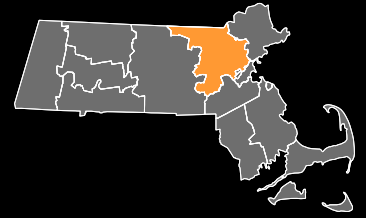


MIDDLESEX COUNTY, MASS.

Building Regional Partnerships to Address Emerging Behavioral Health and Criminal Justice Trends



POPULATION:
1,585,139

Middlesex County is a large and diverse county encompassing 54 different cities and towns of various sizes. Throughout these jurisdictions, leaders were seeing similar trends in opioid-related crimes and fatalities and increasing law enforcement contact with people with co-occurring mental illnesses and substance use disorders. The Middlesex Sheriff's Office (MSO) was seeing the impact on its jail population. In 2016, the county adopted a regional approach to combat these issues by establishing partnerships between the sheriff and chiefs of police from police departments within the county. As of June 2017, 21 of the 54 police departments within the county had joined the Data-Driven Justice (DDJ) initiative and assigned a staff person to work collaboratively to address these issues.

Initiatives to Address Pretrial Numbers

One of the first challenges the MSO identified as a driver of the increasing jail population was the growing percentage of people being held in the jail pretrial, largely due to those coming in with behavioral health treatment needs. In response, the MSO is working with local law enforcement partners to identify super-utilizers of criminal justice and behavioral health services through DDJ.

The DDJ/Middlesex County Collaborative officially started in October 2016 and held its first stakeholder meeting in December of that year. This meeting brought together law enforcement leaders from across the county as well as state public health agencies and community providers to begin a dialogue on identifying the highest utilizers of their systems, including those who make contact with law enforcement, emergency departments and emergency medical services. At this meeting, collaborative members started to formulate common data points to track and identified demonstrated leaders within their communities who were already making headway on tracking these issues. For example, the City of Cambridge had previously identified a mechanism for connecting law enforcement and medical data to identify super-utilizers that was used as a model to help guide data collection practices. The collaborative is also partnering with the Massachusetts Institute of Technology (MIT) for program evaluation and to establish performance metrics for its efforts.

As part of these efforts, the Collaborative agencies are simultaneously looking to expand their capacity to treat individuals in the community, including the potential development of a regional, pre-arraignment facility modeled after the Bexar County (Texas) Restoration Center to provide law enforcement officers with an alternative to jail for people in crisis. As more than half of all people booked into the jail have a history of mental illness, the MSO is also exploring the possibility of bolstering police departments' diversion programs by providing Crisis Intervention Team (CIT) training to law enforcement officers to keep these individuals from coming to the jail in the first place.

In collaboration with the **Stepping Up** initiative, the **Data-Driven Justice** initiative and the **One Mind Campaign**, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** convened a **Best Practices Implementation Academy to Reduce the Number of People with Mental Illnesses and Substance Use Disorders in Jails** (the Academy) in June 2017 in Washington, D.C. At the Academy, delegations from 23 jurisdictions involved in one or more of the three initiatives met to showcase best practice strategies and advance implementation efforts to prevent or reduce the jail involvement of individuals with mental illnesses and substance use disorders.

This case study is part of a series highlighting the six counties that constituted the "Best Practices" teams representing the Data-Driven Justice initiative and the Stepping Up initiative at the Academy.



Medication Assisted Treatment And Directed Opioid Recovery (MATADOR) Program

The MSO also found that 80 percent of people booked into jail reported a substance use disorder and 42 percent had a drug addiction so severe that they needed immediate detox; 76 percent of these individuals involved opioid use. With this data in hand, in 2015, the MSO developed the Medication Assisted Treatment And Directed Opioid Recovery (MATADOR) program. MATADOR uses the window of opportunity staff have while a person is in jail to help address his or her addiction by prioritizing Medication Assisted Treatment (MAT) for those most in need and combining it with counseling and post-release follow up.

MATADOR is a voluntary program and enrolls an average of 11 people per month. As part of the MATADOR enrollment process, potential participants are educated on all forms of MAT. Interested individuals undergo medical screening and sign consent forms. All participants are also enrolled in health insurance prior to release to improve continuity of health care.

Each participant is assigned one of two full-time navigators to work with them through the program, and participants typically receive their first injection of Vivitrol® 48 hours prior to release. Since program participants are not legally obligated to maintain contact with the program staff after their release unless they are under probation or parole supervision, a key component of the program is building a rapport and establishing trust with participants. Navigators also work with community providers to ensure connections to care and set up participants to receive their second Vivitrol® shot in the community. **Navigators communicate with program participants for six months after their release, allowing for continued oversight of program compliance.**

MATADOR staff work collaboratively with the MSO staff to provide real-time feedback to consistently monitor program performance, which allows them to quickly adjust to the needs of the program and its participants. **Analysis of all participants shows a 21.1 percent recidivism rate; those who successfully complete the program have a 19 percent recidivism rate.¹ These rates are significantly lower than the MSO's general population, which currently has a one-year recidivism rate of 28.5 percent.**

¹ The MATADOR program utilizes a sensitive definition of recidivism that includes re-arrest reconviction, and any violation of parole/probation (VOP) that results in additional jail time. Recidivism rates without re-arrest for all program participants and those who successfully complete the program are 9 percent and 4 percent, respectively.

SAMHSA contracted with Policy Research Associates (PRA), which operates SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, to facilitate the Academy. Additional partners included Optum Health, the National Institute of Corrections (NIC) and the Bureau of Justice Assistance (BJA), as well as the lead organizations of the **Stepping Up initiative** (the National Association of Counties, the American Psychiatric Association Foundation and the Council of State Governments Justice Center), the **Data-Driven Justice initiative** (the National Association of Counties and the Laura and John Arnold Foundation) and the **One Mind Campaign** (the International Association of Chiefs of Police).

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