

October 22, 2020

Mayor Curtatone, members of Somerville City Council, and neighbors,

My name is Sarah Courtney, and I have been a resident in our Somerville community and a mental health and substance addiction disorder provider, who has provided treatment across Massachusetts, for 8 years. I am deeply passionate about building a community for myself, my family, and my neighbors that is safe, accessible to all, and respectfully accountable to one another.

After the police killings of George Floyd and Breonna Taylor, among many other names on a list too long and mostly unknown, there has been unprecedented public interest in police budgets. In July 2020, over 400 residents of Somerville provided testimony requesting a reduction of the Somerville Police Department budget. This referendum on our perception of public safety and the police's role in it is timely and necessary for the safety of all of our community members, and especially our neighbors who have historically been the most marginalized.

Based on my clinical experience, and review of relevant literature, I believe it is in the best interest of Somerville's community safety to evaluate opportunities to shift crisis related to mental illness and substance addictions from police and criminal justice involvement to comprehensive, community based supports. For the purposes of this proposal I reviewed literature published since 2000; studies on "mental illness and incarceration", "sequential intercept mapping", "substance addiction and incarceration", "police perceptions and substance addiction, mental illness", and "jail diversion and mental illness, substance addiction"; included only studies done in the United States; and included racial demographic information from only Massachusetts.

Adults with mental illnesses and substance addiction disorders are overrepresented in populations of people with criminal justice involvement when compared to the general population (Baillargeon, et al., 2009; Wolff, et al., 2005; Prins, 2014; NIDA, 2020; Livingston, 2016). Among individuals who are incarcerated, those with severe mental illnesses were incarcerated for up to twice as long as their peers without severe mental illnesses, even when controlling for other variables (DeMatteo, et al., 2013). In Massachusetts, Black residents are overrepresented in incarcerated populations, and underrepresented in substance addiction and mental health treatment (Policy Initiative, 2018; Massachusetts DPH, 2019; SAMHSA, 2018) making diversion from criminal justice involvement to community based treatment not only a clinical best practice, but also an issue of racial justice.

While there are many reasons that contribute to people with mental illnesses and substance addiction disorders being overrepresented in criminal justice systems, one may be the perceptions of police. Watson, et al., (2014) found that police perceived individuals with mental illnesses as potentially dangerous and were more likely to use force when interacting with an

individual under the influence of drugs. However, communities that utilize integrated treatment for mental health and substance addiction crisis response and jail diversion as opposed to police intervention show no reduction in public safety, and some studies suggest that public safety may be improved with this approaches (Abreu, et al., 2017; Dematteo, et al., 2013; Bonfine, et al., 2019; Heilbrun, et al., 2015; Wolff, et al., 2005; Roskes,, Feldman, 1999). Wolff, et al., (2005) note that comprehensive community based mental health treatment ensures the best possible health and justice outcomes for both the individual and their community.

In order to identify Somerville's opportunities for treatment and gaps in services for our neighbors with mental illnesses and substance addictions who may be at risk for increased interaction with the criminal justice system and the police, we must utilize a comprehensive evaluation tool to identify agencies integrated in our community and opportunities for new programs that can provide services for individuals before, during, and after any interactions with the criminal justice system. Sequential Intercept Mapping has demonstrated success in increasing community collaboration with mental health and substance addiction treatment providers to divert individuals from criminal justice involvement into specific treatment and in identifying opportunities to expand treatment options in the community (Abreu, et al., 2017; Bonfine, et al., 2009; Bonfine, et al., 2019; Comartin, et al., 2020; Heilbrun, et al., 2015; Munetz, Griffin, 2006).

In my attached proposal, I describe in detail how Somerville will convene the Somerville Community Safety Coalition; composed of city officials, community partners, and other stakeholders to assess our community's available community based resources to divert individuals with mental illnesses and substance addictions from criminal justice involvement and police intervention toward appropriate treatment. Additionally, the Somerville Community Safety Coalition will use the Sequential Intercept Mapping to identify gaps in services to be filled that would serve Somerville resident with mental illnesses and substance addictions. The Somerville Community Safety Coalition would draft requests for proposals with attached requisite funding to address these gaps in services and community based agencies could then apply for funded requests for proposals and begin bridging any gaps in our mental health and substance addiction treatment services.

Thank you, for your time and attention to this very important issue of community safety. I sincerely hope we can come together as a community in Somerville to create the Somerville Community Safety Coalition to address the needs of our neighbors with mental illnesses and substance addictions. Somerville does not need to have police management of mental illness and substance addiction crisis to be safe; we need continually improving comprehensive mental health and addiction care so that we all can safely participate in our community, together.

Sincerely and with gratitude,

Sarah Courtney, MSW, LCSW

Works cited:

- Abreu, D., Parker, T., Noether, C., Steadman, H., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Science and Law*, 35, 380-395. doi:10.1002/bsl.2300
- Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door. *American Journal of Psychiatry*, 166(1), 103-109. doi:10.1176/appi.ajp.2008.08030416
- Bonfine, N., Munetz, M. R., & Simera, R. H. (2018). Sequential Intercept Mapping: Developing Systems-Level Solutions for the Opioid Epidemic. *Psychiatric Services*, 69(11), 1124-1126. doi:10.1176/appi.ps.201800192
- Bonfine, N., Nadler, N. The Perceived Impact of Sequential Intercept Mapping on Communities Collaborating to Address Adults with Mental Illness in the Criminal Justice System. *Adm Policy Ment Health* 46, 569–579 (2019). <https://doi.org/10.1007/s10488-019-00936-z>
- Comartin, E. B., Nelson, V., Smith, S., & Kubiak, S. (2020). The Criminal/Legal Experiences of Individuals With Mental Illness Along the Sequential Intercept Model: An Eight-Site Study. *Criminal Justice and Behavior*, 009385482094391. doi:10.1177/0093854820943917
- Dailey, L., Gray, M., Johnson, B., Muhammad, S., Sinclair, E., & Stettin, B. (2020, September). Grading the States. Retrieved October 20, 2020, from <https://www.treatmentadvocacycenter.org/grading-the-states>
- Dematteo, D., Laduke, C., Locklair, B. R., & Heilbrun, K. (2013). Community-based alternatives for justice-involved individuals with severe mental illness: Diversion, problem-solving courts, and reentry. *Journal of Criminal Justice*, 41(2), 64-71. doi:10.1016/j.jcrimjus.2012.09.002
- Heilbrun, K., Dematteo, D., Strohmaier, H., & Galloway, M. (2015). The Movement Toward Community-Based Alternatives to Criminal Justice Involvement and Incarceration for People with Severe Mental Illness. *The Sequential Intercept Model and Criminal Justice*, 1-20. doi:10.1093/med:psych/9780199826759.003.0001
- Livingston, J. (2016). Contact Between Police and People With Mental Disorders: A Review of Rates. *Psychiatric Services*, 67(8), 850-857. doi:10.1176
- Massachusetts Department of Public Health. (2019, February 28). Section 35 Commission Treatment Statistics from BSAS Programs. Retrieved from <https://www.mass.gov/doc/presentation-on-dph-opioid-and-civil-commitment-data/download>

- Munetz, M. R., & Griffin, P. A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness. *Psychiatric Services*, 57(4), 544-549. doi:10.1176/ps.2006.57.4.544
- NIDA. 2020, June 1. Criminal Justice DrugFacts. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/criminal-justice> on 2020, October 19
- Policy Initiative. (2018). Massachusetts profile. Retrieved October 21, 2020, from <https://www.prisonpolicy.org/profiles/MA.html>
- Prins S. J. (2014). Prevalence of mental illnesses in US State prisons: a systematic review. *Psychiatric Services (Washington, D.C.)*, 65(7), 862–872. <https://doi.org/10.1176/appi.ps.201300166>
- Roskes, E., & Feldman, R. (1999). A Collaborative Community-Based Treatment Program for Offenders With Mental Illness. *Psychiatric Services*, 50(12), 1614-1619. doi:10.1176/ps.50.12.1614
- SAMHSA. (2018). Massachusetts 2018 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System. Retrieved 2020, from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Massachusetts-2018.pdf>
- Watson, A. C., Swartz, J., Bohrman, C., Kriegel, L. S., & Draine, J. (2014). Understanding how police officers think about mental/emotional disturbance calls. *International Journal of Law and Psychiatry*, 37(4), 351-358. doi:10.1016/j.ijlp.2014.02.005
- Wolff, N. (2005). Community reintegration of prisoners with mental illness: A social investment perspective. *International Journal of Law and Psychiatry*, 28(1), 43-58. doi:10.1016/j.ijlp.2004.12.003