MIDDLESEX COUNTY RESTORATION CENTER

Strategic Consensus Building - The Foundation for Feasible Implementation of a Crisis Diversion Facility

Thursday, September 29, 2022. 10:45 a.m. - 12:00 p.m.



Supported by the John D. and Catherine T. MacArthur Foundation

Kevin Maccioli, Director of Media Relations & Public Information, Middlesex Sheriff's Office; moderator

Lester Baker, Chief of Police, City of Framingham, Massachusetts

Abigail Kim, Senior Director of Public Policy, Association for Behavioral Healthcare

Danna Mauch, President and CEO, Massachusetts Association for Mental Health

The Problem

- People with behavioral health (BH) conditions are disproportionately represented among those interacting with law enforcement and emergency departments.
- Police chiefs report that up to 75% of officer time may be spent on calls related to behavioral health conditions
- Among individuals in jail/prison in Middlesex County:
 - 50% have a mental health condition
 - 75% have co-occurring conditions
 - 80% have a substance use condition

The Problem (Cont.)

- Though people presenting with behavioral health emergencies only accounted for 14% of ED visits in 2015, they accounted for 71% of all ED visits that boarded (spent 12+ hours in an ED waiting for a hospital bed)
- Not only are the above outcomes bad for individuals, they are expensive to government, health insurers, and individuals:
 - The average arrest costs \$2,500
 - An average mental health ED visit costs \$4,200
 - 63% of these visits are by MassHealth members

Restoration Center Commission

- An Act Relative to Criminal Justice Reform passed in 2018, containing a provision creating the Middlesex County Restoration Center Commission.
- Purpose is to investigate how to prevent arrest and unnecessary hospitalization of individuals with BH conditions.

Restoration Center Commission

- Co-chairs:
 - Middlesex Sheriff Peter J. Koutoujian
 - Danna Mauch, PhD, President and CEO of the Massachusetts Association for Mental Health
- Comprised of stakeholders from:
 - The State Legislature
 - Criminal legal system entities (Trial Court and police)
 - BH providers and advocates
 - Representatives of state administrative agencies

Commission Planning Process



Year One

Analysis of gaps and needs for BH and diversionary services in Middlesex County

Review of national best practices and exemplary programs

Year Two

Development of a model Restoration Center

Year Three

Refinement of Model

Year Four

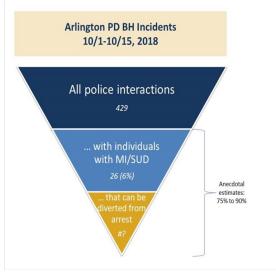
Procurement of a provider for a pilot project

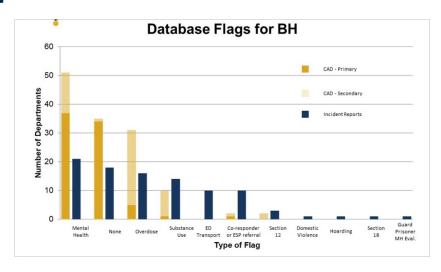
Future

Evaluation and outcome measurement with an eye toward replication and scale



Defining the Target Population





While anecdotal estimates of officer time spent on these calls is 75%, actual data we reviewed shows less than 10% of 911 calls coded as BH.

Many departments do not flag such calls; those that do only capture those calls that have no co-occurring non-BH call codes.



Restoration Center Goals and Policies

GOALS

- · Reduce ED Boarding
- Increase use of community-based behavioral health care
- Increase use of services supporting social determinants of health in the community
- Strengthen police co-responder program and Crisis Intervention Training
- Reduce arraignment and forensic commitments
- Reduce recidivism
- Reduce involuntary treatment petitions

 No client turned away due to payer and coverage issues, complexity of

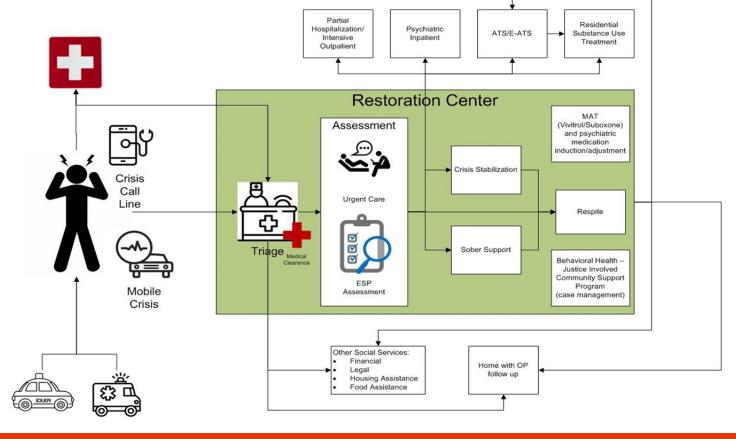
need, or behavioral concerns

POLICIES

- Allow police and ambulance drop-off as well as walk-ins
- Co-location of MH and SUD services; assume most clients will have cooccurring needs
- Emphasis on warm hand-offs to the next level of care
- Collaborate with the Administration's Roadmap to Behavioral Health Reform, including by aligning with CBHCs



The Model



Criminal Justice System Perspective

- There were 877 individuals referred to the Framingham Jail Diversion Program (JDP) clinicians(s) by Framingham police officers in 2021
- In 2021, a total of 47 individuals with behavioral health conditions were diverted from arrest by Framingham police officers and into treatment facilitated by JDP clinicians
- In addition to the benefit of diverting individuals in crisis from arrest, these diversions represented an estimated cost savings of \$118,440 to the criminal justice system (\$2,520 per arrest event)
- In 2021, 213 individuals were diverted from unnecessary hospital admissions due to the presence of a JDP clinician on scene; to facilitate assessment treatment recommendations
- In addition to the benefits of receiving care outside of the hospital, these emergency department diversion represent an estimated health care cost savings of \$852,000 (\$4,000 per ED diversion)



Behavioral Health Systems Perspective: Strategic Approaches

- Decades in the making, the tragic shift in the Commonwealth of Massachusetts from a public health first response to people in behavioral health crisis to a police response is finally being reversed.
- Factors contributing to the assumption of first response to a behavioral health crisis that must and are being addressed in the Commonwealth include:
 - Cuts in state and local Department of Mental Health and Department of Public Health budgets during economic downturns led to cuts in local crisis intervention team resources
 - Centralization of crisis call response to mitigate local reductions moved from Department of Mental Health to Medicaid Managed Care Company
 - Default instructions on local area office and service provider phone lines to "call 911 if this is an emergency"
 - Increased response of local police departments, with concomitant growth in arrest rates, adjudication
 of behavioral health conditions, and incarceration or forensic admissions



Behavioral Health Systems Perspective: Initiatives

- Recent steps to reverse this disturbing trend in the Commonwealth include:
 - Roadmap for Ambulatory Care Reform
 - Establishment of New Front Door 24/7 clinically staffed statewide Behavioral Health Helpline
 - Selection of 26 Community Behavioral Health Centers required to partner with Police, Courts,
 Jails in their geographic service areas to facilitate crisis response, jail diversion, reentry
 - Enhanced Behavioral Health Emergency Staff and Mobile Crisis Intervention Teams at 26 designated Community Behavioral Health Centers
 - DMH fund for Diversion Services ranging from CIT to Co-Responders
 - EOHHS Behavioral Health Justice Initiative to expand jail diversion, jail treatment, and reentry services for people with behavioral health conditions
 - Middlesex County Restoration Center Commission plan to open a comprehensive crisis restoration center in the County as a first step to statewide development



Behavioral Health Provider Perspective

- Existing challenges: stigma, workforce, financial pressures
- Provider input in design of model
- Moving forward:
 - Alignment with state initiatives
 - Siting
 - Stakeholder engagement
 - Evaluation and continuous quality improvement
 - Legislative action
 - Financial viability and sustainability



Audience Activity – Housing Keeping

- We have 15 minutes for the activity & 15 minutes to report out.
- Please select a note-taker at your table to report out.
- Our panelists will be walking the room if you have any questions.

Audience Activity

Key Workshop Learning Objective: Stakeholder Identification

- Who are the major stakeholders in your region who would have a particular interest in this area?
- What groups already meet regularly where you could present your idea and recruit participants?
- Who are major influencers in your region? What institutions influence decision-making?
- Who among your supporters could reach out to these influencers to garner their support?



Audience Activity

Key Workshop Learning Objective: Understanding Building Blocks for a Crisis Diversion Facility

- What are the major considerations that need to be addressed during the planning process?
- How do you use model development to foster stakeholder buy-in?
- How do you utilize consensus to move the project from planning to implementation?

Audience Activity

Stakeholder Identification

➤ Identify up to <u>10</u> key stakeholders that would need to be at the table to stand-up a crisis diversion facility.

Understanding Building Blocks for a Crisis Diversion Facility

➤ Identify up to <u>10</u> building blocks necessary to construct a bricks & mortar facility.

Audience Activity - Example

Stakeholder Identification – Middlesex County Restoration Center Commission

- Sheriff Peter J. Koutoujian, Middlesex, co-chair
- Dr. Danna Mauch, President and CEO, Massachusetts Association for Mental Health, cochair
- Senator Cindy Friedman, 4th Middlesex District
- Representative Kenneth Gordon, Middlesex 21st District
- Honorable Paula M. Carey, Chief Justice of the Trial Court
- Chief Robert Bongiorno, Bedford Police Department
- Lydia Conley, President/CEO, Association for Behavioral Healthcare
- Scott Taberner, Special Adviser, Executive Office for Health and Human Services
- Nancy Connolly, Assistant Commissioner for Forensic Services, Department of Mental Health
- Deirdre Calvert, Director, Bureau of Substance Addiction Services
- Eliza Williamson, Director of Community Education and Training, National Alliance on Mental Illness of Massachusetts



Audience Activity - Example

Understanding Building Blocks for a Crisis Diversion

- Cost-benefit analysis
- Focus groups
- Intercept mapping to identify gaps
- Scan of national best practices
- Review of community capacity for treatment
- Identification of funding streams
- Staffing matrix
- Siting
- Consideration of service lines
- Licensing

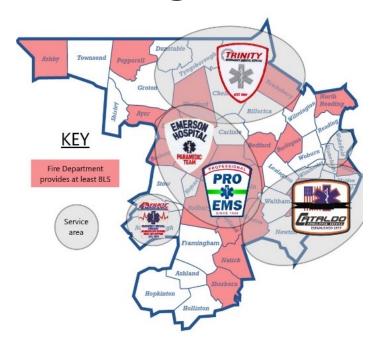


Appendix



SafetyAndJusticeChallenge.org

Preventing Arrest

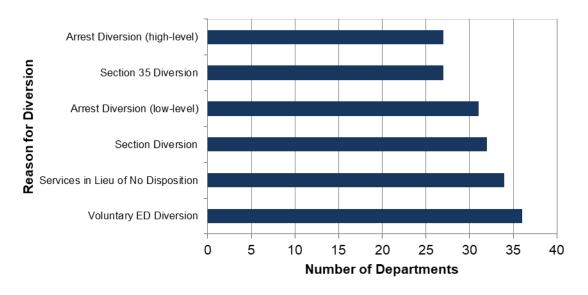


We surveyed all Middlesex County police departments to review their appetite and readiness for diversion.

Preventing Arrest

Departments said they would use a **Restoration Center to** divert from the ED, divert from arrest (even high-level offenses), and from leaving a person in the community without support.

We surveyed all 54 Middlesex County police departments to review their appetite and readiness for diversion.

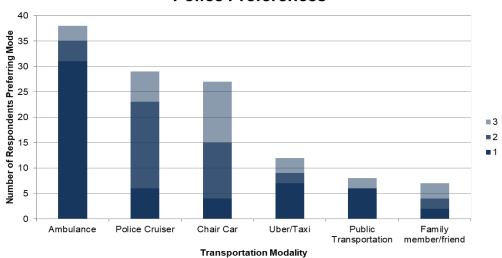




Preventing Arrest (Cont.)

 Departments prefer secure modes of transportation to a Restoration Center. These modes may present challenges due to many jurisdictions and ambulance providers.

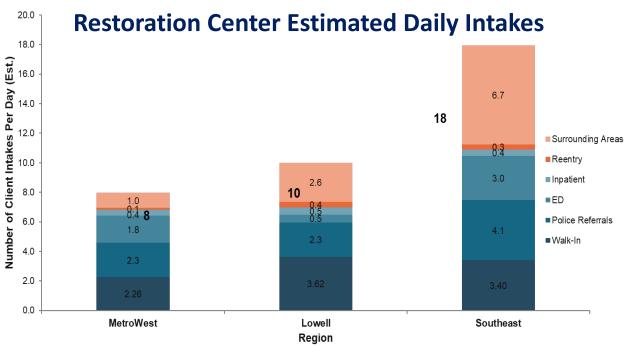
Restoration Center Transportation: Police Preferences



Legend indicates first, second, and third preferences from police.



Defining the Target Population

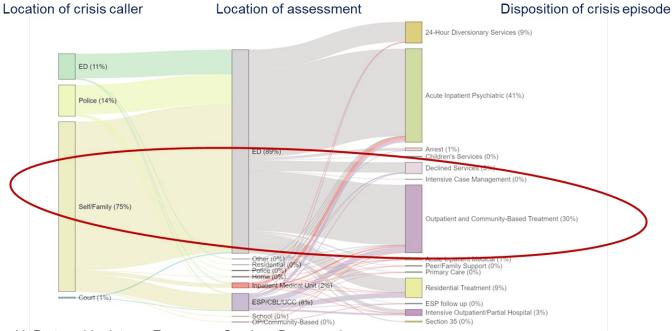


Source: Middlesex County Restoration Center Commission Year Two Findings and Recommendations. Data from multiple locations.



Preventing Unnecessary Hospitalization

 Most mobile crisis intervention calls are being triaged in an ED, even though most calls are from home and most crisis assessments don't result in acute inpatient hospitalization.



Source: Massachusetts Behavioral Health Partnership data on Emergency Services Programs in Middlesex County. Analysis by Catia Sharp.

