system. Most likely, however, these individuals would in the longer term have appeared elsewhere in the system – perhaps in the Emergency Room, an especially expensive locus of care – had they not been served by the JDP. There are far too many unknowns in this equation for us to be able to determine whether the JDP is saving or costing money, and for whom, when it expands access to care.

A recent study* examined the cost effectiveness of criminal justice diversion programs, studying one pre- and three post-arrest programs. They attempted to include in their analysis all healthcare and criminal justice costs. The considerable differences among the four programs studied, as well as the complexity of the system effects, limited the researchers' ability to draw definitive conclusions. The one pre-arrest program included in the sample was the Memphis Crisis Intervention Team program; the researchers found that in Memphis overall costs were higher for those who were diverted because their healthcare costs (largely inpatient costs) were far higher, while jail costs were only slightly lower. Implicit in this finding is the likelihood that some or perhaps many of the clients served were previously unknown to the behavioral healthcare system. We would suggest that, in Framingham, healthcare cost increases are unlikely to increase so dramatically for those diverted, because the mission of Advocates is to maintain clients in the community whenever possible.

*A. Cowell, N. Broner and R. DuPont, "The Cost-Effectiveness of Criminal Justice Diversion Programs for People with Serious Mental Illness Co-Occurring with Substance Abuse," *Journal of Contemporary Criminal Justice*, 20:3, 292-315, August 2004.

## COST TO ADVOCATES

The costs to Advocates are largely accounted for in the program's budget, which totals approximately $150,000 per year. Of that amount, about $123,000, or 82 percent, pays for personnel costs, including the cost of approximately two FTE clinical responders, the program's director and a portion of a psychiatrist's time, as well as clerical and administrative support. Most of the remainder is spent on training, with smaller amounts used for supplies, staff transportation and telecommunications.

We can suggest several possible ways of evaluating the cost of the program:

- Given that it cost approximately $150,000 for Advocates to operate the program in its first year (in addition to the in-kind contributions of the FPD, whose total value is uncertain), and given that the program participated in a total of 469 "events" during the year, there was a cost of about $320 per "event
- Given the total cost of $150,000 and a total of 212 true "interventions," the cost per "intervention" was about $708.
- Another way of evaluating the program's cost is in terms of the hours staff worked per intervention completed:
    - The program engaged two FTE staff for the year, for a total of approximately 4,160 hours (assuming 40 hours per week per person
    - We assume a productivity rate of approximately 75%, deducting time for holidays, vacations and illness;
    - Thus, we assume approximately 3,120 hours worked for the year;
    - This suggests that staff completed one "event" for every 6.6 hours of work and one "intervention" for every 14.7 hours of work.
    - If we count only the actual "jail diversions" completed (80), staff worked 39 hours per diversion.

The program director estimates that approximately half of the staff's time is dedicated to actual "intervention" efforts, with the remainder being used for training, supervision, marketing, administration, "ride-alongs" and other consultations with the police. A program like the JDP is comparable to other emergency-related programs; it must have unused capacity in order to be available for immediate response. Thus, evaluating it on a cost–per-hour or cost-per-event basis is somewhat inappropriate.

## COST TO ADVOCATES/PES

In the past year, PES has exceeded its projected state contract volume for delivery of Emergency Services. We cannot determine from the data available whether the existence of the JDP is responsible for this fact. If it is responsible, then Advocates may be incurring additional, unanticipated costs that are not reimbursable.

## BENEFITS TO ADVOCATES

Advocates also benefits in a variety of ways from the presence of the JDP:

- The JDP increases the ability of PES to be responsive and mobile in the community, and to be safer at the same time;

- PES workers now have an improved working relationship with members of the FPD, and are therefore more willing to call on them for assistance;
- The clients Advocates serves in the community, including those in residential programs, are likely to receive more humane treatment if they engage in illegal or nuisance behaviors, and are less likely to be arrested or involuntarily hospitalized;
- Some JDP clients are referred to Advocates for outpatient care, thus expanding the agency's client base;
- The agency is helping to meet the needs of a group of individuals who are likely to be underserved, thereby improving the community in which it is located;
- It is beneficial to the community to have someone at the PD who can help residents with behavioral disorders navigate the system should they be arrested or have legal troubles;
- By accompanying the police into the community, clinicians see clients on the clients' own turf, which usually reveals extremely critical information that may be nearly impossible to learn from seeing the same individual in the relatively clean and controlled surroundings of the hospital ER; and
- Advocates is providing a state-of-the-art program, which generates positive attention for the agency.

## COST TO THE FRAMINGHAM POLICE DEPARTMENT

The FPD provides space, equipment (a police radio and office supplies as well as identification badges and special shirts and jackets), and access to its computer system for the JDP staff. In return, it gets clinicians who are available at a moment's notice to accompany officers when needed.

Much, and probably most, of the cost savings to the FPD involves preventing costs from being incurred. As discussed above, the program saves police officers from having to spend many hours doing work for which they lack the training and/or which they prefer not to do – for example, listening to people's problems, going repeatedly to the same homes to try to deal with the behavior of troubled individuals or restoring order in the aftermath of such behavior, and moving people from the streets who pose a hazard to themselves and others in the community. As several respondents said, however, "you don't see the money the JDP saves" because it is hard to quantify prevention.

## BENEFITS TO THE FRAMINGHAM POLICE DEPARTMENT

As noted in the summary of interview findings, the program offers a variety of benefits to the police. These are worth reiterating here:

- It provides them with a new tool to use;
- It saves them substantial amounts of time and alleviates them of a certain amount of paperwork;
- It relieves them of the burden of trying to cope with troubled individuals and difficult situations that lie outside the bounds of their expertise;
- It helps them avoid inappropriate arrests, thereby saving the costs involved in arresting, holding and charging people; and

- It reduces the risk of using excessive force, thereby reducing their liability.

In addition, the program benefits the FPD by providing additional assistance that is not directly related to jail diversion. For example:

- JDP workers ride along with the police and help with whatever situations arise during the course of the shift;
- JDP staff accompany police officers on death notifications, offering counseling and advice as needed to individuals in the community who are at no risk of being arrested;
- JDP workers also accompany police officers when they do "well-being checks" on individuals who may be at risk of acute physical or mental problems, but who again are unlikely candidates for arrest; and
- JDP staff offer informal consultations to police officers on a daily basis.

## BENEFITS TO THE TOWN OF FRAMINGHAM

Framingham houses a number of social service agencies, including programs that serve children, youth and adults with mental illness and substance use disorders; the homeless; the developmentally disabled; and the deaf. The town benefits from the existence of the JDP because the program simultaneously helps to assure that individuals with any special need are treated appropriately, and keeps them from putting themselves and others at risk, especially in the downtown area. A further benefit derives from the fact that the police are accompanied by social service personnel when they conduct death notifications and well-being checks. The JDP, in brief, makes Framingham a better place in which to live, work and do business.

## BENEFITS TO MASSACHUSETTS

The Commonwealth benefits significantly from the existence of the JDP in several ways. Most notably, the program holds down costs of medical care and court involvement.

### *Savings in the healthcare system*

Prior to the existence of the JDP, when police officers were called to the scene to deal with an individual who had a mental or substance use disorder, they generally had only three potential courses of action available to them: they could take the person to the emergency room for evaluation; arrest and incarcerate him or her; or take no meaningful action at all.

Taking an individual with a behavioral disorder to the emergency room usually involves the following:

- Use of an ambulance;
- Expenditure of an officer's time to accompany the individual and quite likely to remain at the hospital until the person has calmed down;
- Occasionally, an officer's return visit to the ER if the person subsequently becomes disorderly;
- A full evaluation and medical clearance by ER staff; and

- An assessment by PES to determine whether psychiatric hospitalization is appropriate.

This set of activities may take several hours and result in sizable billing to public or private payers, or to the Uncompensated Care Pool, for the ambulance, the ER care and the PES assessment. (In addition, of course, it can be distressing to the troubled individuals and their families.)

Now, the possibility of a clinician's immediate intervention adds a new option to the mix, and alters this sequence of events. The clinician is often able to calm the client enough that an ambulance is not needed. The clinician can also immediately begin both to seek the PES psychiatrist's approval for hospitalization if that appears necessary and to search for a psychiatric bed. Finally, the JDP worker can communicate with the ER directly from the scene, suggesting a plan of action. While the ER still needs to complete the medical clearance, the process is much abbreviated, benefiting everyone involved. Alternatively, the clinician's intervention may in many cases eliminate the immediate need for the ER and the hospitalization.

It is also worth repeating here that, while the JDP may in fact be increasing the activity of PES, PES has in the current year surpassed the projected state volume needed to reach the maximum obligation in its MBHP contract. Thus, at least in the short term, the Commonwealth's expenditures have not increased due to this service, although they might if the method of funding emergency programs changes.

***Savings in the criminal justice system***

Arresting an individual with a psychiatric or substance use disorder usually requires the following:

- The individual is arrested and charged, which necessitates the participation of a supervising officer;
- The individual must be housed in a cell, fed and, if there is a risk of suicide, monitored at least on a regular basis or perhaps continuously;
- The individual must be brought to court and arraigned; and
- The individual must be assigned an attorney if s/he does not have one.
- Once involved in the judicial system, the individual may need to be evaluated by court clinicians; and
- The individual must be tried and adjudicated.

Again, this series of events is costly because it occupies the time and energy of numerous professionals. It also runs the risk of harming the individual, for whom the entire process, and especially incarceration, may be traumatic.

If the crime is not serious, and the arrest can be diverted, the individual may, for example, be referred for outpatient care. By making such a referral, and if necessary following up to be sure the recommended treatment is actually received, the individual's needs are met appropriately without recourse to the criminal justice system. Thus, an individual whose problem is caused by a psychiatric or substance use disorder does not cycle repeatedly through the courts and jails without receiving the treatment s/he needs.

### CONCLUSION

In summary, then, the Commonwealth benefits from the JDP because the program potentially reduces Medicaid and free care expenditures for ambulance services, psychiatric evaluations, time in the ER and avoidable hospitalizations. The state financed court system also benefits from the avoidance of costs for individuals who do not belong there.

## DETERMINANTS OF THE JDP'S SUCCESS: WHY IT WORKS

In the course of our study, we have identified a number of elements that have caused the JDP to be as successful as it is. These include the approach taken by Advocates staff, including the Psychiatric Emergency Services staff, the attitudes of Framingham Police Department officers and the interaction between the two organizations; the particular set-up and characteristics of the program; and of course the willingness of private funders to support the program.

### RESPONSIVENESS, CREATIVITY AND FLEXIBILITY OF THE FPD AND ADVOCATES

The willingness of officers in the FPD and the staff of Advocates to listen to one another and respond to one another's concerns has certainly been one of the most important determinants of the project's success. When, for example, Advocates initially suggested establishing a training program for members of the police force, to help them know how to deal more appropriately with individuals with mental and substance use disorders in the community, the FPD expressed several concerns. First, they believed that the "action orientation" of police officers would limit the value of classroom training that didn't provide help out in the streets. Second, they wanted not just a few officers but the entire department to feel committed to a change in approach. Advocates responded by proposing to create a program within the FPD, offering the police an entirely different sort of assistance. At the same time, the FPD found a way to make the best use of the program that was offered.

The two organizations together developed an unusual program loosely based on the Memphis Crisis Intervention Team model. Rather than feeling tied down by that model, however, they modified it to make it more appropriate to Framingham. Thus, instead of training police officers to respond directly, they placed clinicians within the walls of the police station and in police cruisers.

### CRITICAL FEATURES OF THE PROGRAM

It became clear in the course of our interviews that a number of features of the Framingham JDP are especially crucial to its success. These include:

- Round the clock availability and presence on site. When the specifically assigned JDP clinicians are not available, the police have access to PES staff. In fact, many officers barely distinguish between "PES" and "Sarah's program." Many individuals mentioned the importance of constant and immediate

availability. As several pointed out, in different ways, as soon as a clinician says, "I can't come right now, all our clinicians are working on cases, I'll be there in a few hours," s/he becomes less useful to the police. The police are expected to respond instantly, every time, and that is what they want from clinicians. Having social workers based in the police station, allowing them to become comfortable with the police culture, is also critical to acceptance and success.

- Instant access via Nextel phones. In addition to the clinicians being physically available, police also want to be able to communicate with them instantly. Many police officers noted how important it was to know that there was always a clinician at the other end of the phone line – not a switchboard, not voicemail, not an answering machine, but a live person whom they were familiar with, who spoke their language, and whom they could trust.
- Cross-training of police and clinical staff**.** It is imperative that there be mutual understanding and respect between the two groups of professionals. Both are enhanced if police and social workers train one another on the relevant aspects of their jobs.
- A member of the police department's command staff who takes responsibility for the program's success. Not only are police departments hierarchical, but their culture is not usually welcoming to outsiders. Therefore, placing a clinician within a station house does not automatically translate into acceptance. It is critical that someone within the department who has authority, credibility and a certain amount of autonomy be committed to making the program work. That individual can introduce the clinicians to the other police officers (in the process vouching for them), make them comfortable in the building, be available to help resolve the inevitable problems that arise with any new program, answer questions off the record, and generally serve as liaison and troubleshooter.
- An attitude, especially among the police department's upper echelons, that the program will work. Given the hierarchical nature of police departments, it is essential that those in charge convey the sense that use of the program is not optional. It must be made clear to all officers that, whether or not they "like social workers," they must respect them and make use of their services. Any lack of enthusiasm on the part of departmental leaders will immediately be felt below, and will likely lead officers to consider the program less than helpful.
- The right staff. Clearly, hiring the right people is critical to the success of any program that places clinical staff in "foreign" settings. We will discuss this issue in greater detail below.

## THE ROLE OF THE PROGRAM'S FUNDERS

The JDP receives financial support from the MetroWest Community Health Care Foundation, United Way of Tri-County, the Crossroads Foundation, the Poitras Charitable Foundation and the Carlisle Foundation. The ability of Advocates to access private funding for this project has meant that it could set it up in a way that met the needs of the Town and its Police Department without needing to adhere to formulas or specifications established by others. Of course, the program still needs to meet state regulations in order to receive categorical funding for various activities, but the structure of the program itself did not need to meet any preordained criteria. It is not clear whether, lacking this freedom, the program would have been so successful so quickly.

# ISSUES RELATED TO REPLICATION

### WHAT DOES REPLICATION MEAN?

Our principal mandate in this study has been to help Advocates think about and plan for "replication" of the JDP in other locales. In order to do this, we have first had to consider the actual meaning of replication. According to the dictionary, the word replicate means to "duplicate" or "repeat," while "replication" itself means "copy" or "reproduction." Thus, in all of its meanings the word refers in essence to *doing the same thing again*. We have taken a broader view, however, and tried to examine a variety of available options beyond simply creating an identical program elsewhere.

### CAN THE JDP BE REPLICATED?

In order to be an appropriate candidate for replication of the JDP, a city or town needs to be of a certain size, have a police department and/or town government whose leadership is willing to consider a different way of operating, have an emergency service program that is truly mobile and can serve to back up the police-based clinicians, and be able to access adequate funding.

Because we cannot know now whether there are other cities or towns in the Commonwealth that have enough of these characteristics to make replication of the JDP feasible in them, we have suggested a number of ways in which Advocates might think about "replication" other than actual duplication of the current program.

# OPTIONS AVAILABLE FOR REPLICATION OF THE PROGRAM

Advocates has a number of potential options available in seeking to replicate the Jail Diversion Program, or to advance the cause of jail diversion more broadly conceived. It can:

- Look for other towns in its PES catchment area that might be interested in developing a JDP or a variant of it;
- Seek out cities or towns elsewhere in the Commonwealth that might be interested;
- Attempt to develop a regionalized JDP model;
- Influence the statewide process of funding Emergency Service programs, so that a version of the JDP becomes a contractual requirement for some or all of them;
- Seek the passage of state legislation or budgetary support that would fund JDPs in several communities; or
- Work with other individuals or groups in the Commonwealth who have an interest in this issue.
- Alternatively, Advocates might decide that, rather than trying to fully "replicate" the program, it could offer training, consultation or other services

to Emergency Service Programs and/or police departments in other parts of the Commonwealth.

In this section, we will discuss these options.

## REPLICATION WITHIN THE PES CATCHMENT AREA

If Advocates is interested in proposing to develop a JDP among the other 13 towns in the PES catchment area, the following steps would probably be advisable*:

- Conduct a needs assessment in order to determine the likelihood that the town is appropriate. The needs assessment might include demographics; service data from the police department; data such as the frequency with which the PD calls its local emergency service provider; the number of times during the year the PD uses Section 18a (MGL Chapter 123) to have detainees evaluated and transferred to a psychiatric hospital; and information about any recent problems the police department has experienced related to individuals with psychiatric or substance use disorders;
- Assess the police department to determine the likelihood that a JDP would be welcomed or accepted;
- Meet with the police chief or another senior officer to discuss the possibility of developing a program;
- Meet with members of the town's Board of Selectmen or the city's City Council to describe the program and seek their support;
- Determine whether any program is feasible and if so, what sort of program might work best;
- Prepare and present the program concept and budget to the police and other town officials, and receive feedback;
- Present the concept to other stakeholders in town and receive feedback;
- Modify the concept and budget, identify potential funders and submit funding proposal(s); and
- Once funding is assured, develop an implementation plan and timeline.

We do not know whether there are other towns within the PES catchment area that might prove suitable based on the assessments suggested above. If there are such locales, actual implementation will require that policies, procedures and training plans be developed or modified, hiring and training be completed and the program be supervised and monitored.

## REPLICATION ELSEWHERE IN THE COMMONWEALTH

Deciding to seek out towns elsewhere in the Commonwealth where the program might be replicated would entail following all of the above steps but, perhaps most importantly, determining whether the local Emergency Service program is willing and able to become involved with such a program. If it is, Advocates might decide to turn

* A process map in Appendix I presents this information graphically.

implementation over to the other agency, offering training and consultation based on the Framingham experience.

## DEVELOPING A REGIONAL JDP MODEL

Assuming that there might be towns that would be interested in sponsoring a JDP that are not large enough to warrant one, consideration might also be given to creating a regional program. Success with this option probably requires thinking more broadly about "replication," and modifying the program model.

In Framingham we found that immediate access and response are of paramount importance to the police. Both would presumably be more difficult if clinicians were not stationed within the town's own police department. It might well be, however, that there is a group of towns with lower levels of need that might be willing and able to share a clinical responder.

We would suggest following the steps outlined above, under "Replication in the PES catchment area," in order to identify groups of towns that might prove suitable.

## INFLUENCING THE STATEWIDE PROCESS OF FUNDING EMERGENCY AND/OR SUBSTANCE ABUSE SERVICES

Advocates, Inc. and the JDP have already participated in the extensive process that the Massachusetts Behavioral Health Partnership (MBHP) has recently completed as it was developing recommendations for improving the Commonwealth's Emergency Services program. JDP staff and representatives of the FPD described the program to a group of state policymakers from the Executive Office of Health and Human Services, including representatives of the Department of Mental Health, the Division of Medical Assistance, the Bureau of Substance Abuse Services and the Partnership. As a result of this presentation, the JDP has been incorporated into the Partnership's recommendations to the Commissioner of Mental Health as one of four "best practices." A decision should be forthcoming within the next few months as to whether the final Emergency Service Program model will include a requirement related to jail diversion programs. This decision will obviously influence the action Advocates can and should take regarding replication. For example, if a decision is forthcoming that Emergency Service programs are eligible for additional funding if they incorporate a jail diversion function, Advocates may be able to develop additional programming within the PES catchment area and/or consult with other ES programs that want to develop jail diversion components.

In addition to potential funding through the statewide Emergency Services program, Advocates might seek assistance from the Department of Public Health's Bureau of Substance Abuse Services. Since, as we have noted, nearly one-quarter of the program's incidents involved individuals evidencing acute intoxication, the program is clearly serving a population whose problems include not only psychiatric but also substance use disorders.

## SEEKING THE PASSAGE OF STATE LEGISLATION OR BUDGETARY SUPPORT

Advocates has strong support from Representative Karen Spilka, who has recently been elected to the State Senate. Spilka has expressed her willingness to arrange a meeting between the JDP and the Senate President and/or the Chairs of the Human Services and

Ways and Means Committees. She has made a previous attempt to insert a provision for funding the JDP into the state budget, and is willing to do so again. It is probable that if Advocates sought the enactment of legislation that would promote jail diversion programs, Spilka would be highly supportive of that effort as well. As a strong proponent of effective human service programs, Spilka will continue to serve as an active and helpful resource for the JDP.

## FEDERAL FUNDING

Another potential funding source might be the federal government. Just last month, the U.S. Senate approved the Mentally Ill Offender Treatment and Crime Reduction Act (S. 1194) (see the text of the bill at http://thomas.loc.gov/cgi-bin/cpquery/T?&report=hr732&dbname=cp108&), that authorizes $50 million in grants to states to support collaborative efforts between criminal justice and mental health agencies at the state and local level. The funding would support pre- and post-booking interventions, including crisis intervention teams, law enforcement training, mental health courts and re-entry and transitional programs. The bill establishes one-year planning grants and five-year implementation grants. The President is expected to sign the bill. It certainly behooves Advocates to monitor the implementation of this legislation, which may offer an excellent opportunity for funding of jail diversion programs.

## WORKING WITH OTHER INDIVIDUALS OR GROUPS IN THE COMMONWEALTH

There are others in the state who are developing different types of jail diversion program models. The best known and farthest advanced of these is the Massachusetts Mental Health Diversion & Integration Program (MMHDIP) based at the University of Massachusetts Medical School. The MMHDIP offers consultation to communities in the Commonwealth that are interested in creating diversion programs. They have developed a Model Police Practices Policy that police departments can use. This document includes procedures to be followed when officers encounter persons with special needs who are experiencing times of crisis, and a training curriculum to help PDs implement the policy. The policy has been pilot tested in Worcester, and can serve as a template to be tailored to in-service training needs of police departments in other communities. The MMHDIP is also working with the Boston Police Department to develop a pilot model Crisis Triage Unit (CTU) in the downtown area. The CTU will provide an identified location to which police officers can transport nonviolent mentally ill offenders who can then be triaged for problems related to mental health, substance abuse and/or homelessness. As part of this program, the MMHDIP will train the Boston Police Districts in the downtown area to identify persons in crisis and to help them access the CTU.

Staff of the MMHDIP are well known to Advocates and the JDP, and they often speak on the same programs at conferences and in other venues. We are not aware, however, of any effort at coordination between the two programs. It might be possible, for example, that since MMHDIP is state funded, it would share some of its data on towns and police departments with Advocates. The MMHDIP and Advocates are not direct competitors with one another; rather, they potentially offer different models of jail diversion programs to interested communities.

## OFFERING TRAINING, CONSULTATION OR OTHER SERVICES

Another option for Advocates to consider is to offer training, consultation or other services to police departments and/or emergency service programs elsewhere in the state. In the process of providing these services, it might well become clear that one or more of the cities or towns with which it was working was prepared to develop a full-scale jail diversion program.

## ELEMENTS NECESSARY FOR REPLICATION

When and if Advocates does decide to seek to replicate the JDP in other locales, we believe it must assure the presence of a number of elements. We have extracted from the above list of the features of the Framingham program that have helped it succeed a list of what appear to be the generic elements essential to successful replication of a jail diversion program in another community. We have included here more specific information about requisite staff characteristics:

### THE RIGHT PROGRAM MODEL OR COMPONENTS FOR THE COMMUNITY

The model that Advocates and the FPD have established is by no means the only possible one. There are numerous variants, including the Memphis model, which constituted the original basis for the JDP. There would seem to be little doubt, given what we know about the Framingham experience, that the design of the program must be suited to the needs of the specific city or town, and to its police department and social service network.

### MOBILE, FLEXIBLE EMERGENCY TEAM WITH THE POWER AND AUTHORITY TO HOSPITALIZE

Clearly, one of the critical elements of a successful JDP is support from a well run, flexible Emergency Services program that sees responsiveness to the community, and mobility within it, as central to its work. Several informants told us that the Advocates team is more mobile than many others in the Commonwealth, and that that quality was important to the JDP.

### PERSONAL CHARACTERISTICS OF STAFF

In developing any jail diversion program, and especially one that is police based, the personal qualities of the staff are critical to success. Based on our interviews, we would suggest that the program director as well as the clinical responders need to have:

- The ability to fit into the police culture, to be (whether male or female) "one of the guys," while also maintaining appropriate professional boundaries;
- Sufficiently thick skin, especially early on, to brush off critical remarks, and to work with people who use language different from the language social workers use regarding individuals with psychiatric and substance use disorders;
- An attitude that is respectful toward fellow professionals who are not clinicians;

- The ability to be assertive and make his or her presence felt, to ask to "ride along" with police officers, and to request help when necessary;
- The capacity to handle seeing some of the ugly aspects of life, for example, homes that are dirty, messy, infested, and otherwise unpleasant;
- Experience with the clientele, preferably from having worked for an Emergency Service or similar program;
- The skills to assess the physical environment as well as the human situation almost instantly, and to make rapid, on-the-spot clinical decisions;
- Extensive knowledge of the specifics of the local social service and mental health systems, in order to be able to refer clients promptly and appropriately;
- The self-confidence to handle him or herself in whatever situation arises;
- The personal, financial and employment history to pass not just a Criminal Offender Record (CORI) check, but a far more intensive background investigation, equivalent to what is required of police officers themselves.

In addition to these characteristics, the director of the program must be able to train other staff, speak publicly about the program, manage relationships with both the police and the parent agency, and generally serve as the public "face" of the program.

## TECHNOLOGY-ACCESS TO THE POLICE RADIO, COMPUTER SYSTEM AND CAD

The technological aspects of police work are not to be minimized, and it is important that staff of a JDP have access to them. For example, use of the police radio, in order to know what's going on in town, can be critical. Hearing about an incident on the radio may lead the clinician to request involvement in a situation in which the police might not have thought to ask for help. In addition, computer aided dispatch (CAD) increases the likelihood that officers know in advance whether the call they are being sent on is likely to involve an individual with a psychiatric or substance use disorder. Equipped with this information, they may be more inclined to ask a clinician to accompany them. Finally, direct access to the police computer system can help the clinician find out about both the prior criminal history and the eventual disposition of cases s/he is involved with.

## SUPPORT FROM WITHIN THE POLICE DEPARTMENT

As we discussed earlier, no local jail diversion program can function without many kinds of support from the police department. In-kind support will probably be needed, partly because the PD is unlikely to have a mechanism for charging "rent" for space the program occupies, or for the use of telephone lines, Internet access or equipment in the building. In addition, however, a *sine qua non* for the program is likely to be a champion within the police department who will "run interference" for it. Police departments are not generally welcoming to civilians working on their turf. Therefore, having someone on the "inside" who will offer assistance of whatever sort is needed to the program's staff is critical.

Finally, we would suggest that, if at all possible, when attempting to develop a new program elsewhere Advocates should be sure to have Framingham Police representatives accompany them to meetings. It is clear from our research that a clinician

and a police officer working closely together offer the best possible argument in favor of developing such a program.

## OBSTACLES TO SUCCESSFUL REPLICATION: ISSUES TO CONSIDER

Advocates has encountered relatively few obstacles in its implementation of the JDP, presumably in large part because the program's existence has been encouraged by so many positive factors in Framingham. Throughout the last several sections of the report we have implicitly suggested some of the obstacles that might be found elsewhere; in this section, we will briefly note them more explicitly. We will not go into detail, because to do so would be essentially to repeat much of what we have already said about the factors necessary to the program's development

- A police department whose leadership feels no need to change its modus operandi;
- A city or town government that is satisfied with the way in which its police department is functioning;
- An emergency service program that does not do very much work in the community, other than in the Emergency Rooms of local hospitals; and/or
- The absence of funding opportunities.

## CONCLUSION

In summary, we have been greatly impressed by the positive response the Framingham Jail Diversion Program has had among its many stakeholders. This response reflects remarkably well on Advocates' and the FPD's way of doing business in their community, and on the interest of both the local police department and Advocates in improving their traditional modes of operation. In this report we have attempted to suggest the elements that have led to the success of the program and the ways in which Advocates and state officials might be able to think about its replication. While we have offered a brief cost analysis, we do not believe that the only or even the best argument for the program necessarily lies in the costs it saves; rather, the best case to be made probably relates to the ability of the program to improve the efficiency and efficacy of the police, criminal justice, social service, and healthcare systems. The JDP fills in gaps in those systems, and enhances the quality of life not only for individuals who come into contact with the program but for all those who live in the community.

## RECOMMENDATIONS

Based on both the study we have completed and the extensive discussions we have had with senior staff at Advocates, Dougherty Management offers the following recommendations to Advocates, Inc. and to state policymakers who are considering ways to disseminate and/or expand the jail diversion program model:

## PROCEED CAUTIOUSLY

Our analysis suggests that the Framingham JDP has succeeded largely because it developed organically, out of this particular community. Both Advocates and the Police Department wanted and supported it. Therefore, policymakers should not assume that requiring every emergency service provider to implement such a program would lead to success. We would suggest, rather, that the Commonwealth proceed slowly by encouraging cities and towns that want such programs to develop them. Our recommendation is that Massachusetts should plan to spend not more than $1 million in the next fiscal year on a total of four jail diversion programs, thereby maximizing the likelihood that the newly implemented programs will be viable.

## SEEK AND SUPPORT WILLING PROGRAM SITES

More specifically, we suggest the following:

- That the Commonwealth request joint proposals from Emergency Service programs and police departments.
- That the state fund three such proposals for about $190 thousand each. Of that amount, we would suggest that:
  - About $150 thousand be used to fund each program's operations and administration;
  - About $10 thousand be made available to allow the program to purchase equipment and/or to fund other local service providers whose participation is needed to realize the program's goals and/or to support the police department's costs;
  - About $10 thousand be set aside to fund an independent evaluation (or, instead of each program conducting its own evaluation, one common evaluation might be conducted of the entire group of programs);
  - About $15 to $20 thousand of each program's funding be used to enable the Framingham Jail Diversion Program to offer consultation on start-up, training and operations.

- That the state support the Framingham Jail Diversion Program at its current level of about $150 thousand.
- That the state provide an additional $75 thousand to Advocates to allow it to develop jail diversion programs in two or three of the smaller towns within its PES catchment, thus beginning to implement a regional program model.

## USE THE EXPERTISE OF ADVOCATES AND THE FRAMINGHAM POLICE DEPT.

Finally, we recommend that the Commonwealth use the JDP's expertise in this area as it prepares the specifications and/or "request for proposals" for these programs. While each town that applies for funding will need to find its own way of integrating mental health expertise into its police department, there will also need to be clear standards established for this new program model. The Commonwealth should take advantage of the fact that the Framingham program has been so successful, and use its staff to help define statewide standards. JDP staff might also be called upon to help review proposals that are submitted.

## SUMMARY OF RECOMMENDATIONS

Dougherty Management, Inc. recommends that the state's primary goals in this undertaking be, first, to assure that the newly funded jail diversion programs succeed, and, second, to plan for disseminating such programs as widely as possible. We therefore recommend moving slowly and cautiously for the first year, evaluating the results of this initial effort and encouraging the development of additional programs, including regionalized ones, in future years.

# APPENDIX I: PROCESS MAPS

## A.1 911 Dispatch Call: Purpose and Scope

The purpose of this procedure is to document the process through which a JDP Clinician (JDP – Jail Diversion Program) is invited to assist a police response to a 911 call. Such an invitation is given to the JDP Clinician where the police have good reason to believe that specialist clinical skills would be of value in resolving a reported incident, to the mutual advantage of all concerned. An example of such a requirement would be where the subject of the 911 response has a known Mental Health condition.

This procedure commences with the dispatch officer receiving a 911 call and identifying a need for the support of a JDP Clinician. It includes an assessment of the subjects' mental status and ends with an evaluation of the need for intervention.

## A.2 Responsibilities

**Dispatch Officer –** Responsible for identifying the need for a JDP Clinician to accompany a police officer in response to a 911 call.

**JDP Clinician –** Responsible for:

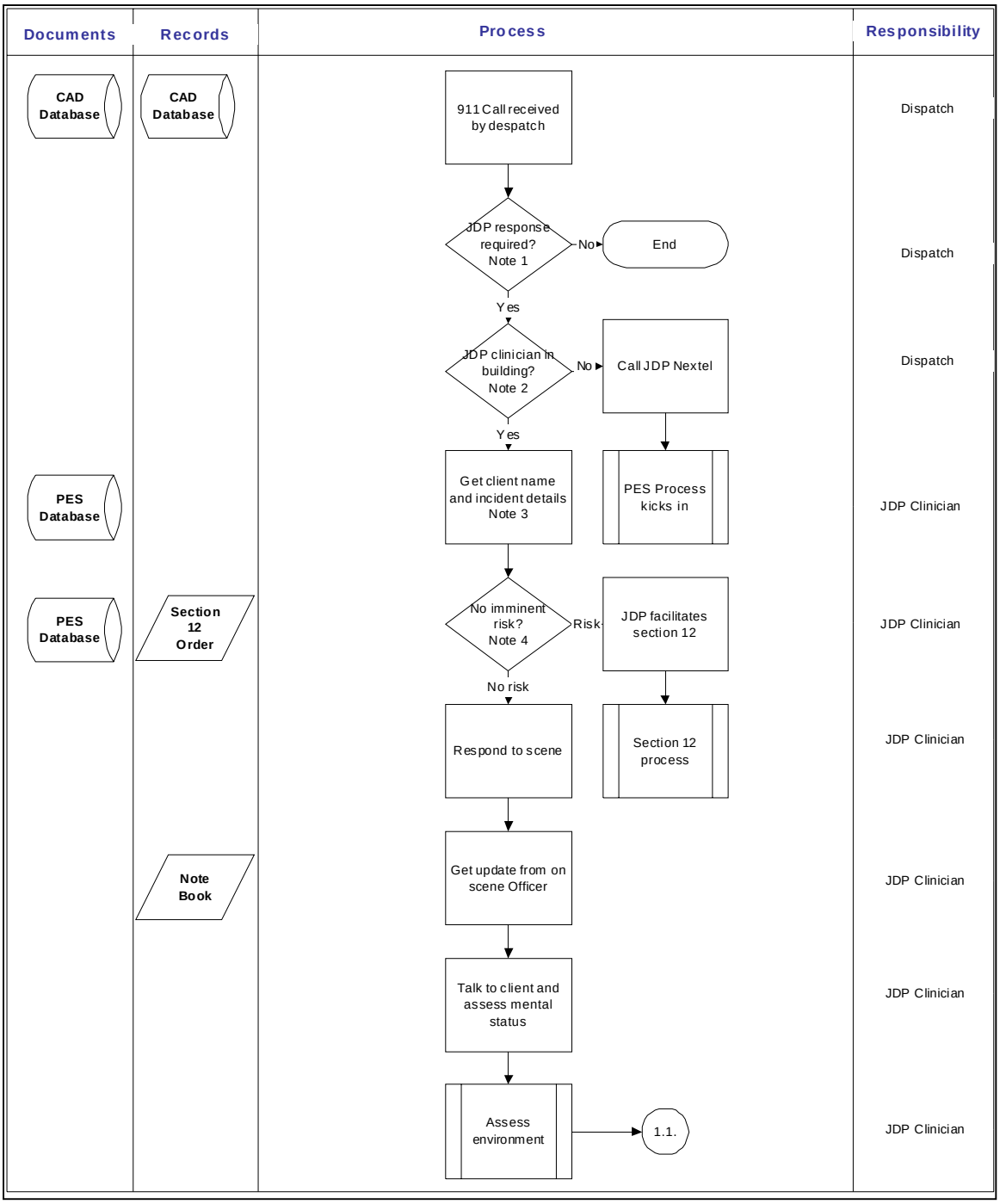
a) Assisting the police officer in the 911 call response
b) Evaluating the mental health status of the subject
c) Agreeing and facilitating intervention as appropriate
d) Facilitating a Section 12 order as appropriate

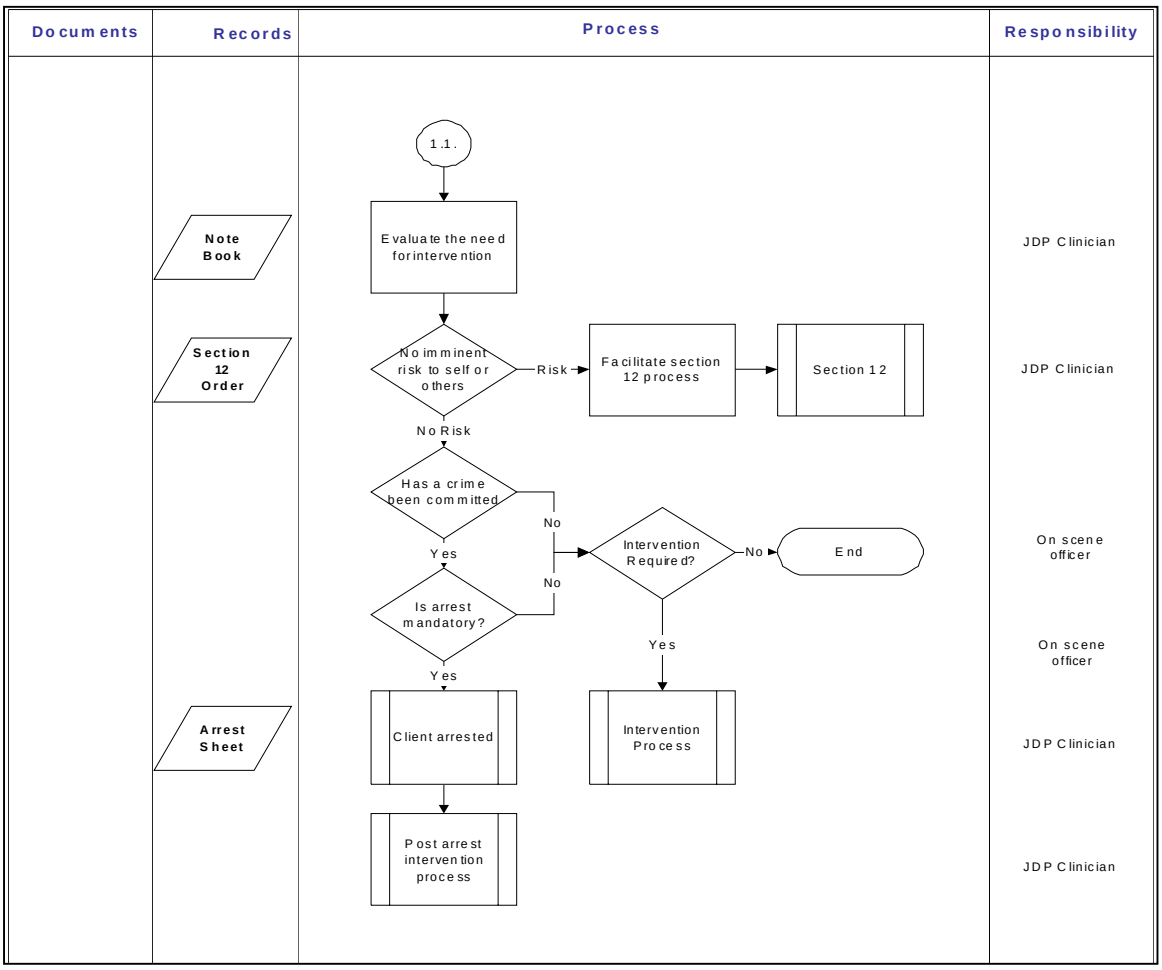
**On-Scene Police Officer** – Responsible for:

a) Evaluating if a crime has been committed.
b) If a crime has been committed, deciding whether or not to arrest the subject.
c) As appropriate, performing the actual arrest of the subject.

## A.3 Procedure

See attached Process Maps and associated notes.


Documents
Records
Process
Responsibility
CAD Database
CAD Database
911 Call received by despatch
Dispatch
JDP response required? Note 1
No
End
Dispatch
Yes
JDP clinician in building? Note 2
No
Call JDP Nextel
Dispatch
Yes
PES Database
Get client name and incident details Note 3
PES Process kicks in
JDP Clinician
PES Database
Section 12 Order
No imminent risk? Note 4
Risk
JDP facilitates section 12
JDP Clinician
No risk
Respond to scene
Section 12 process
JDP Clinician
Note Book
Get update from on scene Officer
JDP Clinician
Talk to client and assess mental status
JDP Clinician
Assess environment
1.1.
JDP Clinician




**Note 1:** The duty dispatch officer evaluates the need for a JDP Clinician to accompany a police officer in response to the 911 call. This evaluation is based on:

- Information available on the client within the CAD Database
- Details of the 911 call

## A.4 Information Used

- CAD Database
- PES Database
- Section 12 Order

## A.5 Records Retained

- PES Database
- JDP Clinician Note Book

## B.1 JDP Intervention: Purpose and Scope

The purpose of this procedure is to document the process through which a JDP Clinician (JDP – Jail Diversion Program) evaluates the opportunity and need for intervention while assisting a police offer with a 911 call response.

This procedure commences with the arrival on scene, covers the evaluation and assessment activities and ends with the JDP Clinician making the appropriate intervention decisions and gaining the appropriate approvals for these decisions.

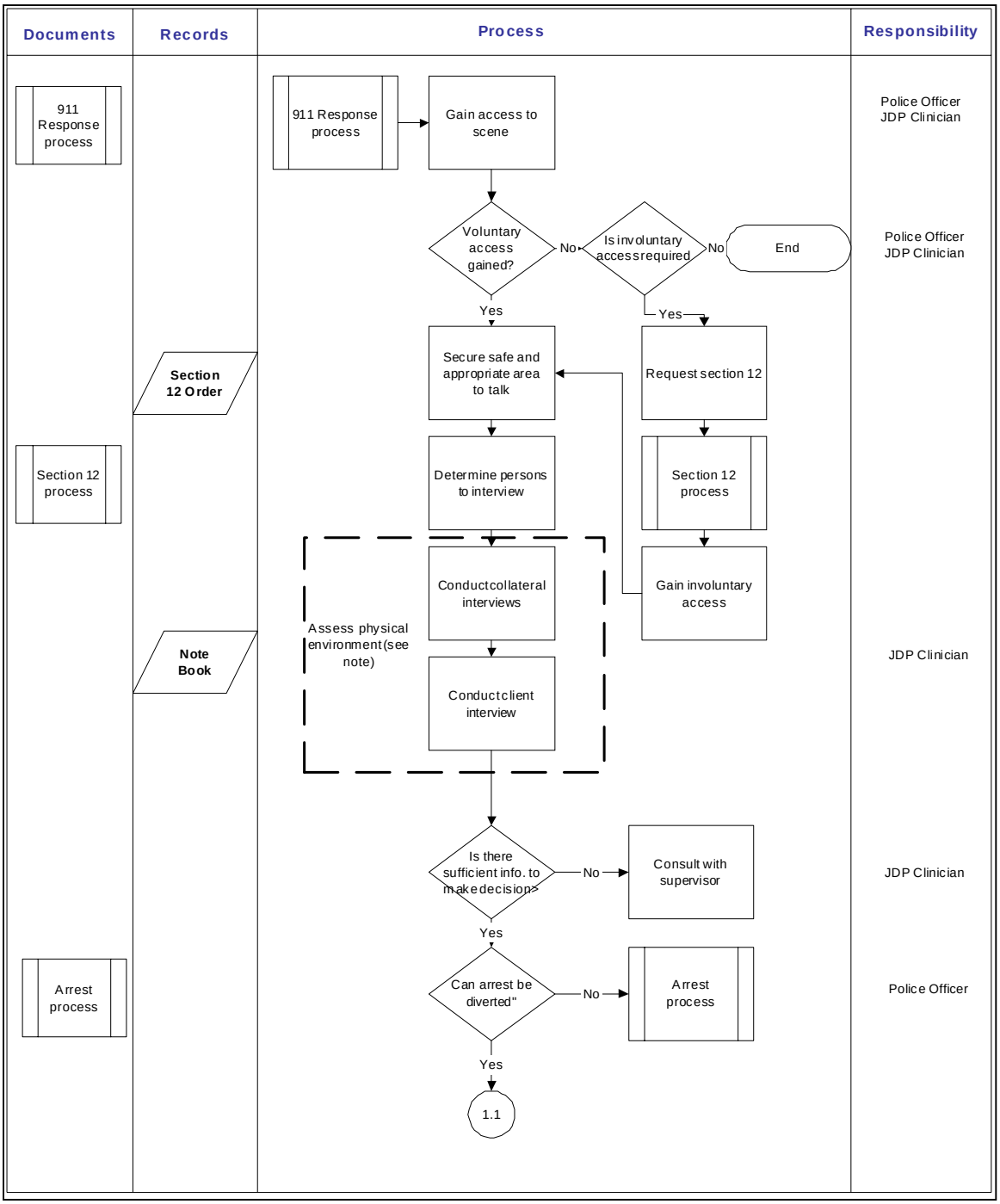
## B.2 Responsibilities

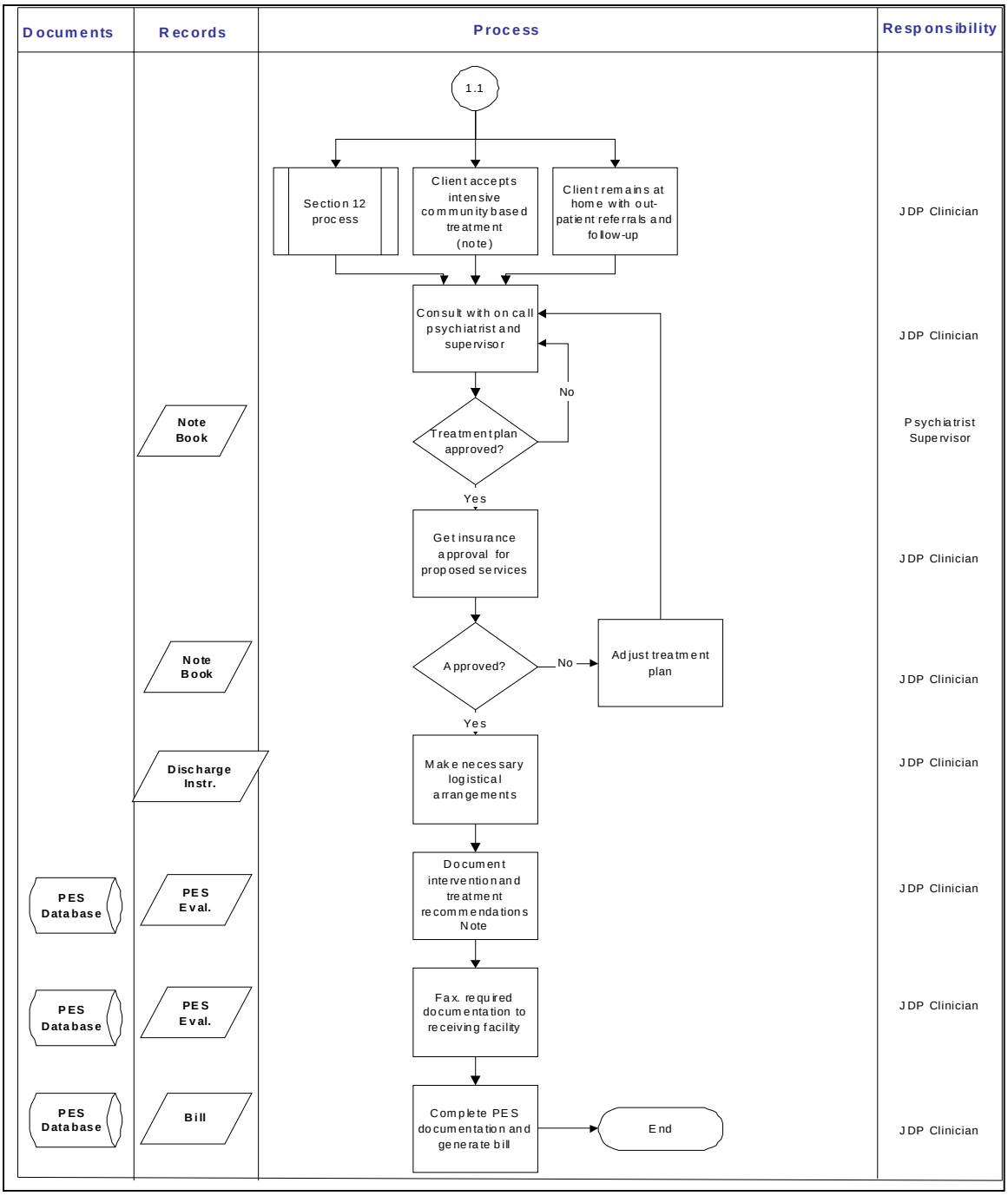
**JDP Clinician –** Responsible for:

a) Assessing the physical environment
b) Evaluating the mental health status of the subject
c) Proposing intervention as appropriate
d) Consulting with the Psychiatrist and Supervisor
e) Gaining insurance approval for the intervention
f) Making the necessary logistical arrangements for the intervention
g) Facilitating a Section 12 order as appropriate
h) Retaining all required records
i) Third party billing Billing as appropriate

## B.3 Procedure

See attached Process Maps and associated notes.


Documents
Records
Process
Responsibility
911 Response process
911 Response process
Gain access to scene
Police Officer
JDP Clinician
Voluntary access gained?
No
Is involuntary access required
No
End
Police Officer
JDP Clinician
Yes
Yes
Section 12 Order
Secure safe and appropriate area to talk
Request section 12
Section 12 process
Determine persons to interview
Section 12 process
Conduct collateral interviews
Gain involuntary access
Assess physical environment (see note)
Note Book
Conduct client interview
JDP Clinician
Is there sufficient info. to make decision>
No
Consult with supervisor
JDP Clinician
Yes
Arrest process
Can arrest be diverted"
No
Arrest process
Police Officer
Yes
1.1




**Note 1**: An on scene environmental assessment may typically consist of:

- Cleanliness
- Organization
- Strange smells
- Level of heat
- Furnishings

- Hoarding
- Dress
- Physical appearance
- Medicines / storage
- Kitchen
- Bathroom
- Food / refrigerator
- Walls
- Mail
- Paperwork
- Car
- Signs of discord / conflict
- Animals - condition and care
- Exterior / gardens
- Children
- Other dependents / parents
- Lists
- Phone
- Evidence of SA
- Vermin
- Weapons
- Literature
- Paraphernalia

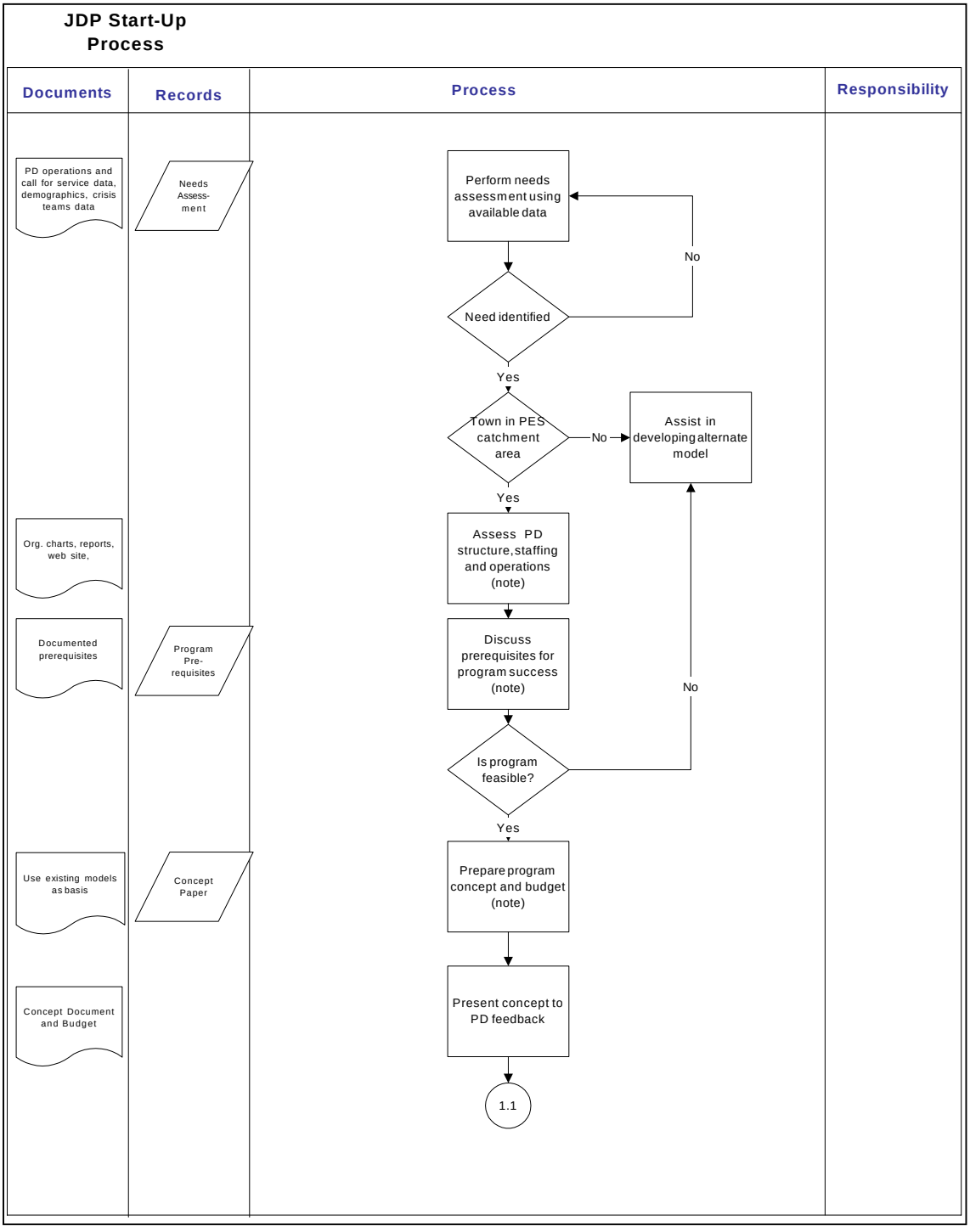
## B.4 Information Used

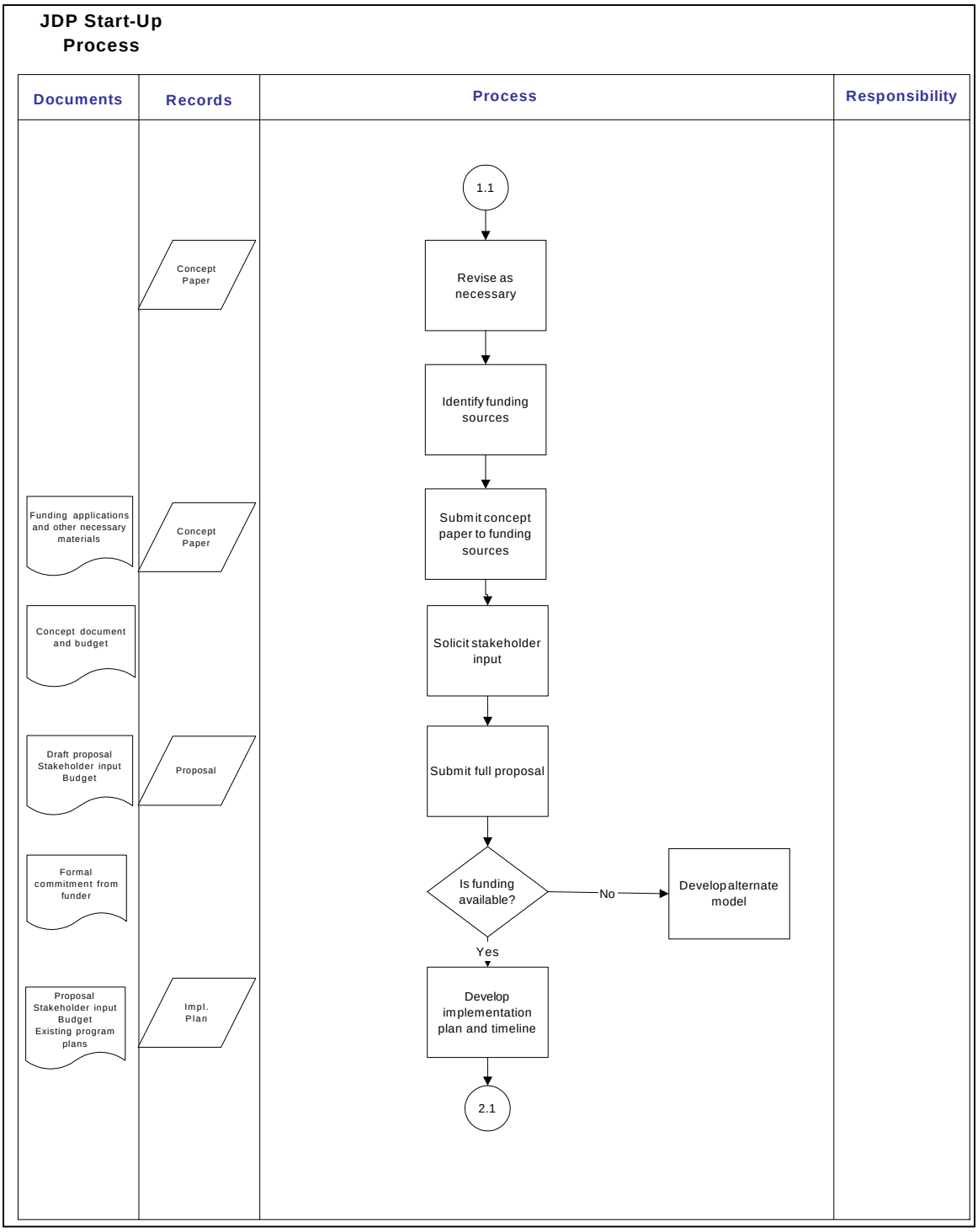
- PES Database

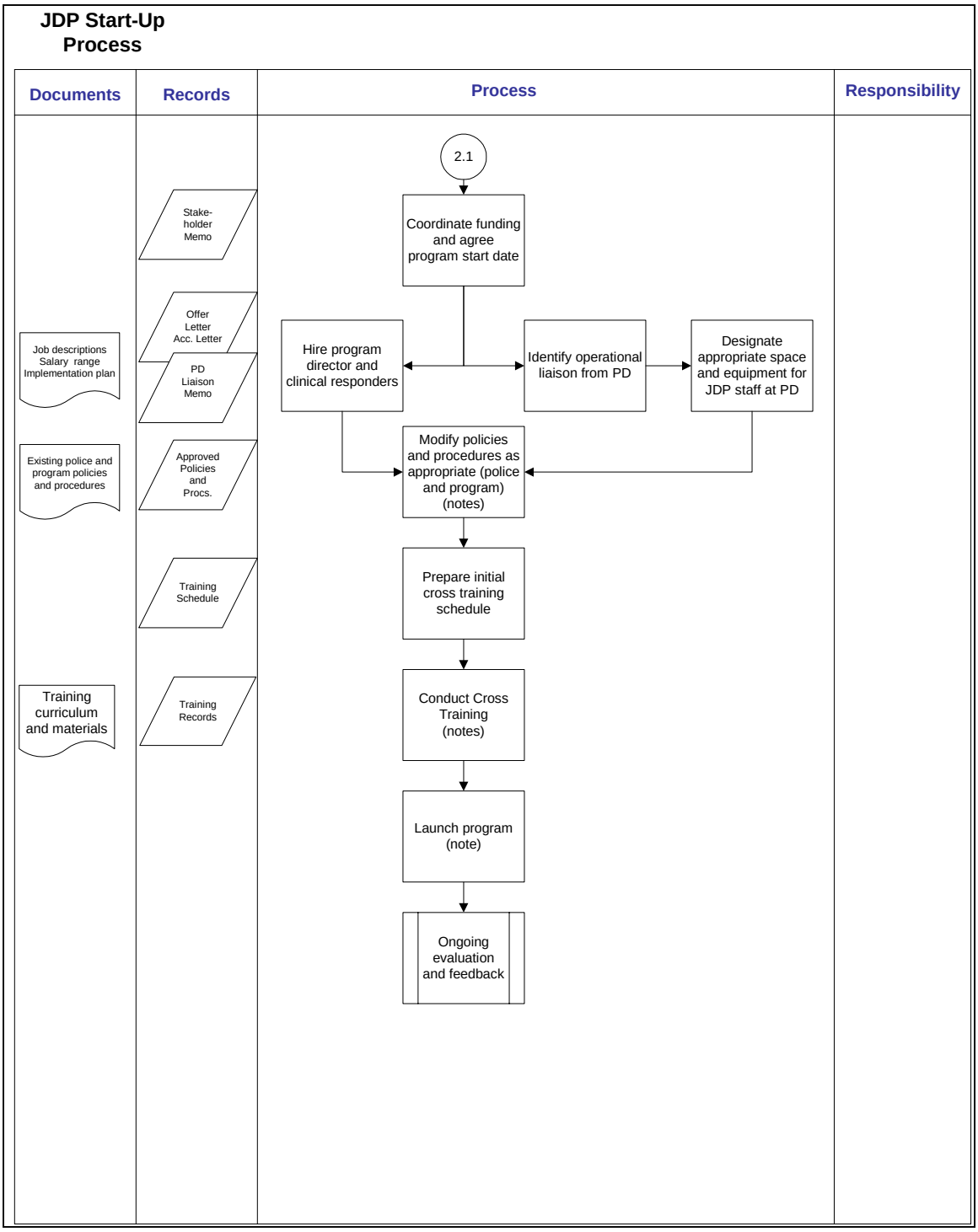
## B.5 Records Retained

- PES Database
- Section 12 Order
- Billing Information
- JDP Clinician Notebook

## C. 1 JDP Start-Up Process




JDP Start-Up Process
Documents
Records
Process
Responsibility
1.1
Concept Paper
Revise as necessary
Identify funding sources
Funding applications and other necessary materials
Concept Paper
Submit concept paper to funding sources
Concept document and budget
Solicit stakeholder input
Draft proposal Stakeholder input Budget
Proposal
Submit full proposal
Formal commitment from funder
Is funding available?
No
Develop alternate model
Yes
Proposal Stakeholder input Budget Existing program plans
Impl. Plan
Develop implementation plan and timeline
2.1


JDP Start-Up Process
Documents
Records
Process
Responsibility
2.1
Coordinate funding and agree program start date
Stake-holder Memo
Offer Letter Acc. Letter
PD Liaison Memo
Job descriptions Salary range Implementation plan
Hire program director and clinical responders
Identify operational liaison from PD
Designate appropriate space and equipment for JDP staff at PD
Existing police and program policies and procedures
Approved Policies and Procs.
Modify policies and procedures as appropriate (police and program) (notes)
Training Schedule
Prepare initial cross training schedule
Training curriculum and materials
Training Records
Conduct Cross Training (notes)
Launch program (note)
Ongoing evaluation and feedback

# APPENDIX II : INDIVIDUALS INTERVIEWED

1. Sarah Abbott-Carr, Director, Jail Diversion Program
2. Anita McLaughlin, Clinical Responder, JDP
3. Sgt. Michael Esposito, Framingham Police Department
4. Officer Ben Ottaviani, Framingham Police Department
5. Deputy Chief Ken Ferguson, Framingham Police Department
6. Sgt. Blaise Tersoni, Framingham Police Department
7. Deputy Chief Craig Davis, Framingham Police Department
8. Assistant to the Chief Brian Simoneau, Framingham Police Department
9. Lt. Paul Shastany, Framingham Police Department
10. Sgt. Mike Hill, Framingham Police Department
11. Sarah Trongone, Psychiatric Emergency Services (Director)
12. Julie Gordon, Psychiatric Emergency Services
13. John Deronck, Psychiatric Emergency Services
14. Karin Orr, DMH Metro-Suburban Area Forensic Director
15. Barry Foster, DMH Worcester Forensic Director
16. Paul Benedict, DMH Acting Assistant Commissioner for Forensic Services
17. Gary Zalkin, National Alliance for the Mentally Ill, Framingham chapter
18. Jack Hagenbuch, Wayside Youth and Family Support Network
19. Steve Silvestrino, South Middlesex Opportunity Council
20. Janice Whitney, Nurse Director of Emergency Department, Metro-West Medical Center, Framingham
21. Lori Button-Szczygiel, Massachusetts Behavioral Health Partnership
22. Michael Norton, Division of Medical Assistance
23. Karen Spilka, State Representative (candidate for State Senate)