



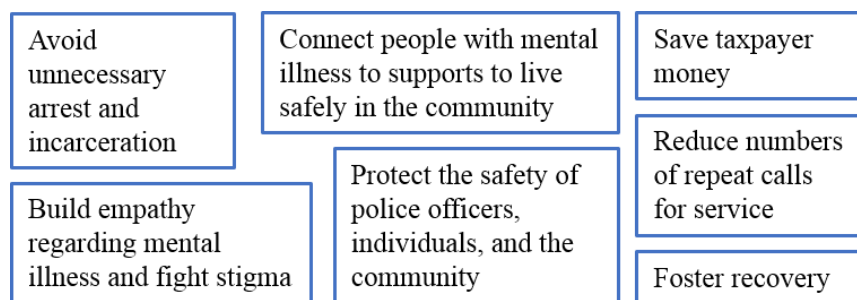
SUPPORTING LAW ENFORCEMENT: The Vital Next Step in the Decriminalization of Mental Illness

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Massachusetts is at a tipping point. Throughout the Commonwealth, people with mental illness are arrested and incarcerated at disproportionate rates, leading to devastating consequences for individuals, families, and communities. Proven strategies can reverse this trend by focusing on the initial point of contact with law enforcement, diverting people who pose no safety risk to appropriate treatment instead of arrest. These strategies consist of two main components:

1. **Quality mental health training for police officers:** Officers gain necessary skills to recognize symptoms of mental illness, verbally de-escalate potentially dangerous situations, and refer individuals to appropriate treatment.
2. **Collaborations across disciplines:** Partnerships between law enforcement, mental health providers, and a range of other local resources help communities develop specialized responses to complex issues that span mental health, substance use, housing, and other challenges.

Pockets of excellence and innovation around the state have succeeded in diverting people with mental illness from jails and prisons and increasing access to services. Many more are eager to move in this direction as well. They recognize that quality mental health training and community partnerships ultimately:

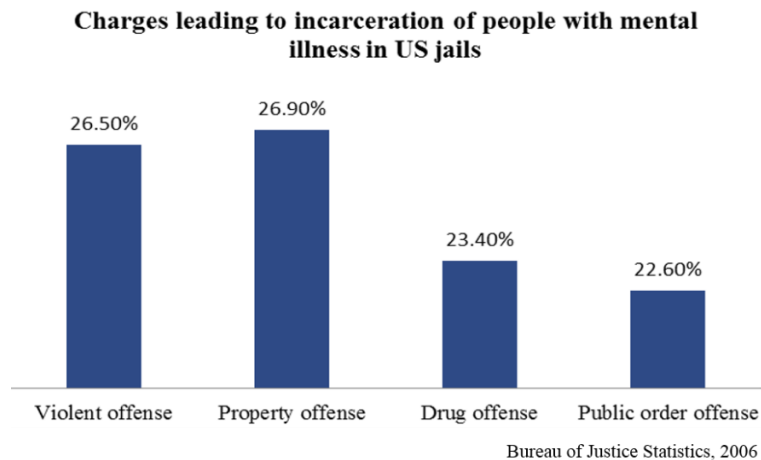


Sadly, the Commonwealth has not yet allocated sufficient resources necessary to bring these local successes to scale. If the Legislature capitalizes on the growing jail diversion momentum in Massachusetts, it can effect sustainable change that improves the health and safety of all communities. **Passing two key bills that support mental health training and emergency psychiatric services will put us on a path to avoid unnecessary arrest and incarceration statewide.**

As a voice for individuals with mental illness and their families, the National Alliance on Mental Illness of Massachusetts (NAMI Mass) is all too aware of the damaging impacts of criminalizing mental illness. The Commonwealth cannot afford to let this opportunity go to waste.

The Heavy Toll of Unnecessary Arrests

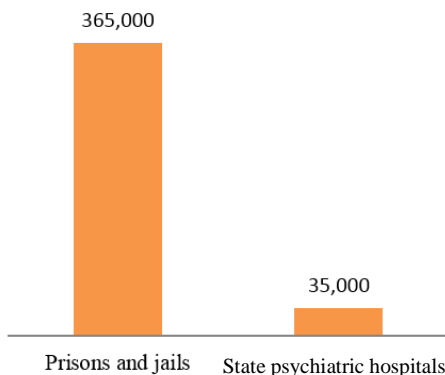
For people with mental illness, a crisis related to their condition can easily trigger involvement with the criminal justice system. Research indicates that at least 1 in 10 calls for police service involves “emotional disturbance.” Anecdotally, that number is significantly higher; some police departments estimate that mental health–related incidents make up 25% or more of 911 calls. However, traditional law enforcement training does not prepare officers to recognize mental health symptoms, de-escalate situations, and refer people to appropriate treatment. Furthermore, the law enforcement and mental health sectors tend to operate in silos with little communication, which 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.



Consequences of unnecessary arrests:

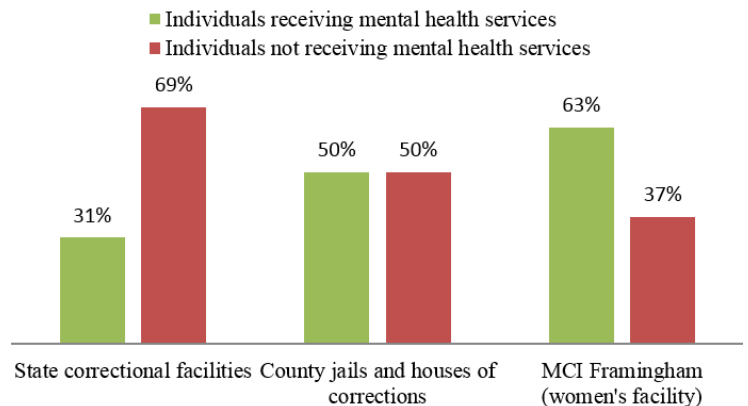
- Overrepresentation of individuals with mental illness in prisons and jails.

10 times as many people with mental illness in the US are in jails and prisons than state hospitals



Treatment Advocacy Center, 2014

Mental illness in Massachusetts prisons and jails



Massachusetts Department of Correction - Prison Population Trends, 2014

- Trauma associated with police, court, and correctional involvement.
- Exacerbation of symptoms and challenges to recovery.
- Increased risk of recidivism.
- Potential loss of employment and housing.
- Significant public costs, including police time, court dockets, transportation, correctional costs, and more.

Special Punishment?

Although more likely to be arrested and incarcerated for minor “quality of life” offenses, **people with mental illness stay in jails and prisons longer than people without mental illness.** They are also more likely than others to face **solitary confinement.**

Incarceration alone costs approximately \$46,000 per person annually.

Connecting Individuals to Treatment Instead of Arrest

Avoiding arrest in the first place is the primary way to lower the jail and prison population. Initiatives across Massachusetts demonstrate how police officers and mental health providers can work together successfully. On a statewide level, the Department of Mental Health, the Executive Office of Public Safety, and NAMI Mass launched a 16-hour mental health training for every new police officer at every municipal department in the state.

The Department of Mental Health and the Executive Office of Public Safety have also been pioneers in funding and fostering local and regional initiatives. Several police departments are at the forefront of this movement, e.g., Framingham, Arlington, Cambridge, Somerville, Taunton, Fitchburg, Nantucket, Brockton, Woburn, and Milford.¹ Many more are eager to move in this direction as well.

Police-Based Jail Diversion Models

Name	Description
<i>Crisis Intervention Team (CIT)</i>	40 hours of training for law enforcement covering: <ul style="list-style-type: none"> • Overview of mental illnesses and how to recognize them. • Information about the local mental health system and laws. • First-hand perspectives from peers and family members. • Verbal de-escalation training and role-plays.

¹ Other towns that have participated in jail diversion training include: Adams, Amherst, Arlington, Ashland, Attleboro, Barnstable, Bedford, Belmont, Boston – B2 & D4 & C11, Boxborough, Bridgewater, Brockton, Brookline, Cambridge, Chicopee, Dalton, Danvers, Easton, Egremont, Everett, Fitchburg, Framingham, Greenfield, Holyoke, Lanesborough, Lawrence, Lee, Lenox, Marlboro, Milford, Monterey, Nantucket, New Bedford, New Marlborough, Newton, Northampton, North Adams, Norton, Quincy, Raynham, Rehoboth, Pittsfield, Salem, Seekonk, Somerville, Sheffield, Springfield, Stockbridge, Taunton, Wakefield, Waltham, Walpole, Watertown, Westfield, Worcester.

	<p>Focuses on building strong community partnerships between law enforcement and local mental health providers to:</p> <ul style="list-style-type: none"> • Facilitate referrals to mental health treatment. • Reduce burden on police, courts, and corrections. <p>An evidence-based model:²</p> <ul style="list-style-type: none"> • Significantly reduces arrest rates of people with mental illness – up to 58%. • Increases safety – up to 80% reduction in officer injuries; lower numbers of police shootings. • Effectively connects people with mental illness to services.
<i>Co-response</i>	<p>A mental health clinician works at the local police department and rides along with officers to mental health-related calls.</p> <ul style="list-style-type: none"> • Clinician evaluates the need for hospitalization, makes referrals, and can provide follow-up services. • Clinician can also serve as a training resource for local officers.
<i>Statewide Police Academy Training</i>	<p>The Municipal Police Training Committee provides trainings that give police officers an introduction to mental health and basic techniques for effective mental health crisis response.</p> <ul style="list-style-type: none"> • New Recruit Training – 16-hour curriculum for new municipal officer recruits. Co-taught by a mental health clinician and veteran police officers. • In-Service Training – a 3-hour curriculum for existing municipal officers. Should reach all 17,000 municipal officers in 2015.
<i>Mental Health First Aid</i>	<p>A program teaching basic skills in responding to mental health emergencies.</p> <ul style="list-style-type: none"> • 8-hour curriculum • Taught by a certified mental health clinician • Appropriate for a broad-based audience

Impact of Effective Diversion Programs

The combination of quality mental health training for police officers and greater cross-system collaboration creates change in several ways:

- **Reduced arrests**
- **Increased safety**
- **Lower stigma**
- **Fewer repeat calls for police**
- **Greater collaboration on chronic community mental health issues**
- **Recovery**
- **Cost savings**

² Bower, D., & Pettit, G. (2001); Dupont, R., Cochran, S., & Bush, A. (1999).

However, the lack of a statewide commitment is limiting the potential impact of these efforts, and preventing effective, long-term solutions. Out of the 351 cities and towns in Massachusetts, approximately 50-60 have some resources to promote jail diversion. This means that people with mental illness in neighboring towns may have vastly different experiences in their interactions with police. Massachusetts urgently needs to scale up to a comprehensive approach to end the differential treatment of vulnerable individuals based on the community in which they live.

What Massachusetts Needs

Massachusetts has a rare chance to capitalize on the momentum of these local jail diversion initiatives. To do so, we need a **sustainable strategy that makes jail diversion resources accessible to all communities**. Legislation is pending which allocates a dedicated funding stream for precisely this purpose. A second pending bill expands essential links between police and community resources.

1. Senate Docket #682, an Act Relative to Police Training

S. 682 will ensure that officers have access to high quality training. Key facts:

- Dramatically increases funding for training of police officers.
- Creates an automobile insurance surcharge costing consumers less than 25 cents per month that will generate enough revenue to sustain consistent and adequate training.
- Formalizes the productive partnership between public safety and mental health in the development and oversight of jail diversion efforts statewide.

2. Senate Docket #894 and House Bill #787, an Act to Require Health Care Coverage for the Emergency Psychiatric Services

Emergency Psychiatric Services (ESPs) are a vital resource for individuals and families affected by mental illness.

- ESP clinicians are available 24/7 to provide mental health support, stabilization, and referrals for both children and adults.
- As a mobile service, ESP clinicians can even meet with individuals at their homes or elsewhere in the community. Some ESPs also offer crisis stabilization beds.
- ESPs are a primary jail diversion asset for police officers when responding to individuals with mental illness, and can **make the difference between an arrest and access to treatment**.

However, currently only about 30% of children and adults in Massachusetts (those with MassHealth) have access to this potentially life-changing resource, as many commercial insurance companies do not cover ESP services.

Passing the *Act to Require Health Care Coverage for the Emergency Psychiatric Services* will ensure that when a child or adult has a psychiatric crisis, she will have access to community care instead of a traumatic trip to the emergency room regardless of what type of insurance she has.

Furthermore, the potential cost savings associated with ESPs are considerable:³

- Generally an ESP encounter is \$480 to \$530. Emergency room visits in Massachusetts can cost up to \$700.
- A night in an ESP crisis stabilization bed costs \$560 less than an inpatient hospital stay.
- Research correlates crisis stabilization services to significant decreases in emergency department visits and inpatient hospitalizations, and significant increases in the use of outpatient services.

The current lack of coverage by commercial insurers also hinders effective jail diversion efforts, because police officers can never be sure whether an ESP clinician is an available resource. Passing the Act will promote consistent collaborative relationships between the police and their local ESPs, with decreased arrests as a likely result.

Moving Forward: Broad System Change

Our experience has taught us that we need to create broader system change. What we are doing is essential, but it is not enough; keeping people with mental illness out of jail does not resolve chronic, underlying challenges. An **Early Intercept Diversion and Treatment Model** is the next step to build meaningful change.

Core components keep people in crisis out of jail and out of unnecessary emergency room admissions:⁴

- Resources from across the spectrum of medical and social services in the community collaborate to treat the whole person;
- Physical sites, or **Restoration Centers**, have bed capacity to offer individuals respite stay;
- Community service providers conduct assessments at the Restoration Centers for immediate and longer-term referrals;
- Diverse agencies work together to provide constant review and analysis in order to make needed changes and accomplish a true continuum of care.

³ Association for Behavioral Health and Blue Cross Blue Shield of Massachusetts.

⁴ The Early Intercept Diversion and Treatment Model has achieved well-evaluated successes in Bexar County, Texas. For more than 10 years, it has been regarded as the most effective early intercept diversion and treatment program in the country. More than 18,000 people in San Antonio now pass through the Restoration Center each year. Jail populations have dropped and police resources are used more efficiently. The city and county have saved \$50 million over the past 5 years.