



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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Boston, Massachusetts 02108



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Meeting Minutes Community Policing and Behavioral Health Advisory Council (CPBHAC)

Place: The McCormack Building
One Ashburton Place
Executive Office of Health and Human Services
11th Floor, Matta Conference Room
Boston, MA 02108

Date and Time: May 13, 2019, 1 to 3 p.m.

Agenda Items:

1. Call to Order

Co-chairs of the Council Scott Taberner and Jennifer Queally called the meeting to order.

2. Membership and Introductions

Members of the Council introduced themselves.

CPBHAC Members in attendance:

Co-chair Scott Taberner – MassHealth/EOHHS; Co-chair Jennifer Queally – EOPPS; Matthew Broderick – DMH; Daniel Zivkovich; June Binney – NAMI; Robert Ortiz – Fellowship Health Resources Director of Peer Services; Chief Brian Kyes – Chelsea PD; Diana Chidsey - DPH

CPBHAC Members participating via phone: none (technical difficulties prevented use of conference line)

CPBHAC Members not in attendance:

Chief Steven Trask – Framingham PD
Chief Russell Stevens – Hamilton PD
Ruby Sanders – Peer Support Specialist Behavioral Health Network



3. Presentation on the “Chelsea Hub” by Daniel Cortez Community Engagement Specialist and Captain Dave Batchelor of the Chelsea Police Department (30 minutes)

- Chief Brian Kyes introduced Captain David Bachelor and Community Engagement Specialist Daniel Cortez of the Chelsea Police Department who are the individuals who oversee the “Chelsea Hub” initiative.
- Captain Bachelor and Mr. Cortez provided a presentation titled, “Chelsea’s New Approach for Community Safety and Well-Being”. (See Attachment)
- Chief Kyes indicated that in 2014 he attended a presentation on The Hub model as practiced in Saskatchewan since 2011. What struck him was that the model was an effective way for a community to address people within their community that are in serious need of help. The Chief was willing to try a new approach and to work with Founder and CEO of ROCA, Molly Baldwin.
- A short video regarding the Chelsea Hub can be accessed via the following link to the Chelsea Police Department: <https://chelseapolice.com/chelsea-hub/>
- The Hub is viewed as an effort to “move upstream” by embracing prevention and early intervention, rather than relying upon the “downstream” actions of arrest and incarceration.
- The Chelsea Hub includes most of the health and human service agencies that serve the residents of the city, along with schools, law enforcement, representatives of many city government departments and housing services. There are 20 to 25 organizations that regularly participate in the Chelsea Hub.
- The majority of persons referred to the Hub are dealing with multiple challenges, with the largest number having mental health needs, followed by persons with addictions. As a result, Chief Kyes, noted that “North Suffolk Mental Health” (which is the Emergency Services Provider (ESP) for Chelsea) is the “MVP” of the hub. The Chief also noted that police do not fully understand the role that ESPs play within the state, and in some communities are not even aware that ESPs exist.
- The Chelsea Hub originally met monthly, but began meeting weekly, on Thursday mornings, once it was found that there was a need for more frequent contact, and more timely follow up to “situations” (note: they are not called “cases”).
- Mr. Cortez noted that The Hub is not a “meeting”, but is rather a community convening. “The Table” (the community agencies that comprise the Hub) does not “case manage”, they seek to intervene in situations that are at an elevated level of risk.
- The Hub model employs the following “Four-Stage Filter Discipline Process” which enables Hub participants to recognize and control the thresholds at which information sharing should occur while respecting the privacy and confidentiality of referred persons or families:
 1. The originating agency determines need for multisector involvement.
 - Captain Bachelor noted that a situation must cross multiple disciplines, and not be the province of just one agency.
 - He also noted that situations appropriate for referral are seen as having a high probability that harm will occur unless action is taken.
 2. The identifying information is removed from the description of the “situation” (not “cases”) brought to the Hub table.
 3. The Hub table reaches consensus on the presence of acutely elevated risk – limited information is disclosed to determine which agencies should be involved.
 - In Chelsea the Hub participants vote on each situation and whether it should proceed.
 4. Intervention planning is performed only by the lead and supporting agencies, who meet to share information and determine the right intervention for the situation.

- Whichever organization or individual is tasked with being the lead on a situation has the responsibility to take appropriate action and to then return the following week and report back to the Hub. One benefit of this requirement is that there are very few situations that fail to be followed up upon as Hub participants do not want to let their colleagues down, or be embarrassed in front of their peers.
- Captain Bachelor indicated that the Chelsea Hub has addressed approximately 500 situations since its inception, and that very few situations presented to the Hub have not been accepted. The few situations that were not accepted occurred years ago as the Hub was starting: now there is clarity among the participants as to whether a situation meets the norms for referral.
- Captain Bachelor noted that the Hub model operates without written consent of the persons being referred for consideration, which in turn requires that all of the 20 to 25 agencies that participate in the Chelsea Hub ensure that they be fully aware of and comply with confidentiality requirements.
- Mr. Cortez noted that one of the keys to the success of the Chelsea Hub has been the availability of two navigators who are employed by North Suffolk Mental Health (NSMH) and who are supervised by the city.
- Chief Kyes stated that it has taken time for trust to develop among the various entities who participate in the Chelsea Hub – particularly among police officers, navigators and clinicians. Now that trust has been established police officers initiate the involvement of navigators and clinicians in a significant number of situations that they encounter.
- Since the inception of the Chelsea Hub, there has been a significant transformation within the city:
 - Organizations no longer operate in silos; there is stronger collaboration and more trust among organizations;
 - The integration of care across organizations has led to more efficient, effective use of resources;
 - A new approach to policing has been embraced, resulting in deeper community trust in police;
 - There is a collective responsibility for Chelsea's safety and well-being.
- The transformation that is occurring in Chelsea is borne out in the reduction of crime in the city, and the steady reduction in its placement on the list of The 100 Most Dangerous American Cities:

○ 2012	14 th
○ 2013	11 th
○ 2014	11 th
○ 2015	38 th (Chelsea Hub initiated)
○ 2016	46 th
○ 2017	58 th
○ 2018	83 rd
○ 2019	Chelsea did not make the list
- The importance of the role of The Hub Coordinator was underscored by Chief Kyes and Captain Bachelor. They also stated that fidelity to the Hub model was essential and that communities that had employed "Hub-like" models were likely to not experience the same level of success.
- Deputy Secretary Queally noted that the Hub model was similar to the Community Based Justice Model that she participated in while at the Middlesex District Attorney's Office, with the principle difference being that the Hub model deals with members of the community of all ages, not just children and adolescents.
- Hub models are in place, or are being implemented, in several Massachusetts communities, including:

- East Boston
- Jamaica Plain
- Medford
- Lowell
- Lawrence
- Lynn
- Worcester
- Springfield

4. Discussion on the Hub Model:

- Members of the advisory council actively engaged in discussion with Captain Bachelor and Mr. Cortez during the course of their informative presentation.
- Chief Kyes raised the possibility of a “set of Hubs” coming together to form a Center of Responsibility (COR), which could serve to amplify the impact to a region, rather than an individual community.
- Members expressed an interest in exploring how to measure the effectiveness of Hub model. The idea of having a university participate in an evaluation of the Hub model was mentioned.

5. Review of CPBHAC’s mandate and discussion by members of direction and goals:

- Due to time constraints, the council did not have an extensive discussion of this agenda item. Rather the consensus of the council was to devote the vast majority time at the next meeting to this topic.
- The following suggestions were made by council members:
 - Diana Chidsey suggested that the council examine Section 20 of Chapter 208 of the Acts of 2018, specifically the goals of a DMH Center for Police Training in Crisis Intervention.
 - Robert Ortiz indicated that there was a need to better understand the availability of training resources within the community at large for Crisis Intervention Teams and Mental Health First Aid.
 - Matthew Broderick mentioned that DMH is working to understand the training demands for CIT and MHSA, and to determine what level of funding, and what organizational structure would allow it to implement the Center.
 - Scott Taberner noted that there are several projects geared to improving access to and the quality of behavioral healthcare being provided to persons involved with law enforcement and criminal justice agencies.

6. Scheduling of future meetings:

- A survey of CPBHAC members will be conducted to determine the date for the next meeting. (Note the survey was conducted and June 24, 2019 was selected by the majority of member as the most convenient meeting date in June.)

7. The meeting was adjourned at 3 p.m.