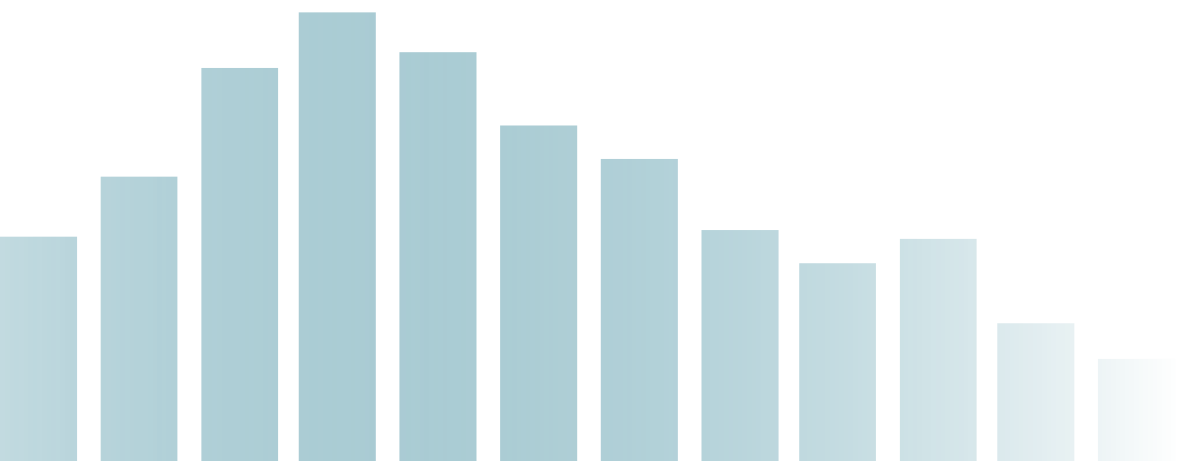




**Commonwealth  
Medicine**

# Middlesex County Restoration Center



# 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
- 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
- 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

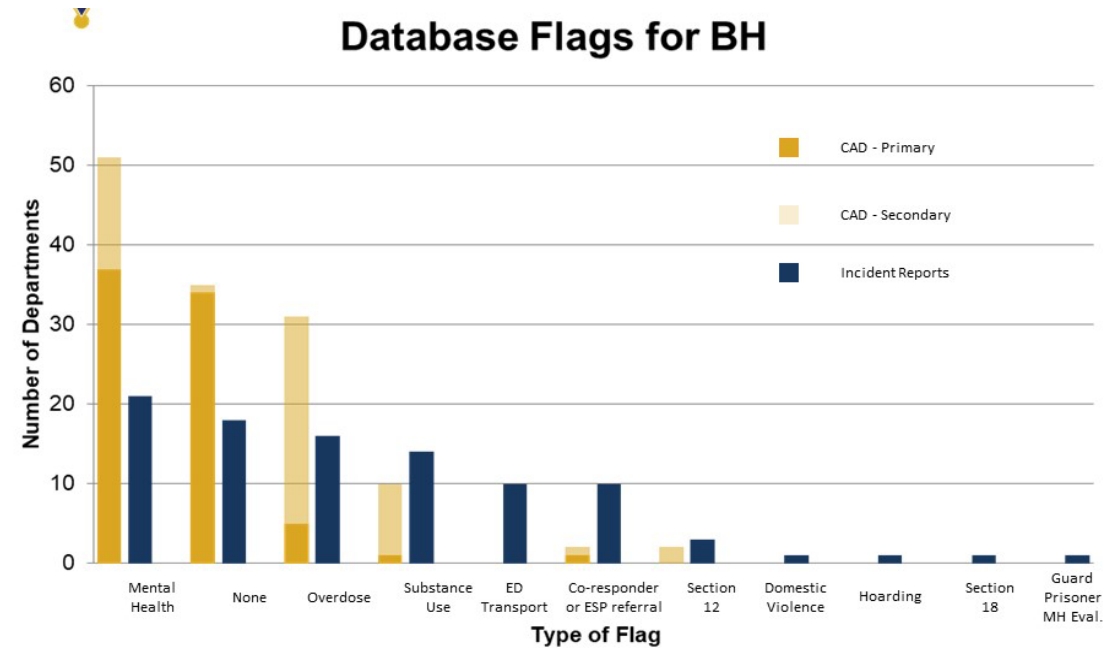
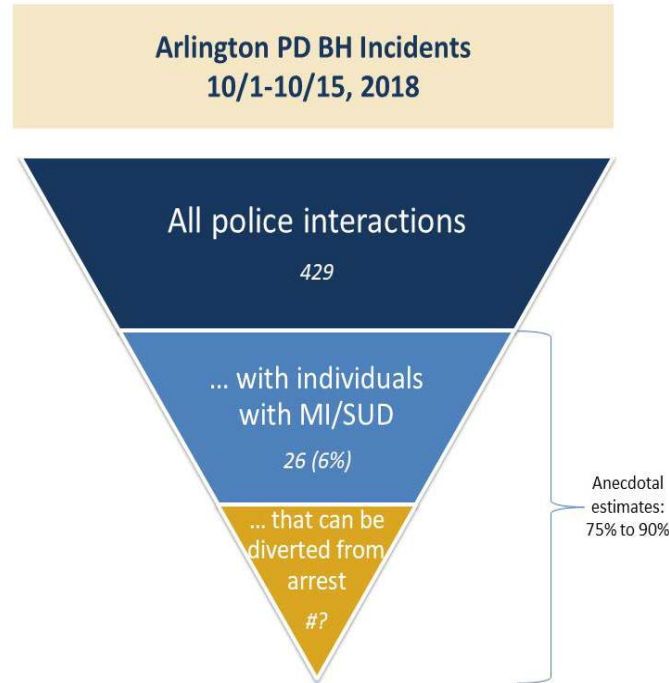
## Year Four

Procurement of a provider for a pilot project

## Future

Evaluation and outcome measurement with an eye toward replication and scale

# Defining the Target Population

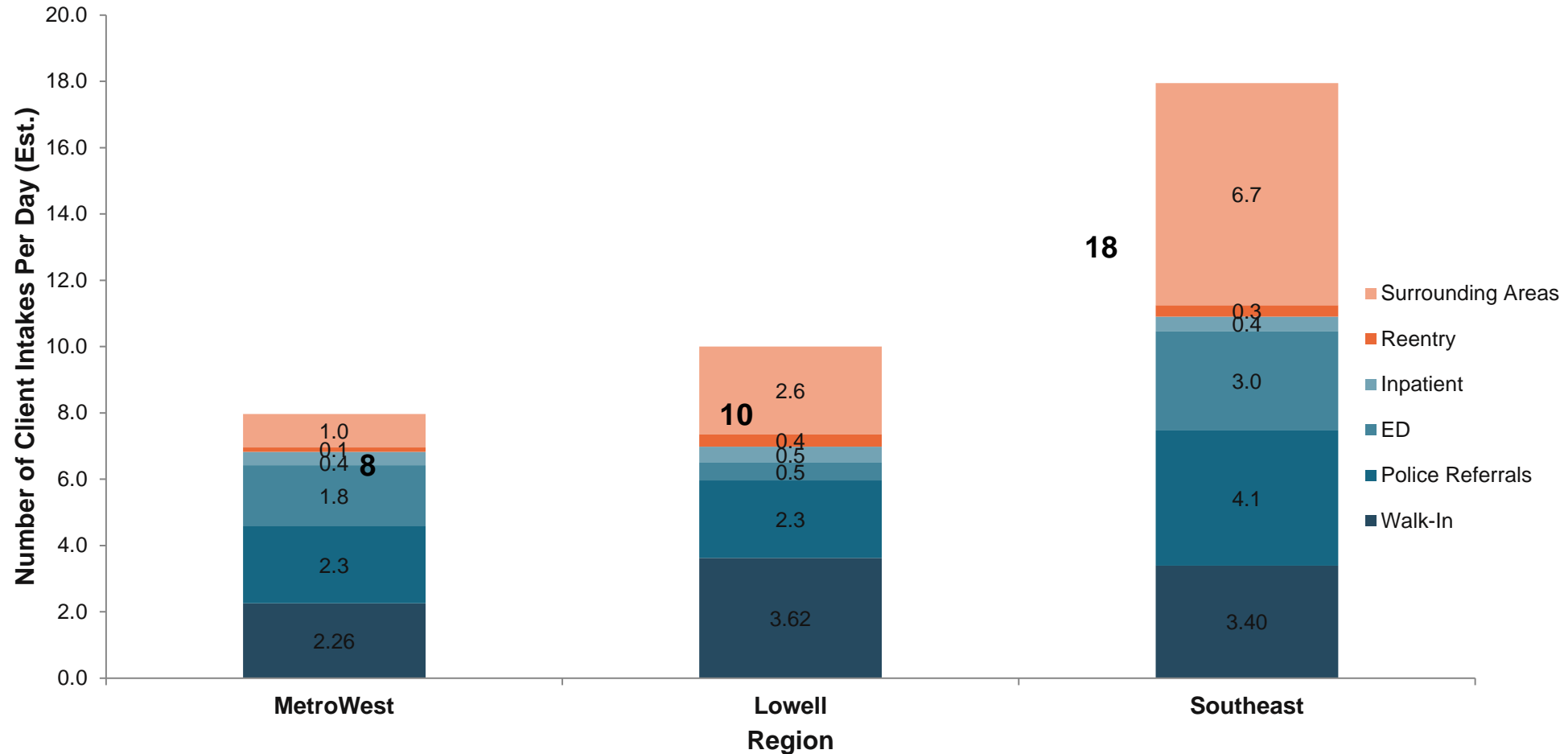


While anecdotal estimates of officer time spent on these calls is 75%, actual data we reviewed shows less than 10% of 911 calls coded as BH.

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

# Defining the Target Population

## Restoration Center Estimated Daily Intakes

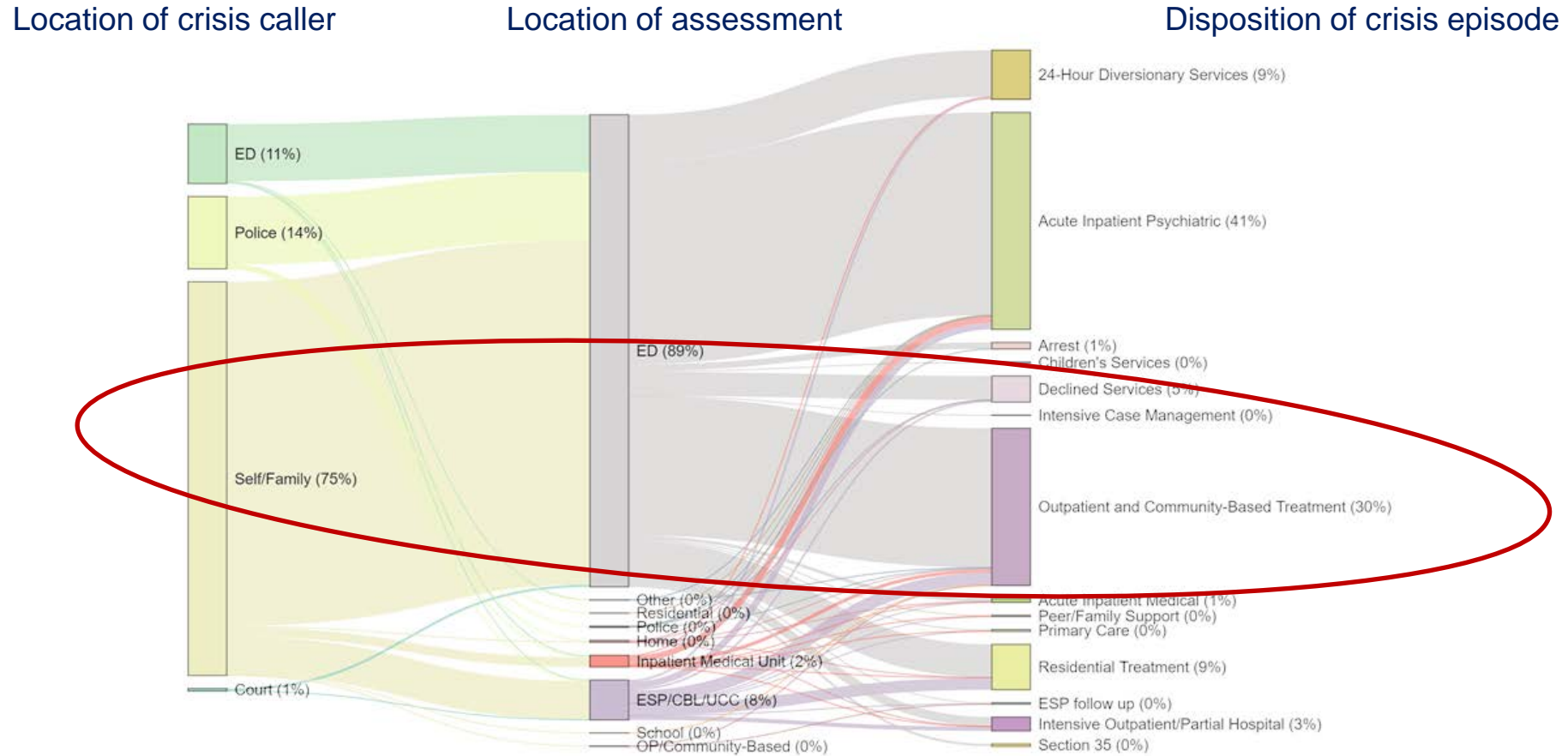


Source: Middlesex County Restoration Center Commission Year Two Findings and Recommendations.  
Data from multiple locations.

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# 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.

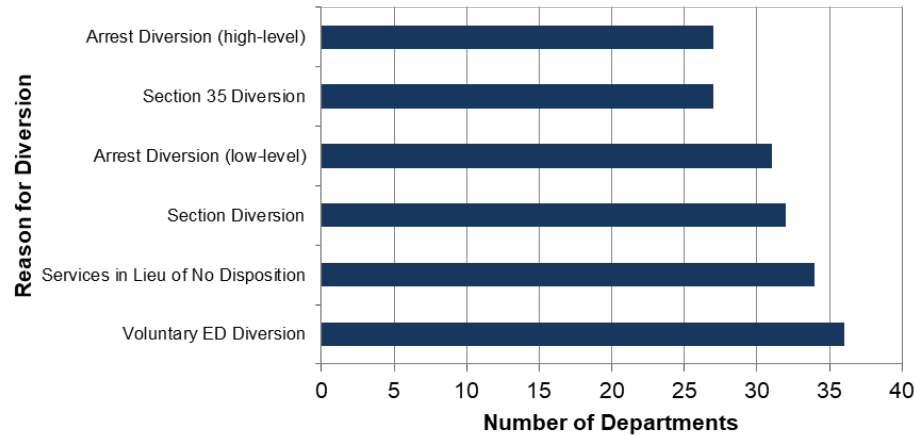


Source: Massachusetts Behavioral Health Partnership data on Emergency Services Programs in Middlesex County. Analysis by Catia Sharp.

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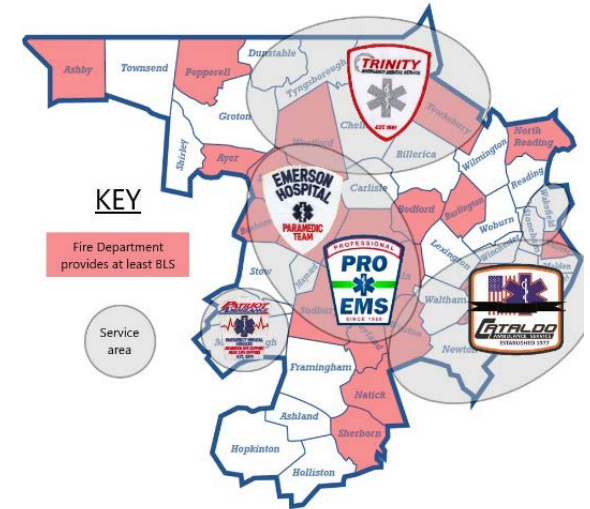
# Preventing Arrest

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

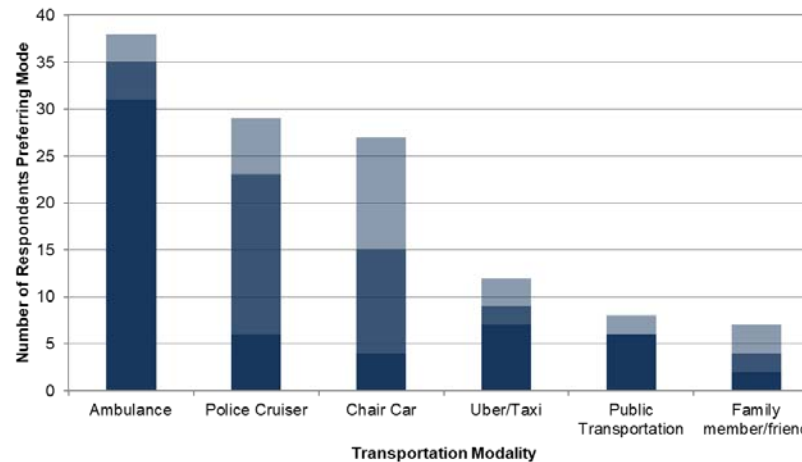


Departments prefer secure modes of transportation to a Restoration Center. These modes may present challenges due to many jurisdictions and ambulance providers.

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.



Restoration Center Transportation: Police Preferences



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



# 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

## POLICIES

- No client turned away due to payer and coverage issues, complexity of need, or behavioral concerns
- Allow police and ambulance drop-off as well as walk-ins
- Co-location of MH and SUD services; assume most clients will have co-occurring 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

