

**“Law Enforcement & Certified Community Behavioral Health Clinics: Increasing  
Access to Treatment, Decreasing Recidivism”  
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Congressional Staff Briefing Testimony**

Hello, my name is Rick McCubbin. I’m the Chief of Police in Shepherdsville, Kentucky. Thanks for having me here to talk about the opioid epidemic and my department’s experiences responding to people suffering from addiction. I also want to thank Senators Blunt and Stabenow for sponsoring this briefing.

Kentucky’s not #1 in a lot of things—other than bourbon and basketball. But unfortunately, we are #1 in the nation when it comes to the opioid problem. My community of Shepherdsville has been hit especially hard. I’ve been a cop for 31 years, and I’ve seen the opioid crisis emerge into what I think is the worst epidemic in my 3 decades of policing.

Let me be clear from the start: we can’t keep arresting our way out of this.

These folks who are addicted to opioids don’t need to be in jail, they need help. Our biggest problem and my biggest frustration is that when we get called to respond to someone who has overdosed or who is causing a disturbance because they’re high on opioids or meth or another drug, there’s no place to take them.

Of the calls my department receives every month, a major percent of them are for someone who is having an addiction or mental health crisis.

Here’s what it looks like when we respond to one of those calls. If the person has overdosed and their life is in danger, my officers do carry Narcan and we can administer it. More often, they are severely impaired and require medical attention. In that case, we can drive them to our small local hospital 10 minutes away. If the case is bad enough, we take them directly to the bigger hospital in Louisville, about a 25-minute drive.

Then the officer who picked them up sits with them in the emergency room until the person is either admitted for medical treatment, is seen and discharged, or sobers up enough that they no longer need treatment. On a good day, this can take 4-5 hours. On a bad day—like weekends when the emergency rooms are slammed with other cases—it can take all night.

At a minimum, between the transportation and the wait time, that’s anywhere from 5-12 hours that my officers spend off the streets and away from their regular duties protecting public safety.

When we respond to a call and the person isn’t impaired enough to need medical attention, all too often there’s nothing we can do at all. If they committed a crime or misdemeanor, we can take them to the jail, but our jails are jam-packed and not a place where you can get treatment.

The lack of access to treatment is so bad, that sometimes families call us begging us to take their family member into custody. But if they’re not doing anything criminal, what can we do? We need a place we can take these folks other than jail where they can get sober and have access to professionals to get them on the right track. We need more clinicians and more facilities, especially for detoxification services.

It seems like the burden of dealing with addiction and overdoses has fallen on the police because we’re the catch-all. But we’re not mental health professionals. We get lucky sometimes and can talk a person off a bridge, but we don’t have the training to be the front line of our nation’s mental health system.

We want to get these folks to the people who are the professionals. We have the vehicles to get them there—our patrol cars—but without more funding for our mental health system, there is nowhere to take them.

That situation is about to change in Shepherdsville because of a new grant that was awarded to our local community mental health center, Centerstone. Centerstone received funding for the CCBHC expansion initiative, and as part of that work, they will be expanding access to addiction treatment and recovery services, creating linkages to primary care specialists for patients with co-occurring conditions, and launching a 24/7 mobile crisis unit to ensure that people in our community struggling with addiction or a mental health crisis get the resources they need to live their best lives.

Hearing this from our local provider feels like a miracle, because for the past several years my pie-in-the-sky dream has been that one day our community would have access to a 24-7 crisis drop-in facility staffed by mental health professionals, where our officers can drop someone off and know they will get detoxified, receive medical treatment, and get connected to community-based treatment that might keep them from the next overdose. The fact that this is becoming a reality for our community is an absolute game changer.

As a police officer who responds to people on the street and as the family member of a person who struggled with addiction, I have a close up understanding of the impacts of addiction. My very close relative was addicted for many years. She made it into her 40s before she entered recovery. I know from deep personal experience that it's difficult to help someone until they're ready to get help. At the same time, if she'd had access to treatment and support decades ago, she might have been able to escape her addiction sooner. Everyone needs that kind of help. And every family, every person you talk to, knows someone who's struggling with addiction and needs help too.

The best thing we can do for our communities, our police officers, and our families is to invest in addiction treatment. Because the jail can't help these individuals, and neither can the police. Yet somehow that's where people seem to end up—those two places that just can't help. We need somewhere in between the streets and the jail cells. We need more access to treatment.

That's why I'm asking for your help today, so that Centerstone and other clinics around the country can do more to treat people living with addiction. The CCBHC program is a great start, but it needs to be expanded beyond the two-year period. You've heard about the bipartisan legislation that would make our pie-in-the-sky dream a reality. Please help us achieve that dream by passing the Excellence in Mental Health and Addiction Treatment Expansion Act.

Thank you for listening.