

## 988 Commission

### Meeting Minutes

July 31, 2023

1:30-3:00 pm

Date of meeting: Monday, June 26, 2023

Start time: 1:32 pm

End time: 2:58 pm

Location: Virtual Meeting (Zoom)

Members participating remotely		Vote 1	Vote 2
1	<b>Emily Bailey</b> (chair) – Executive Office of Health and Human Services (EOHHS)	X	X
2	<b>Rebecca Ames</b> – Riverside Trauma Center, Riverside Community Care	X	X
3	<b>Chris Carleton</b> – Northborough Police Department	X	X
4	<b>Kelly Casey, PhD</b> – Department of Forensic & Clinical Services at William James College	X	X
5	<b>Courtney Chelo</b> – Mass. Society for the Prevention of Cruelty to Children (MSPCC)	X	X
6	<b>Kerry Collins</b> – Executive Office of Public Safety and Security (EOPSS)	X	X
7	<b>Kelley Cunningham</b> – Division of Violence and Injury Prevention, DPH	X	X
8	<b>Brooke Doyle</b> – Department of Mental Health	X	X
9	<b>Eriq Gasse</b> – Cataldo Ambulance Service	-	-
10	<b>Rebekah Gewirtz</b> – National Association of Social Workers - MA & RI Chapter	A	X
11	<b>Gloria Gonzalez</b> – Samaritans Merrimack Valley	X	X
12	<b>Sharon Hanson</b> – Mass. Behavioral Health Partnership (MBHP)	-	-
13	<b>Debbie Helms</b> – Samaritans Merrimack Valley	X	X
14	<b>Jennifer Honig</b> – Mass. Association for Mental Health (MAMH)	X	X
15	<b>Charmain Jackman, PhD</b> – InnoPsych, Inc.	-	-
16	<b>Kathy Marchi</b> – Samaritans, Inc.	X	X
17	<b>Paul Mina</b> – United Way of Tri County & United Way of Pioneer Valley, Mass 211	-	-
18	<b>Ivy Moody</b> – Mental Health Legal Advisors Committee (MHLAC)	X	X
19	<b>Myisha Rodrigues, PhD, LMHC</b> – National Alliance on Mental Illness Mass. (NAMI-MA)	X	X
20	<b>Pam Sager</b> – Parent/Professional Advocacy League (PPAL)	X	X

<b>21</b>	<b>Kevin Skinner</b> – Samaritans Merrimack Valley	-	-
<b>22</b>	<b>Ashley Sproul</b> – Kiva Centers	-	-
<b>23</b>	<b>Monna Wallace</b> – State 911 Department	X	X

\* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

### **Proceedings**

Chair Bailey called the meeting of the 988 Commission to order. She introduced Allie Murphy, Manager of Administrative Operations for the Office of Behavioral Health. Allie will provide logistical and operational support for the 988 Commission meetings going forward.

Kelley Cunningham shared updates on the 988 marketing campaign. This campaign was a year in the making to ensure receiving input from various groups across the state. The goal was to highlight 988 as a lifeline that provides 24/7 behavioral health support no matter who you are or what you need. Market testing showed that the word “suicide” didn’t resonate as a mental health crisis, so the language in the campaign is specific to what resonated with the Massachusetts testing population. The materials will be found on billboards, social media, and transit ads until December 10, 2023.

Ms. Chelo introduced a motion to approve the June 26<sup>th</sup> meeting minutes, which was seconded by Ms. Marchi and approved by roll-call vote (see detailed record of votes above).

Chair Bailey introduced today’s presentation on Riverside Trauma Center’s crisis response work, led by Rebecca Ames and Manny Oppong. For additional details on these presentations, see the Commission’s [Meeting Materials webpage](#).

The next portion of the meeting allowed for Q&A with the presenters. This helped clarify that, as calls from 988 and the Behavioral Health Help Line come into Riverside, they are flagged, and a quick review is conducted with a supervisor in order to reduce response time. The 7-day follow-up after Mobile Crisis Intervention (MCI) is part of the insurance-blind crisis response and does not require payment. The state allows that the community-based response team has up to seven days to follow-up with that individual every 24 hours in order to find them the appropriate follow-up care. Between the MCI response and the 7-day follow-up, any necessary work is done on behalf of the individual, such as finding placement in a program. If it becomes difficult to secure services, the person will be re-assessed to make sure that the right Level of Care (LOC) is identified. Psychopharmacology is available even if a therapist hasn’t yet been identified.

An important component of making sure that people can get access to the care they need is to have more marketing that makes it clear that 988 exists and what it offers, particularly by getting the word out in community settings such as those that serve youth and teens (e.g., schools). The intent is that all services are integrated enough so that, no matter where a parent calls, they will be directed to care specific to youth.

Overall, Riverside is experiencing the same workforce challenges as other community mental health centers and has seen the need to recruit more staff. The Community Behavioral Health Centers (CBHCs) are operating with flexibility so that organizations receiving patient referrals can make sure that each individual gets access to care, reinforcing that any part of the system is a front door pathway.

Riverside has paid particular attention to individuals for whom police are the first to respond. Riverside hired a consultant to work with Manny and sit with all 47 police chiefs in the towns that Riverside covers to

talk about the CBHCs and how the systems can support one another. This has resulted in an increased awareness on the part of the police and an effort to familiarize themselves with the CBHC services. Riverside has also been doing outreach with towns that have historically had poor outcomes to try to be more intentional about the care provided before a crisis happens. There has been a concerted effort to work toward achieving equity, as well as clinical justice. Emily shared that, to-date, there have been 35 successful police drop-offs at CBHCs across the state.

In the future, Riverside can work with DMH to receive data on how many of those drop-offs are diverted through the Jail Diversion Program (JDP); in the past, those diversions happened by bringing an individual to the Emergency Department, and now they are brought to a CBHC instead. JDP clinicians are MCI clinicians who are placed in police departments, reinforcing that we need to make sure to connect data with program outcomes, particularly when programs and services are contracted through different channels. The Equitable Approaches to Public Safety program (EAPS) is managed under the same DPH division as 988, and while EAPS is not directly connected to the CBHCs, some people may be brought to a CBHC via EAPS.

Given initial attendance responses for the August meeting, Chair Bailey suggested canceling the meeting due to not reaching quorum; there were no objections from the group. In lieu of meeting in August, the group will receive an email with links to various articles and relevant resources to encourage the group to continue thinking about where it wants to go with recommendations. The September meeting will feature a discussion about the national roll-out of 988 by Moira Muir, a consultant from Health Management Associates. The October meeting will be used to discuss recommendations to date and decide whether additional presentations will be helpful to the group.

The next meeting of the Commission will take place on Monday, September 18<sup>th</sup> from 1:30-3pm.

**Vote to adjourn:**

Chair Bailey requested a motion to adjourn. Undersecretary Collins introduced the motion, which was seconded by Ms. Wallace and approved by roll-call vote (see detailed record of votes above).

**Vote 1 on approval of June 26<sup>th</sup> meeting minutes:**

Courtney Chelo introduced a motion to approve the June 26<sup>th</sup> meeting minutes, which was seconded by Kathy Marchi and approved by roll-call vote (see detailed record of votes above).

**Vote 2 to adjourn:**

Chair Bailey requested a motion to adjourn. Kerry Collins introduced the motion, which was seconded by Monna Wallace and approved by roll-call vote (see detailed record of votes above).

The meeting was adjourned at 2:58 pm.

**Meeting Materials**

- I. Draft meeting minutes from June 26, 2023