NAMI
National Alliance on Mental Illness
Massachusetts

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EXPANDING OUR VISION:

Efforts to Decriminalize Addiction Must Include Mental Health

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As we struggle to address the opioid crisis, it is clearer than ever that we can no longer afford to separate the efforts surrounding mental health and substance use. In particular, we cannot overlook the dangerous and potentially deadly intersection of these conditions within the criminal justice system. Mental illness and substance use disorders are inextricably interconnected challenges—people with urgent substance use needs most often have mental health needs as well, and vice versa. Turning a blind eye to this well-established truth threatens the success of efforts in either direction. The Commonwealth must take integrated steps to divert citizens with mental health and substance use disorders away from the criminal justice system and into appropriate treatment that they both need and deserve.

The link between substance use and mental health

Substance use disorders do not occur in a vacuum:[1]

- More than 50% of people who have a drug use disorder also have a mental health condition
- People with mental health disorders are almost three times more likely to experience a substance use disorder than people without mental health conditions
- Co-occurring substance use and mental health disorders are more common among people in the criminal justice system than among people in the general population[2]

What is "behavioral health"?

- "A state of mental/emotional being and/or choices and actions that affect wellness
- Substance use and misuse are one set of behavioral health problems
- Other behavioral health problems include (but are not limited to) serious psychological distress, suicidality, and mental illness
- Such problems are far-reaching and exact an enormous toll on individuals, their families and for communities, and the broader society"

–SAMHSA (2011)

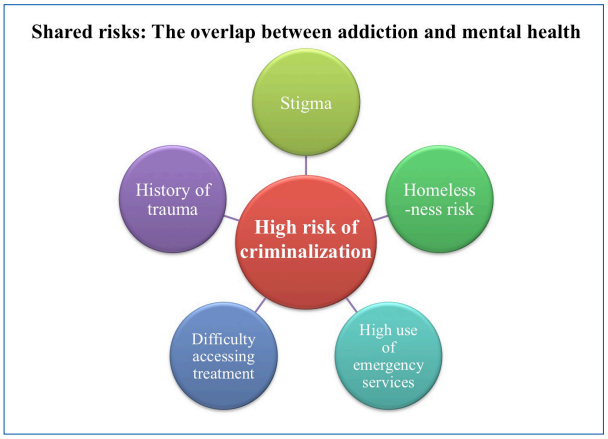
People with mental health and substance use disorders face shared risks to living healthy, stable, safe lives in the community. One of the highest risks is inappropriate and avoidable arrest and incarceration. A crisis related to these conditions can easily trigger involvement with the criminal justice system.

People living with mental illness and substance use disorders experience arrest and incarceration at disproportionate rates. Nationally, over 70% of offenders in the justice system have a substance use disorder, and approximately 17–34% have serious mental illness. In addition, an estimated 24–34%

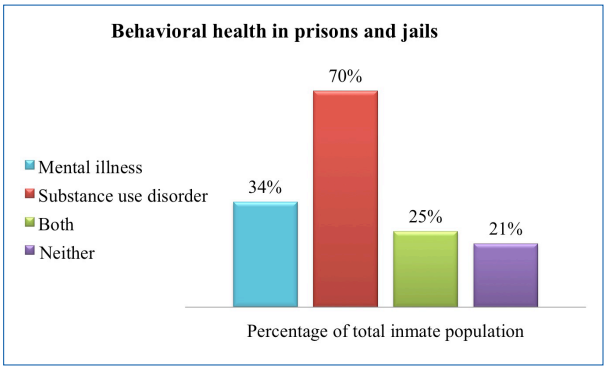
[1] Conway et al. (2006). National Epidemiologic Survey on Alcohol and Related Conditions
[2] Council of State Governments (2002)
[3] SAMHSA (2016). Screening and Assessment of Co-Occurring Disorders in the Justice System

percent of women and 12–15% of men in the justice system have co-occurring disorders.[3]

In Massachusetts, approximately 25% of state correctional inmates and up to 50% of county jail and house of correction detainees and inmates receive mental health services to some degree, while at MCI Framingham, up to 70% of the women awaiting trial or serving sentences receive mental health services.



Many of these arrests are for minor, "quality of life" offenses, such as trespassing or disturbing the peace that reflect behavioral health symptoms rather than criminal or dangerous behavior. Yet once in the criminal justice system, people with mental illness and/or substance use conditions tend to stay longer than those without mental illnesses; require more services and interventions; and cost state and local government more money while incarcerated.[4]



This leads to devastating consequences for individuals, families, and communities, including:

- Trauma associated with police, court, and correctional involvement
- Increased risk of self-injurious behavior and suicide
- Physical injuries sustained in interactions with police
- Worsening symptoms and challenges to recovery
- Increased risk of recidivism
- Loss of employment and housing
- Significant public costs, including police time, court dockets, transportation, correctional costs, and more.

> "Jails can spend **2–3 times more** on individuals with mental illness and substance use disorders than on people without, but often do not see improvements in recidivism or recovery."
>
> (National Council for Behavioral Health, 2011)

Proven strategies can reverse this trend by focusing on the initial point of contact with police. When people who pose no risk to public safety are diverted away from arrest and into appropriate treatment, they are more likely to recover and to live safely and productively in the community.

The key role of police departments

Our response to the criminalization of behavioral disorders must be swift and integrated. Working in partnership with police departments, often the first responders to these populations, provides a crucial opportunity to improve and expand our approach. Research indicates that at least one in ten calls for police service involves "emotional disturbance." Anecdotally, that number is significantly higher, with some police departments estimating that mental health-related incidents make up 25% or more of 911 calls.

[4] Ollove, Michael (2015). "New Efforts to Keep the Mentally Ill Out of Jail." The Pew Charitable Trusts

However, traditional law enforcement training does not prepare officers to recognize mental health or substance use symptoms, de-escalate situations, or refer people to appropriate treatment. Furthermore, the law enforcement and behavioral health sectors tend to operate in silos with little communication. This isolation limits collaborations that could connect individuals with needed services. All too often, encounters end in an unnecessary arrest—or worse, injury for the individual or officer.

> "Most people that we encounter who abuse drugs/alcohol have some form of accompanying mental health disorder."
>
> Chief Craig Davis, Ashland Police Department

Police response to people with behavioral health challenges in the Commonwealth: Pockets of excellence but not reaching far enough

Over the past four years, NAMI Massachusetts has partnered with a diverse group of local, regional and statewide stakeholders in an effort to equip police departments with the skills necessary to effectively and compassionately respond to mental health and substance use disorders. This work includes:

- Collaboration with the Municipal Police Training Committee (MPTC) and the Department of Mental Health (DMH) to develop and launch an innovative **new mental health curriculum** for all municipal police recruits
- Partnership with the Somerville and Cambridge Police Departments to develop a **Regional Crisis Intervention Training and Technical Assistance Center**
- Development of local collaborations between **police departments, behavioral health providers, and other key stakeholders**
- Establishment of a **Statewide Advisory Group on Criminal Justice Diversion**
- Development of a **Cross-System Information Sharing Project** with the Cambridge Police Department, the Department of Mental Health (DMH) and Harvard Law School.

Further, the Department of Mental Health has led efforts to empower individual and regional police departments to develop mental health training programs and to hire clinicians to work within their departments. This year, DMH has funded nearly $1.5 million to police departments in over 60 communities.

The work and leadership exhibited by DMH in this realm is vital. However, now is the moment to build on this foundation by both incorporating substance use into these efforts and expanding their reach to every community throughout the Commonwealth.

The way forward statewide: Connecting individuals to treatment instead of arrest in every Massachusetts community

High quality mental health training for police officers and increased cross-system collaboration can create much-needed change in our Commonwealth. Effective mental health and addiction training will enable officers to recognize symptoms, de-escalate highly charged situations and refer people to appropriate treatment. By strengthening relationships and increasing collaboration between community entities, police departments will be able to reduce the rate of initial arrest—the primary way to lower the jail and prison population. Equally important is a holistic approach that considers not only a person's behavioral health but also other crucial factors such as housing and employment.

> "**Law enforcement culture should embrace a guardian—rather than a warrior—mindset** to build trust and legitimacy both within agencies and with the public."
>
> Final Report of the President's Task Force on 21st Century Policing (May 2015)

The Center of Excellence

NAMI Mass proposes the creation of a statewide, grassroots resource, a **Center of Excellence in Community Policing and Behavioral Health**, that will empower citizens and change the current culture of stigma surrounding behavioral health. The Center will serve as a clearinghouse of best practices in mental health and substance use response and provide 40-hour Crisis Intervention Team (CIT) trainings. These trainings will give first responders the necessary skills to respond effectively to behavioral health crises:

- Verbal de-escalation
- Recognition of the signs and symptoms of mental health and substance use disorders
- Referral to appropriate resources and treatment

The Center will recruit high quality trainers—experienced mental health providers and law enforcement officers—and develop curriculum based on best practices and current needs. The Center will play a key role in addressing the opioid crisis by:

1. Making high quality training on mental health, substance use, and de-escalation skills available to all police departments in the Commonwealth who want it;
2. Strengthening local partnerships between police and behavioral health providers that promote diversion and access to treatment, and;
3. Conducting outcomes research to determine most effective strategies.

The Center will also produce and distribute vital research on new and existing models that are most effective in achieving these goals, working in partnership with the Executive Office of Health and Human Services, the Municipal Police Training Committee, the Department of Mental Health, the Association for Behavioral Healthcare (ABH), and NAMI Massachusetts.

Potential benefits of the Center include:

- Reduction in number of unnecessary arrests
- Lower stigma by treating mental health and substance use disorders as public health challenges not crimes
- Fewer repeat calls to the police
- Greater collaboration on chronic community mental health and substance use issues
- Maximizing recovery
- Cost savings
- Increased safety in communities throughout the Commonwealth

The Connecticut Alliance to Benefit Law Enforcement and the Ohio Criminal Justice Coordinating Center of Excellence are two effective and successful examples of statewide programs that have worked to meet these goals.

How *You* and Your Massachusetts Legislators Can Create Change

Senator Jason Lewis' **Senate Bill #2320 for a Center of Excellence in Community Policing and Behavioral Health** would will create this urgently-needed resource. It will serve as a clearinghouse for best practices in police response to people with behavioral health needs. The Center of Excellence would be a partnership between the Executive Office of Public Safety and Security, the Executive Office of Health and Human Services, and NAMI Mass.

- **Advocate** for the **Senate Bill #2320 for a Center of Excellence in Community Policing and Behavioral Health** to your local state representatives and senators.
- **Learn** about police practices in your community.
- **Share** your experience—have you or a family member had contact with law enforcement as a result of a mental health and/or substance use disorder? Let us know.

For more information, please contact the
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