



**Brian A. Kyes**, President  
**Jack Buckley**, Secretary

**19 Park Street**  
**Chelsea, MA 02150**  
**Office (617) 466-4813**

**Roy Vasque**, Vice President  
**John LeLacheur**, Treasurer

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Senator Will Brownsberger, Co-Chair  
Correctional Funding Commission  
State House, Room 319  
Boston, MA 02133

Representative Michael Day, Co-Chair  
Correctional Funding Commission  
State House, Room 136  
Boston, MA 02133

March 2, 2021

Re: In-Custody Behavioral HealthCare Translates to Community Safety

Dear Sen. Brownsberger and Representative Day:

Thank you for the opportunity to offer testimony to the Massachusetts Correctional Funding Commission on the importance of increasing access to evidence based therapies for detainees suffering with serious mental illness (SMI) and substance use disorder (SUD). Make no mistake, increasing such access improves outcomes upon release and translates into cost savings, and safer communities.

There is a vast body of research demonstrating that the volume and quality of evidence based behavioral health treatment for persons held in custody, combined with connection to community-based care upon reentry, has improved outcomes for patients and a reduction in recidivism. These positive outcomes not only translate to substantial savings in healthcare and corrections dollars, but also into improved safety and crime reduction for the communities that we serve.

While the Commonwealth's efforts to respond to the opioid epidemic have been extraordinary and justified, we write to amplify our concerns that focus has been lost on the adverse health and safety impacts of alcohol use disorder (AUD) and (SMI). As public safety professionals representing the largest police forces in our State, we have experienced firsthand the consequences of the recent acceleration of alcohol consumption by persons with co-occurring SMI, and we implore the Commission to direct correctional programming and resources to AUD and SMI to improve outcomes as this population reenters our communities.

Given this Commission's important work, combined with the expansion of the Behavioral Health Justice Involved (BH-JI) initiative, there is no better time in the Commonwealth's history to expand access to therapies and medications to treat AUD and SMI with long acting medication formulations before persons reenter our communities from correctional settings. To do so would address medication adherence challenges during the

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anxiety provoking reentry process, and enable smooth transition to community behavioral health settings of care. The administration of long acting injectable medications for opioid use disorder (combined with appropriate therapy) shortly before reentry has had extraordinary results in Massachusetts, similar strategies and long acting formulations should be immediately employed for AUD and SMI.

Thank you for your attention to this matter and please do not hesitate to contact us if you have any questions or concerns.

Respectfully Submitted:

Brian A. Kyes  
President,  
Massachusetts Major City Chiefs

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