



**Middlesex County Restoration Center
Tuesday, April 7th, 2020
3 – 5 pm
Zoom**

MINUTES

Attendees: Sheriff Peter J. Koutoujian, co-chair; Danna Mauch, Massachusetts Association for Mental Health, co-chair; Senator Cindy Friedman; Representative Kenneth Gordon; Judge Rosemary Minehan; Nancy Connolly, Department of Mental Health; Jim Cremer (representing Jennifer Barrelle), Department of Public Health; Mandy Gilman, Association for Behavioral Health; Eliza Williamson, National Alliance on Mental Illness (NAMI) Massachusetts; Tim Burton, NAMI Massachusetts; Brenda Miele Soares, Advocates; Opal Stone, Advocates; Beth Lacey, Advocates; David Ryan, Middlesex Sheriff's Office (MSO); Sonya Khan, MSO; Catia Sharp, MSO.

3:30 PM: WELCOME AND INTRODUCTION

Danna Mauch called the meeting to order and invited a round of introductions.

3:35 PM: LEGISLATIVE UPDATE

Senator Friedman noted that the budget process is expected to be late due to the uncertainty around the impact of COVID-19 on revenue and expenditures.

Representative Gordon concurred.

3:45 PM: APPROVING THE MINUTES FROM THE LAST MEETING

Sheriff Koutoujian asked for a motion to approve the minutes from the last meeting.

Judge Minehan made the motion.

Sheriff Koutoujian asked for all of those in favor, and then all of those opposed. The vote was unanimous in favor of approving the minutes from the last meeting.

3:50 PM: ADVOCATES FINAL REPORT PRESENTATION

Brenda Miele Soares, Beth Lacey, and Opal Stone presented their final findings and recommendations to the Commission.

During the presentation on budget, Mandy Gilman asked whether the 70% assumed vacancy rate was accounting for the uninsured individuals who would be served.

Brenda responded that it is not, and instead explained that 70% is the current average occupancy rate across the state in crisis stabilization beds. This level of vacancy is needed to hold standing capacity at a Restoration Center to enable the center to always have the capacity to accept individuals as they arrive.

During the discussion of the service model, Dave Ryan asked whether the Restoration Center would include all three forms of MAT.

Brenda responded that it would definitely be able to accommodate Vivitrol and Suboxone, but that Methadone has a more strictly regulated licensure process that might not be possible for the Restoration Center to go through. However, if that is the case, the Restoration Center should partner with a Methadone provider in the area.

Representative Gordon asked which sub-region of the county was used to produce the per square foot price assumed in the budget.

Beth Lacey responded that the number is an average of two regions: MetroWest and Lowell. The Southeast area has significantly higher rents than the other two regions.

Scott Taberner noted that the Sankey diagrams show low emergency department utilization for ESP assessment in the MetroWest area. How should the Restoration Center be integrated with the ESPs?

Brenda responded that the Restoration Center provider needs to be an ESP provider, otherwise a waiver would be needed for crisis stabilization bed billing under the MassHealth ESP model.

Scott asked what Advocates estimates the minimum capacity needed for a Restoration Center?

Brenda noted that Advocates looked at MBHP data to try to get at this question, but that data on existing crisis beds can't tell us what the unmet need is. The unmet need is very hard to quantify, because there is no single data source that speaks to it. She also referred the Commission to the budget calculator that Advocates produced as part of their final work product, which allows the Commission to look at a Restoration Center with different numbers of beds.

Brenda also noted that there are some components of the budget that could change if changes were made to state regulations. For example, the ACO model precludes billing MassHealth for medical oversight of medical clearance since a single medical physician must be a part of a single ACO.

Scott Taberner suggested that the Commission talk to MassHealth about this issue to find a solution.

Danna Mauch added that some behavioral clinics will contract with an FQHC (Federally Qualified Health Center) for medical personnel. They embed the personnel in a behavioral health clinic, and can bill through the FQHC. This is the model for CCBHC (Certified Community Behavioral Health Clinics) and bi-directional behavioral health/medical models of care.

Mandy Gilman asked how the beds at the Restoration Center would work, and whether they would only be for clients who come through triage and assessment at the Restoration Center, or whether they would add capacity to the larger statewide network of beds like the current system.

Catia Sharp responded that at the Tucson site visit, one of the big lessons learned is that one big benefit of a Restoration Center is to provide standing capacity in a specific location, so that is why the 70% vacancy rate is important.

Brenda Miele Soares added that this is why the person doing the assessment has to have control over beds for placement.

Danna Mauch concurred that the people running the Restoration Center need authority to direct care at step down too. A key element of the authority of other programs to direct care is a preferred customer relationship with aftercare programs, but this is not common in our system in Massachusetts. This is something we need.

Scott Taberner agreed, adding that the ESP program moved away from the firehouse model, but it might be time to consider adding back in elements of standing capacity. He also added that he believes sobering beds are very important to the model, and asked how many other places do this?

Brenda Miele Soares responded that sobering beds are “the thing you need most” in this model in Massachusetts and Middlesex County in particular.

Catia shared the key policy questions that the Commission must answer based on Advocates’ recommendations, which include:

- Given data on need/demand and information on local service area capabilities, what geographic region of the County makes the most sense for a Restoration Center.
- What administrative, legislative, and/or regulatory changes might support development of this model and improve billing to reduce the need for new revenue?
- What transportation model makes the most sense?

Danna Mauch asked the Commission members to respond to the key policy questions.

Representative Gordon thought the Commission members might need some time to digest the report, and to reconvene when Senator Friedman and the Sheriff could re-join the conversation.

Catia Sharp said that the Commission could set another meeting date in the next few weeks.

Judge Minehan noted that the police won’t drive very far, so each geographic region has limitations if you are thinking the whole county will use the Center.

Representative Gordon asked whether the Center has to be county-wide, or whether it could serve a smaller geographic region.

Danna Mauch responded that the three geographies Advocates presented make sense as distinct geographic regions from a service delivery perspective, and the assumption would be that a Restoration Center in any of the regions would not serve the whole county.

Brenda Miele Soares added that a good transportation model that doesn’t rely too heavily on police might expand the radius of people using the Center as well.

5:00 PM: NEXT STEPS AND CLOSING

Danna Mauch adjourned the meeting.