



October 22, 2019

The Honorable Adam Hinds
Chair, Joint Committee on Revenue
Massachusetts State House, Room 109-E
Boston, MA 02133

The Honorable Mark Cusack
Chair, Joint Committee on Revenue
Massachusetts State House, Room 34
Boston, MA 02133

RE: In Strong Support of S.1662 An Act relative to establishing a criminal justice and community support trust fund

Dear Chair Hinds, Chair Cusack, and Honorable Members of the Committee:

Thank you for the opportunity to submit testimony supporting S.1662, *An Act relative to establishing a criminal justice and community support trust fund*, which creates a trust fund that could accept third-party funding for behavioral health diversion from the criminal justice system.

While about 20% of the general population has a mental health condition, 10% has a substance use condition, and 3.4% has co-occurring mental health and substance use conditions; 50% of individuals detained or incarcerated in Middlesex County have a mental health condition (75% of those have a co-occurring substance use condition), and 80% have a substance use condition (40% must immediately enter detoxification protocol due to immediate prior consumption of drugs and/or alcohol). 68% of state prisoners nationwide are re-arrested within three years of release. According to the Health Policy Commission, while people with a behavioral health diagnosis only accounted for 14% of emergency department visits in Massachusetts in 2015, they accounted for 71% of all emergency department visits that boarded (which means waiting in the emergency department for hours or days for an inpatient treatment bed). According to anecdotal estimates provided by police chiefs across Middlesex County, up to 75% of officer time is spent interacting with community members who have behavioral health needs.

These statistics paint a picture of behavioral health crises that become the problem of law enforcement, resulting in high rates of arrest and/or emergency hospitalization of people with behavioral health conditions. Law enforcement and the justice system are responding to gaps in the public health and behavioral healthcare systems. They desire solutions and resources to divert and serve at-risk individuals in the appropriate care systems.

To address these trends, the Criminal Justice Reform bill of 2018 created the Middlesex County Restoration Center Commission to study and implement a walk-in/drop-off center for individuals

in behavioral health crisis as an alternative to arrest or hospitalization. I co-chair this Commission with Sheriff Koutoujian, and we are joined by Senator Cindy Friedman; Representative Kenneth Gordon; and representatives of law enforcement, the courts, MassHealth, the Department of Public Health, the Department of Mental Health, probation, behavioral health providers, and family members of those with lived experience.

The Commission filed a report in June with the clerks of the House and Senate outlining many findings that underline the need in Middlesex County for a walk-in/drop-off restoration center. The residents of Middlesex County, like Massachusetts as a whole, struggle with a lack of availability of a continuum of behavioral health services that can meet their needs in preventing, treating, and recovering from mental health and substance use crises. Specifically: it is unclear how much behavioral health urgent care is available; bifurcation of mental health and substance use services fails to accommodate the many individuals accessing these services who have co-occurring disorders; there is evidence of inadequate geographical dispersion of some levels of behavioral healthcare within Middlesex County and between the county and state, and difficulty coordinating across multiple service area boundaries; challenges persist in assess the capacity of a system with public and commercial payers; and processes for involuntary treatment of mental health and substance use conditions are complicated and not well understood by actors in the system. Further, jail diversion programs in Middlesex County vary widely by community, are not well coordinated with each other or with behavioral health services, and as a result, utilization is sporadic and uncoordinated. Finally, there are gaps in the accessibility, affordability, accommodation, acceptability, and experience of behavioral health services that prevent people with behavioral health conditions from accessing the care that does exist.

The Commission recommended that (1) a restoration center in Middlesex County would help to address the gaps identified, and (2) the report framed feasible improvements to the existing behavioral health and jail diversion continuums of care that would support diversion from jail and emergency department utilization to better address behavioral health conditions. The Commission is currently working to refine the specific target population and services needed in a restoration center to address the significant challenges I outlined at the beginning of my testimony. Next fiscal year, with support of the General Court of the Commonwealth, the Commission hopes to procure such a service. The Commission hopes to solicit outside sources of funding that could supplement state funding for such services. The trust fund created by this bill is needed to provide a repository for outside resources that could support these criminal justice and hospitalization diversion activities for individuals with behavioral health conditions.

Thank you for your consideration. We urge you to favorably report this bill out of Committee. MAMH stands ready to continue to support diversion efforts with the help of this trust fund.

Sincerely,



Danna Mauch, PhD
President and CEO