



**Middlesex County Restoration Center
Commission 3rd Convening
Wednesday, July 11, 2018
Medford, MA**

MINUTES

Attendees: Sheriff Koutoujian (co-chair), Middlesex Sheriff's Office; Danna Mauch (co-chair), Massachusetts Association for Mental Health; Senator Cindy Friedman; Chief Justice Paula Carey, Massachusetts Trial Court; Judge Rosemary Minehan (ret.); June Binney, J.D., National Alliance on Mental Illness; Vic DiGravio, Association for Behavioral Healthcare; Nancy Connolly, Psy. D., Department of Mental Health; Scott Taberner, Office of MassHealth; Jennifer Barrelle, J.D., Department of Public Health; David Ryan, Middlesex Sheriff's Office; Kathleen Scarin, Middlesex Sheriff's Office; David Swanson, Senate office of Cindy Friedman; Marisa Hebble, MA Trial Courts; Rebecca Tsopelas, Arlington Police Department; Sonya Khan, Middlesex Sheriff's Office; Dawn Reeby, Middlesex Sheriff's Office; Catia Sharp, Middlesex Sheriff's Office; Janice Peters, Massachusetts Hospital Association

2:00 PM: INTRODUCTION

Sheriff Koutoujian called the meeting to order. There was a round of introductions.

Sheriff Koutoujian discussed skipping the month of August, and reconvening for the 4th time in September. The Sheriff discussed doing subcommittee work throughout August in preparation for the September meeting.

2:05 PM: LEGISLATIVE UPDATE

Senator Friedman provided a legislative update. There was not much to report, but the Senator noted the ongoing discussions about a draft opioid bill in the

House and Senate, and noted the draft PAC bill moving the funding for the Commission forward into FY 2019.

2:10 PM: OVERVIEW OF SEQUENTIAL INTERCEPT MAPPING

Danna Mauch and Sheriff Koutoujian introduced Marisa Hebble and the concept of Sequential Intercept Mapping (SIM).

Before Marisa went into her presentation on SIM, Chief Justice Carey highlighted the importance and relevance in helping communities assess the resources and gaps in their criminal justice systems with regard to individuals with behavioral health needs. Chief Justice Carey shared how valuable SIM has been to her work at the Trial Courts and Marisa's role in advancing the work.

Marisa introduced SIM, saying that Massachusetts is the only state in which the trial court is running SIM. She also shared that only a few states have done a statewide map. She highlighted the goal of assessing the collective impact of the criminal justice system and its resources on individuals with behavioral health needs. It shows that this is a systemic problem that requires a systemic answer.

Adding the concept of diversion

In addition to Intercepts 1 (law enforcement), 2 (initial detention and court hearings), 3 (jails and courts), 4 (reentry), and 5 (community corrections), Marisa introduced the concept of Intercept 0, or pre-justice involvement, which many jurisdictions are now starting to consider in discussions of diversions from the criminal justice system.

Danna Mauch thought the Commission should be very interested in Intercept 0.

Judge Minehan thought that law enforcement could use the tools in Intercept 0 to divert individuals from arrest where appropriate. Chief Justice Carey and Marisa agreed, noting that many officers would prefer to divert rather than arrest in some cases if there were services available. Danna Mauch noted that police around the country are looking for public health alternatives to their involvement.

Commission members also discussed the problem of family members and other loved ones attempting to seek help for individuals with behavioral health conditions, sometimes through police departments. Some members suggested that the Restoration Center could be a place for them to access care as well.

Senator Friedman requested that the Commission clarify what "diversion" would mean. Serving community members who are not under arrest may be too far upstream. The enabling legislation for the Commission allows for a Restoration Center to provide behavioral health interventions to individuals who are justice-involved. Senator Friedman also asked the Commission to discuss whether SIM

mapping out to look broadly at the behavioral health system or specifically at the first point of justice system involvement.

[Inserted into minutes for clarity] *Relevant statutory language: “There shall be a restoration center commission in the former county of Middlesex to plan and implement a county restoration center and program to divert persons suffering from mental illness or substance use disorder who interact with law enforcement or the court system during a pre-arrest investigation or the pre-adjudication process from lock-up facilities and hospital emergency departments to appropriate treatment.”*

Chief Justice Carey thought diversion ought to include non-justice involved individuals who are likely to become justice-involved in the absence of diversionary services. She noted that she sees people who may not follow through with treatment and are therefore at higher risk of falling into the justice system than a person who is compliant with treatment. She argued in favor of family drop-off in addition to police drop-off. She also argued that we don't want to lose people who aren't eligible for DMH services.

Danna Mauch noted that the co-chairs thought of diversion as referring to both pre-arraignment diversion and diversion for those already involved in the justice system. She noted that emergency departments are included in the legislation as something to divert from because of the revolving door between emergency departments and the criminal justice system, highlighting the importance of partnership with the health system. She discussed the possibility that police can provide individuals a choice of arrest or transport to the Restoration Center. She also discussed other jurisdictions, like Arizona, who allow drop-offs not only from police, but from family members, homeless shelters, and others.

Scott Taberner noted that MassHealth resources sit at Intercept 0, and that MassHealth is currently having conversations about whether and how ACO's should invest in more urgent behavioral health care. This would serve both non-justice involved and pre-justice-involved individuals in the community. One question MassHealth would find helpful to answer is to define who would be eligible for psychiatric urgent care vs the Restoration Center services. Sheriff Koutoujian requested that a working group bring proposals for answering this question to the next Restoration Center Commission meeting in September.

Vic DiGravio added that Adult Community Services is a new DMH clinical support that provides better linkages with the behavioral health system. This is another example of Intercept 0 services that are currently available in the community.

Marisa explained that the ultimate goal ought to be to provide services before law enforcement involvement. She also asked whether EMS would also be able to drop off individuals at the Restoration Center, in addition to police.

June Binney thought that a Restoration Center would need to be police-friendly.

Sheriff Koutoujian noted that emergency departments are a place where police spend a lot of time doing drop-offs, even in a non-arrest situation. He noted that we are already taking people off the streets for non-justice-system purposes.

Judge Minehan agreed, saying that police take individuals to the emergency department and “they’re home before we are.” She argued that police charge individuals to get them off the streets, because they don’t know what to do with some people.

Rebecca Tsopelas from the Arlington Police Department discussed the limitations on police officers. She cited that police can only take people out of the community against their will if the hospital will take them – otherwise it must be voluntary. Perhaps diversion should be happening before an involuntary hold is needed.

Sheriff Koutoujian proposed phasing in an expansion of drop-off eligibility.

Marisa noted that it is also important to think about what the “back door” of the Restoration Center looks like, and also asked about what level of medical clearance was needed at the center – whether it should be in the community prior to transport to the Restoration Center or at the Restoration Center itself.

Vic DiGravio noted that if medical clearance was done prior to arrival at the Restoration Center, it would be important to make sure that the provider would accept the medical clearance that had been done already.

Senator Friedman thought SIM mapping might help the Commission inventory the issues and questions to be answered.

Who to include

The group asked who ought to be involved in SIM mapping exercises. Key elements of running a SIM mapping include involving high-level people in participating organizations (those who can make decisions on executing MOU’s)

and including individuals with lived experience (often, these would be recovery coaches).

Senator Friedman thought the Commission represented a lot of the right people to do a SIM mapping, with the exception of finding representatives of the lived experience.

Marisa added that the Commission might want to invite key behavioral health providers and representatives of emergency departments as well.

Judge Minehan thought that middle-level people are often helpful in unearthing problems that are surprising or hidden from the view of more senior-level managers.

What to focus on

The group asked about any considerations the Commission should think about if setting up a SIM mapping for their purposes. Marisa noted that services in earlier intercepts like 0, 1, and 2 tend to lead to lower recidivism levels.

The key considerations for SIM mapping for this group include whether to limit mapping to intercepts 0, 1, and 2, where diversion is more likely to occur; whether to do a county-wide mapping or limit to a smaller geographical area; and who to bring to the table to do the mapping.

Danna Mauch asked whether, given the size and diversity of resources in Middlesex County, it might make sense to roll up the mappings that have already been done or to do it fresh.

Sheriff Koutoujian followed up on the question of geography to ask where a Restoration Center might go in the county, and whether there might be a single Center or multiple. He said that the HOC gets a lot of people from Lowell, but that the Commission could also look at Tewksbury State Hospital or the Concord DOC facility, which is more central to the county.

Chief Justice Carey noted that transportation is a huge issue in such a large county.

Chief Justice Carey thought peer supports are important to this work and ought to be addressed by the Commission.

Scott Taberner agreed, saying that the Council of State Governments recommendations included mention of peer supports, and that MassHealth is working to procure those types of resources. He noted that virtually everyone the Sheriff houses is MassHealth eligible. He added that Community Healthlink in Worcester has substance abuse treatment

coupled with emergency services, which is a major diversion from the emergency room into specialized behavioral health care.

Sheriff Koutoujian added that people with healthcare tend to have lower rates of recidivism. He also thought Community Healthlink might be a possible fieldtrip for the subcommittee to make.

3:20 PM MODEL JAIL DIVERSION PROGRAMS

Danna Mauch gave a brief overview of several packets that were handed out, focusing on a white paper she wrote on model jail diversion programs.

3:25 PM CLOSING AND NEXT STEPS

Sheriff Koutoujian let the group know that Catia Sharp will circulate notes from the meeting, including copies of the materials that were presented. The notes will include key decision points for the Commission to react to, which will form the basis for subcommittee work.