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Objective: This study examined how outcomes in police-led jail diversion programs (JDPs) align with the ethical principles of beneficence and nonmaleficence, focusing on factors that influence diversion decisions and their balance between rehabilitation and public safety. *Hypotheses:* Individuals with less severe charges and first-time encounters are more likely to be diverted to mental health treatment, aligning with beneficence. Conversely, individuals with severe charges and repeat offenses are more likely to experience arrest, aligning with nonmaleficence. *Method:* This retrospective analysis included 3,324 diversion-eligible cases from 21,964 behavioral crisis incidents recorded in Massachusetts between May and December 2023. This secondary data analysis used the Massachusetts Department of Mental Health's JDP statewide standardized database. Quantitative analyses employed logistic regression and hybrid machine learning models to examine how charge severity, mental health status, substance use, and incident characteristics were associated with outcomes relative to ethical principles. *Results:* Less severe charges and first-time encounters predicted diversion to mental health services, reflecting beneficence through rehabilitation. Severe charges and repeat offenses were more likely to result in arrest, reflecting nonmaleficence by prioritizing public safety. De-escalation techniques and on-scene supports were associated with diversion, whereas overnight incidents and substance use were linked to increased arrests. *Conclusions:* Implementing JDPs that align with ethical principles is complex, requiring nuanced approaches that account for both individual and situational factors. Enhanced training and resources are essential to support ethical decision making, ensuring that diversion decisions align with beneficence and nonmaleficence. This study informs efforts to reform police practices to better address mental health crises and suggests policy enhancements to promote both individual welfare and public safety.

Public Significance Statement
Police officers often make decisions about whether to arrest individuals experiencing mental health crises or connect them with treatment instead. This study highlights how these decisions can reflect ethical goals of helping people while protecting public safety. Understanding what influences these decisions can improve police training and policy, helping ensure that people in crisis get the support they need and communities stay safe.

Keywords: jail diversion, ethics, behavioral crisis, law enforcement, mental health crisis

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The interface between mental health and criminal justice presents a stark reality: Individuals with mental illness are vastly overrepresented within the justice system, often not because of criminal actions but because of systemic factors such as inadequate access to mental health care, socioeconomic disadvantage, unhoused status, and the criminalization of mental illness (Desmarais et al., 2014; Gill & Murphy, 2017; Mitchell et al., 2024; Prins, 2014; Spike et al., 2024). Law enforcement is increasingly responding to behavioral crises involving serious mental illness (SMI), acute distress, substance use, and behaviors stemming from personality disorders by leading or partnering with jail diversion programs (JDPs).

Researchers in criminal justice reform have debated the reasons for the overrepresentation of individuals with SMI in the criminal justice system. The criminalization hypothesis suggests that people with SMI are disproportionately arrested because of behaviors linked to untreated illness, stigma, or systemic service failures. In contrast, normalization theory posits that individuals with SMI are arrested for the same reasons as others—such as housing or employment instability—with SMI exacerbating these criminogenic risk factors rather than constituting a distinct cause (Johnston, 2019). From either perspective, JDPs may mitigate these risk factors and align with the ethical principles of beneficence and nonmaleficence by promoting better outcomes for individuals with SMI.

The Sequential Intercept Model provides a framework for understanding how individuals with behavioral health needs interact with the criminal justice system. Intercept 0 refers to community-based crisis prevention efforts (e.g., mobile crisis teams, peer support programs, and expanded mental health services) that aim to address crises before law enforcement becomes involved. Although these models play an essential role in reducing justice system contact, their availability and accessibility vary across regions, and behavioral health crises still lead to police activation in many cases. At this stage, Intercept 1 of the SIMJDPs operate to divert individuals toward treatment or alternative settings rather than incarceration (Harmon-Darrow et al., 2023).

JDPs, including joint response models (i.e., dual response of officer and clinician) and Crisis Intervention Teams, have been established to redirect individuals experiencing a behavioral crisis away from a potential future behind bars toward avenues of mental health treatment and the prospect of recovery (Watson et al., 2010). Unlike mental health courts, which may require a charge and/or guilty plea (Liles et al., 2018; Redlich et al., 2006), JDPs operate as prebooking diversion programs, meaning that individuals are diverted before formal charges are filed, preventing entry into the criminal justice system altogether.

The increasing role of police in responding to behavioral health crises has been accompanied by significant strides in training and protocol development to improve the handling of such cases. This evolution in policing practice reflects a growing awareness and sensitivity toward the complex needs of vulnerable populations, especially those with mental illness. JDPs, by reducing arrest rates and improving mental health outcomes, mark a significant step toward the decriminalization of mental health conditions and access to necessary care (Bernard et al., 2020; Harmon-Darrow et al., 2023). JDPs also reflect the legal philosophy of therapeutic jurisprudence, whereby behavioral crises may result in an opportunity for proactive interventions that benefit both the individual and the community (Arrigo, 2004).

However, despite the successes and growing implementation of JDPs across the United States, research on the ethical dimensions of law enforcement's interactions with individuals with mental illness remains scarce. Given the continued prevalence and complexity of these encounters (Rohrer, 2021; Zelle et al., 2023), there is an imperative to examine these encounters using ethical principles such as autonomy, beneficence, nonmaleficence, and justice (Beauchamp & Childress, 2013). Although these ethical principles are traditionally associated with medical and psychiatric contexts, they are increasingly applicable to law enforcement interactions with individuals in behavioral crises (Fisher et al., 2006; Shapiro et al., 2015). The principle of justice addresses broader systemic fairness, and the principle of autonomy focuses on individual choice (Beauchamp & Childress, 2013). In this study, beneficence (the obligation to do good) and nonmaleficence (the obligation to do no harm) are emphasized, as they most directly inform diversion decisions. These principles guide officers in making real-time determinations about whether an individual in crisis should be diverted to mental health services or processed through the criminal justice system to achieve harm reduction (Case et al., 2009; Cuddeback et al., 2017).

The decision of whether to divert or arrest an individual reflects the dual ethical obligations faced by law enforcement operating JDPs: promoting outcomes that maximize the well-being of individuals in crisis while safeguarding community welfare (Beauchamp & Childress, 2013; Glancy, 2025). For this study, beneficence is conceptualized as actions that are in the best interest of individuals experiencing behavioral crises, guiding them toward supportive care alternatives that promote their well-being. This principle also supports positive outcomes for the communities in which persons experiencing behavioral crises live by enhancing public safety. Nonmaleficence, on the other hand, is conceptualized as avoiding harm by ensuring that diversion decisions do not compromise the welfare of the individual, through unnecessary arrest, or the community, through posing significant risks to public safety (Steadman & Naples, 2005). Examining these ethical principles in relation to JDPs clarifies how officers balance obligations to individuals in behavioral crises and the broader community. In this context, beneficence and nonmaleficence offer a practical framework for assessing whether diversion outcomes support both individual recovery and public safety. Evaluating JDPs according to individual welfare and public safety is particularly timely considering recent nationwide protests against police use of force, ongoing calls for criminal justice reform, and increased review of police conduct following several highly publicized incidents. These events have intensified scrutiny of law enforcement practices, especially in their interactions with vulnerable and minority populations (Calvert et al., 2020; Campbell, 2024; Jackson et al., 2023).

Previous research has explored diversion rates and factors influencing these decisions. Factors that influence jail diversion decisions include the severity of the offense, a history of justice involvement, availability of community-based mental health services, officer discretion, and the presence of co-occurring substance use disorders (Case et al., 2009; Cuddeback et al., 2017; Steadman & Naples, 2005). However, gaps remain in understanding how these programs align with ethical principles. This study addresses this gap by examining how diversion decisions at Intercept 1 align with the principles of beneficence and nonmaleficence (Beauchamp & Childress, 2013). Whereas our analysis focused on individual-level

and situational factors within police-led JDPs at Intercept 1, these programs exist within and are shaped by broader systemic contexts, including funding structures, public policy, interagency coordination, and prevailing societal attitudes toward mental illness, risk, and responsibility.

The research question at the center of our inquiry was, "How often are police-led diversion programs addressing behavioral crisis situations in a way that results in beneficent and nonmaleficent outcomes, and what factors contribute to these ethical outcomes?" Our primary hypothesis was that individuals with less severe charges and first-time encounters are more likely to be diverted to mental health treatment, reflecting beneficence, as diversion may address the crisis by redirecting individuals from the criminal justice system to more appropriate services, potentially benefiting both the individual and the community. This aligned with our first aim: assessing how often JDPs produce beneficent outcomes for individuals and communities. The secondary hypothesis was that individuals with severe charges and repeat offenses are more likely to be arrested, consistent with nonmaleficence, as these decisions may prioritize public safety and risk mitigation. In these cases, allowing high-risk individuals to remain in the community could result in further harm, either to others or to themselves through continued justice involvement. This informed our second aim: analyzing the severity of charges and repeat offenses in cases in which diversion decisions did not align with the ethical criteria of beneficence and nonmaleficence. By testing this hypothesis, we could identify cases that deviated from expected patterns, helping us better understand the discrepancies in these diversion decisions. Our third aim was to determine the broader factors—beyond the charge or offense—that contribute to or impede outcomes within JDPs that align with ethical principles of beneficence and nonmaleficence.

Through this research, we anticipate contributing a layered understanding of the effectiveness of JDPs by using an ethical lens. The findings of this project are expected to be crucial in informing policy recommendations that enhance both individual and community outcomes, namely ensuring that JDPs address immediate behavioral crises and foster long-term well-being and public safety.

Method

Study Design, Data Source, and Sample

This investigation used secondary data analysis methods and received ethical approval from the Boston College institutional review board. Data were sourced from the Massachusetts Department of Mental Health, which oversees the systematic collection of data from state-supported JDPs. This information is entered into a statewide database using a standardized form that includes dropdown options and open fields for detailed variable descriptions and is employed uniformly by all programs. In Massachusetts, these JDPs, although varied in their approach, share the common goal of diverting individuals experiencing behavioral crises away from the criminal justice system, when appropriate. The JDPs included in this study operate as prebooking diversion programs, meaning that individuals are diverted before formal charges are filed. Unlike some postbooking diversion models, such as mental health courts, the JDPs do not require a guilty plea for participation (Redlich & Han, 2014). Data entry into the Massachusetts Department of Mental Health JDP database was conducted by JDP personnel or designated individuals following each crisis intervention. The final decision regarding arrest or diversion is made solely by the police officers at the scene, who possess the exclusive authority to make this determination.

A retrospective review of 21,964 individual deidentified JDP encounters captured within the database was performed for cases occurring between May 2023 and December 2023. For the purpose of these analyses, only complete records were included, ensuring data integrity and consistency for statistical evaluation. Of these, 3,324 cases met the inclusion criteria. Our inclusion criteria involved only cases in which diversion was an option, meaning that a potential chargeable offense had to be present, as diversion from jail is not applicable without a crime. In cases in which individuals were diverted, no formal charges were filed, and no criminal record was created.

Operational Definitions of Ethical Principles

For the purposes of this study, we operationalized beneficence as the diversion of individuals with lower level infractions and no prior history of recurring interactions with JDPs or law enforcement into alternative community-based care settings. Examples of such infractions include disorderly conduct, disturbing the peace, and trespassing. This approach is underpinned by the principle that diversion should enhance the individual's chances for rehabilitation and reintegration into society (Aritürk et al., 2024; Gittner et al., 2023). Nonmaleficence is defined in terms of managing risks to individual and public safety. It was operationalized as the decision to arrest rather than divert for individuals charged with high-risk offenses, which include actions that pose significant threats to the safety and welfare of the individual (e.g., those at risk of victimization, self-harm, or escalating justice involvement) or the community (e.g., violent crimes against property or persons). In addition, repeat encounters with law enforcement were considered within the nonmaleficence framework, as frequent justice system contact may indicate a pattern of ongoing legal involvement or persistent concerns that diversion alone, absent structured oversight, could perpetuate a cycle of harm for both the individual and the community by failing to adequately address underlying needs or ensure accountability. In these circumstances, arrest at Intercept 1 may serve as both a protective safeguard and a structured intervention, disrupting escalating cycles of risk while preserving the opportunity for connection to later stage alternatives, such as mental health courts or intensive clinical supervision (Blais et al., 2022; Liles et al., 2018; Pinals, 2017; Redlich & Han, 2014). This perspective on nonmaleficence ensures that the integrity and safety of individuals and communities are preserved by mitigating the potential harms associated with the inappropriate diversion of high-risk cases (Sirotich, 2009).

Taken together, this is a practical interpretation of nonmaleficence, one that prioritizes structured intervention in high-risk cases to mitigate foreseeable harm. Although arrest may be viewed as causing harm in many contexts, in JDP settings, it can function as a harm-reduction mechanism when diversion would fail to prevent ongoing risk to the individual or public. This framing recognizes that ethical decision making in law enforcement often involves complex trade-offs, in which no option is entirely without consequence. Our model, therefore, centers nonmaleficence as the proactive prevention of greater harm rather than the avoidance of all coercive action.

When these conditions for beneficence and nonmaleficence are met, we regard the decision as ethically aligned. Conversely, when they are not met, the decision is considered ethically misaligned. For example, diverting an individual charged with nonviolent trespassing, who has no prior offenses, into a community-based mental health program would be considered ethically aligned under these operational definitions. Similarly, arresting an individual with a high-risk violent charge may be ethically aligned with nonmaleficence, as it can prevent further harm to the public and enable access to formal structures for supervision and support. For example, if an individual charged with aggravated assault with a deadly weapon is diverted instead of arrested, there is no mechanism to ensure accountability or structured intervention. Unlike postbooking diversion models, such as mental health courts, JDPs do not impose court-mandated treatment or supervision. As a result, individuals with serious violent offenses may be released without sufficient safeguards in place, increasing the risk of further harm. Prearrest JDPs operate exclusively at Intercept 1 as true prebooking diversion programs, meaning that individuals diverted through these programs never enter the criminal justice system and may not acquire a criminal record (Blais et al., 2022). In comparison, mental health courts and other postbooking diversion programs operate later in the system (e.g., Intercept 3) and still involve formal court processing. For individuals with high-risk offenses, diversion away from all criminal justice oversight may not align with nonmaleficence, even if alternative sentencing options exist at later intercepts (Liles et al., 2018; Pinals, 2017).

Variables

The study's variables were carefully selected to provide a comprehensive understanding of the factors at play in diversion decisions. Demographic variables included age, ethnicity, race, sex, and the presence of a criminal history. Clinical variables provided insight into the individual's mental health and substance use background, crucial for tailoring diversion programs effectively. Incident-related variables captured the nature and severity of the behavioral crisis prompting the JDP encounter, the professional's response, and the immediate outcome. Charge severity was categorized on the basis of Massachusetts state law classifications and established risk assessment frameworks (Lowder et al., 2021; Lowder & Foudray, 2021), prioritizing offenses with a higher likelihood of immediate harm, recidivism risk, or public safety concerns. Violent crimes (e.g., aggravated assault, homicide) were considered more severe than nonviolent property offenses, whereas sex offenses and arson were classified according to their respective legal and public safety implications. The primary outcome variable was whether the individual was diverted from the criminal justice system to a nonjudicial setting. These variables were selected to allow for a nuanced analysis of the dimensions guiding diversion decisions and to assess the alignment of JDP outcomes with established ethical norms, as we have defined them for this study.

Data Cleaning and Preparation

Our data set went through an extensive cleaning and preparation phase to ready it for analysis. We identified and removed columns with excessive null values to maintain data integrity. To simplify the model and prevent overfitting, we consolidated categorical variables, such as responder types, into broader categories. This involved using one-hot encoding to transform these categories into binary indicators, a process streamlined by pandas (a data manipulation library) and numpy (a library for numerical operations in Python). A comprehensive explanation of our machine learning approach, including inclusion and exclusion criteria and other essential aspects of the model development process, is available in the online Supplemental Materials.

Results

Our predictor model was developed in Python, using the scikit-learn library for its rich set of functionalities. The libraries pandas and numpy were instrumental in data structuring and performing numerical computations, respectively. For constructing, evaluating, and refining the model, we relied on specific modules within scikit-learn: sklearn.metrics for assessing model performance, sklearn.model_selection for partitioning the data, sklearn.feature_selection for identifying the most relevant variables, and sklearn.linear_model for building the model.

Given the size and complexity of our data set, Python was essential for both modification and model construction. Our analysis identified logistic regression as an ideal foundation because of its suitability for the binary nature of our target variable (i.e., diversion/no diversion) and the predominance of categorical data. The data set's complexity, although not intricate by machine learning standards, also stems from the nuanced behavioral and situational variables crucial to jail diversion scenarios. To effectively capture these interactions, which standard logistic regression may oversimplify, we developed a hybrid model integrating logistic regression with selected machine learning techniques adept at interpreting complex patterns.

In the variable selection process, we prioritized variables on the basis of their statistical significance and predictive utility, employing the sklearn.feature_selection module to guide our choices. The selection criteria included the variables' p values ($<.05$) and their impact on model performance; we retained those most contributory to predicting diversion outcomes. In addition, we determined each significant variable's influence on the likelihood of diversion—whether positively or negatively—enhancing the interpretability of our model and its practical applicability in identifying factors that increase or decrease the chances of diversion. Addressing multicollinearity was another critical step to ensure the model's reliability. Through correlation matrices and variance inflation factor analyses, we identified variables that exhibited high interdependence, which could skew the model's predictions. Variables with high variance inflation factor scores were carefully evaluated, and decisions to adjust or exclude them were made on the basis of their lack of significance and redundancy, thereby maintaining the integrity of the predictive model.

Findings

The data set comprised 3,324 police encounters involving behavioral crises, in which a chargeable offense was present, making them eligible for potential diversion. These cases were evaluated on the basis of charge severity, mental health status, substance use history, and situational factors to assess how diversion decisions aligned with ethical principles of beneficence and nonmaleficence.

Diversion outcomes were categorized into four distinct groups (see Figure 1), reflecting both the operational definitions of beneficence

Figure 1

Case Distribution by Diversion Suitability and Outcome
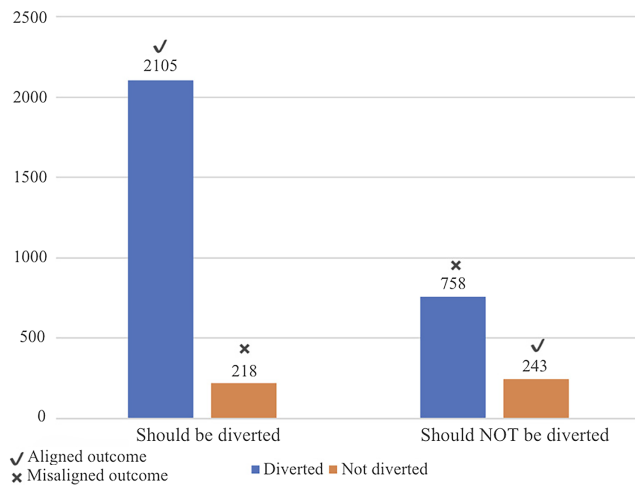
Note. See the online article for the color version of this figure.

and nonmaleficence used to define appropriate diversion in our study and the actual diversion decisions. Overall, 71% of cases were ethically aligned. The first group (i.e., cases that should have been diverted and were) includes individuals with less severe charges and limited prior police encounters, aligning with the established diversion criteria. The second group (i.e., cases that should have been diverted but were not) represents missed opportunities—instances in which individuals met diversion criteria, such as having minor charges and limited prior police interactions, yet were not diverted. The third group (i.e., cases that should not have been diverted but were) represents inappropriate diversions and includes cases diverted despite presenting with severe charges or a history of frequent police encounters, which would typically warrant arrest rather than diversion. Last, the fourth group (i.e., cases that should not have been diverted and were not) includes appropriate decisions to proceed with arrest—instances in which individuals had serious charges and multiple prior law enforcement interactions, supporting the decision against diversion.

Table 1 presents charge severity and repeat offenses in cases that were either inappropriately diverted or not diverted despite meeting criteria. Among severe cases, 73.3% of assault cases, 77.0% of domestic violence cases, and 66.7% of gun-related offenses resulted in diversion, despite typically warranting arrest. Conversely, approximately 23.7% of charges associated with relatively minor offenses such as underage drinking or curfew violations, and which involved individuals with few prior encounters, resulted in arrests.

Beyond charge severity and prior offenses, additional factors influenced diversion decisions. Regression analysis results (see Table 2) indicate that individuals assessed at a residence ($OR = 3.21$, $p < .001$) and those with on-scene de-escalation ($OR = 87.44$, $p < .001$) had markedly higher odds of diversion. Additional factors associated with increased diversion likelihood included support present on scene ($OR = 3.97$, $p < .001$), group housing status ($OR = 3.20$, $p = .004$), younger age (<18 years; $OR = 3.38$, $p < .001$) or older age (>65 years; $OR = 3.21$, $p < .001$), and presentation with a

psychotic disorder ($OR = 1.63$, $p < .001$). In contrast, overnight incidents ($OR = 0.47$, $p < .001$) and confirmed substance use during the call ($OR = 0.38$, $p < .001$) were associated with lower odds of diversion.

Table 3 displays the hybrid model, integrating logistic regression with advanced machine learning techniques, used to identify key predictors of diversion decisions, enhance model performance, and improve evaluation accuracy. Positive predictors—variables that increase the likelihood of diversion from the criminal justice system to alternative care pathways or settings, whether or not outcomes are ethically aligned—included instances of de-escalation at the scene ($\beta = 4.32$, $p < .001$), involvement in less severe charges ($\beta = 2.03$, $p < .001$), and the diagnosis of a psychotic disorder ($\beta = 0.34$, $p < .001$). Conversely, negative predictors—factors that decrease the likelihood of diversion—included a history of substance use ($\beta = -0.93$, $p < .001$), very severe charges ($\beta = -1.11$, $p < .001$), and incidents initiated by police contact ($\beta = -0.65$, $p < .001$). In addition, daytime incidents were positively associated with diversion outcomes ($\beta = 0.30$, $p < .001$), whereas overnight incidents were negatively correlated ($\beta = -0.34$, $p < .001$). Race did not emerge as a significant predictor of overall diversion decisions ($p = .713$).

Several variables demonstrated complex relationships when ethical alignment was considered. For examination of predictors of ethically appropriate diversion, Table 4 outlines variables associated with alignment or misalignment based on our ethical criteria. Being unhoused was positively associated with diversion overall ($\beta = 0.029$, $p < .001$), suggesting that individuals experiencing housing instability were prioritized for diversion. However, when ethical alignment was considered, unhoused status was negatively associated with appropriate diversion ($\beta = -0.010$, $p < .001$), indicating that diversion decisions for this group were more likely to misalign with established ethical principles. Age-related factors also demonstrated differential effects. Young adults were positively associated with both general diversion ($\beta = 0.115$, $p = .004$) and ethically aligned diversion ($\beta = 0.310$, $p < .001$), suggesting that they were appropriately diverted at higher rates. However, being younger than 18 years was positively associated with general diversion ($\beta = 1.353$, $p < .001$) but negatively associated with ethical alignment ($\beta = -0.594$, $p < .001$), indicating that although minors were frequently diverted, these decisions were more likely to be inconsistent with ethical criteria.

Positive predictors of appropriate diversion as defined by our ethical criteria included de-escalation ($\beta = 0.71$, $p < .001$), less severe charges ($\beta = 2.23$, $p < .001$), and assessments conducted at a community or private residence ($\beta = 0.24$ and 0.18, respectively, $p < .001$). Conversely, negative predictors, such as very severe charges ($\beta = -1.95$, $p < .001$) and cognitive issues ($\beta = -0.79$, $p < .001$), indicate a higher likelihood of inappropriate diversion. This can occur either by diverting individuals who should not have been diverted because of the severity and risk associated with their cases or by failing to divert those who meet the criteria for diversion and would benefit from alternative interventions. This distinction highlights the importance of assessing both overall diversion rates and the ethical integrity of those decisions.

Logistic Regression Performance

The model performance was assessed using accuracy, precision, recall, and the F1 score. The F1 score is crucial for balancing

Table 1

Cases and Diversion Outcomes by Charge Severity and Encounter History, Evaluated Against Principles of Beneficence and Nonmaleficence

Charge severity	Total number of cases	Percentage of cases with misaligned diversion decisions
Diverted		
Most severe		
Arson	5	100
Violent crime against a person (other than sex offense or domestic)	8	40
Very severe		
Assault	333	73.30
Domestic	272	77
Sex offense (other than indecent exposure)	11	64.70
Severe and repeat encounter		
Breaking and entering	10	22.70
Threats	100	47.20
Gun crime	14	66.70
Violation of court order	6	7.80
Not diverted		
Severe and first encounter		
Breaking and entering	7	15.90
Threats	4	1.90
Gun crime	0	0
Violation of court order	38	49.40
Moderate		
Property destruction	7	7.10
Vandalism	3	9.70
Harassment	2	2.20
Drug crime	12	14.80
Violation of a restraining/harassment order	24	56.20
False police report	1	1.80
Theft	11	19.60
Operating under the influence	26	52
Less severe		
Trespassing	15	1.80
Disorderly/disturbing the peace	24	4.10
Status offenses (e.g., curfew, underage drinking)	32	23.70
Indecent exposure	2	5.60
Vehicular crime (no bodily injury)	4	13.80

precision and recall, effectively evaluating the model's ability to identify suitable diversion cases. The model's effectiveness is highlighted by a receiver operating characteristic curve with an area under the curve score of 0.91 (see Figure 2), demonstrating its strong capability in differentiating appropriate cases for diversion. Once again, our methodology of using the hybrid approach and carefully selecting variables enhances the effectiveness of our analyses, providing valuable insights into JDPs and guiding future improvements.

Discussion

The implementation of police-led JDPs represents a significant paradigm shift in law enforcement's approach to behavioral crises, highlighting a broader societal commitment to addressing mental health issues with compassion. This shift underscores the need for diverse JDP models—from specialized training for officers to collaborative responses with clinicians—to be tailored to meet varied community needs effectively (Pescosolido et al., 2021). As jail diversion becomes increasingly recognized in legal and clinical practice, exploring these models through the lens of ethical

principles is essential to more clearly establish standards of care in terms of optimal JDP outcomes (Dempsey et al., 2023).

Our review of one state's data, involving 21,964 incidents, 3,324 of which were potential diversion cases, showcases law enforcement's proactive engagement in managing situations that extend beyond conventional police activities. This involvement in noncriminal interventions (i.e., behavioral crisis management) underscores JDPs' pivotal role in enhancing community welfare and aligns with the growing movement toward the decriminalization of mental illness (Draine et al., 2002; Watson et al., 2021).

Current Landscape: Predictors of Diversion/Arrest

The analysis of positive and negative predictors of current diversions reveals the multifaceted challenges faced by decision makers in one state's JDPs, shedding light on the ethical considerations and practical implications of these programs. First, the significant role of on-scene supports in predicting favorable diversion outcomes corroborates the importance of immediate and adequate support during behavioral crisis interventions. When supports are available on site, the potential for successful and appropriate diversion

Table 2

Regression Analysis of Variables Affecting Diversion From Jail/Arrest (Not Considering Whether Outcomes Are Ethically Aligned)

Variable	Total	*OR*	*p*	95% CI
Referral source				
Police	1,626	Referent	Referent	
Community	1,523	1.858	<.001	[1.805, 2.09]
Self	90	4.759	.045	[2.501, 3.856]
Clinician	33	2.228	.425	[1.556, 3.19]
Court	18	0.668	.002	[0.418, 1.068]
Professional responding to the call				
Crisis intervention team trained officer	1,877	Referent	Referent	
Co-response clinician	1,423	1.735	.2	[1.601, 1.88]
Police officer (no additional training)	24	1.043	.322	[0.695, 1.566]
Supports on the scene				
No	1,905	Referent	Referent	
Yes	1,419	3.971	<.001	[3.666, 4.302]
Repeat encounters				
No	1,821	Referent	Referent	
Yes	1,300	0.882	.131	[0.813, 0.957]
Sex				
Male	2,071	Referent	Referent	
Female	1,235	1.38	.001	[1.284, 1.482]
Substance treatment history				
Yes	1,299	Referent	Referent	
No	1,154	1.055	.057	[0.967, 1.15]
Assessment location				
Community	1,828	Referent	Referent	
Residence	1,144	3.212	<.001	[2.94, 3.509]
Remote	140	1.715	.058	[1.424, 2.066]
Hospital	112	2.111	.882	[1.73, 2.574]
Shift				
Day	2,076	Referent	Referent	
Evening	1,085	0.797	.077	[0.738, 0.861]
Overnight	163	0.472	<.001	[0.399, 0.559]
State services				
No	1,200	Referent	Referent	
Yes	1,084	0.72	.08	[0.657, 0.789]
Housing status				
Private residence	1,683	Referent	Referent	
Unhoused	1,056	1.294	<.001	[1.186, 1.412]
Group residence	262	3.198	.004	[2.793, 3.663]
Age group				
27–45 years	1,345	Referent	Referent	
46–65 years	961	0.944	.801	[0.87, 1.024]
19–26 years	501	1.024	.004	[0.922, 1.127]
>65 years	262	3.209	<.001	[2.797, 3.683]
<18 years	255	3.375	<.001	[2.901, 3.927]
De-escalation used during encounter				
No	2,461	Referent	Referent	
Yes	863	87.441	<.001	[79.659, 95.983]
Diagnostic group of psychiatric/mental health presentation				
No presenting psychiatric condition	115	Referent	Referent	
Psychotic disorder	870	1.628	<.001	[1.49, 1.782]
Mood disorder	808	1.247	.72	[1.139, 1.365]
Cognitive issues	660	0.406	.75	[0.36, 0.457]
Acute stress	377	0.97	.456	[0.865, 1.088]
Prior encounters with the police				
Yes	2,143	Referent	Referent	
No	801	2.33	.005	[2.116, 2.567]
Nature of the call				
Criminal	1,867	Referent	Referent	
Medical	790	1.577	.213	[1.444, 1.721]
Follow-up	164	1.271	.017	[1.07, 1.511]
Substance use				
No	1,955	Referent	Referent	
Yes	736	0.375	<.001	[0.354, 0.409]
Race				
White	2,470	Referent	Referent	
Black or African American	550	0.744	.713	[0.677, 0.817]

(table continues)

Table 2 (*continued*)

Variable	Total	OR	p	95% CI
Asian	88	0.888	.070	[0.715, 1.103]
Native American/Indigenous	16	0.445	.197	[0.27, 0.732]
Ethnicity				
Not Hispanic/Latino	2,686	Referent	Referent	
Hispanic/Latino	359	0.625	.022	[0.559, 0.699]
Charge severity				
Less severe	1,596	Referent	Referent	
Very severe	824	0.052	<.001	[0.047, 0.057]
Moderate	525	0.215	.070	[0.193, 0.239]
Severe	354	0.136	<.001	[0.121, 0.154]
Most severe	25	0.087	<.001	[0.058, 0.129]
Court summons				
No	2,522	Referent	Referent	
Yes	344	24.172	<.001	[21.518, 27.154]

Note. CI = confidence interval.

increases, indicating a structural advantage in managing crises effectively (Rogers et al., 2019). Such supports, which may include mental health professionals or crisis intervention teams, provide the necessary resources to handle situations sensitively and appropriately, thereby enhancing the quality of interventions

Table 3

Positive and Negative Predictors of Diversion in the Current Landscape of Massachusetts Jail Diversion Programs (Not Considering Whether Outcomes Are Ethically Aligned)

Jail diversion predictor	p	Coefficient (β)
Positive predictor		
Less severe charge	<.001	2.025
De-escalated	<.001	4.323
Summoned	<.001	3.097
No substances	<.001	0.092
Additional supports on scene	<.001	1.555
Age >65 years	<.001	1.511
Unhoused	<.001	0.029
Age <18 years	<.001	1.353
Psychotic disorder	<.001	0.343
Assessment at residence	<.001	1.291
Daytime	<.001	0.304
Age 19–26 years	.004	0.115
Group residence	.004	1.073
No prior police history	.005	0.917
Age 27–45 years	.016	0.078
First encounter	.03	0.062
Self-referral	.045	1.123
Negative predictor		
Very severe charge	<.001	−1.111
Used substances	<.001	−0.933
Police referral	<.001	−0.645
No presenting psychiatric condition	<.001	−0.992
Most severe charge	<.001	−0.733
Severe charge	<.001	−0.491
Overnight	<.001	−0.339
Nature of call–criminal	<.001	−0.778
Male	<.001	−0.198
Court referral	.002	−0.228
Nature of call–follow-up	.017	−0.209
Hispanic/Latino	.022	−0.428

Note. β = standardized beta coefficient.

that align with ethical duties of care (Balfour et al., 2022; Dewa et al., 2018).

Equally important is our finding that current cases involving a JDP response and less severe charge tend to be diverted, indicating a preference for rehabilitation approaches over punitive actions. This trend reflects an understanding that minor offenses often stem from unaddressed behavioral health challenges. JDPs that recognize these underlying factors can facilitate support and treatment aligned with ethical standards (H. A. Wilson & Hoge, 2013).

In addition, our findings revealed that housing status significantly influences diversion decisions. Unhoused individuals, or those living in group residences, were more likely to be diverted overall. This finding suggests a targeted approach within current JDPs to prioritize individuals from unstable living conditions, recognizing the compounded vulnerabilities they face (Broner et al., 2004; Clifasefi et al., 2017; Harmon-Darrow et al., 2023). Prioritizing housing for these individuals reflects a commitment to ethical care by addressing an immediate need and underscores a broader societal awareness about the impact of social determinants of health on both physical and mental health (Balfour et al., 2022).

In this sample, severe charges significantly lowered the likelihood of diversion, resulting in enhanced public safety by ensuring that individuals who pose a serious risk are less likely to be diverted. Severe charges often indicate the seriousness of the offense and suggest a greater threat to public safety, which is a paramount consideration in diversion decisions. This finding underscores the careful consideration given to the nature and severity of offenses; decisions to divert are balanced against potential risks to community safety. Such decisions are grounded in the ethical principle of nonmaleficence, ensuring that diversion does not inadvertently lead to negative outcomes for the community (Fisher et al., 2006).

JDP programs, particularly those involving clinicians, can still provide critical interventions, even in cases of arrest, by consulting with court clinics and other services, ensuring that individuals receive appropriate support and treatment regardless of the diversion decision (Cuddeback et al., 2017). This approach demonstrates that diversion is not an all-or-nothing scenario but, rather, part of a broader continuum of care and intervention.

In addition, effective de-escalation strategies predict diversion in this sample, highlighting the importance of training law enforcement

Table 4
Positive and Negative Predictors of Ethically Aligned Diversion

Jail diversion predictor	p	Coefficient (β)
Positive predictor		
Less severe charge	<.001	2.225
Assessment at community	<.001	0.24
Private residence	<.001	0.179
Not summoned	<.001	0.017
De-escalated	<.001	0.707
First encounter	<.001	0.396
Mood disorder	<.001	0.07
Additional supports on scene	<.001	0.497
Moderate charge	<.001	1.123
Age 46–65 years	<.001	0.045
Co-response clinician	<.001	0.375
Age 27–45 years	<.001	0.174
Age 19–26 years	<.001	0.31
Remote assessment	<.001	0.177
No presenting psychiatric condition	.003	1.235
State services	.004	0.105
Group residence	.008	0.02
Native American	.02	0.467
Negative predictor		
Very severe charge	<.001	−1.95
Unhoused	<.001	−0.01
Severe charge	<.001	−0.904
Age <18 years	<.001	−0.594
No prior police history	<.001	−0.169
Summoned	<.001	−0.566
No substance treatment history	<.001	−0.177
Evening	<.001	−0.13
Acute stress	<.001	−0.211
Nature of call–medical	<.001	−0.546
Cognitive issues	<.001	−0.786
Assessment at hospital	<.001	−0.355
Most severe charge	.015	−0.492
Black or African American	.042	−0.048

Note. β = standardized beta coefficient.

officers in techniques that manage crises compassionately and reduce escalation risks (Compton et al., 2014; Taheri, 2014). Similarly, the time of day significantly influenced diversion decisions, with fewer diversions occurring during overnight hours. This pattern likely reflects the reduced availability of resources (Gilbert et al., 2023), which may vary after hours and on weekends or holidays, potentially leading to more arrests when alternatives are limited. We also found that individuals presenting with a psychotic disorder were more likely to be diverted, indicating JDP efforts to address acute psychiatric symptoms with treatment-focused interventions rather than arrest, thereby supporting efforts to decriminalize mental illness (Steadman & Naples, 2005).

We found that substance use is a critical factor predicting arrest in the current JDP landscape, reflecting its complex relationship with criminal behavior and public safety. The association between substance use and serious offenses may limit eligibility for diversion, as intoxication can escalate aggressive, unpredictable, or criminal tendencies (Håkansson & Jesionowska, 2018). Substance use complicates treatment availability and acceptance, as effective diversion relies on accessible treatment options and compliance (Steadman & Naples, 2005). Therefore, individuals with a history of substance-related offenses present a dilemma for JDPs, which balance potential diversion benefits against future offense risks (Link & Hamilton, 2017).

Demographic factors, including age, gender, and ethnicity, significantly influence current diversion outcomes. Older adults (age 65 years and older) and individuals younger than 18 years are more likely to be diverted because their vulnerabilities and unique rehabilitation needs are acknowledged (Harmon-Darrow et al., 2023; Kodama et al., 2023; Young et al., 2017). Although diversion is positively predicted for adults (ages 27–45 years) and young adults (ages 19–26 years), their impact is relatively modest, highlighting the nuanced influence of age demographics on diversion outcomes. Race was not found to be a significant predictor of diversion or arrest, likely reflecting ongoing initiatives to address implicit bias in law enforcement (Massachusetts General Court, 2018). Demographic factors including sex and ethnicity predicted arrest in some instances, as did some situational factors, suggesting potential systemic disparities that warrant further research. These observations also necessitate a deeper examination of broader socioeconomic and environmental factors influencing criminal behavior and jail diversion decisions (D. B. Wilson et al., 2018).

Predictors of Diversion Outcomes: Factors Influencing Alignment With Ethical Criteria in JDPs

In addition to examining predictors of actual outcomes of JDPs within one state, we analyzed factors influencing diversion decisions that align with or deviate from the ethical principles of beneficence and nonmaleficence. The presence of co-response clinicians, for instance, predicts ethically aligned diversion decision making and outcomes, underscoring the value of multidisciplinary teams in enhancing crisis intervention assessments (Bailey et al., 2022; Yang & Lu, 2024).

We found, on the basis of our ethical analysis of diversion patterns, that very severe charges predicted outcomes that deviated from our framework. Specifically, some cases that, according to our criteria grounded in beneficence and nonmaleficence, should have

Figure 2
Receiver Operating Characteristic Curve for Diversion Prediction
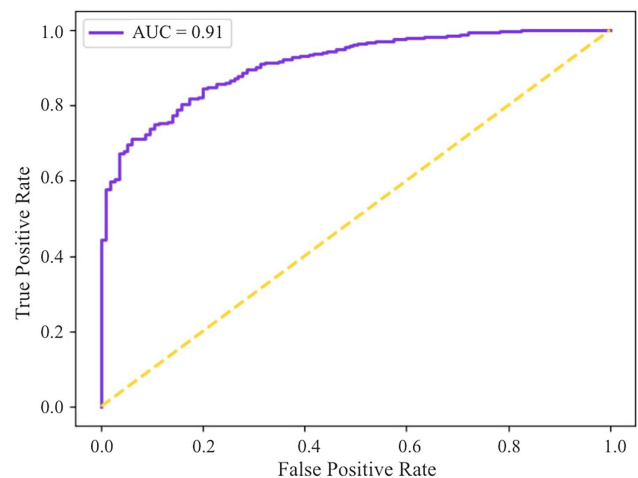
Note. AUC = area under the curve. See the online article for the color version of this figure.

resulted in arrest were inappropriately diverted. This suggests that decision makers within JDPs may face pressure to divert cases, leading to potential risks to public safety. Conversely, less severe charges remained a significant predictor of ethically aligned diversion outcomes, supporting the goal of addressing behavioral health challenges without subjecting individuals to the detrimental effects of criminal justice involvement (Morabito, 2007).

Regarding demographics, even though being younger than 18 years was positively associated with diversion overall, it negatively predicted ethically aligned diversion outcomes. This suggests that although individuals in this age group were more likely to be diverted, these diversions were also more likely to misalign with risk-based ethical criteria. This may be because of a tendency to protect these individuals from the criminal justice system without adequately addressing the root causes of behaviors that escalate to criminal incidents (Badaru, 2023). Recent juvenile justice reforms and legal changes have encouraged the diversion of such individuals to rehabilitation and support programs rather than subjecting them to punitive measures (International Association of Chiefs of Police, 2018). These reforms emphasize a holistic approach to juvenile justice, addressing the root causes of criminal behavior and promoting long-term positive outcomes.

Our analysis identified other demographic factors associated with outcomes that did not consistently align with our established ethical criteria. We observed, among these factors, a small but statistically significant association related to racial identity, which warrants careful consideration alongside other variables in understanding diversion decision patterns. This means that decisions to divert or not divert were often not aligned with the most appropriate course of action, such as being arrested when diversion was more suitable or being diverted when arrest was warranted. This may be because of underlying biases, inconsistent application of diversion criteria, or systemic issues that result in decisions that do not accurately reflect the individual's circumstances (Schaible et al., 2021) and warrant further exploration. In addition, although unhoused status was a positive predictor of diversion overall, it was also linked to outcomes that misaligned with our ethical criteria. This pattern suggests that although diversion was more likely for this population, these decisions did not consistently align with nonmaleficence. When unhoused individuals were diverted despite more severe charges (e.g., domestic violence, weapon-related offenses) or a history of repeat offenses, which our operational criteria typically associate with arrest, it raises concerns about inconsistent decision making in higher risk cases (Rivas-Vazquez et al., 2009). Without adequate long-term support, such diversion may lead to repeated justice system contact rather than sustainable intervention (Clifasefi et al., 2017; Harmon-Darrow et al., 2023).

Understanding the Ethical Alignment of Current JDP Outcomes: Considerations of Beneficence and Nonmaleficence

The large percentage of current JDP decisions within Massachusetts that are ethically aligned reflects a deep-seated commitment to the ethical principles of beneficence and non-maleficence. By prioritizing diversion for individuals with less severe charges and minimal prior police encounters, current JDPs demonstrate a nuanced application of beneficence, focusing on the potential for positive individual and societal outcomes (D. B. Wilson et al., 2018; Zgierska et al., 2021).

This approach not only underscores the intrinsic value of supporting individuals in their rehabilitation journey but also aligns with a body of literature advocating for the judicious use of discretion in law enforcement (Del Pozo et al., 2021; Maile et al., 2023). Research suggests that when law enforcement officers exercise discretion, with an emphasis on rehabilitation and community welfare, it can lead to more favorable outcomes for both the individuals involved and the broader community. Moreover, recent studies indicate that collaborative models involving law enforcement and mental health services effectively reduce arrests and improve care access (Balfour et al., 2022). A systematic review suggests that integrating community resources with law enforcement and mental health professionals significantly improves recovery outcomes and lightens the criminal justice system's load (Harmon-Darrow et al., 2023).

The strategic use of law enforcement discretion, informed by an understanding of the individual's circumstances and needs, resonates with the principles of therapeutic jurisprudence. This legal philosophy advocates for legal processes that strive to improve the well-being of individuals, suggesting that the law can act as a therapeutic agent (Wexler & Winick, 1996). In the context of JDPs, the application of discretion based on the principles of therapeutic jurisprudence can transform the interaction between law enforcement and individuals experiencing behavioral crises into an opportunity for positive intervention, ultimately benefiting both the individual and the community (Arrigo, 2004).

However, deviations from our ethically aligned diversion criteria in current JDPs potentially compromise public safety and challenge the principle of nonmaleficence (Anderson et al., 2007; Haddad & Geiger, 2020). The tendency to divert individuals with severe charges may reflect pressures on law enforcement to reduce incarceration rates, linked to broader societal demands for a shift from punitive to rehabilitative justice. These demands, often spurred by public advocacy, legislative changes, and community expectations—especially after high-profile incidents—call for reduced use of force and lower prison populations (White et al., 2023). In addition, inadequate risk assessment protocols may fail to properly identify public safety risks, whereas insufficient training on balancing mental health needs with public safety concerns may leave officers ill equipped to navigate complex cases (Dempsey et al., 2023). Addressing these issues could involve implementing structured decision-making tools that incorporate both clinical and risk factors as well as enhancing training on the ethical dimensions of diversion decisions.

Similarly, the failure to divert individuals with less severe but recurrent offenses raises concerns about the consistency and fairness of diversion practices. This practice could be due to resource limitations or systemic biases, which not only undermine beneficence by depriving individuals of necessary support but also diminish nonmaleficence by subjecting these individuals to harsh punitive measures (Caldwell et al., 2006). Officers often make these decisions under time constraints and with limited diversion resources, which may lead to a reliance on subjective discretion. When there are no standardized guidelines to assist in determining when diversion is appropriate, these cases risk being handled inconsistently, further contributing to misalignment.

The failure to divert individuals with less severe offenses particularly impacts individuals with SMI, because inappropriate

criminalization fails to address underlying health needs and exacerbates stigma (Watson et al., 2021). Addressing these gaps requires both structural and procedural changes, including increased funding for diversion programs, expanded availability of crisis-trained personnel, and the development of clearer diversion criteria to guide officer decision making. More broadly, JDP outcomes are also influenced by structural factors that extend beyond the scope of individual programs (Mehari et al., 2024). Resource constraints, variability in behavioral health system coordination, and differing levels of policy support for diversion efforts can create challenges—even when programs are guided by ethically grounded frameworks. In addition, societal ambivalence about mental illness, expectations of personal accountability within the justice system, and discomfort with mandated treatment or law enforcement involvement in clinical care can complicate efforts to implement diversion practices aligned with beneficence and nonmaleficence (Watson et al., 2021). Strengthening partnerships between law enforcement, mental health professionals, and community organizations can also enhance diversion efficacy, ensuring that individuals receive appropriate care and support. Ethically aligned diversion programs are essential to ensure that individuals receive proper mental health interventions rather than undue penalization, promoting both individual rehabilitation and long-term public safety (Balfour et al., 2022; Shapiro et al., 2015).

Interestingly, several factors were consistent predictors of both general and ethically aligned diversion outcomes, such as less severe charges, de-escalated situations, first encounters, additional supports on the scene, being an adult, being a young adult, and living in a group residence. These consistent predictors demonstrate robust indicators of effective and ethical diversion practices. However, factors such as unhoused status, being issued a summons instead of facing immediate arrest, having no prior police history, and being younger than 18 years, while predicting general diversion, became negative predictors of ethical outcomes. This suggests that these factors can lead to decisions misaligned with beneficence and nonmaleficence, either diverting individuals who should be arrested or arresting those who should be diverted (Beauchamp & Childress, 2013; Watson et al., 2021). For instance, when individuals with these characteristics are diverted without structured follow-up care or appropriate support services, it can result in repeated justice system encounters. In cases in which diversion lacks sufficient linkages to treatment, housing, or other stabilizing resources, individuals may continue to cycle through the system without meaningful intervention (Caldwell et al., 2006; Shapiro et al., 2015). This highlights the importance of ensuring that diversion includes sustained care, not just short-term crisis response, aligning with ethical principles that prioritize both individual well-being and community safety (Anderson et al., 2007; Dempsey et al., 2023).

Our findings indicate that severity of charge and repeat police encounters can be important considerations for ethical diversion decisions, as they help ensure that decisions are made on the basis of objective and relevant factors. Although socioeconomic status, housing stability, and racial background do influence outcomes, using them directly as criteria could introduce bias (Gittner et al., 2023; Watson et al., 2021). Further research is needed to integrate these social determinant factors into JDP practices fairly and objectively while providing a framework of concrete criteria. Recognizing the uniqueness of each case and allowing professional discretion are essential for sound decision making (Harmon-Darrow et al., 2023).

The ethical challenge in diversion decisions lies in balancing beneficence and nonmaleficence, carefully weighing the potential benefits against the risks to both individual and community safety (Case et al., 2009). Maintaining a judicious, well-calibrated approach to diversion that supports both the individual, as informed by ethical principles and therapeutic justice goals, and public safety is crucial. Such a balanced approach ensures that diversion practices are ethically sound and pragmatically effective, reflecting a true commitment to the well-being of all involved (Skeem & Lowenkamp, 2016).

Whereas this study focused on police-led diversion at Intercept 1, the ethical challenges identified here also raise important questions about the structure and scope of crisis response systems more broadly. Upstream alternatives at Intercept 0, such as community responder teams, peer-led crisis response, and public health–led programs, offer promising models that may reduce the need for law enforcement involvement altogether (Balfour et al., 2022; Watson et al., 2021). Expanding the availability of these approaches could help alleviate some of the ethical tensions observed in JDP decision making by shifting crisis intervention toward preventive, health-centered systems (Dempsey et al., 2023).

Limitations and Future Directions

This study's exploration of JDP decision-making processes and ethical considerations is informed by criteria for determining diversion eligibility based on definitions of beneficence and nonmaleficence that were developed to guide our analysis. These definitions may not fully encapsulate the breadth of ethical considerations or all issues that JDPs face in real-world settings. However, given the overlap between behavioral crisis response and ethical considerations in healthcare, beneficence and nonmaleficence were prioritized because of their direct relevance in real-time diversion decisions, in which officers must balance immediate individual crisis response with considerations of public safety. Moreover, findings from our analysis of what we defined as ethically aligned case outcomes of current JDPs revealed that being unhoused, being younger than 18 years, or having no prior police history predicted a misaligned outcome. These counterintuitive findings suggest that our framework for ethical alignment, although theoretically sound, may not fully capture the complexity of real-world diversion decisions in which multiple competing considerations must be balanced simultaneously.

Several factors may limit the internal and statistical validity of this study. Although the data set is derived from a standardized, statewide JDP database, officer discretion in identifying and recording chargeable offenses could introduce variability, particularly in cases in which behavioral crises intersect with ambiguous or lower level infractions. Differences in how officers perceive the severity of an incident, categorize offenses, or determine the disposition of a crisis contact may influence how cases are evaluated against ethical criteria. In addition, although our analysis accounted for key factors influencing diversion decisions, unmeasured confounders—including officer training, department policies, and situational dynamics—may influence case outcomes. Statistically, although our predictive models demonstrated strong classification accuracy, future work should assess potential biases in how diversion decisions are applied across different contexts and explore whether alternative analytic approaches could further refine ethical outcome classifications.

Whereas this study leveraged statewide data from Massachusetts, findings may not generalize to jurisdictions with different funding structures, JDP eligibility criteria, or law enforcement roles in diversion. In addition, whereas our focus was on Intercept 1 (police-led diversion), it is important to acknowledge that effective crisis response requires a continuum of interventions across intercepts, including Intercept 0 (community-based prevention) and post-booking interventions such as mental health courts. Future research should assess how ethical diversion decisions vary across system intercepts, examining whether the principles guiding JDP outcomes at Intercept 1 translate to alternative crisis response models and later stage interventions. Future research should also examine how broader systemic factors, including differences in community mental health infrastructure, Medicaid eligibility, and state-level funding models, influence the availability and consistency of diversion pathways. Investigating how these upstream conditions affect ethical alignment could provide insight into structural barriers and inform system-level improvements.

In addition, ethical decision making in JDPs should be explored beyond the principles of beneficence and nonmaleficence. Although these principles provide a strong foundation, justice (e.g., racial and socioeconomic disparities in diversion decisions) and autonomy (e.g., the role of individual consent in diversion eligibility) warrant further investigation. In addition, examining how officers, clinicians, and diverted individuals perceive ethical alignment in real-world decision making through qualitative methods could provide a richer, more nuanced understanding of ethical diversion criteria. Refining risk assessment tools may improve consistency in diversion decisions while ensuring that ethical principles remain central. Longitudinal studies tracking diverted individuals' legal, clinical, and social outcomes would also provide critical insights into whether ethically aligned diversion decisions lead to sustained improvements in public safety and individual well-being.

Constraints on Generality

These findings are based on a statewide, standardized JDP database from Massachusetts and may not generalize to jurisdictions with different data collection methods, diversion criteria, or law enforcement procedures. Although the operational definitions of beneficence and nonmaleficence used here are grounded in widely accepted ethical frameworks, applying them in other contexts may require adaptation based on local statutes, resources, and community needs. The materials (e.g., data entry forms, variables) and procedures (e.g., officer-led diversion decisions) are specific to this setting and may yield different results elsewhere. However, we believe that the core analytic approach—evaluating diversion outcomes through ethical principles—could be applied across diverse settings. Variations in participant demographics, department policies, or community resources may impact outcomes, but the fundamental framework of ethical evaluation should remain relevant.

Conclusion

In our study, the majority of diversion decisions adhered to the "ethically aligned" criteria that we set forth, showcasing a commitment to ethical practices within JDPs. However, instances of misalignment with these criteria emphasize the importance of ongoing ethical reflection and dialogue. Engaging in dialogue, informed by the broader literature on law enforcement discretion and therapeutic jurisprudence, can enrich the ethical framework guiding JDPs. This practice encourages a holistic view of justice that integrates considerations of individual well-being, public safety, and community health, ensuring that diversion practices are both ethically sound and pragmatically effective.

Moreover, both positive and negative predictors of diversion in the current landscape, when ideal (i.e., ethically aligned) outcomes are considered, represent a unique challenge in diversion decision making. This reflects the complex interplay of individual circumstances and systemic factors within JDPs. Balancing the imperative to prioritize individual well-being and rehabilitation with the need to ensure public safety requires a nuanced understanding of these predictors. By continuing to study these factors, JDPs can better identify areas for improvement and ensure that their practices align with fairness and effectiveness, supporting the goal of enhanced individual health and community welfare and justice.

References

Anderson, E. E., Black, L. J., & Bostick, N. A. (2007). Preventing tragedy: Balancing physicians' ethical obligations to patients and the public. *Disaster Medicine and Public Health Preparedness*, *1*(Suppl. 1), S38–S42. https://doi.org/10.1097/DMP.0b013e318149dfae

Aritürk, D., Easter, M. M., Swanson, J. W., & Swartz, M. S. (2024). Diversion to treatment when treatment is scarce: Bioethical implications of the U.S. resource gap for criminal diversion programs. *The Journal of Law, Medicine & Ethics*, *52*(1), 65–75. https://doi.org/10.1017/jme.2024.44

Arrigo, B. A. (2004). The ethics of therapeutic jurisprudence: A critical and theoretical enquiry of law, psychology and crime. *Psychiatry, Psychology and Law*, *11*(1), 23–43. https://doi.org/10.1375/pplt.2004.11.1.23

Badaru, B. (2023). An analysis of the implementation of diversion in the juvenile criminal court system. *Journal of Law and Sustainable Development*, *11*(2), Article e2081. https://doi.org/10.55908/sdgs.v11i12.2081

Bailey, K., Lowder, E. M., Grommon, E., Rising, S., & Ray, B. R. (2022). Evaluation of a police-mental health co-response team relative to traditional police response in Indianapolis. *Psychiatric Services*, *73*(4), 366–373. https://doi.org/10.1176/appi.ps.202000864

Balfour, M. E., Hahn Stephenson, A., Delany-Brumsey, A., Winsky, J., & Goldman, M. L. (2022). Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. *Psychiatric Services*, *73*(6), 658–669. https://doi.org/10.1176/appi.ps.202000721

Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). Oxford University Press.

Bernard, C. L., Rao, I. J., Robison, K. K., & Brandeau, M. L. (2020). Health outcomes and cost-effectiveness of diversion programs for low-level drug offenders: A model-based analysis. *PLOS Medicine*, *17*(10), Article e1003239. https://doi.org/10.1371/journal.pmed.1003239

Blais, E., Brisson, J., Gagnon, F., & Lemay, S. A. (2022). Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion measures. *International Journal on Drug Policy*, *105*, Article 103697. https://doi.org/10.1016/j.drugpo.2022.103697

Broner, N., Lattimore, P. K., Cowell, A. J., & Schlenger, W. E. (2004). Effects of diversion on adults with co-occurring mental illness and substance use: Outcomes from a national multi-site study. *Behavioral Sciences & the Law*, *22*(4), 519–541. https://doi.org/10.1002/bsl.605

Caldwell, M. F., Vitacco, M. J., & Van Rybroek, G. J. (2006). Are violent delinquents worth treating? A cost–benefit analysis. *Journal of Research in Crime and Delinquency*, *43*(2), 148–168. https://doi.org/10.1177/0022427805280053

Calvert, C. M., Brady, S. S., & Jones-Webb, R. (2020). Perceptions of violent encounters between police and young Black men across stakeholder groups. *Journal of Urban Health*, *97*(2), 279–295. https://doi.org/10.1007/s11524-019-00417-6

Campbell, T. (2024). Black Lives Matter's effect on police lethal use of force. *Journal of Urban Economics*, *141*, Article 103587. https://doi.org/10.1016/j.jue.2023.103587

Case, B., Steadman, H. J., Dupuis, S. A., & Morris, L. S. (2009). Who succeeds in jail diversion programs for persons with mental illness? A multi-site study. *Behavioral Sciences & the Law*, *27*(5), 661–674. https://doi.org/10.1002/bsl.883

Clifasefi, S. L., Lonczak, H. S., & Collins, S. E. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD) program: Within-subjects changes on housing, employment, and income/benefits outcomes and associations with recidivism. *Crime and Delinquency*, *63*(4), 429–445. https://doi.org/10.1177/0011128716687550

Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orio, B. M., Oliva, J. R., Thompson, N. J., & Watson, A. C. (2014). The police-based crisis intervention team (CIT) model: I. Effects on officers' knowledge, attitudes, and skills. *Psychiatric Services*, *65*(4), 517–522. https://doi.org/10.1176/appi.ps.201300107

Cuddeback, G. S., Lambert, C., Wilson, A. B., & VanDeinse, T. B. (2017). Jail diversion for persons with serious mental illness coordinated by a county prosecutor's office. *BioMed Research International*, *68*(11), 1123–1126. https://doi.org/10.1155/2017/7917616

Del Pozo, B., Sightes, E., Goulka, J., Ray, B., Wood, C. A., Siddiqui, S., & Beletsky, L. A. (2021). Police discretion in encounters with people who use drugs: Operationalizing the theory of planned behavior. *Harm Reduction Journal*, *18*(1), Article 132. https://doi.org/10.1186/s12954-021-00583-4

Dempsey, R. P., Eskander, E. E., & Dubljević, V. (2023). Ethical decision-making in law enforcement: A scoping review. *Psych*, *5*(2), 576–601. https://doi.org/10.3390/psych5020037

Desmarais, S. L., Van Dorn, R. A., Johnson, K. L., Grimm, K. J., Douglas, K. S., & Swartz, M. S. (2014). Community violence perpetration and victimization among adults with mental illnesses. *American Journal of Public Health*, *104*(12), 2342–2349. https://doi.org/10.2105/AJPH.2013.301680

Dewa, C. S., Loong, D., Trujillo, A., & Bonato, S. (2018). Evidence for the effectiveness of police-based pre-booking diversion programs in decriminalizing mental illness: A systematic literature review. *PLOS ONE*, *13*(6), Article e0199368. https://doi.org/10.1371/journal.pone.0199368

Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness. *Psychiatric Services*, *53*(5), 565–573. https://doi.org/10.1176/appi.ps.53.5.565

Fisher, W. H., Silver, E., & Wolff, N. (2006). Beyond criminalization: Toward a criminologically informed framework for mental health policy and services research. *Administration and Policy in Mental Health and Mental Health Services Research*, *33*(5), 544–557. https://doi.org/10.1007/s10488-006-0072-0

Gilbert, A. R., Siegel, R., Easter, M. M., Hofer, M. S., Sivaraman, J. C., Ariturk, D., Swanson, J. W., Swartz, M. S., Wygle, R., & Feng, G. (2023). North Carolina Law Enforcement Assisted Diversion (LEAD): Considerations for optimizing eligibility and referral. *Law and Contemporary Problems*, *86*(1), 73–101. https://scholarship.law.duke.edu/lcp/vol86/iss1/5

Gill, K. J., & Murphy, A. A. (2017). Jail diversion for persons with serious mental illness coordinated by a prosecutor's office. *BioMed Research International*, *2017*, Article 7917616. https://doi.org/10.1155/2017/7917616

Gittner, L. S., Dennis, J. A., & Forbis, R. E., Jr. (2023). Diversion: A systems theory perspective. *Journal of Contemporary Criminal Justice*, *39*(4), 471–490. https://doi.org/10.1177/10439862231189415

Glancy, G. (2025). Ethics challenges in correctional mental health. *The Journal of the American Academy of Psychiatry and the Law*, *53*(1), 74–82. https://jaapl.org/content/53/1/74.long

Haddad, L. M., & Geiger, R. A. (2020). *Nursing ethical considerations*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK526054/

Håkansson, A., & Jesionowska, V. (2018). Associations between substance use and type of crime in prisoners with substance use problems—A focus on violence and fatal violence. *Substance Abuse and Rehabilitation*, *9*, 1–9. https://doi.org/10.2147/SAR.S143251

Harmon-Darrow, C., Afkinich, J., Franke, N. D., & Betz, G. (2023). Police diversion at arrest: A systematic review of the literature. *Criminal Justice and Behavior*, *50*(3), 307–329. https://doi.org/10.1177/00938548221131965

International Association of Chiefs of Police. (2018). *Law enforcement's leadership role in juvenile justice reform*. https://www.theiacp.org/sites/default/files/2018-07/JuvenileJusticeSummitReport.pdf

Jackson, J., Fine, A., Bradford, B., & Trinkner, R. (2023). Social identity and support for defunding the police in the aftermath of George Floyd's murder. *Group Processes & Intergroup Relations*, *26*(4), 833–858. https://doi.org/10.1177/13684302221128230

Johnston, E. L. (2019). Reconceptualizing criminal justice reform for offenders with serious mental illness. *Florida Law Review*, *71*(2), 515–567.

Kodama, L., Williams, B., & Morris, N. P. (2023). Prioritizing diversion and decarceration of people with dementia. *AMA Journal of Ethics*, *25*(10), E783–E790. https://doi.org/10.1001/amajethics.2023.783

Liles, A., Thomas, J., & Moak, S. (2018). Predicting program success for adult offenders with serious mental illness in a court ordered diversion program. *Social Work in Mental Health*, *16*(6), 665–681. https://doi.org/10.1080/15332985.2018.1476285

Link, N. W., & Hamilton, L. K. (2017). The reciprocal lagged effects of substance use and recidivism in a prisoner reentry context. *Health & Justice*, *5*(1), Article 8. https://doi.org/10.1186/s40352-017-0053-2

Lowder, E. M., Diaz, C. L., Grommon, E., & Ray, B. R. (2021). Effects of pretrial risk assessments on release decisions and misconduct outcomes relative to practice as usual. *Journal of Criminal Justice*, *73*, Article 101754. https://doi.org/10.1016/j.jcrimjus.2020.101754

Lowder, E. M., & Foudray, C. M. (2021). Use of risk assessments in pretrial supervision decision-making and associated outcomes. *Crime & Delinquency*, *67*(11), 1765–1791. https://doi.org/10.1177/00111287211022642

Maile, A., Ritzenthaler, S., Thompson, A., & Kristjánsson, K. (2023). Professional policing and the role of autonomy and discretion in decision-making: A qualitative study from a virtue ethical perspective. *Policing*, *17*, Article paac086. https://doi.org/10.1093/police/paac086

Massachusetts General Court. (2018). *An act for prevention and access to appropriate care and treatment of addiction*. https://www.chiamass.gov/assets/docs/r/pubs/19/H4742-Appropriate-Care-and-Treatment-of-Addiction.pdf

Mehari, K. R., Morgan, S., Stevens, L. T., Coleman, J. N., Schuler, K., Graves, C., Lindsey, D. R. B., & Smith, P. N. (2024). Mixed methods evaluation of a jail diversion program: Impact on arrests and functioning. *Journal of Community Psychology*, *52*(4), 551–573. https://doi.org/10.1002/jcop.23113

Mitchell, A., Booth, A., Morgan, S., Walker, I., Chapman, C., Barlow-Pay, M., Cochrane, A., Filby, E., Fleming, J., Hewitt, C., Raftery, J., Torgerson, D., Weir, L., & Parkes, J. (2024). Examining the effectiveness of the Gateway conditional caution on health and well-being of young adults committing low-level offences: A randomised controlled trial. *BMJ Open*, *14*(4), Article e081179. https://doi.org/10.1136/bmjopen-2023-081179

Morabito, M. S. (2007). Horizons of context: Understanding the police decision to arrest people with mental illness. *Psychiatric Services*, *58*(12), 1582–1587. https://doi.org/10.1176/ps.2007.58.12.1582

Pescosolido, B. A., Halpern-Manners, A., Luo, L., & Perry, B. (2021). Trends in public stigma of mental illness in the US, 1996–2018. *JAMA*

Network Open, *4*(12), Article e2140202. https://doi.org/10.1001/jamane tworkopen.2021.40202

Pinals, D. A. (2017). Jail diversion, specialty court, and reentry services: Partnerships between behavioral health and justice systems. In R. Rosner & C. L. Scott (Eds.), *Principles and practice of forensic psychiatry* (3rd ed., pp. 237–246). Taylor & Francis.

Prins, S. J. (2014). Prevalence of mental illnesses in US State prisons: A systematic review. *Psychiatric Services*, *65*(7), 862–872. https://doi.org/ 10.1176/appi.ps.201300166

Redlich, A. D., & Han, W. (2014). Examining the links between therapeutic jurisprudence and mental health court completion. *Law and Human Behavior*, *38*(2), 109–118. https://doi.org/10.1037/lhb0000041

Redlich, A. D., Steadman, H. J., Monahan, J., Robbins, P. C., & Petrila, J. (2006). Patterns of practice in mental health courts: A National Survey. *Law and Human Behavior*, *30*(3), 347–362. https://doi.org/10.1007/ s10979-006-9036-x

Rivas-Vazquez, R. A., Sarria, M., Rey, G., Rivas-Vazquez, A. A., Rodriguez, J., & Jardon, M. E. (2009). A relationship-based care model for jail diversion. *Psychiatric Services*, *60*(6), 766–771. https://doi.org/10 .1176/ps.2009.60.6.766

Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of police crisis intervention training programs. *The Journal of the American Academy of Psychiatry and the Law*, *47*(4), 414–421. https://escholarship .org/uc/item/3670c01r

Rohrer, A. J. (2021). Law enforcement and persons with mental illness: Responding responsibly. *Journal of Police and Criminal Psychology*, *36*(2), 342–349. https://doi.org/10.1007/s11896-021-09441-2

Schaible, L., Gant, L., & Ames, S. (2021). The impact of police attitudes towards offenders on law-enforcement assisted diversion decisions. *Police Quarterly*, *24*(2), 205–232. https://doi.org/10.1177/1098611120960714

Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 606–620. https://doi.org/10.1007/s10488-014-0594-9

Sirotich, F. (2009). The criminal justice outcomes of jail diversion programs for persons with mental illness: A review of the evidence. *The Journal of the American Academy of Psychiatry and the Law*, *37*(4), 461–472. https:// www.researchgate.net/publication/40696359_The_Criminal_Justice_Outco mes_of_Jail_Diversion_Programs_for_Persons_With_Mental_Illness_A_ Review_of_the_Evidence

Skeem, J. L., & Lowenkamp, C. T. (2016). Risk, race, and recidivism: Predictive bias and disparate impact. *Criminology*, *54*(4), 680–712. https:// doi.org/10.1111/1745-9125.12123

Spike, E., Srasuebkul, P., Butler, T., Trollor, J., Jones, J., Cripps, K., Sara, G., Grant, L., Allnutt, S., Greenberg, D., Schofield, P. W., Adily, A., Chowdhury, N. Z., & Kariminia, A. (2024). Mortality, criminal sanctions, and court diversion in people with psychosis. *JAMA Network Open*, *7*(10), Article e2442146. https://doi.org/10.1001/jamanetworkopen.2024.42146

Steadman, H. J., & Naples, M. (2005). Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Sciences & the Law*, *23*(2), 163–170. https://doi.org/10.1002/bsl.640

Taheri, S. (2014). Do crisis intervention teams reduce arrests and improve officer safety? A systematic review and meta-analysis. *Criminal Justice Policy Review*, *27*(1), 76–96. https://doi.org/10.1177/0887403414 556289

Watson, A. C., Ottati, V. C., Morabito, M., Draine, J., Kerr, A. N., & Angell, B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(4), 302–317. https://doi.org/10 .1007/s10488-009-0236-9

Watson, A. C., Pope, L. G., & Compton, M. T. (2021). Police reform from the perspective of mental health services and professionals: Our role in social change. *Psychiatric Services*, *72*(9), 1085–1087. https://doi.org/10 .1176/appi.ps.202000572

Wexler, D., & Winick, B. (Eds.). (1996). *Law in a therapeutic key: Developments in therapeutic jurisprudence*. Carolina Academic Press.

White, M. D., Orosco, C., & Terpstra, B. (2023). Investigating the impacts of a global pandemic and George Floyd's death on crime and other features of police work. *Justice Quarterly*, *40*(2), 159–186. https://doi.org/10.1080/ 07418825.2021.2022740

Wilson, D. B., Brennan, I., & Olaghere, A. (2018). Police-initiated diversion for youth to prevent future delinquent behavior: A systematic review. *Campbell Systematic Reviews*, *14*(1), 1–88. https://doi.org/10 .1002/CL2.208

Wilson, H. A., & Hoge, R. D. (2013). The effect of youth diversion programs on recidivism: A meta-analytic review. *Criminal Justice and Behavior*, *40*(5), 497–518. https://doi.org/10.1177/0093854812451089

Yang, S.-M., & Lu, Y.-F. (2024). Evaluating the effects of co-response teams in reducing subsequent hospitalization: A place-based randomized controlled trial. *Policing*, *18*, Article paad080. https://doi.org/10.1093/poli ce/paad080

Young, S., Greer, B., & Church, R. (2017). Juvenile delinquency, welfare, justice and therapeutic interventions: A global perspective. *BJPsych Bulletin*, *41*(1), 21–29. https://doi.org/10.1192/pb.bp.115.052274

Zelle, H., Kelley, S., & Agee, E. (2023). Police interactions with persons with mental illness. In R. Gurung & R. Roesch (Eds.), *The Routledge ency-clopedia of psychology in the real world*. Routledge. https://doi.org/10 .4324/9780367198459-REPRW249-1

Zgierska, A. E., White, V. M., Balles, J., Nelson, C., Freedman, J., Nguyen, T. H., & Johnson, S. C. (2021). Pre-arrest diversion to addiction treatment by law enforcement: Protocol for the community-level policing initiative to reduce addiction-related harm, including crime. *Health & Justice*, *9*(1), Article 9. https://doi.org/10.1186/s40352-021-00134-w