Middlesex County Restoration Center
Tuesday, January 29, 2019
Community Healthlink
72 Jaques Ave.
Worcester, MA

MINUTES

Attendees: Sheriff Peter J. Koutoujian; Danna Mauch, Massachusetts Association for Mental Health; Senator Cindy Friedman; Representative Kenneth Gordon; Scott Taberner, MassHealth; Kati Mapa, National Alliance on Mental Illness; Nancy Connolly, Psy. D., Department of Mental Health; Judge Rosemary Minehan; Steven Mastandrea, Probation Department; Nicole Gagne, President and CEO, Community Healthlink; David Ryan, Middlesex Sheriff's Office; Marisa Hebble, MA Trial Courts; Catia Sharp, Middlesex Sheriff's Office.

1:00 PM: INTRODUCTION

Sheriff Koutoujian called the meeting to order. He welcomed Representative Ken Gordon, a new addition to the Commission. He also welcomed Kati Mapa, who has replaced June Binney as the NAMI Mass. designee to the Commission, and welcomed June Binney's participation in the meeting as a constituent. Finally, he acknowledged the newest member of the Commission in absentia, Chief Robert Bongiorno of the Bedford Police Department. Sheriff Koutoujian thanked Nicole Gagne and the Community Healthlink staff for welcoming the Commission to their facility.

1:05 PM: COMMUNITY HEALTHLINK BACKGROUND

Before beginning a tour, Nicole Gagne provided an overview of the services provided at the Community Healthlink. She described many of the following services, descriptions of which are taken from the Community Healthlink website:

- **Emergency Services (ESP):** on-site or mobile assessment and screening to any individual experiencing a mental health or substance abuse

problem, or both, in the towns of Worcester, Leominster, Fitchburg, Ayer, Clinton, and Gardner.

- **Crisis Stabilization Units** in Worcester and Leominster, providing short-term 24-hour therapeutic psychiatric treatment for referrals from UMass Emergency Mental Health Services, the ESP, and other area inpatient psychiatric facilities or emergency departments.
- **Outpatient** counseling
- **Community Support Program (CSP):** short-term, intensive outreach and care management services to support individuals at risk of repeated psychiatric hospitalizations and/or inpatient substance abuse treatment programs. This includes outreach workers speaking English, Spanish, Vietnamese, Khmer, Twi, and Albanian.
- **BUDD Day Treatment:** intensive outpatient treatment.
- **Developmental Disabilities Unit:** provides mental health treatment to individuals who are dually diagnosed with intellectual disabilities and emotional, psychiatric, or behavioral disorders.
- **Geriatrics:** comprehensive range of mental health care services for residents of area rest homes, long-term care facilities, and nursing and rehabilitation facilities.
- **Program for Assertive Community Treatment (PACT):** intensive treatment for DMH clients with serious mental illness.
- **Behavioral Health and Addiction Urgent Care:** walk-in capability 24/7/365 for mental health and substance addiction crisis assessment and connection to appropriate levels of care.
- **Detox:** acute inpatient substance abuse treatment services with 24 hour nursing care and observation with an average length of stay of 4-6 days.
- **Clinical Stabilization Service (CSS) PASSages:** post-detox intensive, community-based, short-term (up to 30 days) residential, group, and individual treatment for individuals in the early stages of substance abuse recovery.
- **Thayer Transitional Support Service (TSS):** step-down program providing inpatient substance abuse treatment and transitional support – preparing individuals to transition back to the community.
- **MISSION-MAT:** outpatient Medication-Assisted Treatment (MAT) program.
- **Screening and Treatment of Early Psychosis Clinic (STEP):** diagnostic assessment and ongoing treatment for patients suffering from schizophrenia or other psychotic disorders.

Rosemary Minehan asked how many Section 35 beds are on site.

> Nicole responded that there are about 40 Transitional Support Services (TSS) beds (Bureau of Substance Abuse Services (BSAS) short-term residential support services for clients who need a safe and structure environment to support their recovery progress after detoxification – designed to be a transition from acute

detoxification treatment to residential rehabilitation or outpatient or other aftercare) on-site, as well as 36 Crisis Stabilization and Support (CSS) beds.

Nicole also added that all services at Community Healthlink are provided through the lens of co-occurring disorders, and noted that they also provide beds for individuals with co-occurring disorders.

Finally, she also discussed Community Healthlink's informal relationship with the Worcester Police Department's CIT team.

1:30 PM: FACILITY TOUR

Commission members toured the Behavioral Health and Addiction Urgent Care department, including the intake area, waiting area, and viewing meeting rooms. Commission members asked questions about security, which is provided by a private security company contracted by Community Healthlink. Community Healthlink provides training to security personnel on patient confidentiality, mental health first aid, trauma, and other related topics.

2:30 PM: QUESTIONS AND ANSWERS WITH COMMUNITY HEALTHLINK STAFF

Nicole Gagne provided an overview of other services offered in the same building that Commissioners were not able to tour. These services total about 200 beds in the building.

- 1st floor: Behavioral Health and Addiction Urgent Care department
- 2nd floor: Crisis Stabilization and Support (CSS) and DMH respite
    - There are 25 CSS beds at Community Healthlink, which take all forms of insurance, including private insurance and MassHealth. These beds have about 15% vacancy rate.
    - There are 25 DMH respite beds, each being in a private room.
- 3rd floor: Medical Detox
    - 7 day length of stay that can be extended up to 14 days.
- 4th floor: step-down CSS
- 5th floor: Transitional Support Services

Senator Friedman asked if the Community Healthlink staff would like to have a space like The Living Room where clients could get pre-contemplative services (talk to peers, get a hot meal, spend the night if needed, use the bathroom, etc.).

Staff wasn't sure this was necessary to add to the Community Healthlink continuum of care. They felt that the Urgent Care department served many of the same purposes. They did discuss the problem of homelessness among their client population, which is a particular problem for individuals who aren't yet ready for more intensive levels of care but who often need a place to go during the day and overnight. There is a 120

bed South Middlesex Opportunity Council (SMOC) shelter across the street from Community Healthlink where they can refer individuals, but they prefer working with a different shelter in town for their clients. The shelter across the street is dry. They also try to refer individuals to day programs at the Salvation Army and others if a place is needed for them to go during the day.

Marisa Hebble asked what the biggest hurdles are.

Staff cited the following hurdles:

- Space (square footage) – the Urgent Care department is in a renovated floor of their building, and they have no place to expand to accommodate some other programs that they feel would greatly enhance their services, like:
    - Being able to store and provide comfort medications like anti-nausea and anti-anxiety medications.
- Medications – access.

3:00 PM: LEGISLATIVE UPDATE

Senator Friedman provided an update on the following bill items that she has filed this legislative session:

- Re-filing a bill to require private insurers to cover the mobile portion of ESP services. A Center for Health Information and Analysis (CHIA) mandated benefit review found that this bill would only cost a few additional cents to insurance premiums.
- A bill dealing with psychiatric urgent care.
- A bill requiring quicker turnaround for Section 12.
- Language establishing a trust fund for the Restoration Center to accommodate private foundation and other philanthropic contributions to the Center.

3:10 PM: ABT PRESENTATION

Dana Hunt and Jenna Sirkin from Abt Associates presented their plan, which includes:

- Stakeholder engagement: collecting information from frontline providers, identifying common barriers and challenges, and summarizing findings.
- Supporting Commission site visits: attend site visits, summarize data and lessons learned, and share any data for the cost-benefit analysis.
- Assess gaps in behavioral health and other services: use data from stakeholder interviews, utilization data, and report to identify needs, conduct a gaps analysis, and summarize findings.
- Effectiveness assessment: literature review of pre-booking jail diversion models and approaches, review of data from reports and evaluations of

pre-booking jail diversion programs, summarizing the literature, and providing the data for cost-benefit analysis.

- Cost-benefit analysis: balancing direct and indirect costs against benefits including reduced recidivism, increased utilization of primary behavioral health care, and reduced emergency department and inpatient hospital utilization.
- Draft a report of findings and recommendations for the Commission.

Catia Sharp provided a timeline of meetings in preparation for the final report from Abt Associates:

- February Commission meeting: presentation of stakeholder engagement and gaps analysis, as well as an Abt-facilitated focus group of Commission members.
- Additional February activities: meetings with DPH staff, DMH staff, and MassHealth staff to inventory existing programs.
- March Commission meeting: presentation of effectiveness assessment and cost-benefit analysis, as well as discussion of year 2 activities and budget.
- Additional March activities: site visit to Detroit.
- April Commission meeting: presentation of draft report and recommendations to obtain feedback from Commissioners before final submission.
- Additional April activities: possible site visit to Tucson.

Senator Friedman asked where the program inventory falls in Abt's work.

Abt responded that it is included in the gaps analysis.

Catia Sharp added that the program inventory will help to assess two kinds of gaps: gaps in the services that exist and gaps in access to existing services. These will be assessed in part through in-depth meetings with DPH, DMH, and MassHealth staff reviewing program inventories for those agencies.

Senator Friedman asked whether the Abt work will help the Commission to determine where a Restoration Center should be sited in Middlesex County.

Catia Sharp responded that the cost-benefit analysis would look at two ownership structure options that Commissioners would be able to choose between: a state-owned and renovated building provided to a contracted service provider (with capital costs for building or renovating a state building), or a facility owned and operated by a service provider through a contract with the state. These two options would form the basis for a conversation about specific locations.

Sheriff Koutoujian noted that the specific geographic location will be a very important consideration for the Commission to determine.

Danna Mauch added that the siting should be determined based on the target population and their need for services.

3:30 PM: NEXT STEPS AND CLOSING

Sheriff Koutoujian adjourned the meeting.